

<b>Item No.</b>	<b>Classification:</b> Open	<b>Date:</b> 18 March 2024	<b>Decision Taker:</b> Cabinet Member for Health and Wellbeing
<b>Report title:</b>		Gateway 0 - Public Health 0-19 Children's Community services	
<b>Ward(s) or groups affected:</b>		All	
<b>From:</b>		Strategic Director of Children and Adult Services	

## RECOMMENDATIONS

1. That the Cabinet Member for Health and Wellbeing approve this Strategic Options Assessment for delivery of Public Health 0-19 Children's Community services for Southwark Council.
2. That the Cabinet Member for Health and Wellbeing note the next steps set out in the report (paragraphs 56-57).
3. That the Cabinet Member for Health and Wellbeing delegate the GW1 and GW2 decisions to the Strategic Director of Children and Adult services (in consultation with the cabinet member for Health and Wellbeing).

## BACKGROUND INFORMATION

4. 0-19 (25 for SEND) children's community public health services cover provision of health visiting (from birth to under 5's) and school nursing (from age 5 to 19/25) services across Southwark. This satisfies the council's responsibilities to deliver children's Public Health services under the Health and Social Care Act 2012.
5. The service is funded from the Public Health grant, currently valued at £6.7m per year. The provision of these services supports the council's ambition around reducing health inequalities, ensuring every child has the best start to life and supporting children and their families to fulfil their potential.
6. Additionally, ensuring every child has the best start in life is one of the Office for Health Improvement and Disparities (OHID) key priorities. Best Start in Life is a priority within Public Health England's 5-year strategy, which runs from 2020 to 2025.
7. These services form part of the national Family Hub programme, inextricably linked to the successful delivery of the programme in acknowledgement of the significance of the first 1001 days of life and impact on longer term life outcomes.

8. Since 2015, Guys and St Thomas's (GSTT) community services have provided the 0-19 children's community services for Southwark. The Council have been working with the service over the years to adapt to the needs of the changing population.
9. Since 2015 there has been a reduction in the children and young people population in Southwark;
  - The under 5 population has decreased by 25%, this equates to 5,510 fewer children and currently stands at, 16,362 children.
  - 5-19 population has increased by 3.3%, this equates to, 1,557 fewer children and young people and stands at 46,323 overall.
10. Until March 2023, the contract had been part of a Section 75 agreement with Southwark CCG (ICS) when the contract was novated to Southwark Council's Public Health team.
11. The current contract was due to end March 2024, this has now been extended and will run until end of September 2024.
12. It is noted that GSTT is a significant partner within Partnership Southwark and the wider South East London Integrated Care System, providing a wide range of community, secondary and tertiary health services to Southwark residents.
13. The council is working closely with GSTT to adapt the services to meet the needs of the population and within the context of transformational cross partnership work that is underway to do so within the existing financial envelope.
14. The impact of the cost of living crisis is felt across the system and as such we need to work in a collaborative and cohesive way.
15. GSTT is a key stakeholder in the Family Hub and Start Well work streams.
16. The shared ownership of development areas between GSTT and the council's Public Health team have begun to deliver demonstrable progress, with improved insight through data, strengthened service specification (appendix 1) and a clear direction of travel, and it is key that we can continue to work in this way with GSTT.

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## **Current service delivery**

17. In 2021, a change in the nationally preferred approach to health visiting and school nursing delivery was made, moving away from the previous “4-5-6” model and towards a “universal in reach and personalised in response” model.
18. In response to this change GSTT have developed a new Bright Beginnings (BB) pathway for Health visiting and are introducing The Lancaster Model for School Nursing.
19. The BB pathway is a ‘pregnancy to 5’ care package offer that utilises the ‘Universal in Reach - Personalised in Response’ model and is based on 4 levels of service depending on individual and family needs: community, universal, targeted and specialist levels of support.
20. Core elements of a universal in reach, personalised response model includes health and wellbeing reviews, identification of need and high impact areas. Dependant on family vulnerabilities and needs, this model of health visiting care will be delivered through either the Universal Health Visiting (UHV) Pathway or the BB Pathway by Early Intervention Health Visitors (EIHV). All community, universal, targeted (level-1) and a small proportion of specialist services will be delivered by health visitors in the UHV service. Families needing more targeted (level-2) and specialist services will be offered the EIHV service, also known as the BB Pathway.
21. The Lancaster Model (TLM) is a questionnaire, which is a validated, systematic, safe approach to immediately assess the needs of individuals and populations. The questionnaire targets parents of children who have started reception class, Year 6 pupils, Mid-Teens (year 9), and school leavers (year 12).
22. As well as identifying Children, Young People and their families who require targeted follow up, TLM will help to generate public health data and embed person and community-centred approaches in the delivery of local services, and improve integrated working, using locally driven priorities to engage in a shared purpose.
23. TLM aims to stop problems escalating for individuals and populations, ultimately this will reduce waiting list times and allow for more preventative interventions.
24. It is noted that this requires a change in how School nurses and health visitors work within the Child Protection space; this work is in scope and will be considered more fully within the service development plan and with colleagues in both Children’s services and Education.
25. GSTT has carried out engagement with service users in development of the BB pathway, and feedback received is that the service is having a positive impact.

26. Further engagement is required with both service users and key stakeholders to better understand the experience of those using and referring in to the 0-19 service offer.
27. There are areas for development that are captured in a shared Service Development Plan (SDP), which has been developed in partnership with GSTT and demonstrates a partnership approach to addressing cross system issues, such as:
  - a) Improve quality of data through shared maturity aspirations;
  - b) Ensuring performance monitoring of the quarterly Key Performance Indicator and management information returns is meaningful;
  - c) Service specification sets out clear expectations and deliverables; and
  - d) Cross partnership transformation and funding opportunities are joined up across the system i.e. Family Hubs, SEL Inequalities funding.
28. The SDP is monitored by a Strategic Oversight Board and progressed by the Operational Delivery Group.

### **Spend Analysis**

29. In 2015, the cost of the contract was ~£7.5m, split between the health visiting (HV) at ~£6.25m and school nursing (SN) services at ~£1.27m
30. In 2019, the council agreed to implement efficiency and improvement savings totalling £863k against the Public Health 0-19 children's community services contract.
31. The savings were in two parts; one consisted of a saving of £300k against the HV and £63k against SN, and another was a saving of £500k across both contracts.
32. GSTT were informed of these decisions and work was undertaken with them to better understand the implications and impact. The outcome being that the Family Nurse Partnership service was to be decommissioned and new ways of working introduced for both the Health Visiting and School Nursing services.
33. These decisions were underpinned with a 0-19 Equality and Health analysis needs assessment undertaken in 2023 (listed in background documents).
34. The 0-19 Equality and health analysis determined that the 0-5 population has reduced in demand and need compared to previous years and that the 5-19 population had increased when compared with previous years.

35. To note, that the ICS have applied an uplift cost to the original contract in 22/23 of 525k; it is not clear if a similar arrangement has been agreed for 23/24.
36. There has been an uplift applied from the Public Health grant to increase the overall contract value in line with the agreed 1.8% inflationary uplift, resulting in an increase from 6.6m to 6.7m.
37. In recent months, there has been an agreement for increased transparency from GSTT about spend; from 24/25, there will be a projected budget provided at the start of the year which will then be updated quarterly, providing an itemised breakdown of their running costs.
38. This agreement will enable the council to have improved insight into spend and forward planning for service delivery.

## **KEY ISSUES FOR CONSIDERATION**

### **Future service requirements and outcomes**

39. A significant programme of engagement and collaboration has been undertaken with GSTT to meet the needs of Southwark's diverse population.
40. There is a cross partnership model of working that these services and GSTT form part of. The council's Public Health team have worked closely to review the service specification and ensure the associated Key Performance Indicators and management information returns evidence impact of service delivery, need of the cohort and outcomes achieved.
41. There is well evidenced need to move to a more proactive and preventative early help model. This is a key consideration in how Southwark Council have collaborated with GSTT, worked with the Family Hub and start well work streams to ensure that the shared aims and outcome areas are visible within the service specification.

### **Strategic service delivery options and assessment**

42. Southwark is required to provide health visiting and school nursing services which meet the mandatory requirements set out for five core health visiting reviews and a school nursing service which delivers the National Child Measurement Programme (NCMP). These should be commissioned in line with the aims of the national Healthy Child Programme, as well as the local policy requirements of the council and local partners.
43. The service will need to be provided to a population aged 0-4 of circa 17,000 and a 5-19 population of circa 47,000.

- 44. It is recommended that the council continues to work with GSTT to engage with the community to consult on the identified outcomes and implementation of the changed delivery models.
- 45. Recommissioning of the service should consider current and emerging local networks and partnerships for children’s health and linked work. This should include service interactions with Southwark Council’s Children and Family Centres, Family Hubs programme, Southwark Healthy Schools work, the Partnership Southwark Start Well programme, and consider the contributions that can be made towards Southwark’s strategy to improving healthy weight in children.

**Option one: external procurement via Single Supplier Negotiation with existing provider (preferred option)**

- 46. The negotiation of direct award for the procurement of these contracts with GSTT would enable commissioners and the provider to continue with the collaboration and deliver embedded and sustainable service improvements by the start of the new contract.

<b>Pros</b>	<b>Cons</b>
Implementable within short timeframe with little/no service disruption upon commencement of new specification Provider reach: established relationships between GSTT, local partners, and the local population Continue to build and develop on well-embedded services Clarity on financial envelope and service expectations within that	Less control of staff structures and overheads.  Missed opportunity to generate the market and achieve best value in a competitive way.

**Option 2: external procurement via competitive tender**

47. The service is currently provided by an external, NHS provider. External service provision, principally through an NHS provider is common nationally and in London.

Pros	Cons
<p>It ensures fairness in giving providers the opportunity to bid for this contract</p> <p>The council would aim to have families/service users on the panel to support with bid scoring</p> <p>It puts the council in a better negotiating position as it creates a competitive market</p> <p>It shows to both service users and the market that the council are looking for gold standard provision for local people</p> <p>Good opportunity to redesign and be innovative with our offer</p>	<p>Market capacity Due to the nature of the tendering process and inherent difficulties with these types of services this process would require significant resource from both council and the market which is likely to result in the same outcome of award to GSTT.</p> <p>The new PSR regulations additionally increase the complexity of tendering a health service (which would align more closely with a direct award option in this case).</p> <p>Lengthy process – It will require substantial Southwark resource, which will take a year (minimum) and may require an additional extension beyond the existing contract term (September 2024).</p>

### Option 3 – In source

48. The pros and cons have been drawn from reviews from a number of local authorities who have made the move to in-source their health visiting and/or school nursing services, including Newham and Camden.

Pros	Cons
<p>This option would provide Southwark with better control over shaping what the service delivers and how it meets local need.</p>	<p>IT and information governance complications- other LAs who have moved their 0-19 service in-house have had significant IT difficulties wherein the previous provider used a different system, and transference of records and access to the previous system has been complicated.</p>
<p>Support a more integrated service with a joint outcomes framework-- the service would be more easily accessible and integrated, and the move would be timely with upcoming changes to children and family centre recommissioning, and the Family Hubs programme wherein integration with these services is a key theme.</p>	<p>Difficulties with recruitment and retention, with NHS staff reluctant to transfer from NHS terms and conditions. Negotiations around TUPE agreements with trade unions would be necessary and may lead to additional complications around certain employment schemes e.g. NHS car lease</p>
<p>Better control over shaping what the service delivers and how it meets local need.</p>	<p>Lengthy process – It will require substantial Southwark resource, which will take a year (minimum) – this would require a further 6 month extension of the current contract (September 2024 to March 2025). In addition, it will take some time to develop the internal commissioner/ provider relationship.</p>
<p>Improved partnership working as staff have the opportunity to co-design the process and system.</p>	<p>There are examples of these services being insourced by other LA's and due to the risks identified above they have reverted to previous outsourced models.</p>
<p>Other LAs have made the choice to in-source their 0-19 services due to the need to make service value reductions of over £1m. It is possible therefore that this option will be of lower cost.</p>	
<p>Improved data sharing—the council would be aware of and involved in decision-making concerning structural changes to the service offer, organisational issues and would be able to ensure that receipt of the required service level information to determine if the service is delivering the outcomes it should.</p>	
<p>Reduced duplication with regard to data and reporting.</p>	



#### Option 4 – joint procurement approach

49. The council could work with other boroughs to procure these services.
50. Working with geographical neighbouring boroughs may be able to deliver greater economies of scale working and may give greater flexibility to any provider in service planning.

Pros	Cons
Potential for increased economies of scale across a multi-borough service	Ability to align outcomes and funding levels for the services.  Needs of each partner may change over time requiring a different service from the provider.  Timeline for tendering and internal governance processes increased proportionally with each additional partner involved.

#### Option 5 - Decommissioning Services

51. As described in paragraph 4 and 53.a, local authorities have a statutory duty to provide these services. This is not a viable option.

#### Policy Implications

52. Legislation and guidance
- The Health and Social Care Act 2012 sets out local authorities' responsibility for improving the health of their local population, and the council's statutory responsibility for delivering and commissioning public health services for children and young people aged 5-19 years. This is principally the school nursing service. Further regulations under the Act came into force on 1 October 2015 to additionally transfer responsibility for children's public health commissioning for 0-5 year olds from NHS England to the council. These additional services are principally health visiting services.
  - The equality impact assessment (located in background documents) found no evidence to consider any group protected by the Equality Act 2010 to be disadvantaged through this proposal.
  - The Borough Plan sets out the commitment to reduce health inequalities, in particular 'closing the gap in health inequalities that affect our Black, Asian and minority ethnic communities.'
  - Children and young people are central to Southwark Health and Wellbeing Board's Health and Wellbeing Strategy, which has a focus on giving every child and young person the best start in life, alongside tackling neglect and vulnerabilities by supporting vulnerable children and young people and ensuring positive transition. The strategy sets

out these ambitions, to be considered when commissioning health and wellbeing services.

- e) The new Provider Selection regime applies to the Health Visitor element of this contract.

### **Recommended strategic delivery option**

- 53. Based upon the information and details outlined in this report, the recommended strategic delivery option is option one: external procurement via Single Supplier Negotiation with existing provider. Future investigation and details of the approach to delivery of this service will be undertaken to progress this option.

### **Identified risks for the service and recommended strategic option**

- 54. The key identified risks for negotiating with GSTT to deliver the service are set out below, with mitigations identified:

<b>Risk</b>	<b>Risk level</b>	<b>Mitigations</b>
Unable to control costs of services, or secure services at a price within the local authority budget for the services.	Medium	Work with GSTT to review current spend within the financial envelope, potential to identify areas of savings. Transformational work to move to a more proactive preventative model. Explore co-location within Family Hubs and multi-agency working opportunities.
Current service quality may reduce while going through procurement/negotiation process	Medium	Ensure dedicated resource allocated.  Work with GSTT to mitigate staff risk and feed into resource modelling.  Continue regular (monthly) contract monitoring with GSTT throughout to monitor KPIs.

### **Key/Non Key decisions**

- 55. This is a key decision.

### **Next Steps**

- 56. It is recommended that the council works with the currently commissioned services to consult and engage with community and across the partnership on the aims and outcomes of these services.

57. It is recommended that the council conduct further work to on a detailed procurement strategy for the re-commissioning of the service against the proposed outcomes, once they are agreed, to be presented to Cabinet for Gateway 1 decision.

### Service Delivery Project Plan (Key Decisions)

Activity	Complete by:
Enter Gateway 0 decision on the Forward Plan	01/02/2024
DCRB Review Gateway 0	14/02/2024
CCRB Review Gateway 0	29/02/2024
LMB review Gateway 0	12/03/2024
Notification of forthcoming decision – Gateway 0	18/03/2024
Approval of Gateway 0	25/03/2024
Scrutiny Call-in period and notification of implementation of Gateway 0 decision	18/03/2024
Current contract end date	08/04/2024
Gateway 0 completion (est.)	March 2024
Enter Gateway 1 decision on the Forward Plan	16/01/2024
DCRB Review Gateway 1	27/03/2024
CCRB Review Gateway 1	11/04/2024
CMT Review Gateway 1	April 2024
LMB Review Gateway 1	May 2024
Cabinet Review Gateway 1	June 2024
Notification of forthcoming decision – Gateway 0	tbc
Approval of Gateway 0	tbc
Scrutiny Call-in period and notification of implementation of Gateway 1 decision	28/06/2024
Current contract end date	31/09/2024
Gateway 1 completion (est.)	June 2024

### Community, equalities (including socio-economic) and health impacts

#### Community impact statement

58. The recommendation made will avoid a gap in service provision, which would cause significant negative impact on the health and wellbeing of the borough's children young people and their families.

59. GSTT are a key stakeholder in Southwark, committed to supporting the council's fairer futures promises, evidencing alignment through a trust-wide commitment to a London Living Wage, net zero climate change policy and being a key employer of Southwark residents.

### **Equalities impact statement**

60. The adoption of the new specification and contract is more likely to have a net benefit especially concerning inequalities through a continuous learning and improvement approach to identify and address any gaps or inequalities in service provision. This would be facilitated by better data collection, frequent analysis and improved oversight and assurance processes.

### **Health impact statement**

61. The adoption of the new specification and contract is more likely to have a net benefit especially with regards to health of children (and their families), facilitated through a more tailored approach, and supported by more robust assurance and governance processes.

### **Social Value considerations**

62. The Public Services (Social Value) Act 2012 requires that the council considers, before commencing a procurement process, how wider social, economic and environmental benefits that may improve the wellbeing of the local area can be secured.
63. GSTT pays London Living Wage.
64. GSTT are embedded within and engage with the local community and in safeguarding partnership. They are a significant partner within Partnership Southwark and the wider South East London Integrated Care System, providing a wide range of community, secondary and tertiary health services to Southwark residents.

### **Economic and Social considerations**

65. NHS organisations, by virtue of their size and industry, set their own policies and practices with respect to employment, procurement and sustainability.
66. GSTT is one of the largest employers in London employing over 23,500 staff and due to its location; it is likely a major employer of Southwark residents.
67. GSTT will continue to adhere to the London Living Wage commitments.

68. GSTT is ranked as one of the top NHS trusts in the country to work for by the NHS staff survey and are holders of the Investors in People Gold Standard award.

### **Environmental/Sustainability considerations**

69. NHS organisations, by virtue of their size and industry, set their own policies and practices with respect to employment, procurement and sustainability.
70. GSTT are committed to delivering sustainable healthcare, being one of the first trusts in the country to implement combined heat and power systems and promote green transport through their community links.

### **Plans for the monitoring and management of project**

71. The project will be managed by the Public Health and Joint Commissioning teams.
72. The project will report to the Strategic Monitoring and Oversight Board.
73. An annual performance review will be provided to the council's Corporate Contract Review Board (CCRB) in alignment with council Contract Standing Orders.

### **Resource implications**

74. There are no resource implications arising from this report. Any implications from future changes will be set out in a Gateway 1 procurement strategy report.

### **TUPE/Pensions implications**

75. There are no TUPE/Pensions implications arising from this report. Any implications from future changes will be set out in a Gateway 1 procurement strategy report.

### **Financial implications**

76. Financial implications will be considered and set out in the Gateway 1 procurement strategy report.
77. It is noted that we will need to factor in the impact of decisions made relating to inflationary uplifts and how these are applied.
78. In the current contract the original value of £6.6m increased to £6.7m due to inflationary uplift being applied.

## **Investment implications**

79. There are no investment implications arising from this report. Any implications from future changes will be set out in a Gateway 1 procurement strategy report.

## **Legal implications**

80. Please see concurrent from the Assistant Chief Executive – Governance and Assurance

## **Consultation**

81. As set out in paragraphs 24, 26, 44 and 56, a programme of engagement is recommended to support this re-commissioning.

## **Other implications or issues**

82. There are none.

## **SUPPLEMENTARY ADVICE FROM OTHER OFFICERS**

### **Strategic Director of Finance REF: [37-PHHZ2023-24]**

83. The Strategic Director of Finance notes the approval of the Gateway 0 strategic options assessment for delivery of Public Health 0-19 Children's Community services for Southwark Council, and requests noting of next steps as set out in the report. The report also requests that the cabinet member for Health and Wellbeing delegates the GW1 and GW2 decisions to the Strategic Director of Children and Adult services (in consultation with the cabinet member for Health & Wellbeing).
84. The Strategic Director of Finance also notes the financial implications of this report and there is no direct financial implications arising from this report. However, financial implications will be considered and set out in the Gateway 1 procurement strategy report.

## **Head of Procurement**

85. This report seeks approval of the Gateway 0 strategic options assessment for delivery of Public Health 0-19 Children's Community services for Southwark Council, and requests noting of next steps as set out in the report. The report also requests that the cabinet member for Health and Wellbeing delegates the GW1 and GW2 decisions to the Strategic Director of Children and Adult services (in consultation with the cabinet member for Health & Wellbeing). In accordance with the council's Contract Standing Orders, approval of this Gateway 0 strategic options assessment decision must be taken by the cabinet member for Health and Wellbeing, following review by DCRB and CCRB.

86. Analysis and accompanying narrative associated with each of the proposed strategic options is contained within paragraphs 42 -53, noting applicability of the NHS Provider Selection Regime 2023 (the PSR) to the Health Visiting element of these services.
87. Headline risks associated with the recommended strategic option are contained within table at the end of paragraph 54.
88. Intended alignment with the Fairer Future Procurement Framework (FFPF) is explicitly referenced at paragraph 59, and within the content of paragraphs 58 - 70 more generally.
89. Proposed methodology for performance/contract monitoring is detailed within paragraphs 71 - 73. The report also confirms that an annual performance review will be provided to the council's CCRB in alignment with council Contract Standing Orders.
90. The Community, Equalities and Health Impact Statements are set out in paragraphs 58 – 61.
91. The Climate Change, Social Value, Economic and Environmental / Sustainability statements are set out in paragraphs 62-70.

**Assistant Chief Executive - Governance and Assurance (SB06032024)**

92. This report seeks approval of the strategic options assessment for the delivery of Public Health 0-19 Children's Community services and the proposed next steps.
93. The provision of such services is required in order to enable the council to fulfil its statutory duty to commission and deliver public health services for children and young people aged 5-19 years.
94. The various options for procuring these services are set out from paragraph 46 along with the advantages and disadvantages of each option, and paragraphs 56 and 57 note the proposed next steps, which involve developing a detailed procurement strategy for the re-commissioning of the service, in readiness for presentation in a Gateway 1 report.
95. The report notes that the procurement of the health visitor element of the new service will be subject to the Health Care Services (Provider Selection Regime) Regulations 2023 which came into effect from 1 January 2024. The extent to which those Regulations apply to the procurement process will be explained in the Gateway 1 report.
96. Under the council's Contract Standing Orders the decision to approve the recommendations of this report is expressly reserved to the Cabinet Member for Health and Wellbeing, following consideration of the report by the Departmental and Corporate Contract Review Boards.

## BACKGROUND DOCUMENTS

Background Papers	Held At	Contact
Health and Social Care Act 2012	Public Health Directorate, Children and Adult Services, 1st Floor, 160 Tooley Street, London, SE1 2QH	Sangeeta Leahy 07756 214 405
<a href="https://www.legislation.gov.uk/ukpga/2012/7/contents/enacted">https://www.legislation.gov.uk/ukpga/2012/7/contents/enacted</a>		
Equalities Act 2010	Public Health Directorate, Children and Adult Services, 1st Floor, 160 Tooley Street, London, SE1 2QH	Sangeeta Leahy 07756 214 405
<a href="http://legislation.gov.uk">Equality Act 2010 (legislation.gov.uk)</a>		
Guidance: Family hubs and start for life programme: local authority guide	Public Health Directorate, Children and Adult Services, 1st Floor, 160 Tooley Street, London, SE1 2QH	Sangeeta Leahy 07756 214 405
<a href="https://www.gov.uk/government/publications/family-hubs-and-start-for-life-programme-local-authority-guide">https://www.gov.uk/government/publications/family-hubs-and-start-for-life-programme-local-authority-guide</a>		
Southwark Council and NHS Southwark CCG Section 75 agreement (2013)	Public Health Directorate, Children and Adult Services, 1st Floor, 160 Tooley Street, London, SE1 2QH	Sangeeta Leahy 07756 214 405
<a href="https://moderngov.southwark.gov.uk/documents/s42156/Appendix%201%20Draft%20agreement%20under%20section%2075%20of%20the%20National%20Health%20Services%20Act%202006%20relating%20to%20le.pdf">https://moderngov.southwark.gov.uk/documents/s42156/Appendix 1 Draft agreement under section 75 of the National Health Services Act 2006 relating to le.pdf</a> <a href="https://moderngov.southwark.gov.uk/documents/s42156/Appendix%201%20Draft%20agreement%20under%20section%2075%20of%20the%20National%20Health%20Services%20Act%202006%20relating%20to%20le.pdf">https://moderngov.southwark.gov.uk/documents/s42156/Appendix 1 Draft agreement under section 75 of the National Health Services Act 2006 relating to le.pdf</a>		
The best start for life: a vision for the 1,001 critical days	Public Health Directorate, Children and Adult Services, 1st Floor, 160 Tooley Street, London, SE1 2QH	Sangeeta Leahy 07756 214 405



<a href="https://www.gov.uk/government/publications/the-best-start-for-life-a-vision-for-the-1001-critical-days">https://www.gov.uk/government/publications/the-best-start-for-life-a-vision-for-the-1001-critical-days</a>		
Guidance: Health visiting and school nursing service delivery mode	Public Health Directorate, Children and Adult Services, 1st Floor, 160 Tooley Street, London, SE1 2QH	Sangeeta Leahy 07756 214 405
<a href="https://www.gov.uk/government/publications/commissioning-of-public-health-services-for-children/health-visiting-and-school-nursing-service-delivery-model">https://www.gov.uk/government/publications/commissioning-of-public-health-services-for-children/health-visiting-and-school-nursing-service-delivery-model</a>		
School nursing: Looking after the health and wellbeing of school children	Public Health Directorate, Children and Adult Services, 1st Floor, 160 Tooley Street, London, SE1 2QH	Sangeeta Leahy 07756 214 405
<a href="https://www.local.gov.uk/publications/school-nursing-looking-after-health-and-wellbeing-school-children">https://www.local.gov.uk/publications/school-nursing-looking-after-health-and-wellbeing-school-children</a>		
Evelina London Health Visiting Team	Public Health Directorate, Children and Adult Services, 1st Floor, 160 Tooley Street, London, SE1 2QH	Southwark health visitor advice line: 020 3049 8166
<a href="https://www.evelinalondon.nhs.uk/our-services/community/health-visiting-service/team-contacts.aspx">https://www.evelinalondon.nhs.uk/our-services/community/health-visiting-service/team-contacts.aspx</a>		
The Southwark Plan (2019-2036)	Public Health Directorate, Children and Adult Services, 1st Floor, 160 Tooley Street, London, SE1 2QH	Sangeeta Leahy 07756 214 405
<a href="https://www.southwark.gov.uk/planning-and-building-control/planning-policy-and-transport-policy/new-southwark-plan">https://www.southwark.gov.uk/planning-and-building-control/planning-policy-and-transport-policy/new-southwark-plan</a>		

Southwark Public Sector Equality Duty	Public Health Directorate, Children and Adult Services, 1st Floor, 160 Tooley Street, London, SE1 2QH	Sangeeta Leahy 07756 214 405
<a href="https://www.southwark.gov.uk/council-and-democracy/equality-and-diversity/equality-objectives">https://www.southwark.gov.uk/council-and-democracy/equality-and-diversity/equality-objectives</a>		
Southwark 100% inclusion charter	Public Health Directorate, Children and Adult Services, 1st Floor, 160 Tooley Street, London, SE1 2QH	Sangeeta Leahy 07756 214 405
<a href="https://moderngov.southwark.gov.uk/ielssueDetails.aspx?IId=50029378&amp;PlanId=0&amp;Opt=3#AI64280">https://moderngov.southwark.gov.uk/ielssueDetails.aspx?IId=50029378&amp;PlanId=0&amp;Opt=3#AI64280</a> <a href="https://moderngov.southwark.gov.uk/ielssueDetails.aspx?IId=50029378&amp;PlanId=0&amp;Opt=3">https://moderngov.southwark.gov.uk/ielssueDetails.aspx?IId=50029378&amp;PlanId=0&amp;Opt=3</a>		
Gateway 3 – Variation Decision 0-19 Children’s Community Public Health Services Contract Variation	Public Health Directorate, Children and Adult Services, 1st Floor, 160 Tooley Street, London, SE1 2QH	Sangeeta Leahy 07756 214 405
<a href="https://moderngov.southwark.gov.uk/documents/s112434/Report%20GW3%200-19%20Childrens%20Community%20Public%20Health%20Services%20Contract%20Variation.pdf">https://moderngov.southwark.gov.uk/documents/s112434/Report%20GW3%200-19%20Childrens%20Community%20Public%20Health%20Services%20Contract%20Variation.pdf</a> <a href="https://moderngov.southwark.gov.uk/ielssueDetails.aspx?IId=50029378&amp;PlanId=0&amp;Opt=3">https://moderngov.southwark.gov.uk/ielssueDetails.aspx?IId=50029378&amp;PlanId=0&amp;Opt=3</a>		
Equality and health analysis – 0-19 Children’s Community Public Health Services Contract Variation	Public Health Directorate, Children and Adult Services, 1st Floor, 160 Tooley Street, London, SE1 2QH	Sangeeta Leahy 07756 214 405
<a href="https://moderngov.southwark.gov.uk/documents/s112435/Appendix%201%20Equality%20and%20health%20analysis.pdf">https://moderngov.southwark.gov.uk/documents/s112435/Appendix%201%20Equality%20and%20health%20analysis.pdf</a> <a href="https://moderngov.southwark.gov.uk/ielssueDetails.aspx?IId=50029378&amp;PlanId=0&amp;Opt=3">https://moderngov.southwark.gov.uk/ielssueDetails.aspx?IId=50029378&amp;PlanId=0&amp;Opt=3</a>		
Gateway 0 - Strategic Options Assessment for service provision of Children and Young People’s (0 –19) Public Health Services	Public Health Directorate, Children and Adult Services, 1st Floor, 160 Tooley Street, London,	Sangeeta Leahy 07756 214 405

	SE1 2QH	
<a href="https://moderngov.southwark.gov.uk/documents/s83981/Report%20and%20Appendices%201%20and%202%20Gateway%200%20-%20Strategic%20Options%20Assessment%20for%20service%20provision%20of%20Chi.pdf">https://moderngov.southwark.gov.uk/documents/s83981/Report%20and%20Appendices%201%20and%202%20Gateway%200%20-%20Strategic%20Options%20Assessment%20for%20service%20provision%20of%20Chi.pdf</a>		

## APPENDICES

No	Title
None	

## AUDIT TRAIL

<b>Cabinet Member</b>	Councillor Evelyn Akoto - Cabinet Member for Health and Wellbeing	
<b>Lead Officer</b>	David Quirke-Thornton - Strategic Director of Children and Adult Services	
<b>Report Authors</b>	Paula Hill, Head of Programme for Children & Young People Liz Brutus, Consultant in Public Health Maria Bujor, Public Health Commissioning Manager	
<b>Version</b>	Final	
<b>Dated</b>	6 March 2024	
<b>Key Decision?</b>	Yes	
<b>CONSULTATION WITH OTHER OFFICERS / DIRECTORATES / CABINET MEMBER</b>		
<b>Officer Title</b>	<b>Comments Sought</b>	<b>Comments included</b>
Strategic Director of Finance	Yes	No
Head of Procurement	Yes	Yes
Assistant Chief Executive of Governance and Assurance	Yes	Yes
<b>Contract Review Boards</b>		
Departmental Contract Review Board	Yes	Yes
Corporate Contract Review Board	Yes	Yes
<b>Cabinet Member</b>	Yes	No
<b>Date final report sent to Constitutional Team</b>		18 March 2024