CABINET PROCUREMENT AND INSOURCING COMMITTEE

Monday, 17 April 2023 at 5.00 pm

Council Chamber, Hackney Town Hall E8 1EA

Live stream link: https://youtu.be/alUSRxc4WiQ

Backup link: https://youtu.be/_9BrXKOvyb4

Members of the Committee:

Councillor Robert Chapman, Cabinet Member for Finance Insoursing and Customer Services (Chair)
Councillor Anntoinette Bramble, Deputy Mayor and Cabinet Member for Education, Young People and Children's Social Care
Councillor Christopher Kennedy, Cabinet Member for Health, Adult Social Care, Voluntary Sector and Culture
Councillor Caroline Woodley, Cabinet Member for Families, Parks and Leisure

Mark Carroll
Chief Executive
5 April 2023
www.hackney.gov.uk

Contact: Natalie Williams
Senior Governance Officer
governance@hackney.gov.uk

Cabinet Procurement and Insourcing Committee

Monday, 17 April 2023

Order of Business

1 APOLOGIES FOR ABSENCE

2 URGENT BUSINESS

The Chair will consider the admission of any late items of Urgent Business. Late items of Urgent Business will be considered under the agenda item where they appear. New items of unrestricted urgent business will be dealt with under Item 10 below. New items of exempt urgent business will be dealt with at Item 16 below.

3 DECLARATIONS OF INTEREST

Members are invited to consider the guidance which accompanies this agenda and make declarations as appropriate.

4 NOTICE OF INTENTION TO CONDUCT BUSINESS IN PRIVATE, ANY REPRESENTATION RECEIVED AND THE RESPONSE TO ANY SUCH REPRESENTATIONS

On occasions part of the Cabinet Procurement Committee meeting will be held in private and will not be open to the public if an item is being considered that is likely to lead to the disclosure of exempt or confidential information. In accordance with the Local Authorities (Executive Arrangements) (Meetings and Access to On occasions part of the Cabinet Procurement Committee meeting will be held in private and will not be open to the public if an item is being considered that is likely to lead to the disclosure of exempt or confidential information. In accordance with the Local Authorities (Executive Arrangements) (Meetings and Access to Information) (England) Regulations 2012 (the “Regulations”), members of the public can make representations about why that part of the meeting should be open to the public.

This agenda contains exempt items as set out at Items 12, 13 and 14

No representations with regard to these have been received.

This is the formal 5 clear day notice under the Regulations to confirm that this Cabinet Procurement and Insourcing Committee meeting will be partly held in private for the reasons set out in this Agenda. Information) (England) Regulations 2012 (the “Regulations”), members of the public can make representations about why that part of the meeting should be open to the public.

5 DEPUTUATIONS/PETITIONS/QUESTIONS

None received at the time of the agenda publication

6 UNRESTRICTED MINUTES OF THE PREVIOUS MEETING OF CABINET PROCUREMENT AND INSOURCING COMMITTEE (Pages 9 - 16)

To confirm the unrestricted minutes of the meeting of Cabinet Procurement and Insourcing Committee held on 13 March 2023

7 AHI S150 ADULT SOCIAL CARE TRANSFORMATION - BUSINESS CASE (Pages 17 - 36)

8 GENERAL EXCEPTION AHI S192 CITY & HACKNEY ENHANCED HEALTH VISITING SERVICE - CONTRACT AWARD (Pages 37 - 176)

This report is required to be considered under General Exception Procedure Rules as set out in Part 4.2 Paragraph 16 of the Council's Constitution.

9 FCR S180 PROCUREMENT OF CORE INSURANCE PROVISION - CONTRACT AWARD (OFFICER KEY DECISION) (Pages 177 - 192)

10 ANY OTHER UNRESTRICTED BUSINESS THE CHAIR CONSIDERS TO BE URGENT

11 EXCLUSION OF THE PUBLIC AND PRESS

Note from the Governance Team Leader

Item(s) 12, 13 and 14 allows for the consideration of exempt information in relation to items 6 , 8 and 9 respectively.

Proposed resolution:

THAT the press and public be excluded from the proceedings of the Cabinet Procurement Committee during consideration of Exempt items 11 and 12 on the agenda on the grounds that it is likely, in the view of the nature of the business to be transacted, that were members of the public to be present, there would be disclosure of exempt information as defined in paragraph 3 of Schedule 12A to the Local Government Act 1972 as amended.

12 EXEMPT MINUTES OF THE PREVIOUS MEETING OF CABINET PROCUREMENT AND INSOURCING COMMITTEE (Pages 193 - 194)

To confirm the exempt minutes of the meeting of Cabinet Procurement and Insourcing Committee held on 13 March 2023

13 GENERAL EXCEPTION AHI S192 CITY & HACKNEY ENHANCED HEALTH VISITING SERVICE (Pages 195 - 202)

Exempt Appendices 1-4

14 FCR S180 PROCUREMENT OF CORE INSURANCE PROVISION - CONTRACT AWARD FCR S180 - OFFICER KEY DECISION
(Pages 203 - 206)

Exempt Appendices A and B

15 ANY OTHER RESTRICTED EXEMPT BUSINESS THE CHAIR CONSIDERS TO BE URGENT

Public Attendance

Following the lifting of all Covid-19 restrictions by the Government and the Council updating its assessment of access to its buildings, the Town Hall is now open to the public and members of the public may attend meetings of the Council.

We recognise, however, that you may find it more convenient to observe the meeting via the live-stream facility, the link for which appears on the agenda front sheet.

We would ask that if you have either tested positive for Covid-19 or have any symptoms that you do not attend the meeting, but rather use the livestream facility. If this applies and you are attending the meeting to ask a question, make a deputation or present a petition then you may contact the Officer named at the beginning of the Agenda and they will be able to make arrangements for the Chair of the meeting to ask the question, make the deputation or present the petition on your behalf.

The Council will continue to ensure that access to our meetings is in line with any Covid-19 restrictions that may be in force from time to time and also in line with public health advice. The latest general advice can be found here - https://hackney.gov.uk/coronavirus-support

Rights of Press and Public to Report on Meetings

The Openness of Local Government Bodies Regulations 2014 give the public the right to film, record audio, take photographs, and use social media and the internet at meetings to report on any meetings that are open to the public.

By attending a public meeting of the Council, Executive, any committee or sub-committee, any Panel or Commission, or any Board you are agreeing to these guidelines as a whole and in particular the stipulations listed below:

- Anyone planning to record meetings of the Council and its public meetings through any audio, visual or written methods they find appropriate can do so providing they do not disturb the conduct of the meeting;
- You are welcome to attend a public meeting to report proceedings, either in 'real time' or after conclusion of the meeting, on a blog, social networking site, news forum or other online media;
- You may use a laptop, tablet device, smartphone or portable camera to record a written or audio transcript of proceedings during the meeting;
- Facilities within the Town Hall and Council Chamber are limited and recording equipment must be of a reasonable size and nature to be easily accommodated.
- You are asked to contact the Officer whose name appears at the beginning of this Agenda if you have any large or complex recording equipment to see whether this can be accommodated within the existing facilities;
- You must not interrupt proceedings and digital equipment must be set to 'silent' mode;
- You should focus any recording equipment on Councillors, officers and the public who are directly involved in the conduct of the meeting. The Chair of the meeting will ask any members of the public present if they have objections to being visually recorded. Those visually recording a meeting are asked to respect the wishes of those who do not wish to be filmed or photographed.

Failure to respect the wishes of those who do not want to be filmed and photographed may result in the Chair instructing you to cease reporting or recording and you may potentially be excluded from the meeting if you fail to comply;

- Any person whose behaviour threatens to disrupt orderly conduct will be asked to leave;
- Be aware that libellous comments against the council, individual Councillors or officers could result in legal action being taken against you;
- The recorded images must not be edited in a way in which there is a clear aim to distort the truth or misrepresent those taking part in the proceedings;
- Personal attacks of any kind or offensive comments that target or disparage any ethnic, racial, age, religion, gender, sexual orientation or disability status could also result in legal action being taken against you.

Failure to comply with the above requirements may result in the support and assistance of the Council in the recording of proceedings being withdrawn. The Council regards violation of any of the points above as a risk to the orderly conduct of a meeting. The Council therefore reserves the right to exclude any person from the current meeting and refuse entry to any further council meetings, where a breach of these requirements occurs. The Chair of the meeting will ensure that the meeting runs in an effective manner and has the power to ensure that the meeting is not disturbed through the use of flash photography, intrusive camera equipment or the person recording the meeting moving around the room.

Advice to Members on Declaring Interests

If you require advice on declarations of interests, this can be obtained from:

- The Monitoring Officer;
- The Deputy Monitoring Officer; or
- The legal adviser to the meeting.

It is recommended that any advice be sought in advance of, rather than at, the meeting.

Disclosable Pecuniary Interests (DPIs)

You will have a Disclosable Pecuniary Interest (*DPI) if it:

- Relates to your employment, sponsorship, contracts as well as wider financial interests and assets including land, property, licenses and corporate tenancies.
- Relates to an interest which you have registered in that part of the Register of Interests form relating to DPIs as being an interest of you, your spouse or civil partner, or anyone living with you as if they were your spouse or civil partner.
- Relates to an interest which should be registered in that part of the Register of Interests form relating to DPIs, but you have not yet done so.

If you are present at any meeting of the Council and you have a DPI relating to any business that will be considered at the meeting, you **must**:

- Not seek to improperly influence decision-making on that matter;
- Make a verbal declaration of the existence and nature of the DPI at or before the consideration of the item of business or as soon as the interest becomes apparent; and
- Leave the room whilst the matter is under consideration

You **must not:**

- Participate in any discussion of the business at the meeting, or if you become aware of your Disclosable Pecuniary Interest during the meeting, participate further in any discussion of the business; or
- Participate in any vote or further vote taken on the matter at the meeting.

If you have obtained a dispensation from the Monitoring Officer or Standards Committee prior to the matter being considered, then you should make a verbal declaration of the existence and nature of the DPI and that you have obtained a dispensation. The dispensation granted will explain the extent to which you are able to participate.

Other Registrable Interests

You will have an ‘Other Registrable Interest’ (ORI) in a matter if it

- Relates to appointments made by the authority to any outside bodies, membership of: charities, trade unions,, lobbying or campaign groups, voluntary organisations in the borough or governorships at any educational institution within the borough.
- Relates to an interest which you have registered in that part of the Register of Interests form relating to ORIs as being an interest of you, your spouse or civil partner, or anyone living with you as if they were your spouse or civil partner; or
- Relates to an interest which should be registered in that part of the Register of Interests form relating to ORIs, but you have not yet done so.

Where a matter arises at any meeting of the Council which affects a body or organisation you have named in that part of the Register of Interests Form relating to ORIs, **you must** make a verbal declaration of the existence and nature of the DPI at or before the consideration of the item of business or as soon as the interest becomes apparent. **You may** speak on the matter only if members of the public are also allowed to speak at the meeting but otherwise must not take part in any discussion or vote on the matter and must not remain in the room unless you have been granted a dispensation.

Disclosure of Other Interests

Where a matter arises at any meeting of the Council which **directly relates** to your financial interest or well-being or a financial interest or well-being of a relative or close associate, you **must** disclose the interest. **You may** speak on the matter only if members of the public are also allowed to speak at the meeting. Otherwise you must not take part in any discussion or vote on the matter and must not remain in the room unless you have been granted a dispensation.

Where a matter arises at any meeting of the Council which **affects** your financial interest or well-being, or a financial interest of well-being of a relative or close associate to a greater extent than it affects the financial interest or wellbeing of the majority of inhabitants of the ward affected by the decision and a reasonable member of the public knowing all the facts would believe that it would affect your view of the wider public interest, you **must** declare the interest. You **may** only speak on the matter if members of the public are able to speak. Otherwise you must not take part in any discussion or voting on the matter and must not remain in the room unless you have been granted a dispensation.

In all cases, where the Monitoring Officer has agreed that the interest in question is a **sensitive interest**, you do not have to disclose the nature of the interest itself.

Hackney

DRAFT UNRESTRICTED MINUTES OF THE CABINET PROCUREMENT AND INSOURCING COMMITTEE

MONDAY, 13 MARCH 2023 (5PM)

THE MEETING WAS LIVE STREAMED AND CAN BE VIEWED HERE:
https://youtu.be/cACg1RFFNBo

Chair	**Cllr Robert Chapman (Cabinet Member for Finance, Insourcing and Customer Services**
Councillors Present:	**Cllr Anntoinette Bramble (Deputy Mayor (Statutory) and Cabinet Member for Education, Young People and Children's Social Care)** **Cllr Chris Kennedy (Cabinet Member for Adult Social Care, Voluntary Sector and Culture)** **Cllr Caroline Woodley (Cabinet Member for Families, Parks and Leisure)**
Officers in Attendance in Person:	**Rotimi Ajilore (Head of Procurement),** **Peter Gray (Governance Officer),** **Tessa Mitchell (Governance Team Leader),** **Merle Ferguson (Procurement Strategy and Systems Lead)**
Officers in Virtual Attendance:	**Carol Gayle (Operations Manager)** **Leila Gillespie (Procurement Category Lead Commissioning Manager)** **Jade Mercieca (Procurement and Commercial Manager)** **Ian Jones (Legislation, Strategy and Projects Officer)** **Patrick Rodger (Senior Lawyer)** **Timothy Lee (Public Health Commissioning Manager)** **Divine Ihekwoaba (Category Lead - Construction and Environment)** **Charlotte Smith (Senior Commissioning Officer)** **Joe Wilson (Head of SEND)**

1. Apologies for Absence

1.1 There were no apologies for absence.

2. Urgent Business

2.1 There were no items of urgent business.

3. Declarations of Interest - Members to declare as appropriate

3.1 There were no declarations of Interest.

4. Notice of Intention to Conduct Business in Private, any Representations Received and the Response to Any Such Representations

4.1 There were no representations received.

5. To Consider any Deputations, Questions or Petitions Referred to the Cabinet Procurement and Insourcing Committee by the Council's Monitoring Officer

5.1 There were none received.

6. Unrestricted Minutes of the Meeting Held on 16 February 2023

RESOLVED:

That the unrestricted minutes of the Cabinet meeting on 16 February 2023 be approved as a true and accurate record of proceedings.

It was noted that the actions tracker will be updated to remove completed actions.

7. HI S178 Hackney Integrated Community Equipment Service

7.1 The Senior Commissioning officer introduced the report, highlighting the following:

- The report recommended that the contract for a 5 year period with 1+1 year options be extended and commence from 1 August 2023;
- The estimated value of the contract is £13.3m with an estimated annual value of £1.85m rising to £1.975m;
- Community Equipment was a key preventative service enabling older people in Hackney to live independently and to support the timely transfer of care from Care Homes;
- The industry had been subject to inflationary increases and cost pressures with an increase in demand for the service;
- Value for Money could be achieved, in part, through an increase in economies of scale;
- The options appraisal had identified the London Community Equipment Consortium as the best option for the Council to achieve the best value for money and resilience;
- The recommendation was to retain the benefits of the current integrated service model joining the consortium with existing stakeholders.

7.2 Councillor Woodley referred to the procuring green and the recycled items and

the feedback on the survey on perceived cleanliness and suitability of some of the equipment. She asked the performance indicators that equipment is refurbished to a high level of quality.

7.3 The Chair referred to the fact that 1 in 5 involved in the survey had complained about the poor quality of the equipment used.

7.4 Councillor Kennedy highlighted that issues around the quality of equipment had been raised at the Health Care Board.

7.5 The Senior Commissioning Officer highlighted that:

- Performance issues with the current provider;
- Difficulties existed with supply chains with the availability of equipment currently a problem;
- It was anticipated that the new contract would enable improved buying power together with the ability to share equipment with the other Boroughs and to have access to increased shared staffing

8 CE S174 SEND DPS Transportation Contract Award Approval

8.1 The Head of SEND introduced the report, highlighting the following:

- The contract was for home ot school transport;
- The contract would allow purchasers to join the Dynamic Purchasing System (DPS) on an ongoing basis throughout the live of the contract;
- Efficiencies for the services in terms of routing journeys was anticipated;
- Delegated authority was sought to enable various teams across the Council to award routes;

8.2 Councillor Kennedy asked that feedback on user satisfaction be built into the performance indicators for the service.

8.3 The Chair asked if there were performance indicators or processes in place to ensure compliance with the commitment to the use of low emission vehicles or alternative fuels to reduce the environmental impact.

8.4 The Head of Procurement confirmed that that user feedback can be included in the performance indicators as part of discussions with the suppliers.

8.5 The Head of SEND confirmed that specific clarification on these matters was to be sought from providers on the operation of fleets to ensure that standards around fuel emissions are met. The Chair asked that a progress report on this issue be made to a future meeting.

Action: That a report back to a future meeting on the development of performance indicators and processes to ensure compliance with the commitment to the use of low emission vehicles and alternative fuels to reduce the environmental impact.

Action: Head of SEND

9 FCR S180 Officer Key Decision Procurement of Core Insurance Provision

9.1 The Chair reported that the report was not currently available with additional work necessary to resolve matters. The report would be submitted to a future meeting of the Committee.

10 FCR S168 Provision of Advice and Support to Single Homeless Client at the Greenhouse

10.1 The Legislation, Strategy and Projects Officer introduced the report, highlighting the following:

- The contract had come up for renewal with a provider secured for a 5 years contract with an option for an additional year;
- Greenhouse provided an advice service to single residents and was a separate service providing additional support and guidance with access to opportunities that were not available to the Council.

10.2 Councillor Woodley referred to the increase in individuals with multiple and complex needs and young people coming forward and whether training was in place across all relevant services to properly identify and understand these needs.

10.3 The Legislation, Strategy and Projects Officer told the Committee that there was an increase in the level of demand for the service and that the provision of training to attain a wide ranging understanding of these needs was to form part of the contract with the new provider.

11 Any Other Unrestricted Business the Chair Considers to be Urgent

11.1 There was no other business that the Chair considered urgent.

12 Date of the Next Meeting

The next meeting will be held at 5.00pm on 17 April 2023.

13 Exclusion of Press and Public

Note from the Governance Services Team Leader:

Items 14, 15, 16, 17 and 18 allowed for the consideration of exempt information in relation to items respectively.

RESOLVED:

THAT the press and public be excluded from the proceedings of the Cabinet Procurement Committee during consideration of Exempt items 14-18 on the agenda on the grounds that it is likely, in the view of the nature of the business to be transacted, that were members of the public to be present, there would be disclosure of exempt information as defined in paragraph 3 of Schedule 12A to the Local Government Act 1972 as amended.

14 HI S178 Hackney Integrated Community Equipment Service

15 CE S174 SEND DPS Transportation Contract Award Approval

16 FCR S180 Officer Key Decision Procurement of Core Insurance Provision

17 FCR S168 Provision of Advice and Support to Single Homeless Client at the Greenhouse

18 Any Other Restricted Business that the Chair Considers Urgent.

Chair: Councillor Robert Chapman,
Cabinet Member for Finance, Insourcing and Customer Service

Contact: Tessa Mitchell, Governance Team Leader governance@hackney.gov.uk

Attachment: Cabinet Procurement and Insourcing Committee Action Tracker

CABINET PROCUREMENT AND INSOURCING COMMITTEE

ACTIONS TRACKER as at 3/5/23

Ref	Meeting Date	Agenda Item	Action	Assigned to	To be completed by	Status
1	16/1/23	7 - Integrated Mental Health Network	Senior Public Health Practitioner to share the lessons learned report with Committee Members when available. Update 03/02/23: internal lessons learned session already taken place and report will follow once a session with external stakeholders has been held.	Jennifer Millmore	Tbc - March 2023	Pending
2	13/3/23	CE S174 SEND DPS Transportation Contract Award Approval	Action - Head of SEND : That a report back to a future meeting on the development of performance indicators and processes to ensure compliance with the commitment to the use of low emission vehicles and alternative fuels to reduce the environmental impact.	Joe Wilson	No Specific Date	Pending

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Hackney

CABINET PROCUREMENT & INSOURCING COMMITTEE

BUSINESS CASE (INSOURCING OR OUTSOURCING DECISION)

Title of Report	Adult Social Care Transformation
Key Decision No.	AHI S150
CPIC Meeting Date	17 April 2023
Classification	Open
Ward(s) Affected	All
Cabinet Member	Councillor Chris Kennedy, Cabinet Member for Health, Adult Social Care, Voluntary Sector and Culture
Key Decision	Please select and delete the answer not required Yes **Reason** Spending/or saving
Group Director	Helen Woodland, Group Director for Adults, Health and Integration
Contract Value, both Inclusive of VAT and Exclusive of VAT (for the duration of the contract including extensions)	The contract value will be based on a proportion of the total savings evidenced and achieved. The proportion will be determined as part of the tender. Savings estimated are between £7.6m and £11.6m per year. It should be assumed that standard rated VAT will apply to payments.
Contract Duration (including extensions e.g. 2 yrs + 1 yr + 1 yr)	3 years

1. Cabinet Member's Introduction

1.1. Cabinet Insourcing Procurement Committee (CPIC) is recommended to agree to the Adult Commissioning team's request to go out to the the market for a transformation delivery partner under the terms of the CCS Management Consultancy 3, Lot 3 framework to support the design and implementation phases of the Adults, Health and Integration transformation programme.

1.2. This programme of work is expected to realise savings for the Council as set out in the report, as well as improving outcomes for a potential 4,000 Hackney residents.

1.3. The recommendations propose a different approach to contracting in that a risk and reward approach will be implemented, ensuring payments to the provider are released when KPIs are considered to be on track and can be clawed back if the savings proposals are not met.

1.4. The transformation programme aims to tackle head on the resourcing challenges that Adult Social Care faces and will be a vital piece of work as we approach a new CQC inspection regime, the implementation of Liberty Protection Safeguards and impending ASC charging reforms.

2. Group Director's Introduction

2.1. Demand for Adult Social Care services in Hackney is increasing at a time of reduced overall funding for local governments and additional financial pressures related to Covid-19 and the recovery from the cyber-attack.

2.2. In early 2022, the Council ran a competitive tender to appoint a strategic partner to support the diagnostic phase of an end-to-end transformation programme covering the assessment to identify opportunities, the detailed design and full implementation of those opportunities.

2.3. In Spring/Summer 2022, following the outcome of the tender process, the council appointed Newton Europe Limited to deliver a diagnostic assessment which identified opportunities to improve outcomes for residents through redesigning how care is delivered across the borough, helping people to stay independent, resilient and supported. These opportunities represent over £32m in benefit to the council over the next 5 – 6 years.

2.4. The Adults Health and Integration Directorate is now in a position to move into the design and implementation phase to deliver those opportunities, through the existing transformation plan.

2.5. The fee for the implementation work will be taken from efficiencies achieved and is based on a contingent fee model. 100% of the fee is at the provider's risk if the anticipated level of financial savings are not achieved. This includes changes to current practice to enable efficiencies, embedding this through different layers of staffing and an 18 month period of ongoing support following implementation of savings to ensure its remaining embedded into the Councils 'business as usual' practices. This work will also support in readiness for the reinstatement of CQC inspections of the Council's adult social care provision.

2.6. This report is seeking approval to go out to tender via framework mini competition for a delivery partner to support delivery of this next phase.

3. Recommendations

3.1. To go out to tender for a delivery partner to support the design and implementation phases of the transformation programme using the Crown Commercial Service (CCS) Management Consultancy Framework 3, Lot 3 (Complex and Transformation). The contract will be for up to three years and the contract value will be capped at the price submitted by the winning bidder and released as savings are achieved.

4. Related Decisions

4.1. Following a competitive tender process (contract ref DN599239) in February – March 2022, the Council selected Newton Europe as a strategic partner to deliver the diagnostic assessment phase.

5. Options Appraisal And Business Case (Reasons For Decision)

5.1. The diagnostic identified a number of areas that would benefit from a redesign of how care is delivered to residents, helping people to stay independent, resilient and supported across long term care, learning disabilities and commissioning.

5.2. The programme of work is expected to improve outcomes for a potential 4,000 Hackney residents. These opportunities represent an anticipated benefit to the council of up to £32m over the next 5 – 6 years.

5.3. In early 2022, the Council ran a competitive tender to appoint a strategic partner to support the first phase of a transformation programme to undertake a diagnostic exercise to identify opportunities for delivering improved outcomes for residents of the Borough who access Adult Social Care.

5.4. The Adults Health and Integration Directorate is now in a position to move into the design and implementation phase to deliver those benefits in partnership with a service provider who has sound experience and track record of delivering similar work in settings comparable to Hackney.

5.5. We want to deliver these improvements to residents in the quickest and most efficient way. If we don't engage a delivery partner, improvements would happen at a much slower rate and at a lesser impact.

5.6. If the Council attempted to undertake this work itself, we know from recent experience that the skills and experience required to undertake such work are not readily available in the market and that there is currently a high premium on people with transformation skills in adult social care, due to imminent preparation for social care reforms. The average day cost of one individual with the relevant skills set is around £600. To undertake a programme of transformation work of the scale required a team of at least 5 officers would be required. Over 3 years this equates to £870,000 per year, or £2.6m over 3 yrs (based on 270 days a year at £660 per day for 5 people). It would not be possible to recruit people on permanent contracts at this time, as the permanent workforce market in this area does not currently exist. Additional management capacity would also be required.

5.7. Through running a mini competition for this work, we intend to set out a number of criterias in the documentation so we anticipate receiving bids only from companies who can commit to our requirements. These will include a three year maximum timescale for the work to be delivered within and payments to the provider will be capped at the price included in the contract. An evaluation team will score bidders on both quality and price. If at the end of the 3 years it was considered appropriate to run a further separate procurement or vary the contract, this would be clearly redefined at that point and member sign off and engagement would be sought.

5.8. The engagement of a delivery partner will enable a truly independent view of our current practice, and will further help us prepare ahead of the forthcoming CQC inspections by better understanding our areas for improvement that we can begin mitigating. The diagnostic work has demonstrated the effectiveness of this approach and in order to move onto the delivery phase, this approach will also be required to maintain the effectiveness and pace. The diagnostic work has also shown that it is easier to undertake critical challenges and be visionary if not so close to the embedded practice as Council officers are.

5.9. There is a well developed market for these types of companies who routinely undertake similar work nationally, and consequently hold vast amounts of insight and information on areas of best practice elsewhere that the Council does not. This provides further opportunity for Hackney to test and learn from alternative approaches that are proven to be effective

elsewhere. We are also aware from the diagnostic tender that some companies have a track record of overachieving at no extra cost to the council and questions will be asked about this as part of the evaluation stage.

5.10. This transformation programme is in the main about demand management and cost avoidance. There would not therefore be money to reinvest in public services but it will ensure more costs are avoided that would impact upon spend elsewhere in the council.

5.11. The diagnostic has shown there is some poor practice embedded that requires culture change to improve. An external partner will be able to undertake this more efficiently and quicker than if Council officers attempt this. We anticipate the work to take 3 years for a delivery partner, but 5 years for the council to do this alone. It is further anticipated that savings / cost avoidance achieved would be significantly higher through the recruitment of a delivery partner. If the Council were to employ interim staff or staff on fixed term contracts, the work would have to be paid for regardless of outcomes achieved. Through recruitment of a delivery partner one of the stipulations in the contract will be that we are asking bidding providers to work on a risk reward basis, meaning if the agreed milestones are not achieved, there would be no cost to the council or the company would continue to work at no cost until such time as they are achieved.

5.12. The milestone objectives and payment schedules will be agreed with the selected provider up front following contract award. This work will be overseen by a governance group whose membership will include senior officers from ASC transformation, operations, commissioning and finance and where required, legal. This group will also track progress of the delivery partner in achieving the outcomes sought.

5.13. This joint cross departmental approach has been taken to develop the tender paperwork which is now at a point where all key officers are happy with it posing no risk to the council to go out to the market for this work.

5.14. **Benefits Realisation and Lessons Learnt**

5.15. This will be time limited transformation work to achieve improved outcomes for Hackney residents and efficiencies from within Adult Social Care budgets. It will improve systems and processes to enable these changes to be sustained in the longer term.

5.16. The Council and the appointed delivery partner will work together using the findings from the diagnostic as a basis, agreeing an implementation plan for the areas we want to take forward, setting baselines using existing data and targets for improvements, key performance indicators,

profile savings delivery for each area of savings and timeframes for each identified area to be agreed with the LBH management team.

5.17. The appointed delivery partner will be expected to work in partnership with LBH to deliver the identified changes which are mapped out as part of the work carried out in the design stage. This would include:

- Working with and training of LBH staff, in the Adult Social Care area, in identified improvement areas.
- Delivering the vision for change developed in the design phase and to track performance against identified potential and timelines.
- Capturing and reporting, at various levels, on both the improvements achieved and the associated savings that can be independently verified by Council finance officers.
- Making sure that the savings delivered as part of the delivery of this project does not translate into additional cost for other parts of the Council, in particular the ASC function.
- Flagging key risks and issues in the implementation process and providing a clear plan on how the project will be realigned to ensure that identified improvements and savings can still be achieved within agreed timelines.

5.18. As described in 5.16, measures will be agreed jointly post award. Some possible examples of measures might include:

- Long term care: improving decision making of professional health and social care staff working with acute hospital services and improved discharge arrangements. KPI = reduction in the weekly weighted cost of new packages of care.
- Long term care: improved decision making from within the community social work teams so that people receive the right services at the right time for independent lives and leading to a reduction in the cost of care packages.
  KPI = reduction in the weekly weighted cost of new packages of care.
- Long term care: improving the capacity and effectiveness of reablement services so that more people receive this support and are independent for longer.
  KPI = increased number of people completing a reablement episode per year.
- Learning disabilities: improved social work decision making from the community and transitions teams so that more people with a learning disability achieve improved outcomes and independence, leading to a reduction in the use of residential care.
  KPI = reduction in the weekly weighted cost of new packages of care.
- Learning disabilities: more people with a learning disability are supported through an enablement approach leading to more people living independently with an increased level of skills (progression services). KPI = reduction in the weekly weighted cost of new packages of care.

- Commissioning: reduction in voids.
  KPI = reduction in the weighted cost of voids per year.

The overarching outcome will be to deliver the opportunities identified in the 2022 diagnostic of London Borough of Hackney's Adults, Health and Integration Directorate, and unlock improved outcomes for residents through redesigning how care is delivered across the borough, helping people to stay independent, resilient and supported.

5.19. **Strategic Context**

5.20. This work will complement the existing ASC transformation programme, will ensure readiness for the forthcoming Care Quality Commission inspection and contribute to savings plans whilst at the same time improving outcomes for residents.

5.21. This work will be delivered as part of the Department's Transformation Programme, alongside other existing priorities. As the department has many other significant priorities to deliver between 2023-26, including social care reforms and liberty protection safeguards, ongoing prioritisation will be required, as will robust change management and communications with staff affected by, and involved in delivery of, the changes.

5.22. The service will continue to run while the implementation programme is happening. As operational staff will need to be involved in delivery of many of these changes, consideration will need to be given to balancing ongoing case work and day-to-day duties. A test and learn approach will help to identify demands on staff time and potential solutions on an ongoing basis.

5.23. **Preferred Option**

5.24. To appoint a delivery partner to work with the Council will enable the desired service improvements to take place at a faster pace and a higher quality.

5.25. Value will be provided through the delivery of improved outcomes for residents and efficiencies in adult social care spending.

5.26. The recommendations propose a different approach to contracting in that a risk and reward approach will be implemented, ensuring payments to the provider are released when KPIs are considered to be on track and can be clawed back if the savings proposals are not met.

5.27. **Alternative Options (Considered and Rejected)**

5.28. The following options were considered and rejected:

5.29. **Insourcing:** Council proceeds to implementation using internal resources. Internal teams do not have the necessary capacity or capability to deliver, and sustain, improvements alone or at pace. The Council does not benefit from wider delivery partner expertise (e.g. client networks, access to Senior Advisors), and associated skills transfer.

5.30. **Direct award** - Consideration was given to whether Newton Europe should be directly awarded the contract for the next phase of work given their work to date, level of understanding and ownership of the findings from the diagnostic. This was not considered the most viable option given the anticipated size of the contract and potential for further capability in the market.

5.31. **Do Nothing:** If the implementation phase is not taken forward – improvements in outcomes for residents in Hackney, and associated financial benefits, will not be achieved. Pressure on service capacity remains.

5.32. **Success Criteria / Key Drivers / Indicators**

5.33. The transformation work will be a success when the implementation plan has been actioned and intended outcomes are achieved.

5.34. **Whole Life Costing/Budgets**

5.35. The work will be funded from earmarked workforce funds in the short term and funded thereafter through savings realised in the adult social care budgets.

5.36. There are no capital or set up costs associated with the programme.

5.37. A fixed fee will be agreed through the tender process to deliver the programme. The appointed delivery partner is being asked to place 100% of the programme fee at risk against delivering benefits; if the agreed recurring annualised benefits do not exceed the fixed fees for the assessment and the implementation phases, those fees would be reduced, through rebates, until they match the actual agreed benefits.

5.38. The commercial approach principles will include:

- 100% of fees at delivery partner's risk if identified financial benefits aren't realised.
- Fees are capped and will not exceed amount quotes, including in instance of over delivery of savings.
- The fee guarantee is based on benefits delivered, rather than benefits identified.
- Break clauses inserted into the contract to allow early termination at key milestones.
- Transparent benefit measurement.

- Pre-planned invoicing schedule with checkpoints.
- Robust benefits tracking.

If savings are not achieved or are deemed to not be achievable following commencement of the contract, the Council in line with the contract terms and conditions will have the right to terminate or to ask the delivery partner to work at no fee until such time deemed achievable.

The contract value stipulated is the maximum amount to be paid for this work, implementation will last 1-2 years with the core programme running for approximately 1 year. Timeframes may be changed by agreement without increasing cost.

Part of the implementation package included in the costs will be for ensuring sustainability within the council, changes to processes and practice and staff training so that new ways of working are 'business as usual' after the appointed delivery partner withdraws.

The implementation package will further include a series of "health checks", where the delivery partner will return and ensure everything is being effectively sustained. GDPR and Data Sharing agreements will cover this period of time so support can be easily provided on an ad hoc basis if required.

A mechanism for validating the delivery of savings identified will be incorporated into the contract.

5.39. **Policy Context**

All changes delivered will be within the council's statutory duties in relation to delivery of adult social care. It will also support adult social care reforms work and enable preparation for the forthcoming Care Quality Commission regulatory inspections of Adult Social Care. Bidders will be asked to demonstrate how they will support delivery of the Sustainable Procurement Strategy.

Consultation/Stakeholders

5.40. In the lead up to procuring a service, the Corporate Leadership Team have been involved in shaping what this should look like. Policy and Strategy Group members were consulted on 27th February and their feedback has been incorporated.

5.41. The transformation work itself will include engagement with the adult social care provider market and Hackney residents as appropriate.

5.42. **Risk Assessment/Management**

5.43. Delivery of the intended outcomes is dependent on procurement of a provider to carry out the implementation plan. If this does not happen, internal Transformation capacity is limited therefore the ability to deliver outcomes and in this timeframe will be severely compromised.

5.44. To be confident that the outcomes have been achieved, we will need to robustly record and track operational and financial metrics. Historic data was affected by the cyber-attack. The mitigation is that Mosaic recovery is now in place. Close working will be required between the implementation programme and continued Mosaic development teams to ensure effective tracking.

5.45. This programme requires input from a range of staff from across the department and there has been good engagement throughout the diagnostic phase. Without this engagement, delivery will be compromised. To mitigate this, ASC SMT will ensure communication about this programme is embedded across their services, and Service and Team Managers will identify and support staff to be involved as required.

5.46. Further risks may include risk of not achieving intended outcomes, risk of provider challenge, risk of not appointing a delivery partner and risk to delay in procurement exercise. See table below for mitigations.

Risk	Likelihood	Impact	Overall	Action to avoid/mitigate risk
Ineffective recording and tracking operational and financial metrics	Low	High	Low	Using mosaic data to set baselines and working closely with finance colleagues to verify
Non engagement of ASC staff	Low	High	Low	No reason to expect this as engagement at diagnostic stage was strong. Continued comms around the work and intended outcomes
Risk to not achieving desired outcomes	Low	Medium	Low	Payment would not be made to provider and diagnostic work has evidence base for potential for service improvements

Risk of unsuccessful provider challenge to the appointment process	Low	Medium	Low	Rigorous procurement process in place with oversight from senior managers
Risk of not appointing a delivery partner	Low	High	Low	Low risk as the market is well established and diagnostic phase demonstrated interest from the market
Risk to delay in procurement exercise	Low	Low	Low	Low risk as a cross departmental approach has been taken to preparing for this and proposed timetable is considered achievable by all

5.47. Due to the potential value of the contract and its importance to the delivery of the transformation programme this procurement has been assessed as an overall "High" risk procurement, which means that both the Business Case and Contract Award Reports will be considered by Cabinet Procurement and Insourcing Committee.

5.48. **Insurance**

The Council will use the Crown Commercial Services insurance levels call off contract. Feedback on the Insurance requirements set out by the Crown Commercial Service has been sought by the Council's internal Insurance team and this has been deemed as sufficient.

5.49. **Market Testing (Lessons Learnt/Benchmarking)**

5.50. We know there is interest from providers on the intended framework, five expressions of interest were received for the diagnostic work resulting in one effective provider delivering the support required.

5.51. Savings

5.52. The diagnostic work identified opportunities worth £8.9m p.a. but depending on external factors, may range between £7.6 – 11.6m p.a. The directorate may choose to put these savings towards meeting demand pressures, or reinvesting elsewhere in the service.

5.53. As detailed in other parts of the report, efficiencies will be tracked and payment made to the provider on a risk / reward basis.

5.54. As well as efficiencies, the project is expected to improve outcomes for people accessing Adult Social Care in Hackney, improve current systems and processes and ways of working for staff across the Adults Health and Integration Directorate.

6. Income Generation

6.1 Not applicable

7. Sustainability Issues and Opportunities, Social Value Benefits

7.1. Procuring Green

This is primarily a service contract that overall will have a limited environmental impact. As a minimum, the provider will be required to keep their records in a paperless format where possible and active travel options for staff will be encouraged. The following question will be asked of all bidding providers and evaluated as part of the contract award criteria. *Hackney Council believes that every contract should maximise social, economic, and environmental benefits to Hackney residents and/or businesses. Please provide an in depth explanation and commitments of how you will support the council's Sustainable Procurement Strategy across the lifespan of this contract.*
The full details are set out in the Council's Sustainable Procurement Strategy at https://hackney.gov.uk/procurement-strategy

Responses will form part of the contract and will be monitored accordingly..

7.2. Procuring for a Better Society

The following question will be asked of all bidding providers and evaluated. *Hackney Council believes that every contract should maximise social, economic, and environmental benefits to Hackney residents and/or businesses. Please provide an in depth explanation and commitments of how you will support the council's Sustainable Procurement Strategy across the lifespan of this contract.*
The full details are set out in the Council's Sustainable Procurement Strategy at https://hackney.gov.uk/procurement-strategy

Responses will form part of the contract and will be monitored accordingly.

7.3. Procuring Fair Delivery

The following question will be asked of all bidding providers and evaluated. *Hackney Council believes that every contract should maximise social, economic, and environmental benefits to Hackney residents and/or*

businesses. Please provide an in depth explanation and commitments of how you will support the council's Sustainable Procurement Strategy across the lifespan of this contract.

The full details are set out in the Council's Sustainable Procurement Strategy at https://hackney.gov.uk/procurement-strategy

Responses will form part of the contract and will be monitored accordingly

All staff employed to deliver this service will receive the London Living Wage as a minimum.

7.4. **Social Value**

The following question will be asked of all bidding providers and evaluated. *Hackney Council believes that every contract should maximise social, economic, and environmental benefits to Hackney residents and/or businesses. Please provide an in depth explanation and commitments of how you will support the council's Sustainable Procurement Strategy across the lifespan of this contract.*
The full details are set out in the Council's Sustainable Procurement Strategy at https://hackney.gov.uk/procurement-strategy

Responses will form part of the contrat and will be monitored accordingly.

7.5. **Equality Impact Assessment and Equality Issues**

Through the initial competitive tender process for the diagnostic and the findings thereafter, no adverse effects on equalities were identified. The award will allow for identification of Hackney's most vulnerable service users and can therefore deliver positive outcomes as a result of the contract.

8. **Proposed Procurement Arrangements**

To request expressions of interest and then invite those providers to submit full bids via the CCS Management Consultancy 3, Lot 3 framework.

8.1. **Procurement Route**

8.2. The procurement team will issue an Expression of Interest to all 30 suppliers that are under Lot 3 Complex Transformation of Crown Commercial Services Consultancy 3 RM6186.

8.3. Once interest is identified, we will run a mini competition via Procontract Portal seeking a delivery partner to support the design and

implementation phases of the Adults, Health and Integration transformation programme.

8.4. **Resources, Project Management and Key Milestones**

Milestones	Dates
EXECUTIVE MEETINGS & KEY DECISION NOTICE	17/03/2023
Report approved and submitted prior to CPIC	24/03/2023
April CPIC - Approval to start tender	17/04/2023
Definition of Project Team and evaluation panel	18/04/2023
Issue EOI to framework providers	18/04/2023
Deadline for return of EOI	28/04/2023
Issue ITT to shortlisted providers	02/05/2023
Clarification requests cut off	16/05/2023
Deadline for Tenders	23/05/2023
Compliance checks and bids available to panel	25/05/2023
Evaluation of Tenders	26/05 - 09/06
Moderation date	05/06/2023
EMKDN deadline	05/06/2023
Internal sign off by areas as directors	07/06-15/06
Final CPIC report available pre-board meeting	17/06/2023
July CPIC - Approval to award	03/07/2023
Intention to Award Notification	04/07/2023
Voluntary Standstill (10 days)	05/04 - 18/07
Award of Contract	19/07/2023

8.5. **Anticipated Contract Type**

8.6. The Terms of the CCS Management Consultancy 3, Lot 3 framework will be used and tender documents will set out all necessary requirements to ensure best value for Hackney.

8.7. **Sub-division of contracts into Lots**

Not relevant

9. Contract Management (and Mandatory Use of the Contract Management System) & Service Management for Insourcing

9.1 The contract will be managed by the Commissioning Team in AHI including KPIs, quality and progress against identified savings. Additionally there will be a governance steering group of senior managers who will oversee progress and delivery of the identified outcomes.

9.2 As there is no outgoing provider, TUPE is not applicable.

9.3 **Key Performance Indicators (including for Insourcing)**

9.4 As described in 5.16 and 5.18, measures will be agreed jointly post award. Some possible examples of measures might include:

- Long term care: improving decision making of professional health and social care staff working with acute hospital services and improved discharge arrangements. KPI = reduction in the weekly weighted cost of new packages of care.
- Long term care: improved decision making from within the community social work teams so that people receive the right services at the right time for independent lives and leading to a reduction in the cost of care packages.
  KPI = reduction in the weekly weighted cost of new packages of care.
- Long term care: improving the capacity and effectiveness of reablement services so that more people receive this support and are independent for longer.
  KPI = increased number of people completing a reablement episode per year.
- Learning disabilities: improved social work decision making from the community and transition teams so that more people with a learning disability achieve improved outcomes and independence, leading to a reduction in the use of residential care.
  KPI = reduction in the weekly weighted cost of new packages of care.
- Learning disabilities: more people with a learning disability are supported through an enablement approach leading to more people living independently with an increased level of skills (progression services). KPI = reduction in the weekly weighted cost of new packages of care
- Commissioning: reduction in voids.
  KPI = reduction in the weighted cost of voids per year.

The overarching outcome will be to deliver the opportunities identified in the 2022 diagnostic of London Borough of Hackney's Adults, Health and Integration Directorate, and unlock improved outcomes for residents through redesigning how care is delivered across the borough, helping people to stay independent, resilient and supported.

9.1. **Comments Of The Group Director Finance And Corporate Resources**

9.2. This proposal seeks approval to go out to tender for a delivery partner to support the design and implementation phases of a transformation programme within Adult Social Care over a period of three years.

9.3. The transformation programme aims to improve outcomes for residents and reduce the overall cost of care through transformed decision making and practice. The expected outcome of this process is that the care costs of individual residents are lower under the transformed process than they would have been under existing processes. These outcomes will be tracked via a series of key performance indicators (KPIs) to be agreed with the successful partner.

9.4. The savings modelled within the diagnostic review associated with this programme are mainly related to cost avoidance - i.e. the prevention of something happening that would have cost more than the actual outcome (e.g. for new service users who may currently have been referred to residential settings, people are instead referred into Housing with Care or homecare with lower costs associated).

9.5. The costs are avoided as a result of different decisions being taken around the care to be provided for people compared with current decision making. This may rely upon a different approach to managing the risks associated with people being cared for in the community as opposed to being cared for within a residential setting. The success of the programme will depend upon the chosen provider's ability to work with the social care professionals involved in the decision making process to safely address the balance of risk. Informal discussion with other local authorities that have undertaken similar service transformations in adult social care have been completed to inform the Council's strategy in this approach. It is noted that any savings in this space have largely focused on cost avoidance and not in reductions to existing service cost pressures.

9.6. The annual cost of the contract will have a ceiling based on a fixed price submitted by the potential partners as part of the tender.

9.7. Payments are linked to the improvements demonstrated by the KPIs and funding is released when KPIs are achieved and evidenced. Payments will be capped by the ceiling fixed price submitted. In this way, the cost of the contract can never exceed the value of efficiencies delivered. If no evidenced efficiencies are delivered, then there is no subsequent cost to the council. Therefore, the risk sits with the successful provider.

9.8. The budget for this programme is contained within the Care Support Commissioning expenditure budgets in Adult Social Care. The diagnostic review of current care costs estimated efficiencies of between £7.6m and £11.6m could be realised per year. The argument is that without this

programme, these costs would be incurred and be funded from the Care Support Commissioning budgets. Efficiencies achieved via the programme are shared proportionately between the council as cost avoidance and as payments to the partner.

9.9. There are two key financial risks within this proposal that will need to be managed carefully. The first is that of ensuring a causal link can be demonstrated between the improved/redesigned process and the decision making that resulted in the outcome being claimed. i.e. that the outcome was a result of work undertaken and not for other interventions.

9.10. The second is that the process to demonstrate and calculate the KPI is robust and transparent. The cyber attack on the council's IT systems has meant that historic data records of care costs are not as robust as they were prior to the attack. Claims for fees by the partner will rely on historic trends of care projected forward.

9.11. In addition to the governance around delivery of this programme, the Group Director (Finance & Corporate Resources) is reinforcing budget monitoring and tracking arrangements in Hackney to ensure plans are kept on track and for respectives services to report on delivery of agreed savings and other cost reduction measures.

9.12. There are significant savings required in future years detailed within the medium term financial plan. (As at March 23 the mid-case estimate of the budget gap is £22.2m in 2024/25, £39.7m in 2025/26 and £57.6m in 2026/27). Savings achieved via this programme will be able to contribute towards closing these budget gaps. Adult Social Care is consuming a growing proportion of the council's budgets for growth on a relatively low base of people. So it is key that measures are taken to control and contain the demand pressures that result in increasing costs. Children's Social Care is facing similar pressures.

10. VAT Implications on Land & Property Transactions

10.1. Not relevant.

11. Comments Of The Director, Legal, Democratic & Electoral Services

11.1. Paragraph 2.7.6 of Contract Standing Orders states that all procurements with a risk assessment of "High Risk" will be overseen by Cabinet Procurement Committee (now Cabinet Procurement and Insourcing Committee) and therefore this Business Case Report is being presented to Cabinet Procurement and Insourcing Committee for approval.

11.2. The value of the fees for the services in this Report will be above the current threshold of £213,477 under Regulation 5 of the Public Contracts Regulations 2015. However it will not be necessary to publish a contract

notice in respect of the procurement of these services as it is proposed to use a framework established by Crown Commercial Service to undertake a mini-competition to award the services contract. Use of a framework would be subject to the provisions of Regulation 37 of the Public Contracts Regulations 2015 which allow a contracting authority to acquire services from a centralised purchasing body.

12. **Comments Of The Procurement Category Lead**

12.1. Under the Contract Procedure Rules, local authorities may use a framework agreement set up by a public sector body where that framework agreement has been procured in accordance with the Public Contracts Regulations 2015.

12.2. The recommended use of Crown Commercial Service is compliant and can be used by the Council, it offers us a variety of suppliers that can be competitively accessed based on their ability to deliver against our specifications.

12.3. The procurement department has been consulted on this tender and is providing assistance on the execution of the mini competition, specifications, timeline, system information, compliance checks, moderation, and audit trail documents to ensure the council will partner with the correct consultant on the implementation of such a relevant project.

Appendices

None

Exempt

None

Background documents

None.

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Comments for and on behalf of the Group Director of Finance and Corporate Resources prepared by	Naeem Ahmed Director of Finance (Children, Education, Adults, Health & Integration) Email naeem.ahmed@hackney.gov.uk
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Hackney

CABINET PROCUREMENT & INSOURCING COMMITTEE

CONTRACT AWARD REPORT

Title of Report	City & Hackney Enhanced Health Visiting Service
Key Decision No.	AHI S192 General Exception
CPIC Meeting Date	17 April 2023
Classification	Open Report and Appendices A, B and C Exempt Appendices 1-4
Ward(s) Affected	ALL
Cabinet Member	Councillor Chris Kennedy, Cabinet Member for Health, Adult Social Care, Voluntary Sector and Culture Councillor Bramble, Deputy Mayor and Cabinet Member for Education, Young People and Children's Social Care Councillor Woodley, Cabinet Member for Families, Parks and Leisure
Key Decision	Yes Significant in terms of its effects on communities living or working in an area comprising two or more wards.
Group Director	Helen Woodland, Group Director Adults, Health and Integration
Contract value, both Inclusive of VAT and Exclusive of VAT (for the duration of the contract including extensions)	£34,850,000 (£6,970,000 annually) (excluding VAT)
Contract duration (including extensions e.g. 2 yrs + 1 yr + 1 yr)	2yrs+1yr+1yr+1yr

Reason for General Exception: This decision is required to be taken under General Exception Procedure Rules as the new service provider requires adequate time to mobilise the new intensive home visiting element as well as other considerable changes to the service specification. It is estimated that a 4 month period is required to mobilise this service. As the new service will commence on 1 September 2023 - delays to awarding this contract will put the mobilisation timeline at considerable risk. Awarding the contract as soon as possible will also enable the TUPE process to commence - this will mitigate against a key risk of the knowledge and expertise of the current family nurses being lost through the service transition. This decision cannot reasonably be deferred to a later meeting date.

1. Cabinet Member's Introduction

1.1. The Healthy Child Programme (HCP) is a universal programme available to all children and aims to ensure that every child gets a good start and a solid foundation for a healthy life. The Healthy Child Programme is a model which offers every family a programme of screening tests, development reviews, information, and guidance to support parenting and healthy choices.

1.2. Under the Health and Social Care Act 2012 responsibility for commissioning of the 0-5 children's public health service, including Health Visiting and Family Nurse Partnership, transferred to local authorities in 2015. Whilst elements of the Health Visiting Service are statutory, there is also flexibility to adapt the delivery model locally so it is responsive to the needs of the local population.

1.3. The Healthy Child Programme aims to bring together health, education and other key partners to deliver an effective programme for prevention and support. The health visiting element of service is clinically led and can only be provided by the public health nursing workforce.

1.4. As previously described in the business case ref. CE S123 the Enhanced Health Visiting Service has been designed to be 'universal in reach – personalised in response' and meets the 2021 Healthy Child Programme guidelines. The service redesign also enables the health visiting service to be more responsive to the adverse impacts of the COVID-19 pandemic, such as improving learning and development outcomes in early years working in partnership with the early years workforce.

2. Group Director's Introduction

2.1. This report concerns the award of a contract to Provider A to deliver the Enhanced Health Visiting Service. This is a universal and targeted service for all children and families from pregnancy up to age five, designed to be delivered at a scale and intensity proportionate to need.

2.2. This Enhanced Health Visiting Service is a needs-led model, which provides more tailored and evidence-based interventions at five different

levels. The model provides flexibility and allows families to progress between the different service levels according to their needs.

2.3. Level 5 is a new intensive home visiting service (replacing the current Family Nurse Partnership service) which is open to a greater number of vulnerable families with complex needs, including older parents, those that have children already and those that have had previous children removed.

2.4. The model also comprises three additional targeted visits which are in addition to the five mandated visits (1 specifically to act as a safety net for School Readiness): additional speech, language, and communication reviews at the 9-12 month visit, 2-2.5 year visit and a visit at 3-3.5 years to address the impact of COVID-19 on early years development.

2.5. The new model also includes an 18 month desktop review of child health records to ensure any outstanding remedial action is identified and addressed before development is impaired.

2.6. In line with national guidelines, the new service model places greater emphasis on high impact areas that are evidenced to have the most impact on health. Two additional high impact roles have been created to support families experiencing homelessness or who are vulnerably housed, as well as to support implementation of integrated reviews (there is a total of 11 high impact roles in the new service specification).

3. Recommendations

3.1. To agree an award of the Enhanced Health Visiting Service contract to Provider A for a period of a maximum of five years (2+1+1+1) from the 1st of September 2023. The total value of the contract will be a maximum of £34,850,000 (An average of £6,970,000 per year).

4. Related Decisions

4.1. The Business Case Report for this procurement was approved by CPIC on 3 October 2022 (CE S123):

0-25 Recommissioning Programme - City & Hackney Enhanced Health Visiting Service CPIC Report Business Case (2022)

5. **Reason(s) For Decision / Options Appraisal**

5.1. The ongoing provision of a universal health visiting service is essential to supporting the health and well-being of families and children at critical stages of development, to identify those families in need of additional support or with safeguarding concerns, and contribute to the wider benefit of society through enabling every child to have the best start in life. There is strong evidence in support of all aspects of the Healthy Child Programme.

5.2. The Enhanced Health Visiting Service has been designed to build on the strengths of the existing service currently provided by Homerton Healthcare Trust. The new enhanced service has been modernised to reflect the most recently published evidence and guidelines for the Healthy Child Programme. The enhanced model was developed following consultation and engagement (see business case) and supported by the guidance and oversight of the Institute of Health Visiting iHV.

5.3. The service model includes an additional fifth level over and above the four levels of service currently provided. This intensive fifth level (replacing the previously separate Family Nurse Partnership Service) will support vulnerable, complex families and will have a broader eligibility criteria so that families that require support are not restricted access due to the parent's age or if it is a second born child.

5.4. The Family Nurse Partnership programme model has a number of limitations:

- It only works with first-time mothers under the age of 25. This does not align with the needs of the City & Hackney population, which has a reduced number of teenage parents, and an increasing number of older first-time parents.
- The programme only works with the first child up to 2 years. This excludes families with more than one child and communities in the borough where the birth rate is high.
- The programme does not address concealed pregnancies, as you cannot access the programme if you are more than 28 weeks pregnant.
- FNP is a licensed model and therefore does not allow for any flexibility with regards to its enrolment criteria and delivery model.

5.5. The Enhanced service places an even greater emphasis on the autonomy of the specialist trained public health nursing workforce to provide services based on their clinical judgement and expertise. The new service model will enable the service to be more responsive to changing needs, stepping families up or down levels of intervention as circumstances change. This is not dissimilar to the current service offer except the new model offers a fifth level of service where the most experienced nurses are able to work more intensively with those families that require it and without restriction due to the age of the parent or number of children already within the family, thus widening the intensive level of service to more vulnerable

families with a broader range of personal circumstances that would benefit from this level of intervention.

5.6. The new model of service, as described in detail in the business case, will also provide increased opportunities for the health visitors and the wider skills mix workforce to work alongside early years to improve learning, development and health outcomes and to undertake targeted work with families on areas considered by evidence to have a high impact on health such as substance misuse, or domestic violence.

5.7. **Alternative Options (Considered and Rejected)**

5.7.1 **Option 1: Re-procurement of the existing Health Visiting and Family Nurse Partnership services.**

This option does not allow for an integrated and enhanced health visiting service, with a delivery model that would be flexible to meet the needs of our local population. It does not offer the management, information systems' related efficiencies that a single provider would. The current Health Visiting model is not in line with the modernised 2021 Healthy Child programme guidance and therefore is inconsistent with the current evidence-based approach to address the impact of COVID-19 on the 0-5 population.

5.7.2 **Option 2: Procurement of the Family Nurse Partnership and Health Visiting tendered as one service**

This option includes Health Visiting and Family Nurse Partnership in one specification. There are cost and time efficiencies due to shared management oversight and timetabling and the Family Nurse Partnership would operate as a separate service within this. While this model would incorporate the modernised 2021 Healthy Child programme guidance, the Family Nurse Partnership model would not meet the needs of our population (see the limitations of the Family Nurse partnership programmes – which is a licensed model - listed in section 5.4).

5.7.3 **Option 3: Do Nothing**

Local Authorities have mandated responsibilities under the Health and Social Care Act 2012 and so doing nothing would not discharge our legal responsibilities.

5.7.4 **Option 4: Insourcing**

- Procurement of an in-house service was considered but was not felt to be appropriate because this is a clinical and highly specialised service which requires formal CQC registration (which takes approximately 3 months), clinical expertise and clinical supervision. Neither LBH nor the City of

London Corporation has the required professional staff nor structures to undertake this.

- Insourcing this specialist clinical service into LBH was not felt to be in the best interests of local residents at this time, and would require very significant additional staff to provide the specialist supporting clinical services. The time and additional cost to develop, recruit and establish the supporting clinical services would also delay the provision or re-procurement and as such was rejected as a viable option for these services.

- The recent Sector Led Improvement Report (SLI) on Health Visiting identified that 26 out of 33 London boroughs have specialist NHS providers. Although Newham has an in-house model for Health Visiting they found the process complex given the size and scope of the service. They undertook a 2-step process which involved in-sourcing the School Nursing Service in 2016 which took a year to complete, followed by the Health Visiting service which took a further 2 years. Greenwich integrated health visiting with children's centres in 2020; this is delivered by Bromley Healthcare.

5.7.5 **Considerations with regard to in-sourcing that were explored:**

- Operational staffing risk - unfilled posts can lead to reduced access to the service by patients and service disruption. In turn this can lead to a reliance on agency staff, and increased costs as consideration needs to be applied to a continuous service, based on 'Health provision' as opposed to organisation status. Directly employing Health Visiting staff and specialist staff would be less cost-effective therefore than commissioning the service from an established Health Visiting provider that has the infrastructure and experience to supervise the Health Visitors.

- HR & Pensions - internal management costs, staff, terms, and conditions of employment would be eligible to be transferred over under TUPE arrangements. Health visitors appointed post-transfer will be employed on Council contractual terms and conditions, so Council terms and conditions would need to be aligned with NHS contracts in order to attract high-quality staff.

- Acquiring high-quality expertise - there would be additional challenges in attracting and recruiting specialist nursing staff to support the delivery of high-quality intensive home based services for vulnerable families.

- IT - the system that is used by the Health Visiting teams is RIO, the Council does not use this system and therefore would need to ensure existing IT arrangements were kept in place to allow health visiting staff to have access to necessary data and information from day one, including access to the Child Health Information System.

- The Council would need to be able to support placements for student health visitors as part of the wider Health Education England (HEE)

framework to support the delivery of excellent healthcare and health improvement to ensure that the workforce is future-proofed; has the right numbers, skills, values, and behaviours, at the right time and in the right place.

- As previously outlined, this is the start of a phased programme of recommissioning, the ambition of which is the integration of services across 0-25 provision. Within this context, new commissioning arrangements for public health services will continue to be explored during the initial contract delivery period to ensure that the maximum potential and time dedicated for insourcing and partnership working in the future is considered as part of the wider integration of services, including NHS interventions.

6. Project Progress

6.1 Developments since the Business Case approval

Since the business case was approved, the Family Nurse Partnership stopped accepting clients onto their caseload as of September 2022. National guidance on the decommissioning of FNP and transfer of clients was published in October 2022. An FNP Transition Strategic Group was set up in line with recommendations bringing together key stakeholders from maternity, health visiting and FNP to ensure the safe transfer of clients between services.

The FNP are waiting on confirmation of the successful bidder before sharing information on current clients on the FNP caseload and TUPE of staff should they be applicable for transfer.

6.2 Whole Life Costing/Budgets

The total cost of the service is detailed in the table below. Funding is available for the duration of the contract from the Public Health budget.

Enhanced Health Visiting Service					
Year 1	**Year 2**	**Year 3**	**Year 4**	**Year 5**	**Total**
£6,490,207	£7,085,246	£7,085,246	£7,085,246	£7,085,246	£34,831,192

Hackney Council will recharge the City of London Corporation £159,650 per annum to reflect the level of activity that will be delivered in the City.

The agreed price is inclusive of all service delivery related costs for the duration of the contract. A detailed breakdown was submitted as part of the bid.

6.3 Risk Assessment/Management

Risk	Likelihood	Impact	Overall	Action to avoid/mitigate risk
There may be some challenges with recruitment and retention of specialist highly skilled Health Visitors/SCPHN supply, due to a national shortage.	Medium	Medium	Medium	- Vary the skill mix needs to support the service model to meet the needs of children and families. - Working with Health Education England to grow the workforce. Preceptorship programmes. - A continual need to ensure the delivery of high quality staff training development and supervision. - Opportunities for career development in the workforce model attracting and retaining staff.
Families eligible for the service do not engage with the service	Low	Medium	Medium	- The eligibility criteria has been broadened and is needs-based, to ensure that families and children who need the service are being provided the required level of support (Community, Universal, Targetted, Specialist and Intensive home visiting).
Need to ensure timeliness of data transfer to ensure there is no disruption in service for existing FNP clients	Low	High	Medium	- Service mobilisation period will be for a minimum of 4 months, to allow for the safe and secure sharing of client records. - A transition steering group has been established to manage clients redirected from FNP to targeted services in midwifery and health visiting. Following contract award the steering group will oversee the safe transfer of clients to the new service.
Loss of expertise of family nurses who are highly skilled and	Low	High	Medium	- Support and encourage those that are eligible, to be TUPEd into the new service.

experienced in supporting vulnerable young parents				- Facilitate and encourage a smooth service transition and positive relationship between the previous provider and new provider. - Capture knowledge, expertise and insights from FNP service users and nurses through engagement workshops.
	Select	Select	Select	

7. **Savings**

No savings were required for this procurement.

8. **Sustainability Issues and Opportunities, Social Value Benefits**

8.1 **Procuring Green**

This is primarily a service contract that will have some negative environmental impact. However, this will be mitigated by ensuring that the service is required to have appropriate recycling facilities, safe disposal of clinical waste and a preference for use of sustainable transport for staff providing the service. The provider will also be required to keep their records in a paperless format, where possible and active travel options for staff will be encouraged.

8.2 **Procuring For a Better Society**

There were no adverse economical impacts highlighted within the PRIMAS document. This is a clinical service that cannot be broken down into smaller lots. However, the service is expected to work in partnership with local providers at the Community Level. The provider will be required to pay the London Living Wage as a minimum and deliver the service from locations accessible to City and Hackney residents.

8.3 **Procuring Fair Delivery**

There were no adverse impacts in terms of equalities identified. This service directly aims to address health inequalities and improve the health and wellbeing of the local families who use it. The eligibility for the service will be assessed based on their level of need and in line with procurement contract regulations (PCR 2015).

The criteria for the service has been expanded to include all vulnerable families using the approach of universal in reach and personalised response.

The social value delivered by the service was tested as part of the procurement process.

8.4 **Equality Impact Assessment and Equality Issues**

The proposed delivery model for an Enhanced Health Visiting Service for the City and Hackney has been updated in line with the 2021 Healthy Child Programme, which focuses on meeting the needs of children impacted by COVID-19 and vulnerable families.

It focuses on the early identification of health needs to improve access to services and improve health and wellbeing by promoting health, preventing ill health, and reducing inequalities.

The intensive home visiting service is for vulnerable families and will provide support based on the needs of the families.

8.5 **Social Value Benefits**

8.5.1 The staff employed to deliver this contract will be based within the borough and the successful bidder recruits extensively from the local population. This workforce is likely to spend in the local economy whilst also providing social benefits through employment. The Provider already employs a diverse workforce and has well established routes for career development and progression within the service. It has invested in local volunteers and in a year calculated a total contribution of 16,128 hours contributing a total economic value of over 85 thousand. The Provider has supply chain measures performance of prospective bidders through Themes and Outcome Measures (TOMs) encouraging social value through procurement.

8.5.2 The winning bidder also committed to delivering social value through promoting skills and employment to local and underserved communities including recruiting employees who are not in employment education or training (NEET) and those from ethnic minority groups as well as offering opportunities for apprenticeships and student health visitors to carry out their training. All health visiting staff will be paid at least the real living wage as specified by the Living Wage Foundation.

8.5.3 The contribution of the service to social value will be monitored over time through the Social Value's Portal which calculates Trust-wide social value metrics which the local authority can view as part of the contract management process.

9. **Tender Evaluation**

9.1 An open procurement process was completed in line with the Public Contract Regulations 2015. A Prior Information Notice was published on Procontract on 1 August 2022 and the notice was advertised widely to more than 14 organisations. An engagement event took place on 8th September 2022 and a number of organisations attended.

9.2 The opportunity to bid was promoted as widely as possible and advertised on Procontract, Find a Tender, London Tenders and published on the Council website. 22 organisations that received an alert through the portal accepted the link. The tender was published on Procontract on 19 October 2022 and closed 7 December 2022. Only one tender submission was received.

9.3 The tender was carried out in a two stage process. Stage One was a technical competency question and bidders were asked to demonstrate they have the skills, knowledge and experience to deliver the service.

9.4 The Tender Evaluation and Moderation Panel consisted of the following:

- Commissioning Manager, City and Hackney Public Health (Chair).
- Public Health Consultant, City and Hackney Public Health.
- Principal Public Health Specialist, City and Hackney Public Health.
- Integrated Commissioning Workstream Director, Integrated Commissioning.
- Lead Early Years Advisor, City of London Education and Early Years
- Head of Early Years, Early Help & Wellbeing.
- Assistant Director of Public Health, London Borough of Newham.
- Designated Nurse Safeguarding Children, City and Hackney Integrated Care Partnership and North East London Health and Care Partnership.
- Contracts & Commissioning Officer

9.2 The award criteria and weighting are detailed in the table below:

Criteria	Criteria Weighting	Sub-Criteria	Sub-Criteria Weighting
QUALITY	**65%**	Service Delivery	9%
		Staffing Structure	5%
		Staffing - skill mix and workforce development	6%
		Inequalities in service access and outcomes	5%
		Partnership Working	5%
		Intensive Health Visiting Service	5%

		Data Reporting	8%
		IG - Data Sharing	5%
		Quality Assurance	5%
		Safeguarding	7%
		Best Value	5%
SUSTAINABILITY	**5%**	Social Value	5%
WHOLE LIFE COST	**30%**		30%

9.3 One tender submission was received. The clinical requirements for this service mean that there are a limited number of organisations with the capacity and resources to deliver a service of this type. All available channels were used to publicise this opportunity as widely as possible. This included a pre market engagement event to prepare the market and raise awareness. 22 organisations expressed an initial interest and accessed the procurement documents. As part of a lessons learnt exercise feedback will be requested from these organisations to understand why they ultimately decided not to bid.

10. **Recommendations**

	Quality	Price	Total
Provider A (winning bidder)	58%	30%	88%

10.1 It is recommended that Provider A be awarded the contract. They provided a high quality bid and scored well across all areas. The panel was confident that Provider A will provide a high quality service that meets the needs and objectives set out in the business case and service specification.

10.2 The price submission from Provider A was within the available budget. The breakdown of costs is considered, appropriate and realistic and the proposed service provides good value for money.

10.3 The main contractor is experienced at managing and providing high quality health visiting services.

10.4 The service will continuously monitor and adjust/improve its offer through data analysis and insight. This will also allow commissioners to monitor the performance and benefits of the service.

10.5 **Contract Lots:**

The requirements for clinical oversight alongside the economies of scale and integration benefits provided by a single service mean that it is not practical to break the contract down into smaller lots. However, the service is required to work in partnership with providers at the Community Level.

10.6 **TUPE**

There will be a mobilisation period of 4 months to deal with any issues that do occur. Any TUPE issues or redundancies also will be resolved during the mobilisation period. As part of the evaluation process it was confirmed that all staff employed to deliver this service will receive the London Living Wage as a minimum.

10.7 **London Living Wage:**

The requirement to pay the London Living Wage to all staff employed to deliver this service was set out in the ITT documents and all bidders confirmed that they pay their relevant employees would receive this as a minimum.

11. Contract Management Arrangements

11.1 The contract will be managed within the Public Health team, with a named Principal Public Health Specialist under the direction of the Public Health Consultant Children & Young People, with support from the Public Health Commissioning Team.

11.2 This contract will be incorporated into the standardised performance management framework used by Public Health. The providers will be required to report performance against the agreed KPIs quarterly and attend regular contract review meetings. The specification also requires a strong focus on continuous improvement.

11.3 A four month mobilisation period has been incorporated into the timetable to allow sufficient time for mobilisation and for any TUPE issues to be resolved, in time for the 1st September 2023 contract start date.

12. Key Performance Indicators

The KPIs are listed in Appendix C below. All will be monitored via the contract management arrangements described above. These will be regularly reviewed with the commissioner and provider.

13. Comments Of Group Director Of Finance And Corporate Resources

13.1 Cabinet Procurement & Insourcing Committee is recommended to agree an award of the Enhanced Health Visiting Service contract to Provider A for a period of a maximum of five years (2+1+1+1) from 1st September 2023. The total value of the contract will be a maximum of £34.850m (with an average annual value of £6.970m per year) and will include a recharge to the City of London of £0.160m per year for the duration of the contract. The average annual contract value of £6.970m has been factored into Public

Health commissioning plans, and will not result in a budget pressure for the Council.

The Public Health grant allocations have been announced for 2023/24 and 2024/25, however there is uncertainty about the ring-fenced grant level beyond this period which represents a potential risk for all future year commissioning plans. The service will continue to review commissioning intentions on an annual basis to ensure sufficient resources are in place to meet service needs.

14. **VAT Implications On Land & Property Transactions**

N/A

15. Comments Of The Director, Legal, Democratic & Electoral Services

15.1 The services in this Report were assessed as High Risk by the Council and on 3rd October 2022 Cabinet Procurement & Insourcing Committee agreed a Business Case in respect of the procurement of such services. Pursuant to paragraph 2.7.10 of Contract Standing Orders the approval to award a contract will be with Cabinet Procurement and Insourcing Committee.

15.2 Details of the procurement process undertaken by officers are set out in this Report. The proposed contract award to Provider A follows a procurement process in respect of services which are classified as Social and other Specific Services under Schedule 3 of the Public Contracts Regulations 2015.

15.3 The provision of the proposed services is for the benefit of both the London Borough of Hackney and City of London Corporation. The Council will need to ensure that suitable contractual and financial arrangements are in place with the City of London Corporation to reflect this.

16. Comments Of The Procurement Category Lead

16.1 The proposed contract is valued at £34.85M which is above the relevant UK public procurement threshold (Social and Other Specific Services “light touch” regime). The Council’s Contract Standing Orders require that the Award of a procurement of this value be approved by Cabinet Procurement and Insourcing Committee.

16.2 A competitive tender process has been carried out in compliance with Contract Standing Orders and the recommendation is to award to the provider offering the most advantageous tender assessed against the published criteria.

16.3 Whilst the limited number of bids received is disappointing, it is likely to be reflective of the specialist nature of the service and the limited number of organisations with the relevant resources and experience to deliver a service of this type. Market engagement was undertaken and there were a

number of expressions of interest but this resulted in only one bid. Feedback sought from organisations that expressed an interest in the opportunity will be used to inform any future procurements that are undertaken. The received bid was within the available budget and met or exceeded all quality and sustainability requirements and the tender panel are confident that a good service will be delivered by the winning bidder.

16.4 Relevant KPIs and performance measures are proposed including those aligned to strategic and corporate targets. The specification requires the contractor to meet requirements with regard to sustainability and social value, including payment of the London Living Wage as a minimum for all staff employed to deliver this service.

16.5 The proposed implementation and mobilisation timetable is reasonable and should ensure a smooth transition to the new service.

Appendices

Appendix A -Enhanced Health Visiting Service Specification
Appendix B - Key Performance Indicators (KPIs) appended to the report

Exempt

By Virtue of Paragraph 3 Part 1 of schedule 12A of the Local Government Act 1972, Appendices 1-4 to the report are exempt because they contain Information relating to the financial or business affairs of any particular person and it is considered that the public interest in maintaining the exemption outweighs the public interest in disclosing the information as revealing the identity of bidders and prices submitted may prejudice best value being driven through the procurement and any commercial arrangements the Council may enter into in due course.

EXEMPT Appendix 1 - Long List - List of Suppliers who accepted the notification
EXEMPT Appendix 2 - List of Shortlisted Suppliers
EXEMPT Appendix 3 - Breakdown of Quality and Price Scores
EXEMPT Appendix 4 - Price Comparison

Background Document

None

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Appendix B

Outcomes		Measure	Additional information	Target	Data collection/ Report
Health Visitor Service Delivery Metrics (Mandated) These metrics are presented as management information and are reported by local authority, regional and England level					
High quality contact and assessment	**1.**	C1. Number of mothers who received a first face to face antenatal contact with a Health Visitor at 28+ weeks or above	Numerator: Total number of mothers who received a first face to face antenatal contact with a Health Visitor at 28+ weeks or above Denominator: Total number of mothers due a first face to face antenatal contact in the quarter. Formula: Numerator/Denominator x 100	80% target	Quarterly provider performance report
	2	C2. Percentage of births that received a face to face NBV within 14 days by a Health Visitor	Numerator: Total number of infants who turned 30 days in the quarter who received a face-to-face New Birth Visits (NBV) undertaken within 14 days from birth, by a Health Visitor with mother (and ideally father) Denominator: Total number of infants who turned 30 days in the quarter Formula: Numerator/Denominator x 100	95% target	Quarterly provider performance report
	3	C8i: Percentage of infants who received a 6-8 week review by the time they were 8 weeks	Numerator: Total number of infants that received a 6-8 week review by the end of the quarter by the time they were 8 weeks. Denominator: The number of children turned 6-8 weeks in the appropriate quarter Formula: Numerator/Denominator x 100	90% target	Quarterly provider performance report
	4	C4: Percentage of	Numerator: Total number of children who turned 12 months	90% target	Quarterly provider

		children who received a 12 month review by the time they turned 12 months	in the quarter, who received a review by the age of 12 months Denominator: Total number of children who turned 12 months, in the appropriate quarter Formula: Numerator/Denominator x 100		performance report
	5	C5: Percentage of 12-month development reviews completed by the time the child turned 15 months	Numerator: Total number of children who turned 15 months in the quarter, who received a 12 month review by the time they turned 15 months Denominator: Total number of children who turned 15 months, in the appropriate quarter Formula: Numerator/Denominator x 100	90% Target	Quarterly provider performance report
	6	C6i: Percentage of children who received a 2-2.5 year review	Numerator: Total number of children who turned 2.5 years in the quarter who received a 2-2.5 year review, by the age of 2.5 years Denominator: Total number of children who turned 2.5 years, in the appropriate quarter.This should include those who had a 2-2.5 year review in a previous quarter. Formula: Numerator/Denominator x 100	90% target	Quarterly provider performance report
	7	C6ii: Percentage of children who received a 2-2.5 year review using ASQ 3	Numerator: The number of children who received a 2-2.5 year review by the end of the quarter for whom the ASQ-3 is completed as part of their 2-2.5 year review. Denominator: Total number of children who turned 2.5 received a 2-2.5 year review by the end of the quarter. Formula: Numerator/Denominator x 100	80% target	Quarterly provider performance report

Targeted, Specialist and Intensive assessments					
High quality contact and assessment	**8**	Percentage of vulnerable mothers (targeted, specialist and intensive) who received a follow up home visit from the NBV at 1 month	Numerator: Total number of infants of first time mothers and vulnerable mothers (identified as having needs at the targeted, specialist and intensive levels) who received a home visit undertaken 4 weeks from birth, by a Health Visitor with mother (and ideally father) Denominator: Total number of infants of first time mothers and vulnerable mothers with an infant who turned 4 weeks during the quarter Formula: Numerator/Denominator x 100	85% target	Quarterly provider performance report
	9	Percentage of children of targeted mothers (vulnerable mothers identified as having needs at the targeted specialist and intensive level) who received a 3-4 month assessment.	Numerator: The number of children due a 3-4 month review by the end of the quarter who received a 3-4 month review by the time they turned 4 months. Denominator: The total number of children due a 3-4 month review by the end of the quarter. Formula: Numerator/Denominator x 100	90% target	Quarterly provider performance report
	10	Percentage of children who received an **Integrated** 2-2.5 year review	Numerator: Total number of children who turned 2.5 years in the quarter, are in an early years setting and received an Integrated 2-2.5 year review, by the age of 2.5 years of age. Denominator: Total number of children who are in an early years setting and turned 2.5 years, in the appropriate quarter. Formula: Numerator/Denominator x 100	65% baseline target 75% in year 2	Quarterly provider performance report

	11	Percentage of children who were identified as requiring an **Integrated Review** at 3-3.5 year that received a review at 3-3.5 years	Numerator: Total number of children at the age of 2-2.5 years who were identified as requiring a 3-3.5 year review who received a 3-3.5 year review by the time they turned 3.5 in the appropriate quarter Denominator: Total number of children who turned 3.5 in the quarter who were identified at the 2 -2.5 years as requiring targeted support for school readiness Formula: Numerator/Denominator x 100	Target to be established year 2	
	12	Percentage of children who received a 3-3.5 year review using ASQ 3	Numerator: Total number of children who received a 3-3.5 year review for whom the ASQ-3 is completed as part of their 3-3.5 year review. Denominator: Total number of children who turned 3.5 in the quarter who were eligible for a 3-3.5 year review Formula: Numerator/Denominator x 100	Target to be established year 2	Quarterly provider performance report
Intensive 1-2-1 Home Service					
High quality contact and assessment	**13**	Percentage of mothers who receive a review at the **intensive** level that have a completed Outcomes Star	Numerator: Total number of mothers receiving the intensive service who have completed an Outcomes Star in the quarter Denominator: Total number of mothers that received at least one targeted review per family by the quarter Formula: Numerator/Denominator x 100 *In year one the Outcomes Star is used for 95% of clients receiving an 'intensive' level of Service*	From year 1 95%	Quarterly provider performance report
	14	Percentage of mothers who receive a review at **targeted and**	Numerator: Total number of mothers that receive a service at targeted or specialist level that have completed an Outcomes Star in the quarter	From year 2 60%	

		specialist level that have a completed Outcomes Star	Denominator: Total number of mothers that received at least one targeted review per family by the quarter at targeted or specialist level. Formula: Numerator/Denominator x 100 *In year two the Outcomes Star is also used for clients receiving targeted and specialist reviews*		
	15	Clients who have left the Intensive 1-2-1 Home Visiting Service by stage (attrition rates)	Numerator: Total number of clients who left the programme' at each stage: 1. Stuck 2. Starting to engage 3. Trying for yourself 4. Finding what works 5. Self reliance Denominator: Total number of clients who completed a New Mum's Outcome Star Formula: Numerator/Denominator x 100	10% or less 10% or less 15% or less 20% or less Stage 5 not required	
	16	Cases held by the intensive support service	number of clients broken down by reason for allocation to the service, ethnicity, deprivation, language spoken, escalation/de-escalation of need, progress against plan and outcomes achieved.	number of cases TBC	Quarterly
Public Health measures					
	17	Percentage of infants for whom feeding status is recorded at NBV	Numerator: Total number of infants being breastfed (full AND partially breastfed) Denominator: Total number of infants due NBV Formula: Numerator/Denominator x 100	95%	Quarterly
	18	Percentage of infants for whom feeding status is recorded at 6-8 weeks check	Numerator: Number of infants where feeding status has been recorded at the 6-8-week check. Denominator: Total number of infants due a 6-8 week check Formula: Numerator/Denominator x 100	95%	Quarterly

	19	Percentage of infants being fully breastfed at 6-8 weeks	Numerator: Total number of infants being breastfed (fully breastfed at 6-8 weeks) Denominator: Total number of infants due a 6-8 week check that were breastfed at the NBV Formula: Numerator/Denominator x 100	70%	Quarterly
	20	Percentage of primary carers with recorded smoking status at NBV	Numerator: Total number of primary carers with a smoking status recorded Denominator: Total number of infants due a NBV visit Formula: Numerator/Denominator x 100	95%	Quarterly
	21	Percentage of primary carers with recorded smoking status at 6-8 week check	Numerator: Total number of mothers with a smoking status recorded at the 6-8 week check		
			Denominator: Total number of infants due a NBV visit Formula: Numerator/Denominator x 100	95%	Quarterly
	22	Percentage of smoke free homes status recorded at NBV	Numerator: Total number of homes that have been recorded with a smoke free homes status at NBV Denominator: Total number of homes due a NBV Formula: Numerator/Denominator x 100	95%	Quarterly
	23	Percentage of mothers offered a Body Mass Index assessment at 6-8 weeks	Numerator: Number of mothers offered a BMI assessment at 6-8 week assessment. Denominator: Total number of mothers who attended a 6-8 week assessment, in the quarter. Formula: Numerator / Denominator x 100	95% Target	Quarterly
	24	Percentage of mothers who received a Maternal Mood review at the	Numerator: Total number of mothers who received a Maternal Mood review by the time infant has turned 21 days	95% target	Quarterly

		New birth visit (by 21 days)	Denominator: Total number of mothers who received a new birth visit within 21 days, in the quarter. Formula: Numerator/Denominator x 100		
	25	Percentage of women who receive a routine enquiry about domestic violence (DV) at the antenatal visit	Numerator: Total number of mothers who received a routine enquiry about DV at their antenatal contact. Denominator: Total number of mothers who received an antenatal contact, in the quarter Formula: Numerator/Denominator x 100	95% target	Quarterly
Excellent partnerships					
	26	Percentage of Children's Centre registration forms received by Hackney Education Early Years Services	Numerator: Number of CC registration forms received by Hackney Education Denominator: Number of new birth visits completed in the quarter. Formula: Numerator/Denominator x 100	95% target	Quarterly
	27	Percentage of link meetings attended by health visitors. If GP N/A then this does not count against health visitor returns	Numerator: Total number of link meetings attended by HV Denominator: Total number link meetings attended by HV where GP is available, in the quarter Formula: Numerator/Denominator x 100	95% target	Quarterly provider performance report
Safeguarding					
	28	HV engagement with safeguarding supervision	Numerator: Number of Health Visitors who received their minimum of 3 monthly safeguarding supervisions. Denominator: Number of Health Visitors due safeguarding supervision in the quarter.	90% target	Quarterly provider performance report

			Formula: Numerator / Denominator x 100		
Service satisfaction					
	29	HV service submissions on Patient Experience feedback from families and caregivers, using validated patient experience measures	Numerator: Number of satisfied service users Denominator: Number of service users who provided feedback on satisfaction. Formula: Numerator / Denominator x 100	90% target	Quarterly provider performance report
	30	Percentage of Practitioners who have been observed in practice	Numerator: Number of practitioners who were observed in practice. Denominator: Number of practitioners due an observation in that year. Formula: Numerator / Denominator x 100	25%	Annual provider performance report

Appendix 2: Additional reporting requirements

Measure	Additional information	Data collection/Report
High quality assessment - outcomes		
18-month review - proportion of records reviewed that led to follow up actions	Numerator: Total number of children that turned 18 months in the quarter whose records were reviewed and follow up actions were identified Denominator: Total number of children that turned 18 months in the quarter Formula: Numerator/Denominator x 100	Quarterly reporting /spreadsheet
Percentage of referrals generated at the 2-2.5 year review	Numerator: Total number of referrals from all 2-2.5 year reviews completed. Denominator: Total number of children who received a 2.5 year review. Formula: Numerator/Denominator x 100	Quarterly reporting/spreadsheet
Total number of referrals generated at the 2-2.5 year review and broken down by referral type	Numerator: Total number of referrals by service from all 2-2.5 year review generated by referral category Denominator: Total number of referrals from 2.5 year reviews. Formula: Numerator/Denominator x 100	Annual reporting/spreadsheet
Percentage of children who received a 2-2.5 year review whose language was assessed using the Early Language Identification Measure (ELIM)	Numerator: Total number of children that turned 2-2.5 years in the quarter that had a 2-2.5 year review that had their language assessed using ELIM Denominator: Total number of children who received a 2.5 year review in the quarter. Formula: Numerator/Denominator x 100	Quarterly reporting/spreadsheet
Percentage of referrals generated at the 3-3.5 year review	Numerator: Total number of referrals from all 3-3.5 year reviews generated Denominator: Total number of children who received a 3-3.5 year review Formula: Numerator/Denominator x 100	Quarterly reporting/spreadsheet
Percentage of children who received a 3-3.5 year review whose language was assessed using the Early Language Identification Measure (ELIM)	Numerator: Total number of children that turned 3-3.5 years in the quarter that had a 2-2.5 year review that had their language assessed using ELIM Denominator: Total number of children who received a 3.5 year review in the quarter. Formula: Numerator/Denominator x 100	Quarterly reporting/spreadsheet
Total number of referrals generated at the 3-3.5 year review and broken down by referral type	Numerator: Total number of referrals by service from all 3-2.5 year generated by referral category Denominator: Total number of referrals from	Annual reporting/spreadsheet

	3.5 year reviews. Formula: Numerator/Denominator x 100	
Total number of visits refused in the quarter broken down by stage of visit i.e. new birth, one month, etc.	Numerator: Total number of visits refused in the quarter by stage of visit Denominator: Total number of visits due in the quarter by stage of visit Formula: Numerator/Denominator x 100	Quarterly reporting/spreadsheet
Reasons for refusal broken down by stage of visit	Numerator: number of refused visits by reason for refusal category Denominator total number of visits by visit stage Formula: Numerator/Denominator x 100	Annual reporting/spreadsheet
Outcomes Star		
Percentage of children/families following targeted review (intensive) who have completed an Outcomes Star	Numerator: Total number of mothers that have completed an Outcomes star that have been stepped up in the quarter Numerator: Total number of mothers that have completed an outcomes star that have been stepped down in quarter Denominator: Total number of eligible mothers that completed an Outcomes Star in the quarter Formula: Numerator/Denominator x 100	Quarterly reporting /report format
Clients commencing the Intensive 1-2-1 Home Visiting Service by stage	Numerator: Total number of clients who commenced Intensive 1-2-1 Home Visiting Service By: 1. Stuck 2. Starting to engage 3. Trying for yourself 4. Finding what works Denominator: Total number of clients who complete a New Mum's Outcome Star Formula: Numerator/Denominator x 100	Quarterly reporting /report format
Clients recruited onto Intensive 1-2-1 Home Visiting Service by pregnancy, infancy and toddlerhood	Numerator: Total number of clients who commenced Intensive 1-2-1 Home Visiting Service by: ● Pregnancy ● Infancy ● Toddlerhood Denominator: Total number of clients who are eligible for Intensive 1-2-1 Home Visiting Service Formula: Numerator/Denominator x 100	Quarterly reporting /report format
Clients who were offered an Intensive 1-2-1 Home Visiting Service who have	Numerator: Total number of clients who were eligible that opted out of the intensive service	Quarterly spreadsheet

been referred back to the Universal Service	Denominator: Total number of clients who commenced Intensive 1-2-1 Home Visiting Service Formula: Numerator/Denominator x 100	
Equalities analysis reporting		
Equalities analysis targeted/specialist/intensive	Numerator: ethnicity of mothers who are on the targeted, specialist/intensive pathway Denominator: total number of mothers on a targeted/specialist/intensive pathway Formula: Numerator/Denominator x 100	Annually /spreadsheet
Equalities analysis targeted/specialist/intensive	Numerator: age of mother on a targeted, specialist, intensive pathway Denominator: total number of mothers on a targeted/specialist/intensive pathway Formula: Numerator/Denominator x 100	Annually /spreadsheet
Caseload breakdown for the under 1s	Numerator: Breakdown of caseload: universal, targeted, specialist, Intensive Denominator: Total infants aged <1 in the appropriate quarter Formula: Numerator/Denominator x 100	Quarterly reporting /spreadsheet
Caseload breakdown for the over 1s	Numerator: Breakdown of caseload universal, targeted, specialist, intensive Denominator: Total infants aged >1 in the appropriate quarter Formula: Numerator/Denominator x 100	Quarterly reporting/spreadsheet
Public Health Outcomes		
Percentage of primary caregivers smoking at i) at NBV ii) at 6-8 weeks	Numerator: Number of primary care givers smoking i) at NBV ii) at 6-8 wks Denominator: Number of primary care givers asked about their smoking status i) at NBV ii) at 6-8 wks Formula: Numerator / Denominator x 100	Quarterly reporting /spreadsheet
Percentage of mothers who smoke that are referred to stop smoking services	Numerator: Total number of primary caregivers referred to stop smoking services that were identified as smoking at the NBV and at the 6-8 week check in the quarter.	Quarterly reporting/spreadsheet

	Denominator: Total number of caregivers identified as smoking at the NBV and at the 6-8 week check in the quarter. Formula: Numerator/Denominator x 100	
Low birth weight of term babies	Numerator: number of live births at term (>37 weeks gestation) with low birth weight (under 2,500g) Denominator: Number of live births at term (>37 weeks) with recorded birth status Formula: Numerator/Denominator x 100	
Assessing maternal mood antenatal contact	Numerator: Total number of mothers who received a Maternal Mood review at the antenatal contact Denominator: Total number of mothers eligible for an antenatal contact Formula: Numerator/Denominator x 100	Annually/Spreadsheet
Proportion of mothers who received a maternal mood assessment and required further intervention due to low mood	Numerator: number of mothers assessed as having a low mood and requiring further intervention in the quarter Denominator: Total number of mothers who received a maternal mood assessment in the quarter Formula: Numerator/Denominator x 100	Quarterly reporting /spreadsheet
Mothers identified as requiring further intervention following maternal mood screening and breakdown of referral type	Numerator: Total mothers following maternal mood assessment that required onward referral broken down by referral type Denominator: Total number of mothers that received a maternal mood assessment identified with low mood Formula: Numerator/Denominator x 100	Annual reporting/spreadsheet
BMI measurement of mother at the 6-8 week check outcomes	Numerator: Total mothers whose BMI was measured at the 6-8 week check and the outcome measure broken down by category underweight/healthy weight/overweight/severely overweight Denominator: Total number of mothers whose BMI was measured at the 6-8 week check Formula: Numerator/Denominator x 100	Quarterly reporting/spreadsheet
BMI Measurement of mother at 6-8 week check outcomes	Numerator: ethnicity of mothers whose BMI was measured at 6-8 weeks and was identified as underweight, overweight/severely overweight Denominator: mothers whose BMI was measured at six to eight weeks and was	Annual reporting /spreadsheet

	identified as underweight, overweight /severely obese Formula: Numerator/Denominator x 100	
Percentage of mothers where a conversation about contraception is recorded	Numerator: Total number of mothers who received a routine enquiry about contraception at their postnatal visit Denominator: Total number of mothers who received postnatal, in the quarter Formula: Numerator/Denominator x 100	Quarterly reporting/spreadsheet
High Quality Partnerships		
Integrated delivery of service(s) in children centres/children and family hubs with early years services	To develop and agree a training programme in conjunction with early years services for co-delivery of interventions in the children centres/child and family hubs Numerator: Training programme, job role and numbers attended Denominator: number of eligible practitioners Formula: Numerator/Denominator x 100	Quarterly reporting /spreadsheet
Integrated delivery of service(s) in children centres/children and family hubs with early years services	To include in the quarterly update evidence of the development of interventions that are co/designed /delivered with the early years services and delivered in the community /children centres/child and family hubs Formula: Numerator/Denominator x 100	Quarterly reporting/narrative report
Safeguarding		
Number of early help referrals completed in the quarter	Number of early help referrals completed by each health visiting team in each quarter.	Quarterly reporting /spreadsheet
Rate of HV attendance at case conferences (initial and review)	Numerator: Number of case conferences where a health visitor or nominated representative attended. Denominator: Number of case conferences, in the quarter. Formula: Numerator / Denominator x 100	Quarterly reporting/spreadsheet
Qualitative reporting		
Case Study on high impact area of practice	To submit a case study on a quarterly basis describing the actions taken on one of nine high impact areas	Quarterly reporting/narrative report

Quarterly work plan summary for high impact areas of practice	For all eleven high impact areas to share on an annual basis the work-plan for each high impact lead - progress to be shared in the quarterly contract review meeting and demonstrated through case studies	Annual reporting/work plan/narrative report
Report compiled from submissions on Partner Satisfaction feedback from key partners including GPs, Hackney Education midwifery and Children Social Care.	Feedback questionnaire to be designed by the Provider and to include questions on liaison with health visiting service and quality of communication.	Annual provider performance report
Annual Audit	Audit quality of safeguarding supervision	Annual provider performance report
Annual Audit	Audit on quality of Children's Centre information reports	Annual provider /performance report
Training and development	Numerator: uptake of mandatory training by practitioners/ uptake of other training by practitioners - broken down by job role and training type Denominator: eligible practitioners Formula: Numerator/Denominator x 100	quarterly/ narrative report

1. Introduction and summary

1.1. The Authorised Officer for this Service is Nicola Donnelly.

1.2. This document describes the service requirements for the Health Visiting Service in the London Borough of Hackney (LBH) and the City of London (COL). The commissioning and performance management of the provider will be led by LBH.

1.3. The successful Provider is required to develop and maintain close working relationships with wider partners such as children's social care, primary care, early years services and early education providers to enable full integration of services. This in turn will provide a more joined-up, cost-effective service which can be tailored to individual needs, paving the way to deliver a service across a wider range of public health issues.

1.4. Information is provided on the service context and evidence base, guiding service principles, service requirements and the Key Performance Indicators (KPIs) that will be used to monitor the success of the service (see Appendix 1 for KPIs).

1.5. The Healthy Child Programme (HCP) is universal in reach, providing a range of public health inputs to build healthy communities and reduce inequalities. The HCP is reliant on health visitors and practitioners taking a person-centred approach ensuring that all services and interventions are tailored to the current and future needs.

1.6. The Covid-19 pandemic had a negative impact on the physical and emotional early-years development of children across a number of factors including levels of physical activity, healthy diet, food security, rate of vaccination and sleep. The pandemic also had an adverse impact on communication and language development[1]. The Covid-19 pandemic has disproportionately negatively impacted vulnerable children, meaning they are at greater risk of adverse physical and emotional developmental outcomes.[2]

1.7. The Enhanced Health Visiting Service aims to reduce vulnerabilities and address the inequalities exacerbated by the pandemic, by providing greater autonomy for the Service to target resources where they are most needed.

1.8. Successive academic and economic reviews have demonstrated the economic and social value of prevention and early intervention programmes in pregnancy and the early years. The evidence-base for improved health, social and education outcomes from a systematic approach to early child development is strong and

[1] Charney SA, Camarata SM, Chern A. Potential Impact of the COVID-19 Pandemic on Communication and Language Skills in Children. Otolaryngol Head Neck Surg. 2021 Jul;165(1):1-2. doi: 10.1177/0194599820978247. Epub 2020 Dec 1. PMID: 33258739.

[2] Growing up in the Covid-19 pandemic - Early Intervention Foundation (EIF) https://www.eif.org.uk/report/growing-up-in-the-covid-19-pandemic-an-evidence-review-of-the-impact-of-pandemic-life-on-physical-development-in-the-early-years (2021)

described as a powerful equaliser which merits investment (Irwin et al 2007, Marmot 2010).

1.9. Detailed references for the evidence base that supports this specification are set out in Appendix 6.

2. Local needs

2.1. Hackney is a densely populated inner London borough with over 23,000 children under five years old.[3] The population of children under five in the City of London is 300. Hackney has a culturally diverse population with one third of the population born outside the UK. The City of London has similar proportions of residents from backgrounds other than white to Hackney. However, this is not universal with higher levels of ethnic diversity in Portsoken ward, and the remainder of the City is less diverse.

2.2. Hackney is one of the most socio-economically deprived areas of England, ranking the 19th most deprived local authority in 2019. Although deprived, the borough has enormous assets in both its physical and community resources. The City of London has a lower proportion of children in relatively low-income families than all Hackney wards.

2.3. The Council has developed an overview of Hackney and The City health needs which shows a high level of need across these populations. A wide range of health risk factors and poor health outcomes are shown to be linked to deprivation, age, gender and ethnicity (see Appendix 3).

3. Local context

3.1. The City and Hackney Enhanced Health Visiting Service will work on an area-based geographical structure at the neighbourhood level (Appendix 4) in line with local children's services. It will deliver a service for both City and Hackney residents to all families with a child aged 0-5 years and all pregnant women currently resident in the local authority areas. Staff from the Enhanced Health Visiting Service will be co-located within children centres and family hubs. For further information see Partnership with Hackney Education. For information on where health visiting staff are currently based, see Appendix 5.

[3] ONS Mid Year Estimate (2020) population estimators (aggregated up from LSOA)

4. Service vision, aims and objectives

Our vision

4.1. Hackney and the City of London's vision is for every child, whatever their background or start in life, to be happy, healthy and ready to learn and to grow to their full potential from birth to five.

Service aim

4.2. The key aim of the Service is to lead the delivery of the Healthy Child Programme 0-5, as part of a holistic and joined up service with early years services, and within the context of an integrated health and care system.

Service objectives

4.3. To promote positive family health through an accessible and flexible service, which is well-integrated within children's centres and the developing family hubs, which supports families during the crucial early years of a child's life and transition to school.

4.4. To support all children to achieve positive physical and emotional developmental milestones.

4.5. To focus on prevention and early intervention thereby enabling an early response to the holistic health needs of all children and their families.

4.6. To provide a seamless service that delivers the right support at the right time for all children and their families, is reflective of individual needs and with clear pathways to other services and support as needed.

4.7. To protect and promote the health and wellbeing of all children while facilitating the greatest improvements among those children with the highest need, thereby reducing inequalities.

4.8. To adopt a 'strengths-based' way of working that builds upon the capabilities of families and communities in order to optimise their health outcomes and have a profound impact on their lifelong health and wellbeing.

4.9. Principles guiding delivery

Seven guiding principles for the Service have been established in partnership with local stakeholders and are as follows:

1. To provide an evidence-based, high quality universal service to all children and families predicated on meaningful contact and home visits supporting effective parenting, starting in the antenatal period.
2. To focus on prevention and health promotion, early identification of needs, early action of issues of concern, intervention and clear packages of support that families are easily able to navigate and access.
3. To ensure that children from birth, and through their early years, are adequately protected through safe and effective practice in safeguarding and child protection

in close collaboration with other agencies and in line with the Hackney Child Wellbeing Framework and City of London Corporation Thresholds of Need ensuring effective targeted intervention in families where there are concerns or vulnerability e.g. parenting capacity, adult mental health, alcohol or substance use, domestic or child abuse.

4. To lead the delivery of the HCP using a collaborative approach in partnership with children, families and integration of agencies working together to support and empower children and families to improve their health and wellbeing and reduce inequalities in outcomes, such as the uptake of immunisations, maternal and child obesity, dental health, mental health, emotional resilience and worklessness
5. To demonstrate improved outcomes for the health and wellbeing of all children and families using shared outcome measures aligned between health, education and children's social care.
6. To improve services for children, families and local communities through working efficiently, strengthening Health Visiting Services and using innovation and strong clinical leadership to respond to needs at individual, community and population level.
7. To deliver a service which is underpinned by rigorous quality assurance through effective self-evaluation, performance management, opportunities for workforce development and training, and a continued focus on health improvement.

5. Outcomes

The service will lead on the delivery of the full HCP 0-5 years, with a focus on working across services and organisational boundaries for babies and children aged 0-5 and their families, to improve public health outcomes. The Public Health Outcomes Framework, the child and maternal health profile and the NHS Outcomes Framework include a range of national and local outcomes. The service is required to address the following outcomes:

- Reduce under 18 conception rate
- Smoking status at time of delivery
- Reduce low birth weight of term babies
- Reduce infant mortality
- Improve breastfeeding initiation
- Increase breastfeeding prevalence at 6-8 weeks
- Reduce excess weight in 4-5 and 10-11 year olds
- Reduce hospital admissions caused by unintentional and deliberate injuries to children aged 0-4

- Reduce tooth decay in children under 5
- Improve vaccination coverage
- Improve school readiness
- Improve child development
- Disease prevention through screening and immunisation programme
- Reduction in the number of children in poverty

6. Strategy and Policy Context

6.1. This specification is influenced by the commissioning guidance for delivery of the HCP that was updated in 2021. The revised guidelines enabled a renewed focus on the professional autonomy of the health visitor to assess needs and deliver an intervention that is personalised to respond to the current and future needs of children and families. The Service will take a strengths-based approach to support families, to identify needs early on with the aim of reducing inequalities and improving overall health.

6.2. The Service should be delivered in alignment with the local strategic and policy context including:

- The Hackney Joint Health and Wellbeing Strategy (2022-2026) aims to reduce inequalities with a particular focus on giving every child the best start in life and enabling children and adults to maximise their capabilities and have control over their lives.
- Hackney Council's Corporate Plan (2018-2022) Priority five aims to improve community wellbeing and tackle health inequalities.
- The Hackney Community Strategy (2018-2028) aims to ensure Hackney is a borough with healthy, active, and independent residents and a supportive community, somewhere everyone can enjoy a good quality of life, where residents fulfil their potential, and everyone contributes to community life.
- The City of London Corporate Plan (2018-2023) aims to ensure people enjoy good health and wellbeing.
- The City of London Children's Plan The City of London is a place where children and young people feel safe, have good mental health and wellbeing, fulfil their potential and are ready for adulthood whilst growing up with a sense of belonging.
- The Hackney Education Early Years Strategy (2021-2026) is a key strategic priority for the Service. The strategy aims to broaden the role of children centres into 'children and family hubs' and to further integrate the health visiting service into the delivery of services for children 0-5. Hackney Council is one of

75 councils to successfully be awarded funding to develop and implement Children and Family Hubs[4].

- The North East London Integrated Care System was formed in July 2022. The ICS seeks to reform how health and social care work together. Ensuring that North East London is the best place to grow up for children and young people is one of four key priorities of the NEL Integrated Care System.

7. Service description

7.1. The scope of the service can be viewed in Figure 1 (below), and includes a 5 tier offer, with 5 universal reviews - mandated nationally by the government. The scope of service includes three additional reviews for targeted families as well as 11 high impact lead areas.

7.2. An overview of the enhanced health visiting model is presented in Appendix 8.

7.3. The Institute of Health Visiting recommends fifteen high impact areas for health visiting[5]: transition to parenthood (including preconception care); breastfeeding; perinatal mental health (mothers and fathers); infant and child mental health; healthy nutrition, physical activity and healthy weight; managing minor illnesses; building literacy and prevention of sudden deaths (SIDS); reducing unintentional injuries; the uptake of immunisations; primary prevention and health promotion of oral health; child development 0-5; sleep; children with development disorders disabilities and complex needs; tobacco alcohol and substance use in the perinatal period; and healthy couple relationships and teenage parenthood.

7.4. Whilst Fig 1 includes eleven areas of high impact requiring a strategic focus, it is expected that the Service will, over the course of delivery, attend to all fifteen high impact areas based on the identified needs of families.

7.5. Fig 1 includes the four levels of service for the HCP of community, universal, targeted and specialist and includes a fifth level of service, the 'Intensive Home Visiting Service'. This is a team of highly skilled and trained senior 'family nurse practitioners' who will provide an enhanced service to a small caseload of families with complex needs see Appendix 8. This service is open to any family regardless of the age of the mother, number of previous pregnancies or children and will work with all children aged under two in the family.

7.6. Sufficient investment in the universal level of services is required to ensure that needs are clearly identified, resources are targeted effectively and proportionate to need at the right time and by the right level of staff skills mix.

[4] A Family Hub is a system-wide model of providing high-quality, joined-up, whole-family support services from conception up until the age of 19

[5]

Fig 1: Scope of enhanced health visiting service model

5 Levels of service	● Community ● Universal ● Targeted ● Specialist (depending on individual and family need) ● Intensive Home Visiting Service
6 Universal / 3 Targeted health reviews	● Antenatal (universal) ● New Baby (universal) ● **One month (targeted)** ● 6-8 weeks (universal) ● **3-4 months (targeted)** ● 1 year (universal) ● 18 month desktop review (universal) ● 2-2 ½ years (universal) ● **3-3 ½ years (targeted)** **Written handover to school health service for targeted/specialist/Intensive**
11 high impact lead areas	1. Lead for supporting breastfeeding 2. Lead for supporting transition to parenthood and the early weeks 3. Lead for maternal and infant mental health 4. Lead for supporting healthy weight and healthy nutrition 5. Lead for Improving health literacy; reducing accidents and minor illnesses (Paediatric Liaison) 6. Lead for Special Additional Needs 7. Lead for Substance Use 8. Lead for Integrated Reviews 9. Lead for the homeless and vulnerably housed 10. Lead for childhood immunisations 11. Lead for domestic violence

7.7. In addition to the core programme, the HCP schedule includes a number of evidence-based preventative interventions, programmes and services. The Provider will work with the Council's Authorised Officer, local authority partners, local safeguarding children's partnership and children's boards, Health and Wellbeing Boards, Integrated Care Boards and others to determine which services are offered locally and by whom.

7.8. The overarching aim of the HCP is to protect and promote the health and wellbeing of children from conception to age five. The HCP aims to bring together health, education and other key partners to deliver an effective programme for prevention and support.

7.9. The HCP provides a framework to support collaborative work and more integrated delivery. It aims to:

- help parents, carers or guardians develop and sustain a strong bond with children
- support parents, carers or guardians in keeping children healthy and safe and reaching their full potential
- protect children from serious disease through screening, immunisation and surveillance
- reduce childhood obesity by promoting healthy eating and physical activity
- promote oral health
- 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 prepared for and supported in all early years education settings and are especially supported to be 'ready to learn at 2 and ready for school by 5

7.10. There are eleven High Impact Areas (HIA) Roles included in the Enhanced Health Visiting Service. Each lead practitioner(s) will be suitably trained in their area of expertise and lead on the development of an integrated work plan, in collaboration with Public Health, that will identify interventions, programmes, reporting, data collection methods and case studies that will evidence progress in these areas. The roles will require dedicated time to focus on their high impact areas of practice.

7.11. The service will be led by Health Visitors (HVs) and supported by a mixed skill team. In this specification staff within the mixed skill team who work with families are referred to as Practitioners. Details of safer skills mix information is located in Appendix 19.

7.12. The service will work in a strengths-based way to support parents to make decisions that improve their family's health and wellbeing and will be central to improving health outcomes and reducing health inequalities for the local population.

7.13. To enable a 'strengths-based' approach to delivery, HVs should use their professional knowledge in decision making and have the autonomy to plan the family's care according to their perceived, expressed and assessed needs.

7.14. The enhanced health visiting pathway requires that some visits are to be conducted in person and in the family home (see Appendix 8). Virtual contacts can be used to supplement home contacts (where they are acceptable to the parent and HV) but not to replace them.

7.15. HVs visit families in their own home from the antenatal period up to school entry. The service is also delivered in several other local community or primary care settings. HVs will have a regular presence and be co-located in early years settings including children centres and, as they develop,children and family hubs.

7.16. The Provider will deliver services and adopt a matrix management approach delivered at the neighbourhood level. See 10.6 Partnership with Hackney Education. Similar arrangements will be organised with early years services for The City.

7.17. The core public health offer for all children is dependent on need and includes:

- child health surveillance (including infant physical examination) and development reviews
- child health protection and screening
- keep children and young people healthy and safe
- information, advice and support for children, young people and families or carers
- health promotion and prevention by the multidisciplinary team
- early intervention and targeted support for families with additional needs
- defined support in early years and education settings for children with additional and complex health needs
- additional or targeted public health nursing support as identified in the Joint Strategic Needs Assessment, for example, support for children in care or young carers.

7.18. Whilst recognising the contribution of other partners, there will be some elements which require clinical expertise and knowledge that can only be provided through services led and provided by the Public Health nursing workforce (Appendix 19).

8. Remit of the service

8.1. Eligibility criteria

All families with a child aged 0-5 years and all pregnant women and their partners currently resident in the local authority area must be offered the HCP. There may be some local variation regarding boundaries, therefore reciprocal arrangements need to be in place to ensure children and young people receive the best support available regardless of where they live. Families will not be turned away from open clinics and appropriate information will need to be transferred to the appropriate service.

The service will ensure that any coverage/boundary issues that may arise are dealt with in collaboration with neighbouring providers. Delivery of a service that meets the needs (including safeguarding) of the child or young person must take precedence over any boundary discrepancies or disagreements.

Data collection processes must enable reports on activity for local authority resident and GP registered populations. If the Health Visitor service is refused by a family, this must be recorded and actioned as appropriate depending on the assessment made by the HV of any risks and data must be shared with the local authority to enable an appropriate consideration of any safeguarding issues that this may present.

8.2. Transfer in/out

When a child moves out of the area the Service must ensure that the child's health records are transferred to the local Child Health Information Systems (CHIS) for transfer to the receiving Health Visiting Service in the new area within 2 weeks of notification. The Service must be able to trace and risk-assess missing children and those whose address is not known.

Whether being transferred between services or out of the local authority, children being supported at Specialist Level must be formally identified to the receiving services and direct, written contact must be made to handover all child protection cases to ensure safe and seamless care.

The service will work with local midwifery services, school nursing services and children centres to ensure appropriate transitions on entering and leaving the service.

9. Service specific requirements

The Provider is required to develop strategies in the sections below to improve health outcomes. The priorities for each section are listed first, followed by some specific deliverables identified by local partners as being key to the success of the HCP and improving health outcomes for children and families in City and Hackney.

The Provider is required to improve performance for each of these priorities delivering successful solutions that address the concerns and improve health outcomes. To support clarity, the Provider is fully responsible for the delivery of the requirements, priorities and deliverables outlined in this specification unless explicitly stated otherwise.

9.1. Prevention, health promotion and intervention

Priorities

Within the area of prevention, health promotion and intervention the following should be considered a priority by the Provider and strategies and working practices should be developed around the following:

a. Support the shift of resource and energy from treating children's problems to preventing them through work with families to support behaviour change leading to positive lifestyle choices including breastfeeding, safe sleeping, healthy nutrition, uptake of immunisations, active play and effective signposting to wider services.
b. To build strong, therapeutic relationships with families through consistency of care and holistic assessments to all of our diverse communities, specific strategies for target groups and provision of personalised care.
c. Effectively identify families in need of additional support and signpost / refer them to services appropriately.
d. A focus on the first 1001 critical days (conception to age 2) that supports secure attachment, positive parental and infant mental health and parenting skills using evidence-based approaches.
e. Champion health promotion and reduction of health inequalities using local intelligence from all partners effectively and an understanding of the wider determinants of health and systemic barriers experienced by families and children

Deliverables

9.1.1. Support good parenting for children, particularly support for first time parents, teenage and vulnerable mothers in collaboration with other services

a. Provide a framework of care, which provides continuity from pre-pregnancy, through pregnancy and childbirth, to the early years of life that helps to build robust relationships with families that are mutually respectful and therapeutic and which promote behaviour change with families.
b. Provide a named Practitioner for all children aged 0-5 for all first time, teenage and vulnerable parents (as identified against agreed criteria for vulnerability).
c. The Provider to work with Hackney Education early years services and the City of London Education and Early Years Team to consider how early years staff can work with the Service to support the delivery of intensive support to families, more cost-effectively and with a skill set that will support parents at home e.g. play, behaviour and sleep.
d. All Practitioners should have a good understanding of attachment, including disorganised attachment and relational trauma as it relates to the child’s key relationships and their own relationship with the child.
e. The Service shall promote parent and infant mental health and secure attachment, e.g. use of ‘Neonatal Behavioural Observation and Neonatal Behavioural Assessment Scale and the delivery of evidence based antenatal

and postnatal groups to promote attachment, e.g. Preparing for Pregnancy and Beyond, CAN parent quality marked parenting classes.

f. The service shall work in partnership with other agencies, to deliver and promote evidence based parenting programmes for toddlers and preschool children e.g. Incredible Years preschool basic programme, Strengthening Families, Strengthening Communities and other evidence-based programmes.

g. Practitioners should work with parents, using well evidenced, strengths-based approaches e.g. motivational interviewing, a 'think family' approach, Solihull, to promote positive lifestyle choices and support positive parenting practices.

h. Recommended approaches to support the families sense of self-efficacy and control over their own decisions and health include;

   - Interactions that are person-centred
   - Being focused on the person's strengths
   - Using promotional guides when exploring issues with families or parents[6]

i. The Service will support actions required to develop wider networks of support for parents including:

   - The HV should identify opportunities (preferably at the New Birth contact) to complete Children's Centre registration forms and send them within 5 working days to the Children's Centre.
   - The HV to identify suitable opportunities to promote Children's Centre services and free education for those who are eligible. Practitioners should be able to give parents accurate and relevant information on the current entitlements.
   - The HV should identify opportunities (preferably at the antenatal contact) to support parents to sign up to the NHS information service for parents and place the NHS information service stickers to the front of the red book.
   - Provide information about useful evidence based free Apps for parents and parents-to-be that is recommended by the Institute of Health Visiting, NHS or other recognised and trusted agencies e.g. Baby Buddy app | Best Beginnings, NHS Child Health

j. All Practitioners shall work to protect babies from non-accidental head injuries by providing parents with the key messages and using relevant aids to illustrate the messages, e.g. by training staff to deliver the NSPCC coping with crying programme; or by signposting online resources i.e ICON: Babies cry .

k. All Practitioners shall stay up to date with the latest safe sleeping guidance in order to convey vital 'reduce the risk' message to parents. The Safer sleep guidance to include assessing situational risk as per The Child National Panel

[6] Day,C., Morton,A., Ibbeson,A., Maddison,S., Pease,R., and Smith, K. (2014) Antenatal/Postnatal Promotional Guide: Evidence-based intervention. Journal of Health Visiting 2014 2:12, 658-669

Report (May 2020)[7] and attend CHSCP SUDI training. All Practitioners to make use of translated resources to get messages across to all communities e.g. resources by the Lullaby Trust.

l. The Provider to appoint a Practitioner to lead on the high-impact area of 'Transition to Parenthood'. This will include the design and implementation of evidence-based practice and service improvement in this priority area. The Lead Practitioner for 'Transition to Parenthood' will be responsible for developing a workplan which will be signed off by the Commissioner and shared with key partners.

m. The Practitioner for 'Transition to Parenthood' will lead on plans to improve access to the antenatal contact by pregnant women working in partnership with key partners such as midwifery and primary care.

n. The Provider to implement all relevant NICE guidelines as well as the evidence summarised in Early years high impact area 1: Supporting the transition to parenthood - GOV.UK

o. The Provider to ensure information and advice around contraception, contraceptive choice and birth spacing is provided as part of postnatal pathways and at subsequent visits and that practitioners are suitably trained to advise by accessing training via Health Education England or through the local sexual health service provider Sexual and Reproductive Health for Health Visitors - elearning for healthcare.

9.1.2. To assess and identify early maternal mental health concerns and offer subsequent support

a. All parents will be routinely asked by their HV about their experience of becoming a parent and explore feelings and expectations, both antenatally and at the new birth visit using evidence-based tools as per the NICE guidelines and summarised in the Early years high impact area 2: Supporting maternal and family mental health - GOV.UK (2021).

b. Both parents will be educated about postnatal depression so that they are able to access help if they notice any of the signs and symptoms in themselves or their partner.

c. Practitioners will routinely assess for risks and signs of mental health problems at each contact point during the perinatal period and discuss these cases at GP Link Meetings (see Partnership with general practice).

d. The Provider should have a clear pathway and fully understand the Hackney Health and Wellbeing Frameworks and the City of London Thresholds of need

[7] Out of routine: A review of sudden unexpected death in infancy (SUDI) in families where the children are considered at risk of significant harm

within targeted and specialist complex needs services such as the perinatal mental health service.

e. The Service will jointly develop and coordinate therapeutic groups with East London Perinatal mental health services and Children's Centres to support mothers/families in the community identified with postnatal depression or low mood.

f. The Provider to appoint a practitioner to lead on the high-impact area of 'Perinatal Mental Health' including the design and implementation of evidence-based practice and service improvement in this priority area.

9.1.3. To regularly review family health and wellbeing, identify early signs of development and health needs and tailor support or intervention to meet the needs of individual families.

a. Review in partnership with parents and carers the health and development of babies at key stages. Practitioners should use evidence-based assessment tools and are currently expected to use the Ages and Stages Questionnaire (ASQ) for the 2-2.5 year review.
    - Antenatal
    - New baby
    - 6-8 weeks
    - 9-12 months
    - 2-2 ½ years

b. Additional assessments in the home with a focus on maternal mental health, maintaining infant health, promoting development and keeping safe shall be offered to targeted families which includes first time parents and families identified as having needs at the targeted /Specialist. Assessment will be offered at the following points:
    - 1 month
    - 3-4 months (see Appendix 9 for detail and pathway of assessments)
    - 3-3 ½ years

c. There is no set target for the number of visits or duration of support until the child is aged two for those families open to the level five service. This will be based on need and services will be stepped up or down as determined by the 'Senior Family Nurse Practitioner'.

d. The Service will ensure the needs of families are fully explored and recognise that families are dynamic and that needs change over time. The Service will develop processes whereby practitioners delivering a child's health and development review are aware prior to the review of other services involved with the family. The Service will, in advance of the review, gather information

about the family and consider beneficial changes to the review, e.g. extended timeslot and/or home visit and the inclusion of family advocates who know the family well.

e. Practitioners must work alongside parents to ensure that the advice they offer each family is not only evidence-based but is suitable for the family's own way of doing things.

f. There will be responsive care when families have problems or need support or preventative interventions in response to predicted, assessed or expressed need and Practitioners will use all relevant pathways and guidance from the Hackney Wellbeing Framework and the City of London Thresholds of Needs and access support utilising the Early Help Request for Support for Hackney and the Multi-Agency Referral Form for the City of London.

g. Promote 'school readiness' including working in partnership to improve the speech, communication and language of children under five and work with parents to improve the home learning environment.

h. Work closely with Hackney Education Early Years Service and the City of London Education and Early Years team to further develop and deliver the integrated health and education 2 year review within a robust framework.

i. Work closely with Hackney Education Early Years Service and the City of London Education and Early Years team to further develop and deliver the integrated health and education 3 1/2 year review within a robust framework for children who have been identified as missing the 2 - 2/12 year integrated review.

j. Ensure delivery of the health visiting aspects of the newborn screening programmes.

k. Work with early intervention services such as the Supporting Families programme for Hackney which includes ‘step up’ and ‘step down’ transitions to provide an accurate understanding of family need and use of an early help assessment to accurately determine how best to target service delivery.

l. Ensure a family focus and safe transition into 5-19 services through a systematic process of robust handover and close partnership.

9.1.4. Make sure children with special needs are supported

Health visitors have a key role in assessing children’s development through the early years of life, as set out in the HCP. The HCP sets out opportunities for HVs to identify problems during the 0-5 age period and to work with the family and other health professionals to support the child’s development appropriately.

9.1.4.1. Children with additional needs early identification and assessment and help

a. Health visiting teams will provide assessment, care planning and on-going support for babies and children up to school entry with disabilities, long term conditions, sleep or behavioural concerns, other health or developmental issues, such as speech and language.

b. They will work with other professionals in close partnership to avoid duplication and provide appropriate coordinated support and timely referral where appropriate, for the child and family, e.g. working with the Child Development Team Community Children's Nursing Team.

9.1.4.2. Children with special education needs (SEND)

c. MARs (Multi Agency Referrals) meetings are an opportunity for a team of professionals from Health, Social Care and Education services to**:**

- Discuss new referrals to Hackney Ark - Centre for children and young people with disability and special educational needs, in a confidential forum
- Share information about cases already known to someone in the team. Further information on the Multi-Agency Referrals meeting can be found online Hackney Local Offer Multi-Agency Referrals (MARs) meetings | Hackney Local Offer for for The City via SEND Local Offer - City of London Family Information Service.

d. The Provider is required to have a clear stated strategy for identifying and working with children with SEND and in accordance with the 0 to 25 SEND code of practice: a guide for health professionals - GOV.UK. The Provider will support the aims of Children and Families Act 2014 which are to support the early identification of children and young people's needs and early intervention to support them and give families greater involvement in decisions about their support and to encourage social care, education and health services to work together more closely in supporting those with special needs or disabilities.

e. The Provider will work in partnership with other services in supporting the assessment of the education, health and care needs for children aged 0-5 through sharing information about the child and family's needs and reviewing in collaboration with other services what they can do to support the achievement of the outcomes sought for children in their Education Health and Care Plan (EHCP). This also applies to those children identified with special education needs that do not have an EHC plan.

f. A named HV will be allocated to every child (0-5) undergoing EHCP assessment or with a plan in place to provide continuity of service during the assessment phase.

g. The Provider to appoint a practitioner to lead on the high impact area of 'Special Additional Needs' who will identify safeguarding issues; provide public health promotion and implement evidence-based practice and service improvement in this area of health on behalf of the Provider. The Lead

Practitioner for Special Additional Needs will be responsible for developing a work plan which will be signed off by the Commissioner and shared with key partners.

9.1.5. To increase uptake of healthy start

a. Will support families who are eligible to sign up to the national Healthy Start scheme and promote awareness of the scheme to parents and professionals.

b. The Provider will be required to increase registrations and uptake of Healthy Start Vitamins.

c. The Provider to work closely with the 'Healthy Lifestyle Service' responsible for the management and distribution of the universal Healthy Start Vitamin scheme and the promotion of Healthy Start scheme to eligible families.

9.1.6. To support parents to stop smoking

a. The Service is required to have a robust strategy to support smoking cessation and will work with the LBH Senior Public Health Specialist for Tobacco Control to develop this.

b. The strategy will need to include:

- All Practitioners to complete and pass the Level 1 training with Smokefree City and Hackney or online NCSCT module on secondhand smoke as part of their induction or CPD and be able to explain to clients how to access local stop smoking services
- The service to proactively follow up mothers who accessed stop smoking services during pregnancy and ensure they are supported postnatally to access services and reduce likelihood of relapse.
- Offer parents the opportunity for a carbon monoxide test at child health clinics via a CO monitor.
- Information is recorded to include whether anyone smokes in the house or car and record parent smoking status at all key contacts. Where smoking is identified to provide information on the stop smoking services.

9.1.7. To increase breastfeeding and complementary feeding

a. To work towards achieving Unicef UK Baby Friendly Initiative standards in close partnership with Midwifery and Children's Centres.

b. The Provider to work with partners to offer local breastfeeding support 7 days a week across Hackney and the City.

c. To involve fathers/partners to support mothers to breastfeed and routinely inform fathers/ partners about the health benefits of breastfeeding, giving them advice and encouraging them to be supportive about breastfeeding.

d. To develop specific strategies for target groups (those less likely to breastfeed and those who start weaning early) to increase attendance at breastfeeding support and weaning groups.

e. Practitioners use the 6-8 week postnatal check to discuss breastfeeding and complementary feeding.

f. The Provider to identify a Lead Practitioner for the High Impact role of 'Breastfeeding'. To Lead on improving access to breastfeeding support at home and in the community by leading on the design and implementation of evidence-based practice and service improvement in this priority area.

9.1.8. To reduce maternal and childhood obesity

a. The Provider to work with all partners to tackle obesity through a joined up approach and ensure that healthy lifestyles work is prioritised in line with recommended guidelines see Maternity high impact area: Supporting healthy weight before and between pregnancies - GOV.UK.

b. The Provider to lead Practitioners by embedding awareness of, and commitment to, Making Every Contact Count throughout the service.

c. Practitioners to have opportunistic discussions at every contact about the whole family's diet and exercise routine and help them on the pathway to improving their health and wellbeing, where appropriate signpost and refer to healthy lifestyle activities and services.

d. Practitioners to be suitably trained to understand how and when to raise the issue of unhealthy weight, being mindful of weight bias, using neutral, non-blaming, factual language when discussing weight with families through resources

e. HVs to use the antenatal contact to discuss the mother's diet and exercise routine and plans for keeping herself and her baby healthy ante/postnatally.

f. The Service to use the maternal obesity intervention pathway for women with an antenatal booking BMI <30 (see Appendix 11).

g. The Service shall assess infants for overweight/obesity to identify infants at risk of overweight/obesity in order to prioritise targeted intervention to prevent rapid weight gain and obesity as per the pathway (see Appendix 12).

h. The Service to use the 6-8 week postnatal check as an opportunity to discuss the mother's weight, offer BMI measurement and provide clear, tailored, consistent, up-to-date and timely advice about how to lose weight safely after childbirth.

i. The Service to keep up to date and make full use of the local healthy lifestyles offer and pathways available through the Council, Children's Centres, primary care, Homerton Healthcare NHS Foundation Trust and local organisations.

j. Act on emerging evidence of links between maternal obesity and childhood obesity and more support to develop a whole family approach and referral on to adult services and community activities.

k. The Provider to appoint a practitioner to lead on the high-impact area of 'Healthy Weight' including the implementation of evidence-based-practice and service improvement in this area of health on behalf of the Provider. The Lead practitioner for 'Healthy Weight' will be responsible for developing a workplan which will be signed off by the Commissioner and shared with key partners.

9.1.9. To impact on improved dental health

a. Practitioners to proactively promote oral health at each contact including around breastfeeding and complementary feeding on a healthy diet of reduced sugar snacks and drinks and reduced/finished bottle usage by 1 year.

b. To encourage parents and children to visit the dentist regularly for preventive check-ups and fluoride varnish programme.

c. To establish links with dentists and work with them to encourage parents to register their baby with a dentist soon after birth or by the time they are six months of age.

d. To support parents to begin to brush children's teeth twice daily as soon as teeth come through and provide advice on pre-teeth care, e.g. promoting finger/gum brushing prior to milk teeth.

e. To provide targeted oral health promotion to groups identified in the Hackney and City 0-5s health needs assessment as having poor oral hygiene.

9.1.10. Combating Female Genital Mutilation

a. To recognise that FGM is child abuse, illegal and a safeguarding matter. Treat as with all other safeguarding concerns including risk assessment and referral under section 47 of the Children's Act and follow local protocol.

b. The Provider to make sure information sharing pathway are in place as per the local protocol with maternity services/GPs to ensure that mothers who have experienced FGM and had girls are identified to the Health Visiting Service.

9.1.11. With domestic violence and abuse, take the role of targeting women at an early stage to prevent an escalation of abuse

a. The Service to incorporate a routine enquiry about domestic violence and initiate contact and assessment of the risk factors at the earliest point i.e. pregnancy.

b. Enable women to access specialist services and support them in changing their situation.

c. The Provider to ensure practitioners have a high level of skill and awareness in identifying, assessing and responding to the high rates of domestic violence locally. All practitioners should understand the local pathways and local strategy

d. The Provider to ensure practitioners are aware of the Primary Care Domestic Violence Identification and Referral Service and the Multi-Agency Risk Assessment Conference (MARAC) and are able to refer.

e. The Provider to ensure that staff are accessing online training available through the CHSCP training site in addition to accessing face to face domestic abuse training and case consultation support through the domestic abuse Intervention service (DAIS). The Provider to ensure that practitioners are 'culturally competent' and aware of high risk groups who are potentially at higher risk of domestic abuse and their support needs.

f. Enable effective communication between HVs and school nurses to identify vulnerable families through the domestic violence pathway.

g. The Provider to appoint a practitioner to lead on the high-impact area of 'Domestic Violence', including the identification of safeguarding issues, provide public health promotion and implement evidence-based practice and service improvement in this area of health on behalf of the Provider. The Lead practitioner for 'Domestic Violence' will be responsible for developing a work plan which will be signed off by the Commissioner and shared with key partners.

9.1.12. To provide seamless care to those families where substance use is an issue

a. To work with the Midwives, Family Support, Primary Care, Young Hackney, Turning Point and Children Centres' services to provide a personalised, supportive approach to these families.

b. The Provider to ensure Practitioners are suitably trained and use validated screening tools such as the Alcohol Use Disorders Identification Test – Consumption Tool (AUDIT-C) for assessing alcohol use. To have opportunistic conversations about substance use, identify, support, understand and refer appropriately.

c. The Service should make full use of the local support and treatment services available e.g. the Orbit programme - a targeted parenting programme aimed at supporting new parents with a history of substance use and services provided by City and Hackney Turning Point.

d. Designate a Practitioner within the Service who can act as point of contact for local and wider substance use services and who is then able to use their local expertise to guide other Practitioners in appropriate signposting and referrals.

e. To ensure that the designated Practitioner receives the necessary training and development to fulfil the role requirements of a high impact health visitor for substance use.

f. The Provider to appoint a practitioner to lead on the high-impact area of 'Substance Use', including the identification of safeguarding issues, provide public health promotion and implement evidence-based practice and service improvement in this area of health on behalf of the Provider. The Lead practitioner for 'Substance Use' will be responsible for developing a work plan which will be signed off by the Commissioner and shared with key partners.

9.1.13. To increase the uptake of immunisations

a. Practitioners should use all contacts with families and children to provide tailored information and support about immunisations and an opportunity to discuss any concerns.

b. Where notified via the Child Health Information Services (CHIS) the HV should follow up unvaccinated babies and children.

c. The Service should check immunisations are up-to-date and as recommended as per the Green Book and make a referral to their GP if unvaccinated.

d. The Provider will work with the local GP community, NHS NEL and GP Confederation to improve upon the number of children immunised. Ongoing liaison with NHS England as the commissioner of the immunisation programme will be required.

e. The Provider to work in partnership on an integrated immunisation programme with the potential to include the training of health visiting staff to directly deliver immunisation (subject to funding being agreed).

f. The Lead Practitioner should participate in strategic partnership meetings for immunisation to inform strategic planning on behalf of the Service.

g. The Provider to appoint a practitioner to lead on the high-impact area of 'Immunisation' to work in partnership with key stakeholders such as primary care to improve uptake of childhood immunisations in City and Hackney. The Lead practitioner for Immunisation will be responsible for developing a workplan which will be signed off by the Commissioner and shared with key partners.

9.1.14. Reducing hospital attendance and admissions

a. To support parents to know what to do when their child is ill. This may include some prescribing in line with legislation (see Appendix 13 for additional information), providing information about managing childhood conditions and prevention of unintentional injuries, use of home safety equipment and signposting to local initiatives.

b. To support parents to understand local health services including appropriate use of child health clinics, General Practice, Accident & Emergency, City & Hackney Urgent Healthcare Social Enterprise (CHUHSE) and 111 (NHS non-emergency number). The Service shall guide parents, starting at the new birth visit, through local services and be responsible for providing information resources.

c. The Provider works with partners to offer parents support in the community 7 days a week across Hackney and the City, e.g. weekend health visiting helpline with links to 111 and GP out-of-hours service.

d. The Provider to appoint a Paediatric Liaison Health Visitor as a way of meeting the needs of those parents who want reassurance about their infants or when attending A&E inappropriately, e.g. with matters such as feeding. Any out of hours inappropriate use of A&E involving children under five should be picked up by the paediatric team and followed up by the Paediatric Liaison Health Visitor.

e. The Provider to appoint a practitioner to lead on the high-impact area of 'Improving health literacy; reducing accidents and minor illnesses', including the identification of safeguarding issues, provision of public health promotion and implementation of evidence-based practice and service improvement in this area of health on behalf of the Provider. This will include drawing from from local data to identify trends as well as evidence-based guidelines such as NICE to develop preventative intervention aimed at reducing A&E attendance in Early Years i.e: Early years high impact area 5: Improving health literacy, managing minor illnesses and reducing accidents - GOV.UK The Lead practitioner for 'Improving health literacy; reducing accidents and minor illnesses' will be responsible for developing a work plan which will be signed off by the Commissioner and shared with key partners.

9.1.15. Practitioners to build up knowledge of their local area support services on offer to enable families to access appropriate support

a. A robust integrated induction programme developed with the Authorised Officer and key partners.

b. Establish processes for gathering and sharing information about all local relevant services including those provided by the charity and voluntary sector.

c. Use networks to improve public health, signposting families to other services already existing locally, particularly early years but also adult education and training.

d. Utilise local media opportunities for health promotion. Ensure specific signposting and liaison with housing, employment and welfare support for vulnerable families working closely with Children's Centres to support families to access services.

9.1.16. Meeting public health priorities through Health Visitor use of their knowledge of the evidence base and skills as trained Public Health practitioners

a. The Service to provide and develop intelligence about community assets including in the voluntary and community sector and use the benchmarked child health outcome framework indicators for 0-5s to form a basis for setting shared priorities for action.

b. Practitioners to stay up to date on best practice in health promotion in the early years of childhood and act as advisors on this to partners, e.g. sharing the latest guidance provided by NICE and the Institute of Health Visiting.

c. Influence other agencies and sectors to improve public health outcomes through supporting the application of best evidence based practice in health improvement within and outside of health and early years settings, identifying local public health need and opportunity, e.g. in housing, domestic abuse, teenage families, benefits system, schools, council planning/ neighbourhood improvement.

d. The Service to work in partnership with other organisations to raise awareness of key public health information, e.g. Public Health Grants, local obesity rates and pathways.

e. Respond to and support delivery of the Hackney Healthy Weight Strategic Partnership, equivalent partnerships in the City of London and contribute to the ambition of the strategic plan.

f. Respond to childhood communicable disease outbreaks and health protection incidents as directed by the Authorised Officer, UKHSA, Office for Health Improvement and Disparities (OHID) or other appropriate agencies.

g. All Practitioners to be knowledgeable about Hackney and City's Public Health priorities and to be provided with training on this as part of their induction and/or CPD.

h. The Service to provide City and Hackney Public Health with the email addresses of all Practitioners so they can receive relevant information and correspondence.

i. The Provider to appoint a practitioner to lead on the high-impact area of ‘Integrated Reviews’, including the design and implementation of evidence-based practice and service improvement in this priority area.

j. The Integrated Review Lead Practitioner will be a link for all public health work for the Service. The work plan for this role will be developed with input from the Provider, Hackney Education Early Years service, City Education and Early Years team and City and Hackney Public Health and signed off by the Authorised Officer.

k. In addition, the Service will fund and manage a Children's Centre Information Assistant who will provide quarterly and annual data reports as agreed with the Hackney Education early years service, the City Education and Early Years team and the Authorised Officer.

l. The Service works with the Early Years Consultant(s) who sit within the Hackney Education Early Years' service and the Lead Early Years Advisor in The City to deliver projects that involve early years settings, e.g. Integrated 2 year review and oral health programmes.

9.2. Engagement and accessibility

Priorities

Within the areas of engagement and accessibility the following should be considered a priority by the Provider and strategies and working practices should be developed around the following:

To be effective at engaging all children, families and communities with the HCP through specific strategies that improve choice and flexibility appropriate to need, and work with local communities and agencies to improve family and community capacity. The service should be universal in reach and personalised in response. Health visitors as leaders of the HCP will use their professional and clinical judgement to determine if the contacts are required and what approach would work with the family. Health visitors as leaders of the HCP will use their professional and clinical judgement to determine if the contacts are required and what approach would work with the family.

Deliverables

9.2.1. To provide accessible, family friendly child health clinics that deliver proactive health promotion, referrals and signposting to other services

a. Review the delivery of child health clinics in partnership with GPs, Children's Centres and service users and re-design an effective and efficient service as agreed by the Authorised Officers.

b. Offer meaningful emotional and practical support to families to encourage them to stay engaged with the Service.

c. Develop new effective ways to get key public health information to families, both directly through practitioners and use of technology in clinics e.g. plasma/ LCD screens.

d. The Service utilises the time parents are in the clinic waiting room by proactively delivering health promotion, 1:1 or as a group, including topics such as: dental health, the importance of active play and reducing sugary

drinks and snacks, and help parents to understand what the Service offers.

e. The Service to invite other local services to attend child health clinics to offer advice and information about their service e.g. speech and language therapy and family support service.

9.2.2. To actively engage fathers/partners in the Healthy Child Programme

a. Ensure fathers/partners are welcomed and recognised as taking joint responsibility for their child's care.

b. To recognise that families are dynamic and change over time requiring regular review of household members.

c. To work in partnership with Hackney Education Early Years' service and the City Education and Early Years team to develop principles for engaging and working with fathers/partners, to ensure fathers/partners are part of the two-way information sharing process in order to contribute to their child's needs and development.

d. This will include regularly reviewing and updating all materials to ensure they are father/ partner and gender positive and ensuring that parental support is inclusive of and relevant to the fathers/partners needs as well as the mothers.

9.2.3. To proactively identify and engage families who are homeless or living in insecure accommodation

a. To proactively identify and engage families who are homeless or living in insecure accommodation and to work closely with multi-disciplinary teams from across the system to address complex physical and mental care needs. This will include women at risk of domestic abuse living in women's refuges, families living in temporary accommodation and/or families living in insecure accommodation such as living on boats, or in hostels and/or asylum seeker temporary accommodation.

b. The Provider to appoint specialist named practitioners to lead on the high-impact area of 'Homelessness', that will assess complex health needs; identify safeguarding issues; provide public health promotion and implement evidence-based practice and service improvement on behalf of the Provider. The Lead practitioner for 'Homelessness' will be responsible for developing a workplan which will be signed off by the Commissioner and shared with key partners.

9.2.4. A Service sensitive to the cultural needs of families and communities

a. The Provider to deliver a culturally sensitive service, which is innovative and flexible and responds to the needs of specific communities in City and Hackney, e.g. the Charedi Orthodox Jewish community in Hackney or Bengali community in The City. Newly arrived migrant populations such as Afghans

and Ukranians or populations such as the Gypsy, Roma and Traveller communities.

b. The Provider to refer to the health needs assessment and related population data when planning Services for specific communities.

c. The Provider to consider the specific needs of communities in Hackney and The City and to ensure appropriate training in equality and diversity, cultural humility and antiracism https://sites.google.com/hackney.gov.uk/hackneyediresources/home

d. Work with partners and community and voluntary sector to deliver and facilitate awareness raising with communities looking at:

- The health services available in the local authority and related procedures e.g. need for timely engagement with the HCP.
- Access to specialist services for support around mental health, sexual health, domestic violence, substance use and smoking as appropriate to the community dispelling any myths and encouraging engagement if appropriate.

e. Deliver appropriate health promotion and early prevention advice in order for communities and individuals to be able to make informed decisions and take responsibility for their own health and the health of their children.

f. Develop specific strategies to improve school readiness amongst children from the Traveller and Gypsy community by working with Hackney Education Travellers Education Service and in line with Hackney Education Travellers Policy recommendations to improve access to early education https://education.hackney.gov.uk/content/travellers.

g. Develop specific strategies to improve timely engagement of the HCP by families from the Orthodox Jewish community or with the Bengali community in The City.

h. Attend and contribute to health forums in City and Hackney as appropriate, sharing the valuable intelligence the health visiting service can provide to inform wider health intelligence and plans for future provision.

i. To improve communication, the quality of support and information provision and promote a high level of health literacy to all parents. The Service should allow rapid access to translated documents, written translations, access to an interpreter and cater for a range of languages. The Service can also improve accessibility of services by preparing materials in different formats such as easy read, audio or resources in British Sign Language.

9.2.5. Standardisation of information given to parents

a. Establish and clearly communicate a core offer for local parents so that they understand the service offer; and be responsible for producing any communications materials deemed necessary for effective delivery of the

Service.

b. Marketing and publicity should be coordinated with Hackney Education and the City of London Education and Early Years team. A communications plan should be produced, in advance of the launch of the service, to be agreed by the Authorised Officer. The communication plan should be reviewed and refreshed on an annual basis. The communications plan should set out: how the service will engage with target groups, including to partners; key messages to describe the core offer; and how parents and partners will be consulted on information and communication.

c. Work in collaboration with partners and parents to ensure information and correspondence to parents is comprehensive, consistent and appropriate, e.g. through parent focus groups, and include the process and timings for consultation within the communications plan.

d. The Provider to monitor consistency of information and correspondence to parents, e.g. appointment letters to parents.

e. Promote reliable sources of information including the Start4life and NHS websites which parents can access online or through a text message service and view translated resources.

f. Ensure that all communications materials are produced to a professional standard, using appropriate design software, high resolution images and clear, accessible language. Any materials produced will need to be agreed by the Authorised Officer, and in sufficient time for any changes to be made.

g. LBH and COL logos should be used to demonstrate the Local Authorities support for the Provider's services and guidance should be received from the Authorised Officer. The Provider shall work with LBH and the COL to develop ongoing local publicity for the service, e.g. case stories for newspaper articles.

h. The Provider shall fund the budget and/or internal resources necessary to produce high quality, professional materials (e.g. internal design team or budget for external designers/printers).

9.2.6. To consider location and accessibility for all

a. The service shall ensure equal access for all children up to school entry and their families, irrespective of age, disability, gender reassignment, marriage and civil partnership and race - this includes ethnic or national origins, colour or nationality, religion, lack of belief, sex or sexual orientation.

b. Specific locations for service delivery are to be agreed with the Authorised Officer, following engagement with relevant interested parties and feedback from users. Reviews should be ongoing.

c. The Service shall work with voluntary sector services as they can potentially provide the greatest success in reaching the most vulnerable and isolated

families, e.g. Hackney Playbus and Shoreditch Trust Bump Buddies or City specific services such as the 'City Child and Family Centre or Toynbee Hall.

d. Develop mobile working to include working at Children's Centres/Children and Family Hubs and health centres and encourage Practitioners to understand the importance of being visible at these locations for the benefit of parents and other professionals.

e. Develop flexible working arrangements delivered through a range of workforce planning options to enable service delivery at evenings and weekends so parents have a choice of times which best meet their needs.

f. The use of joint contacts should be maximised in partnership with other agencies where this is appropriate and in order to streamline services for families for example, Integrated 2-2.5 or 3-3.5 year review.

g. The Provider to ensure the workforce has suitable premises for office space and service delivery and ensure that service delivery is not hampered by inappropriate premises.

9.3. Safeguarding, partnerships and integration

Priorities

Within the areas of safeguarding, partnerships and integration the following must be considered a priority by the Provider and strategies and working practices must be implemented:

a. **Ensure holistic seamless care to all children and families** through early identification of need and action, timely referrals and by developing fully integrated partnerships working with Children's Social Care through strong collaboration and communication and developing on-going relationships and support as part of a multi-agency team.

b. **To lead, with local partners, in developing, empowering and sustaining families and communities' resilience** to support the health and wellbeing of their 0-5 year olds in line with local health and wellbeing strategies.

Deliverables

9.3.1. Referrals, acceptance criteria and responses

a. Multi-agency, evidence-based pathways expected to be in place are in Appendix 14.

b. The Service will be delivered to both Hackney and City residents in line with local authority boundaries and localities to all families with a child aged 0-5 years and all pregnant women.

c. Where families are using out-of-borough midwifery and GP services, the Provider shall ensure channels of communication are agreed and working and

that any coverage/ boundary issues that may arise will be dealt with proactively in collaboration with neighbouring providers. Delivery of a service that meets the needs (including safeguarding needs) of the child or family shall take precedence over any boundary discrepancies or disagreements.

d. The Provider should have a no-access protocol as well as 'Was Not Brought' policy in place which is agreed with Hackney and City of London Children's Social Care teams and procedures shall be in place to trace and risk-assess missing children and those whose address is not known with systems in place to follow up and trace children who are not brought to assessments.

e. Urgent notifications, including MERLINs and those outlining safeguarding concerns, shall receive a same day or next working day response to the referrer and contact with the family within two working days or relevant other standard. While it is preferable that urgent referrals are dealt with by the named HV for the family involved, to ensure these visits are prioritised, the Provider should have a robust process in place for when the named HV is not available.

9.3.2. Child protection, safeguarding and assessment of children and families

a. The Provider shall demonstrate use of an evidence based tool for home visits as they are a fundamental aspect in risk assessment, monitoring and support for vulnerable families and children.

b. Provide evidence that **all staff** demonstrate accurate appreciation of vulnerability and the lead practitioner allocates the appropriate intervention for families.

c. Deliver services in partnership with the Supporting Families team in Hackney and be 'lead professional' or key worker' for a child or family where appropriate/ as directed.

d. Initial assessments of children and families shall be carried out by HVs. Certain reassessments may be delegated according to the professional judgement of the HV utilising the skills mix. The outcome of these reassessments should be reviewed by the HV to acknowledge the changing dynamic of children and families.

e. The Provider shall ensure that all practitioners have expert knowledge about child protection and the skills and qualities to intervene to protect children:

- Knowledge needs to include domestic abuse, neglect, child and adult mental health issues, substance and alcohol misuse, physical, sexual and emotional abuse, female genital mutilation, fabricated and induced illness in a child.
- Skills and qualities need to include high levels of communication and interpersonal relating, self-awareness, ability to challenge and to be challenged, understanding of barriers to safe practice, e.g. collusion, adult

focus, fear, burn out. Practice should demonstrate a trauma informed approach.

f. The Provider to ensure that all Practitioners are aware of their roles and responsibilities and have the required competencies in safeguarding practice Safeguarding Children and Young People: Roles and Competencies for Healthcare Staff | Royal College of Nursing.

g. HVs need to receive expert supervision for child protection and safeguarding work. The Provider will develop and maintain a supervision policy and ensure that all Practitioners access skilled supervision and supervision is a prioritised part of staff's practice in line with the recommended minimum level of framework (see Appendix 15 for details).

h. The Service shall provide Universal services including promotion of attachment and undertaking holistic assessments of children and families.

i. The Services shall provide Targeted services e.g., identifying and intervening with vulnerable babies and children, where additional ongoing support is required, to promote their safety and health and development e.g. Care Of Next Infant programme, providing interventions to improve maternal mental health.

j. The Service shall provide Specialist services which includes:

- Ensuring early intervention, e.g. parenting support and early referral to targeted support. This includes utilising the early help request for support when requesting support for a child or family at levels 2,3 or 4 of the Hackney Wellbeing Framework or the City of London Thresholds of Need. Referral process can be accessed here: https://www.chscp.org.uk/worried-about-a-child/
- The HV should undertake the role of lead professional/key worker where appropriate.
- Following child protection procedures and referring to child protection concerns ensuring appropriate safeguards and interventions are in place to reduce risks and improve the health and wellbeing of children - maintaining accountability and working in partnership with other agencies as part of a multi-agency intensive care package for children and families requiring intensive support.

k. To provide expert advice to safeguarding professionals as part of section 47 child protection enquiries, including strategy discussions.

- This includes the statutory duty to share information and communicate with other health professionals and agencies where there are safeguarding concerns and engagement of the health visiting service in multi-agency services e.g. Multi Agency Safeguarding Hub (MASH), Supporting Families and Multi Agency Risk Assessment Conference (MARAC).

- Communicating effectively with other agencies including contributing to initial and review case conferences and other safeguarding meetings as appropriate to the needs of the children.
- Working with the Looked After Children's team to contribute to and support assessments of Looked After babies and children aged 0-5 with timescales in line with national requirements, and contribute to ensuring any action plans are carried out. Ensure provision of the HCP and additional services to meet their health needs.

l. The Service to have Practitioners designated to specialist roles:

- Practitioners deployed to the MASH team at a level considered suitable by the Provider safeguarding lead. The MASH should include the Paediatric Liaison Health Visitor and include provision for administrative support.

10. Partnership Working

Key principles of partnership working for City and Hackney:

a. To foster high quality and effective working relationships with all partners, including effective joint working at transition points.

b. The Provider to work closely with Hackney Education, the City Education and Early Years team, Midwifery, primary care networks and voluntary/ community sector to develop and deliver a new model of integrated support for families which provides holistic seamless care to children and families.

c. Develop shared local targets with partners to help drive and incentivise integrated delivery.

d. Develop, implement, monitor and review multi-agency care pathways for priority needs for children and their families, ensuring clarity of roles and responsibilities, reducing duplication and eliminating gaps.

e. The Service is expected to support local partner initiatives and build excellent working relationships with all stakeholders, including the wider 0-19 services and have effective joint working at transition points.

f. The Provider will ensure appropriate senior representation on local Health and Wellbeing Boards, Local Children Safeguarding Boards and any other relevant partnership boards developing and supporting delivery of services in line with the Board/Trust’s priorities.

g. Work with partners to develop the personal child health record (Red Book) to improve outcomes and encourage the use of the personal child health record and e-Red book as a key document for recording all contact.

h. Design with partners (including Midwifery, Perinatal Mental Health service, Children’s

Centres and Children's Social Care) a joined-up, shared, continuous development programme with joint inductions, training, and supervision, shadowing and mentoring across agencies.

The Provider will be expected to work with all relevant system partners (current and future). To be responsive to working with new partners as systems evolve and the landscape changes. Listed below are some of the system partners important to the delivery of the HCP.

10.1. Partnership with Midwifery

a. Partnership with local maternity care providers to develop effective information sharing between maternity and health visiting services, such as shared data on the vulnerable women's pathway and the development of integrated joined up services throughout pregnancy and the early weeks of life to improve outcomes and reduce inequalities.

b. Make sure effective channels of communication to maintain and improve information sharing processes are in place with maternity service so that HVs are made aware of a family's needs prior to the first antenatal contact and that information sharing processes are timely.

c. In the perinatal period an ideal situation would be a partnership between: expectant parent, GP, Midwife and HV, and if relevant social care practitioner - so that the parent is not having to repeat their story for each professional and all planning and decisions are jointly informed.

d. Where possible HVs should make joint visits to vulnerable families with the midwife whilst the midwife is involved with the families care.

e. Develop a standardised referral pathway for HV to make referrals to the public health midwife to ensure this is done in a timely and efficient manner across Children's Centre neighbourhood areas.

f. Work with Midwives to develop and use 'preparation for being a parent' sessions for parents to build relationships with Midwives/HVs; share information about breastfeeding support, relationship building and health promotion/social and emotional support.

10.2. Partnership with Children's Social Care (CSC)

a. Across both the City of London and the London Borough of Hackney, safeguarding partners, relevant agencies and other organisations work together to identify children in need or at risk of abuse with the aim of providing support as soon as problems emerge. The City & Hackney Safeguarding Children Partnership (CHSCP) has approved and published guidance for all practitioners working with children and young people that covers the process for early help and the criteria when a case should be referred to Children's Social Care which can be accessed via the following webpage https://www.chscp.org.uk/worried-about-a-child/

b. Work in collaboration with CSC to review and update safeguarding policies and procedures.

c. Designate skilled Practitioners to the Multi Agency Safeguarding Hub (MASH) in CSC https://hackney.gov.uk/child-protection and Concerns for a child - City of London Family Information Service for the City to complete timely checks on children and families in receipt of early help, and contribute to multi-agency safeguarding discussions including strategy discussions.

d. Ensure two-way rapid information sharing making sure that clear channels of communication are agreed and information sharing agreements are in place and regularly reviewed.

10.3. Partnership with general practice

a. Provide a named HV for each GP practice to facilitate liaison, information sharing and joint working in the best interests of families.

b. There will be an agreed schedule of regular contact meetings for collaborative service delivery, which shall be audited and actioned on a regular basis.

c. Establish the organisation of joint health visitor/GP caseload review meetings at a regular time to underpin continuous flow of information about families and utilising the Early Help Assessment tool..

d. Standardise the framework for link meetings between HVs, GPs and Midwives so that relevant information can be shared and documented accordingly and there is a clear understanding of roles and responsibilities of working together on both sides.

e. Encourage GPs and practice staff to use the Red Book as a key document to record all their contact with families but also move to online service.

f. Provide GPs with regular updates on current and new services to support families at each link meeting including those provided by Children's Centres and voluntary and community sector organisations.

g. Work with GPs to develop preventative wellbeing work with families aimed at helping to prevent unnecessary A&E and primary care presentations (e.g. cold and flu, diarrhoea and vomiting, temperature)

h. Work with GPs to identify children at risk of obesity and increase referrals to healthy lifestyle services.

i. Work to regularly audit referral forms from GPs to make sure they are appropriate.

j. Health Visiting Senior Leadership to meet quarterly with leadership in primary care, midwifery and maternity to promote collaboration, innovation and get vital feedback to improve our early years service

k. To share information about children and families prior to link meetings on

designated template

l. Midwives should make joint visits to vulnerable families with the health visitor whilst the midwife is involved with the families care.

m. If a child is open to the MAT panel, the health visitor to put the child on the agenda for the GP Link meeting for primary care input

For current partnership overview refer to Appendix 17.

10.4. Partnership with City and Hackney Place Based Partnership of North East London

a. Under the governance of the North East London Integrated Care Board (NEL ICB), there are 8 place-based partnerships that together form NHS North East London.

b. Though the Local Authority of Hackney and the Corporation of the City of London are distinct places, there is an overarching City and Hackney Place Based Partnership.

c. Within this place-based partnership there is a well- established Children, Young People, Maternity and Families (CYPMF) integrated commissioning workstream to collaboratively design, deliver and evaluate strategic developments, service delivery, and integration of pathways across the system.

d. Commissioned providers are expected to contribute as equal partners to the CYPMF integrated workstream and to:

- contribute as City and Hackney representatives to strategic developments across North East London, sharing best practice, local innovation, contributing to service review and improving outcomes for children and families
- to support the shared focus on identifying needs early, supporting families to navigate the health and wider system
- to ensure that the voice and experience of children, young people and families inform service evaluation and improvement
- To work in partnership with general practice particularly in relation to the review of children at GP Link meetings and the aligned development of multi-disciplinary working across the system
- To work in partnership with NHS maternity services that serve the local population
- To work as partners to consider and address the key public health priorities for the 0-5s population including approach to increasing childhood immunisations uptake.

10.5. **Partnership** with Homerton Healthcare Foundation Trust

a. Continue work with HFT including the children's ward, long-term conditions services, disabled children's team, Child Health Information System, data and records and other relevant services.

10.6. Partnership with Hackney Education

a. The Provider to arrange with Healthy Early Years (HEYS) in Hackney and the lead Early Years Advisor in The City a regular presence within the HEYS team to support matrix management model at the neighbourhood level to ensure health visiting is integrated within the wider intervention context (e.g. Family Hubs)

b. Management, where possible, to be based where health visiting teams are located, such as Children and Family hubs, to increase their visual presence and accessibility to teams.

c. The Provider to work with HEYS to develop pathways and clear lines of responsibility to ensure health-visiting across Hackney and the City is at the heart of the integrated early intervention team and family support service.

d. Provide each early years setting with a named HV to support integrated reviews at 2 years; and work with Early Years consultants and other key staff in early years services to develop and lead on the integrated review strategy. To identify a high Impact lead to provide strategic oversight for Integrated Reviews.

e. As the lead for the HCP, the Provider with Hackney Education and the City Education and Early Years team, should develop a clear plan to ensure that the mechanisms for data collection on development at age 2-2.5 such as the Ages and Stages questionnaire (ASQ) or the Early Language Identification Measure and Intervention (ELIM) are in place and that the data is recorded, analysed and shared routinely.

f. Information from MERLINs and any other relevant and appropriate information to be shared with Children's Centre where family is open to the MAT or Early Help in the City and at the fortnightly Children Centre Multi-Disciplinary Team (CMDT) meetings in Hackney.

g. To fulfil requirements of local MAT protocol a lead health professional to attend (and be prepared to contribute) to the fortnightly CMDT meetings; taking on the lead professional and undertaking Early Help Assessments role where required. The Provider to identify a lead to meet regularly with the MAT Chairs to ensure that feedback mechanisms are in place.

In partnership with Children and Family Hub(s) will work to:

- The Provider to lead on the HCP working In partnership with the Children and Family Hubs. The service will work to provide improved access and

delivery of the HCP and through this, the Children and Family Hub core offer

- Integrated working with Children and Family Hubs in the delivery of evidence based interventions to improve outcomes for families.
- Promote and describe the wide range of early year's provision that children and their families are entitled to using a Making Every Contact Count (MECC) approach. To also promote key sources of information such as 'Our Journey-Birth to 5 Years' or the Coltale Programme for the City or any other local resources for parents of children aged 0-5. The Provider to work with HEYS to develop joint communication for families with children aged under 5.
- Develop joint local priorities for children aged 0-5 based on the local City and Hackney health and wellbeing profile and develop local measures of success with HEYS service contributing to the wider Public Health Outcomes Framework.
- Both services will agree to data collection methods that encourage appropriate sharing of information with the families consent. The provider to ensure there are clear and effective data sharing protocols in place.
- The Provider along with HEYS in Hackney and the lead Early Years Advisor in the City to agree and develop shared objectives and annual work-plan to improve health and wellbeing outcomes particularly for more vulnerable families.

10.7. Partnership with Voluntary and Community sector

The Service will develop close links with all local providers of services to children, for example, voluntary sector providers, childminders, early year's settings and public and private schools.

10.8. Partnership with Perinatal Mental Health Service

a. Ensure induction and training for practitioners to develop knowledge and understanding of local mental health services including the Margaret Oates mother and baby unit to improve swift and appropriate referrals.

b. Develop rotation opportunities for Practitioners to work with the community Perinatal Service so that they understand the service and are confident about the referral pathway.

c. The Service to jointly coordinate and facilitate therapeutic groups for mothers/ families in the community.

d. Work with Children's Centres and the perinatal service to ensure nursery nurses access relevant and current early year's professional development.

e. The Provider to appoint a practitioner to lead on the high-impact area of 'Perinatal Mental Health', including the identification of safeguarding issues;

provide public health promotion and implement evidence-based practice and service improvement in this area of health on behalf of the Provider. The Lead practitioner for 'Perinatal Mental Health' will be responsible for developing a workplan which will be signed off by the Commissioner and shared with key partners.

10.9. Partnership with School Based Health service

a. Establish organisation of joint HV/school nurse caseload review meetings at a regular time to underpin continuous flow of information about families, utilising the local Early Help Request for Support for Hackney and Multi-Agency Referral Form (cityoflondon.gov.uk) for the City.

b. To ensure timely sharing of information handed over for school nursing transition.

c. Arrange joint home visits between HVs and school nurses at transition for children identified with complex needs and/or vulnerability

d. Ensure a formalised dialogue takes place between health visiting, School Based Health Services and schools regarding pupils transferring in and out of areas and children with additional needs and that a local procedure is in place to cover the transfer of files, in accordance with Department of Health guidance.

10.10. Partnership with Additional Needs Service

a. To contribute proactively to the identification and assessment of SEND, Education, Health and Care Needs Assessments and Early Health and Care planning.

b. To maximise opportunities at development reviews particularly the 27 month integrated review for early identification and response to developmental delay and SEND.

c. To work with the SEND services to develop a joined-up child and family-centred approach.

d. Promote and support families to use the Local Offer for Hackney and SEND Local Offer – City of London Family Information Service for the City, to help themselves.

e. To deliver health visiting services for children with special education needs in accordance with the 0-25 SEND Code of Practice

f. To provide a specialist health visitor to work closely with Hackney Ark and attend the weekly MARS meetings

g. Specialist health visitor for SEND to attend the weekly multidisciplinary MARS meeting

h. Hackney Education and the City Education and Early Years team to be

notified of the outcome of the MARS meeting via the MARS outcome form.

11. Service quality, governance and management

Priorities

Within the area of service quality, governance and management the following should be considered a priority by the Provider and strategies and working practices should be developed around the following:

i. **To develop a workforce of flexible, confident and enthusiastic staff** with a shared vision of high quality.

ii. **To build quality in the service and develop measures to demonstrate quality** in the service being delivered.

Deliverables

11.1. To use information and communications technology (ICT) to improve efficiency, integration of services and timely information sharing

a. Make effective use of ICT to support mobile working, e.g. through case notes being typed in situ, or very soon after.

b. Develop processes to ensure that systems communicate with each other to allow appropriate access and secure sharing of family's information electronically - improving the speed, quality, safety and cost of patient care.

c. Use technology and systems to improve access to records and assist recording.

d. The Provider will collaborate with partners including HFT, Hackney Education, LBH, The City of London and the NEL Integrated Care Board to develop robust information sharing through the integration of IT systems for use by GPs, Midwives, Early Years and Social Care professionals.

e. Assign a member of staff to research and champion evidence-based Mobile Apps that support parents and professionals.

f. Champion the roll-out and use of the e-Red book to parents and professionals.

11.2. To improve and monitor quality and consistency of service delivery and provide strong performance management

a. LBH and COL requires that the Health Visiting Service is being delivered to the highest quality standards including through measurement of performance against the requirements of the Contract and the KPIs as set out in Appendix 1. Performance will be monitored by the Authorised Officer.

b. The Provider shall demonstrate effective implementation of a continuous service improvement plan, based on robust governance, self-evaluation, quality assurance (incorporating service user and stakeholder feedback).

c. The Provider shall conduct regular audits and continuous review of service and improvements. Audits to focus on quality and to be agreed with the Authorised Officer

d. The Provider shall collect service user experience feedback using robust methodology. Qualitative data shall be assessed through consultation and or focus groups with parents and their children and joint approaches with partners is encouraged.

e. Provider to allow LBH and the COL to seek feedback directly from Health Visiting staff, through a range of methods such as surveys and focus groups.

f. To provide a baseline for quality and expectations for staff through demonstration, i.e. observation, role play and/or preparation of audio-visual recordings.

g. All practitioners are to be observed in practice by an experienced practitioner bi-annually with constructive feedback to support quality.

h. Develop a quality outcomes framework to move focus away from output to outcomes and use the framework to score Practitioners on the quality of their interactions during bi-annual observations.

i. Management to observe service delivery on a quarterly basis, develop quality outcomes and report on quality findings.

j. The Provider develops expectations of excellent customer delivery for the Service.

k. Involve service users in the staff recruitment process where possible.

l. The Provider shall maintain CQC registration, fully cooperate with any regulatory inspections and take full responsibility for upholding standards and inspections.

m. The Provider shall highlight to commissioners where there is an absence of local services or evidence-based pathways to refer families on so that future commissioning plans can include mitigation for/provision of these; this is particularly urgent where need is identified but evidence-based pathways are truncated at the onwards referral stage because local services do not currently exist.

n. Any interruption to stated service delivery (e.g. late start of clinics or cancellations) should be reported to the Authorised Officer.

11.3. Record keeping, data collection and reporting and information sharing

a. The KPIs and additional data requirements must be completed on a quarterly or annual basis as specified and shared with the Authorised Officer in line with other required data collections as notified by NHS England.

b. The performance reporting requirements for Health Visiting Services for children aged 0 -5 and their families will be:

- A spreadsheet provided by the Public Health Commissioning team at Hackney council will be used to collect quarterly numerical data against KPI targets. The spreadsheet should be completed fully including both numerator and denominator and returned within three weeks of the end of the quarter.
- A written narrative report to accompany the quarterly KPIs and include the additional information requested to the Council (see Appendix 1 and Appendix 2).
- A breakdown of spend, in spreadsheet format.
- Continue delivering the quarterly and annual data report to Hackney Education Early Years' service to the requirements set by Hackney Education.
- Complete and report into the required Minimum Data Set by completing Section B of the required return to the Health and Social Care Information Centre (HSCIC).
- A copy of all complaints, compliments and feedback about the Service, including from partner agencies.

c. The Provider is required to fully understand the information requirements for Child Health Information Systems (CHIS) and ensure that any database used complies with government guidance to ensure interoperability and efficient and accurate data exchange.

d. The Provider will be responsible for ensuring that appropriate records will be kept in CHIS or other NHS England endorsed systems to enable high-quality data collection to support the delivery, review and performance management of the Service and meet national requirements.

e. The Provider shall provide the Authorised Officer with a robust plan to implement electronic record keeping and data collection for health visiting services.

f. The Provider shall have agreed data and information sharing protocols with partner agencies including Hackney Education, other health care providers, CSC and the police to enable effective services to be provided to children and

their families. Providers will ensure that all staff have access to information sharing guidance including sharing information to safeguard or protect children.

g. The Provider shall ensure information governance policies and procedures are in place and understood and ensure robust systems are in place to meet the legal requirements of the Data Protection Act 2018 which is the UK's implementation of the General Data Protection Regulation (GDPR) and adhere to the safeguarding of personal data at all times.

h. The Provider shall ensure that staff are using and are trained to use suitable electronic record keeping equipment that includes data collection systems.

i. The Provider shall develop processes to collect and analyse data to monitor the impact of the Service on health outcomes.

j. Data collection should enable reports on activity that separate data between Hackney and City residents.

k. Data for the intensive service will initially be collected for monitoring purposes. as the intensive service becomes established measures will be developed and included as a variation of contract.

11.4. Effective governance

a. The Provider will take full responsibility for all the clinical governance issues and responsibilities including upholding and reporting to CQC and other regulatory body standards.

b. The Provider will also ensure that all legal obligations including upholding and reporting to CQC standards are met. The Provider will also ensure that all legal obligations for this Service are upheld and that public money is safeguarded and properly accounted for, and used economically, efficiently and effectively.

12. Workforce development, growth and capacity

Priorities

Within the area of workforce development, growth and capacity the following should be considered a priority by the Provider and strategies and working practices should be developed around the following:

i. **To develop a highly skilled, flexible and committed workforce** who are committed to continuous service improvement.

Deliverables

12.1. To enable workforce development and build capacity within the workforce

a. The Provider to put in place robust workforce analyses and plans to achieve set trajectories, e.g. HV targets. Any underspend identified within staffing costs,

due to inability to recruit or other reasons, shall be reported to the Authorising Officer. Reassignment of underspend should be agreed with the Authorising Officer. LBH reserves the right to decide how underspend is utilised including returned/ withheld.

b. The Provider to prepare a plan for continuous professional development and a programme for the induction of new Practitioners to be shared with and agreed by the Authorised Officer before the Service is in place.
c. All Practitioners provided with the Institute of Health Visiting membership.
d. The Provider will work with NHS England, Health Education England, North East London Integrated Healthcare Board and Local Education Training Boards to ensure effective support for trainees and newly qualified HVs.
e. Use the Institute of Health Visiting frameworks and standards for Preceptorship and Continuing Professional Development programmes as a guide for the standard the Service should achieve.
f. The Service to develop and agree with the Authorised Officer a programme for Practitioner inductions and continuous development.
g. Provide targeted professional development to address capability gaps and consistency of messages including preparing staff to have difficult conversations with parents, i.e. FGM, obesity and hygiene.
h. Develop the skills of Practitioners to act as team leaders, supervisors, and/or mentors, building capacity and skills within the Service and wider Children's Centres/Children and Family Hub teams contributing to better integrated delivery and improved information sharing.
i. Encourage a culture of sharing learning, learning from peers and partners visiting the service to increase their understanding.
j. Encourage a culture of compassionate leadership consistent with the WHO nurturing framework.
k. Ensure that the staff are appropriately managed and supervised to ensure that the Service is delivered and that KPIs are consistently achieved.
l. Vacancies are to be filled within a timely and prompt manner and bank or agency staff used where appropriate to enable an appropriate skill mix of practitioners within the workforce in order to effectively deliver the service. Information on staffing levels to be shared with Authorised Officer on a quarterly basis, including how skills mix is being utilised and the ratio of health visitors to population.
m. The Provider shall ensure Practitioners possess the sensitivity and relational skills to work across community and agency boundaries to enable parents to get the support they need.

n. Utilise the skill mix to effectively maximise targeted contact with families. Strong leadership and management will be required to ensure that HVs and the skill mix teams are effectively utilised across the borough to both ensure that families are effectively supported and referred into appropriate pathways / receive the appropriate service.

o. Alignment and weighting of the health visiting resource in line with local population needs and local authority boundaries. This includes collection of information about population needs in order to inform the expansion and delivery of services.

p. Embed learning from Early Implementer Sites, national and international research, other evidence and good practice guidance; and sharing good practice through development of local integrated Children's Services networks.

q. Practitioner development to enable innovative and creative health visiting to meet local needs and to add to the body of research evidence for the profession.

13. Innovation

Priorities

Within the area of innovation the following should be prioritised by the Provider and strategies and working practices should be developed around the following:

i. **To use innovation to increase accessibility and efficiency** of the service and to demonstrate evidence of impact.

Deliverables

13.1. To be innovative and committed to service development.

a. To use innovation to meet the changing needs of local children and their families the Service is required to take service development forward and consider innovation and creativity. This will include utilising ICT, mobile working including laptops and tablets and use of the Red book as a key document used by the wider Children's workforce.

b. To commit to research and developing the evidence base of interventions that improve outcomes for children and families.

c. To use innovation to encourage more partnership working and measure and demonstrate improved outcomes for children and their families, adding to the national evidence base.

d. To develop activities at the community's service level offer (see Appendix 18 for ideas) and be involved in funding decisions such as initiatives that meet the cultural needs of specific ethnic groups.

e. To use co-production with service users to develop services.

f. To use innovation to increase opportunities to access services for all families with young children. This may require the use of appropriate technology, e.g. health promoting apps, such as 'chat health' secure text messaging with clients, secure email facilities with clients and other agencies, a 24-hr parenting line for new parents/carers during the first year; the provision of consultation using mobile technology e.g. Skype and Facetime.

g. Virtual contacts are an acceptable form of contact when this is a preferred option for both the health visitor and family. Virtual contacts should be used to complement not replace face to face visits. Particularly for when face to face visits are required as described in Appendix 8.

h. To use innovation where there is an absence of local services or evidence-based pathways to refer families onto and work with the Authorised Officer to develop innovative ideas and pilot work.

14. Glossary

Term	Description
Healthy Happy Ready to Learn	Service are delivered in line with the Hackney Early Years Strategic priorities HDS14383 - Early Years Strategy V7.pdf
Healthy Child Programme	A national evidence based universal programme for children aged 0-19.The healthy child programme aims to bring together health, education and other main partners to deliver an effective programme for prevention and support
Leading the Healthy Child Programme	Health Visitors and School Nurses lead and coordinate the delivery of public health for children aged 0 to 19
Holistic	Holistic approaches to child development and learning recognise the connectedness of mind, body and spirit. When early learning and childcare workers take a holistic approach, they pay attention to children's physical, personal, social, emotional and spiritual wellbeing, as well as cognitive aspects of learning
Face to face contact	Face to face contact can be in person or virtual
Integrated/joined up	Integrated is when more than one agency works together in a planned and/or formal way to deliver service(s)
Accessible service	Ensuring your service can be used by as many people as possible and no one is excluded
Flexible service	Services are flexible to adapt to changing population needs and partnerships
Skills mix team	Leadership of the health visitors SCPHN, there will also be a skill mix within

	the team, including community staff nurses and nursery nurses
Children and Family Hubs	Family Hubs are centres which, as part of integrated family services, ensure families with children and young people aged 0-19 receive early help to overcome a range of difficulties and build stronger relationships

15. Key Performance Indicators

The KPIs that will be assessed and performance managed to demonstrate, to the Council, value for money and quality are grouped under the following headings:

a) High quality contact and assessment
b) Public health outcomes
c) Excellent partnerships
d) Safeguarding
e) Service satisfaction (See Appendix 1 for full detail of KPIs).

16. Appendices

Appendix 1: Key Performance Indicators

All KPIs to be presented on a spreadsheet with both the numbers and percentages presented.
Any remote visits to be reported separately to face to face visits - including numerator and denominator and expressed as a percentage.
All KPIs to be presented separately for The City of London.

Outcomes		Measure	Additional information	Target	Data collection/ Report
Health Visitor Service Delivery Metrics (Mandated) These metrics are presented as management information and are reported by local authority, regional and England level					
High quality contact and assessment	**1.**	C1. Number of mothers who received a first face to face antenatal contact with a Health Visitor at 28+ weeks or above	Numerator: Total number of mothers who received a first face to face antenatal contact with a Health Visitor at 28+ weeks or above	80% target	Quarterly provider performance report
			Denominator: Total number of mothers due a first face to face antenatal contact in the quarter. Formula: Numerator/Denominator x 100		
	2	C2. Percentage of births that received a face to face NBV within 14 days by a Health Visitor	Numerator: Total number of infants who turned 30 days in the quarter who received a face-to-face New Birth Visits (NBV) undertaken within 14 days from birth, by a Health Visitor with mother (and ideally father)	95% target	Quarterly provider performance report

			Denominator: Total number of infants who turned 30 days in the quarter Formula: Numerator/Denominator x 100		
	3	C8i: Percentage of infants who received a 6-8 week review by the time they were 8 weeks	Numerator: Total number of infants that received a 6-8 week review by the end of the quarter by the time they were 8 weeks. Denominator: The number of children turned 6-8 weeks in the appropriate quarter Formula: Numerator/Denominator x 100	90% target	Quarterly provider performance report
	4	C4: Percentage of children who received a 12 month review by the time they turned 12 months	Numerator: Total number of children who turned 12 months in the quarter, who received a review by the age of 12 months Denominator: Total number of children who turned 12 months, in the appropriate quarter Formula: Numerator/Denominator x 100	90% target	Quarterly provider performance report
	5	C5: Percentage of 12-month development reviews completed by the time the child turned 15 months	Numerator: Total number of children who turned 15 months in the quarter, who received a 12 month review by the time they turned 15 months Denominator: Total number of children who turned 15 months, in the appropriate quarter Formula: Numerator/Denominator x 100	90% Target	Quarterly provider performance report
	6	C6i: Percentage of children who received a 2-2.5 year review	Numerator: Total number of children who turned 2.5 years in the quarter who received a 2-2.5 year review, by the age of 2.5 years	90% target	Quarterly provider performance report

			Denominator: Total number of children who turned 2.5 years, in the appropriate quarter.This should include those who had a 2-2.5 year review in a previous quarter. Formula: Numerator/Denominator x 100		
	7	C6ii: Percentage of children who received a 2-2.5 year review using ASQ 3	Numerator: The number of children who received a 2-2.5 year review by the end of the quarter for whom the ASQ-3 is completed as part of their 2-2.5 year review.	80% target	Quarterly provider performance report
			Denominator: Total number of children who turned 2.5 received a 2-2.5 year review by the end of the quarter. Formula: Numerator/Denominator x 100		
Targeted, Specialist and Intensive assessments					
High quality contact and assessment	**8**	Percentage of vulnerable mothers (targeted, specialist and intensive) who received a follow up home visit from the NBV at 1 month	Numerator: Total number of infants of first time mothers and vulnerable mothers (identified as having needs at the targeted, specialist and intensive levels) who received a home visit undertaken 4 weeks from birth, by a Health Visitor with mother (and ideally father)	85% target	Quarterly provider performance report
			Denominator: Total number of infants of first time mothers and vulnerable mothers with an infant who turned 4 weeks during the quarter Formula: Numerator/Denominator x 100		
	9	Percentage of children of targeted mothers (vulnerable mothers identified as having needs	Numerator: The number of children due a 3-4 month review by the end of the quarter who received a 3-4 month review by the time they turned 4 months.	90% target	Quarterly provider performance report

		at the targeted specialist and intensive level) who received a 3-4 month assessment.	Denominator: The total number of children due a 3-4 month review by the end of the quarter. Formula: Numerator/Denominator x 100		
	10	Percentage of children who received an **Integrated** 2-2.5 year review	Numerator: Total number of children who turned 2.5 years in the quarter, are in an early years setting and received an Integrated 2-2.5 year review, by the age of 2.5 years of age. Denominator: Total number of children who are in an early years setting and turned 2.5 years, in the appropriate quarter. Formula: Numerator/Denominator x 100	65% baseline target 75% in year 2	Quarterly provider performance report
	11	Percentage of children who were identified as requiring an **Integrated Review** at 3-3.5 year that received a review at 3-3.5 years	Numerator: Total number of children at the age of 2-2.5 years who were identified as requiring a 3-3.5 year review who received a 3-3.5 year review by the time they turned 3.5 in the appropriate quarter Denominator: Total number of children who turned 3.5 in the quarter who were identified at the 2 -2.5 years as requiring targeted support for school readiness Formula: Numerator/Denominator x 100	Target to be established year 2	
	12	Percentage of children who received a 3-3.5 year review using ASQ 3	Numerator: Total number of children who received a 3-3.5 year review for whom the ASQ-3 is completed as part of their 3-3.5 year review.	Target to be established year 2	Quarterly provider performance report

			Denominator: Total number of children who turned 3.5 in the quarter who were eligible for a 3-3.5 year review Formula: Numerator/Denominator x 100		
Intensive 1-2-1 Home Service					
High quality contact and assessment	**13**	Percentage of mothers who receive a review at the **intensive** level that have a completed Outcomes Star	Numerator: Total number of mothers receiving the intensive service who have completed an Outcomes Star in the quarter Denominator: Total number of mothers that received at least one targeted review per family by the quarter Formula: Numerator/Denominator x 100 *In year one the Outcomes Star is used for 95% of clients receiving an 'intensive' level of Service*	From year 1 95%	Quarterly provider performance report
	14	Percentage of mothers who receive a review at **targeted and specialist** level that have a completed Outcomes Star	Numerator: Total number of mothers that receive a service at targeted or specialist level that have completed an Outcomes Star in the quarter Denominator: Total number of mothers that received at least one targeted review per family by the quarter at targeted or specialist level. Formula: Numerator/Denominator x 100 *In year two the Outcomes Star is also used for clients receiving targeted and specialist reviews*	From year 2 60%	

	15	Clients who have left the Intensive 1-2-1 Home Visiting Service by stage (attrition rates)	Numerator: Total number of clients who left the programme' at each stage: 1. Stuck 2. Starting to engage 3. Trying for yourself 4. Finding what works 5. Self reliance Denominator: Total number of clients who completed a New Mum's Outcome Star Formula: Numerator/Denominator x 100	1. 10% or less 2. 10% or less 3. 15% or less 4. 20% or less Stage 5 not required	
	16	Cases held by the intensive support service	number of clients broken down by reason for allocation to the service, ethnicity, deprivation, language spoken, escalation/de-escalation of need, progress against plan and outcomes achieved.	number of cases TBC	Quarterly
Public Health measures					
	17	Percentage of infants for whom feeding status is recorded at NBV	Numerator: Total number of infants being breastfed (full AND partially breastfed) Denominator: Total number of infants due NBV Formula: Numerator/Denominator x 100	95%	Quarterly
	18	Percentage of infants for whom feeding status is recorded at 6-8 weeks check	Numerator: Number of infants where feeding status has been recorded at the 6-8-week check. Denominator: Total number of infants due a 6-8 week check Formula: Numerator/Denominator x 100	95%	Quarterly
	19	Percentage of infants being fully breastfed at 6-8 weeks	Numerator: Total number of infants being breastfed (fully breastfed at 6-8 weeks)	70%	Quarterly

			Denominator: Total number of infants due a 6-8 week check that were breastfed at the NBV Formula: Numerator/Denominator x 100		
	20	Percentage of primary carers with recorded smoking status at NBV	Numerator: Total number of primary carers with a smoking status recorded	95%	Quarterly
			Denominator: Total number of infants due a NBV visit Formula: Numerator/Denominator x 100		
	21	Percentage of primary carers with recorded smoking status at 6-8 week check	Numerator: Total number of mothers with a smoking status recorded at the 6-8 week check		
			Denominator: Total number of infants due a NBV visit Formula: Numerator/Denominator x 100	95%	Quarterly
	22	Percentage of smoke free homes status recorded at NBV	Numerator: Total number of homes that have been recorded with a smoke free homes status at NBV	95%	Quarterly
			Denominator: Total number of homes due a NBV Formula: Numerator/Denominator x 100		
	23	Percentage of mothers offered a Body Mass Index assessment at 6-8 weeks	Numerator: Number of mothers offered a BMI assessment at 6-8 week assessment.	95% Target	Quarterly
			Denominator: Total number of mothers who attended a 6-8 week assessment, in the quarter. Formula: Numerator / Denominator x 100		
	24	Percentage of mothers who received a Maternal Mood	Numerator: Total number of mothers who received a Maternal Mood review by the time infant has turned 21 days	95% target	Quarterly

		review at the New birth visit (by 21 days)	Denominator: Total number of mothers who received a new birth visit within 21 days, in the quarter. Formula: Numerator/Denominator x 100		
	25	Percentage of women who receive a routine enquiry about domestic violence (DV) at the antenatal visit	Numerator: Total number of mothers who received a routine enquiry about DV at their antenatal contact. Denominator: Total number of mothers who received an antenatal contact, in the quarter Formula: Numerator/Denominator x 100	95% target	Quarterly
Excellent partnerships					
	26	Percentage of Children's Centre registration forms received by Hackney Education Early Years Services	Numerator: Number of CC registration forms received by Hackney Education Denominator: Number of new birth visits completed in the quarter. Formula: Numerator/Denominator x 100	95% target	Quarterly
	27	Percentage of link meetings attended by health visitors. If GP N/A then this does not count against health visitor returns	Numerator: Total number of link meetings attended by HV Denominator: Total number link meetings attended by HV where GP is available, in the quarter Formula: Numerator/Denominator x 100	95% target	Quarterly provider performance report
Safeguarding					

	28	HV engagement with safeguarding supervision	Numerator: Number of Health Visitors who received their minimum of 3 monthly safeguarding supervisions. Denominator: Number of Health Visitors due safeguarding supervision in the quarter. Formula: Numerator / Denominator x 100	90% target	Quarterly provider performance report
Service satisfaction					
	29	HV service submissions on Patient Experience feedback from families and caregivers, using validated patient experience measures	Numerator: Number of satisfied service users Denominator: Number of service users who provided feedback on satisfaction. Formula: Numerator / Denominator x 100	90% target	Quarterly provider performance report
	30	Percentage of Practitioners who have been observed in practice	Numerator: Number of practitioners who were observed in practice. Denominator: Number of practitioners due an observation in that year. Formula: Numerator / Denominator x 100	25%	Annual provider performance report

Additional data for Provider performance report

Measure	Additional information	Data collection/Report
High quality assessment - outcomes		
18-month review - proportion of records reviewed that led to follow up actions	Numerator: Total number of children that turned 18 months in the quarter whose records were reviewed and follow up actions were identified Denominator: Total number of children that turned 18 months in the quarter Formula: Numerator/Denominator x 100	Quarterly reporting /spreadsheet
Percentage of referrals generated at the 2-2.5 year review	Numerator: Total number of referrals from all 2-2.5 year reviews completed. Denominator: Total number of children who received a 2.5 year review. Formula: Numerator/Denominator x 100	Quarterly reporting/spreadsheet
Total number of referrals generated at the 2-2.5 year review and broken down by referral type	Numerator: Total number of referrals by service from all 2-2.5 year review generated by referral category Denominator: Total number of referrals from 2.5 year reviews. Formula: Numerator/Denominator x 100	Annual reporting/spreadsheet
Percentage of children who received a 2-2.5 year review whose language was assessed using the Early Language Identification Measure (ELIM)	Numerator: Total number of children that turned 2-2.5 years in the quarter that had a 2-2.5 year review that had their language assessed using ELIM Denominator: Total number of children who received a 2.5 year review in the quarter. Formula: Numerator/Denominator x 100	Quarterly reporting/spreadsheet

Percentage of referrals generated at the 3-3.5 year review	Numerator: Total number of referrals from all 3-3.5 year reviews generated Denominator: Total number of children who received a 3-3.5 year review Formula: Numerator/Denominator x 100	Quarterly reporting/spreadsheet
Percentage of children who received a 3-3.5 year review whose language was assessed using the Early Language Identification Measure (ELIM)	Numerator: Total number of children that turned 3-3.5 years in the quarter that had a 2-2.5 year review that had their language assessed using ELIM Denominator: Total number of children who received a 3.5 year review in the quarter. Formula: Numerator/Denominator x 100	Quarterly reporting/spreadsheet
Total number of referrals generated at the 3-3.5 year review and broken down by referral type	Numerator: Total number of referrals by service from all 3-2.5 year generated by referral category Denominator: Total number of referrals from 3.5 year reviews. Formula: Numerator/Denominator x 100	Annual reporting/spreadsheet
Total number of visits refused in the quarter broken down by stage of visit i.e. new birth, one month, etc.	Numerator: Total number of visits refused in the quarter by stage of visit Denominator: Total number of visits due in the quarter by stage of visit Formula: Numerator/Denominator x 100	Quarterly reporting/spreadsheet
Reasons for refusal broken down by stage of visit	Numerator: number of refused visits by reason for refusal category Denominator total number of visits by visit stage Formula: Numerator/Denominator x 100	Annual reporting/spreadsheet
Outcomes Star		
Percentage of children/families following targeted review (intensive) who have completed an Outcomes Star	Numerator: Total number of mothers that have completed an Outcomes star that have been stepped up in the quarter Numerator: Total number of mothers that have completed an outcomes star that have been stepped down in quarter	Quarterly reporting /report format

	Denominator: Total number of eligible mothers that completed an Outcomes Star in the quarter Formula: Numerator/Denominator x 100	
Clients commencing the Intensive 1-2-1 Home Visiting Service by stage	Numerator: Total number of clients who commenced Intensive 1-2-1 Home Visiting Service By: 1. Stuck 2. Starting to engage 3. Trying for yourself 4. Finding what works Denominator: Total number of clients who complete a New Mum's Outcome Star Formula: Numerator/Denominator x 100	Quarterly reporting /report format
Clients recruited onto Intensive 1-2-1 Home Visiting Service by pregnancy, infancy and toddlerhood	Numerator: Total number of clients who commenced Intensive 1-2-1 Home Visiting Service by: ● Pregnancy ● Infancy ● Toddlerhood Denominator: Total number of clients who are eligible for Intensive 1-2-1 Home Visiting Service Formula: Numerator/Denominator x 100	Quarterly reporting /report format
Clients who were offered an Intensive 1-2-1 Home Visiting Service who have been referred back to the Universal Service	Numerator: Total number of clients who were eligible that opted out of the intensive service Denominator: Total number of clients who commenced Intensive 1-2-1 Home Visiting Service Formula: Numerator/Denominator x 100	Quarterly spreadsheet
Equalities analysis reporting		

Equalities analysis targeted/specialist/intensive	Numerator: ethnicity of mothers who are on the targeted, specialist/intensive pathway Denominator: total number of mothers on a targeted/specialist/intensive pathway Formula: Numerator/Denominator x 100	Annually /spreadsheet
Equalities analysis targeted/specialist/intensive	Numerator: age of mother on a targeted, specialist, intensive pathway Denominator: total number of mothers on a targeted/specialist/intensive pathway Formula: Numerator/Denominator x 100	Annually /spreadsheet
Caseload breakdown for the under 1s	Numerator: Breakdown of caseload: universal, targeted, specialist, Intensive Denominator: Total infants aged <1 in the appropriate quarter Formula: Numerator/Denominator x 100	Quarterly reporting /spreadsheet
Caseload breakdown for the over 1s	Numerator: Breakdown of caseload universal, targeted, specialist, intensive Denominator: Total infants aged >1 in the appropriate quarter Formula: Numerator/Denominator x 100	Quarterly reporting/spreadsheet
Public Health Outcomes		
Percentage of primary caregivers smoking at i) at NBV ii) at 6-8 weeks	Numerator: Number of primary care givers smoking i) at NBV ii) at 6-8 wks Denominator: Number of primary care givers asked about their smoking status i) at NBV ii) at 6-8 wks Formula: Numerator / Denominator x 100	Quarterly reporting /spreadsheet

Percentage of mothers who smoke that are referred to stop smoking services	Numerator: Total number of primary caregivers referred to stop smoking services that were identified as smoking at the NBV and at the 6-8 week check in the quarter. Denominator: Total number of caregivers identified as smoking at the NBV and at the 6-8 week check in the quarter. Formula: Numerator/Denominator x 100	Quarterly reporting/spreadsheet
Low birth weight of term babies	Numerator: number of live births at term (>37 weeks gestation) with low birth weight (under 2,500g) Denominator: Number of live births at term (>37 weeks) with recorded birth status Formula: Numerator/Denominator x 100	
Assessing maternal mood antenatal contact	Numerator: Total number of mothers who received a Maternal Mood review at the antenatal contact Denominator: Total number of mothers eligible for an antenatal contact Formula: Numerator/Denominator x 100	Annually/Spreadsheet
Proportion of mothers who received a maternal mood assessment and required further intervention due to low mood	Numerator: number of mothers assessed as having a low mood and requiring further intervention in the quarter Denominator: Total number of mothers who received a maternal mood assessment in the quarter Formula: Numerator/Denominator x 100	Quarterly reporting /spreadsheet

Mothers identified as requiring further intervention following maternal mood screening and breakdown of referral type	Numerator: Total mothers following maternal mood assessment that required onward referral broken down by referral type Denominator: Total number of mothers that received a maternal mood assessment identified with low mood Formula: Numerator/Denominator x 100	Annual reporting/spreadsheet
BMI measurement of mother at the 6-8 week check outcomes	Numerator: Total mothers whose BMI was measured at the 6-8 week check and the outcome measure broken down by category underweight/healthy weight/overweight/severely overweight Denominator: Total number of mothers whose BMI was measured at the 6-8 week check Formula: Numerator/Denominator x 100	Quarterly reporting/spreadsheet
BMI Measurement of mother at 6-8 week check outcomes	Numerator: ethnicity of mothers whose BMI was measured at 6-8 weeks and was identified as underweight, overweight/severely overweight Denominator: mothers whose BMI was measured at six to eight weeks and was identified as underweight, overweight /severely obese Formula: Numerator/Denominator x 100	Annual reporting /spreadsheet
Percentage of mothers where a conversation about contraception is recorded	Numerator: Total number of mothers who received a routine enquiry about contraception at their postnatal visit Denominator: Total number of mothers who received postnatal, in the quarter Formula: Numerator/Denominator x 100	Quarterly reporting/spreadsheet
High Quality Partnerships		

Integrated delivery of service(s) in children centres/children and family hubs with early years services	To develop and agree a training programme in conjunction with early years services for co-delivery of interventions in the children centres/child and family hubs Numerator: Training programme, job role and numbers attended Denominator: number of eligible practitioners Formula: Numerator/Denominator x 100	Quarterly reporting /spreadsheet
Integrated delivery of service(s) in children centres/children and family hubs with early years services	To include in the quarterly update evidence of the development of interventions that are co/designed /delivered with the early years services and delivered in the community /children centres/child and family hubs Formula: Numerator/Denominator x 100	Quarterly reporting/narrative report
Safeguarding		
Number of early help referrals completed in the quarter	Number of early help referrals completed by each health visiting team in each quarter.	Quarterly reporting /spreadsheet
Rate of HV attendance at case conferences (initial and review)	Numerator: Number of case conferences where a health visitor or nominated representative attended. Denominator: Number of case conferences, in the quarter. Formula: Numerator / Denominator x 100	Quarterly reporting/spreadsheet
Qualitative reporting		
Case Study on high impact area of practice	To submit a case study on a quarterly basis describing the actions taken on one of nine high impact areas	Quarterly reporting/narrative report

Quarterly work plan summary for high impact areas of practice	For all eleven high impact areas to share on an annual basis the work-plan for each high impact lead - progress to be shared in the quarterly contract review meeting and demonstrated through case studies	Annual reporting/work plan/narrative report
Report compiled from submissions on Partner Satisfaction feedback from key partners including GPs, Hackney Education midwifery and Children Social Care.	Feedback questionnaire to be designed by the Provider and to include questions on liaison with health visiting service and quality of communication.	Annual provider performance report
Annual Audit	Audit quality of safeguarding supervision	Annual provider performance report
Annual Audit	Audit on quality of Children's Centre information reports	Annual provider /performance report
Training and development	Numerator: uptake of mandatory training by practitioners/ uptake of other training by practitioners - broken down by job role and training type Denominator: eligible practitioners Formula: Numerator/Denominator x 100	quarterly/ narrative report

Population

Hackney is home to children and young people from a variety of different backgrounds with a diverse range of needs. Hackney is home to several communities with specific needs, such as the Orthodox Jewish Charedi community, who mostly reside in Stamford Hill and have a rapidly growing child population. The City of London has a much smaller child population, as well as a large Bangladeshi community to the East of the borough. Over the past ten years (2011-2021) there has been a decrease in those aged under 5 in CIty and Hackney.

Table 1.1: Children and young people population by age, City and Hackney, 2011, 2021, 2031

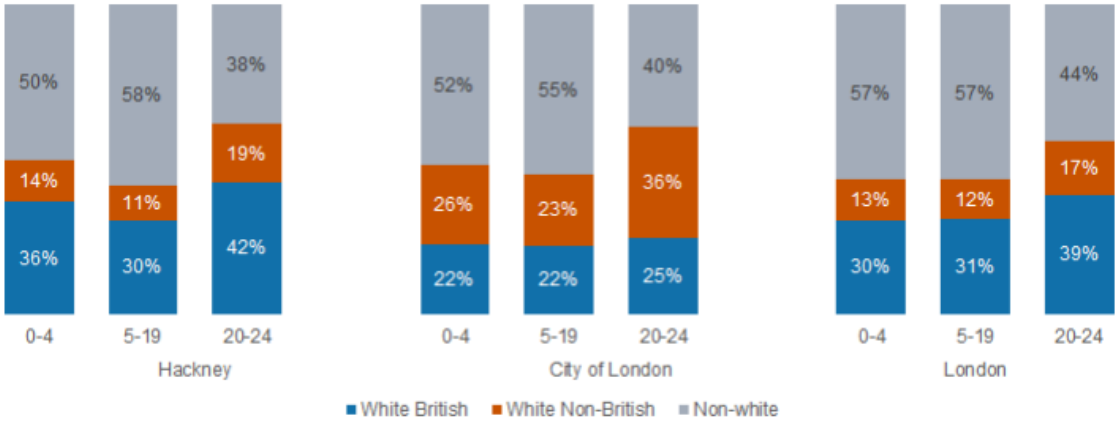
	City of London				Hackney			
Age group (years)	2011	2021	(% change)	2031 (% change)	2011	2021	(% change)	2031 (% change)
0-4	237	233	(-1.6%)	173 (-25.9%)	19,644	18,157	(-7.6%)	16,111 (-11.3%)
5-19	542	883	(63.0%)	881 (-0.3%)	42,675	47,663	(11.7%)	43,646 (-8.4%)
20-24	540	1,492	(176.3%)	1,266 (-15.1%)	20,861	15,175	(-27.3%)	18,626 (22.7%)
Total	1,319	2,609	(97.8%)	2,320 (-11.1%)	83,180	80,995	(-2.6%)	78,383 (-3.2%)

Source: GLA 2020-based housing-led population projections, 2021

Ethnicity

City and Hackney is an ethnically diverse place with 52% and 50%, respectively, of children aged 0-4 from backgrounds other than white.

Figure 1.5: Proportion of ethnic groups by age group, 0-24 years old, Hackney, City of London and London, 2021



Within City and Hackney there are several communities with culturally specific needs. This includes a large Turkish community (representing at least 4.5% of Hackney's residents) mainly concentrated in the borough's South, East and Central parts (36); and a large Bangladeshi community in the Portsoken Ward of the City of London. The 2006 Health Needs Assessment noted concerns about several distinct communities, including Chinese, Somali, Kurdish and Vietnamese, found in Hackney that are not visible in the 2011 Census due to their small numbers. Hackney also has one the largest groups of Charedi people in Europe representing 7% of its total population and 22% of its under 19 population.

Sociodemographics

The Borough of Hackney is one of the most socio-economically deprived areas in England, ranking among the most deprived 30% of areas in 2019. The Income Deprivation Affecting Children Index (IDACI) measures the proportion of children aged 0-15 living in income deprived families in each of the small local areas (called Lower Layer Super Output Areas or LSOAs). IDACI is a subset of the English Indices of Deprivation that allow categorisation by LSOA into five quintiles of deprivation: with quintile one the most deprived and quintile five the least. In Hackney, more than 80% of LSOAs fall within quintiles one and two of IDACI, the most deprived in the country. None of the LSOAs fell within the least deprived quintile, with only 5% in the second-least deprived quintile.

Within the City of London, one LSOA falls within the second most deprived quintile, with the remaining five in the least deprived quintile, indicating a lower level of deprivation when compared to Hackney. The percentage of under 16s living in low-income families in Hackney (24.7%) is higher than both London

(18.8%) and England (17.0%) averages. The City of London has a lower proportion of children in relatively low-income families than all Hackney wards.

Covid-19 has widened existing inequalities, disproportionately affecting low-income families from culturally and ethnically diverse backgrounds

Child poverty

Hackney is one of the most deprived areas in England. With 1 in 4 under 16s living in poverty, above both London and England averages. Around 22% of children and young people aged 0-5 and 33% of those aged 5-19 receive free school meals in the City and Hackney. The wards with the highest proportions of children living in low-income families are Hoxton East & Shoreditch (31.3%), Shacklewell (29.0%) and Homerton (27.5%). Stakeholders consulted as part of the health needs assessment identified that poverty was synonymous with disadvantage, poor housing, food insecurity, poor educational outcomes and lack of opportunity for children and young people.

Vulnerable children and young people

Data for young people and families that are living in temporary accommodation is not always captured in national and local statistics. Hackney has 10 hostels specifically for families (providing 141 units) and 24 mixed hostels (providing 764 are mixed). Mixed accommodation presents safeguarding risks for vulnerable young people particularly child sexual exploitation (CSE). Data sharing is a barrier to 'rapid response' from Health Visiting teams for families placed temporarily in the area

In 2018/19 Hackney (26.1 per 10,000 population) had a lower proportion of looked after children under 5 than the England average (34.9 per 10,000 population), but a higher proportion than the London average (20.4 per 10,000 population).

Table 13.02: Looked after children aged under 5 years, rate per 10,000 population, Hackney, 2015/16 to 2017/18

Area	2015/16	2016/17	2017/18
Hackney	26.9	19.3	26.1
London	21.6	18.8	20.4
England	40.3	36.9	34.9

Source: OHID, Fingertips, 2019

The rate of children in need is increasing over time in both City and Hackney and is higher than the London and England averages. The primary reason for this

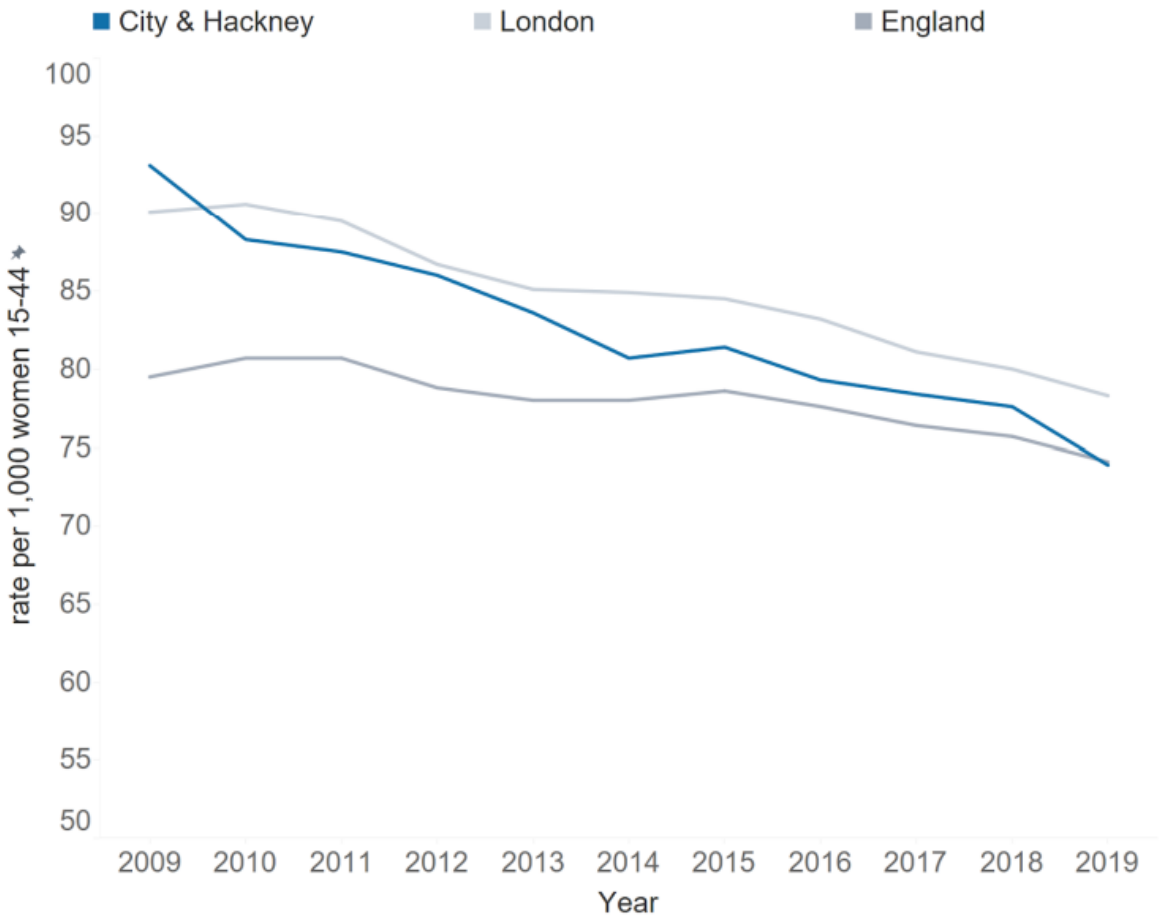
referral among Hackney children in 2018 was abuse or neglect. The rate of Children on Child Protection Plans in 2019/20 in City and Hackney was 38.4 per 10,000, which is above London and below the England averages respectively. Universal services, such as midwifery and health visiting, during the periods before and immediately after birth, do not regularly, significantly and substantially involve fathers. Parents from black backgrounds are overrepresented in the Family Nurse Partnership (56.6% when compared to the whole young population around 24%). Stakeholders highlighted the need for early intervention and emphasised the vulnerability of young mothers in particular.

Life expectancy

Girls born in Hackney can expect to live until 83.7 years, with 58.8 years of good health. This represents less years in good health than London and England averages but better life expectancy. Boys born in Hackney have a life expectancy of 79.3 years, with 58.6 years of good health, both of which are lower than the London average.

Conception and Births

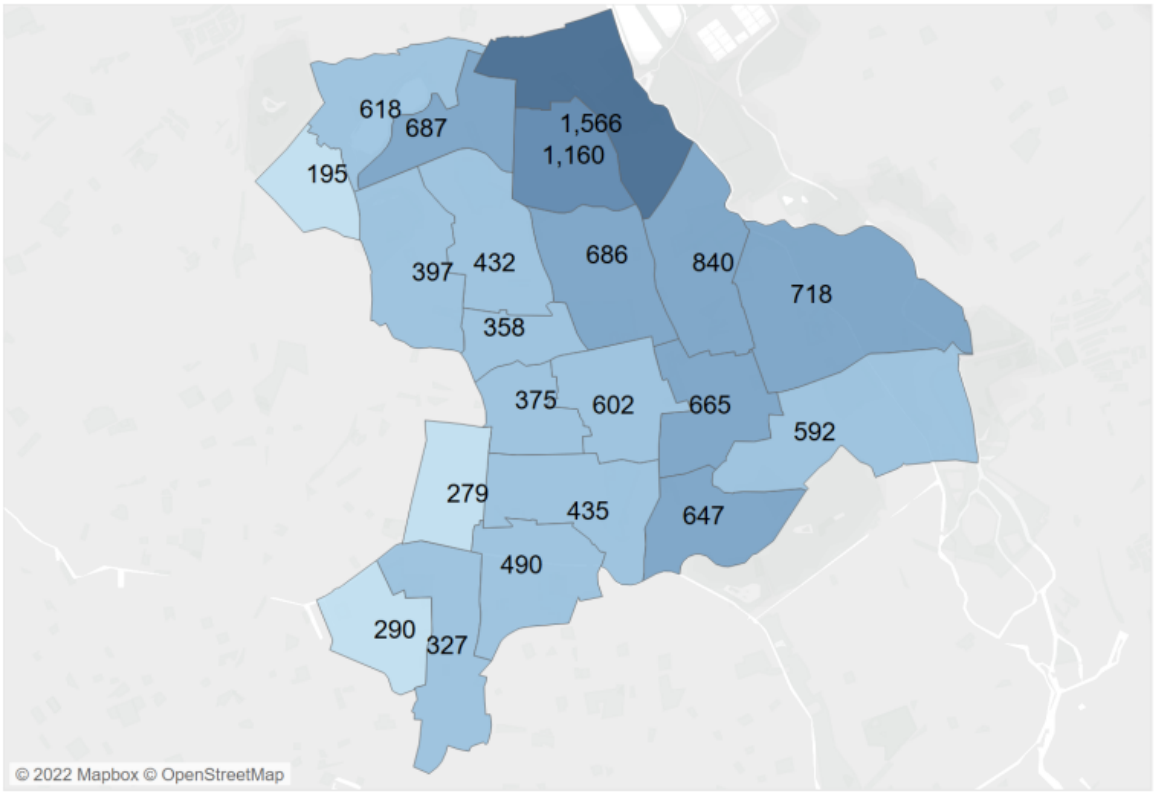
Figure 2: Trends in conception rates in City and Hackney, London and England, 2009-19



Source: ONS, 2018
Note: Please note the scale of change might appear larger, because the Y axis was cut to 50.

In 2019 City and Hackney had a conception rate of 73.9 per 1,000 (5,654 births). This is a 21% decrease from 93.1 per 1,000 in 2009; and is in line with regional and national rates. In contrast to this trend, Stamford Hill (map below) has a high birth rate attributed to the large Charedi population in this area, who typically have children at a younger age and have higher numbers of children.

Figure 2.1: Distribution of births by wards, Hackney, 2017/18 to 2020/21



Source: Homerton, 2021

The number of hospital deliveries, which includes all outcomes, of babies to Hackney mothers (not including home births) between 2020/21 was 3,983. The majority (76.6%) of deliveries were at Homerton Healthcare NHS Foundation Trust (HHT). In 2019/20, the percentage of deliveries to mothers from culturally and ethnically diverse groups in City and Hackney was 37.5%. From the data available, the number of births registered in the City was 55; the majority (61.8%) took place at University College London Hospitals NHS Foundation Trust.

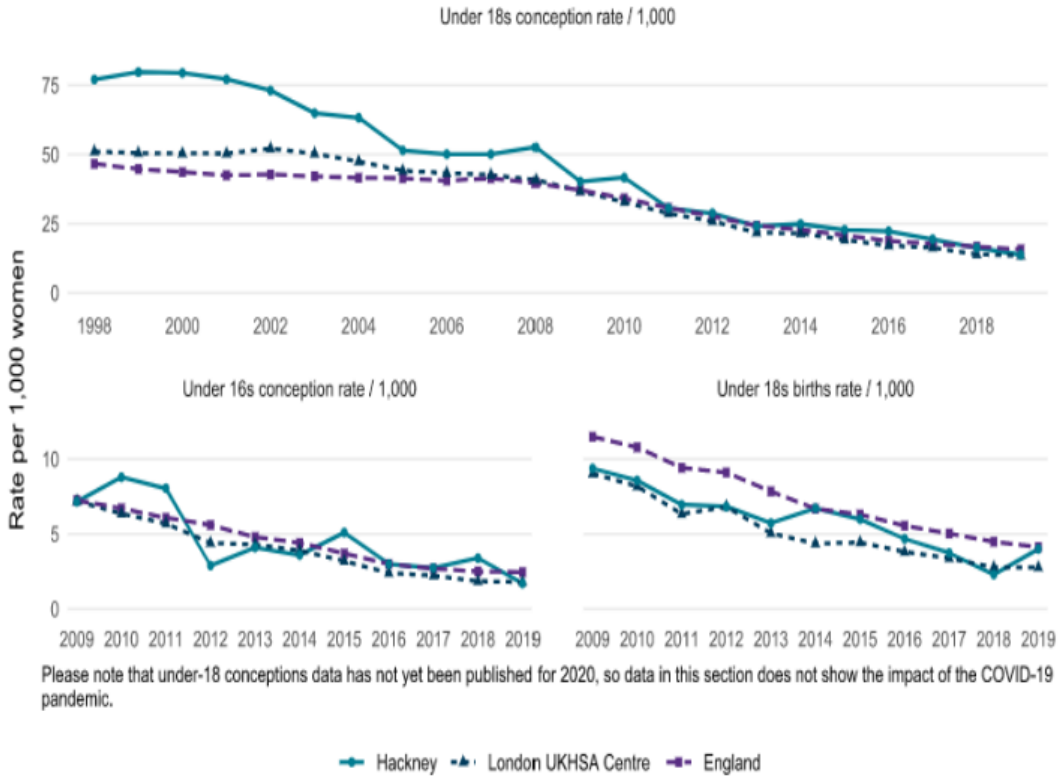
Age of mother at delivery

The largest percentage of deliveries between 2016-21 was to mothers in the 30-34 age group (30.6%), followed by the 35-39 age group (24.8%). There was a very low proportion of deliveries to women under the age of 20 (1.7%).

Teenage pregnancy

Outcomes for young parents and their children are disproportionately poor. The graph below shows the downward trend in the number of teenage pregnancies observed in Hackney, London and England, since 1998.

Figure 10: Hackney under 16's & under 18 conception and birth over time in Hackney compared to the London UKHSA Centre and England



Source: Public Health England, Summary profile of local authority sexual health Hackney.

Early access to maternity care

In 2018-19 the proportion of women accessing early maternity care in Hackney was 34.1%, which is significantly lower than both London (47.8%) and England (57.8%) averages. Women aged under 25 had a lower proportion of early access (48.9%) when compared to those aged 25-34 (62.1%) and over 35 (64.1%). Women from white British (69.6%), mixed (66.6%) and Asian (66.2%) backgrounds had higher proportion of early access when compared to those from black (57.9%), other ethnic groups not considered as Asian, black, mixed or white (56.1%) and white non-British (54.8%). The higher the number of children, the lower the proportion of women accessing maternity care early (67.1% for the first child, 61.7% for second or third child and 38.7% for fourth or more children).

Breastfeeding

In 2018/19, 88.1% of babies born to Hackney mothers had breast milk as their first feed, which is the second highest percentage in London, higher than both London (76.3%) and England (67.4%) averages. Among women who had their breastfeeding status recorded, the proportion fell between 48 hours (93.9%) and 6-8 weeks (86.8%) in 2020/21. Mothers <25 years, living in the most deprived areas and from white British backgrounds had the largest drop in breastfeeding at 6-8 weeks. Homerton Healthcare NHS Foundation Trust is now one of only two Trusts in London (and 18 in the UK) that have not yet achieved BFI stage 2 accreditation. Stakeholders identified breastfeeding as a key issue and expressed an urgent need for sustained funding.

Perinatal mental health

Estimates suggest that perinatal mental health disorders among Hackney & City residents in 2017/18 are more prevalent than the national average. Homerton Healthcare NHS Foundation Trust data shows that between 2017-21, City and Hackney mothers over the age of 35 experienced a higher proportion of poor mental health (7.2%) compared to under 35s (5.0%). It also shows that women from mixed and British ethnic backgrounds experienced higher proportions of poor mental health (8.3% and 7.9% respectively) compared to the average (5.7%). The proportion experiencing poor mental health was also higher among women with disabilities (15%) compared to those without (5.4%).

Domestic abuse in pregnancy

Around 3% of women who gave birth at Homerton Hospital between 2017 and 2021 had experienced domestic abuse at some point in their life. Higher proportions were found in the under 25s age group. Higher proportions of women of mixed and black ethnicity experienced domestic abuse during this period. Women living in the most deprived quintile experienced a higher proportion of domestic abuse (4.2%) compared to the average (3.2%). Domestic abuse among pregnant women with a registered disability was 11.1%, compared to women with no registered disability (2.9%). Domestic abuse is underreported therefore figures may not reflect the true burden.

Health visiting

The number of new birth visits, completed within 14 days of delivery (95.4%), in City and Hackney is higher than the London (94.3%) and England (88%) averages. However, the percentage of 6–8-week checks completed (56.1%) is significantly lower than the London (75%) and England (80.2%) averages.

Table 4: Health Visitor Service Delivery Metrics (Experimental Statistics), City and Hackney, 2020/21

Metric	City & Hackney	London*	England*
Number of mothers who received a first face-to-face antenatal contact with a health visitor at 28 weeks or above	87	26,862	229,959
New Birth Visits (NBVs) completed within 14 days (%)	95.40%	94.30%	88.00%
New Birth Visits (NBVs) completed after 14 days (%)	3.70%	3.90%	9.70%
6-to-8-week reviews completed (%)	56.10%	75.00%	80.20%
12-month development reviews completed by the time the child turned 12 months (%)	80.70%	52.70%	66.30%
percentage of 12-month development reviews completed by the time the child turned 15 months	90.70%	67.60%	76.10%
percentage of 2 to 2½ year reviews completed	87.20%	63.30%	71.50%
percentage of 2 to 2½ year reviews completed using ASQ-3 (Ages and Stages Questionnaire)	86.80%	76.90%	85.20%

Source: OHID, Health Visitor Service Delivery Metrics (Experimental Statistics), 2021
***aggregate value of local authorities passing Stage 1 validation**

Attendance at the one-month review was over 90% from 2017/18 to 2019/20, however this dropped to 78.2% in 2020/21 likely due to Covid.

The proportion of attendance among babies considered Universal (66.6%) was statistically significantly higher when compared to those considered Universal Plus (37.6%) or Universal Partnership Plus (38.3%). Babies from mothers under 25 had the lowest proportion of attendance when compared to those from mothers aged 25-34 (67.2%) or 35 or more (67.4%). Babies from white British backgrounds had a higher proportion of attendance (70.6%) and those from other ethnicities (not considered as Asian, black, mixed or white) had a lower proportion when compared to the average. Excluding those from fourth and fifth quintiles of deprivation due to small numbers, the most deprived the lower the proportion (most deprived, 60.7%; second most deprived, 64.5% and third most deprived, 72.2%).

Development of the child age 2

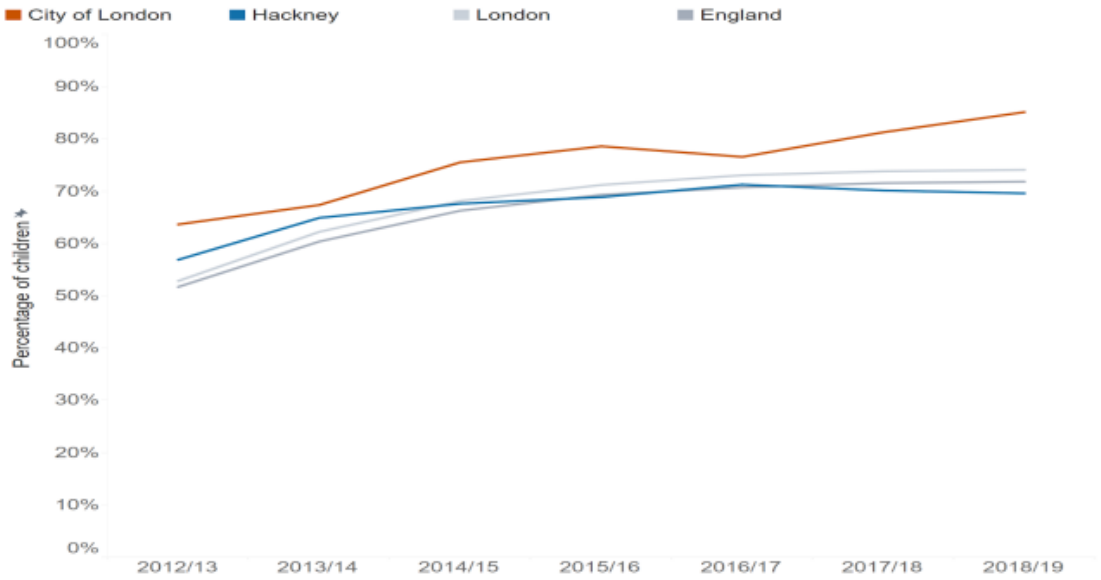
City & Hackney have a statistically significantly higher proportion of children who received a 12-month review (90.6%) than England and London averages. In 2019/20, City and Hackney children performed well, with higher percentages of children reaching the 2 to 2½ year developmental milestones compared to the London and England averages. Insight work emphasised low participation in the

2 to 2½ year review in the Orthodox community and the need for cultural awareness training for health visitors.

Development of the child age 5

The percentage of children achieving a good level of development at the end of Reception in 2018/19 was 69.6% in Hackney and 85.1% in the City of London. Hackney has the lowest percentage of London boroughs and lower than the London and England averages. The City has the highest percentage among London boroughs and a statistically significantly higher proportion than the England average; however, City data was scarce.

Figure 4.3: Percentage of children achieving a good level of development at the end of Reception, Hackney, City of London, London and England 2012/13 to 2018/19



Source: OHID, Fingertips, 2021

Immunisations

Childhood immunisations have declined nationally during the pandemic although immunisations remained a priority during the lockdown. The proportion of toddlers who received three doses of the DTaP/IPV/Hib vaccine by 1 year of age in 2019/20 was 73.6%, and 80.1% by 2 years of age.

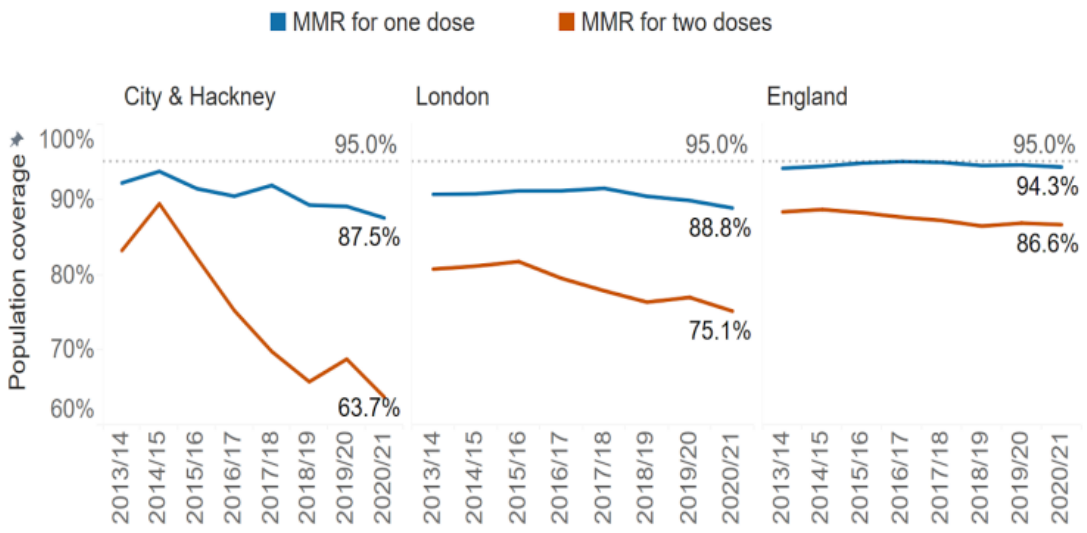
Table 11.1: Vaccination coverage, The City and Hackney, 2020/21

Primary care network	DTaP/IPV/Hib/HepB at 12 months	DTaP/IPV/Hib at 24 months	MMR at 24 months	MMR (1 dose) at 5 years	MMR (2 doses) at 5 years
Woodberry Wetlands (NW1)	77.2%	83.8%	77.1%	88.4%	71.8%
Clissold Park (NW2)	89.0%	93.9%	90.6%	90.1%	86.1%
Hackney Marshes (SE1)	84.9%	91.0%	80.2%	90.4%	74.5%
Well Street Common (SE2)	84.2%	90.5%	82.8%	84.3%	63.9%
London Fields (SW1)	86.8%	91.1%	80.5%	86.9%	61.9%
Shoreditch Park & City (SW2)	88.8%	87.2%	79.8%	90.6%	72.7%
Springfield Park (NE1)	33.7%	53.0%	51.5%	81.4%	52.3%
Hackney Downs (NE2)	54.2%	67.3%	60.8%	81.5%	61.0%
Hackney and The City	**68.9%**	**77.7%**	**71.5%**	**85.8%**	**65.5%**

Source: CEG dashboard, 2021

In 2020/21, 63.7% of children had received 2 doses of MMR by 5 years of age in the City and Hackney combined. This rate has been falling since 2014/15 and is significantly lower than the London (75.1%) and England (86.6%) averages; particularly, in Springfield and Hackney Downs (48). If we separate the Neaman Practice, which is the only practice located in the City, 97.5% have received the first/second MMR dose at 5 years of age.

Figure 11: MMR vaccination coverage over time: City and Hackney, London and England.

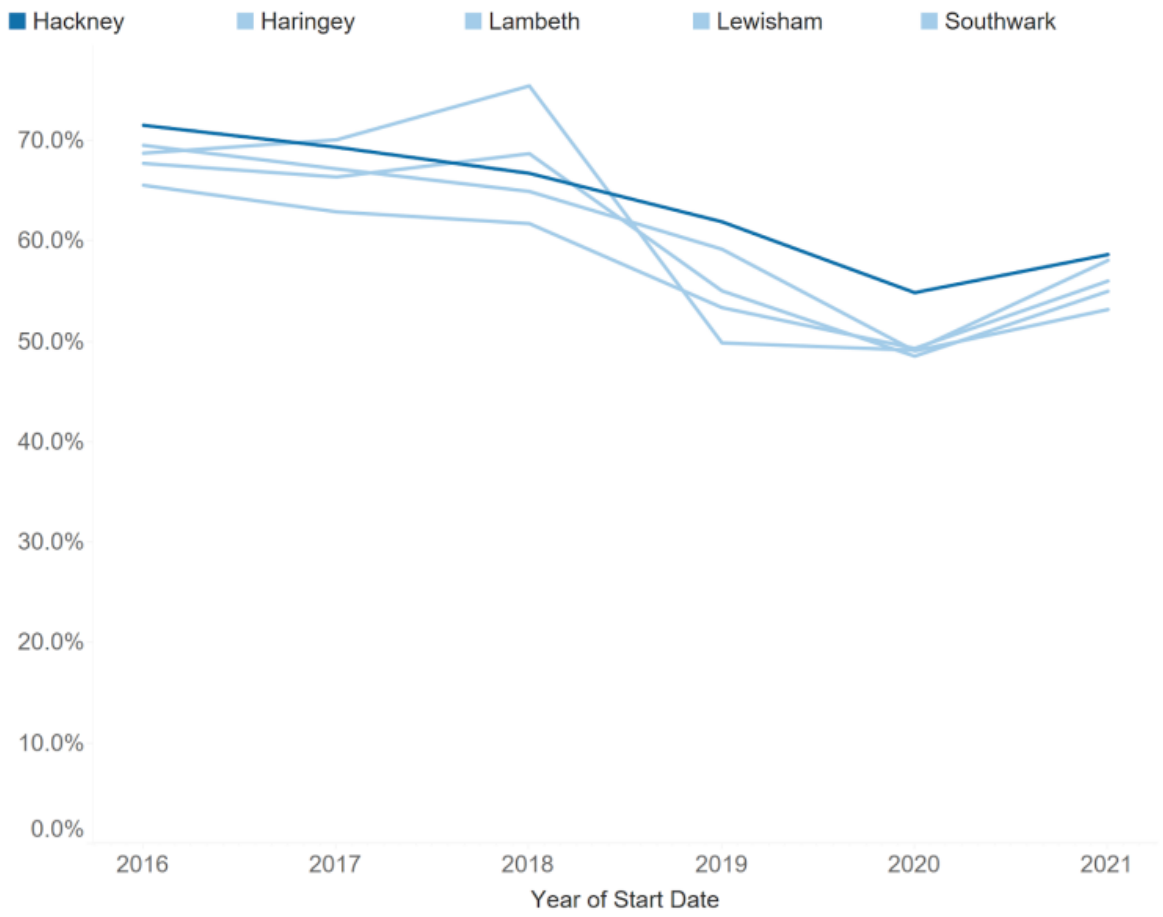


Source: OHID, Fingertips, 2021
Note: Please note the scale of change might appear larger, because the Y axis was cut to 60%.

Healthy Start Vouchers

There has been a persistent decline in the uptake of Healthy Start Vouchers since 2016 in both the City of London & Hackney.

Figure 7.11: Trend on Healthy Start Vouchers uptake, Hackney, the City and statistical neighbours, 2016-21



Source: NHS, 2021 Available at https://www.healthystart.nhs.uk/healthcare-professionals/ Access on 22 Feb 2022
Note: The yearly percentages are an average of the cycles for any given year.

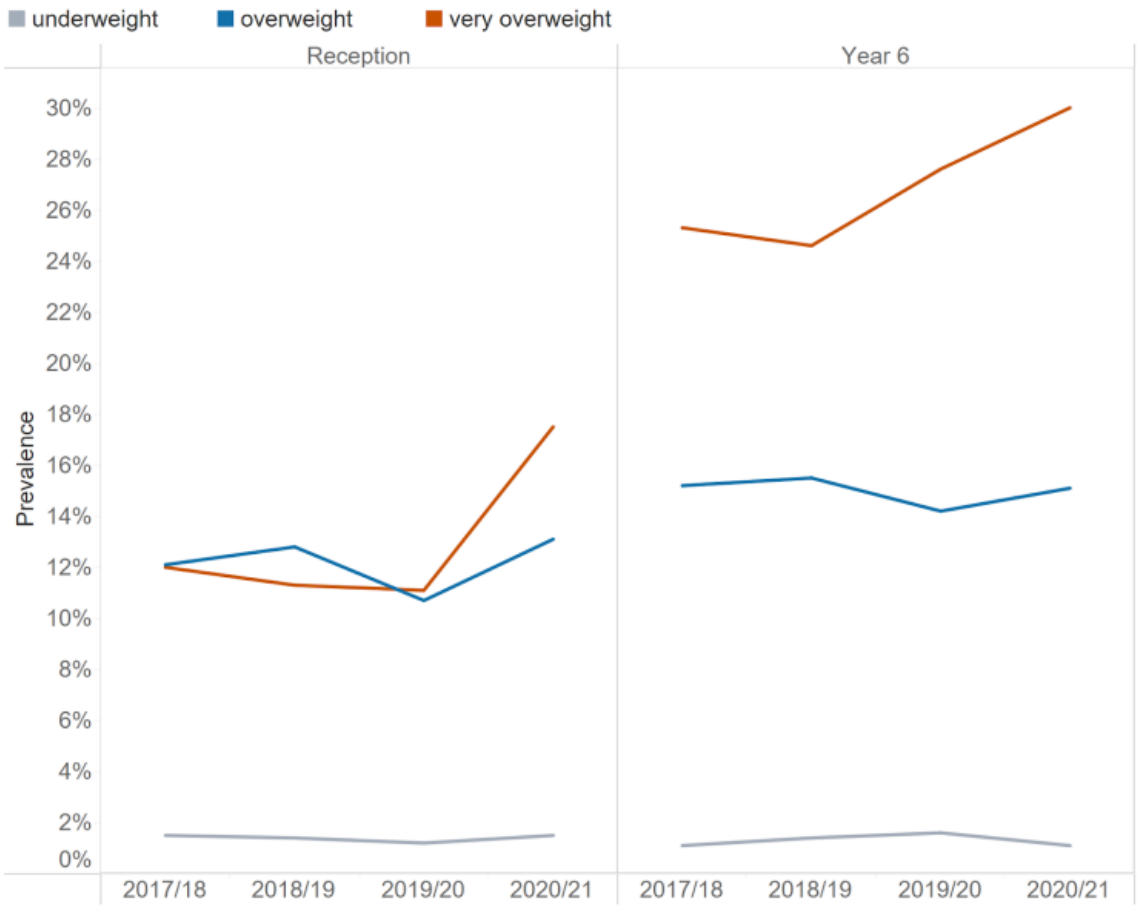
Obesity

In 2020/21, 19.2% of women that gave birth at Homerton Healthcare NHS Foundation Trust in Hackney were obese. In North East London (NEL) this varied from 18.1% to 26.7%; Hackney had the second lowest proportion.

In the City and Hackney in 2019/20, the proportion of Reception aged children who were overweight or obese was 21.7%, which is an improvement on the 2016/17 figure of 25.1%. This proportion compares similarly to the average proportion in London (21.6%), and lower than the average proportion in England

(23.0%). However, in 2020/21 it had a sharp increase; 30.6% of reception children are now overweight or obese, in the context of Covid-19. Disaggregated data for the City is not presented due to scarce numbers.

Figure 7.04: Proportion of children by weight categories over time, City and Hackney, 2017/18 to 2020/21

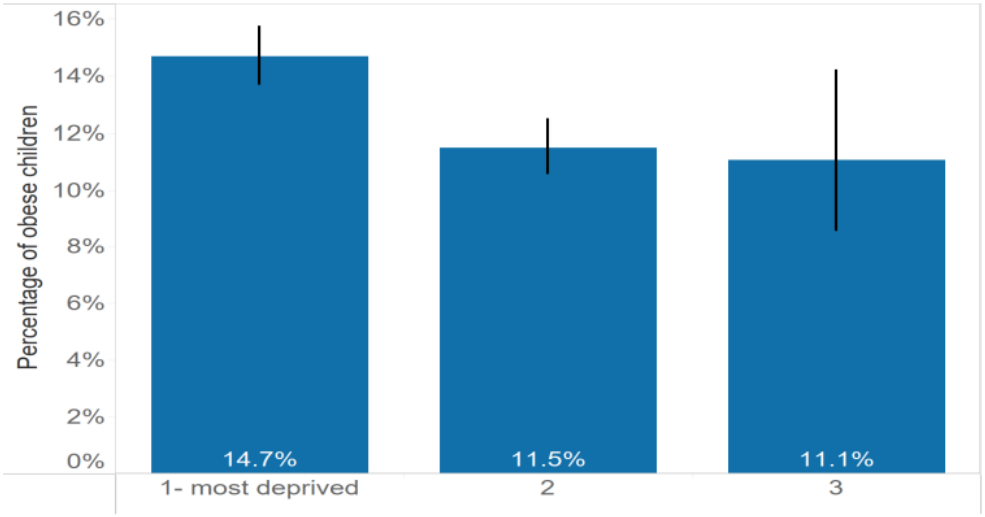


Source: NCMP 2020/2021

The National Child Measurement Programme (NCMP) is only mandated in state-maintained schools and therefore does not include data from Hackney's independent schools which predominantly serve the Charedi Orthodox Jewish community. Data from Jewish Independent Schools (not included in the NCMP programme) showed that the proportion of reception children overweight (including obesity) in those schools did not change significantly from 2016/17 (8.2%) to 2020/21 (8.5%).

In the City and Hackney, the highest proportions of obese children in reception are found among those living in the most deprived (14.7%), which is higher than the proportions of children living in the second most deprived (11.5%) and third most deprived (11.1%) quintiles (220). Due to the small numbers of children living in quintiles 4 and 5, they were omitted from this analysis.

Figure 7.09: Proportion of obesity in Reception children by deprivation, in the City & Hackney, 2017/18 to 2020/21



Source: NCMP, 2022
Note: Due to very small numbers, deprivation quintiles 4 and 5 were omitted

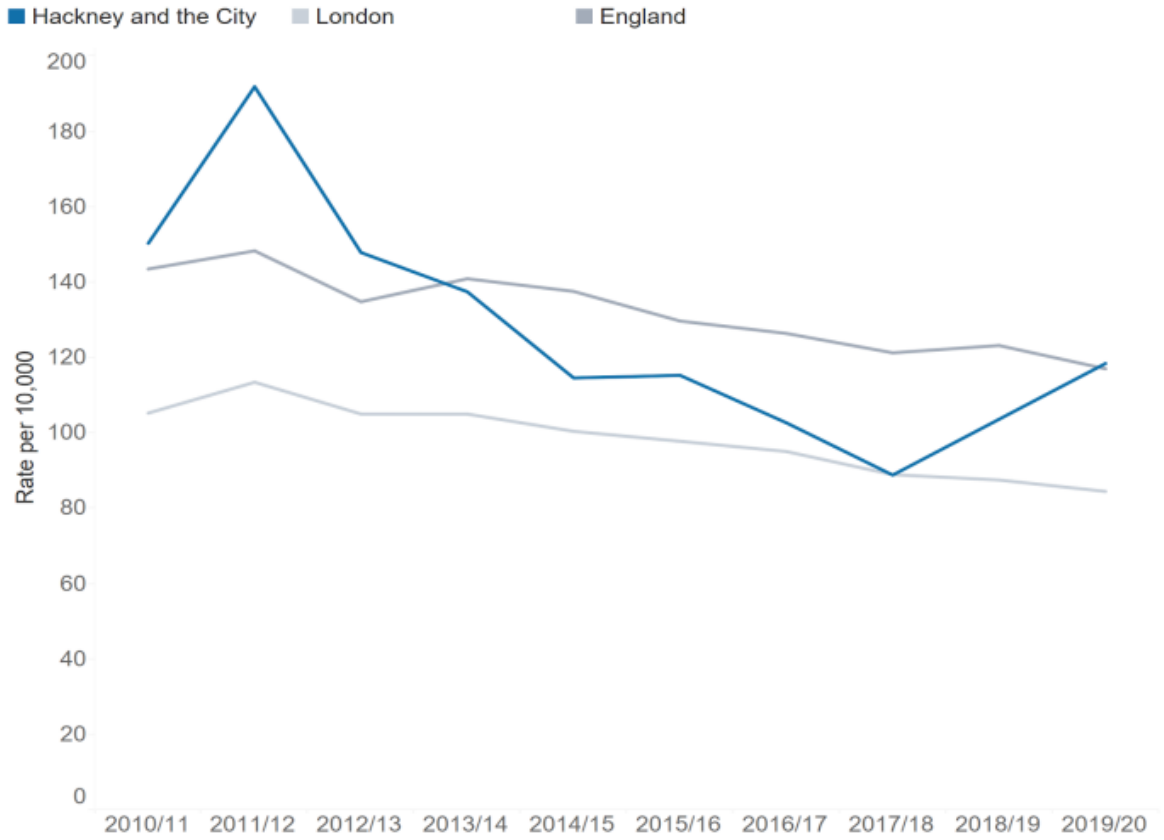
Oral Health

The proportion of City and Hackney children with tooth decay is higher than the national average, having increased since 2016/17. Hackney and City had 27% of five-year-old children with dental decay in 2015, which decreased to 22.9% in 2017 and then increased to 28% in 2019. These are similar levels to the London region of 27%, but higher than England's average of 23.4% in 2019. City and Hackney also have higher rates of hospital admissions for dental caries amongst 5-year-olds compared to the England average. Among Charedi school children in Hackney, data from 2017-18 showed that twice as many children had tooth decay compared to the hackney average. Access of dental care decreased as a result of the pandemic.

Unintentional injuries

The rate of hospital admissions caused by unintentional and deliberate injuries in children 0-4 years old in 2019/20 was 118.4 per 10,000 population in City and Hackney, the worst in London, which had a rate of 84.4 per 10,000 population, and similar to England. About 70% of the complaints were head injuries and the rate of admission was higher for males and those living in the most deprived quintiles.

Figure 8: Hospital admissions caused by unintentional and deliberate injuries in children aged 0-4 years (292)

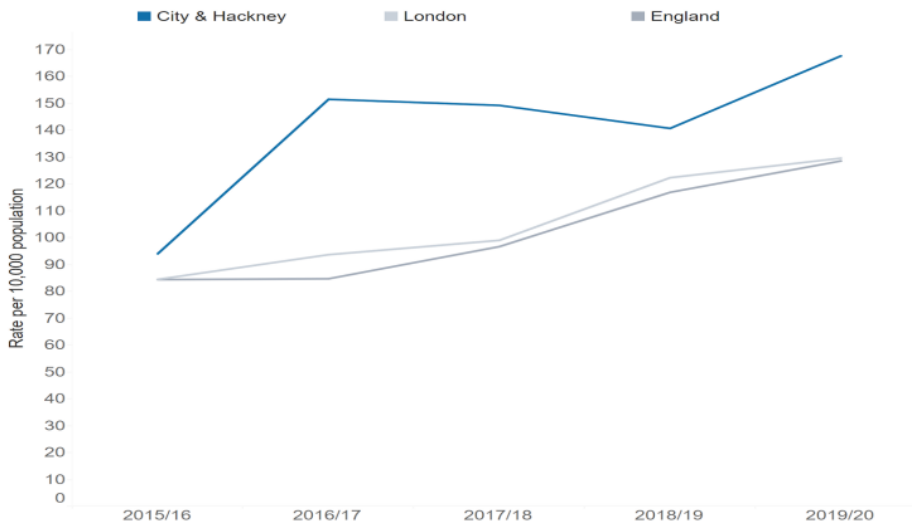


Source: Fingertips, 2

Lower respiratory tract infection

Admissions for lower respiratory tract infections in infants aged 1 year in City and Hackney (167.7 per 10,000 population) are above regional and national rates (129.6 per 10,000 population and 128.6 per 10,000 population respectively).

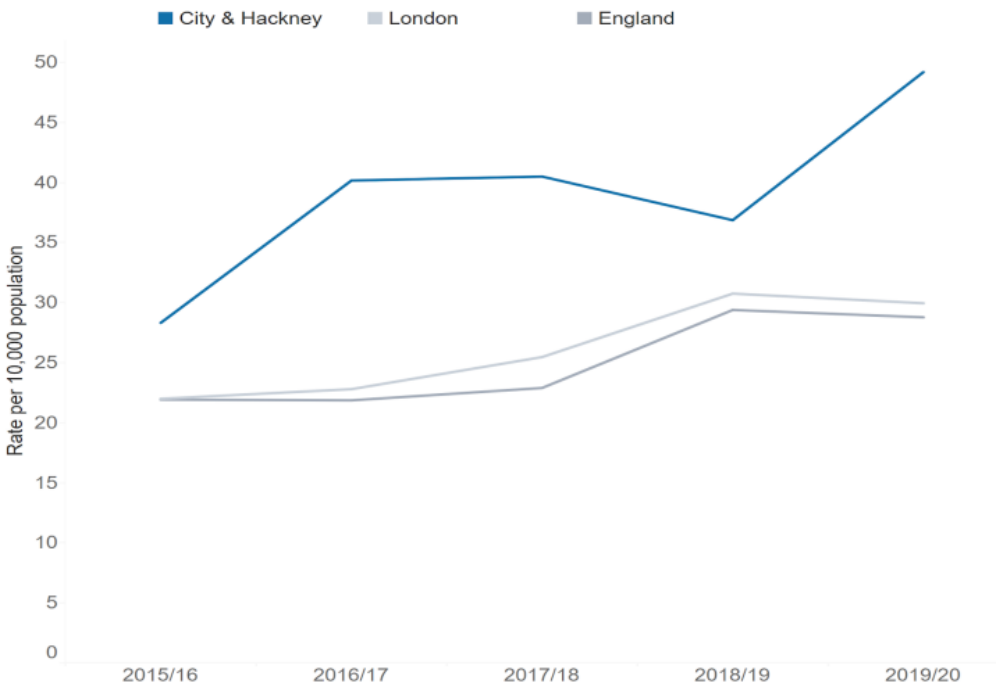
Figure 8.2: Rates of admissions for lower respiratory tract infections per 10,000 in children aged 1 year old



Source: OHID Fingertips, 2021

Admissions for lower respiratory tract infections in infants aged 2,3 and 4 years in City and Hackney (49.2 per 10,000) are also significantly above regional and national rates (29.9 per 10,000 and 28.8 per 10,000 respectively).

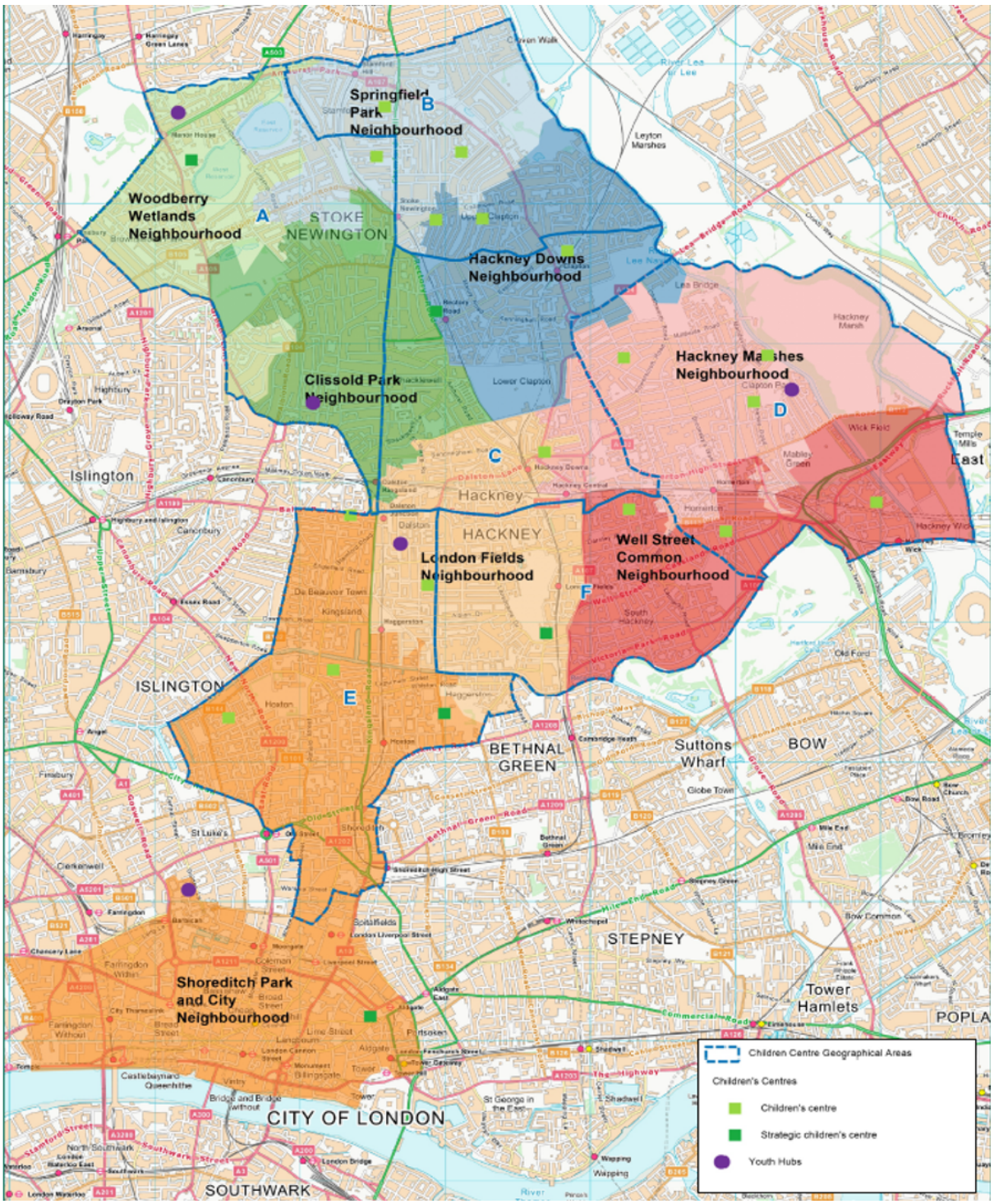
Figure 8.3: Rates of admissions for lower respiratory tract infections per 10,000 in children aged 2-4 years old



Source: OHID Fingertips, 2021

Appendix 4: Neighbourhoods map

Alignment of Neighbourhoods and Children's Centre Clusters/ Electoral wards



Team A – located at John Scott Health Centre
John Scott Health Centre, 220 Green Lanes, Woodberry Down, London N4 2N.
Serving GP practices:
Allerton Road Medical Centre
Barretts Grove Surgery
Cedar Practice
Heron Practice,
Barton House Surgery
Cranwich Road Surgery

Team B – located at Fountayne Road Health Centre
Fountayne Road Health Centre, 1A Fountayne Road, London, N16 7EA
Serving GP Practices:
Stamford Hill Practice
Clapton Surgery
Dr Gadhvi Practice
Springhill Surgery
Healy Practice,
Elm Practice
Rosewood Practice
Riverside Surgery

Team C – located at Hackney Ark
Hackney Ark Downs Park Rd, London E8 2FP
Serving GP Practices:
Somerford Grove Practice
Brooke Road Surgery,
Sandringham Practice,
Dalston Practice
Nightingale Practice

Team D – located at Lower Clapton Health Centre
Lower Clapton Health Centre, 36 Lower Clapton Road, Hackney, E5 0PQ
Serving GP Practices:
Athena Medical centre
Kingsmead Surgery
Trowbridge Surgery
Lea Surgery
Wick Health Centre
Lower Clapton Health Centre

Team E – located at St Leonards Hospital
St Leonards Hospital Nuttall St, London N1 5LZ
Serving GP practices:
Lawson Practice
De Beauvoir Practice
Pitfield Surgery
Hoxton Surgery
Shoreditch Park Surgery
Whiston Road Practice
Southgate Road Medical Centre
Queensbridge Group
Beechwood Medical Centre
St. Peters Medical Practice
Neaman Surgery

Team F – located at Ann Tayler Children's Centre and Well Street Surgery
Ann Tayler Children's Centre, 1-13 Triangle Road, London, E8 3RP
Well Street Surgery, 28 Shore Road, London, E9 7TA
Serving GP practices:
Latimer Health Centre
Well Street Surgery
Elsdale Surgery
Richmond Road Surgery
London Fields Medical Centre

Evidence Base

- Health visiting and school nursing service delivery model - GOV.UK (Public Health England, 2021)
- Supporting public health: children, young people and families - GOV.UK (Public Health England, 2021)
- Healthy child programme 0 to 19: health visitor and school nurse commissioning - GOV.UK (Public Health England,2021)
- Care continuity between midwifery and health visiting services: principles for practice (Public Health England, 2021)
- Changes to the early years foundation stage (EYFS) framework - GOV.UK (Department for Education, 2021)
- Getting it right for children and young people: Overcoming cultural barriers in the NHS so as to meet their needs (DH, 2010)
- Health Equity in England: The Marmot Review 10 Years On
- NHS Outcomes Framework Indicators - March 2022 release (NHS Digital)
- Public Health Outcomes Framework - GOV.UK (Office for Health Improvement and Disparities, 2022)
- The best start for life: a vision for the 1001 critical days (DH 2021)
- The London Health Inequalities Strategy (Mayor of London, 2018)
- The London Recovery Programme (Mayor of London, 2020)
- Troubled families: early help systems guide (DfE, DfLHC, March 2022)
- UK Physical activity guidelines (DH, 2019)
- UNICEF UK Baby Friendly Initiative
- Working together to safeguard children - GOV.UK
- Emond, A (2019) Health for all Children (5th edition). Oxford, Oxford University Press Please note: this link opens to the bookstore for purchase of copies of this edition).
- Making Every Contact Count (Health Education England)

- NHS England » Maternity Transformation Programme (NHS England)
- NCMD second annual report - National Child Mortality Database (National Child Mortality Database, 2021)

Applicable National Standards

- **CQC Standards Regulations for service providers and managers - Care Quality Commission**
- **UK National Screening Committee Standards and Guidelines**

Newborn Bloodspot Screening
Newborn Hearing Screening
Newborn Infant & Physical Examination
The Green Book (Immunisations)

Key NICE public health guidance includes:

- NICE guidance summary for public health outcome domain (PHE 2013)
- NG221 Reducing sexually transmitted infections (June 2022)
- PH51 Contraceptive services for under 25s (March 2014)
- NG201 Antenatal care (August 2021)
- CG110 Pregnancy and complex social factors: a model for service provision for pregnant women with complex social factors (September 2010)
- NG3 Diabetes in pregnancy: management from preconception to the postnatal period (December 2020)
- NG137 Twin and triplet pregnancy (September 2019)
- CG192 Antenatal and postnatal mental health: clinical management and service guidance (February 2020)
- NG194 Postnatal care (April 2021) *Covers emotional attachment and feeding issues*
- PH6 Behaviour change: general approaches (October 2007)
- PH49 Behaviour change: individual approaches (January 2014)
- NG90 Physical activity and the environment (March 2018)
- PH44 Physical activity: brief advice for adults in primary care (May 2013)

- NG44 Community engagement: improving health and wellbeing and reducing health inequalities (March 2016)
- PH11 Maternal and child nutrition (November 2014) *Currently being updated, expected publication date November 2023*
- NG75 Faltering growth: recognition and management of faltering growth in children (September 2017)
- PH56 Vitamin D: supplement use in specific population groups (August 2017)
- PH40 Social and emotional wellbeing: early years (October 2012)
- NG223 Social, emotional and mental wellbeing in primary and secondary education (July 2022)
- NG209 Tobacco: preventing uptake, promoting quitting and treating dependance (August 2022)
- PH17 Physical activity for children and young people (January 2009)
- NG218 Vaccine uptake in the general population (May 2022) *Does not cover TB / selective immunisation / COVID-19 / catch up campaigns / flu vacc*
- PH24 Alcohol-use disorders: prevention (June 2010) *Last reviewed July 2019, update currently under suspension with publication date TBC*
- PH27 Weight management before, during and after pregnancy (July 2010) *Update in progress with recommendations on before and after pregnancy to be in new guideline on weight management and recommendations regarding pregnant women into guideline on maternal and child nutrition (PH11) expected November 2023*
- PH42 Obesity: working with local communities (June 2017) *Reviewed May 2017, to be amalgamated with other guidelines on weight management expected June 2023*
- CG43 Obesity prevention (March 2015) *Public health recommendations in section 1.1 for update due February 2023*
- PH46 BMI: preventing ill health and premature death in black, Asian and other minority ethnic groups (July 2013) *Update in progress, expected July 2023. Does not include pregnant women.*
- NG205 Looked-after children and young people (October 2010)
- PH29 Unintentional injuries: prevention strategies for under 15s (November 2010)

- PH30 Unintentional injuries in the home: interventions for under 15s (November 2010)
- PH31 Unintentional injuries on the road: interventions for under 15s (November 2010)
- PH50 Domestic violence and abuse: multi-agency working (February 2014)
- NG76 Child abuse and neglect (October 2017)
- CG89 Child maltreatment: when to suspect maltreatment in under 18s (October 2017)
- CG93 Donor milk banks: service operation (February 2010)
- NG134 Depression in children and young people: identification and management (June 2019)
- CG159 Social anxiety disorder: recognition, assessment and treatment (May 2013)
- NG55 Harmful sexual behaviour among children and young people (September 2016)
- NG29 Eating disorders: recognition and treatment (December 2020)
- CG133 Self-harm in over 8s: long term management (November 2011)
  Reviewed January 2019, for update at earliest possible opportunity
- NG64 Drug misuse prevention: targeted interventions (February 2017)
- NG93 Learning disabilities and behaviour that challenges: service design and delivery (March 2018)
- CG170 Autistic spectrum disorder in under 19s: support and management (June 2021)
- CG128 Autistic spectrum disorder in under 19s: recognition, referral and diagnosis (December 2017)
- QS22 Antenatal care (August 2021)
- QS37 Postnatal care (April 2021)
- QS115 Antenatal and postnatal mental health (February 2016)
- QS46 Multiple pregnancy: twin and triplet pregnancies (September 2019)
- QS197 Faltering growth (August 2020)

- QS98 Nutrition: improving maternal and child nutrition (July 2015)
- QS128 Early years: promoting health and wellbeing in under 5s (August 2016)
- QS31 Looked-after children and young people (April 2013)
- QS43 Smoking: supporting people to stop (November 2021)
- QS48 Depression in children and young people (September 2013)
- QS51 Autism (January 2014)
- QS59 Antisocial behaviour and conduct disorders in children and young people (April 2014)
- QS179 Child abuse and neglect (February 2019)

Please note: For all references see the NICE website.

Suite of Evidence based pathways and interventions

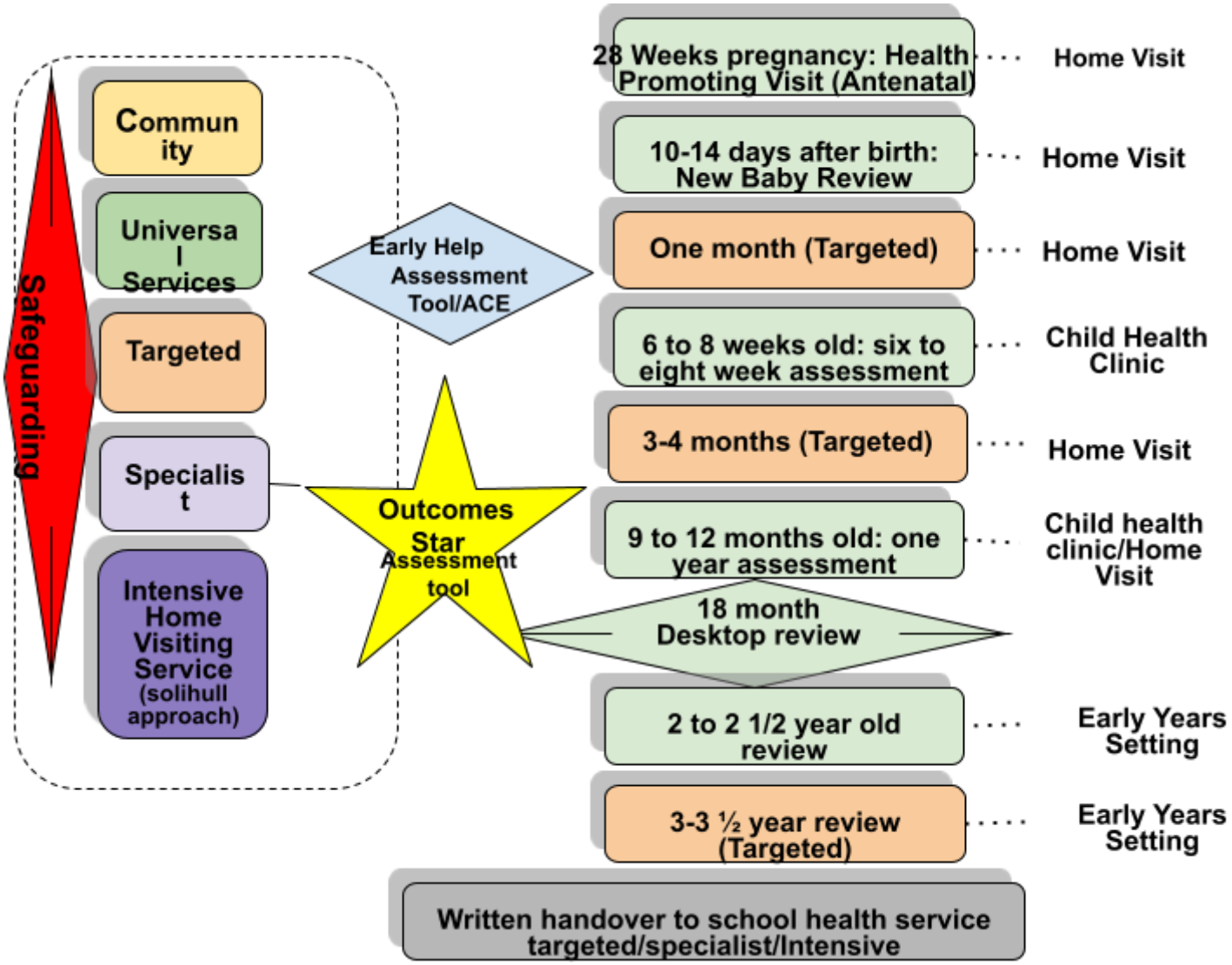
Svanberg P O, Barlow J & Tigbe W. The Parent–Infant Interaction Observation Scale: reliability and validity of a screening tool. Journal of Reproductive and Infant Psychology, 2013: Volume 31, Issue 1, 2013

Milford R, Oates J. Universal screening and early intervention for maternal mental health and attachment difficulties. Community Practitioner, 2009; 82(8): 30-3

Appendix 7: Hyperlinks

1. Public Health Outcomes Framework
2. Child and Maternal Health - OHID
3. Guide to the Early Years Profile
4. NHS Outcomes Framework (2014-2015) - GOV.UK
5. Hackney Joint Health and Wellbeing strategy (2022-2026)
6. Baby Buddy
7. Lullaby Trust
8. NCSCT module
9. Elearning for healthcare
10. Complementary Feeding and Baby-Led Weaning
11. Making Every Contact Count
12. Hackney Violence Against Women and Girls Strategy (2019-2022)
13. CoL Joint Health and Wellbeing Strategy (2017-2021)
14. Worried about a Child? | chscp
15. Hackney Ark
16. Hackney's Child Wellbeing Framework (2021)
17. Protocol for Children's Centre Multi Agency Team (MAT)
18. Hackney - Family Information Service (FIS)
19. The Local Offer
20. Your child's journey from birth to five | Hackney Education
21. Output and information requirements specification: for the Child Health information service and systems - GOV.UK
22. Preceptorship Framework
23. Continuing Professional Development Framework -Tools to support your CPD
24. Family hubs and start for life programme: local authority guide - GOV.UK

Enhanced health visiting pathway universal, targeted, specialist and intensive



Enhanced Health Visiting Service - tiered approach

Your Community describes a range of health services (including GP and community services) for children and young people and their families. The HCP workforce will be involved in developing and providing these and making sure stakeholders know about them.
Universal Services from the health visiting and school nursing team provides the HCP to ensure a healthy start for every child. This includes promoting good health, for example through education and health checks and protecting health e.g. promoting immunisations and identifying problems early.
Targeted provides a swift, single agency response from the HCP workforce when the need for specific expert help is identified through a health check or through providing accessible services that parents and young people can go to with concerns. This could include managing long-term health issues and additional health needs, reassurance about a health worry, advice on sexual health, and support for emotional and mental health wellbeing.
Specialist delivers on-going support from the HCP workforce as part of a range of local services working together with families to deal with more complex problems over a longer period of time.
Intensive home visiting programme is an additional service level to provide longer term on-going additional support to vulnerable families including teenage parents.

Enhanced health visiting - assessments tools

18 Month Desktop Review The 18 month review is an opportunity to review individual records to determine a child's progress along with following up agreed actions and considering if any additional support is required.
Early Help Assessment Tool /ACE The Early Help Assessment Tool is used when responding to predicted, assessed or expressed needs in order to provide further support for a family as a preventative measure. Practitioners will use all relevant pathways and guidance from the Hackney Wellbeing Framework and access support utilising the Early Help Request for Support
Outcomes Star The New Mum Star[8], as an example, is used as a tool to assess the holistic support needs of individual parents who are on the targeted, specialist or enhanced home visiting pathway. The Provider will ensure the appropriate licence and training for use.

[8] To ensure that the use of 'new mums star' does not exclude other primary caregivers such as a father from engaging with the intensive level of service

Appendix 9: List and Overview of Assessments

(further description of assessments provided in the HCP)

Review	Description
Universal - Antenatal health promoting visits	From 28 weeks of pregnancy, contact to be made by the health visiting service and an antenatal health promoting visit delivering comprehensive and holistic assessment of the expectant mother and father's needs, including: ● assessing the mental health and wellbeing of both parents ● supporting the transition into parenthood ● promoting health: providing information and advice on the Healthy Child Programme including details of: ○ Local child health clinics and children's centre services and local support networks ○ Breastfeeding and nutrition ○ Dental health ○ Postnatal depression ○ Domestic violence and abuse, FGM, ○ Home and car safety ○ Vitamins and Healthy Start Vouchers ○ Smoking cessation ○ Safer sleep
Universal - New Baby Review	Face-to-face review in line with best practice guidance, ideally within 10 to 14 days of the birth date with mother and father in their home to include: ● Infant feeding ● Promotion of sensitive parenting ● Promoting development ● Assessing maternal mental health ● SIDs prevention including promoting safer sleep ● Keeping safe ● Children's centre registration form and promotion of offer ● Healthy start vitamins and promotion of offer ● General health of new-born baby If parents wish or there are professional concerns: ● An assessment of baby's growth ● Assessment of safeguarding concerns ● Assessment of attachment using new birth observation before 8 weeks ● Neonatal Jaundice

	Checking of the status of all screening results and take prompt action to ensure appropriate referral and treatment pathways are followed in line with UK National Screening Committee standards, specifically: ● newborn blood spot screening – including all transfers in aged 1 and under, ensuring results for all conditions are present ● results of Newborn and Infant Physical Examinations ● hearing screening outcome ● Include promotion of immunisations specifically: ○ Adherence to vaccination schedule for babies born to women who are hepatitis B positive ○ Assess maternal rubella status and follow up of two MMR vaccinations (to protect future pregnancies).
Targeted - 1 month follow up	Face-to-face review by **28 days** with mother and father in their home to include; ● A re-cap of the information provided at the new birth visit and an opportunity to discuss information in more detail, provide advice, support, signposting and referrals. ● Provide parenting support and promote development ● Provide information on what to do when a child is ill and managing common infant conditions and illnesses and understanding local health services including appropriate use of child health clinics, General Practice, Accident & Emergency, CHUHSE and 111. ● Encourage use of the Family Hubs/Children's Centres and complete registration if not done so already. ● Promote the wider support services available including the Children's Centre offer for new parents.
Universal - 6–8 Week Assessment	Includes: ● Assessing maternal mental health according to NICE guidance ● Provision of health promotion advice including breastfeeding support involving both parents, ● support healthy lifestyles including healthy diet and oral health, offer parents a BMI assessment, healthy sleep patterns, immunisations, managing minor ailments, prevention of accidents and socialisation, infant and family mental health. ● The baby's GP (or nominated Primary Care examiner) will have responsibility for ensuring the 6-8 week NIPE screen is completed for all registered babies ● Include promotion of immunisations specifically: ○ Adherence to vaccination schedule for babies born to women who are hepatitis B positive ○ Assess maternal rubella status and follow up of two MMR vaccinations (to protect future pregnancies).

	● Checking of the status of all screening results and take prompt action to ensure appropriate referral and treatment pathways are followed in line with UK NSC Standards as above in initial check.
Targeted - 3–4 months	Face-to-face assessment in the home at **three to four months;** ● Supporting parenting by providing access to parenting and child health information and guidance (e.g. telephone helplines, websites, NHS Direct), and information on Children and Family Hubs, Children's centres and Hackney - Family Information Service (FIS) ● Checking the status of Immunisations at three months against diphtheria, tetanus, pertussis, polio, *Haemophilus influenzae* type B and meningococcus group C. ● Checking the status of Immunisations at four months against diphtheria, tetanus, pertussis, polio, *Haemophilus influenzae* type B, pneumococcal infection and meningococcus group C. ● If parents wish, or if there is or has been professional concern about a baby's growth or risk to normal growth (including obesity), an assessment should be carried out. This involves accurate measurement, interpretation and explanation of the baby's weight in relation to length, to growth potential and to any earlier growth measurements of the baby. **Assessing maternal mental health** ● Assessment of the mother's mental health at six to eight weeks and three to four months, by asking appropriate questions for the identification of depression, such as those recommended by the NICE guidelines on antenatal and postnatal mental health **Maintaining infant health** ● Temperament-based anticipatory guidance– practical guidance on managing crying and healthy sleep practices, bath, book, bed routines and activities, and encouragement of parent–infant interaction using a range of media-based interventions (e.g. Baby Express newsletters). **Encouraging healthy lifestyles** ● Assessment of the family's health behaviours including level of physical activity, eating practices, alcohol/ substance use, smoking behaviour and promote engagement with the local

	healthy lifestyles offer. Assess the infant's risk of obesity as per the infant obesity risk pathway (Appendix 8). ● Discussion of breastfeeding and complementary feeding and signposting to local support services. **Promoting development** ● Encouragement to use books, music and interactive activities to promote development and parent–baby relationship (e.g. media-based materials such as Baby Express newsletters and/or Bookstart). ● Promote registration with local libraries. **Keeping safe** ● Raise awareness of accident prevention in the home and safety in cars. Be alert to risk factors and signs and symptoms of child abuse. ● Follow local safeguarding procedures where there is cause for concern.
Universal – By 9- 12 months	Includes: ● Assessment of the baby's physical, emotional and social development and needs in the context of their family using evidence based tools, for example such as ASQ3 and ASQ:SE2 ● Supporting parenting, provide parents with information about attachment and developmental and parenting issues; ● Monitoring growth; ● Health promotion, raise awareness of dental health and prevention (ensuring that all children are accessing primary dental care services for routine preventive care and advice), healthy eating, physical activity, injury and accident prevention relating to mobility, safety in cars and skin cancer prevention ● Screening and vaccination ○ Check newborn blood spot status and arrange for an urgent offer of screening if the child is under 1 year. ○ Adherence to vaccination schedule and final serology results for babies born to women who are hepatitis B positive; status of MMR vaccination for women non-immune to rubella.

Universal - **By 2 – 2½ Years**	Includes: ● Holistic review of child health, development and growth, to identify children who are not developing as expected and/or in need of additional support. ● Review with parents the child's social, emotional, behavioural and language development mandatory use of recognised tools for developmental review. ASQ-3 and ASQ:SE2 to be used for all 2–2½ year developmental reviews across England. ● Socialisation and behaviour management. Home learning environment. Speech, language and communication progress. Promote language development and asses using the Early Language Identification Measure and Intervention (ELIM) ● Offer parents guidance on behaviour management and opportunity to share concerns; ● Respond to any parental concerns about physical health, growth, development, hearing and vision; ● Offer parent information on what to do if worried about their child ● Encourage and support to take up early years education; ● Give health information and guidance; ● Review immunisation status; ● Offer advice on nutrition and physical activity for the family; ● Raise awareness of dental care, accident prevention, sleep management, toilet training and sources of parenting advice and family information. ● This review should be integrated with theThe Early Years Foundation Stage (EYFS) https://www.gov.uk/early-years-foundation-stage at 2-2.5 years as appropriate to the needs of children and families
Targeted **3 - 3.5yr** **Review/integrated Review**	● For children identified as having missed the integrated 2 2.5 year review ● Review with parents the child's social, emotional, behavioural and language development using ASQ 3 and SE2 ● Respond to any parental concerns about physical health, growth, development, hearing and vision; ● Offer parents guidance on behaviour management and opportunity to share concerns; ● Offer parent information on what to do if worried about their child; ● Promote language development and asses using the Early Language Identification Measure and Intervention (ELIM) ● Encourage and support to take up early years education; ● Give health information and guidance; ● Review immunisation status;

	● Offer advice on nutrition and physical activity for the family; ● Raise awareness of dental care, accident prevention, sleep management, toilet training and sources of parenting advice and family information; ● This review should be integrated with theThe Early Years Foundation Stage (EYFS) https://www.gov.uk/early-years-foundation-stage at 2-2.5 years as appropriate to the needs of children and families
Universal - **By 4 ½ years**	● 4½ years - Formal handover to School Based Health Service timed to meet the needs of the child e.g. if the HV is lead professional the handover may be delayed where this will improve outcomes for the child ● Children on the targeted, specialist or enhanced service pathway must have a written handover.

The 2-2 ½ year review provides an opportunity for the health visitor to review with parents the social, emotional, behavioural and language development of the child using ASQ3 and SE alongside other important areas of child health and development. Full details of the expectations for health visiting and the 2-2 ½ year review are found in Appendix 9 Guidelines on the 2 year review and purpose can be found in the Department of Health guidelines Healthy Child Programme – The two year review (2009).

The review should be integrated where possible with the Early Years Foundation Stage (EYFS) which sets the standards for the learning, development and care of children from birth to 5 years old. All schools and Ofsted-registered early years' providers must follow the EYFS, including child minders, preschools, nurseries and school reception classes.

All early years practitioners will need to work together under local partnership arrangements with the health visiting service to ensure that the 27 Month Integrated Reviews are offered to parents of Hackney resident children in formal daycare settings and undertaken in an effective and timely manner.

The purpose of the Integrated 27 Month Reviews is to:

- Identify the child's progress, strengths and need at this age in order to promote positive outcomes in health, wellbeing learning and behaviour
- Facilitate appropriate intervention and support for children and families, especially those for whom progress is less than expected
- Generate information which can be used to plan services and contribute to the reduction of inequalities children's outcomes

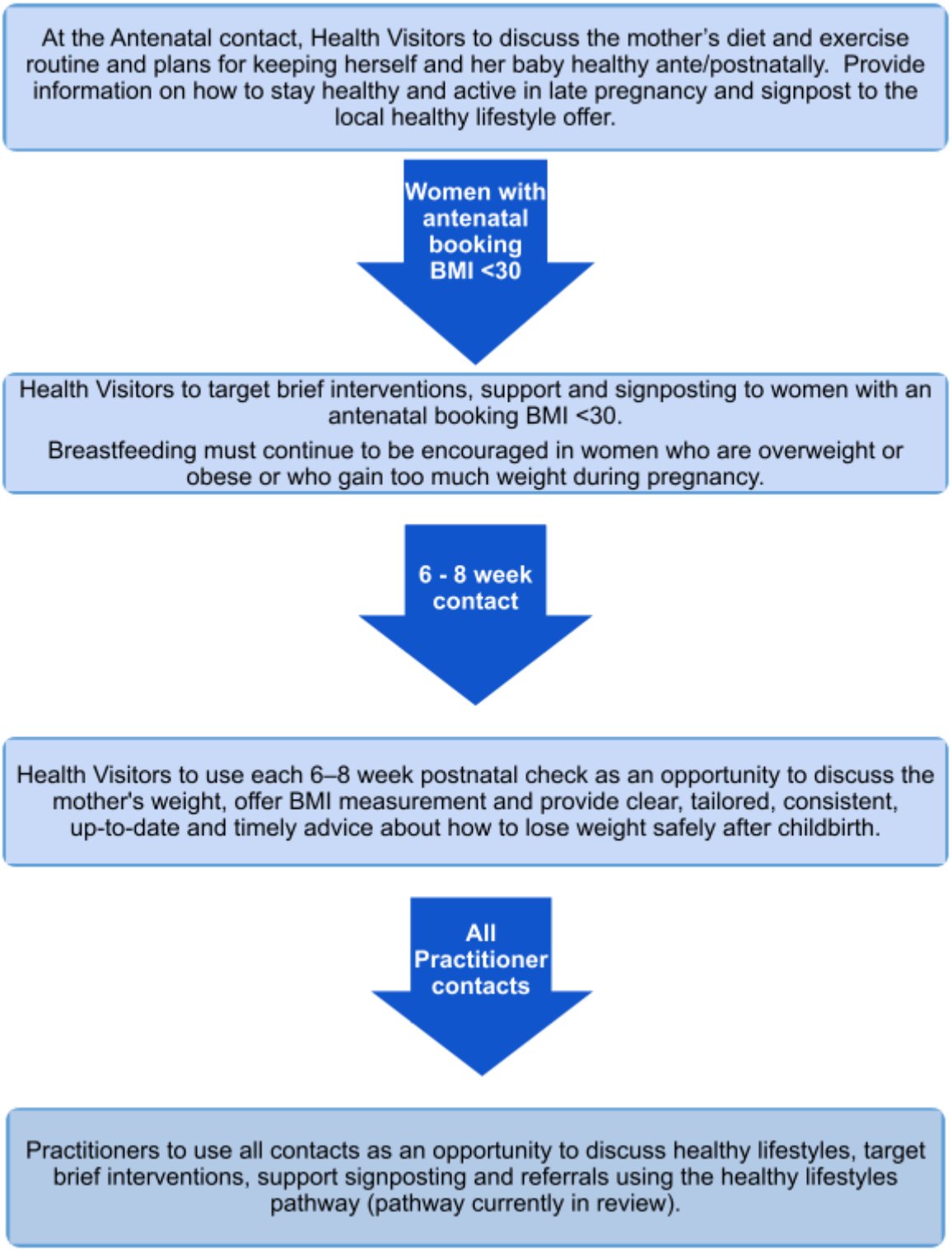
Roles and responsibilities

Health Visitors as the lead professionals for the delivery of the HCP 2-2.5 year review (27 Month Review), including the Ages and Stages Questionnaire

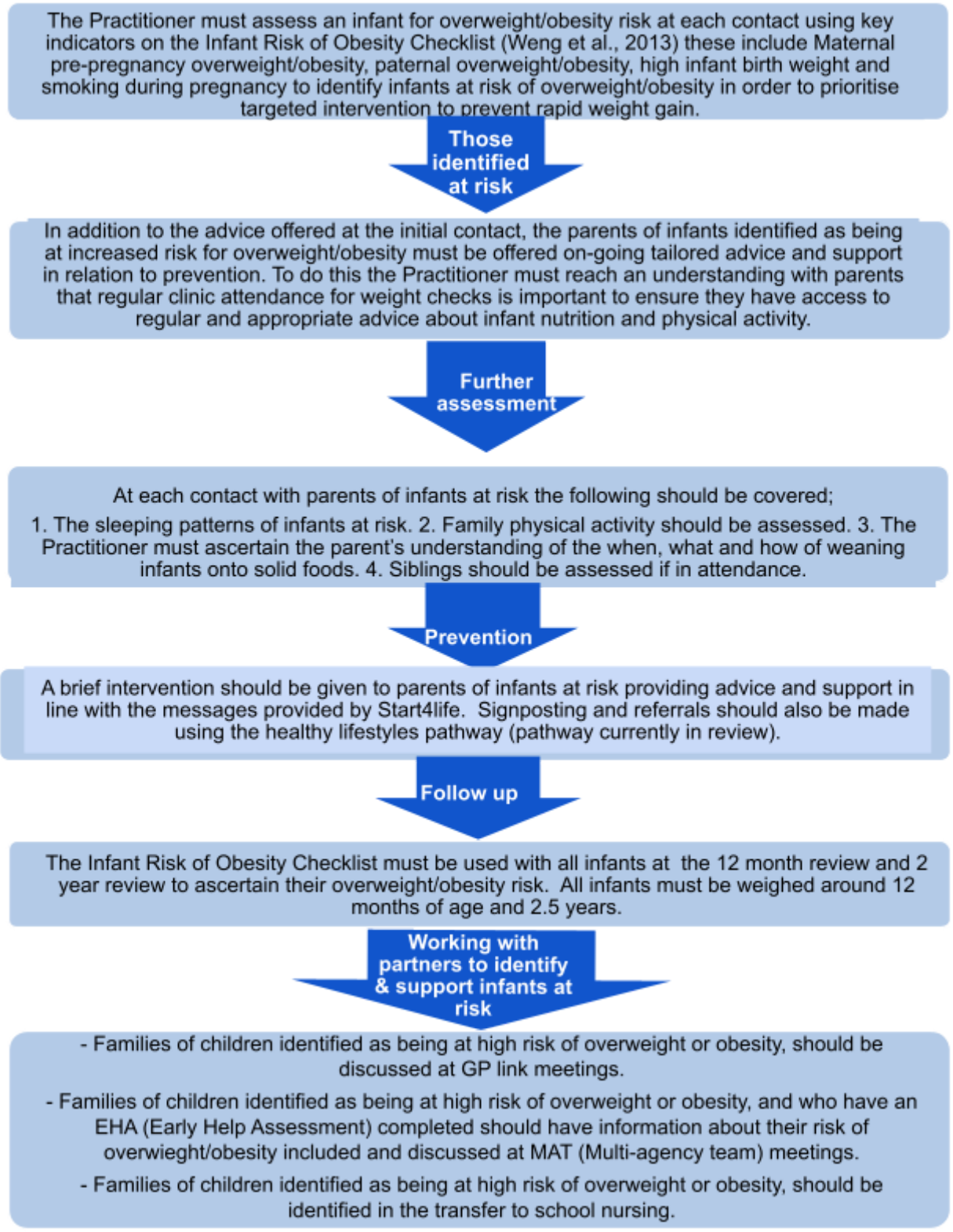
All Hackney Early Years registered settings are responsible for completing the EYFS Progress Check at two on the recommended Hackney 'My Portrait at Two' template according to the EYFS statutory framework.

In accordance with local guidelines and following a venue risk assessment, they should integrate the EYFS Progress Check at Two assessment with the 27 Month Health Review and to complete the review as one holistic assessment (The Integrated 27 Month Review).

Appendix 11: Maternal obesity intervention pathway



Appendix 12: Infant obesity risk pathway DRAFT



Appendix 13: Nurse Prescribing

Nurse prescribing enhances the clinician's ability to deliver a high impact area on minor illness and reducing hospital admissions, not only from the point of view of managing symptoms but also from the medication knowledge that also enhances advice and support. There is a strong clinician view that HVs welcome the ability to use their prescribing skills and that this is an important element of practice.

Nurse prescribing has been shown to have a number of benefits ranging from increased compliance to reduced hospital and GP attendances.

HVs are in an ideal position to respond to common health concerns, discuss treatment options and wider management of conditions and then to prescribe as part of a holistic approach.

While prescribing is included as a deliverable within the Service Requirements, it is understood that not all HVs will have taken this module as part of their training. Therefore where HVs have not undertaken this module in training, it is a requirement of CPD for completion within the first 2 years of practice.

For more information visit

https://www.nmc.org.uk/globalassets/sitedocuments/standards-of-proficiency/prescribing/programme-standards-prescribing.pdf

Appendix 14: Evidence Based Interventions/Pathways

- Working Together to Safeguard Children Department for Education, 2018) Safeguarding children including a focus on prevention, early help, targeted support, early intervention and sharing of information.
- Maternal mental health pathway - GOV.UK
- The Perinatal Mental Health Care Pathways - NHS England
- Breastfeeding (Unicef Relationship Building Resources)
- Pathways for supporting health visitor and school nurse interface and improved partnership working
- Seldom heard communities including families with young children from traveller, asylum seeker and refugee communities and homeless families[9]
- Newborn Blood Spot Programme
- Newborn Hearing Screening Programme
- Newborn Infant Physical Examination Programme
- Pre-2019 Standards of proficiency for nurse and midwife prescribers - The Nursing and Midwifery Council
- Start Well, Stockport: early childhood services case example

[9] login may be required to access

- **Clinical supervision** - Health Visitors will have clinical supervision at least six monthly using emotionally restorative supervision techniques and monthly during the preceptorship period.

- **Safeguarding supervision** - Health Visitors will receive a minimum of 3 monthly safeguarding supervisions of their work with their most vulnerable babies and children. These are likely to include children on a child protection plan, those who are 'looked after' at home and others for whom the health visitor has a high level of concern. Safeguarding supervision should be provided by colleagues with expert knowledge of child protection to minimise risk. For example, supervision must maintain a focus on the child and consider the impact of fear, sadness and anger on the quality of work with the family.

- **Management supervision** – Health Visitors with a requirement to line manage in their roles will have access to a Health Visitor manager or professional lead to provide one-to-one professional management supervision of their work, case load, personal and professional learning and development issues.

- **Practice Supervisors and assessors** – must have access to high quality supervision according to the requirements of their role[10].

All the above forms of supervision will have an emotionally restorative function and will be provided by individuals with the ability and authority to:

  - Create a learning environment within which Health Visitors can develop clinical knowledge, skills and strategies to support vulnerable families. This will include experiential and active learning methods.

  - Use strengths-based, solution-focused strategies and motivational interviewing skills to enable Health Visitors to work in a consistently safe way utilising the full scope of their authority.

  - Recognise risk and apply actions to reduce the risk to children and families

[10] Standards for student supervision and assessment - The Nursing and Midwifery Council

Overview of partnership

Everyone who works with children has a responsibility for keeping them safe. No single practitioner can have a full picture of a child's needs and circumstances and, if children and families are to receive the right help at the right time, everyone who comes into contact with them has a role to play in identifying concerns, sharing information and taking prompt action. All professionals working with children understand what they need to do, and what they can expect of one another to safeguard children. Effective safeguarding arrangements in every local area should be underpinned by two key principles: safeguarding is everyone's responsibility and a child-centred approach. (Working Together to Safeguard Children 2018).

Health Visitors, as any other professional working with children, should make a referral to the local authority if they are concerned about a child's welfare.

Multi-Agency Safeguarding Hub (MASH)

MASH operates as a single point of contact for members of the public and professionals who are seeking advice and information, and/or who want to make a request for support for a child or young person in Hackney who may be in need of help or protection. More detailed information on the MASH and protocols can be found in the 'Multi-Agency Safeguarding Hub Operational Protocol' April 2022 (unpublished). The Multi Agency Hub has three core functions:

- The front door for statutory social work intervention by Hackney Children's Social Care;
- An early help hub, where children and families who are not deemed to be in need of statutory support are offered advice and guidance, sign-posting, and/or referrals to services within the council or in the community that are best placed to meet their needs;
- An information sharing and advice hub, where multi-agency partners are able to access advice and guidance around possible contacts with the Multi-Agency Safeguarding Partnership, and requests for information are responded to in a timely way, which is proportional to each agency's involvement in a child and family's life.

Decisions made by MASH can include:

- referral to children's social care for a statutory social work assessment.
- referral to Early Help services such as; Children's Centres, Family Support, Young Hackney or Child and Adolescent Mental Health Services (CAMHS).

- signposting to universal or community-based services, including the voluntary sector
- providing appropriate advice and guidance

All decisions in MASH about the most appropriate next steps for a child and family are made in line with the Hackney child wellbeing framework.

There are Health Visitors based within MASH that manage health information and support risk analysis, this includes;

- Screening all children under 5 to ensure they have a GP/HV.
- Check the community health system (RIO) for information and liaise with other sections of the health service, where appropriate to gather all relevant health information on the child and family.
- Health checks are completed on all children that are referred to our early years services via the Multi-Agency Team (MAT) and for those that are progressed for Child Care Assessment.
- Joint visits, where appropriate, with a MASH social worker
- Joint risk assessment decisions in discussion with the MASH Screening and Referral Managers
- Identifying allocated Community Health Visitors, sharing information and advising.
- Assisting CYPS professionals in understanding the health visiting service and HV roles.

When referrals are progressed for statutory assessments by Children's Social Care, joint working with the Community Health Visiting Teams continues, this includes, attending meetings, sharing information and undertaking joint visits, when appropriate. The HV may have already had considerable involvement with some children and families prior to referral to Children's Social Care so will have an important contribution to make to the assessment and to the provision of services to those families.

The HV should contribute to agreed actions that are required to safeguard and promote a child's welfare. HVs should take part in regularly reviewing the outcomes for the child against specific plans and outcomes including;

- Children subject to a Child Protection Plan
- Children in Need
- Looked After Children
- Children receiving Targeted Family Support, including Supporting Families

Health Visiting and General Practitioner (Primary Care) - overview of partnership

Health visitors (HVs) provide a uniquely valuable service to pre-school children and their families, and in particular, to the most vulnerable. The HV has a broad remit and by working consistently (and often in partnership with other agencies) with families to promote the wellbeing of these younger children, can transform their prospects for growing up into happy, healthy and confident schoolchildren and young adults.

General practitioners (GPs) are the lynch pin of universal health services. Whole extended families are often registered at one GP practice allowing primary care clinicians a broad and holistic view of frequently intricate and complex family backgrounds and relationships. Due to the relative stability of the GP population, many GPs in City and Hackney are now treating the children and even the grandchildren of patients they first met as babies. GPs will be aware of health and other challenges affecting the parents/carers, older siblings and wider family, much of which will impact directly on the health and wellbeing of the pre-school child.

With regard to the new City and Hackney integrated health visiting service, the large majority of GPs greatly value and wish to continue (or to introduce) **regular link meetings at their practices with a 'named' health visitor who would be responsible for working with the GP practice in order to look after the needs of pre-school children registered at that practice** (and which are also resident in the borough). In order to improve services to vulnerable children and strengthen safeguarding, GPs are encouraged to make written records of link meetings so that actions agreed can be followed up.

GPs also wish to continue and develop **joint child health clinics at their surgeries** (run by HV's and themselves) providing a place for parents to bring their children for support, medical advice and immunizations all at the same time. The practice clinicians and health visitors working side by side in this way will continue to promote robust professional relationships enhancing the service provided to families and strengthening safeguarding.

As well as regular face-to face meetings and joint clinics, GPs wish to **promote a ready free flow of information** between primary care and HVs particularly during the antenatal period and at all other times which may be, for example, **by telephone** (override number) and/or health visitors **'hot-desking'** at individual practices.

In collaboration with HVs, GPs would like to establish much **closer links between themselves and the Children's Centres**, including developing a clear understanding of the services on offer at children's centres as well as clarification of pathways for accessing targeted services for pre-school children.

In order to help promote efficient and effective communication and to support health visitors in fulfilling other requirements of the specification GPs propose **regular liaison with a senior representative of the health visiting service, a senior representative for children centres** (perhaps with a single representative of City & Hackney GPs and perhaps meeting every 1-2 months) in order to air and address issues experienced and to agree and plan continual improvements to our joint service.

To support the facilitation of connection between individuals and community resources it is expected that the Service will work in partnership with public health to ensure that local innovation can flourish and appropriate developments grown.

Peer support groups: support existing groups and develop and support 'role model' volunteers. Ensure local pathways for volunteers to progress towards paid work e.g. peer breastfeeding, community parents, asylum seeking families groups.

Community aspirations: use motivational interviewing to understand aspirations, dreams and assets and enable people to take their own steps to achieve this e.g. community credit facilities, food co-operatives. Act as communities' champion.

Building social networks: of families with similar interests, strengths or needs. Expansion of existing social networks to meet public health needs e.g. extended family, postnatal groups, faith groups, father's groups. Introduction and support of families into existing networks.

Influence other agencies and sectors to improve public health outcomes through supporting the application of best evidence-based practice in health improvement within and outside of health and early years settings, identifying local public health need and opportunity e.g. in housing, domestic abuse, teenage families, benefits system, schools, council planning/ neighbourhood improvement.

Use networks to improve public health; Signposting families to other services already existing locally, particularly early years but also adult education and training. Utilise local media opportunities for health promotion.

Appendix 19: The Institute of Health Visiting (iHV) safer skill mix:

1. Qualified HV: Specialist Community Public Health Practitioner (SCPHN) to be accountable and responsible for lead and delivery of HCP (nurse and works to the Nursing and Midwifery Council Code and to new standards for SCPHN practice (NMC, 2022). Holds the caseload of BCYP 0-5 (SN for 5-19) within 0-19 vision.

2. Continuity of carer/known HV to families for at least pre birth to 3-4 months (4 contacts for enhanced) ideally to 1 year and best practice would be to 5 years. This to enable development of trusting relationship and honours HV accountability and responsibility for delivery of HCP to that population of babies, children, young people and families (BYCP), HV to undertake first time and key subsequent scheduled as well as targeted or unpredictable family health assessments and use skills, knowledge and judgement to deliver and oversee care using delegation for routine tasks/care delivery following assessment.

3. Skill mix staff resource in use reflects risk based workload distribution (this can include EY or Family Hub staff depending on arrangements)

4. Understanding and use of levels of care appropriate to needs assessment in a timely manner.

5. Core health assessments should be comprehensive and include a family approach and consistent content.

6. Task allocation must be agreed according to predictability and routine work so that complex and unpredictable activities re process and outcome should always be undertaken by qualified HV.

7. Competency framework/tiered approach for workforce, supported by training and supervision (reflective/restorative supervision as well as managerial and safeguarding).

8. Delegation and accountability are implemented according to NMC Code and guidance.

9. Balance between the responsibility of HV holding caseloads and supervising others in a skill mix team to ensure access to knowledge/skill and expertise is available, often diverted to admin/managerial functions.

10. Care and Cultural Leadership both in Service and in organisation needs to support capabilities to deliver the quality indicators listed.

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Hackney

CABINET PROCUREMENT & INSOURCING COMMITTEE

CONTRACT AWARD REPORT

Title of Report	Procurement of Core Insurance Provision
Key Decision No.	FCR S180 Officer Key Decision Procurement of Core Insurance Provision - Property and associated risks (related to FCR S143) - For Noting
CPIC Meeting Date	17 April 2023
Classification	Open Report with Exempt Appendices A & B
Ward(s) Affected	All Wards
Cabinet Member	Councillor Robert Chapman Cabinet Member for Finance, Insourcing and Customer Service
Key Decision	Yes This results in the Council incurring expenditure or savings which are significant having regard to the Council's budget for the service/function.
Group Director	Ian Williams Group Director, Finance & Corporate Resources
Contract value, both Inclusive of VAT and Exclusive of VAT (for the duration of the contract including extensions)	£11,606,683 Including 12% insurance Premium Tax (IPT) VAT is not applicable to this contract
Contract duration (including extensions e.g. 2 yrs + 1 yr + 1 yr)	3 yrs + 2 yrs (optional extension)

1. Cabinet Member's Introduction

1.1. This report outlines the results of the 2022/23 re-tendering of the Council's property insurance policies. The insurance contract required re-tender following the last exercise undertaken in 2018, which saw the majority of insurance contracts approved for a period of 3 years with the inclusion of an optional 2 year extension.

1.2. The report focuses on Lot 1 - Property risks and follows the contract award report presented to Cabinet Procurement & Insourcing Committee under item FCR S142 Procurement of Core Insurance Provision, which led to the award of all contracts under the remaining Lots 2-6.

1.3. The decision relating to Lot 1- Property required further detailed review and was delegated to The Group Director, Finance and Corporate Resources, after consultation with the Chair of Cabinet Procurement and Insourcing Committee [CPIC.] This report is presented as a note on the process relating to that decision.

1.4. Since the last main re-tender exercise in 2018, the market environment for insurance remains relatively uncertain with reduced capacity for public sector risks and a hardening of the rate and associated terms, in particular in the property and professional indemnity markets. Financial pressures during the term of the expiring contract and adverse changes to the discount rates applied to catastrophic injury claims are factors that continue to lead to premium increases. There remains a continued focus on Housing related risks and reinstatement valuations are now subject to fourfold increases. Consequently at the outset of the tender exercise there was some concern that the Council may not be able to consolidate the competitive premium rates achieved at the time of the 2018 tender.

1.5. In the event, the tender exercise has managed to secure bids from the majority of public sector providers. In five of the six Lots tendered most areas of insurance will see a small increase in rates with two Lots, Motor Fleet & Liability, subject to a small premium saving. However, after evaluation of the property tender there is an overall increase in the Council's premium spend when compared to 2022/23.

1.6. The full details of the tendering exercise are contained within the main body of the report with the appendix showing the outcome of the various submissions.

2. Group Director's Introduction

2.1. The Council reviews and re-tenders its insurance portfolio on a regular basis, both to ensure value for money and to investigate alternative methods of financing the Council's insurable risks.

2.2. The last contract expired on 31 March 2023 and the Insurance Team has undertaken an extensive re-tendering exercise in conjunction with Marsh, the Council's insurance brokers. Insurance cover has been arranged for the Council, which includes the Authority's opted in schools. In total there were 6 insurance lots being tendered at this time. However, this report concerns Lot 1 only, the Council's own property risks.

2.3. Lots 2-6 have been awarded in accordance with Decision FCR S142 Procurement of Core Insurance Provision taken by the Cabinet Procurement and Insourcing Committee on 13 February 2023.

2.4. The decision to award the contract regarding Lot 1 - Property, has been delegated to the Group Director, Finance and Corporate Resources *"under terms as shall be agreed, in consultation with the Chair of Cabinet Procurement and Insourcing Committee, by the Director of Legal, Democratic and Electoral Services, and authorise the Director of Legal, Democratic and Electoral Services to prepare, agree, settle and sign the necessary legal documentation to effect the proposals contained in this report."*

2.5. The re-tendering included procurement assessments, and the Head of Procurement has assessed the procurement risk as low; hence this is the main report on this re tender. This paper is being brought at this time to note the process of the decision and also due to the overall cost of providing insurance cover for Lot 1- Property which is the region of £2.32m per annum.

3. Recommendations

3.1. There are no official recommendations set out in this report. This report is for informative purposes only and CPIC should note the following;

3.2. The various options considered in the procurement of the Council Insurance contracts and the reason for the deferment of Lot 1 - Property Risks.

3.3. In accordance with Key Decision FCR S143 and as set out in the recommendations of the report approved by CPIC on 13th February 2023 this report notes that:-

The Group Director, Finance and Corporate Resources, after consultation with the Chair of Cabinet Procurement and Insourcing Committee, authorised the award of contract for [lot 1 - Property] to Supplier F on 17th March 2023 and approved officers to proceed with the contracts to ensure that insurance cover was in place for 1st April 2023.

4. **Related Decisions**

4.1. FCR S142 Procurement of Core Insurance Provision - Decision taken by the Cabinet Procurement and Insourcing Committee on 13 February 2023 to agree the award of contracts for Lots 2-6 and to delegate authority in respect of Lot 1 - Property.

4.2. Low Risk Business Case - Procurement of Core Insurance Provision. Approved on 11 October 2022 by Hackney Procurement Board (HPB.)

5. **Reason(s) For Decision / Options Appraisal**

5.1. The Council will always be exposed to a range of risks, some of which are insurable and others are uninsurable. The purchase of an effective insurance portfolio manages the potential exposure of the Council to the insurable risks.

5.2. The portfolio includes a significant degree of self-insurance, thereby avoiding what can best be described as “pound swapping” i.e. the additional premiums paid for low or no excess on insurance policies effectively cost £1 for £1 on meeting claims payments plus associated costs, and ensuring that the Council benefits from the reduction in claims.

5.3. This report covers the property insurance policies and arrangements which were due for renewal on 1st April 2023 identified as Lot 1 and excludes the residential leasehold buildings insurance contract and Lots 2-6 Casualty, Motor, Engineering, Personal Accident/Travel and Terrorism which have been reported on separately.

5.4. As mentioned in the Cabinet Member’s introduction, there was some concern that insurance premiums the Council could have faced prior to the procurement exercise would have resulted in increased costs to the Council. There was further concern that in the marketplace some insurers maintained caution about the risk profile of the public sector. In the case of Lot 1 - Property Risks, such concerns have been realised. Consequently the Council’s Insurance Services Team is working hard to mitigate claim exposures and to demonstrate to leading Insurers that the Council has implemented effective control measures and is willing to work in partnership with them to transfer or mitigate the risks it is exposed to and to reduce the overall cost of risk.

5.5. Recommendations to award the contract to the supplier set out in the main section of this report for Lot 1 - Property is the most economically advantageous. This reflects high quality scores for those selected. A full breakdown of what this covered in the evaluation is included within **Appendix B - Lot 1 Costs & Service Comparison Summary (Exempt)**

5.6. Please note that the premiums quoted within the report are subject to normal increases in line with index linking, higher rates of Insurance

Premium Tax, increased rebuilding costs, changes to assets and our claims performance.

5.7. As in previous years the cost of claims falling within the policy excess and for which the Council is responsible are met from the internal insurance fund and provision. These funds are reviewed annually (externally biennially) and the appropriate adjustments made within the normal finance activities.

5.8. Evaluation and assessment of Lot 1 - Property continued beyond the original procurement timetable with the support of Marsh and appropriate stakeholders within the Council in order to facilitate the detailed impact analysis and financial implications beyond the accepted risk appetite and to ensure there was sufficient time to mobilise the contract in time for the expiry of the previous contract on 31 March 2023.

6. Alternative Options (Considered and Rejected)

6.1. **Insourcing:** Due to the nature of insurance as a risk transfer mechanism and the significant financial and resource risks associated with the activities of the Council it is not feasible to insource these contracts. In any event the Council retains an appropriate level of risk through the application of policy deductibles and self-insured retained limits.

7. Project Progress

7.1. Developments since the Business Case approval

7.1.1. The inclusion of a lot covering Fine Art & Heritage Assets was withdrawn from the procurement exercise prior to the market exercise. However, coverage relating to Fine Art & Heritage Assets was withdrawn from the open procurement and is now subject to annual market review via Marsh, with an estimated contract value of less than £5,000 per annum.

7.1.2. Insurance market conditions in relations to Lot 1 - Property have hardened significantly leading to reduced Insurer capacity, adverse terms and significant conditions relating to the application of policy cover.

7.2. Whole Life Costing/Budgets

7.2.1. In keeping with the existing contract(s) the cost of insurance premiums will be recharged to service areas and member schools with the internal fund used to meet claims below the policy deductible. Insurance costs are included within departmental budgets.

7.2.2. The Head of Insurance Services will continue to identify, analyse and address risk exposures with key stakeholders to reduce the frequency and cost of claims and to maximise any opportunity to reduce our overall insurance spend.

7.3. Risk Assessment/Management

7.3.1. This is designated a Low Risk project. Insurance policies by their nature are part of an approach to transferring risk, in this case from the Council to an external insurance company. This has been considered as part of the Finance and Corporate Resources directorate overall Corporate Risk Management Policy.

7.3.2. The current insurance arrangements are, with the exception of the areas covered by our internal fund, currently outsourced. The overall procurement has been risk assessed by the DPM in advance of the tender process commencing and assessed the risk as low.

7.3.3. The insurance risk register has recently been reviewed by the Head of Insurance Services and the register updated to take account of developments in insurance. The register is monitored on an ongoing basis with a formal review of the risks on an annual basis.

Risk	Likelihood	Impact	Overall	Action to avoid/mitigate risk
Lack of competitive bids due to constricted number of suppliers and adverse claim costs for Public Sector nationally	Low	Medium	Low	Work undertaken to promote positive risk factors for The Council with potential suppliers. Specification to promote our Risk Strategy.
Emerging areas for new types of claims are not covered	Low	Medium	Low	Ongoing monitoring of market developments and horizon scanning of new or developing risks i.e. pollution / cyber.
Inadequate levels of insurance cover due to inaccurate asset or activity information	Medium	High	Medium	Property valuations under review and asset registers reconciled with Department/Asset Managers - Insurance risk needs are now embedded in procurement and insourcing business case procedure.
Inadequate insurance provision/reserves to cover claims in internal fund	Low	Medium	Low	Annual fund reviews undertaken by external advisers to assess levels required - levels adopted are prudent.
Withdrawal of key Insurance Provider	Medium	Medium	Medium	Market capacity and appetite for public sector risks remains ok as evidenced by the number of bids received. Contingency measures such as self-insurance and mutual arrangements continue to be reviewed should the market deteriorate beyond expectation and foreseeability.

8. **Savings**

8.1. Market conditions, particularly in relation to public sector property risks, are hardening with reduced capacity in the market leading to increased premiums and restrictive terms.

8.2. Given the number of variables that could impact on future premiums both from the wider market, Insurance Premium Tax rates and the individual experience of Hackney's claims ongoing risk management is essential in maintaining or improving the claims experience, which will in turn help to ensure that premium costs are contained.

8.3. However, the terms provided for all bids under Lot 1 - Property represent a clear hardening of the market and the overall result of the market exercise, compared to premium spend in 2022/23, leading to a significant premium increase. The overall % increase on 2022/23 premium spend across Lots 1-6 is now estimated to be 48%.

8.4. Insurance market conditions in relations to Lot 1 - Property have hardened significantly leading to reduced Insurer capacity, adverse terms and significant conditions relating to the application of policy cover.

8.5. The factors affecting the property market conditions are external and not within the control of the Council. However, implementing or maintaining the necessary risk controls and meeting policy conditions to mitigate the impact will continue to be a key task throughout the policy term.

8.6. Table below shows the net difference per annum between the final year of the 2022/23 contract and the proposed premium rates achieved during this tender exercise.

Policy Coverage	Difference (per annum) Compared to 2022/23 Rates
Property / Material Damage	c.£1.5m
* Excluding Fine art/Heritage Assets and Leasehold Buildings Insurance	

9. **Sustainability Issues and Opportunities, Social Value Benefits**

Bidders were provided with Hackney's Sustainable Procurement Strategy and points were awarded according to their evidence, demonstration and commitment to those values as listed below.

9.1. **Procuring Green**

9.1.1. Across all lots climate change and associated environmental impacts have a direct bearing on claims exposure, claim cost and therefore claim premiums. The recommended supplier presented strong evidence of a reduction in CO2 emissions, and targets for net nil emissions and carbon neutral operations, e.g.

- The use of 100% renewable energy.

- The implementation of electric only fleet.
- Cycle to work scheme.

9.1.2. Across multiple lots, the recommended insurers have in place a system for the re-use, recycling and environmental salvage of equipment. Similarly, policies are in place for the promotion of paperless files, digital upskilling and video conferencing to reduce travel and employing locally (dependent on policy offered).

9.2. Procuring For A Better Society

9.2.1. The primary economic benefit to the Council is mitigating the financial exposure to unforeseen risks versus the cost of premiums. The insurer's aim is to help the Council reduce the number and costs of claims, which in turn has a direct bearing on premiums and allows money saved to be returned directly to the Council and in turn to the community. Insurance premiums are invested by the insurers until such time as they are required to pay claims. A recommended insurer will use a significant percentage of premiums collected into investments with a social objective.

9.2.2. Further, the different recommended suppliers offer a variety of volunteering opportunities for their staff with offers to assist in Hackney based community projects and/or present at careers fairs or school events.

9.2.3. Under one lot, the recommended supplier has developed an associated product for top up insurance to benefit SMEs, ensuring adequate cover requirements are met and assisting the Council to fulfil the commitment to work with and support local SME businesses.

9.2.4. The procurement was open and fair and received bids from eight insurers across the lots.

9.3. Procuring Fair Delivery

9.3.1. The nature of the various lots means the recommended suppliers can be required to have a local presence - i.e engineers / assessors for attendance on site at incidents or inspections. London is a central hub for many of the insurers who commit to using the local workforce where applicable. Between them, the recommended suppliers have committed to paying the London Living Wage, have in place policies covering Modern Slavery and are ranked highly in various external ethical standards rankings.

9.4. Equality Impact Assessment and Equality Issues

9.4.1. No specific issues of concern have been identified.

9.5. Social Value Benefits

9.5.1. All the suppliers were encouraged to provide significant social value offers in their bids. Whilst the primary method of achieving this is by providing the

most economical value, and freeing up Hackney funds to be spent in the community, the recommended suppliers met this request through a number of social and charitable propositions. Namely:

- Volunteering within the borough at Hackney led community events.
- Attendance and training talks at careers fairs and at schools.
- Socially conscious investments.
- Grants for local organisations via community funds and charitable partners.
- Contracting locally wherever possible.

10. Tender Evaluation

10.1. The tender evaluation team consisted of Council's Head of Insurance Services and Senior Insurance Officer supported by the Council's insurance broker, Marsh.

10.2. The Standard Questionnaire (SQ) checks and due diligence have been completed by the Hackney Procurement Manager. Financial status checks have been undertaken by Marsh.

10.3. The Council undertakes a level of self-insurance to provide the optimum level of self-insurance compared to the use of external insurers as described in section 5.

10.4. The key output was to ensure that the Council has cost effective insurance cover, on the best available terms, to commence on 1 April 2023 and to be able to manage any insurance claims made or received by the Council.

10.5. The financial value of the insurance contracts required that a Find a Tender Service process was followed and given the limited number of providers in the local authority insurance market, an open procedure was deemed to be the most effective way to proceed.

10.6. As noted previously there were a total of eight suppliers who bid for at least one insurance contract lot and four bids were received in respect of Lot 1 Property. This is considered a very healthy market response. The full list of contractors who bid for Lot 1 property risks is included within **Appendix A (Exempt)**

10.7. Summary of Insurance Market Engagement:

LOT No.	Policy Coverage	Supplier Bids Received
1	Property	4 Bids

10.8. However, two bids under Lot 1 - Property did not meet the requirements of the Invitation to Tender Pass/Fail criteria in relation to the fundamental basis of cover.

10.9. Evaluation Criteria and Weightings: The criteria used to evaluate the submitted bids are shown in the table below and includes the overall score of the contractor recommended for award of contract:

LOT No.	Price	Policy Cover	Claims Handling	Added Value & Innovation	Social Value
1	45%	30%	15%	5%	5%

10.10. Where a bid is providing something significantly different to what has been requested, further reductions in points / percentage scores have been applied as expressly described and quantified in the Invitation to Tender (ITT) and accompanying evaluation sheet.

10.11. **Recommendation:** Cabinet Procurement and Insourcing Committee is asked to note the award of Lot 1 Property in accordance with the table immediately below:

Lot	Coverage	Lead Score (Rounded)	Lead Bid
1	Property	91%	Supplier F

10.12. A comprehensive summary of the evaluation of the individual bids is included as **Appendix B (Exempt)** to this report and includes the names of the prospective suppliers for each lot.

10.13. The award under Lot 1 met the primary requirements of the Business Case and subsequent Invitation to Tender.

11. Contract Management Arrangements

11.1. The Council has past experience of managing the implementation of new insurance arrangements. Insurance Services will provide the necessary resources with support from the Council's insurance broker, Marsh, to ensure that the transition can be completed within the timeframe available, as set out below.

Key Milestones	
Officer Key Decision	17 March 2023
Intention to Award Notification	17 March 2023
Standstill Period:	18 - 28 March 2023
Contract Award:	28 March 2023
Cover/Contract Commencement:	[00:01] 1 April 2023
Supplier Review Meetings	Within 40 days followed by quarterly performance/risk review meetings

11.2. Insurance Services within the Financial Management division of the Finance and Corporate Resources Directorate will assume responsibility for the ongoing contract management of all insurance contracts.

11.3. Insurance Services division manages the current contracts on behalf of the Council. The section will continue to work closely with both insurers and relevant stakeholders to monitor claims experience and to provide risk management training.

11.4. The contracts will be managed within existing resources and in compliance with the contract management system.

11.5. Implementation of the contracts and policy cover will be undertaken via a series of mobilisation meetings and coverage specific objectives with the successful supplier, supported by Marsh.

11.6. There are no TUPE risks associated with these contracts.

11.7. **Key Performance Indicators**

11.7.1. The contracts to be awarded are Contracts of Insurance and not service contracts and are therefore not readily measurable in this context. The Invitation to Tender identified indicative service & correspondence response times.

11.7.2. During the contract implementation phase performance measures will be mutually agreed with each supplier contextual to the coverage being provided. This is likely to include key measurable areas such claim performance, defensibility rates, complaint resolution and underwriting response periods.

11.7.3. Performance of all suppliers will be closely monitored by the Head of Insurance Services and Senior Insurance Officer to ensure that they meet the expectations and commitments stated in the insurance contract.

11.7.4. Conversely the performance of the Council against defined claims loss ratios, Ministry of Justice protocols and risk improvement actions will be tracked by the Insurer.

12. **Comments Of Group Director Of Finance And Corporate Resources**

12.1. The tender evaluation has identified suitable providers for the Council's property insurance programme. The insurance cover is placed with an established public sector insurer operating in the UK market and based on an evaluation of the cost of the policy, an assessment of the policy cover itself and the quality of the service from the providers.

12.2. However, as set out in paragraph 8.3 the terms provided for all bids under Lot 1 - Property (for which the decision is deferred and delegation proposed) represent a clear hardening of the market and the overall result of the market exercise, compared to premium spend in 2022/23, has resulted in a significant premium increase. As a result, there is an estimated increase of up to 48% on the 2022/23 spend. We have made provisions for this increase in the 2023/24 budget.

12.3. As with the existing contract the cost of insurance premiums will be recharged to service areas and schools with the internal fund used to meet claims below the insurance deductibles. Insurance costs are included within departmental budgets.

12.4. The total value of the contract for lot 1 only is £ £11,606,683 including Insurance Premium Tax (IPT). This cost is for the full 5 (3+2) years of the contract subject to renewal terms as mentioned in paragraph 5.6.

13. **Comments Of The Director, Legal, Democratic & Electoral Services**

13.1. On 13th February 2023 Cabinet Procurement and Insourcing Committee agreed to delegate authority to the Group Director, Finance and Corporate Resources to award the contract for the lot 1 - Property contract under terms as shall be agreed, in consultation with the Chair of Cabinet Procurement and Insourcing Committee, by the Director of Legal, Democratic and Electoral Services, and authorise the Director of Legal, Democratic and Electoral Services to prepare, agree, settle and sign the necessary legal documentation to effect the proposals contained in this report.

13.2. On 17th March 2023, pursuant to such delegation, the Group Director, Finance and Corporate Resources authorised the award of insurance contract for lot 1 - Property to Supplier F.

13.3. The recommendations in this Report are for noting only. Nevertheless, paragraph 3.3.17 of the Council's Constitution states that Cabinet Procurement and Insourcing Committee is authorised by Cabinet to give detailed consideration on all issues relating to procurement practice and policy. Therefore Cabinet Procurement and Insourcing Committee Is permitted to agree the recommendations in this Report.

14. **Comments Of The Procurement Category Lead**

14.1. Hackney Corporate Procurement has been involved in some stages of this Open tender process. On the 11 of November it was issued the contract Finder Notice HACK001-DN638397-57638982 in accordance with the Public Contract Regulation giving companies one month to place their bid.

Hackney procurement managed the clarification questions and the compliance of bids received ensuring compliance to the Councils Contract Standing Order.

14.2. Bids were handed over to Marsh for evaluation, moderation and finance analysis check, Hackney procurement team was not involved in these stages of the tender process.

14.3. This report gives confidence that all steps were taken to ensure we followed the procurement best practices and I am satisfied that the outcome of the evaluation provides the Council with a value for money following a fair and open tender process.

Exempt

By Virtue of Paragraph 3 Part 1 of schedule 12A of the Local Government Act 1972 Appendices to the report are exempt because they contain Information relating to the financial or business affairs of any particular person (including the authority holding the information) (being information of bidders in a confidential procurement process) and it is considered that the public interest in maintaining the exemption outweighs the public interest in disclosing the information as revealing the identity of bidders and prices submitted may prejudice best value being driven through the procurement and any commercial arrangements the Council may enter into in due course.

EXEMPT Appendix A: Table of Bidders 2023 [EXEMPT]
EXEMPT Appendix B: Cost & Service Comparison Summary 2023 [EXEMPT]

Background Documents

None

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