

		<b>AGENDA ITEM 6</b>
		<b>PAF/15/19</b>
<b>Committee:</b>	<b>People and Families Policy and Scrutiny Committee</b>	
<b>Date:</b>	<b>27 June 2019</b>	
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**Virgin Care Pre-Birth to 19 contract (now known as the Essex Child and Family Wellbeing Service)**

Purpose/Action required:

- (i) To consider the update to be provided by both the commissioner and provider and the subsequent discussion.
- (ii) To consider any further information and other witnesses required and how any further work on this issue should be structured.
- (iii) To consider the frequency of any further monitoring of issues and contract performance

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Background

The Pre-Birth to 19 Contract placed with Virgin Care commenced on 1 April 2017 incorporating services previously delivered in SureStart Children's Centres, Family Nurse Partnership, Healthy Child and Healthy Schools Programmes.

The context and aspirations of the new contract were included in the original Cabinet decision paper from June 2016 which can be accessed here for background

[Cabinet Paper 21 June 2016](#)

The PAF first reviewed the new contract at its meeting on 2 August 2018. That evidence session was restricted to just Cabinet Member, Lead Commissioning

Officer, Virgin Care and Barnardo's. The Chairman has decided that the same approach should be taken this time.

### Discussions with sub-contractors

Since last August, the Committee has engaged informally with the sub-contractors under the contract to understand more fully their respective organisations and the services they provide. Some of the key issues arising from those discussions were:

Some feeling that they had been awarded smaller contracts than they would have wished for.

There was a general feeling that they could be doing more than currently stipulated under the contract.

Some concerns about the short-term award of the contract (two years plus one) and that they felt vulnerable without longer term security of funding.

Homestart and CAVS had agreed an age split (one providing services up to 8yrs and the other 8-19). On reflection, perhaps could have done more sharing across the age spectrum under the contract arrangements and not just concentrated on a narrower age group.

There would be discussions with Virgin Care about whether referral route via school nurses and Virgin Care was actually the best one or whether there was a better mechanism. It was suggested that schools would be happy to refer direct.

Some comment that Family Hubs were for the younger age group and that alternative forums were needed for older children and that more work could be done with youth clubs.

Prior to this new contract starting, there had previously been variation by area in the length of waiting lists for some counselling services and it had been a challenge inheriting and resourcing this and minimising people falling between 'eligibility gaps'.

### Site visits

In the two weeks leading up to this meeting, there have been site visits to three Family Hubs (each in a different quadrant) and members conducting those visits may wish to brief the committee on these visits. The Family Hubs visited were:

Chelmsford Family Hub (Mid Quadrant)  
Berechurch Family Hub, Colchester (North Quadrant)  
Little Lions Family Hub, Canvey Island (South Quadrant).

### Information requested

As a result of the discussion and issues raised at the 2 August 2018 meeting of the Committee, and in consultation with the Chairman and Vice Chairmen, the commissioner and providers have been requested to provide the following information today:

1. A general update on the operation of the contract;
2. Performance data update – there was discussion at the meeting on 2 August 2018 about the work underway to develop more outcomes focussed Key Performance Indicators and that that was expected to be completed by April this year – how do the commissioner and providers envisage they will be measured in future and how they expect them to change ways of working and culture etc. They have also been advised that the Committee would like to see how the performance under the contract has been assessed and measured so far which presumably have been under less outcomes-focussed targets to date.
3. The extent of the reach of the services and how that is being evidenced.
4. At the previous meeting it was acknowledged that working practices inherited from the previous contracts had significantly varied across locations and that by trying to make the service offer consistent across all locations had created some staffing issues – an update on this and maintaining consistency of service has been requested.
5. Service user feedback and what issues are being raised.

### Background attachments and further reading:

A link is here to the [PAF 2 August 2018 meeting papers](#)

A link is here to a supplemental presentation that gives further background to the contract. - [Essex Child and Family Wellbeing Service](#)

Appendix 1 - An extract of the minutes of the 2 August 2018 meeting

Appendix 2 - information provided by the commissioners and providers.

**Extract of the minutes of the meeting of the People and Families Policy and Scrutiny Committee, held at 10.30am in Committee Room 1 County Hall, Chelmsford, CM1 1QH on Thursday, 2 August 2018**

**4. Pre-birth to 19 Virgin Care contract**

Background

Essex County Council (ECC) had commissioned integrated Pre-Birth to 19 Health, Wellbeing and Family Support services on a quadrant basis with effect from 1 April 2017. The service incorporated the following:

- 0-5 Healthy Child Programme (included Health Visiting)
- 5-19 Health Child Programme (included School Nurses)
- Healthy Schools Programme (improving the health and wellbeing of children in school)
- Family Nurse Partnership (FNP) model of working (provided support for young mums with their first child)
- Sure Start Children's Centres (community based support for children and families)

The procurement adopted a new delivery model based around 12 Family Hubs, Family Hub Delivery Sites and a range of Family Hub Outreach Sites determined on a local basis.

In the west quadrant of Essex the service was commissioned jointly with West Essex Clinical Commissioning Group (West Essex CCG) as it also included some additional NHS community paediatric and therapy services.

The Committee had asked for an update on the new service one year into the new contract. However, the Committee had agreed in advance to concentrate its initial review on the core services that were pan-Essex. Report (PAF/17/18) had been received comprising an update from the lead commissioner and provider.

The following were in attendance to introduce the updates and answer questions:

*Commissioner*

County Councillor Dick Madden, Cabinet Member, Children and Families.  
Chris Martin, Director, Strategic Commissioning & Policy (C&F), Essex County Council.

*Provider*

Heidi Dennis, Assistant Director, Barnardos  
Kathleen Ely, Virgin Care  
Vivienne McVey, Board Member, Virgin Care  
Zoe Oddy, Quadrant Manager, Mid Essex, Virgin Care

## Context

After a brief introduction from the Cabinet Member, Ms McVey provided some context to the new contract which had started in April 2017.

- The launch of the service was the biggest and most ambitious transformation undertaken by Virgin Care.
- Integration had been challenging as each of the service templates and models inherited from each of the previous provider organisations had been very different.
- There had been significant rationalisation of estate -with services reorganised into four quadrants using a broad hub and spoke model. Space had also been rented at other locations to deliver services and expand outreach.
- IT systems from ten different organisations had been consolidated into one.
- The contract was outcomes based rather than counting activity so future performance would need to be measured differently.
- There had needed to be a huge cultural shift amongst staff.
- There were now more ways for families to feedback on their experience. Citizen's Panels were now encouraging wider community input and not just from families.

In subsequent discussion the following was highlighted:

## Service delivery

The new contract had rationalised the buildings from where services were delivered and how services could be accessed but had not materially changed the actual services. There was still a range of sites and now a single point of access for services - if necessary the providers would undertake home visits. Providers were also looking to use libraries more to assist outreach.

Contract partners were being encouraged to also occupy the delivery sites. For example, family hubs now had a Health Visitor located on site whereas previously Health Visitors had been less accessible.

The remit of Health Visitors had been stretched with them now being the key point of contact for children under 8 (rather than 5 as previous).

School nurses would now go into school assemblies early in academic year. A weekly drop-in was now offered for young people to access a school nurse emphasising that they do not need parental permission. A text service had also been launched enabling pupils to directly access the school nurse for advice. Better links were also being developed between school nurses and the Emotional Wellbeing and Mental Health Services being provided by North East London Foundation Trust.

Members queried post 19 transition and arrangements for this. It was stressed that there was now better engagement with other partners to assist this, including Adult

Community Learning. A specific programme was being developed for those with special educational needs.

#### Reach

Members queried whether the actual reach of services had been extended. The provider stressed that they were being more proactive about improving this. Specific plans were being developed for young children struggling with school readiness.

#### Staffing

1300 staff had been transferred over to Virgin Care/Barnardo's using Transfer of Undertakings (Protection of Employment) Regulations 2006 (TUPE). There had been some resistance to the changes from staff. Some working practices inherited from the previous contracts had significantly varied across locations and trying to make the service offer consistent across all locations had created some staffing issues.

#### Life limiting/threatening conditions

There was no mention of children with life limiting/threatening conditions in the stated outcomes for the service and just one mention in the quality report. Some members queried whether there was a joint health and social care plan for these children, the level of participation in the regional palliative care network, and whether families had independence over their personal budgets. However, the direct commissioning of palliative care services was not within the Virgin Care 0-19 contract. It was suggested that carer and sibling support should get picked up in family hubs. However, commissioning of palliative care services would vary across the county and would benefit from more consistent integrated commissioning of children's services such as in west Essex. It was confirmed that there was a statutory responsibility for ECC to fund short break respite care.

**Action: Councillor Butland to raise with Cabinet Member and a further update for the Committee be scheduled.**

#### Community based paediatric services

Community based paediatric services in west Essex had been included in the contract. Members questioned how this could be extended to cover other parts of Essex and it was suggested that this could be a future line of enquiry here for the Health Overview Policy and Scrutiny Committee. In addition, ongoing differences in diagnosis and referral times for autism could also be reviewed by the same Committee.

A network of community paediatricians had been established as part of reviewing autism care pathways. Allergy services had been developed into a more specialist service as a result of increasing demand.

### Key performance indicators

The contract aspired to move away from counting activity levels to be more outcome focussed and assess the effectiveness of services. However, measuring some of these desired outcomes could be difficult. For example, one target was to develop stronger attachments for children but it was still unclear what tool could be identified to measure it.

27 broad outcome measures were to be agreed between commissioner and providers by 1 April 2019. The proposed timing was considered to be a realistic deadline bearing in mind the level of transformational change being undertaken (such timing had been agreed within the contract). The Cabinet Member stressed that he was assured that the necessary preparatory work was being done to meet this deadline and he too wanted to see robust quantitative measures of performance outcomes finalised.

### Conclusion

The Chairman thanked all the witnesses for their attendance and advised that the Committee would be looking for a further update in due course.

[after the end of the formal meeting the Committee discussed its next steps and agreed it would undertake the following before speaking again with commissioners and Virgin Care:

- (i) conduct site visits of Family Hubs;
- (ii) seek feedback from sub-contractors;
- (iii) seek feedback from service users or similar representative bodies/forums.

A further update on arrangements for children's palliative care would also be scheduled.]