Cabinet 28 July 2015	
Report of: Luke Adams, Interim Director, Adult Services	**Classification:** Unrestricted
Transfer of commissioning responsibility for early years (0-5 years) public health services from NHS England to the local authority	

Lead Member	Councillor Whitelock-Gibbs, Cabinet Member for Health and Adult Services
Originating Officer(s)	Somen Banerjee, Director of Public Health Esther Trenchard-Mabere, Associate Director, Public Health
Wards affected	All wards
Key Decision?	Yes
Community Plan Theme	Healthy and Supportive Community

1. Executive Summary

1.1 The Government has stated its intention to transfer commissioning responsibility for the heath visiting service (HVS) and family nurse partnership (FNP) to the local authority on 1st October 2015. These services are central to ensuring that children and families have access to health promotion, preventive and early intervention services to support healthy physical, emotional, social and cognitive development.

1.2 The transfer of commissioning responsibility to the local authority, along with a significant expansion of the health visiting service, provides important opportunities for closer integration with the wider early years workforce in children's centres, voluntary sector and children's social care and the development of a service that is more responsive to local priorities and needs. It will also be important to maintain and strengthen links with general practice, primary care and other NHS services.

1.3 On 26th March 2015 the Department of Health published the local authority budget allocations for 0-5 public health services for 1st October 2015 – 31st March 2016, These allocations will be added to the ring fenced local authority public health grant.

1.4 The six month allocation for Tower Hamlets is £3.855m, which equates to £7.710m for full year costs. This is £315k (£630k full year costs) higher than the proposed baseline allocation published on 11th December 2014. This is in recognition, following a challenge from Tower Hamlets Council, that the original allocation did not include an adequate amount for overheads and in particular for accommodation costs for the HVS. This additional funding will

come from Tower Hamlets CCG, who have agreed to remove this amount recurrently from the Community Health Services budget and pass the funding to the Department of Health who will add it to the public Health grant.

The full year costs break down as follows:

Core health visiting service allocation	4,582,000
Additional funding for overheads	630,000
Growth funding (to fund additional health visitors, payable on recruitment)	1,928,000
Family Nurse Partnership	540,000
Commissioning costs	30,000
Total	7,710,000

1.5 Future allocations for the public health grant are expected to move towards a distribution based on population needs, determined using a fair shares formula based on advice from ACRA. The 2015-16 allocations will be used as a starting point and Local Authorities will move incrementally towards their target share of the overall allocation over a number of years. ACRA is developing its proposals for the formula for 2016-17 Local Authority public health allocations, which will include the 0-5 children's services component.

1.6 Public Health has carried out a stakeholder engagement process which ran from January – April 2015, to inform the development of a new localised service model and specification for the health visiting service. This has included engagement with parents and carers, front line providers (the current health visiting service and FNP) and key stakeholders including children's centre and other early years staff, children's social care staff, GPs and other NHS staff and commissioners and was overseen by a multi-disciplinary steering group. Public Health also worked with the Institute of Health Visiting to identify innovative service models that have been developed in other areas to inform our local model. The new service model and specification will be finalised by the end of June 2015.

1.7 The next stage will be the actual transfer of commissioning responsibility to the Council on 1st October and (subject to Cabinet approval) the novation of the existing service contract with Barts Health NHS Trust that will continue for a further six months until 31st March 2016. From a risk management perspective this is considered the safest means to maintain services whilst a decision is made about the future delivery of the service and procurement process. Eighteen London boroughs have opted to novate their current contract. The risks inherent in the transfer of an existing contract will be managed through careful checking of the existing contract and due diligence on the current provider and service performance. In order to ensure that a new Council contract is in place on 1st April 2016 a procurement process will need to be commenced as soon as possible.

1.8 This report recommends (i) that Cabinet agree the novation of the current 0-5 Public Health services contract to the Council subject to officers completing due diligence checks and (ii) Cabinet grant delegated authority to the Director

of Public Health to accept the contract on the Council`s behalf.

2. Recommendations:

2.1 The Mayor in Cabinet is recommended to:

(i) Agree, in principle, to accept a novation of the current 0-5 services contract from NHS England to the Council on 1st October 2015.

(ii) Authorise the Director of Public Health, after consultation with the Service Head – Legal Services, to agree the terms of the novation on behalf of the Council, subject to due diligence checks.

(iii) Authorise the Director of Public Health to agree the amount of funding which the Council will accept to discharge the 0-5 public health functions which will transfer to it from 1st October 2015.

(iv) Authorise the Service Head – Legal Services to execute all necessary documentation to give effect to these decisions.

3. REASONS FOR THE DECISIONS

3.1 The government has set out a national timescale for the transfer of commissioning responsibility for 0-5 public health services from NHS England, which has held this responsibility since April 2013, to local authorities. This will take place on 1st October 2015 and is the final stage in the transfer of public health services from the NHS to local government which commenced in 2013 under the Health and Social Care Act.

3.2 It is vital to maintain the quality of service delivery to children and families through this transition period and in order to maintain continuity whilst the specification is reviewed and future procurement decisions are made it is recommended to agree the novation. This will allow sufficient time for service specifications to be reviewed and an adequate procurement process to be followed.

4. ALTERNATIVE OPTIONS

4.1 The Mayor in Cabinet could direct that instead of novating the existing contract, the current contract should be terminated and the Council would immediately commission a new contract. However a contract of this value (in the region of £7.7 million per annum) requires a full Tollgate and EU procurement process and there is already insufficient time to complete this in time for 1st October. In addition, until 26th March 2015, there were significant uncertainties about the funding that will transfer to the Council. For these reasons the alternative option is not recommended.

DETAILS OF REPORT

5. Background

5.1 The transfer of public health commissioning responsibilities for 0-5 year olds from NHS England to local authorities on 1st October 2015 marks the final stage of the overall transfer of public health responsibilities to the local authority.

5.2 The Marmot Review (2010) highlighted the importance of early years as a critical period for virtually every aspect of human development with lifelong effects on health and wellbeing. The 0-5 Healthy Child Programme (HCP) is central to ensuring that children and families have access to health promotion, preventive and early intervention services to support healthy physical, emotional, social and cognitive development.

5.3 Commissioning responsibilities for the following services will transfer to local authorities on 1st October 2015:
The 0-5 Healthy Child Programme (universal/universal plus) which includes:

- Health visiting services (universal and targeted services);
- Family Nurse Partnership (targeted service for teenage mothers).

5.4 It should be noted that under the new arrangements, the council will have responsibility for commissioning the health visiting service and family nurse partnership, but not for management and provision of these services. The expectation of the Department of Health and NHS England is that these services will continue to be managed by NHS organisations. However local authorities could make the decision to transfer these services into the local authority, providing clinical governance and other considerations, such as the possible impact on staff recruitment and retention, are taken into account. This will be considered alongside the procurement process to enable a best value decision to be made.

What is the Health Visiting Service?

5.5 Health visitors are qualified nurses with additional post graduate training to prepare them for a public health/preventative role focusing on improving child health and reducing inequalities. The HV visits the family in their home and undertakes a holistic assessment of the whole family's social, emotional and physical health and well-being at each visit that can identify a range of health and well-being issues including housing, relationships, emotional health, mental health, social inclusion, physical health or financial circumstances.

5.6 The HV service plays a key role in helping to ensure that families have a positive start, working in partnership with GPs, maternity and other health services, children's centres, other early years services and wider services such as social care, housing and education. However, across the country and particularly in London, numbers of health visitors have been in decline and in

many areas there are not enough health visitors to offer all families the support they need. This lack of capacity has meant that sometimes health visitors have been unable to fully perform the wider public health role that they have trained for.

5.7 In recognition of the importance of the HV service and the overall lack of capacity, the government made a commitment to expand the national workforce by an extra 4,200 health visitors by 2015. This has been translated into a 'Call to Action trajectory' for each local area. In Tower Hamlets the 'Call to Action trajectory' will take the workforce to 95 WTE qualified health visitors (not including clinical leads and support staff), subject to successful recruitment and retention.

What is the Family Nurse Partnership?

5.8 The FNP provides more intensive, targeted support for vulnerable teenage first time mothers and their families by a family nurse who is usually a health visitor or midwife. The family nurse receives additional specialist training to deliver the programme.

5.9 The FNP is an evidence-based, licensed programme that is still in pilot phase in this country. It has been estimated that the FNP could provide savings five times greater than the cost of the programme.

5.10 Tower Hamlets was in the first wave of FNPs and established a service in April 2007 with local funding that was expanded by two additional family nurses in 2009 as part of the DH funded randomised controlled trial 'Building Blocks'. Funding for the two additional nurses was picked up by NHS England in April 2013. The local funding for the core service was transferred from the PCT to NHS England on 1st April 2013 when in order to ensure the expansion of the HV service and roll out of FNP, commissioning responsibility for these services was temporarily transferred to NHS England whilst the responsibility for the majority of local public health services transferred to the local authority.

6. Opportunities arising from the transfer of these responsibilities to the local authority

6.1 The transfer of 0-5 public health commissioning will enable join-up with the public health services for children and young people 5-19, notably School Health, that are already commissioned by the local authority, improving continuity for children and their families.

6.2 The transfer of commissioning responsibility to the local authority also provides important opportunities for closer integration with the wider early years workforce in children's centres, voluntary sector and children's social care and the development of a service that is more responsive to local priorities and needs. It will also be important to maintain and strengthen links with general practice, primary care and other NHS services.

6.3 Findings from a stakeholder engagement process that ran from January to April 2015 are being used to inform the development of a new service model and specification for the health visiting service.

7. Proposed mandation of universal services

7.1 Subject to parliamentary approval, the Department of Health is proposing to "mandate" the following aspects of the 0-5 Healthy Child Programme:

- Antenatal health promoting visits
- New baby review
- 6-8 week assessment
- 1 year assessment
- 2-2½ review

7.2 This is to ensure that these services are provided in the context of a national, standard format, to ensure universal coverage, and hence that the nation's health and wellbeing overall is improved and protected.

7.3 Mandation will ensure that the increase in HV services' capacity continues as the basis for national provision of evidence-based universal services - supporting the best start for all our children and enabling impact to be measured. Local authorities will be able to demonstrate progress on the relevant public health outcome indicators through early years profiles. Local authorities will have flexibility to ensure that these universal services support local community development, early intervention and complex care packages.

7.4 The local authority has responsibility for ensuring provision of the mandated universal services to the resident population and so it will be important to make arrangements with the host Boroughs for any looked after children placed outside the Borough.

8. Proposed Funding for the Transferred Service

8.1 Funding for the 0-5 Healthy Child Programme will sit within the overall 'ring-fenced' public health grant. The proposed baseline budgets to transfer to local authorities on 1st October 2015 were announced by the Department of Health (DH) on 12th December 2014 with a consultation period running up to 16th January 2015.

8.2 The proposed budget for Tower Hamlets (half year effect) was £3,525,000, to cover the health visiting service and FNP, plus £15,000 to cover the additional commissioning responsibilities. This was based on a data submission on workforce and finance, submitted by the current provider Barts Health, via NHS England. Public Health assessed the likely costs of the service and confirmed that there was sufficient funding for the current staffing plus growth to meet the 'call to action' trajectory but identified a concern that there was insufficient funding to cover the full overhead costs (e.g. accommodation and IT costs).

8.3 The Council informed NHS England, London Councils and the Department of Health that it was unable to agree to the current proposed budget and there has been an ongoing dialogue and investigation to address these concerns. NHS England has now proposed an additional 15% on the Health Visitor contract value for 2014-15 which amounts to a recurrent sum of £629,300 per year to cover overheads (that has now been rounded up to £630,000). Barts Health has indicated that the true accommodation costs are higher than this but are currently unable to provide any robust data to validate this. It is likely that this additional funding will come from the CCG as part of a rebasing exercise on the assumption that the funding is in the local system but has been incorrectly allocated between commissioners. Public Health has reserved the right to conduct further local negotiations if Barts Health is able to provide robust data on the true costs of the overheads.

8.4 The Department of Health published the revised 2015-16 allocations for 0-5 public health services on 26th March 2015. The half year funding (October 2015 – March 2016) for Tower Hamlets is £3.855m (£3.540m plus an additional £315,000 for overheads) which equates to £7.710m (£7,080m plus £630,000) for the full year cost.

8.5 Future allocations for the public health grant are expected to move towards a distribution based on population needs, determined using a fair shares formula based on advice from ACRA. The 2015-16 allocations will be used as a starting point and Local Authorities will move incrementally towards their target share of the overall allocation over a number of years. ACRA is developing its proposals for the formula for 2016-17 Local Authority public health allocations, which will include the 0-5 children's services component.

8.6 The funding allocation announced on 26th March 2015 is sufficient to fully cover the current health visiting and family nurse partnership services and to continue to recruit to expand the numbers of qualified health visitors. However it should be noted, in light of the Government's recently announced reduction to the Local Authority public health grant and uncertainties regarding future allocations, there is a risk that we may not be able to expand the numbers of health visitors to fully meet the 'Call to Action' target of 95 WTE.

9. Contractual Matters and Future Procurement

9.1 The NHS England contract for both services continues to March 2016 and (subject to agreement to the recommendations in this report) will be novated to the local authority on 1st October 2015. There are always risks in a contract novation however, there are measures which can be taken to mitigate the risk before the contract novation is finally agreed. These would include:

- Checking the detail of the contract that is proposed to novate including the specification and supporting documents and ensuring these are fit for purpose;
- Clarifying the position to mitigate the risk of any historic liabilities being transferred to the authority;

- Proposing any amendments to the contract that might be required to address any weaknesses;
- Carrying out due diligence checks on the current contract provider and its performance of the contract.

9.2 In order to procure a new local authority contract to commence on 1st April 2016 the procurement process will need to commence well before the novation date. In the interim a memorandum of understanding (MOU) has been signed between the Council, NHS England and Tower Hamlets CCG which allows for joint performance management of the Tower Hamlets health visiting service by NHS England, Tower Hamlets CCG and LBTH Public Health. This is enabling a stronger understanding of the current service and its strengths and weaknesses to be developed. Maintaining links with the NHS, particularly primary care, is important to the effectiveness of the service.

9.3 Recruitment to the new posts in Tower Hamlets has been slow due to a shortage of students and qualified staff and intense competition across London for the available staff. A major effort is being made to recruit and retain student health visitors. However, despite this, it is projected that we will not have fully achieved the target of 95 WTE by 1st October 2015.

9.4 In view of the difficulty in recruiting and retaining health visitors and the currently highly competitive recruitment situation across London, it is important to ensure that the service is seen as an attractive, innovative and secure place to work. It will be important to ensure that NHS terms and conditions are maintained to enable opportunities for career progression and that the process of reviewing the service model, commissioning and management arrangements is done in a way that involves staff.

9.5 A stakeholder engagement steering group was been set up to oversee the process of co-designing the service model and specification for the health visiting service and met monthly from December 2014 to April 2015.

10.0 Summary of Key Issues

10.1 The transfer of commissioning responsibility takes place on 1st October 2015 and the novation of the current contract is the safest way to ensure continuity of service whilst allowing time for decisions to be taken about the future service delivery. The novation of a contract carried with it potential risks for the authority that can be mitigated by careful examination of the contract before transfer, due diligence checks on the provider and measures to make any changes required to protect the Council.

10.2 A further decision will be required on how the service should be delivered from 1st April 2016 when the current contract will expire. If the service is to be reprocured from an external provider the procurement process will need to start as soon as possible.

10.3 The identified potential shortfall in the funding that is being offered is being followed up in discussions with NHS England and the CCG to ensure that the

service does not start off an unsustainable financial footing. An additional sum of £629k per year has so far been secured.

10.4 Further work will be required to strengthen the service delivery including recruiting more staff to bring the service up to complement.

10.5 Continued engagement of key stakeholders including parent and partners in the NHS will be vital to the long term success of the service.

11. COMMENTS OF THE CHIEF FINANCE OFFICER

11.1 The proposed 2015/16 budget to be transferred from October 1st 2015 is £3.855million to cover workforce related costs. It is expected that the funding for both the HV and FNP services will be recurrent each year, the full year allocation of funding from 2016/17 will be £7.710m on the basis of current figures.

11.2 Central government has recently indicated that the level of 2015/16 Public Health grant allocated to local authorities will be cut (an estimate based on a national reduction of £200m allocated proportionately would mean an in-year reduction of £2.3m for Tower Hamlets). A government consultation is due soon, it is as yet unclear whether there would be any impact specifically on the funding for the HV and FNP services.

11.3 Once the service and the requisite budget has been transferred, any budgetary pressures will need to be met from within the Public Health Grant allocation.

12. LEGAL COMMENTS

12.1 On 1 April 2013, the Council assumed responsibility for a number of public health functions, following amendment of the National Health Service Act 2006 by the Health and Social Care Act 2012. The Council became subject to a general duty to take such steps as it considers appropriate for improving the health of the people of Tower Hamlets. It also acquired specific public health functions, which included functions relating to children aged 5-19, particularly to provide for medical inspection of pupils and for the weighing and measuring of pupils.

12.2 The amended NHS Act provided that additional public health functions of the Secretary of State may be transferred to local authorities by regulations. The Local Authority (Public Health Functions and Entry to Premises by Local Healthwatch Representatives) Regulations 2013 ("**the Public Health Functions Regulations**") gave local authorities a number of public health functions from April 2013, including in relation to children aged 5-19. The Government has announced that from 1 October 2015, the responsibility for commissioning public health services for children aged 0-5 will transfer from NHS England to local authorities.

12.3 The Local Authorities (Public Health Functions and Entry to Premises by Local Healthwatch Representatives) and Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) (Amendment) Regulations 2015 were made on 23 March 2015. The regulations require the Council, in the discharge of its general public health duty and so far as reasonably practicable, to provide or make arrangements to secure the provision of a universal health visitor review to be offered to specified persons at specified times, namely –

- A woman who is more than 28 weeks pregnant
- A child who is aged between one day and two weeks
- A child who is aged between six and eight weeks
- A child who is aged between nine and 15 months
- A child who is aged between 24 and 30 months.

12.4 The regulations specify that a health visitor must carry out the review, except in two sets of circumstances. First, a suitably qualified health professional or nursery nurse may carry out the review, with guidance from a health visitor, if the health visitor considers it appropriate and the professional or nurse agrees. Secondly, a family nurse may carry out the review if the eligible person is a beneficiary of the family nurse partnership programme who is regularly visited by a family nurse, or if the eligible person is a child aged 24-30 months or a pregnant woman formerly regularly visited by a family nurse under the FNP programme, or a child whose mother who was formerly regularly visited under the FNP programme.

12.5 The report deals with how the Council will discharge these new public health functions from 1 October 2015. The initial suggestion is that the Council should take over the existing contract between NHS England and Barts Health, under which Barts Health currently deliver this service. This is to be done by way of novation of the existing contract such that the Council becomes the contracting party instead of NHS England.

12.6 By virtue of section 111 of the Local Government Act 1972, the Council has power to do anything which is calculated to facilitate, or is conducive or incidental to, the discharge of any of its functions (the incidental power). Subject to achieving the appropriate approvals in accordance with the Council's constitution, the incidental power permits the Council to enter into a novation agreement to deliver the functions detailed in paragraphs 12.3 and 12.4 above.

12.7 If the Council accepts a novation of the contract, then staff engaged in providing the universal health visitor reviews would remain engaged by Barts Health. There would be no relevant transfer of staff for the purposes of the Transfer of Undertakings (Protection of Employment) Regulations 2006. Such a transfer may take place in the future, however, if Barts Health should cease to be the provider at the end of the existing contract.

12.8 The suggested draft of the novation agreement is currently lacking in detail and leaves the Council significantly at risk. It will need considerable

discussion and redrafting prior to being completed. There are also a number of other risks that need to be addressed.

12.9 A novation works by agreement between the relevant parties that a new party should replace an existing party to a contract. In this case the original services purchaser, NHS England, is to be replaced by the Council. An important question arises as to the time from which the Council should become responsible for the liabilities and obligations previously held by NHS England under the contract. There are two principal options –

12.9.1 The Council steps in as if it were the original purchaser right from the very beginning (ab initio). In this case, the main risk to the Council is that it becomes responsible for the previous performance of NHS England. If NHS England breached the contract previously and the breach remains unresolved, then the Council would become responsible for that breach.

12.9.2 The Council steps in from a specified date, often the date the agreement is signed. In this case, if the contract relies on the performance of something that should have taken place prior to the specified date, but hasn't been done, the Council would be reliant on NHS England to pursue the contractor as it would remain the contracting party for any performance issues that occurred prior to the transfer.

12.10 The risks to the Council may be material in respect of either of the options in 12.9.1 and 12.9.2. However, as identified in paragraph 12.9, the risks will be different in respect of each option and will require different treatment to protect the Council's position. Agreement as to the appropriate option will be required at the outset, as this will affect any further discussion on the placement of risk and the terms of the novation agreement.

12.11 Once the Council accepts a novation of the contract, it will have to deal with any weaknesses in the agreement and any issues as to the fitness for purpose of the services provided under the agreement. For this reason, the Council must consider the terms of the existing agreement and any issues of performance prior to the novation and seek to deal with any issues when agreeing the terms of the novation.

12.12 Before entering into the proposed novation agreement, the Council will need to carry out due diligence on the existing contract between NHS England and Barts Health. This will include obtaining a copy of the contract and any relevant specification of services, obtaining performance information from NHS England and Barts Health and carrying out appropriate financial checks on the contractor. The Council will need to ensure that relevant insurance is in place and appropriate indemnities will need to be obtained from both NHS England and the contractor.

12.13 The existing contract between NHS England and Barts Health is due to expire at the end of March 2016. The Council will need to procure a new contract

before then, so as to ensure that it continues to discharge the functions outlined in paragraphs 12.3 and 12.4 above. That procurement will be subject to the requirements of the Public Contracts Regulation 2015. The Council will also have to comply with its best value duty under section 3 of the Local Government Act 1999, which will require compliance with its own procurement procedures. In accordance with directions made by the Secretary of State in December 2014, the recommendations of the Council's statutory officers (monitoring officer, chief finance officer and head of paid service) must also be followed in relation to that procurement, unless prior written agreement is obtained from commissioners appointed by the Secretary of State. Taking these requirements into account and given the size of the contract it would be prudent to allow a year for the procurement procedure.

12.14 It is intended that the Council is given the budget to deliver the new 0-5 public health functions. It is critical that the funding the Council receives matches its obligations. This will need to be sufficient to meet the obligations which the Council will take responsibility for under the existing contract, but will also need to take account of the ongoing obligations which the Council will have.

12.15 In considering how it will discharge its new public health functions, the Council must have due regard to the need to eliminate unlawful conduct under the Equality Act 2010, the need to advance equality of opportunity and the need to foster good relations between persons who share a protected characteristic and those who don't (the public sector equality duty). This will be a significant consideration in relation to contract management and in the procurement of any new contract. Some form of equality analysis will be required which is proportionate to the function in questions and its potential impacts.

13. ONE TOWER HAMLETS CONSIDERATIONS

13.1 It is well established that healthy early years are particularly critical to (and difficult to achieve for) children in families affected by low incomes and poorer socio-economic conditions generally. Through this transfer the Council will inherit a major new responsibility to support children and families through the early years of life potentially delivering significant lifetime benefits in terms of healthier lives and longer healthy life expectancy.

14. BEST VALUE (BV) IMPLICATIONS

14.1 In accordance with the Council`s Best Value Action Plan the Council will ensure that efficiency and effectiveness in the delivery of the service is achieved through a competitive re-procurement of the service by April 2016.

15. SUSTAINABLE ACTION FOR A GREENER ENVIRONMENT

15.1 No implications.

16. RISK MANAGEMENT IMPLICATIONS

16.1 There are a number of significant risks to the authority in this national transfer of commissioning responsibility. The risks are detailed below:

16.2 Financial Risks: the Council is concerned that the additional public health grant funding as proposed is still insufficient to fund the expanded Health Visitor service which the national Call to Action programme has recommended for Tower Hamlets to fully meet needs in the borough. NHS England has now provided an additional £629,300 to help meet overhead costs. The Council has stated that the funding transferred must fully cover the contract value to be novated. Should the funding envelope not increase sufficiently to meet all the contract costs it will be necessary to reduce staff numbers (or in practice recruit less new Health Visitors as proposed) to ensure that the budget is not exceeded. There is little if any scope to absorb additional costs in the rest of the Public Health budget.

16.3. Service Continuity Risks: it is vital to maintain the service whilst the transfer of commissioning responsibility takes place. The novation of the existing 0-5 public health service contract would reduce the Council's exposure to the risk of service disruption, allow for a managed transition process and create a breathing space for consideration of future commissioning/procurement of the services.

16.4 Legal Risks from Novation: the transfer of an existing contract brings with it certain risks that must be mitigated to protect the authority. Detailed examination of the existing contract, due diligence checks on the current provider and consideration of additional clauses in the contract to be novated will help to ensure that the risks are minimised.

16.5 Staff level risks: implementing the Call to Action programme requires an increase in the numbers of qualified Health Visitors. That is proving challenging to deliver across London. Numbers are increasing but there is some way to go to meet the objective of 95 fully qualified staff in place. As noted above if there is insufficient funding transferred to the authority that is likely to impact on the ability to fully meet the target numbers.

17. CRIME AND DISORDER REDUCTION IMPLICATIONS

17.1 Department of Health research shows that investment in healthy early years pays dividends in improved educational outcomes and reduced criminal justice costs.

18. SAFEGUARDING IMPLICATIONS

18.1 Health Visitors have an important role in safeguarding children and this will be reflected in the specification. If the procurement results in a new provider we will need to ensure that the requirements are fully met.

Linked Reports, Appendices and Background Documents

Linked Report

- NONE

Appendices

- NONE

Background Documents – Local Authorities (Executive Arrangements)(Access to Information)(England) Regulations 2012

- None

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