



CABINET

11 December 2024

Subject Heading:

Healthy Child Programme Contract Extension

Cabinet Member:

Councillor Gillian Ford, Cabinet Member for Health and Adult Care Services

ELT Lead:

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Policy context:

At a local level, this contract supports Havering Council to meet its People Theme priorities in its Corporate Plan 2022/23 – 2026/27. This plan sets out how the Council intends to invest and transform the borough with an emphasis on improving the lives of vulnerable children, adults and families.

Financial summary:

The value of the two year extension will be £6,924,000 (£3,462,000 p.a.) and will be funded by the Public Health Grant

Is this a Key Decision?

Expenditure or saving (including anticipated income) of £500,000 or more

When should this matter be reviewed?

March 2026

Reviewing OSC:

People

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

People - Supporting our residents to stay safe and well X

Place - A great place to live, work and enjoy

Resources - Enabling a resident-focused and resilient Council

SUMMARY

- 1.1. This report asks Cabinet to approve a two-year extension of the Healthy Child Programme contract with North East London Foundation Trust (NELFT) from 1st April 2025 to 31st March 2027.
- 1.2. The original decision from Cabinet was made to award the contract to NELFT for five years from 1st April 2020 until 31st March 2025 with an option to extend by a further two years until 31st March 2027.

RECOMMENDATIONS

For the reasons set out in this report, it is recommended that Cabinet agree to the two-year extension of the contract with NELFT from 1st April 2025 to 31st March 2027.

REPORT DETAIL

1. Background

The Healthy Child Programme (HCP) aims to support and improve the health and wellbeing of children and young people from 0-19 years and their families. It is a statutory responsibility of Local Authorities to offer families five developmental reviews before their child reaches 2½ years of age and to deliver the National Child Measurement Programme (NCMP). The service includes the delivery of these mandated elements alongside a broader programme of support. The service is funded from the Public Health Grant, and is provided by the North East London Foundation Trust (NELFT).

2. Service Description

The HCP is a universal service led by Health Visitors for families with children aged 0-5 years and by School Nurses for children and young people aged 5-19 years. The Health Visiting (HV) service provides the five mandated health reviews (at 28-32 weeks pregnancy, and 10-14 days, 6-8 weeks, 1 year and 2-2½ years post birth), delivers against six high impact areas for early years, supports continuity of family public healthcare from maternity to HV services, identifies and supports vulnerable children and families, contributes to safeguarding, and addresses inequalities.

The School Nursing (SN) services delivers the NCMP, delivers against six high impact areas for school-aged children, supports vulnerable children and those not in school, and contributes to safeguarding.¹ Beyond the universal offer, additional support and intervention is provided according to need as Universal Plus (UP) or Universal Partnership Plus (UPP) support.

3. Service Progress During Current Contract

Responsibility for Health Visiting services transferred to Local Authorities in October 2015. At the time of transfer, the funding of the service inherited by LBH was below the national recommended minimum level. When the service was re-procured in 2019, approval was given by Cabinet to increase the budget to this minimum level. The report presented to Cabinet highlighted four key benefits that this increase in funding would bring to Havering families, and since the contract commenced, NELFT has made good progress in each of these areas²:

- *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*

Achievement of this commitment is clear with 2022/23 (latest available) data evidencing coverage in Havering being consistently higher than London and England averages across all four postnatal contacts (Appendix 1) – with NELFT having maintained above average coverage where it was already higher prior to this contract period (new birth visit and 12-month review), and increased coverage to above average where it was previously lower (6-8 week and 2-2½ year reviews). Regional and national comparisons are not available for the antenatal contact due to challenges with data flows from maternity to health visiting prior to birth not enabling an accurate percentage coverage to be calculated, but locally NELFT has worked with BHRUT maternity services towards resolving these challenges and progress to date, based on number of families seen, suggests an improvement in coverage.³

- *An enhanced offer for 0-5s and their families, which is integrated with the council's Early Help and Early Years offer*

Integration of the Health Visiting, Early Help and Early Years offers has improved in a number of ways. Infant feeding support, the HENRY 0-5 family healthy lifestyle programme, and elements of the borough's parenting offer are co-delivered by HV and Early Help services. There is greater integration between the services as a result of improved perinatal mental health and speech, language and communication pathways. NELFT has been proactive in supporting school readiness, from co-delivering health promotion stalls at school holiday events through to an increasing number of HV-led 2-2½ year development reviews being delivered within Early Years settings to support effective early identification, intervention and onward referral.

- *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*

Increased coverage of the five mandated health reviews has in turn increased the likelihood of early identification of needs. NELFT has taken steps within its own allied services to ensure a multi-disciplinary approach to supporting families, with a health visitor taking part in weekly referral meetings alongside colleagues from the Perinatal

Parent Infant Mental Health Service, Child and Adolescent Mental Health Service, Paediatrics, Speech and Language Therapy and Physiotherapy.

- *Improved outcomes for children and families in specific priority areas for Havering; school readiness, childhood obesity, maternal mental health*

Outcomes for families are challenging to measure and, when working in an integrated way, improvements are difficult to attribute to one service in particular, but within these three priority areas NELFT has contributed significantly to improving pathways and provision in support of school readiness, consistently delivered the HENRY 0-5 family healthy lifestyles programme and taken on other actions as part of the borough's Healthy Weight Strategy, and delivered a perinatal mental health training offer for staff to improve identification of needs and developed the perinatal mental health pathway to improve access to services.

The current contract did not offer additional investment in the SN service but the team continues to deliver the NCMP; provide a health promotion offer to schools; deliver health needs assessments, health care plans and awareness training for staff; and support growing numbers of children within vulnerable cohorts (including children and young people educated other than at school (EOTAS), those on the edge of or in care, families living in temporary accommodation, and those with special educational needs or disabilities who are educated in mainstream schools). Alongside general growth in Havering's child population identified via census and population projection data, increasing complexity of needs has materialised and is evidenced via increasing caseloads of children and young people requiring UP and UPP support.

4. Service Performance

NELFT's HCP performance in Havering is routinely monitored through quarterly contract meetings. Attended by the LBH lead commissioner and Public Health Principal, and NELFT Operational Lead, Clinical Lead and Performance Manager, these meetings include monitoring of the nationally mandated indicators as well as additional locally agreed key performance indicators. Additional quarterly service development meetings have been introduced to promote continuous progression and facilitate relationships with partner services such as Housing, Education, Smoking Cessation and Maternity.

The 2019 Cabinet report outlined seven service delivery elements that were negotiated for the additional funding and that would be monitored during the course of the contract². The HV service has met these as follows:

- *15 additional staff members with a range of skills on a range of pay bands*

Staffing has increased from 28 FTE under the previous contract to 43 FTE clinical (Bands 4-7 Trainee Nurse Associates, Staff Nurses and SCPHN Health Visitors) and clinical support (Band 4 Nursery Nurses) roles. This increase in staffing and skill mix has moved the service from being Health Visitor-delivered to Health Visitor-led, making more efficient use of resource. NELFT has also committed to a robust programme staff development – sponsoring staff to complete Nurse Apprentice

training through to Specialist Community Public Health Nurse training – to offer opportunities for progression and promotion, and encourage staff retention.

- *95% coverage of all mandated 0-5 health reviews*

The aim of 95% coverage across all health reviews is ambitious, especially given 2022/23 average coverage across the four postnatal reviews in London ranges from 61-82% and in England 74-83%. NELFT has continued to work towards the 95% target and, based on data reported for contract monitoring during 2023/24 and 2024/25 to date, has exceeded 95% coverage of the new birth visit during each quarter, exceeded 95% coverage of the 6-8 week contact for the first time in quarter 1 of 2024/25, consistently achieved around 90% coverage of the 12-month review, and been less consistent with 2-2½ year review coverage but still achieved around 88% on average. Notably, the improvements in coverage of the antenatal and 6-8 week contacts, which were previously only carried out on a targeted basis and were thus a key focus of the increased investment, have seen significant improvement.

- *Delivery of integrated programmes of support with Early Help re. school readiness, healthy lifestyles and parenting skills*

Covered in section 3.

- *Extended hours of service delivery to provide better support to working families*

NELFT has trialled different ways of making the service more accessible during the current contract period. Creation of a Single Point of Access (SPA) team has been effective in delivering a client-centred service that ranges from administration staff booking appointments directly into Health Visitor's diaries (allowing clinical staff to focus on clients instead of administrative tasks) to the presence of a duty Health Visitor/ School Nurse providing a point of contact for parents, carers and professionals 9am-5pm Monday to Friday. A needs-led approach to extend service delivery to 8am-6 pm has also been piloted with staff available to deliver 1:1 support during these hours to accommodate individual parental needs.

- *Recruitment of Champion HVs in six key areas of child development.*

The current contract required NELFT to appoint Champions within the HV service – staff whose caseloads are reduced to create time to lead on priority areas. Recognising the benefits of this and identifying a need for increased resource to make this concept effective in practice, NELFT has gone further by appointing both Leads (who have a greater reduction in caseload) and Champions in several areas.

The service specification drew on nationally identified high impact areas to define the six key areas for Champion recruitment as parenthood and the early weeks; maternal mental health; breastfeeding; healthy weight; minor illnesses and accidents; and healthy 2 year olds and getting ready for school.

Section 3 outlines the work progressed by staff in relation to school readiness, obesity and maternal mental health roles. Breastfeeding is one area in which both Lead and

Champion roles have been created and this has enabled good progress with Baby Friendly Initiative accreditation, which includes a broad programme of staff training, plus the introduction of an additional weekly infant feeding support session.

Work related to parenthood and the early weeks and minor illnesses and accidents has been assumed into existing roles (for example, at each contact the HV team discusses accident prevention, and Health Visitors have the additional nurse prescribing qualification enabling them to prescribe medication for minor illness such as rashes, dry skin, eczema and pain that requires analgesia). As a result of this, NELFT colleagues have used their first-hand knowledge of the service and emerging priorities to present proposals to LBH to create alternative lead roles where they consider these would deliver greater value to families than the roles originally proposed. This includes a Digital, Transformation and Clinical Lead to develop the service's digital offer and quality improvement work.

- *Improved tracking and follow-up of families who don't engage with health reviews, or who have needs identified at early health reviews*

In reaching the increased levels of coverage outlined above, NELFT has introduced a robust process for booking appointments and follow-up, and has identified common reasons for 'Did Not Attend' which continue to be responded to and addressed. Additional projects are being explored to increase engagement - for example with schools when children present in Reception with previously unidentified needs and school staff are able to facilitate contact between the family and HV service where there are younger siblings so that they are more likely to engage in 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*

Efficiencies have been created through the introduction, for example, of the skill mix team, SPA and digital innovations to improve the service offer and help offset increasing demands of the growing population. Havering's population growth, changing demographic and associated increase in complexity of needs is placing increasing demand on both the HV and SN services. This will continue to be monitored throughout the extension period and form a key part of discussions during development of the service specification for the next contract.

SN service performance also continues to be monitored. Participation in the 2022/23 NCMP was 95.7% in Havering, compared to 93.8% in London and 93.2% in England. Healthy Weight Strategy actions have led to NELFT working with schools to encourage parents to participate in online sessions prior to NCMP results letters being sent, to better prepare and engage parents in supporting children to address being identified as overweight or obese.

NELFT is working on improving equity of delivery in schools across the borough by standardising their health promotion offer as part of the Health Education Resource produced by Public Health and taking a lead in supporting schools to navigate this resource. Accessibility of health awareness sessions (e.g. on asthma, epilepsy and allergies) is being improved via online sessions for staff who have missed in-person training. Further

efficiencies are being made as a result of these online sessions being offered across BHR, with staff from each borough taking it in turn to deliver.

The SN service has continued to respond to changing needs within Havering, for example by creating an EOTAS role to accommodate the increasing demand experienced by the service in supporting and meeting the needs of this population.

REASONS AND OPTIONS

Reasons for the decision:

As demonstrated above, the extension of the contract will ensure the Council meets its statutory responsibility to provide health visiting services with a range of mandated universal health assessments and to deliver the National Child Weight Management Programme.

Other options considered:

Re-procurement: As the current provider is performing well, it would not be prudent to undertake a full re-procurement exercise at this stage. An extension of the existing contract will allow time for a review of the Council's commissioning options and a full procurement exercise to be undertaken during the extension period so that a contract is in place from April 2027 onwards.

IMPLICATIONS AND RISKS

Financial implications and risks:

This report is seeking approval from Cabinet to agree a two year extension of the Healthy Child Programme contract with NELFT from 1st April 2025 to 31st March 2027 at a cost of £3.462m per year (total contract extension cost £6.924m). The contract is a block contract; the costs are not determined /impacted by usage/consumption and nor is there any inflationary uplift between financial years.

The body of this report outlines the contract has delivered well against the aims and objectives articulated at the outset and contained within the November 2019 Cabinet report which sought approval for the original contract award. This has been against a backdrop of rapidly increasing numbers of children in the borough suggesting the contract is delivering good value for money.

The contract extension will be funded from the council's annual public health grant allocation. The value of the contract represents approx. 28% when compared to the

2024/25 allocation. The Council's 2025/26 and 2026/27 allocations are not known at this stage, however, public health services are delivered via range of contracts and in-house provision and cover both mandatory and non-mandatory activities; were the commitments against the grant to exceed the amount of funding available, there would be a need to review non-mandatory and non-contractually committed services in the first instance to ensure the financial obligations being entered into by virtue of this contract extension were able to be met.

It should be noted that the public health reserve currently contains £2.419m, of which planned draw-downs of £0.5m in 2024/25 and £0.5m in 2025/26 have been assumed in the current medium term financial strategy, leaving £1.419m available to contribute towards the cost of this contract should the need arise.

There is a possibility that a re-procurement of the services offered by this contract could result in a lower contract price, however, this is deemed unlikely as since the contract commenced on 1st April 2020 there has been a period of high inflation and wage growth. Furthermore, it's a possibility the recent changes to employers national insurance could start to be reflected in contracts such as this for which staff costs make up a high proportion of the spend. The table below, which was included in the November 2019 Cabinet report, demonstrates the block contract costs have remained static since 2022/23:

	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

Legal implications and risks:

In the exercise of its functions under section 2B of the National Health Service Act 2006 the Council must, so far as reasonably practicable, provide or make arrangements to secure the provision of a universal health visitor review to be offered to or in respect of an eligible person. The recommendation within this report is pursuant to these duties and powers.

The agreement between the Council and NEFLT is due to expire in March 2025. Clause A3.4 of the agreement permits the Council to extend the initial term by a further period of up to 2 years until March 2027 by giving NELFT 3 months' written notice.

Human Resources implications and risks:

The recommendations made in this report do not give rise to any identifiable HR risks or implications that would affect either the Council or its workforce.

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.

The action undertaken will include monitoring how the service meets the needs of all eligible users, including those from ethnic minority communities and the disabled. The Council will also ensure that potential providers have undertaken equality training and adhere to the Council's Fair to All Policy or their own equivalent.

Health and Wellbeing implications and Risks

The proposed decision to extend the Healthy Child Programme contract will have a positive impact on the health and wellbeing of families in Havering.

The Health Visiting service is the only universal service available to children of pre-school age and, as a minimum, offers five development contacts between pregnancy and when a child reaches 2½ years of age to review the health and wellbeing of mother and child. The School Nursing service supports the health and wellbeing of school-aged children.

Both services have elements that the Local Authority is mandated to deliver and in addition both services provide the opportunity to promote health and wellbeing, prevent ill health, enable early identification of poor health and wellbeing, and provide appropriate, timely support and intervention.

ENVIRONMENTAL AND CLIMATE CHANGE IMPLICATIONS AND RISKS

The supplier will minimise impact on the environment and climate change by:

- a) Eliminating the need for one use plastics
- b) Ensuring that all waste is correctly recycled
- c) Utilising public transport when this fits with Infection Protection Control measures
- d) Employing locally wherever possible to reduce the environmental impact of travelling to work
- e) Employing digital solutions to reduce the need for manual recording and disposable materials.

BACKGROUND PAPERS

- ¹ OHID (2023) [Commissioning-health-visitors-and-school-nurses-for-public-health-services-for-children-aged-0-to-19](#)
- ² LBH (2019) [Decision to Award Contract for the 0-19 Healthy Child Programme \(2019\)](#)
- ³ [OHID Child Health Profiles](#)

APPENDIX 1

Figure 1a. Coverage of antenatal contact (28-32 weeks gestation)

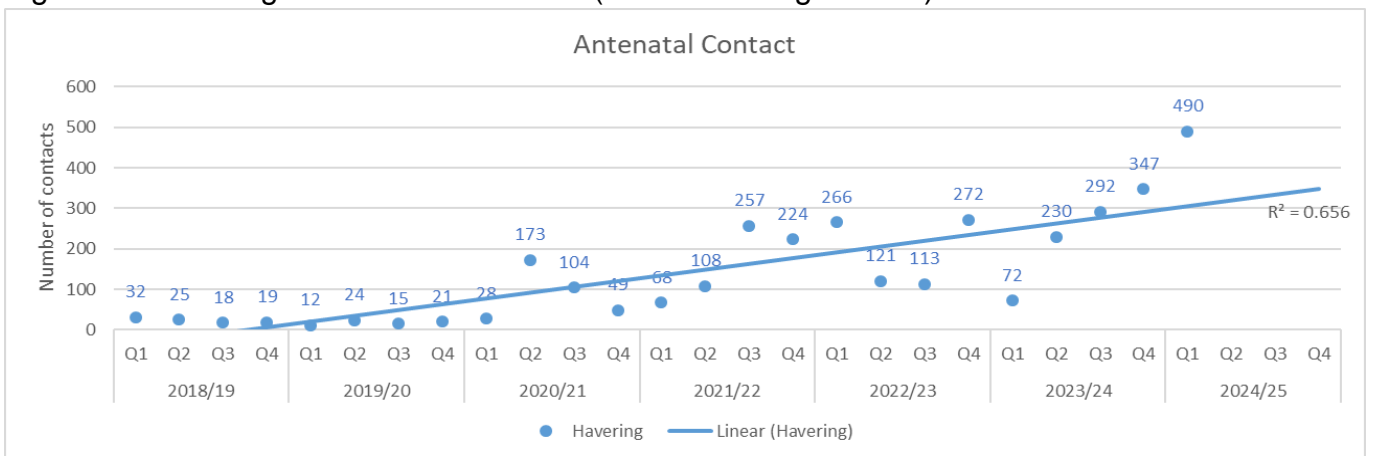


Figure 1b. Coverage of new birth visit (10-14 days post birth)

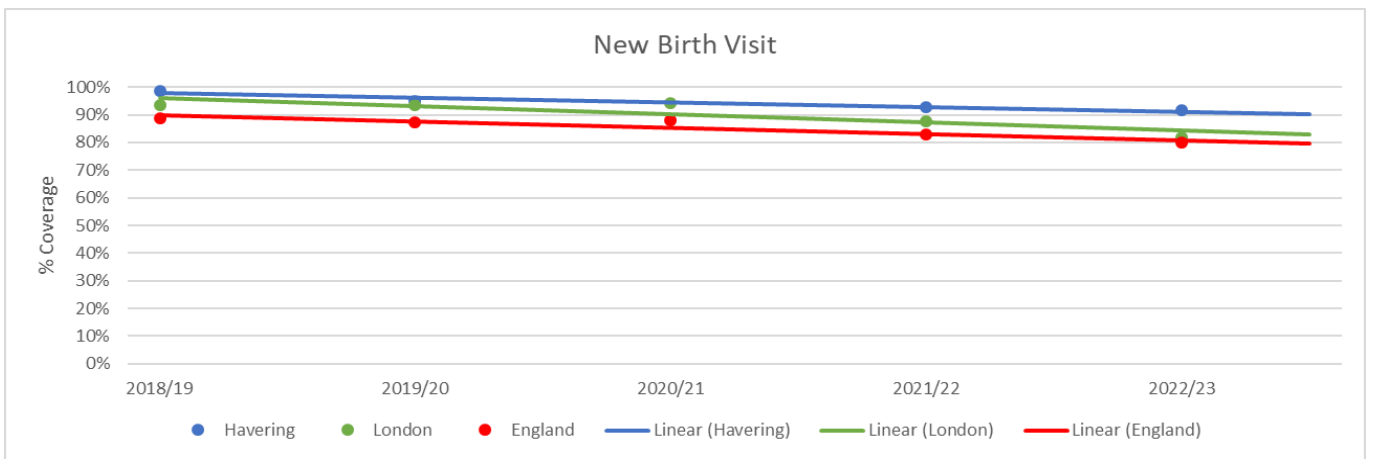


Figure 1c. Coverage of 6-8 weeks review

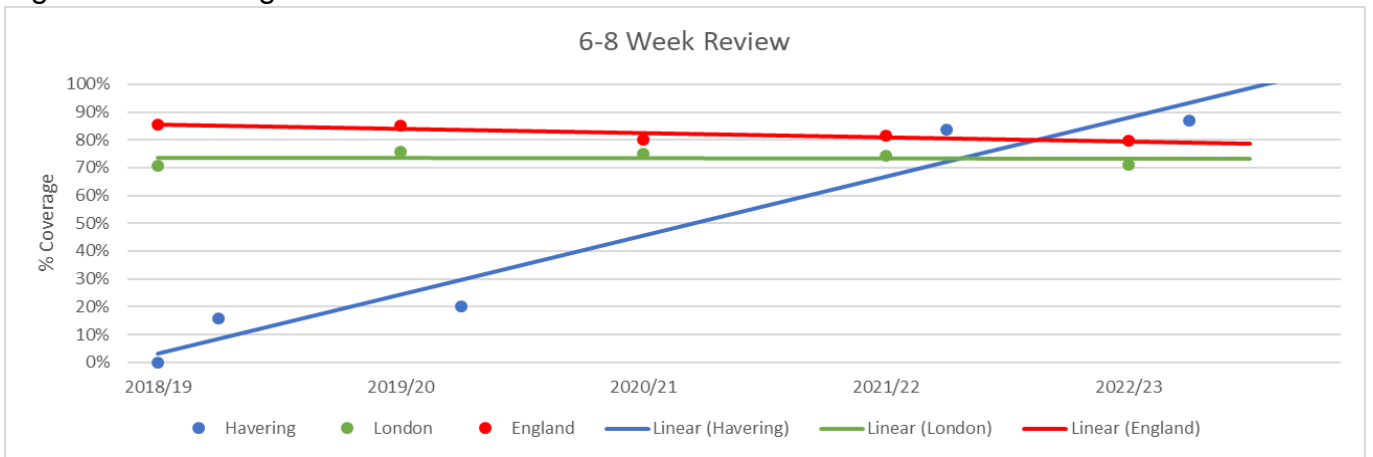


Figure 1d. Coverage of 12 month review

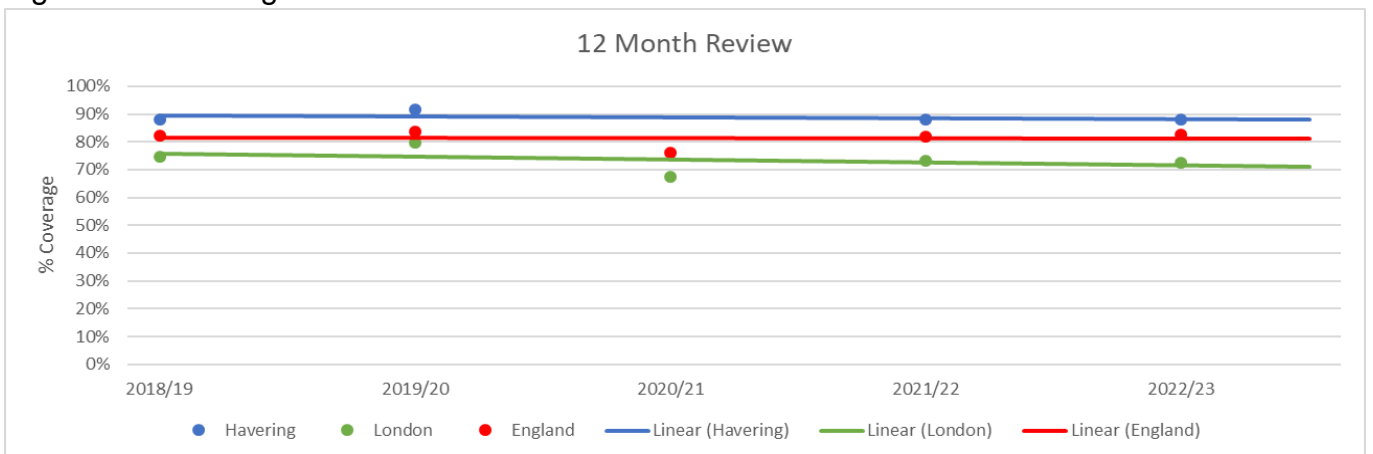


Figure 1e. Coverage of 2-2½ year review

Cabinet, 11 December 2024

