



## **Cabinet Meeting on Wednesday 15 May 2019**

### **Families Health and Wellbeing Service (0-19) Variation to Contract**

**Cllr Mark Sutton, Cabinet Member for Children and Young People said,**

“Setting children on the right path to a healthy, active and rewarding lives is a key priority for this county council.

As part of this we set out to transform the offer from birth to 19-year olds in their homes, in their communities and during education.

Integrating services is however complex, and the current provider of Families Health and Wellbeing Services has requested that children’s centres are no longer included in the contract.

Our children’s centres are doing some fantastic work and we believe this variation in the contract has the potential to allow us to maintain and build on this success story.”

#### **Report Summary:**

In July 2016 Cabinet approved the integrated commissioning of Health Visiting, School Nursing and the Children’s Centre’s. This was a complex transformation and commissioning process bringing different service elements into one contract and the delivery of challenging financial savings. In April 2018, following a competitive dialogue tender process, Staffordshire and Stoke on Trent Partnership Trust was appointed as the successful provider of the Families Health and Wellbeing Service. Their model covered all three service elements and identified a sub contract approach to delivering Children’s Centre elements. The Integration of this element contract is due to take place in April 2020.

The provider has now requested a variation to the contract to remove the Children’s Centre element. We recognise that there are benefits to the Council to agree to this which include the reduction of costs associated to sub-contracting arrangements and a greater potential to maintaining the high-quality services delivered through the Children’s Centre’s.

#### **Recommendations:**

I recommend that:

- a. Cabinet agree a variation to the existing Families Health and Wellbeing Service to remove the requirement to deliver the Children's Centre Offer from 2020.
- b. Cabinet approve to retender Children's Centre contracts.

<b>Local Members Interest</b>
N/A

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#### **Recommendations of the Cabinet Member for Children and Young People**

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#### **Report of the Deputy Chief Executive and Director for Families and Communities**

##### **Reasons for Recommendations:**

##### **Background**

1. Historically in Staffordshire Health Visiting services and School Nursing provision have been delivered by two separate NHS Trusts and Children Centre provision through several third sector organisation.
2. The Families Health and Wellbeing Service was awarded to Staffordshire and Stoke on Trent Partnership Trust (SSOTP). This contract includes the provision of mandated Public Health functions of the Healthy Child Programme and statutory functions of Children Centre's provision. Since the contract was awarded SSOTP has merged with South Staffordshire and Shropshire Foundation Trust and is now known as Midlands Partnership Foundation Trust (MPFT.) The contract was awarded following a competitive dialogue tender process.
3. The service specification requires the delivery of three elements.
  - a. The Healthy Child Programme (0- 5) provided by Health Visitors
  - b. The Healthy Child Programme (5-19) provided by School Nurses.
  - c. The Children's Centre's which includes Family Support and the Early Years Coordination Service.
4. The rationale for integrating universal and early intervention provision into one contract was to provide better joined up working between public health universal service provision for 0-5's with Children's Centre delivery. In addition, it was considered at the time that integrating contracts would result in reduced management and transaction costs.
5. Whilst in early stages of competitive dialogue all bidders engaged in the process asked that the integration of Children's Centre delivery be delayed. This was in

recognition of the complexity of integrating services. As such the Children's Centre delivery is not planned to move into this service until 1<sup>st</sup> April 2020.

6. The contract has a break clause for both parties which coincides with the date when the Children's Centre element will be introduced.
7. It is acknowledged that nationally we were the only local authority bringing together several statutory and mandated provision of Health Visiting, School Nursing and Children's Centres provision. As such a two-year lead in time felt proportionate and necessary to allow the provider to integrate safely.
8. During contract negotiation stage it was agreed that the provider would provide a 12 month lead in time to develop subcontract arrangements for the Children's Centre delivery.

### **Integrated Practice**

9. It is acknowledged that working through competitive dialogue and 12 months into this contract has given MPFT a greater understanding into Children's Centre's, how they work and current commissioning arrangements. As such they now have a greater knowledge of this element of the contract and how all providers and commissioners can work together.
10. Consequently, there has been close working between Children's Centre providers to ensure that MPFT maximise the working relationship with Children's Centre's. We have seen improvements to integrated practice through the following:
  - a. Health Visitors are based in some Children's Centre's.
  - b. Some Health Visitor Clinics are based in the Children's Centres and other community venues.
  - c. Health Visitors have worked to support the delivery of Children's Centre priorities, predominantly through the MPFTs Community Development Posts, which have led on projects to reduce A&E attendance, improving parenting capacity and improve healthy lifestyles.
  - d. Health visitors have become active members in local governance arrangements of the Children' Centres such as the Family Improvement Boards.
  - e. Health Visitors are an integrated part of the developments within the Early Years including the developing parenting campaign.
11. The above practice is the result of robust collaborative working between MPFT and the current Children's Centre providers. This change has been developed without the need of a formal contracting arrangement.

### **Further opportunities to integrate Children's Centres provision with the Families Health and Wellbeing Service**

12. Nationally there has been considerable independent evaluation of the Healthy Child Programme. As such the areas that are high impact or areas where joint working can make the biggest difference are:

- a. Transition to parenthood
  - b. Maternal Mental Health
  - c. Breastfeeding
  - d. Healthy Weights
  - e. Managing Minor Illnesses
  - f. Health and Wellbeing of the child
  - g. Improving emotional wellbeing
  - h. Keeping safe, managing risk and reducing harm
  - i. Supporting SEND
  - j. Building Resilient Families and Communities (Troubled families)
13. As such MPFT have recognised there is further scope to engage and partner with a wider range of stakeholders, including Children Centres to deliver high quality outcomes.

### **Issues for Consideration**

14. MPFT have requested a variation to the contract that will remove the delivery of the Children's Centres from it. We are therefore seeking Cabinet approval to remove this element and subsequently undertake a separate retender process to cover the statutory provision of Children Centre activity.
15. A detailed Community Impact Assessment has been undertaken to consider the impact of this decision. Key points for consideration:
- a. Two years was identified as a safe time to transition the Children Centre service into the new contract. However, the integration model of health visiting, and school nursing has proved more complex to implement than anticipated due to several factors. The Family Health and Wellbeing Service was successfully mobilised within 6 months of the start of the contract but over this time there has been substantial organisational change through the merger of two NHS Trusts. This change is on-going and will result in further managerial change and leadership that will impact on the service.
  - b. All bidders at the time of the tender submitted proposals which included sub contact arrangement for the deliver Children's Centre services. MPFT identified annual subcontracting costs of £77,091. This cost will mean less funding available to frontline delivery.
  - c. To enable a successful sub-contracting model MPFT will be required to undertake a tender process and due to organisational change may not have the leadership or capacity to undertake this work.
  - d. There is capacity and capability within the Council to continue to commission Children's Centres provision. Therefore, maintaining this function with the Council will direct more resources to frontline delivery.
  - e. It has taken some time to embed the new integrated model of Health Visiting and School Nursing with some stakeholders. This is at a time of wider transformation and change across the health and social care system. There is a concern that integrating a further element into this contract at this point may distract and deflect the safe delivery of the integrated Health Visitor and School Nursing elements. Furthermore, inability to deliver the Children's Centre delivery poses a risk to the Council meeting statutory duties.

- f. The risk of legal challenge is minimal. All bidders were clearly informed that there was a two-year break clause in the contract and therefore a possibility that the Children's Centre delivery could be removed.
- g. The existing Children's Centre services are high performing services and are supporting children to get school ready to learn, with over 75% of children achieving a Good Level of Development (GLD). Access to Children's Centres provision has also increased year on year from 42% in 2015 to 65% in 2018. Over the same time there was a greater increase for those children living in poorer areas (the 0-30%) with 46% in 2015 to 84% in 2018.
- h. Family Support is a part of the Children's Centre offer. In Staffordshire we have successfully brokered a seamless 0-19 Family Support provision in each of the 8 districts combining funding from Children's Centres, BRFC and school resources (£1.4m Dedicated Schools Grant). This model is proving successful with good engagement from schools. Constructive central and locality commissioning arrangements have also developed in each district. The Council has developed the relationship with schools and schools are more likely to continue with joint funding arrangement with the Council compared to MPFT.
- i. Nationally the Staffordshire model of Children's Centre delivery has been acknowledged as providing an innovative way of working that delivers value for money.
- j. As part of the work of the Safer and Stronger Communities Select Committee members conducted a Children's Centre visits. This report was positive and identified the centres were working well. The report noted that the Children's' Centre provision had had a significant positive impact on the take up of services for vulnerable children and families
- k. The existing model is aligned to the People Helping People and Placed Based Approach, with local providers delivering local services for local people. They have all maximised the value added to this service by securing additional funds from external sources such as Big Lottery Fund.

## **Conclusion**

- 16. Having considered the above points, the rationale for integrating Children Centre into the Families Health and Wellbeing contract should be reconsidered. This will enable funding that would have been spent on sub-contracting arrangements going directly to frontline delivery. Existing providers have shown within 12 months that they are able to work collaboratively and develop strong partnerships to integrate provision without contractual levers. The current Children's Centre provider model is well received locally and nationally with positive outcomes. Therefore, it would be more advantageous to continue to build and develop the current model and avoid any potential destabilisation of delivery.
- 17. We therefore recommend that we complete a variation to the contract to remove this from the future delivery and that we continue to procure these services separately ensuring alignment and joint working locally. This will ensure all resources allocated for this element will go to front line provision.
- 18. We seek to continue to integrate practice to ensure families are supported by their community first.

**List of Appendices:**

**Appendix A - Statutory Duties for Children's Centre's  
Community Impact Assessment - Summary Document**  
[Staffordshire Child Health and Wellbeing Programme \(0-19 Years\) - July 2016  
Cabinet Paper](#)

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