

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	<p>Councillor Chris Kennedy, Cabinet Member for Health, Adult Social Care, Voluntary Sector and Culture</p> <p>Councillor Bramble, Deputy Mayor and Cabinet Member for Education, Young People and Children's Social Care</p> <p>Councillor Woodley, Cabinet Member for Families, Parks and Leisure</p>
Key Decision	<p>Yes</p> <p>Significant in terms of its effects on communities living or working in an area comprising two or more wards.</p>
Group Director	Helen Woodland, Group Director Adults, Health and Integration
Contract value, <u>both</u> 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 ▾	<ul style="list-style-type: none"> - 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 ▾	<ul style="list-style-type: none"> - 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 ▾	<ul style="list-style-type: none"> - 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 ▾	<ul style="list-style-type: none"> - Support and encourage those that are eligible, to be TUPEd into the new service.

experienced in supporting vulnerable young parents				<ul style="list-style-type: none"> - 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	80% target	Quarterly provider performance report
			Denominator: Total number of mothers due a first face to face antenatal contact in the quarter. Formula: $\text{Numerator/Denominator} \times 100$		
	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: $\text{Numerator/Denominator} \times 100$		
	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.	90% target	Quarterly provider performance report
			Denominator: The number of children turned 6-8 weeks in the appropriate quarter Formula: $\text{Numerator/Denominator} \times 100$		
	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		performance report
			Denominator: Total number of children who turned 12 months, in the appropriate quarter Formula: $\text{Numerator/Denominator} \times 100$		
	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	90% Target	Quarterly provider performance report
			Denominator: Total number of children who turned 15 months, in the appropriate quarter Formula: $\text{Numerator/Denominator} \times 100$		
	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: $\text{Numerator/Denominator} \times 100$		
	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: $\text{Numerator/Denominator} \times 100$		

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: $\text{Numerator/Denominator} \times 100$		
	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.	90% target	Quarterly provider performance report
			Denominator: The total number of children due a 3-4 month review by the end of the quarter. Formula: $\text{Numerator/Denominator} \times 100$		
	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.	65% baseline target 75% in year 2	Quarterly provider performance report
			Denominator: Total number of children who are in an early years setting and turned 2.5 years, in the appropriate quarter. Formula: $\text{Numerator/Denominator} \times 100$		

	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	<p>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</p> <p>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</p>	Target to be established year 2	
	12	Percentage of children who received a 3-3.5 year review using ASQ 3	<p>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.</p> <p>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</p>	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	<p>Numerator: Total number of mothers receiving the intensive service who have completed an Outcomes Star in the quarter</p> <p>Denominator: Total number of mothers that received at least one targeted review per family by the quarter Formula: Numerator/Denominator x 100</p> <p><i>In year one the Outcomes Star is used for 95% of clients receiving an 'intensive' level of Service</i></p>	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 <i>In year two the Outcomes Star is also used for clients receiving targeted and specialist reviews</i>		
	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)	70%	Quarterly
			Denominator: Total number of infants due a 6-8 week check that were breastfed at the NBV Formula: $\text{Numerator/Denominator} \times 100$		
	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: $\text{Numerator/Denominator} \times 100$		
	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: $\text{Numerator/Denominator} \times 100$	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: $\text{Numerator/Denominator} \times 100$		
	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: $\text{Numerator} / \text{Denominator} \times 100$		
	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.	95% target	Quarterly
			Denominator: Total number of mothers who received an antenatal contact, in the quarter Formula: Numerator/Denominator x 100		
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	95% target	Quarterly
			Denominator: Number of new birth visits completed in the quarter. Formula: Numerator/Denominator x 100		
	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	95% target	Quarterly provider performance report
			Denominator: Total number link meetings attended by HV where GP is available, in the quarter Formula: Numerator/Denominator x 100		
Safeguarding					
	28	HV engagement with safeguarding supervision	Numerator: Number of Health Visitors who received their minimum of 3 monthly safeguarding supervisions.	90% target	Quarterly provider performance report
			Denominator: Number of Health Visitors due safeguarding supervision in the quarter.		

			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	90% target	Quarterly provider performance report
			Denominator: Number of service users who provided feedback on satisfaction. Formula: Numerator / Denominator x 100		
	30	Percentage of Practitioners who have been observed in practice	Numerator: Number of practitioners who were observed in practice.	25%	Annual provider performance report
			Denominator: Number of practitioners due an observation in that year. Formula: Numerator / Denominator x 100		

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: <ul style="list-style-type: none"> 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	<p>Denominator: Total number of clients who commenced Intensive 1-2-1 Home Visiting Service</p> <p>Formula: Numerator/Denominator x 100</p>	
Equalities analysis reporting		
Equalities analysis targeted/specialist/intensive	<p>Numerator: ethnicity of mothers who are on the targeted, specialist/intensive pathway</p> <p>Denominator: total number of mothers on a targeted/specialist/intensive pathway</p> <p>Formula: Numerator/Denominator x 100</p>	Annually /spreadsheet
Equalities analysis targeted/specialist/intensive	<p>Numerator: age of mother on a targeted, specialist, intensive pathway</p> <p>Denominator: total number of mothers on a targeted/specialist/intensive pathway</p> <p>Formula: Numerator/Denominator x 100</p>	Annually /spreadsheet
Caseload breakdown for the under 1s	<p>Numerator: Breakdown of caseload: universal, targeted, specialist, Intensive</p> <p>Denominator: Total infants aged <1 in the appropriate quarter</p> <p>Formula: Numerator/Denominator x 100</p>	Quarterly reporting /spreadsheet
Caseload breakdown for the over 1s	<p>Numerator: Breakdown of caseload universal, targeted, specialist, intensive</p> <p>Denominator: Total infants aged >1 in the appropriate quarter</p> <p>Formula: Numerator/Denominator x 100</p>	Quarterly reporting/spreadsheet
Public Health Outcomes		
Percentage of primary caregivers smoking at i) at NBV ii) at 6-8 weeks	<p>Numerator: Number of primary care givers smoking i) at NBV ii) at 6-8 wks</p> <p>Denominator: Number of primary care givers asked about their smoking status i) at NBV ii) at 6-8 wks</p> <p>Formula: Numerator / Denominator x 100</p>	Quarterly reporting /spreadsheet
Percentage of mothers who smoke that are referred to stop smoking services	<p>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.</p>	Quarterly reporting/spreadsheet

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

	<p>identified as underweight, overweight /severely obese</p> <p>Formula: Numerator/Denominator x 100</p>	
Percentage of mothers where a conversation about contraception is recorded	<p>Numerator: Total number of mothers who received a routine enquiry about contraception at their postnatal visit</p> <p>Denominator: Total number of mothers who received postnatal, in the quarter</p> <p>Formula: Numerator/Denominator x 100</p>	Quarterly reporting/spreadsheet
High Quality Partnerships		
Integrated delivery of service(s) in children centres/children and family hubs with early years services	<p>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</p> <p>Numerator: Training programme, job role and numbers attended</p> <p>Denominator: number of eligible practitioners</p> <p>Formula: Numerator/Denominator x 100</p>	Quarterly reporting /spreadsheet
Integrated delivery of service(s) in children centres/children and family hubs with early years services	<p>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</p> <p>Formula: Numerator/Denominator x 100</p>	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)	<p>Numerator: Number of case conferences where a health visitor or nominated representative attended.</p> <p>Denominator: Number of case conferences, in the quarter.</p> <p>Formula: Numerator / Denominator x 100</p>	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	<p>Numerator: uptake of mandatory training by practitioners/ uptake of other training by practitioners - broken down by job role and training type</p> <p>Denominator: eligible practitioners</p> <p>Formula: $\text{Numerator/Denominator} \times 100$</p>	quarterly/ narrative report