

The available options to the Council to meet the identified needs of families that were considered are detailed below.

Option 1: Open procurement - going out to tender	
Advantages	Disadvantages
<ul style="list-style-type: none"> • This is what we have done in the past and are used to doing. • Opportunity to test the market for other NHS and non-NHS organisations, who may bring experience from outside of Warwickshire of integrating services. • Enables a competitive process whereby we may be able to seek cost-saving gains and innovation from alternative providers. 	<ul style="list-style-type: none"> • May not automatically lead to the desired benefits of improved pathways, communication and reduced duplication with early help services. • Taking this traditional approach may lead to instability in delivery of the service for families if a new provider or service, not the local NHS provider was to deliver the service. • There is a very limited number of NHS providers. Other than SWFT our market testing informs us there are no other NHS providers who can deliver the service. • A new provider would involve TUPE of staff - Transfer of Undertakings (Protection of Employment). Benchmarking suggests that significant numbers of current staff would not agree to TUPE to a non-NHS provider due to the impact on terms and conditions and other changes. This could lead to workforce issues around recruitment and retention.

Option 2: Bringing the service in-house to Warwickshire County Council <i>Such that WCC delivers the Health Visiting Service Directly</i>	
Advantages	Disadvantages
<ul style="list-style-type: none"> • Staff work in the same offices and venues which can improve communication and information sharing. The 	<ul style="list-style-type: none"> • There is a high risk of losing staff in the transfer to the council. This is a concern given current workforce capacity

<p>commissioning team, public health and SWFT would be working under the same organisation.</p> <ul style="list-style-type: none"> • Use of similar systems could lead to more personalised and timely support. • Opportunity to work in a collaborative way with other services such as other Children’s services that the Council currently provide. 	<p>challenges.</p> <ul style="list-style-type: none"> • The above could lead to instability in the service and may have an initial negative impact on the quality level of service provided to families. • There are large and resource heavy administrative and logistical implications in bringing this service in house which could take up to 18-24 months to fully set up. • Few other local authorities have done this approach and it is therefore difficult to fully understand the impact of such an arrangement. • The Council does not have expertise in running a specialist clinical health service or senior management expertise to manage safeguarding risks across health services. • SWFT provide other services in this area and this transfer may impact the collaborative practices with those services.
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<p>Option 3: PROPOSED OPTION - Developing a partnership agreement with the current provider (SWFT) known as a ‘Section 75 Agreement’</p>	
<p>Advantages</p>	<p>Disadvantages</p>
<ul style="list-style-type: none"> • Services would continue to be delivered by one of the Council’s trusted partners through a collaborative partnership model. • Provides an opportunity for the health visiting service to 	<ul style="list-style-type: none"> • A clear/shared vision is needed to bring various early help services together in a cohesive way. This can take time. • May not automatically lead to the desired benefits of improved pathways, communication and reduced

<p>develop, implement, monitor and review multi-agency care pathways for priority needs for children and their families, ensuring clarity of roles and responsibilities, reducing duplication and eliminating gaps in support.</p> <ul style="list-style-type: none">• Could improve the ability to work in similar locations and venues. In turn this could improve the transitions between support services and information sharing in a timely fashion.• Provides stability and continuity for the staff team and service delivery. Given there are current national workforce shortages, recruitment and retention challenges in Health Visiting.• Continuity of care for families.• SWFT have a strong reputation and built-up networks and practices in Warwickshire having delivered the service since 2017.• SWFT have the resources and capabilities of clinical governance. They also provide other established services in the NHS which support the child including:<ul style="list-style-type: none">○ Speech and language therapy○ Infant Feeding○ Family Nurse Partnership• Working with a trusted partner provides many of the advantages of in-house service delivery whilst maintaining access to the specialist clinical skills and knowledge of a NHS trust, important for the management of clinical safeguarding and risk.	<p>duplication with early help services.</p> <ul style="list-style-type: none">• This is a new arrangement for the service and may take some time to settle into new ways of working such as commissioning and governance arrangements.• Such an agreement has not been implemented elsewhere for 0-5 Health Visiting Services for long enough to ascertain the long-term impact.
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