

0-25 Recommissioning Programme - City & Hackney Enhanced Health Visiting Service

BUSINESS CASE

Key Decision No [CE S123](#)

CABINET PROCUREMENT AND INSOURCING COMMITTEE MEETING DATE (2021/22):

3 October 2022

CLASSIFICATION:

Open

WARD(S) AFFECTED

All wards within Hackney and the City of London

CABINET MEMBER

Councillor Chris Kennedy, Cabinet Member for Health, Adult Social Care, Voluntary Sector and Leisure

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

REASON

Affects two or more wards

GROUP DIRECTOR

Helen Woodland, Group Director, Adults, Health & Integration
Jacqui Burke, Group Director, Children & Education

1. CABINET MEMBERS' 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 for a solid foundation for a healthy life.
- 1.2. Local Authorities have a statutory responsibility under the Health and Social Care Act 2012 for improving the health of their local population. As commissioners they hold a number of statutory duties including commissioning public health services for under fives from October 2015, including health visiting and family nurse partnership schemes for teenage mothers, however they also have flexibility to decide how these services are provided.
- 1.3. This business case seeks to secure support from the Cabinet Procurement and Insourcing Committee to procure an Enhanced Health Visiting Service in line with the revised 2021 Healthy Child Programme guidance. The new service model offers the flexibility of service interventions at five different levels based on the needs of families. It offers a home visiting element, and has broadened the criteria for vulnerable families with complex needs, thereby ensuring a wider reach and making it even more inclusive.
- 1.4. This Enhanced Health Visiting service is based on a review of different Health Visiting delivery models across the UK, conducted by the Public Health team. It also embeds learnings from the current delivery of the Health Visiting, Family Nurse Partnership service, Healthy Early Years London covering children in the age group of 0-5 years and their families, and a Community Based Peer Mentoring Support for Vulnerable Pregnant Women and New Mothers programme in addition to findings from the 2022 Health Needs Assessment for Children and Young People of the City and Hackney.
- 1.5. This business case also requests approval to extend the contract for the current Young People's Clinical Health and Wellbeing Service (CHYPS plus) for an additional year. This will ensure that it is aligned with the procurement of public health services for children in the school-going age.

2. GROUP DIRECTOR'S INTRODUCTION

- 2.1. This business case seeks approval from the City and Hackney Cabinet Procurement and Insourcing Committee to procure an Enhanced Health Visiting Service which will encompass an approach that is 'Universal in Reach – Personalised in Response' and has been modernised in line with the 2021 Healthy Child Programme guidance.
- 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.

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 those who have had previous children removed, died, or not living with them.

- 2.3. The Healthy Child Programme (HCP) is a model which offers every family a programme of screening tests, development reviews, information, and guidance to support parenting and healthy choices. Local authorities have mandated responsibilities under the Health and Social Care Act 2012 to ensure the delivery of health visiting and school nursing services to the entire child population between the age of 0-19 years. Health visiting services are procured in line with the national Healthy Child Programme (HCP).
- 2.4. This new service builds on the lessons from the existing Health Visiting, Family Nurse Partnership (FNP), Healthy Early Years London (HEYL) and the Community Based Peer Mentoring Support for Vulnerable Pregnant Women and New Mothers service. It draws on best practices from other areas that have implemented enhanced health visiting models, e.g., Blackpool and Wolverhampton. Feedback from local residents who have used these services, as well as from strategic partner organisations, have also been considered during the design of the Enhanced Health Visiting Service.
- 2.5. This business case also seeks approval to extend the contract for the current Young People's Clinical Health and Wellbeing Service (CHYPS plus) for an additional year to enable alignment with the procurement of public health services for school-age children. This will support the wider comprehensive review and redesign process for a fully Integrated Children and Young People's Wellbeing service for 0-25 year olds in the City and Hackney in future.

3. RECOMMENDATION(S)

Cabinet Procurement Committee is recommended to:

- 3.1. **Agree to procure the City and Hackney Enhanced Health Visiting Service for a period of up to 5 years (2 +1+1+1) at a maximum value of £35.4M (£7.07M per year)**
- 3.2. **Agree to extend the Young People's Clinical Health and Wellbeing Service contract for up to 1 year until 31 August 2024 at a cost of £540,145.**

4. RELATED DECISIONS

- 4.1. None

5. OPTIONS APPRAISAL AND BUSINESS CASE (REASONS FOR DECISION)

Current provision

- 5.1. The **Health Visiting Service** is a workforce of specialist community public health nurses who provide expert advice, support, and interventions to families with children in their first years of life. Local authorities have mandated responsibility for the delivery of health visiting and school nursing services to the whole of the child population. Health visiting service is procured in line with the national Healthy Child Programme (HCP) model, which offers every family a programme of screening tests, development reviews, information, and guidance to support parenting and healthy choices.
- 5.2. **Family Nurse Partnership (FNP)** is a licensed home visiting programme for first-time young mothers and families. The service is for first-time mothers aged under 19 or up to the age of 24 years, where there are social and emotional vulnerabilities identified. with known vulnerabilities. FNP consists of structured home visits from early pregnancy until the child is two.
- 5.3. **Healthy Early Years London** (currently known as *Eat Better, Start Better*) is a health promotion programme that helps to reduce health inequalities by supporting a healthy start to life across themes that include healthy eating, oral and physical health, and early cognitive development.
- 5.4. **Community Based Peer Mentoring Support for Vulnerable Pregnant Women and New Mothers** (currently known as Bump Buddies) provides crisis support, referrals and support to access services to prevent the escalation of need, particularly among disadvantaged mothers and mothers-to-be. It is a preventative service that addresses social, emotional and financial wellbeing for women during pregnancy and up to six months post delivery. This programme reduces the barriers to accessing services, contributes to reducing the inequalities that exist within and between communities and has a positive impact on the local economy through the training and recruitment of peer mentors.

Maximising the potential for integration (and insourcing)

- 5.5. All public health commissioning activity paused in March 2020. The service went into emergency business continuity measures to allow officers to protect the health and wellbeing of residents and prioritise the pandemic response. This necessitated the extension of some existing contracts to ensure continuity of service during the emergency response period of the pandemic. This included a limited extension to the Health Visiting contract until the end of August 2023.
- 5.6. Additional pressures on staffing resources caused by COVID-19 combined with the backlog of commissioning activity means that a pragmatic approach has had to be taken to what can be achieved in the time available to reprocure the Health Visiting service.

- 5.7. This procurement is part of a phased recommissioning programme for all 0-19 year olds (up to 25 years where there is a statutory responsibility) that will deliver efficiencies and improved outcomes through integration.
- 5.8. The initial contract period has been limited to two years. During this period, work will continue to identify future opportunities around integrating services as part of a comprehensive review and redesign process for a fully Integrated Children and Young People's Wellbeing service for 0-25 year olds in the City and Hackney.

New service to be procured

- 5.9. The new City & Hackney Enhanced Health Visiting Service will be a modern and holistic service focused on addressing the challenges and impact of COVID-19. It will reduce vulnerabilities and address inequalities through a comprehensive approach to identifying and addressing the needs of children and families living in both City and Hackney.
- 5.10. The service builds on lessons learned from the existing Health Visiting and Family Nurse Partnership (FNP) services. It draws on best practices from other areas that have implemented enhanced health visiting models, e.g., Blackpool and Wolverhampton. It has also been updated in line with the 2021 Healthy Child Programme to respond to the increasing number of vulnerable families with complex needs in City & Hackney. It includes a health promotion model which allows for the transfer of health knowledge through community nurses into the wider community and builds capacity within the early years sector.
- 5.11. Moving to one provider generates efficiencies to provide an enhanced service that adds value by investing in the development and sustainability of the health visiting and early years workforce, creating more senior high-impact roles and enabling the Service to undertake a strategic focus on improving outcomes to meet the needs of the population in City and Hackney.

Service Description

- 5.12. The new modernised Enhanced Health Visiting service is 'Universal in Reach – Personalised in Response' and meets the 2021 Healthy Child Programme guidance with the addition of a Level 5 for vulnerable complex families. It is a needs-led model which provides more tailored and evidence-based interventions, allowing for families to travel between levels of service according to their needs. It also utilises community nursery nurses to promote health (Healthy Early Years London programme) in early years settings, ensuring that early years staff are supported where there may be concerns regarding a child's development

5.13. Health Visiting Core offer:

- ☐ child health surveillance (including infant physical examination) and development reviews
- ☐ child health protection and screening
- ☐ information, advice and support for children, young people and families or carers
- ☐ early intervention and targeted support for families with additional needs
- ☐ health promotion and prevention by the multidisciplinary team
- ☐ defined support in early years and education settings for children with additional and complex health needs

5.14. Outline of City and Hackney's Enhanced Health Visiting Service

- ☐ Level 1: Community
 - ☐ Healthy Early Years London (HEYL) health promotion programme based in early years settings and with childminders
 - ☐ Community Based Peer Mentoring Service for Vulnerable Pregnant Women and Mothers
- ☐ Level 2: Universal - Mandated Reviews
 - ☐ Antenatal
 - ☐ New Baby
 - ☐ 6-8 weeks
 - ☐ 1 year
 - ☐ an 18 month- desktop review of all child health records
 - ☐ 2-2 ½ years
- ☐ Level 3: Targeted
 - ☐ One month
 - ☐ 3-4 months
 - ☐ 3 - 3 1/2 years
- ☐ Level 4: Specialist
 - ☐ Multi-agency working
- ☐ Level 5: Intensive
 - ☐ Home visiting service for vulnerable families with children under 2 years, open to families regardless of age, number of children and not restricted to first pregnancies

- 5.15. This new service model provides a new intensive home visiting service (replacing FNP) which is open to a wider number of families, including families who have had children who have died. It also comprises three additional targeted visits 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 at the 3-3.5 year visit to address the impact of COVID-19 on early years development. There are also two additional High Impact roles to support homeless families, and integrated reviews (a total of 9) and an 18 month desktop review of child health records to ensure any outstanding remedial action is identified and addressed before development is impaired.
- 5.16. The procurement of the Enhanced Health Visitor service will align with the following principles:
- 5.16.1. 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.
 - 5.16.2. To focus on prevention and health promotion, early identification of needs, intervention, and clear support packages that families can easily navigate and access.
 - 5.16.3. 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 Thresholds of Need](#) ensuring effective intervention in families where there are concerns, e.g. parenting capacity, adult mental health, alcohol or substance use, domestic or child abuse.
 - 5.16.4. To lead the delivery of the Healthy Child Programme (HCP) using a collaborative approach in partnership with children, families and agencies working together to support and empower children and families to improve their health and wellbeing whilst reducing inequalities in outcomes such as the uptake of immunisations, maternal and child obesity, dental health, mental health, emotional resilience and worklessness.
 - 5.16.5. 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.
 - 5.16.6. To improve services for children, families, and local communities through working efficiently, strengthening Health Visiting Services and using innovation to respond to needs at individual, community, and population level.

- 5.16.7. To deliver a service which is underpinned by rigorous quality assurance through effective self-evaluation, performance management and a continued focus on health improvement.

6. BENEFITS REALISATION / LESSONS LEARNED

The Health Visiting Service

- 6.1. Rather than radically change this successful delivery model, the service has been re-designed in line with the updated Healthy Child Programme 2021, with additional targeted reviews to support improved outcomes in school readiness, children with SEND, and the increasing number of vulnerable families with complex needs. The new model also involves closer working with the community to capacity build and diversify the skill mix, supports cultural appropriateness and integrated workforce models. Continued professional development and training will provide more specialist roles and boost recruitment which is key to achieving a sustainable, high-quality service.
- 6.2. Service delivery statistics from 2017/18 show that City and Hackney consistently delivered a higher completion rate for visits at the new birth, 12 months, and at 2 - 2 ½ years' reviews compared to regional and national averages.
- 6.3. However, Hackney performs less well at the 6-8 week review and has been below the London and England average for the last two years. Hackney is the fourth lowest performing borough for the 6-8 week review of 29 boroughs and the lowest performing compared to statistical neighbours (excluding Lewisham, no data available).
- 6.4. The percentage of children achieving School Readiness at the end of Reception in 2018/19 was 69.6% in Hackney and 85.1% in the City of London. Hackney had the lowest percentage of London and England averages.
- 6.5. Two pilots were undertaken with the Charedi Orthodox Jewish Community to increase the uptake of the 27-month developmental review. The pilots concluded that there was still a need to build trust and confidence between the Health Visiting Service and the community to increase the need to participate in developmental reviews. The recommendation was that the service should continue to deliver cultural appropriateness training.
- 6.6. There are also increasing levels of vulnerable families, children with SEND, families in temporary accommodation/homeless, and families with complex needs in the population. To address these needs the new service will employ an additional High Impact role to support increased take-up of integrated reviews particularly within the Charedi community and include an additional targeted review at 3 - 3 ½ years to reach those children who are missed at the 2 ½ review; these measures will support improved school readiness outcomes. A

commitment to undertake on-going cultural appropriateness training will be included in the service specification.

- 6.7. Health promotion within early years settings and with childminders (a large number who are from the Charedi community) will also ensure a focus on improving outcomes and raising the importance of attending reviews.
- 6.8. There will also be an additional High Impact role to specifically support homeless families; the 2022 City & Hackney Health Needs Assessment identified that more holistic support was required for these families.
- 6.9. The enhanced service will embrace innovation, digital solutions, and blended delivery to improve review targets and diversify and upskill the workforce to meet the challenge of recruiting and retaining a skilled workforce and a modern service.

The Family Nurse Partnership (FNP)

- 6.10. The FNP programme has a number of limitations: a) It only works with first-time young mums under 25yrs old. This is not in line 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. b) The programme only works with the first child up to 2 yrs. In Hackney, a large percentage of births are within the Charedi population who have large families with up to 10 children - a number who are under 2 yrs. The FNP programme only works with 1 child. c) The programme does not address concealed pregnancies, as you cannot access the programme if you are more than 28 weeks pregnant. d) FNP is a licensed model; the service cannot be tailored to suit the needs of our local population.
- 6.11. Feedback obtained from clients as part of the 2022 Health Needs Assessment demonstrates the programme is highly valued but would like the programme to work with more than one child.
- 6.12. The service is monitored against four core elements as part of their licensed programme: 1) client eligibility and enrolment; 2) family nurse recruitment, education and working practices; 3) supervisor recruitment, education and working practices and 4) local organisational infrastructure and resources.
- 6.13. In the last two years, the service has been successful in offering services to first-time mothers under the age of 24 years and has also been able to meet attrition levels of less than 40%.
- 6.14. However, the service has faced challenges in ensuring that 75% of clients who are offered the service go on to enrol on the programme and ensuring they enrol before 16 weeks and at a maximum of 28 weeks.
- 6.15. The service has also faced challenges in recruitment and staffing capacity, which has impacted achieving these KPIs.

- 6.16. The new model continues to focus on those eligible for FNP whilst also broadening the criteria for intensive home support to meet the needs of families most in need - no restrictions on age or number of children under 2yrs and no time limit on referrals (addresses concealed pregnancies). The number of visits will be based on need; once clients reach 'Self Reliance', they will return to universal health services.

Healthy Early Years London (HEYL)

- 6.17. The new model incorporates a robust health promotion programme for early years settings and childminders and builds the capacity of settings to improve health and wellbeing and address health inequalities. This includes ensuring settings have the policies and practices in place to promote the take up of integrated reviews, immunisations, early cognitive, emotional, and social development, healthy eating, physical activity, oral health, and addressing the needs of children with special educational needs (SEN).
- 6.18. The service has previously focused on 2 elements of the HEYL programme - Eat Better, Start Better (healthy eating) and physical activity. This new Enhanced Healthy Visiting Service would broaden and expand the reach and remit of the programme to cover the full nine elements and, as a health promotion programme, would benefit from the additional expertise and support provided by the Community Health Nurses.

Community Based Peer Mentoring Support for Vulnerable Pregnant Women and New Mothers

- 6.19. The new model involves working with a Community Voluntary Sector partner to deliver:
- Single Point of Access (SPOA) (Crisis Support) - this is the first point of contact for residents. The initial meeting consists of an assessment conducted over the phone to determine urgent welfare needs and more long-term priorities; tailored information and signposting is then provided.
 - Intensive support, advice and guidance - supports women to gain the knowledge, skills and confidence to become active participants in their own health and wellbeing in order to reach self-identified goals. Support is offered over the phone or in person over a number of sessions with a named staff member.
 - Peer Mentoring Support - is a more intensive and longer term package of support offered to women, from a trained volunteer peer mentor, following crisis support. Meetings take place in the community or over the phone.
- 6.20. It will work with clients to:
- Improve emotional wellbeing
 - Reduce isolation and loneliness

- Improve confidence and self-esteem
- Increase access to local services

Strategic Context:

- 6.21. This service strongly supports the key priorities identified by the City and Hackney Integrated Care Partnership.
- 6.22. Deliver a shift in resources and focus on prevention to improve the long-term health and wellbeing of local people and address health inequalities. The enhanced model was developed to identify concerns at an earlier stage enabling access and referral to additional sources of support to address development concerns and to prevent the escalation of need, making referrals to wider services more effective.
- 6.23. The enhanced service has five levels which identify families with the highest levels of need to reduce vulnerabilities and address inequalities.
- 6.24. Deliver proactive community-based care closer to home and outside of institutional settings where appropriate. The service will be based in community settings and Children's Centres across the City and Hackney to help facilitate access and improve care.
- 6.25. Ensure we maintain financial balance as a system and achieve our financial plans. The new provider will be required to manage any inflationary risk for the duration of the contract, including NHS staffing cost uplifts.
- 6.26. Deliver integrated care which meets the physical, mental health and social needs of our diverse communities. The service will work in partnership with a range of services based in the community to ensure the support provided is holistic and tailored to the individual and their specific needs.
- 6.27. Empower patients and residents. This service aims to equip vulnerable families with the knowledge and tools they need to move through the stages of 'stuck', 'starting to engage', 'trying for yourself', 'finding what works' to 'self-reliance'.

This service also supports the Mayor's priorities in a number of ways.

- 6.28. It ensures that the lessons of coronavirus and the underlying health inequalities that determine poor health are understood and tackled and that disproportionate health outcomes are narrowed.
- 6.29. To continue with plans to join up health and social care to deliver locally accountable and integrated services. Work is currently in progress to agree on a Joint Children & Family Integrated Health Framework that will align with the 'systems' priorities and summarise the approach to integrated children and families services (including Family Hubs) across the City of London and Hackney; this will include a vision for integrated services and key integration principles that will

support 0 - 19 (25) commissioning. This tender is part of a phased programme to develop an Integrated Children and Families' Health & Wellbeing Service.

- 6.30. Local Authorities have mandated responsibilities under the Health and Social Care Act 2012 to ensure the delivery of health visiting and school nursing services to the whole of the child population.
- 6.31. Hackney has a service level agreement with the City of London Corporation to commission services on behalf of both Local Authorities.
- 6.32. Resources can be met for this service from existing budgets. Cashable efficiency savings are not required for this service; however, the new provider will be required to manage any inflationary risk for the duration of the contract, including NHS staffing cost uplifts.

Preferred Option:

- 6.33. The preferred model is to appoint via a competitive procurement process a single provider to deliver an Enhanced Health Visiting service that includes the statutory Health Visiting function alongside increased provision for an intensive support service for vulnerable parents. The aims of the service are to provide expert advice, support, and evidence-based interventions to families with children in the first years of life, in line with the revised 2021 national Healthy Child Programme (HCP).
- 6.34. As a result of moving from four providers to one provider this model maximises resources and supports a range of service enhancements to support early intervention and early identification due to reduced management costs; this ensures improved service delivery and best value for money. It also allows for concentrated investment and builds the skills and capabilities of the existing workforce, providing more opportunities for an increased number of senior nursing roles and opportunities for career progression.
- 6.35. The model also incorporates a new, intensive home visiting service which will be accessible by a wider range of vulnerable families, based solely on need rather than on criteria.
- 6.36. The new model incorporates evidenced-based assessment tools, including the Early Language Identification Measure (ELIM), Solihull Approach (addressing emotional health and wellbeing), Adverse Childhood Experiences (ACE), the New Birth Outcomes Star and the Early Help Assessment (EHA) tool and facilitates the use of innovative approaches and digital resources to reach families.

7. ALTERNATIVE OPTIONS (CONSIDERED AND REJECTED)

7.1. Option 1: Reprourement of the existing Health Visiting and Family Nurse Partnership services.

- 7.1.1. This option does not allow for an integrated and enhanced Health Visiting service that would 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.

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

7.2.1. 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.

7.2.2. There is an increasing number of older first-time mothers and a decreasing number of teenage/young parents. Feedback undertaken as part of the 2022 City & Hackney Health Needs Assessment has also shown that families want a programme that can be accessed at any time during their pregnancy or following their pregnancy and that will work with more than one child under 2 yrs old.

7.2.3. The Family Nurse Partnership model is a licenced programme that cannot be tailored to local needs, and during the lifetime of the programme, it failed to reach its recruitment targets. This option would mean continued adherence to the rigid eligibility criteria that would continue to result in low take-up rates; this option does not meet our needs and therefore is not cost-effective.

7.3. Option 3: Do Nothing

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

7.4. Option 4: Insourcing

7.4.1. Procurement of an in-house service for health visiting for vulnerable families was considered within the short time frame available but not considered to deliver the best options nor be feasible.

7.4.2. 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.

- 7.4.3. 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.
- 7.4.4. 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 procurement and as such was rejected as a viable option for these services.

Considerations with regard to in-sourcing that were explored:

- 7.4.5. 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.
- 7.4.6. 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.
- 7.4.7. 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
- 7.4.8. 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.

- 7.4.9. 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.
- 7.4.10. 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.

7.5. Success Criteria/Key Drivers/Indicators:

The Health Visiting Service is the lead for the 0-5 Healthy Child programme (HCP) and contributes to the achievement of the following health outcomes:

- Improving life expectancy and healthy life expectancy
- Reducing infant mortality
- Reducing low birth weight of term babies
- Reducing smoking at delivery
- Improving breastfeeding initiation
- Increasing breastfeeding prevalence at 6-8 weeks
- Child development at 2-2.5 years
- Reducing the number of children in poverty
- Improving school readiness
- Reducing under 18 conceptions
- Reducing excess weight in 4-5 and 10-11 year olds
- Reducing hospital admissions caused by unintentional and deliberate injuries in children and young people aged 0-14
- Improving population vaccination coverage
- Disease prevention through screening and immunisation programmes
- Reducing tooth decay in children aged 5

8. WHOLE LIFE COSTING/BUDGETS

Enhanced Health Visiting Service

- 8.1. The whole life cost for the Enhanced Health Visiting Service comes from the ring-fenced public health grant; this will be a maximum of £35.4M or £7.07M per year for up to five years.
- 8.2. The new service will commence on the 1st of September 2023 and will replace the existing Health Visiting service (circa £6.42M p.a.), Family Nurse Partnership (circa £500k p.a.), HEYL service (£100k p.a.) and the Community Based Peer Mentoring Support for Vulnerable Pregnant Women and New Mothers (£50k p.a.).
- 8.3. NEL ICB will contribute £25k p.a. of match-funding towards the Community Based Peer Mentoring Support for Vulnerable Pregnant Women and New Mothers (currently known as Bump Buddies). Although the City does not currently contribute to this service, City residents are eligible because of ICB funding.
- 8.4. The City of London will provide an annual contribution to this service to cover the cost of providing the Enhanced Health Visiting service to City of London residents. This will be approximately 3% of the total contract value.

Young People's Clinical Health and Wellbeing Service

- 8.5. This service provides a clinical and treatment service for young people aged 11 to 19. A five-year contract with a total value of £2.6M was awarded to Homerton University Hospital (HUH) in 2016 following a competitive procurement process. In response to the Covid-19 pandemic, this contract was extended until the end of August 2023 via CPIC Report in May 2021.
- 8.6. This extension was required to ensure continuity of service during the emergency response phase of the pandemic and to provide time to undertake an analysis of the impact of the pandemic on the health and wellbeing needs of children and young people.
- 8.7. A further one-year extension until the end of August 2024 is requested as part of the phased approach to the recommissioning of all public health, children, and young people (0-25) related services. Aligning the procurement timetable with other related services will maximise the potential for service integration and the potential for insourcing. The total cost of this extension will be £540,145.
- 8.8. The one year extension will also provide further time for analytical work which was delayed by the ongoing impact of the pandemic.
- 8.9. The service is currently delivered by the local NHS trust and it is unlikely that the proposed extension will be challenged. NHS providers are under considerable pressure and are prioritising the delivery of existing services. In addition, following the passing of the Health and Care Act 2022 providers are increasingly focusing on partnership working with local commissioners (changes to the

provider selection regime for health, including Public Health services, are anticipated but the timetable currently TBC).

NB: as a service provided by an NHS provider, the Young People's Clinical Health and Wellbeing Service is eligible for an annual Agenda for Change (AfC), staffing-related uplift. The 2022/3 AfC uplift is currently to be confirmed and whether this will constitute an additional cost pressure for extending the service.

9. POLICY CONTEXT:

The most relevant policies are listed below.

Hackney Health and Wellbeing Strategy 2022-2026

- 9.1. The Hackney Health and Wellbeing Board aims to improve health in Hackney and reduce health inequalities - the avoidable and unfair differences in health between different groups and communities. The Enhanced Health Visiting model clearly contributes to improving health and reducing health inequalities through its needs-led approach and increased access to level 5 services to include more vulnerable families

Hackney Council Corporate plan refresh:

- 9.2. Priority 5: Community Wellbeing and Tackling Health Inequalities. The Enhanced Health Visiting Service has also been updated in line with the 2021 Healthy Child Programme, which aims to address the impact of COVID-19 and health inequalities. Families with the highest levels of need and vulnerabilities and related complexities will be identified early, prioritised, and have improved access to services.

The Hackney Community Strategy 2018–2028

- 9.3. The proposed service will also strongly support the Hackney Community Strategy 2018–2028. The most relevant aspects of the priorities listed in this strategy are that 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. These values also will underpin the new Enhanced Health Visiting Service.

City of London Corporate Plan

- 9.4. The service will also support many of the aims and priorities set out in the City of London's Corporate Plan, most notably that "People enjoy good health and wellbeing", which is one of the main aims of the service. However, it will support other priorities, such as supporting people to have equal opportunities to enrich their lives and reach their

full potential and communities being cohesive with the facilities they need

The Healthy Child Programme, 2021

- 9.5. The updated model emphasises the health visiting and school nursing role as leaders of the Healthy Child Programme, collaborating with various delivery partners. It offers every family an evidence-based programme of interventions, including screening tests, immunisations, developmental reviews, and information and guidance to support parenting and healthy choices.
- 9.6. The 2021 model outlines the guidance for a modernised health visiting, and school nursing service delivery model that is 'Universal in reach – Personalised in response' consisting of a schedule of interventions, from universal to intensive support. The Enhanced Health Visiting Service has been updated in line with this guidance

NHS Long Term Plan

- 9.7. This service supports the NHS Long Term Plan by identifying and targeting families identified as having the greatest risks and needs, and providing targeted and or intensive support

Public Health Outcomes Framework

- 9.8. This contract supports a range of related measures from the Public Health Outcomes Framework which contributes towards the overall aim to increase healthy life expectancy. Furthermore, the focus of this service on decreasing health inequalities also contributes towards the overall outcomes to reduce the differences in life expectancy and healthy life expectancy between communities.

10. CONSULTATION/STAKEHOLDERS

Two workshops were held by public health to inform the redesign of health visiting services in 2022.

Early Years Workshop February 2022

- 10.1. Participants from health, education, local government, voluntary and private sectors. Improvements suggested by participants were themed around a) integrated working and joint training programmes; b) better handover of clients; c) reintroduction of services that had stalled due to the pandemic such as 'integrated reviews', improving the 'visibility of HV staff'; d) and sharing of data for planning and service delivery. The feedback highlighted potential inconsistencies in service delivery.

Health Visiting Workshop March 2022

- 10.2. Three speakers were invited to discuss various health care models, Newham presented an in-house model, Tower Hamlets, GP Care

Group Provider model and Brent presented the MESCH (Maternal Early Childhood Sustained Home-Visiting) which is an Australian model of health visiting. The key themes raised were a) integration, including health visiting with school nursing, children centres, early help systems and the co-location of services with multi-agency provision at the neighbourhood level; b) partnership working; c) The need to cultivate trust with families; d) Workforce shortages as an important implication for future services.

- 10.3. Stakeholder responses to the modernised 2021 Healthy Child Programme were received positively; it was recognised as less prescriptive and more responsive, providing support beyond the first 1001 days to school readiness. Positive responses were also received with regard to the inclusion of a targeted 3 - 3 ½ year Integrated Review, noting that it would be particularly good to pick up children who had missed the 27 month review and good for SEND children; however, a dedicated post would be needed to support this. These responses have been noted and included in the specification.
- 10.4. It is anticipated that staff from one or more of the existing providers will be eligible for TUPE transfer to the new service. The existing providers have been included in the stakeholder consultation completed as part of the service design process.

11. RISK ASSESSMENT/MANAGEMENT:

| Risk | Likelihood | Impact | Overall | Action to avoid or mitigate risk |
|--|-------------------------------|--------|---------|--|
| | L – Low; M – Medium; H - High | | | |
| 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. Continual need to ensure the delivery of high quality staff training and development. |
| This is a specialist clinical service, and there are a limited number of suitably qualified providers. | Medium | Medium | Medium | Pre-market engagement has been completed which has included research into different Health Visiting models across the country, benchmarking with other local authority areas to |

| Risk | Likelihood | Impact | Overall | Action to avoid or mitigate risk |
|---|-------------------------------|--------|---------|---|
| | L – Low; M – Medium; H - High | | | |
| | | | | identify potential providers, and consultation events. A Prior Information Notice has been issued alerting the market to this opportunity. Further market engagement is planned to publish this procurement opportunity. |
| Families eligible for the service do not engage with the service | Low | Low | Low | 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 | Low | Low | Service mobilisation period will be for a minimum of 6 months, to allow for the safe and secure sharing of client records. |

11.1. **Insurance:** Advice from Insurance Services has been sought, and appropriate insurance will be included in the tender documentation.

11.2. **Market Testing** (Lessons Learnt/Benchmarking):

11.2.1. A Prior Information Notice was published on 1st August, 2022. This was followed by a market engagement event with potential bidders who had expressed an interest in delivering the service.

11.2.2. There were a number of presentations made to various strategic forums to share and gather responses to the proposed new service model. This included:

- CYPMPF Neighbourhoods Steering Group meeting 1/8

- GP Practice Group - 3/8
- Market Engagement Event 8/9

11.3. Savings

- 11.3.1. Resources can be met from existing budgets, and there are no cashable efficiency savings required from this procurement. However, the new provider will be required to manage any inflationary risk for the duration of the contract, including NHS staffing cost uplifts (Agenda for Change).

12. SUSTAINABILITY ISSUES

Procuring Green

- 12.1. 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.

Procuring for a Better Society

- 12.2. 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.

Procuring Fair Delivery

- 12.3. 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).
- 12.4. The number of organisations invited to tender will not be restricted. The criteria for the service has been expanded to include all vulnerable families using the approach of universal in reach and personalised response.
- 12.5. The social value delivered by the service will be tested as part of the procurement process.

Equality Impact Assessment and Equality Issues

- 12.6. 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.

- 12.7. 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.
- 12.8. The intensive home visiting service is for vulnerable families and will provide support based on the needs of the families.

13. **PROPOSED PROCUREMENT ARRANGEMENTS**

Procurement Route and EU Implications:

- 13.1. The service falls under the 'light touch' regime for services of the 2015 Public Contract Regulations. The tender opportunity will be promoted as widely as possible. This will include all organisations that responded to the Prior Information Notice.
- 13.2. The total contract value is above the threshold (currently £663,540, including VAT), so a Find a Tender Service (FTS) notice will be published.

Resources, Project Management and Key Milestones:

- 13.3. The service will be overseen by the Public Health Consultant lead for Children's services and contract managed by a Senior Principal Public Health Specialist with support from the Public Health Commissioning Team.
- 13.4. The project team responsible for designing the service included:
- Public Health Consultant, London Borough of Hackney
 - Principal Public Health Specialist, LBH
 - 2 Senior Public Health Specialists, LBH
 - Public Health Commissioning Manager, LBH
 - Supported by Senior Programme Manager and Business Support Officer, LBH

| Key Milestones | |
|--|---------------------------------------|
| | |
| Business Case Report to CPIC | 3rd October 2022 |
| Find a Tender Service advert placed | 11th October 2022 |
| | |
| Issue Tender | 11th October 2022 |
| Deadline for tenderer's questions | 14th November 2022 |
| Tender returns | 21st November 2022 |
| Tender Evaluation | 15th November 2022 -3rd February 2023 |
| | |
| Contract Award Report considered at CPIC | 17th April 2023 |
| Voluntary standstill period | 18th - 28th April 2023 |
| Mobilisation period | May - end of August 2023 |
| Start on site / Contract start | 1st September 2023 |

Contract Documents: Anticipated contract type

- 13.5. A detailed specification has been drafted , which includes areas that are set by national standards and evidence base. Other parts of the service specification have been influenced by consultation, completion of a joint strategic needs assessment and involvement of the design steering group. The involvement of stakeholders in the consultation on the specification gives us full confidence that they have bought into the process.
- 13.6. The tender pack will include the terms and conditions that are currently used by Public Health and method statement questions to evaluate the quality of the service to be delivered by the providers.
- 13.7. The contract will be awarded to a single organisation with access to the relevant clinical oversight and support services.

Sub-division of contracts into Lots

- 13.8. Provision of the Enhanced Health Visiting services requires formal registration, clinical expertise and supervision and cannot be broken down into smaller lots; however, the service is expected to work in partnership with local providers at the Community Level. Tendering through a single tender and moving from three providers to one provider maximises resources and supports a range of service enhancements to support early intervention and early identification due to reduced management costs; this ensures improved service delivery and best value for money. It also allows for concentrated investment and builds the skills and capabilities of the existing workforce and provides opportunities for the creation of more senior nursing roles and opportunities for career progression.

Contract Management:

- 13.9. The contract will be managed by Hackney's Public Health team. This will include a minimum of quarterly review meetings and contract monitoring forms which will be used to review service delivery and performance against required service levels and key performance indicators. In addition to this, the current provider will also be contract managed to ensure that if a new Provider is selected, there is a smooth transition process.
- 13.10. Contract monitoring meetings will look into the performance against Key Performance Indicators, identification and mitigation of any underperformance issues, service development, as well as staffing and health and safety issues. This will be implemented throughout the contract period.
- 13.11. The provider will be expected to adopt an approach of continuous learning and development to improve the service delivery throughout the contract. The budget structure will support this, allowing a portion of funds to be moved to the best performing and most in demand aspects of the service.

Key Performance Indicators:

- 13.12. 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) Excellent partnerships
 - c) Public health outcomes
 - d) Safeguarding
 - e) Service satisfaction (See Appendix 1 for full detail of KPIs).

14. COMMENTS OF THE GROUP DIRECTOR FINANCE AND CORPORATE RESOURCES

- 14.1. This business case seeks approval to procure an Enhanced Health Visiting Service, which is in line with the revised 2021 Healthy Child Programme guidance published for a period of up to 5 years (2 +1+1+1) from 1st September 2023 at a maximum contract value of £35.4M (£7.07M p.a.).
- 14.2. The report also requests approval to extend the current contract for the Children & Young People's Clinical Health and Wellbeing Service plus service for an additional year upto 31 August 2024 at a total annual contract cost of £540k.
- 14.3. The annual contract values of £7.07m and £540k reflected in the points above have been factored into the commissioning plans for the 2022/23 financial year, and will not result in a budget pressure for the Council. If budget pressure arises, then management actions would need to be implemented to contain expenditure within the available grant.

15. VAT Implications on Land & Property Transactions

- 15.1. None.

16. COMMENTS OF THE DIRECTOR, LEGAL, DEMOCRATIC & ELECTORAL SERVICES

- 16.1. 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.
- 16.2. The services to be procured in this Report are classified as Social and other Specific Services under Schedule 3 of the Public Contracts Regulations 2015 and are of an estimated value above the threshold of £663,540 (including VAT) for such services. Therefore it will be necessary to publish a Find a Tender notice in respect of the procurement of the services. However as these are Schedule 3 (light touch) services the Council will then be subject to a smaller number of

procedural rules in regard to how it procures such services. It will, however, be important to ensure that it complies with the obligations to treat economic operators equally and without discrimination and act in a transparent and proportionate manner in accordance with Regulation 18 of the Public Contracts Regulations 2015

- 16.3. The procurement of these services is for the benefit of both the London Borough of Hackney and City of London Corporation. This will need to be stated in the procurement documents so bidders are aware of the scope of the contract.
- 16.4. It is also proposed to extend the Young People's Clinical Health and Wellbeing Service contract for the period from 1st September 2023 - 31st August 2024. This Report sets out the reasons why it has not been possible to undertake a procurement process to continue service provision after prior to the expiry of the contract. To undertake a procurement in order to appoint a short term provider to commence the service in 2023 would be economically disadvantageous for the Council in terms of the price of tenders received and is unlikely to meet the needs of the Council with regard to integration of service provision. Therefore it is proposed to seek an extension to the current contracts with the provider. It should be noted that there is, therefore, some risk to the Council that a challenge to the extension of the contract could come from competitors the Council has not approached to undertake the services. If such a challenge were successful it is likely that the Council would be liable to pay the lost profits of a party who has successfully challenged as well as the costs of bringing such a challenge and potentially a fine from the government for a breach of the Regulations. This should be considered in the decision to approve the award in this Report.

17. COMMENTS OF THE PROCUREMENT CATEGORY LEAD

- 17.1. The proposed service is valued at up to £35.4M which is above the relevant UK public procurement threshold (Social and Other Specific Services "light touch" regime) and must be awarded in accordance with the relevant procedures set out in the Public Contracts Regulations 2015. The Council's Contract Standing Order 2.5.2 requires that the Business Case and Contract Award for a High risk procurement be approved by Cabinet Procurement and Insourcing Committee.
- 17.2. Procurement of a single contract via an open competitive tender process is supported as an appropriate and compliant route as set out in the report.
- 17.3. The proposals for service integration as part of a phased programme provides an opportunity to improve the outcomes delivered to residents whilst also maximising value for money.

- 17.4. The timeline for the procurement process is reasonable to ensure contract commencement on 1st September 2023. The extension of the Children & Young People's Clinical Health and Wellbeing service for an additional year upto the 31 August 2024 is supported for the reasons set out in the report.

18. EXEMPT

- 18.1. None

19. BACKGROUND PAPERS

- 19.1. In accordance with The Local Authorities (Executive Arrangements) (Meetings and Access to Information) England Regulations 2012 publication of Background Papers used in the preparation of reports is required

20. DESCRIPTION OF DOCUMENT (or None)

- 20.1. This business case was based on the following key documents:
- City & Hackney Children and Young People's Health Needs Assessment 0 - 25yrs, 2022
 - Health Visiting/FNP Project Plan
 - PRIMAS
 - Risk Assessment Tool
 - Privacy Impact Assessment
 - Equalities Impact Assessment
 - Prior Information Notice

| | |
|---|--|
| Report Author | Angela Birch Senior Public Health Specialist Children & Young People angela.birch@hackney.gov.uk (020) 8356 3116 & Swati Vyas Senior Public Health Specialist swati.vyas@hackney.gov.uk Tel: (020) 8356 4450 |
| Comments for and on behalf of the Group Director Finance and Corporate Resources | Reza Paruk Head of Finance (Adults, Health & Integration) reza.paruk@hackney.gov.uk 020 8356 4653 |
| Comments for and on behalf of Director, Legal, Democratic and Electoral Services | Patrick Rodger, Senior Lawyer Patrick.Rodger@Hackney.gov.uk (020) 8356 6187 |

| | |
|--|--|
| Comments of the Procurement Category Lead | <p> Timothy Lee Category Lead (Health and Social Care timothy.lee@hackney.gov.uk 020 8356 7782 </p> |
|--|--|

21. APPENDICES

Appendix 1: Funding Confirmation Letter to LBH from the ICB Sept 13 2022

https://docs.google.com/document/d/10rx0Xp1y_sIMl-EnuwwpIIXEHaE1OAEHx6GXnlc7GA4/edit

Appendix 2: Enhanced Health Visiting Service - Key Performance Indicators (KPI's)

The City & Hackney Enhanced Health Visiting model has been modernised in line with the 2021 Healthy Child Programme. The 2021 guidance addresses the impact of COVID-19 on children's development, the increasing number of vulnerable families and continues to focus on the need to address widening health inequalities. All of the following Service KPIs are linked to the Mayoral Priority to ensure that the lessons of coronavirus and the underlying health inequalities that determine poor health are understood and tackled, and that disproportionate health outcomes are narrowed.

| KPI No | KPI | Target | Reporting Frequency |
|--------|--|------------------------|---------------------------------------|
| | 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 |
| | Percentage of births that received a face-to-face NBV within 14 days by a Health Visitor | 95% target | Quarterly provider performance report |
| | Percentage of targeted mothers (vulnerable mothers specialist and intensive service) who received a follow up home visit at 1 month | 66% target | Quarterly provider performance report |
| | Percentage of children of targeted mothers (vulnerable mothers identified as having needs at the specialist and intensive level) who received a 3-4 month assessment | 66% target | Quarterly provider performance report |
| | Completion of Outcomes Star | Baseline 95% target | Quarterly provider performance report |

| | | | |
|--|---|---|---------------------------------------|
| | Percentage of children/families following a targeted review who have completed an Outcomes Star | Baseline 95% target | Quarterly provider performance report |
| | Percentage of children who received a 12 month review by the time they turned 12 months | 90% target | Quarterly provider performance report |
| | Percentage of children who received a 2-2.5 year review | 90% target | Quarterly provider performance report |
| | Percentage of children who received a 2-2.5 year review using ASQ 3 | 80% target | Quarterly provider performance report |
| | Percentage of children who received an Integrated 2-2.5 year review | 66% target | Quarterly provider performance report |
| | Percentage of child records reviewed at 18 months | Establish baseline in Yr.1 (target set in Yr.2; 66%) | Quarterly provider performance report |
| | Percentage of child records where follow-up action has been identified and completed | 100% | Quarterly provider performance report |
| | Percentage of children who received a 3-3.5 year review using ASQ 3 | Baseline 95% target | Quarterly provider performance report |
| | Clients recruited onto Intensive 1-2-1 Home Visiting Service by pregnancy, infancy and toddlerhood: <ul style="list-style-type: none"> • Pregnancy • Infancy • Toddlerhood | 80 per annum 90% target | Quarterly provider performance report |

| | | | |
|--|---|---|---------------------------------------|
| | <p>Clients commencing the Intensive 1-2-1 Home Visiting Service by stage:</p> <ol style="list-style-type: none"> 1. Stuck 2. Starting to engage 3. Trying for yourself 4. Finding what works | <p>72 (90% of 80) per annum</p> <p>100% target</p> | Quarterly provider performance report |
| | <p>Clients who have left the Intensive 1-2-1 Home Visiting Service by stage (attrition rates):</p> <ol style="list-style-type: none"> 1. Stuck 2. Starting to engage 3. Trying for yourself 4. Finding what works 5. Self-Reliance | <p>10% or less</p> <p>10% or less</p> <p>15% or less</p> <p>20% or less</p> <p>100%</p> | Quarterly provider performance report |
| | Clients commencing the Intensive 1-2-1 Home Visiting Service who have been referred back to the Universal Service | Target 72 Baseline | Quarterly provider performance report |
| | Reduction in smoking during pregnancy | No target | Quarterly provider performance report |
| | <p>Percentage of clients breastfeeding at:</p> <ol style="list-style-type: none"> a) initiation b) 6 weeks infancy - exclusive c) 6 months infancy - exclusive d) 12 months infancy with complimentary foods e) up to 24 months with complimentary foods | | Quarterly provider performance report |
| | Reduced premature and low birth weight babies: | No target | Quarterly reporting |

| | | | |
|--|--|-----------------------------|---------------------------------------|
| | Percentage of infants that were premature (before 37 weeks gestation): Percent of babies of low birth weight (under 2500g) at term | | |
| | Percent of babies of low birth weight (under 2500g) at term a) 6 weeks infancy b) 6 months infancy c) 12 months infancy | No target | Quarterly reporting |
| | Non-completion rate of all recommended immunisations (written record and mother's self-report): a) 6 months infancy b) 12 months infancy c) 24 months infancy | No target | Quarterly reporting |
| | Percentage of infants being breastfed at i) New Birth Visit ii) 6-8 weeks | 90% NBV 70% 6-8 weeks | Quarterly provider performance report |
| | Percentage of mothers offered a Body Mass Index assessment at 6-8 weeks | 95% target | Quarterly provider performance report |
| | Percentage of mothers whose smoking status is recorded at i) New Birth Visit (NBV) ii) 6-8 weeks | 95% target | Quarterly provider performance report |
| | Percentage of mothers who received a Maternal Mood review at the New birth visit (by 21 days) | 95% target | Quarterly provider performance report |
| | Percentage of women who receive a routine enquiry about domestic violence at the antenatal contact | 95% target | Quarterly provider performance report |

| | | | |
|--|---|----------------|---------------------------------------|
| | No. of new CAFs completed by Practitioners in the month | 60 CAFs target | Quarterly provider performance report |
| | HV engagement with safeguarding supervision | 90% target | Quarterly provider performance report |