

# People and Families Scrutiny Committee

<b>10:00</b>	<b>Thursday, 08 December 2016</b>	<b>Committee Room 1, County Hall, Chelmsford, Essex</b>
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## **Quorum: 4**

### **Membership**

Councillor I Grundy  
Councillor S Barker  
Councillor J Chandler  
Councillor M Danvers  
Councillor A Erskine  
Councillor K Gibbs  
Councillor A Goggin  
Councillor C Guglielmi  
Councillor T Higgins  
Councillor P Honeywood  
Councillor R Howard  
Councillor M McEwen  
Councillor C Sargeant  
Councillor A Wood

Chairman

### **Non-elected Members**

Richard Carson  
Marian Uzzell

### **For information about the meeting please ask for:**

Robert Fox, Scrutiny Officer  
Jennifer Reid, Committee Officer

**Telephone:** 033301 31332

**Email:** [jennifer.reid@essex.gov.uk](mailto:jennifer.reid@essex.gov.uk)

**[www.essex.gov.uk/scrutiny](http://www.essex.gov.uk/scrutiny)**



Essex County Council

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## **Part 1**

(During consideration of these items the meeting is likely to be open to the press and public)

### **Pages**

- |          |                                                                                                                                                                                                                                                                                                                                                                         |               |
|----------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|
| <b>1</b> | <b>Apologies and Substitution Notices</b><br>The Committee Officer to report receipt (if any).                                                                                                                                                                                                                                                                          |               |
| <b>2</b> | <b>Declarations of Interest</b><br>To note any declarations of interest to be made by Members in accordance with the Members' Code of Conduct                                                                                                                                                                                                                           |               |
| <b>3</b> | <b>Questions from the Public</b><br>A period of up to 15 minutes will be allowed for members of the public to ask questions or make representations on any item on the agenda for this meeting.<br>On arrival, and before the start of the meeting, please register with the Committee Officer.                                                                         |               |
| <b>4</b> | <b>Call-in on Decision on Final Award of Contract for Integrated Pre-birth to 19 Health Wellbeing and Family Support services.</b><br>To consider the Decision FP/657/11/16 relating to Final Award of Contract for Integrated Pre-birth to 19 Health Wellbeing and Family Support services, which was published on Tuesday 15 November 2016. Report PAF/25/16 attached | <b>5 - 32</b> |
| <b>5</b> | <b>Date of Next Meeting</b><br>To note that the next meeting of the Committee is scheduled for Thursday 12 January 2016 at 10.30am.                                                                                                                                                                                                                                     |               |
| <b>6</b> | <b>Urgent Business</b><br>To consider any matter which in the opinion of the Chairman should be considered in public by reason of special circumstances (to be specified) as a matter of urgency.                                                                                                                                                                       |               |

## **Exempt Items**

(During consideration of these items the meeting is not likely to be open to the press and public)

To consider whether the press and public should be excluded from the meeting during consideration of an agenda item on the grounds that it involves the likely disclosure of exempt information as specified in Part I of Schedule 12A of the Local Government Act 1972 or it being confidential for the purposes of Section 100A(2) of that Act.

In each case, Members are asked to decide whether, in all the circumstances, the public interest in maintaining the exemption (and discussing the matter in private) outweighs the public interest in disclosing the information.

**7**

**Urgent Exempt Business**

To consider in private any other matter which in the opinion of the Chairman should be considered by reason of special circumstances (to be specified) as a matter of urgency.

# Notification of Call-in

Please submit this form to [governanceteam@essex.gov.uk](mailto:governanceteam@essex.gov.uk).

<b>Decision title and reference number</b> FP/657/11/16 Final Award of Contract for Integrated Pre-birth to 19 Health, Wellbeing and Family Support services	
<b>Cabinet Member responsible</b> Cllr Dick Madden	<b>Date decision published</b> 15.11.16
<b>Last day of call in period</b> 18.11.16	<b>Last day of 10-day period to resolve the call-in</b> 02.12.16
<b>Reasons for Making the Call in</b> <ul style="list-style-type: none"> <li>The initial Cabinet decision to go out to procurement stated: <p><i>3.6: In 2015 ECC carried out engagement with families and practitioners who said:...</i>  <i>Current services are fragmented and confusing. This can lead to parents receiving inconsistent support and to a heightened risk that families will not receive the support they need at all</i>  <i>3.19: The proposed model focuses on the needs of children and families and will provide support that is easier to understand and makes more efficient use of the skills and experience of the workforce as well as seeking to utilise, capitalise and build upon the existing capabilities of families, neighbourhoods and communities. It will cover the period from conception to age 19 (or 25 in the case of people with special educational needs or a disability). The mandatory services will continue to be delivered and we will expect the current services to be provided as effectively as the current services although the mode of delivery may be different.</i>  <i>3.21: It is proposed to create an integrated service which will:...</i>  <i>Allow the services to continue to increase the percentage of families in priority groups and greatest need reached by the services, allowing a greater opportunity to intervene early and help to create strong, resilient families who are able to identify when things need addressing</i></p> <p>Virgin Care is a huge national organisation, with contracts in counties right across the country. Over the past five years, the corporation has been awarded contracts valued at over £1 Billion. We feel that the decision to tender to Virgin Care makes it harder for ECC to meet the goals outlined above, further severing the link between communities, and the organisations that provide services. Essex residents are not an instrument for profiteering.</p> </li> <li>There are several outstanding care providers already active within Essex, delivering services to families with crucial links to, and understanding of their communities that we should be focusing on, and resourcing to ensure the best outcomes for Essex residents. The needs of residents differ greatly across the County, and we have had assurances from members of the administration in the past that we will be placing greater emphasis on local focus. This appears to have been forgotten.</li> <li>Isolation is of great concern to us. Our own 0-19 consultation discovered that parents across Essex are increasingly feeling lonely and isolated, further compounding other health, mental, support needs they might have. Tendering services to a large, national, monolithic organisation further isolates them from the support they desperately need.</li> </ul> <p>This call in is supported by Cllrs Young and Henderson.</p>	

<b>Signed:</b> Michael Danvers	<b>Dated:</b> 18 November 2016
<b>For completion by the Governance Officer</b>	
<b>Date call in Notice Received</b> 18 NOVEMBER 2016	<b>Date of informal meeting</b> 24 NOVEMBER 2016
<b>Does the call in relate to a Schools issue</b> <b>NO</b>	<b>If yes, date when Parent Governor Reps and Diocesan Reps invited to the meeting</b> N/A
<b>Date of Scrutiny Committee Meeting (if applicable)</b> 8 December 2016	<b>Date call in withdrawn / resolved</b>

**Forward Plan reference number:** not applicable

<b>Report title:</b> Final Award of Contract for Integrated Pre-birth to 19 Health, Wellbeing and Family Support services	
<b>Report to:</b> Cllr Dick Madden – Cabinet Member for Adults and Children	
<b>Report author:</b> Chris Martin, Director for Commissioning – Children and Families	
<b>Date:</b> 10 November 2016	<b>For:</b> Decision
<b>Enquiries to:</b> Stav Yiannou, Head of Commissioning, Education and Lifelong Learning <a href="mailto:stav.yiannou@essex.gov.uk">stav.yiannou@essex.gov.uk</a> , 03330 136608	
<b>County Divisions affected:</b> All Essex	

## **NOT FOR PUBLICATION**

This report contains a confidential appendix which is exempt from publication by virtue of paragraph 3 of Part 1 of Schedule 12A of the Local Government Act 1972, as amended.

### **1. Purpose of Report**

- 1.1. To seek approval to award the contract for the Integrated Pre-birth to 19 Health, Wellbeing and Family Support services with the recommended bidder identified from the procurement process carried out pursuant to the Cabinet Decision taken on 21 June 2016 (Forward Plan Reference Number: FP/467/04/16) and Cabinet Member Action dated 11 July 2016 (Amendment to Specification for a new model to deliver integrated pre-birth to 19 health, wellbeing and family support services).

### **2. Recommendations**

- 2.1. Agree the award of a contract for the Integrated Pre-birth to 19 Health, Wellbeing and Family Support services for all of Essex (comprising the North East Essex, Mid Essex, South Essex and West Essex Quadrants) to Virgin Care Services Limited by Essex County Council as co-ordinating commissioner with West Essex Clinical Commissioning Group (WECCG) as a commissioner under the contract in relation to the West Quadrant.
- 2.2. Agree the Director for Commissioning - Children and Families be authorised to finalise the terms of contract with respect to the additional terms set out in the confidential appendix.

### **3. Summary of issue**

- 3.1 In June 2016, Cabinet authorised a competitive tender process (using a streamlined competitive dialogue process) to procure a provider(s) to deliver services under a new Integrated Pre-birth to 19 Health, Wellbeing

and Family Support model. In June 2016, the WECCG Board also authorised WECCG to jointly commission with ECC and the agreement with WECCG under section 75 of the National Health Service Act 2006 was signed. ECC and WECCG are referred to jointly as the commissioners in this report.

- 3.2 The contract notice was published in July 2016 and a three stage process was utilised to procure the provision of the services: Pre-Qualification stage (PQQ), dialogue stage and Invitation to Tender (ITT) stage. The PQQ consisted of minimum standards and mandatory and discretionary rejection criteria such as financial appraisals, legislative, information and clinical governance, safeguarding and insurance requirements.
- 3.3 Four bidders submitted a response to the PQQ, three expressing an interest in all four Quadrants and one expressing an interest in the West Quadrant only. All four bidders were evaluated and all met the PQQ requirements and were invited to progress to the dialogue and ITT stages. There were therefore three bidders taken forward in relation to the North East, Mid and South Essex Quadrants and four bidders taken forward in relation to the West Quadrant.
- 3.4 The draft ITT was published in July 2016 with the rest of the tender documents. The four bidders were required to submit outline Quadrant specific commercial and technical responses to the draft ITT and to attend two dialogue sessions to present and clarify any such outline solutions to commissioners. Dialogue was closed in October 2016 and final bids were invited from all bidders and the draft ITT was confirmed as the final version with no changes being made to it. One of the Pan Essex bidders reduced their expression of interest to 2 Quadrants prior to the tender submission date citing affordability issues in the North East Quadrant.
- 3.5 The following bids in response to the ITT were received per Quadrant in October 2016:

<b>Quadrant</b>	<b>Number and name of bidders</b>
North East Essex	2 – Provide CIC and Virgin Care
Mid Essex	3 – Provide CIC, Virgin Care and North East London NHS Foundation Trust
South Essex	3 – Provide CIC, Virgin Care and North East London NHS Foundation Trust
West Essex	3 - Provide CIC, Virgin Care and Hertfordshire Community Trust

- 3.6 A 50:50 price:quality weighting was applied to the ITT. The questions and weightings for the ITT were as follows:



<b>Question</b>	<b>Maximum Weighted Score %</b>
Mobilisation Plan.	12.00
Service Delivery Model	23.00
Robustness and sustainability of the delivery model	9.00
Case studies x 3	6.00
Multi-Quadrant Response	Pass/Fail
Overall Score for Technical Response	50.00
Overall Score for the Commercial Response	50.00
<b>TOTAL SCORE</b>	<i>As determined by the Award Model</i>

- 3.7 In the ITT, bidders were assessed on a Quadrant basis against set evaluation criteria relating to quality, designed to ensure that the required integration and outcomes will be delivered.
- 3.8 In the ITT, bidders were required to complete a pricing schedule for each quadrant they bid for. If they wished to bid for more than one Quadrant then they were asked to submit separate prices for each Quadrant within the relevant combination of Quadrants. All compliant prices were then input into the award model and ranked, with the lowest price for each Quadrant awarded the full 50% available score. Bidders who failed the technical question 6.1.5 in any individual combination did not have the price for those combinations put into the award model as per the award criteria published in the tender documents. Further detail in relation to the commercial responses are set out in section 5.1 of this report.
- 3.9 The award model then calculated the combination of bids which together produced the highest total score across the four Quadrants. The award model was published with the tender documents at the outset of the procurement and a finance/award model session was held for all bidders prior to the dialogue sessions in order to clarify any queries around these areas.

- 3.10 The result of the procurement process is as follows and it is recommended that a contract (covering all 4 Quadrants) is awarded to Virgin Care Services Limited. Their score was:

Quadrant	Combined Technical and Commercial Score (as set out in the award model)
North East Essex	82.497%
Mid Essex	80.3957%
South Essex	76.1953%
West Essex	81.2830%
Total score and best scoring combination of Quadrants – out of 400%	320.3715%

The next highest scores are set out in the Confidential Appendix for comparison purposes.

- 3.11 Virgin has bid as a lead provider proposing to deliver c70% of the services by value with its subcontractor Barnardo's delivering c30% of the services. Virgin has identified various organisations who will be smaller subcontractors, interwoven with the service, working to tailored specifications, namely:

- **Home-start:** Parent to parent support
- **Youth Enquiry Service:** Mentoring for Young people
- **CAVS:** Community/individual peer mentoring
- **Health Watch Essex:** Local capacity building

Virgin and its subcontractor will have partnership agreements in place with both statutory/non-statutory agencies including; GP practices, schools and education facilities, second tier local authorities, social care, local acute trusts, EWMHS (CAMHS) service.

Key areas of its proposed service delivery model includes:

- Designated funding on a Quadrant specific basis to fund volunteers and apprenticeships.
- Four critical strands of the service: Community, Voluntary and Community Services, Digital, Practitioner
- A Care Coordination Centre (providing a single point of access) providing care navigation and triage and supporting timely access to assessment, advice and signposting. Providing:
  - Telephone and email contact services that allows young people/parents/carers/referrers to get information, manage appointments and be signposted to other services;
  - Children's complex care support and urgent change in functional requirements

- Care navigation for children with complex care needs accessing various pathways
- Clinical accountable triaging of calls, assessment and referrals to locality based teams
- Appointment scheduling
- Risk stratification to support prioritisation of service provision
- Consistency in referral acceptance decisions
- Consistent service for referrers and families
- 'Chat Health' hub and other remote contact services technologies to be facilitated
- Enquiries from partners
- Directory of services
- Central administration hub
- Will provide mandated elements of the universal offer such as Core School Nursing Offer, scheduled visits within the 0-5 Healthy Child Programme, and aim to change the elements of service where typical face-to-face care and support delivered by a specialist support worker can be enhanced through the use of skill mix, digital technology, community-based support and improved peer engagement
- integrated and sharable Virgin Care Record (VCR based on Lumira Technology) which will integrate with the Capita One system to deliver enhanced functionality
- Healthy Family Team to deliver integrated, timely, relationally thoughtful practical support. It will be easily navigable and delivered when and where they need it, using the best medium for doing so, including home visits, digital, communities, peers and other trusted VCS organisations. Consists of multi-disciplinary teams
- Within each District's HFT, clusters of staff from mixed roles will work around each secondary school within the district, and subsequent feeder primary schools, to ensure touch points for children, young people and families.
- Health Visiting in Partnership model
- Antenatal parenting preparation workshops
- 'Chat Health' a confidential SMS based messaging system, staffed in the CCC by a trained nurse
- Premises: Are required to use Family Hubs and Family Hub Delivery Sites for community based, parent-led groups to meet and engage in peer support; i.e. parent-led toddler groups, Carers' Club for group and 1-2-1 sessions such as Breastfeeding Support, Nutrition Support, Assistance in Returning to Work.
- Will work with families & commissioner to identify outreach at locations that enable maximum attendance.
- To achieve targeted interventions with priority groups they will:
  - Upskill non clinical staff where appropriate to deliver universal tasks historically undertaken by trained nurses, this will release time to focus on priority groups
  - Ensure that well supervised and competent non clinical staff can deliver aspects of care in a complex care plan overseen by an accountable practitioner

- 3.12 There are no areas of risk identified in relation to the recommended bidder's bid response other than those which will be managed through the usual contract management processes including during the mobilisation period.

#### **4. Options**

- 4.1 The recommended option is to award the contract in accordance with the published award criteria. The Council is not required to award the contract, but if it does so then it must award it to Virgin Care Services Limited in accordance with the recommendation.
- 4.2 The Council could decide to award the contract without the terms referred to in the confidential appendix and referred to in paragraph 2.2 above. The consequences of this are set out in the confidential appendix
- 4.3 The Council could decide not to award the contract but it would then be without a supplier for these services and would need to make alternative arrangements with effect from the expiry of the current contracts on 31 March 2017. The Council is under a statutory obligation to provide many of these services and it would be extremely difficult, if not impossible, to make alternative arrangements now.

#### **5. Issues for consideration**

##### **5.1 Financial implications**

- 5.1.1 As stated in the Cabinet Report, the maximum affordability envelopes specified in the tender documents for each Quadrant were as stated below. The equivalent maximum net present value for each Quadrant is also set out below.

Quadrant	North East (£m)	South (£m)	Mid (£m)	West (£m)	Total (£m)
Maximum annual affordability (£m) – ECC	6.943	9.809	7.517	7.757	32.025
Maximum NPV over 10 years	69.131	97.677	£74.847	77.238	318.893
Maximum affordability (£m) – WECCG				4.2	
Maximum NPV over 10 years – WECCG				41.822	

5.1.2 Following the evaluation process, the contract to be awarded is as follows:

Quadrant	10 year NPV - North East (£m)	10 year NPV - South (£m)	10 year NPV - Mid (£m)	10 year NPV - West (£m)
Virgin Care Services Limited	56.897	80.296	61.329	96.253

5.1.3 The NPV of the highest scoring bidder is below the maximum NPV figures stated above and are therefore compliant bids.

5.1.4 Where the recommended bidder achieves any savings in addition to their bid price, these would be subject to the 50:50 gain share mechanism under which ECC would receive 50% of the cost savings.

5.1.5 From year 2, 4% of the agreed annual contract value with the provider will only be paid if the provider meets key performance indicators annually. In the West quadrant, that will only apply to ECC services. Commissioning for Quality and Innovation (CQUINs) payments framework will apply to the WECCG services only from year 2.

## 5.2 Legal implications

5.2.1 The services within scope of this procurement were considered in the Cabinet Report in June 2016. These services all fall within 'social and other specific services' within the Public Contracts Regulations 2015 (the Regulations). The total value of the services within any of the Quadrants will exceed the threshold of £589,184 which meant that the procurement of these services was subject to the 'light touch' regime under the Regulations. This permitted commissioners to choose and tailor an appropriate procurement process without being subject to the full rigour of the Regulations but subject at all times to the principles of transparency and equal treatment.

5.2.2 Pursuant to the Cabinet Decision in June 2016 and subsequent Cabinet Member Action dated 11 July 2016 (Amendment to Specification for a new model to deliver integrated pre-birth to 19 health, wellbeing and family support services), the agreement with WECCG under section 75 of the National Health Service Act 2006 was signed. Thereafter a joint contract notice and the associated procurement documents were published in accordance with the Regulations.

- 5.2.3 The contract notice was supported by prior publication of various prior information notices in order to engage with as wide a market as possible prior to publication of the contract notice. A streamlined competitive dialogue process tailored to the commissioner's timeline and requirements was run – see paragraphs 3.2 to 3.10 describing the stages undertaken and the criteria which were applied at each stage. The tender submissions at the ITT stage were evaluated in accordance with the published evaluation criteria.
- 5.2.4 The procurement process has resulted in the recommendation to award 1 contract (comprising all 4 Quadrants) to the bidder specified in paragraph 3.11.
- 5.2.5 As identified in the Cabinet Report, a contract based on the NHS standard contract with the successful bidder will be entered into. A form of template contract was agreed between the commissioners and published in July 2016 with the procurement documents. A final version of the contract will be agreed with the bidder once the standstill period under the Regulations has ended. Contract signature is currently scheduled for December 2016 with services to commence on 1 April 2017. ECC and WECCG's services and budgets are separable from each other within the contract.
- 5.2.6 The WECCG Board has approved the award of this contract.

## **6. Equality and Diversity implications**

- 6.1 The Public Sector Equality Duty applies to the Council when it makes decisions. The duty requires us to have regard to the need to:
- (a) Eliminate unlawful discrimination, harassment and victimisation and other behaviour prohibited by the Act. In summary, the Act makes discrimination etc on the grounds of a protected characteristic unlawful
  - (b) Advance equality of opportunity between people who share a protected characteristic and those who do not.
  - (c) Foster good relations between people who share a protected characteristic and those who do not including tackling prejudice and promoting understanding.
- 6.2 The protected characteristics are age, disability, gender reassignment, pregnancy and maternity, marriage and civil partnership, race, religion or belief, gender, and sexual orientation. The Act states that 'marriage and civil partnership' is not a relevant protected characteristic for (b) or (c) although it is relevant for (a).

- 6.3 The Equality Impact Assessment on the proposals for services (Appendix 6 in the Cabinet Report) considered the impact using a range of demographic and service user data alongside the outcome of a variety of engagement activities undertaken with families, parents, carers, young people and stakeholders. The Assessment indicated that the proposed changes to existing service provision for families of children pre-birth to 19 years (25 years for children with special educational needs or a disability) would not have any disproportionate adverse impact on any equality group. Following selection of the recommended bidder and scrutiny of its proposed service model, the analysis set out in the Equality Impact Assessment remains unaffected and the Equality Impact Assessment has therefore not been updated at this stage.
- 6.4 The Equality Impact Assessment undertaken on the proposed changes to Sure Start Children's Centres (Appendix 7 of the Cabinet Report) considered the impact using a range of demographic and service user data alongside the outcome of a variety of engagement activities undertaken with families, parents, carers, young people and stakeholders. The Assessment identified that there was a potentially negative impact on young people, on disabled people with mobility difficulties and on women. These impacts would arise primarily because the changes to service delivery locations could mean that some people will have to travel further to access the services. It is proposed to provide outreach service in family homes and local venues in order to mitigate this impact as far as possible. Freeing up staff to work away from buildings will also see greater opportunities to work in other locations convenient to parents where this helps families in priority groups. Actions were required to mitigate the impact of the proposals on new parents and to ensure that individuals were not disadvantaged as a result of socio-economic group or environment (rurality). Where families are supported to support themselves we will ensure that equality training is available to encourage inclusive provision.
- 6.5 The Equality Impact Assessment referred to in paragraph 6.4 above was reviewed and updated in August 2016 to ensure it fully considered the impact on all protected characteristics to include those with hearing and sight loss. The updated assessment is provided as Appendix 1. Following selection of the recommended bidder and scrutiny of its proposed service model, the analysis set out in the updated Equality Impact Assessment remains unaffected and the Equality Impact Assessment has therefore not been updated at this stage.

- 6.6 The recommended bidder has confirmed that it will assess community needs through engagement with local families and will target support to those who are most in need regardless of where they are in the County. Data relating to the priority groups in each area will inform the work that takes place to support families and make services accessible. The recommended bidder has been assessed as against the tender evaluation criteria and the requirements of the Specification and its solution does not change the equality impact assessments carried out previously and referenced above.

## **7. List of appendices**

- 7.1 Appendix 1 – Equality Impact Assessment Sure Start Children Centres
- 7.2 Confidential Appendix

## **8. List of Background papers**

- 8.1 None

<b>I approve the above recommendations set out above for the reasons set out in the report.</b>	<b>Date</b>
<b>Councillor Dick Madden, Cabinet Member for Adults and Children</b>	14 Nov 2016

### **In consultation with:**

<b>Role</b>	<b>Date</b>
<b>Councillor Graham Butland, Cabinet Member for Health</b>	14 Nov 2016
<b>Councillor Ray Gooding, Cabinet Education and Lifelong Learning</b>	14 Nov 2016
<b>Chris Martin - Director for Commissioning – Children and Families</b>	11 Nov 2016
<b>Executive Director for Corporate and Customer Services (S151 Officer)</b>	11 Nov 2016
<b>Margaret Lee</b>	
<b>Monitoring Officer</b>	11 Nov 2016
<b>Paul Turner</b>	



# Equality Impact Assessment

## Context

1. under s.149 of the Equality Act 2010, when making decisions, Essex County Council must have regard to the Public Sector Equality Duty, ie have due regard to:
  - eliminating unlawful discrimination, harassment and victimisation, and other conduct prohibited by the Act,
  - advancing equality of opportunity between people who share a protected characteristic and those who do not,
  - Fostering good relations between people who share a protected characteristic and those who do not, including tackling prejudice and promoting understanding.
2. The characteristics protected by the Equality Act are:
  - age
  - disability
  - gender reassignment
  - marriage/civil partnership
  - pregnancy/maternity
  - race
  - religion/belief
  - Gender and sexual orientation.
3. In addition to the above protected characteristics you should consider the cross-cutting elements of the proposed policy, namely the social, economic and environmental impact (including rurality) as part of this assessment. These cross-cutting elements are not a characteristic protected by law but are regarded as good practice to include.
4. The Equality Impact Assessment (EqIA) document should be used as a tool to test and analyse the nature and impact of either what we do or are planning to do in the future. It can be used flexibly for reviewing existing arrangements but in particular should enable identification where further consultation, engagement and data is required.
5. Use the questions in this document to record your findings. This should include the nature and extent of the impact on those likely to be affected by the proposed policy.
6. Where this EqIA relates to a continuing project, it must be reviewed and updated at each stage of the decision.
7. The EqIA will be published at:  
<http://cmis.essexcc.gov.uk/essexcmis5/BusinessManager.aspx>
8. All **Cabinet Member Actions, Chief Officer Actions, Key Decisions** and **Cabinet Reports must be** accompanied by an EqIA.
9. For further information, refer to the EqIA guidance for staff.
10. For advice, contact:  
Shammi Jalota [shammi.jalota@essex.gov.uk](mailto:shammi.jalota@essex.gov.uk)  
Head of Equality and Diversity  
Corporate Law & Assurance  
Tel 0330 134592 or 07740 901114



## Section 1: Identifying details

Your function, service area and team: Equality and Inclusion Officer, Early Years and Childcare, Education and Lifelong learning, People Commissioning

If you are submitting this EqlA on behalf of another function, service area or team, specify the originating function, service area or team:

Title of policy or decision: Proposed changes to Sure Start Childrens Centres in Essex

Officer completing the EqlA: Andree Race Tel: 07585984484 Email: andree.race@essex.gov.uk

Date of completing the assessment: August 2016

## Section 2: Policy to be analysed

- |     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|-----|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 2.1 | Is this a new policy (or decision) or a change to an existing policy, practice or project? Change to existing practice                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| 2.2 | <p>Describe the main aims, objectives and purpose of the policy (or decision):<br/>ECC is redesigning the current service offer for Children's Centres ( for children under 5) and the Healthy Child Programme (Health Visiting, School Nursing Services and Healthy Schools Programme 0 -19). With the aim of commissioning a new Integrated Pre-birth to 19 (BP19)- Health, Well-being and Family Support model which will work with and for families across Essex.</p> <p>Changes to the Childrens Centres property portfolio are proposed as part of this redesign.</p> <p>It is proposed to reduce the number of Registered Children's Centres from 37 to 12 Family Hubs, one in each district, supported by 17 Integrated Delivery sites in addition to outreach venues that will be identified in response to the local needs of families, forming a network of provision across Essex. Family Hubs will act as a focal point for service delivery and will have a role in co-ordinating support for the rest of the District.</p> <p>It is proposed that Family Hubs will be open for 50 hours a week with Integrated Delivery Sites offering services for 20 – 30 hours a week. Outreach Sites will be identified to meet need within local communities. This plan will ensure that families will still be able to access local support and advice but in a more accessible and flexible way.</p> <p>What outcome(s) are you hoping to achieve (ie decommissioning or commissioning a service)?<br/>The support that families experience from conception through birth and throughout childhood should support ECC's vision that every child in Essex has the best start in life.</p> |



	<p>System and build on the previous review of Children's Centres which moved support to a more targeted and 'community facing' model, offering the flexibility to increase the amount of outreach provision delivered.</p> <p>By integrating these services we are aiming to commission a new Integrated Pre-birth - 19 model which will:</p> <ul style="list-style-type: none"> <li>• Create the flexibility to deliver services in places that families already use</li> <li>• Increase the ways in which families can access services</li> <li>• Bring Health services together with Children's Centres and thus deliver true health and social care integration.</li> <li>• Create greater opportunity to identify and address problems early</li> <li>• Make greater use of community locations such as clinic, libraries and play spaces to deliver support and services</li> <li>• Improve communication and families experience of services and support</li> </ul> <p>Through these proposals there is the opportunity to identify savings in the region of 10% of the total value of the Pre-birth–19 contract.</p>
2.3	<p>Does or will the policy or decision affect:</p> <ul style="list-style-type: none"> <li>• service users</li> <li>• employees</li> <li>• the wider community or groups of people, particularly where there are areas of known inequalities?</li> </ul> <p>The proposed changes to the Sure Start Children's Centre property portfolio will affect families in each local area.</p> <p>The new tender and subsequent contract for the BP19 contract will affect staff currently employed in Children's Centres, Healthy Child programme (0-5 and 5-19), Family Nurse Partnership and Healthy Schools, this will be subject to a separate Equality Impact Assessment.</p> <p>Will the policy or decision influence how organisations operate? Yes</p>
2.4	<p>Will the policy or decision involve substantial changes in resources? Yes, it will involve a reduction in the total number of registered Children's Centres.</p>
2.5	<p>Is this policy or decision associated with any of the Council's other policies and how, if applicable, does the proposed policy support corporate outcomes?</p>

### Section 3: Evidence/data about the user population and consultation<sup>1</sup>

As a minimum you must consider what is known about the population likely to be affected which will support your understanding of the impact of the policy, eg service uptake/usage, customer satisfaction surveys, staffing data, performance data, research information (national,

<sup>1</sup> Data sources within EEC. Refer to Essex Insight <http://www.essexinsight.org.uk/mainmenu.aspx?cookieCheck=true> with links to JSNA and 2011 Census.



regional and local data sources).

3.1

What does the information tell you about those groups identified?

There is an annual birthrate of 16,700 babies (Essex Insight 2015) in Essex and this is predicted to rise in future years. There is widespread consensus (the Allen Report 2011) that the early years in a child's life (aged 0-5 and especially the first 22 months) have a strong impact on future health, attainment and social/emotional development.

The factors that affect children's health generally are social disadvantage, poverty and poor access to education and other services. Socially disadvantaged groups suffer poorer physical health and lower life-expectancy than the more advantaged, have higher incidence and prevalence of acute and chronic illness, and are more likely to smoke and have a poor diet. Children from poorer backgrounds suffer higher rates of accidental injury, infections, failure to thrive, general ill health, anaemia, dental cavities and teenage pregnancy. In addition, poorer families are less likely to have access to, and make appropriate use of, health services than those from more advantaged circumstances, and they are less likely to benefit from health promotion services and advice. (National Institute for Health Research 2015)

Children and young people under the age of 20 years make up 23.4% of the population of Essex (330,900 June 2015 with a projected rise to 345,000 2020). 13.4% of school children are from a minority ethnic group. The health and wellbeing of children in Essex is generally better than the England average. The infant mortality rate is similar to and the child mortality rate is better than the England average. The level of child poverty is better than the England average with 16.2% of children aged under 16 years living in poverty. The rate of family homelessness is better than the England average. Children in Essex have better than average levels of obesity: 8.1% of children aged 4-5 years and 16.7% of children aged 10-11 years are classified as obese. There were 1,135 children in care at 31 March 2014, which equates to a lower rate than the England average. (Essex Insights 2013-15)

Early intervention and safeguarding remains core to the service offer through provision of early identification and early help. Timely intervention and support with appropriate referrals to specialist services and multi-disciplinary working.,

Essex County Council currently commissions three providers to deliver Children's Centres in Essex across four areas with a combined workforce of approximately 333 staff. The new tender and subsequent contract for the BP19 contract will affect staff employed in Children's Centres, Healthy Child programme, Family Nurse Partnership and Healthy Schools - this will be subject to a separate Equality Impact Assessment.

See accompanying document Appendix i for in-depth analysis of demographics.



3.2	<p>Have you consulted or involved those groups that are likely to be affected by the policy or decision you want to implement? If so, what were their views and how have their views influenced your decision?</p> <p>The 'Proposed changes to Sure Start Children's Centres in Essex' consultation survey was open from Monday 11<sup>th</sup> February until Sunday 10<sup>th</sup> April 2016.</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> The survey was accessed by 3,015 respondents. Approximately 2,100 completed it.</li> <li><input type="checkbox"/> The majority of respondents (73.7%) were parents/expectant parents/carers; 18.6% were professionals. 'Other' respondents included for example young people, grandparents, councillors, volunteers and the general public.</li> <li><input type="checkbox"/> Almost 80% of respondents are current users of Children's centres services or activities.</li> <li><input type="checkbox"/> Most respondents came from Chelmsford, Basildon, Harlow and Colchester. Least respondents came from Maldon and Brentwood. Although most respondents came from Mid Essex, followed by South Essex, views have been obtained from all Essex quadrants.</li> </ul> <p>At the end of the questionnaire, 533 individuals signed up to be added to the reference group list, interested in being further involved. The majority of these were women, aged between 20 and 39 years. They came from all over Essex.</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> The majority of respondents were women (89.4%), aged between 20 – 39 years (69.1%). Almost 70% were married and 31.4% were pregnant or on maternity leave.</li> <li><input type="checkbox"/> They were predominantly White British (86.9%), heterosexual (90.2%) and Christian (47%) or with no religion (40.9%). 91.8% had no disability.</li> </ul> <p>In addition to the online survey, face to face consultation events were also held in each district.</p> <p>The results presented in this report strongly suggest that the majority of respondents disagree with the proposals for the number of Children's centres to be reduced to twelve across Essex, with one in each district. They fear they will lose access to the local support that is so highly valued by them. Several respondents specifically pointed out that the Consultation document had not provided sufficient detail regarding Family Hub Delivery Sites and Family Hub Outreach Sites necessary to be able to better understand how the proposals may impact on individuals. As such, majority of respondents were reluctant to agree with the proposals.</p> <p>See appendix ii for consultation report.</p>
3.3	<p>If you have not consulted or engaged with communities that are likely to be affected by the policy or decision, give details about when you intend to carry out consultation or provide reasons for why you feel this is not necessary:</p> <p>N/A.</p>

## Section 4: Impact of policy or decision

Use this section to assess any potential impact on equality groups based on what you now know.

Description of impact	Nature of impact Positive, neutral, adverse (explain why)	Extent of impact Low, medium, high (use L, M or H)
Age	The consultation did not highlight that persons of a particular age would be more adversely affected by the proposed changes, therefore- Positive- The proposed redesign will have a positive impact as the age range of children supported will increase from 0-5 to pre-birth to 19.	H

Disability	<p>Positive- due to the increased age range, and the needs of the 'whole' family being supported, including children with special education needs and/or disability (SEND). Families accessing support when they need it, where they need it leading to early identification and timely intervention and support with appropriate referrals to specialist services.</p> <p>Supporting the 'whole' family and not just children under 5 will mean children / young people will be supported by a service that will remain consistent until they reach 19.</p> <p>Essex County Council currently commissions three providers to deliver Childrens Centres in Essex across four areas with a combined workforce of approximately 333 staff. The new tender and subsequent contact for the BP19 contract will affect staff employed in Children's Centres, Healthy Child programme, Family Nurse Partnership and Healthy Schools, this will be subject to a seperate Equality Impact Assessment.</p> <p>All Childrens Centres and Essex Libraries are DDA/Equality Act compliant and therefore fully accessible and all Libraries have induction loops fitted. All Childrens Centres are required to complete annual Access Audits which ensure all types of disability are given consideration and adaptations made accordingly.</p> <p>The consultation did not highlight that the proposed changes would have a higher negative impact on families with disabilities.</p>	H
Gender	<p>Neutral-The consultation did not highlight that the proposed changes would have a higher adverse effect on people of a particular gender, therefore no negative impact identified</p>	L

Gender reassignment	Neutral-The consultation did not highlight that the proposed changes would have a higher adverse effect on people who have had a gender reassignment, therefore no negative impact identified	L
Marriage/civil partnership	Neutral-The consultation did not highlight that the proposed changes would have a higher adverse effect on people of a particular marital status,, therefore no negative impact identified	L
Pregnancy/maternity	Negative- The consultation highlighted concerns that new parents would be adversely affected by the proposals to reduce the number of Childrens Centres...	H
Race	Neutral-The consultation did not highlight that the proposed changes would have a higher adverse effect on people of a particular Race,, therefore no negative impact identified	L
Religion/belief	Neutral-The consultation did not highlight that the proposed changes would have a higher adverse effect on people of a particular Religion/belief, therefore no negative impact identified	L
Sexual orientation	Neutral-The consultation did not highlight that the proposed changes would have a higher adverse effect on people of a particular Sexual orientation,, therefore no negative impact identified	L
<b>Cross-cutting themes</b>		
<b>Description of impact</b>	<b>Nature of impact</b> Positive, neutral, adverse (explain why)	<b>Extent of impact</b> Low, medium, high (use L, M or H)



Socio-economic	<p>Services and resources will be targeted to families and in the areas identified as being the most in need, this will include areas of economic disadvantage.</p> <p>Concerns raised in parent consultations about the cost of travel to hubs for families on a low income- however services are to be planned to be delivered in the localities were they are needed and families will not be required to travel..See appendix ii for further detail.</p>	M
Environmental, eg housing, transport links/rural isolation	<p><b>Concerns raised through consultation that some areas would be adversely effected by the reduction in numbers of Childrens Centres.</b></p>	M

## Section 5: Conclusion

		Tick Yes/No as appropriate	
5.1	Does the EqlA in Section 4 indicate that the policy or decision would have a medium or high adverse impact on one or more equality groups?	No <input type="checkbox"/>	
		Yes <input checked="" type="checkbox"/>	If ' <b>YES</b> ', use the action plan at <b>Section 6</b> to describe the adverse impacts and what mitigating actions you could put in place.

## Section 6: Action plan to address and monitor adverse impacts

What are the potential adverse impacts?	What are the mitigating actions?	Date they will be achieved.
Pregnancy/Maternity	Services will not cease due to the reduction in Childrens Centre sites. Services will be planned to meet the requirements of the families in each area and transport links and locality of delivery will be considerations in this localised planning. Staff will deliver support and services in homes and a variety of outreach venues in the local community and not solely in Family Hubs and integrated Delivery sites.	ongoing
Socio-economic	See above	ongoing
Environmental, eg housing, transport links/rural isolation	See above	ongoing

**Section 7: Sign off**

**I confirm that this initial analysis has been completed appropriately.  
(A typed signature is sufficient.)**

Signature of Head of Service: Stav Yiannou

Date: 12/08/2016

Signature of person completing the EqlA: Andree Race

Date: 12/08/2016

**Advice**

Keep your director informed of all equality & diversity issues. We recommend that you forward a copy of every EqlA you undertake to the director responsible for the service area. Retain a copy of this EqlA for your records. If this EqlA relates to a continuing project, ensure this document is kept under review and updated, eg after a consultation has been undertaken.



# **CALL IN – FINAL AWARD OF CONTRACT FOR INTEGRATED PRE-BIRTH TO 19 HEALTH, WELLBEING AND FAMILY SUPPORT SERVICES: FP/657/11/16**

**Informal meeting held on Thursday, 24 November 2016 at 11.00 a.m. in  
Committee Room 4**

## **Present**

Councillor Mike Danvers, Councillor Ivan Henderson, Councillor Dick Madden

Officer: Robert Fox, Chris Martin, Peter Randall

## **Introduction**

Councillor Danvers outlined the reasons for the call-in. This decision FP/657/11/16 had been called in on Friday, 18 December 2016. Within the template Councillor Danvers called-in the decision on the grounds that insufficient consideration has been given to alternative uses that could help the council deliver its policy objectives, for example:

- The initial Cabinet decision to go out to procurement stated:

*3.6: In 2015 ECC carried out engagement with families and practitioners who said:*

*Current services are fragmented and confusing. This can lead to parents receiving inconsistent support and to a heightened risk that families will not receive the support they need at all*

*3.19: The proposed model focuses on the needs of children and families and will provide support that is easier to understand and makes more efficient use of the skills and experience of the workforce as well as seeking to utilise, capitalise and build upon the existing capabilities of families, neighbourhoods and communities. It will cover the period from conception to age 19 (or 25 in the case of people with special educational needs or a disability). The mandatory services will continue to be delivered and we will expect the current services to be provided as effectively as the current services although the mode of delivery may be different*

*3.21: It is proposed to create an integrated service which will:  
Allow the services to continue to increase the percentage of families in priority groups and greatest need reached by the services, allowing a greater opportunity to intervene early and help to create strong, resilient families who are able to identify when things need addressing*

- Virgin Care is a huge national organisation, with contracts in counties right across the country. Over the past five years, the corporation has been awarded contracts valued at over £1 Billion

- We feel that the decision to tender to Virgin Care makes it harder for ECC to meet the goals outlined above, further severing the link between communities, and the organisations that provide services. Essex residents are not an instrument for profiteering
- There are several outstanding care providers already active within Essex, delivering services to families with crucial links to, and understanding of their communities that we should be focusing on, and resourcing to ensure the best outcomes for Essex residents. The needs of residents differ greatly across the County, and we have had assurances from members of the administration in the past that we will be placing greater emphasis on local focus. This appears to have been forgotten
- Isolation is of great concern to us. Our own 0-19 consultation discovered that parents across Essex are increasingly feeling lonely and isolated, further compounding other health, mental, support needs they might have. Tendering services to a large, national, monolithic organisation further isolates them from the support they desperately need

Councillor Danvers stated the Cabinet Member Action (CMA) was called-in mainly around concerns over the provider selected, for whom he had concerns over their track-record. Councillor Danvers, referring to the original Cabinet report on the procurement, of 21 June 2016, said the focus was on localism, however, the eventual provider selected is an international company. Therefore, he stated, it is hard to see how they will be aware of the isolation of families in parts of the county. Councillor Danvers expressed the Equalities Impact Assessment (EQiA), which was appended to the CMA, had concerns on the type of service, including isolation of families, and the lack of support for home visits.

The track-record of the provider, Councillor Danvers stated, is one of concern and given this contract is a pilot for the company – they do not have any experience of this type of provision – and, additionally, there seems to be a history of withdrawing from contracts.

Councillor Danvers referring to the Cabinet paper of 21 June 2016, stated that there appears to be no acknowledgement of the key issues raised in the consultation, for example the 80% of respondents who expressed concern over the plans within the consultation. The award of the contract, he argued, did not appear to address the issues raised in the Cabinet paper.

Councillor Danvers queried whether due diligence had been carried-out around the preferred provider? Also, he stated, there is no acknowledgement of the four areas referred in the original Cabinet paper as the provider is to supply a pan-Essex solution.

Councillor Danvers stated, in his opinion, the service could have been provided in-house as a cheaper solution and referred to a statement by the Leader of the Council that there would be in-house pilots.

The initial call-in had six bullet points. It was agreed that Councillor Danvers withdraw the final bullet point, of which the relevance was questioned by Councillor Madden.

### **General response by Councillor Dick Madden**

In response to Councillor Danvers, Councillor Madden stated

- from his perspective the engagement with scrutiny had been ongoing for three years
- he sat comfortably with the procurement and the process undertaken in the award of the contract, which has been through due legal process
- the award of the contract is not just about children's services and is based upon evidence and analysis. The county had 23 providers which were reduced into quadrants which has seen an improvement in delivery. He stated he was confident there would be a continuation of the improvement with the award of this contract. Local providers did have the opportunity to pull together for a joined-up bid

### **Discussion**

Chris Martin stated that when the process started there were a set of services that marginalised families were not accessing and, therefore, the County Council needs outcomes for these groups. The current offer is not reaching these families. Focussing on outcomes an improved offer can be provided within the existing financial envelope. The importance is on these outcomes not on the provider. The selected provider had the strongest bid and it was a thorough selection process involving partners as well as in-house commissioners.

Councillor Henderson stated that Harwich Homestart are increasing their workload as this is being used as opposed to the service offered by ECC – he invited Councillor Madden and Chris Martin to attend Harwich Homestart. He stated the tender documentation made it difficult for smaller providers to be successful; the larger providers being able to absorb capacity above other organisations who might be able to provide a better quality service. Councillor Henderson asked whether any evidence existed on past practice from the selected provider to deliver on the contract?

Chris Martin answered that it was not possible to provide such evidence as there is no other authority providing what ECC is about to do. He stated the selected provider would bring a momentum to the activity. Councillor Danvers raised his concern that

ECC was being used as a 'guinea-pig' by the selected provider given they had no experience or knowledge of local need in Essex; and that, if anything were to go wrong, the biggest losers would be the families who access services not the selected provider or ECC.

### **Outcome**

Given the differences of opinion it was agreed the contract award be considered at a full meeting of the People and Families Scrutiny Committee on Thursday, 8 December 2016 at 10.00 a.m. in Committee Room 1. Chris Martin would provide the Key Performance Indicators on the contract in advance of the Committee meeting.

**Action: Chris Martin**

Robert Fox  
28 November 2016