

Report of: Early Start Manager- Children's Services

Report to: Deputy Director, Safeguarding, Specialist & Targeted Services

Date: 23rd January 2017

Subject: Waiver of Contract Procedure Rules to enter in to a new contract with Preparation for Birth and Beyond at Choto Moni- National Childbirth Trust (NCT)



Are specific electoral Wards affected? If relevant, name(s) of Ward(s):	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Are there implications for equality and diversity and cohesion and integration?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Is the decision eligible for Call-In?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Does the report contain confidential or exempt information? If relevant, Access to Information Procedure Rule number: Appendix number:	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

Summary of main issues

1. Leeds Children's services currently commissions National Childbirth Trust at Choto moni to provide a preparation for birth and beyond service to support women from Refugee, Asylum seeker and BME groups in Leeds.
2. The contract is due to expire on 31st March 2017 and the budget is £6,000 per annum.
3. Clear evidence exists locally and nationally that this service makes a difference to this vulnerable group and improves the life chances of their babies.
4. We are looking to commission the service again by way of a waiver to start in April 2017.
5. We are seeking to commission a contract for 12 months with the option to extend for a further 12 month period.

Recommendations

1. The Deputy Director, Safeguarding, Specialist & Targeted Services is requested to note the content of this report and approve the use of the NCT, on the basis that they have provided this service in the past, demonstrating best value, meeting objectives and outcomes set by Public Health and Children Services Learning for Life Service.

2. The Deputy Director, Safeguarding, Specialist & Targeted Services is also requested to waive CPR 27 in order to commission the preparation for birth and beyond service with NCT via Choto Moni from 1st April 2017 for 12 months with the option to extend for a further 12 months.

1 Purpose of this report

- 1.1 The purpose of this report is to seek approval to waive Contracts' Procedure Rule (CPR) 7 to enable Children's Services to enter into a 12 month contract with National Childbirth Trust (NCT), preparation for birth and beyond programme, with the option to extend the contract for a further period of 12 months without subjecting the matter to competition.

2 Background information

- 2.1 The National Institute for Health and Clinical Excellence (NIHCE CG110) has highlighted refugees and asylum seekers as an especially vulnerable group in their maternity care policies.
- 2.2 Many asylum seekers arrive in the UK with poor health, having fled war and violence in their own country. Many have underlying health problems stemming from undiagnosed conditions in their home countries and the effects of torture, sexual violence or Female Genital Mutilation (FGM), which could affect their pregnancies. All of these factors can put them, and their babies, at particular risk during pregnancy and beyond.
- 2.3 However, poor outcomes are not only experienced by asylum seekers and refugees but by Black and Minority ethnic communities more widely in the UK. For example, national evidence suggests that mothers of black ethnic origin are 2.1 times more likely to have a stillbirth and 2.4 times more likely to have a neonatal death than mothers of White ethnic origin. Similarly, mothers of Asian ethnic origin are 1.6 times more likely to have a stillbirth or a neonatal death than mothers of White ethnic origin (CEMACH, 2009).
- 2.4 In 2015-16 annual report, the Child Death Overview Panel (CDOP) reported (for the 2014 period) an over-representation of mothers from African, Caribbean and mixed backgrounds (11% of neonatal deaths compared to 5% births) and Asian/Mixed Asian backgrounds (19% of neonatal deaths compared to 11%). This pattern of over-representation of Black African, Caribbean and Asian ethnic groups has been noted in previous CDOP annual reports, and appears to be a persistent pattern, which fits with the national picture.
- 2.5 These groups are at particularly high risk of experiencing a stillbirth or neo-natal death. However, the majority of women from these groups are placed on the universal maternity pathway with only approximately 400 receiving specialist midwifery support.
- 2.6 There is substantial evidence to suggest that women from specific BME groups require ante-natal education that is tailored to their specific needs.
- 2.7 Antenatal education and postnatal support is shown to lead to greater satisfaction with the birth experience; increased adoption of healthy behaviours (such as reduced alcohol consumption and smoking during pregnancy and increased breastfeeding rates), improved maternal well-being and improved couple relationships.
- 2.8 An arrangement has been in place to support women from Refugee, Asylum seeker and BME groups in Leeds for about four years now. The current contract is provided through the National Childbirth Trust (NCT) with an annual value of £6,000. This contract ends on 31st March 2017 with no option to extend.

3 Main issues

2.1. Reason for invocation of CPR (contract procedure rule) 7

- 3.1.1 LCC worked with the local organisation Choto Moni via NCT initially through a grant arrangement, then a formal contract through a service specification. LCC is happy with the outcomes achieved and the best value for money analysis.
- 3.1.2 Learning for Life service has requested that NCT (Choto Moni) continue to provide this specialist support as they have provided a good service so far.
- 3.1.3 The current model of service provision is working but more time is needed to determine the effectiveness of the programme in meeting the needs of BME, refugee and asylum seeking women.
- 3.1.4 This learning will also provide the understanding which will inform and help determine the long term future of the service with the possibility of becoming a service in scope within the Health for All programme.
- 3.1.5 Whilst CPR7 indicates that contracts less than £10k are low in value and therefore subject to competition via three quotes, this area of work is very specialist in nature and alternative providers are not readily available.

3.2 Consequences if the proposed action is not approved

- 3.2.1 Without the requisite approval there would be a gap in provision and it would not be possible to offer this family support orientated evidence based service to the vulnerable groups identified above.
- 3.2.2 Given the low value of the service, undertaking a full scale procurement at this time would not be cost or time effective.

3.3 Advertising

- 3.3.1 None, for the reasons indicated in section 3.1,3 and 3.1.4 above.

4 Corporate Considerations

4.1 Consultation and Engagement

- 4.1.1 The need for the service has been identified by Public Health and Learning for Life colleagues on the basis of the reasons highlighted in section 2 and evidence indicating the need to provide support specifically aimed at refugees, asylum seekers and BME women and their partners in general.

4.2 Equality and Diversity / Cohesion and Integration

- 4.2.1 This work will enhance issues relating to equality and diversity, helping to reduce health and well-being inequalities. An equality impact screening form has been completed and the outcome of this screening document indicates that a full impact assessment is not required. A copy of the screening form is attached as appendix 1.

4.3 Council policies and Best Council Plan

4.3.1 The contract will support the following policies and priority plans:

- Vision for Leeds
- Best Council Plan
- Children and Young Peoples Plan
- Health and Wellbeing City Priority Plan

4.4 Resources and value for money

4.4.1 Given the very limited nature of alternative providers, the level of provision so far and the low contract value, this contract is considered to represent value for money.

4.4.2 The service has supported 129 women and families since July 2014. On average the service has seen 25 – 40 new families each year on an antenatal basis and most transition to the postnatal group. All who participate in the survey report satisfaction. Case studies identify improved outcomes for the women who attend in terms of confidence, birth information, support, bonding with baby and positive birthing experiences.

4.5 Legal Implications, Access to Information and Call In

4.5.1 This decision would be considered to be significant operational and not subject to call in.

4.5.2 Any decision to waive this rule by the Deputy Director of Children's Services will be in accordance with CPR 27 and must be justified in the circumstances.

4.6 Risk Management

4.6.1 The key risk in terms of health and well-being inequality would be the inability to provide this service to vulnerable communities.

5 Conclusions

5.1 Antenatal education and postnatal support is shown to lead to greater satisfaction with the birth experience; increased adoption of healthy behaviours (including reduced alcohol consumption and smoking during pregnancy and increased breastfeeding rates), improved maternal well-being, and improved couple relationships.

5.2 NCT (Choto Moni) provides an essential service in the community for mothers and babies.

5.3 Service Leads are happy with performance and outcomes for target group and would like time to develop an understanding of the effectiveness of the programme model, in order to determine the long term future of the service.

5.4 Approval to continue the contract with the current provider will avoid a gap and inequality in service provision, and allow service leads the opportunity to plan

the long term future of preparing for birth and beyond services for this vulnerable group.

Going out to tender for this low value contract at this time without the opportunity to review the service would not be cost effective.

6 Recommendations

6.1 The Deputy Director, Safeguarding, Specialist & Targeted Services is requested to note the content of this report and approve the use of the NCT, on the basis that they have provided this service in the past, demonstrating best value, meeting objectives and outcomes set by Public Health and Children Services Learning for Life Service.

6.2 The Deputy Director, Safeguarding, Specialist & Targeted Services is also requested to waive CPR 27 in order to commission the preparation for birth and beyond service with NCT via Choto Moni from 1st April 2017 for 12 months with the option to extend for a further 12 months.

7 Background documents¹

7.1 N/A

¹ The background documents listed in this section are available to download from the Council's website, unless they contain confidential or exempt information. The list of background documents does not include published works.