Havering
LONDON BOROUGH

CABINET

Subject Heading:	Decision to Award Contract for the 0-19 Healthy Child Programme
Cabinet Member:	Councillor Jason Frost, Cabinet Member for Health and Adult Care Services
SLT Lead:	Mark Ansell, Director of Public Health
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Policy context:	Supports priorities in the 'Communities' section of Havering's Corporate Plan: • Giving children the best start in life and helping them to achieve in school • Havering residents are healthy and active
Financial summary:	The current contract value of the Public Health grant funded 0-19 HCP is £2.595m. It is recommended to increase this by the following amounts: **2020/21:** £289k (annual contract value £2.884m) **2021/22:** £578k (annual contract value £3.173m) **2022/23 – 2024/25:** £867k (annual contract value £3.462m) Total contract value for five years (plus two year extension): £23,367,000
Is this a Key Decision?	Yes: (a) Expenditure or saving (including anticipated income) of £500,000 or more (c) Significant effect on two or more Wards

When should this matter be reviewed?	Year 4 of the 5-year contract.
Reviewing OSC:	Health Overview and Scrutiny Sub Committee Children's Overview and Scrutiny Sub Committee

The subject matter of this report deals with the following Council Objectives

Communities making Havering	[X]
Places making Havering	[]
Opportunities making Havering	[]
Connections making Havering	[]

SUMMARY

1.1 A procurement for the provision of the Healthy Child Programme 0-19 (HCP), which incorporates health visiting (HV) and school nursing (SN) services, launched in May 2019 to award a new contract to commence on 1st April 2020.

1.2 This Cabinet Report seeks approval to award a five year contract (plus a two year extension option) for the provision of HV and SN services from 1st April 2020 to 31st March 2025.

1.3 Furthermore, this report seeks approval to award additional funding of £289k in year one of the contract, an additional £578k in year two of the contract and £867k for the remaining term of the contract.

1.4 The HCP is evidence based and, if delivered in full, contributes significantly to a large number of local priorities including maternal mental health, childhood obesity and school readiness.

1.5 The total value of the current HV and SN contracts is £2.595 million per annum. For HV, this equates to £114 per head of Havering's 0-5 population, significantly below the nationally recommended minimum investment of £160 per head. As a result, significant parts of the programme, including mandated elements, are not delivered.

1.6 Increasing funding for HV by £867k per year by Year 3 of the contract will bring Havering to the minimum level necessary to deliver the HCP in full for children aged under five.

1.7 Increasing funding for HV by £867k will also bring the following benefits:

- Value for money; although only increasing the budget for HV to the national minimum, the Provider has committed to achieve higher coverage of the mandated HV checks than the national and London average
- An enhanced offer for 0-5s and their families, which is integrated with the council's Early Help and Early Years offer
- Increased early identification of vulnerability in 0-5s and their families and opportunity for health visitors (HVs) to provide more intensive intervention for those most at need, and deliver a more accessible universal offer for all families in Havering
- Improved outcomes for children and families in specific priority areas for Havering; school readiness, childhood obesity, maternal mental health

RECOMMENDATIONS

Cabinet is recommended to agree;

2.1. The approval of the award of a Healthy Child Programme (HCP) contract to North East London Foundation Trust (NELFT), for the reasons set out within the body of the report. The contract sum to be £23,797,000, for a period of five (5) years plus up to a further two (2) year extension period following a Best Value Review (within the meaning of Part 1 of the Local Government Act 1999) of the HCP service contract, with a start date of 1st April 2020.

2.2. To approve investment of an additional:

- £289k for year one of the contract
- £578k for year two of the contract
- £867k per annum for the remaining term of the contract

The full uplift will increase the annual value of the contract to £3.462m and thus fund the service at the minimum level necessary to deliver the HCP in full for children aged under 5.

REPORT DETAIL

Background

3.1. The HCP is based on the best available evidence and, when implemented in full, improves a wide range of outcomes for children and reduces the need for more intensive, higher cost interventions later in life. It is a universal service led by Health Visitors (HVs) for families with children aged 0-5 years and School Nurses (SNs) for children aged 5-19 years, delivered in collaboration with other agencies including GPs, Early Help service, Early Years providers, schools and education services, benefiting all children and families. A well-resourced service plays a key role in the identification of, and response to, needs of individual children and families, as well as assessing needs of the population as a whole, to inform planning and delivery by partner agencies.

3.2. The first 5 years of life have a major and lifelong impact on almost every aspect of physical and mental health.[1] Inequalities in health and life chances in general are evident at a very early age and become larger and more intractable with increasing age. The HCP 0-5 is the only universal service provided to children of pre-school age and as such offers key opportunities to assess the home situation; relationships between family members, parenting skills and development needs of the individual child. This early contact informs the support offered to the family by the HV team and shapes the offer to the family from other health, education and social care professionals. The five 0-5 health reviews are a mandated function of local authorities.

3.3. As children reach school age, they transition into care of the SN service. The five 5-19 health reviews are not mandated, however, locally, the SN service delivers the National Child Measurement Programme (NCMP) which is. A recent review of the SN service highlighted work around healthcare plans and training, and safeguarding as key demands on staff time. The role of the SN service remains central in linking schools to wider health and wellbeing services and in enhancing the value of Havering's Healthy Schools London programme and the planned introduction of statutory Health Education in September 2020.

Funding of the HCP in Havering

3.4. Currently, in Havering, despite improvements and efficiencies made since the HV service transferred from NHS to local authority responsibility in October 2015,[2] there are significant deficits in HCP delivery: -

- Only three of the five mandated 0-5 years health reviews are offered universally – the remaining two are offered to a small number of high risk families
- One 5-19 health review is carried out on starting school, but reviews are not provided on transition from primary to secondary school, during teenage years or on transition to adulthood.

[1] Fair Society, Healthy Lives – The Marmot Review 2010

[2] Introduction of ASQ-3 for the 2 ½ year check; limited pilot of combined 2 ½ year check with early years settings; weaning sessions developed and delivered with children's centre staff.

- The offers of the lower tiers of the four levels of service are very limited.

3.5. Notwithstanding the fact that the current HV contract is the single most costly health improvement contract held by Havering, there is overwhelming evidence that the service is underfunded both relative to spending elsewhere and in comparison with statements of professional best practice.

- The minimum funding recommendation established at the point the commissioning responsibility transferred to local authorities in 2015 was £160 per child aged under 5. Funding in Havering has been low historically and has subsequently fallen below £114 per head as a result of population growth.
- Councils are required to report how they have spent the ring-fenced Public Health Grant (PHG) against a framework set by PHE. Within this, average spend nationally in 2016/17 on 'mandated 0-5 services', which more or less corresponds to HV services, was £213 (21.4% of total PHG) per child aged under 5. In Havering it was £125 (19% of total PHG).
- Low spend translates into a small team and high caseloads. The recommended ratio is 1 HV to 250[3] or 300[4] children aged under 5. In Havering caseloads are currently 628 children per HV and, in the absence of increased investment, will increase still further to 678 per HV by 2024/25.
- Lack of service capacity and partial delivery of the five mandated checks was highlighted in our recent SEND inspection as an area of concern that needs to be addressed. Remedial action is part of the SEND action plan.

3.6. Reducing HV caseloads to recommended levels would require an additional investment of circa £1.4m per annum, and increase in current staffing complement from 28 to 58 HVs, both currently considered unachievable. Other areas have made greater use of skill mix to arrive at more cost effective HV *led* rather than HV *delivered* models of care, funded at or around £160 per child aged under 5. Adopting a similar model in Havering will require additional funding of £867k based on 2020 ONS population projections.

3.7. Given the stronger evidence base for intervention in the early years, and the limitations presented by the current financial climate, any additional investment should be directed towards HV provision. Increasing capacity at the 0-5 stage will help to alleviate pressures on SN and other services further downstream.

Procurement Process and Methods

3.8. The procurement sought a provider that could demonstrate willingness and capability to: -

- Make use of technology to maximise reach and accessibility to residents
- Adjust existing skill mix to maximise capacity whilst preserving professional oversight

[3] The Protection of Children in England: A Progress Report – The Lord Laming, p.57

[4] Institute of Health Visiting (2018) Position Statement: Health Visiting and the NHS in the next 10 years.

- Work with children's centres, early years settings and the wider voluntary sector to maximise the overall benefit to local children and their families
- Play a full role in locality services for CYP; taking the lead on assessing the health and social care needs of the population served.
- Address the following local priorities :-
  - Parental attachment / perinatal mental health
  - Breastfeeding, weaning and the prevention of childhood obesity
  - Full participation in childhood immunisation and screening programmes
  - Management of minor illness and accidents and appropriate use of health care services
  - School readiness
  - Asthma care in schools
  - Mental wellbeing of children and staff working with them
  - Safeguarding vulnerable adolescents

3.9. The procurement followed the EU procurement route of competitive procedure with negotiation

3.10. The procurement was subject to and adhered to the Council's Contract Procedure Rules. The procurement followed a formal tender process in accordance with the Public Contracts Regulations 2015, which require compliance with principles of non-discrimination, equal treatment and transparency. Following these regulations, the Council published the required Contract Notice in May 2019. The current provider and providers that contacted us in response to a Prior Information Notice in February 2019 were invited to engage in market warming in March 2019 and were informed of the opportunity when the procurement went live in May. Suppliers were invited using CapitalESourcing, the Council's E-Procurement system.

3.11. One contractor (NELFT – the incumbent provider) completed and submitted their tender documents by the closing date of 26th June 2019.

3.12. Feedback has been sought from contractors who expressed interest but did not submit a tender. Suppliers stated that the financial envelope including potential additional funding was not sufficient for them to take on the service from the incumbent provider with the costs associated with transferring staff. Market engagement was carried out through two separate Prior Information Notices, and a market engagement event. Providers who had expressed interest were given notice of the timescales for the Procurement, were notified when the opportunity went live, and had six weeks to respond to the ITT. As thorough market engagement was carried out, suppliers had sufficient time to submit a tender, and suppliers have informed us that the opportunity was not financially viable for them, it was decided not to retender as we would not expect to receive any additional bids.

3.13. An evaluation panel was formed to review and score the submitted tender documents. The panel was made up of Commissioning, Public Health, Early Help, Education and Procurement colleagues.

3.14. All evaluations focused on examining how the proposal will deliver a quality service (technical) and the cost of the service (commercial). Cost was evaluated at 70% of the total score. The quality factors were weighted according to their importance with 30% percent of the total score assigned to quality. It was stipulated that the Council would only consider proposals which received a minimum score of 60% in the quality section (technical envelope). This ensured that whilst the Council receives good value for money, the quality of the service is also of a high standard.

3.15. The negotiated process followed allowed the evaluation panel to negotiate with the contractor on one part of their initial tender submission; the proposed service delivery for additional funding. This process enabled officers to shape the future service and ensure that the Council will get value for money for additional monies invested.

3.16. A full-day negotiation meeting took place, in which the evaluation panel ensured that commissioner and provider visions for the service and additional funding were aligned, and that commissioners were satisfied that value for money would be achieved through awarding additional funding. The resulting agreed breakdown of staffing, projected coverage of mandated health reviews for children aged 0-5, dedicated time allocated to champion roles and additional service delivery for each level of investment are summarised in Appendix 1.

3.17. The following is an outline of the additional service delivery that was negotiated for the maximum additional funding of £867k per annum:

- 15 additional staff members with a range of skills on a range of pay bands
- 95% coverage of all mandated 0-5 health reviews (see current and projected coverage in Appendix 1)
- Delivery of integrated programmes of support with Early Help re. school readiness, healthy lifestyles and parenting skills
- Extended hours of service delivery to provide better support to working families
- Recruitment of Champion HVs in six key areas of child development. (See section 5.5 for further information).
- Improved tracking and follow up of families who don't engage with health reviews, or who have needs identified at early health reviews
- Ability to maintain a high level of service delivery for a 0-5s population which is projected to grow significantly within the duration of the contract

3.18. Following negotiations, the contractor submitted a final tender, which was evaluated by the evaluation panel. This tender met the requirements for a quality score of at least 60% to be considered for the award of the contract.

3.19. TUPE applied to the tender. Detailed TUPE information was provided by the incumbent provider and included in the Invitation to Tender. As the recommendation is to award to the incumbent provider, staff will not need to be transferred.

REASONS AND OPTIONS

4. Options

The following options were considered and rejected:

4.1. Do Nothing

This was not deemed as a viable option as the current contract expires on March 31st 2020 and doing nothing would result in LBH not having a contract in place for delivery of HV and SN services, and thus not delivering the mandated health and development reviews or NCMP.

4.2. Extend the current contract

The contract has already been extended within the terms stipulated within the current contract, and so this approach would contravene the Council's Contracts Procedure Rules.

The following option is recommended:

4.3. Award a contract to NELFT with an increased contract value

As outlined in Appendix 1, options were considered to fund the HCP at the following levels:

- £3.462m (an increase of £867k on the existing contract)
- £3.173m (an increase of £578k on the existing contract)
- £2.884m (an increase of £289k on the existing contract)
- £2.595m (the same level of funding as the existing contract)

Our strong recommendation is to fund the service at:

- £2.884m for year one of the contract (2020/21)
- £3.173m for year two of the contract (2021/22)
- £3.462m for the remaining term of the contract (2022/23-2024/25 plus optional two year extension)

5. Reasons for the decision

5.1. An additional investment of £867K is the minimum required to deliver the HCP in full – the first time this has been achieved in Havering. HVs are in short supply; hence staging the additional funding reflects a realistic trajectory for recruitment and / or training of new staff. It also supports the Council's MTFS.

5.2. Opting for any of the lower values for the full term of the contract will decrease staffing and coverage of the mandated reviews, thus decreasing the likelihood of identifying families in need of additional support and missing opportunities to intervene early to prevent escalation of needs. It will also decrease capacity so that there are fewer, or no, champions, thus missing opportunities to build service delivery capacity with partners across the wider system. Ultimately, this will not result in the improved outcomes for families that can be achieved through an adequately funded HCP.

5.3. Families have reported that they do not get enough time with their HV to get the level of support they need. Families and HVs identified the following as areas where families and children need more support:

- Maternal mental health
- Breastfeeding and starting solids
- Speech and language
- School readiness

Increasing investment will increase capacity within the HV service and allow HVs to invest the time needed to provide the level of support required by families, to identify issues and to put in place multiagency response.

5.4. Awarding a total contract value of £3.462m for year three of the contract will bring spend per head for the Havering 0-5 population up to £160 - the minimum investment expected. The increased levels of staffing, skill mix arrangements, digital innovations and introduction of an out-of-hours offer will enable the provider to deliver a full HCP, fully integrated with the wider system. It will ensure all mandated health reviews are offered universally, with a target take-up (coverage) of at least 95% for all five contact points. Building capacity at these early stages is true primary prevention – stopping problems before they start, and minimising escalation and the need for more costly intervention at later stages.

5.5. A spend of £3.462m per annum (an increased spend of £867k) will provide the following benefits:

Additional capacity delivered through skill mix recruitment

An additional 15 members of staff will be recruited to deliver the 0-5 HCP in full. As demonstrated in Appendix 1, these members of staff will not all be HVs, will have

different levels of skill and qualification, and therefore be set on different pay bands. Using a skill mix approach will ensure that the service is delivering value for money; staff on lower pay bands can deliver aspects of the HCP under the leadership of more highly qualified and higher paid HVs who work with more complex families, and deliver the aspects of the programme which require more experience and specific skills.

Additional funding will also allow for staff to be skilled up; a number of SNs and HVs will be dual trained, which means they will be able to deliver both roles. This allows for continuity of service delivery if either service needs additional capacity, and provides better support to children who are transitioning between the HV and SN services.

At least 95% coverage of all mandated 0-5 health reviews

This demonstrates very good value for money for the Council; delivery of health reviews to this level would mean that for the minimum recommended funding for 0-5s Havering were achieving higher coverage than both the London and England average as demonstrated in the table below.

Table 2: Coverage of Health Reviews

	New birth visit	**6 - 8 week review**	**12 month review**	**2.5 year review**
England*	98.1%	85.9%	84.4%	78.0%
London*	98.2%	74.7%	75.6%	68.6%
Havering (with full additional funding)	98%	95%	95%	95%

*Figures from Q4 2018/19

Increasing coverage of the 0-5 health reviews will ensure that developmental difficulties, vulnerability and areas in which families need additional support are identified early. With the increased HV capacity which will be made available through additional funding, HVs will be able to provide a more comprehensive offer to those families where need is identified.

Recruitment of Champion HVs in six key areas of child development

Integration at an operational level will be led by HVs allocated champion roles in six key areas relating to child development (parenthood and the early weeks; maternal mental health; breastfeeding; healthy weight; minor illnesses and accidents; healthy 2 year olds and getting ready for school)[5]. Champions will have a reduced caseload, freeing up protected time to dedicate to service development and delivery. They will be responsible for ensuring the multiagency workforce has up to date information on latest policy and best practice in their champion area,

[5] PHE (2018) Best start in life and beyond: Improving public health outcomes for children, young people and families

and lead on building links and improving integration with the Early Help Service, Early Years settings, schools, GPs and specialist services.

Practical examples of how these Champions will improve outcomes for children and families in Havering are as follows:

School readiness

A School Readiness group is being trialled in one setting currently. HVs are working with partners including Early Help, Early Years, Speech and Language Therapy (SALT) and CAMHS to create referral pathways, identify key topics and deliver multiagency interventions. These include oral hygiene, sleep and behaviour, immunisations, accident prevention and communication. Dedicated school readiness capacity within the HV team will ensure the pilot is evaluated and improvements made where indicated, and that a wider rollout of groups across the three localities is made possible. Increasing the provision of support for children at risk of not being school ready will ensure that more children are ready to learn when they start school, and thus improve educational outcomes for these children.

Maternal Mental Health

At present, the majority of new mums in Havering meet their HV 10-14 days after giving birth, but don't have another formal contact until their baby is 12 months. A key part of the 6-8 week check is to assess maternal mood, so increased coverage of this contact presents an opportunity to identify low mood, anxiety and depression and provide appropriate signposting to Butterflies sessions in Children's Centres and referral to the Perinatal Parent Infant Mental Health Service. A nominated HV currently supports this work, but is limited by their high caseload. Formalising a champion role will offer protected time to dedicate to improving the perinatal mental health pathway for parents, ensuring the right support is provided at the right time.

The Champion will:

- Share expertise and knowledge of specialist interventions with partners and HCP delivery staff including referring and signposting women at the earliest opportunity to the most appropriate service.
- Increase access to perinatal peer support groups and support women to set up their own groups in order to provide early support and intervention promoting specialists working closely together from the midwifery services and the HV team.
- Participate in the delivery of multi-agency perinatal mental health training to raise awareness amongst practitioners from all organisations who are involved in the care of women during the perinatal period, with the skills and knowledge to recognise, detect and treat perinatal mental health problems.

Breastfeeding Peer Supporter training

Havering's Infant Feeding Steering Group has identified a need to train additional breastfeeding peer supporters. The Breastfeeding Champion HV will develop training and mentoring in partnership with voluntary sector and maternity colleagues, increasing capacity for community delivery and ensuring sustainability of support in an area of need that has a naturally high turnover of volunteers. For mums in Havering, this will mean support is available more frequently and in more locations across the borough. In the early weeks post-birth, timely support to breastfeed is key. For example, having to travel from Harold Hill to Hornchurch to a support group because there isn't a closer session is a known barrier to mums. Increasing capacity to deliver more groups will help to remove this barrier, thus increasing likelihood of continuing breastfeeding and the benefits this brings for mother and child. Benefits for mothers include reduction in the risk of developing certain types of cancer, cardiovascular disease and obesity. Benefits for children include reduced risk of infections, reduced risk of childhood and adult obesity, and reduced risk of cardiovascular disease in adulthood.

Delivery of integrated programmes of support with partner agencies

Increased capacity within the HV service will also allow for increased delivery of integrated programmes of parental support with partner agencies. Practical examples of this are as follows:

Starting Solid Foods workshops

Co-development and delivery has already been tested and rolled out successfully with the introduction of these sessions across the borough. Instead of multiple HVs spending time answering individual queries, HVs and Early Years Practitioners now co-deliver workshops that accommodate multiple families at one time. Workshops are run in children's centres, in conjunction with child health clinics and infant feeding cafés, enabling effective signposting, providing expert advice in a planned, efficient way, and bringing families together to encourage peer support and facilitate self-help. For a parent in Havering, this presents a clear offer of support provided at key stages of development – breastfeeding support in the first few weeks after birth and beyond, practical guidance on introducing solid foods when babies reach 6 months, and support for family mealtimes and activities through the HENRY programme from 6 months onwards. These additional contacts also provide a welcome opportunity to cover other issues, such as mental health or parenting – whether for mums to ask questions or for HVs to increase awareness of support available.

Multiagency support for language delay

HVs will partner with the pre-school Speech and Language Therapy (SALT) team, under 5 inclusion team and Early Years providers to develop a programme for parent interaction, providing tools for parents to support language delay. Children who are showing a delay of less than 12 months, and therefore not meeting SALT thresholds, will be identified by early years settings and through the HV 2 ½ year check. Interventions will be delivered by HV and Early Years colleagues with

support from the pre-school SALT team. Partners will combine intelligence about the child and family, and tailor interventions to meet specific needs of families identified for each programme. HVs will link speech and language therapists with a setting, so that support is provided in the place where children are and feel most comfortable. This will only be possible if capacity is increased by additional funding.

Parents will receive consistent advice and support whichever health or education professional they come into contact with. This increases their confidence in the support available to them and, as a result, increases their willingness to engage. Taking support to places we know families already are shifts the emphasis away from families being hard to reach, towards services being easy to reach for families

IMPLICATIONS AND RISKS

6. Financial implications and risks

The current contract for the Healthy Child Programme (HCP) has an annual value of £2,595,000. The service is currently funded from the Public Health Grant as reflected in the following table:

Contract	**Funded from:**		**PH Grant allocation £m**
	Cost Centre	**Public Health Outcome**	
School Nursing	A48017	Children 5-19 PH Programmes (HCP)	
		- Block Contract Element	0.340
		- Outcomes Based Element (Earned Income)	0.190
	A48006	Healthy Child Programme	0.060
Health Visiting	A48019	Children's 0-5 PH Programmes	2.005
		Annual Contract Value	**2.595**

The annual contract value for the new HCP contract will be profiled as follows:

	Total Contract Value £
2020/21	2,884,000
2021/22	3,173,000
2022/23	3,462,000
2023/24	3,462,000
2024/25	3,462,000
Total for 5 year contract	**16,443,000**
2025/26	3,462,000
2026/27	3,462,000
Total for 5 year contract (plus 2 year extension)	**23,367,000**

The Public Health Grant has been subject to small cuts each year, reducing the amount received to less than the cost of services charged against it. Despite prudent management of the Public Health Grant, the existing MTFS makes provision for a recurrent contribution of £707K per annum from 2021/22 onwards, to offset recurrent grant reductions.

As described above, the proposed model of HCP will be very cost effective and represents excellent value for money. Nonetheless, additional investment in this contract is necessary. It is proposed that this will be phased in over 3 years to reflect the need to recruit and / or train scarce health visitors and to better suit the financial circumstances of the Council. As a result the MTFS would need to contribute an additional £867K; this funding will be required from 2022/23 as additional costs will be covered from the Public Health Reserve prior to this.

Appendix 2 – Public Health Grant Income and Commitments 2019-20 to 2026/27, details the commitments against the Public Health Grant and the funding available over the next 7 years.

Note: In appendix 2, the PHG is shown as a constant £10.646m per annum. This is the grant figure received in 2019/20. Central Government has announced that the PHG in 2020/21 will benefit from a real terms increase, but the precise value of this is unknown. It is anticipated that the 2020-21 increase will cover the anticipated £87k deficit highlighted for the 2020-21 financial year.

The figures also show that by the end of 2026-27 there will be an increase to the overall reserve figure, this is unlikely to materialise as other Public Health expenditure is likely to increase in line with inflation and through demand over the period.

From 2021/22 there is uncertainty regarding the future of the grant, however alternative funding arrangements are expected to be in place. As part of the local authority's Medium Term Financial Strategy (MTFS), and in anticipation of the expected changes, the council has undertaken financial modelling of the service's commitments against available funding over the period, and has determined that there is minimum risk to both the authority and the service in continuing to fulfil its obligations within available resources, including the ability to draw on existing Public Health Reserves should the need arise.

7. Legal implications and risks

1. The Council has a general duty under the Health and Social Care Act 2012 to be responsible for improving the health of the population of the borough. The Council also has a duty under section 3(2) of the Childcare Act 2006 to secure that early childhood services in its area are provided in an integrated way.

2. This report is seeking the Cabinet's approval of the award a Healthy Child Programme ("HCP") contract to to North East London Foundation Trust (NELFT), for the reasons set out within the body of the report. The contract sum to be £23,797,000, for a period of five (5) years plus up to a further two (2) year extension period following a Best Value Review (within the meaning of Part 1 of the Local Government Act 1999) of the HCP service contract, with a start date of 1st April 2020.

3. Cabinet will be aware of the Public Sector Equality Duty (PSED) set out in section 149 of the Equality Act 2010. At each stage, in exercising its function (and in its decision making processes) the Council must have due regard to the need to:

    a) eliminate discrimination, harassment, victimisation or other prohibited conduct;
    b) advance equality of opportunity between persons who share a relevant protected characteristic and those who do not share it;
    c) foster good relations between person who share a relevant protected characteristic and those who do not share it.

    The relevant protected characteristics are age, disability, gender reassignment, pregnancy and maternity, race, religion or belief, sex and sexual orientation

4. Procurement of this contract has to show equality in the treatment of bidders, transparency, as well as fairness in order to be compliant with the principles of the PCR and the Council's Contract Rules. The proposed timetable, advertising media and evaluation criteria noted in the procurement strategy are indications of a compliant exercise.

5. The Legal and Governance officers are available to provide ongoing legal advice, and to assist the client department in finalising any terms and conditions of the proposed draft contract.

8. Human Resources implications and risks

The services identified in this report are provided by an external supplier so there is no direct impact on Council employees. TUPE does apply to this tender, but as the recommendation is to award the contract to the incumbent, staff will not need to be transferred.

9. Equalities implications and risks

The Public Sector Equality Duty (PSED) under section 149 of the Equality Act 2010 requires the Council, when exercising its functions, to have due regard to:

(i) the need to eliminate discrimination, harassment, victimisation and any other conduct that is prohibited by or under the Equality Act 2010;
(ii) the need to advance equality of opportunity between persons who share protected characteristics and those who do not, and;
(iii) foster good relations between those who have protected characteristics and those who do not.

Note: 'Protected characteristics' are: age, sex, race, disability, sexual orientation, marriage and civil partnerships, religion or belief, pregnancy and maternity and gender reassignment.

The Council is committed to all of the above in the provision, procurement and commissioning of its services, and the employment of its workforce. In addition, the Council is also committed to improving the quality of life and wellbeing for all Havering residents in respect of socio-economics and health determinants.

There are not anticipated to be any negative impacts arising from this proposal to current and future users of this service. The service is universal and open access, delivered in all wards of the borough, and provided to all residents aged 19 and under and their families.

BACKGROUND PAPERS

There are no background papers attached to this report.