

<b>Item No.</b> N/a	<b>Classification:</b> Open	<b>Date:</b> 12 July 2019	<b>Meeting Name:</b> Cabinet Member Community Safety and Public Health
<b>Report title:</b>		Gateway 0 - Strategic Options Assessment for service provision of Children and Young People's (0 – 19) Public Health Services	
<b>Ward(s) or groups affected:</b>		All	
<b>From:</b>		Strategic Director of Place and Wellbeing	

## RECOMMENDATIONS

1. The Cabinet Member for Community Safety and Public Health approves this Strategic Options Assessment for delivery of Children and Young People's (0 – 19) Public Health services for Southwark Council, and the recommendation set out at paragraph 87 to consider securing external provision for this service.
2. The Cabinet Member notes the next steps set out in the report:
  - the council to work with the commissioned services to engage with the community on the proposed outcomes for the services;
  - the council to conduct an open book accounting exercise with the commissioned services, in order to inform future changes to services; and,
  - the council to conduct further work 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 decision.

## BACKGROUND INFORMATION

### Legislation

3. 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.
4. The children's public health commissioning responsibilities for the council are to deliver:
  - targeted and universal health visiting services, including the Healthy Child Programme for 0-5 years, and five mandated health visiting reviews; and,
  - targeted and universal school nursing provision, including the Healthy Child Programme 5-19 years and the mandated National Child Measurement Programme (NCMP) at reception and year 6.

5. The Healthy Child Programme (HCP) offers every family a programme of screening tests, immunisations, developmental reviews, and information and guidance to support parenting and healthy choices. It is not primarily delivered by the services above, but as the universal nursing services covering children from birth to the age of 19 years, these professionals lead the delivery of the programme.
6. All health visiting and school nursing services must be registered with the Care Quality Commission (CQC). This is a legal requirement as defined by the *Health and Social Care Act 2008 (Regulated Activities) Regulations 2014*.

### Health visiting: specific legislation

7. Regulation requires all pregnant women and families with babies to receive universal health visitor reviews up until their child reaches 2.5 years old, as described in the HCP 0-5 years. These mandated reviews are:
  - antenatal
  - new baby
  - 6 – 8 weeks
  - 9 – 12 months
  - 2 – 2 ½ years
8. A universal health visitor review is an assessment and review of health and development in line with the HCP. The Healthy Child Programme describes the core purpose of health and development reviews being to:
  - “assess family strengths, needs and risks;
  - give mothers and fathers the opportunity to discuss their concerns and aspirations;
  - assess growth and development; and,
  - detect abnormalities.”
9. Although the HCP 0-5 is offered to all families, it provides opportunities for more extensive work with families who are vulnerable or have additional needs, in line with the principle of universal proportionalism. This is set out nationally in a 4-5-6 integrated model for school nursing of: 4 levels of service provision; 5 health reviews; and, 6 high impact areas. This model is included at Appendix 2. The four service levels are:
  - **community** - includes 12/0the work of the service as a whole in providing specialist advice and supporting local health service planning;
  - **universal** - ensures all families receive the five mandated health visitor checks;
  - **universal plus offer** - available to children and their families with additional needs but who do not require social care input. Offers rapid response when specific expert help is needed; and,
  - **universal partnership plus offer** - available to children who are suffering or likely to suffer significant harm (i.e. threshold for child protection). Likely to be referred to social care. Provides ongoing support to deal with more complex issues over a period of time.

### School nursing: specific legislation

10. Local authorities are the commissioners of school nurses for maintained schools and academies. The form of the school nursing service is not set out in legislation:

consequently school nursing services configuration and delivery varies across England. However, non-statutory guidance produced by the Department of Health and Public Health England in collaboration with SOLACE outlines a continuum of support that children and young people should expect through school nursing and multi-disciplinary working. The recommendations include a four-level service model with varying levels of support offered, similar to the model for 0-5 programme: a community offer; a universal offer; universal plus offer; and a universal partnership plus offer. The 4-5-6 offer is also considered to be best practice in school nursing (see Appendix 2).

11. The National Child Measurement Programme (NCMP) is a nationally mandated element of the Government's strategy to tackle obesity. The NCMP, established in 2005, aims to weigh and measure the pupils in two school year groups (reception and year 6) and provides population-level surveillance data, as well as local-level data which can be used to inform local planning and delivery of services, and is set out in *National Child Measurement Programme Regulations 2008*. Responsibility for the programme transferred to local authorities as set out in *The Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013*. In practice, the NCMP is delivered in most areas by the school nursing service.

### **Safeguarding and children with additional needs**

12. London safeguarding guidance sets out that the local authority, when convening child protection conferences, should invite 'health staff' involved with the child or children who are the subjects of the case conference, whether that is a health visitor, school nurse, or GP. Currently, a significant proportion of health visitor and school nurse time is allocated to preparing for and attending safeguarding meetings.
13. Local authorities and CCGs must make joint commissioning arrangements for education, health and care provision for children and young people with special educational needs or disabilities (Section 26 of the *Children and Families Act 2014*). Local authorities should also provide support, advice and guidance, including suitable training for school staff, to ensure that the support specified within individual healthcare plans can be delivered effectively. They should also work with schools to support pupils with medical conditions to attend full-time. Clinical commissioning groups commission specialist school nursing for children with complex needs.
14. Section 100 of the *Children and Families Act 2014* places a duty on governing bodies of maintained schools, proprietors of academies and management committees of pupil referral units (PRUs) to make arrangements for supporting pupils at their school with medical conditions. This includes ensuring sufficient staff are trained and competent in supporting children with medical conditions.

### **Joint strategic needs assessment and demography**

#### **Early years – pre-birth to 5 years of age**

15. The health visiting, family nurse partnership and nutrition and dietetics services provide a universal service offer to the whole population from pre-birth to 5 years of age in Southwark. Southwark's joint strategic needs assessment on early years (yet to be published) sets out key information about this population group, how it is changing, and what the key needs are within it, and this is summarised here.

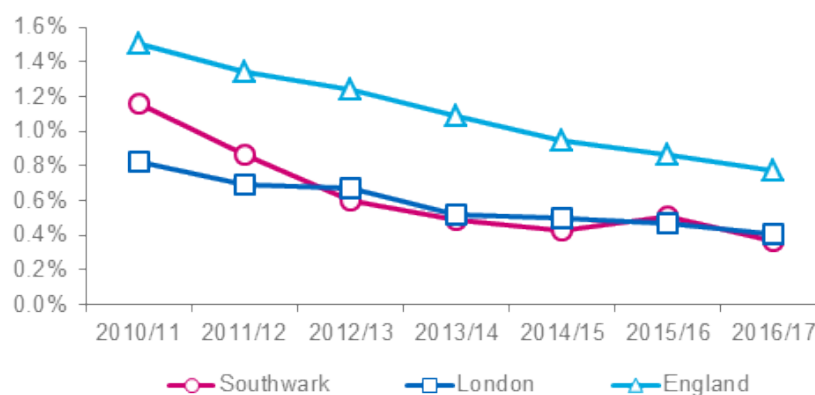
16. The total number of babies born in Southwark has been decreasing year on year since 2010, a period in which the population of Southwark overall has been growing. In 2010 there were 5,131 live births, and in 2017 there were 4,381 (a reduction of c. 15%). The general fertility rate (GFR = total number of live births per 1,000 women of reproductive age in a population per year) reflects this, following a downward trend across the country since 2010. The GFR in Southwark has decreased considerably faster than the rest of London and England.

**Figure 1: Total number of live births in Southwark**  
Southwark Joint Strategic Needs Assessment, Early Years



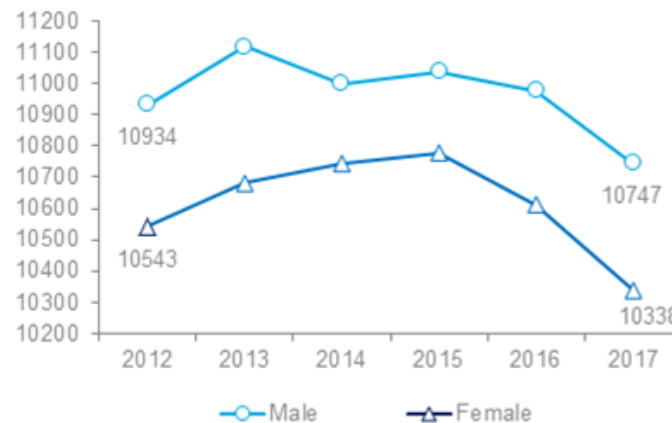
17. The rate of teenage pregnancy continues to decline, with most teenage conceptions leading to abortion (74%). The proportion of births to teenage mothers is currently stable, at 0.4% in 2016, following decreases from 2010-2013. Babies born to teenage mothers are at an increased risk of infant mortality and low birth weight, a contributing factor to poor long-term health. Teenage mothers are also more likely to experience poor mental health after giving birth, also impacting the health and wellbeing of the child. The total number of births to teenage mothers aged 15-17 years in Southwark in 2016 was 15.

**Figure 2: Proportion of births to teenage mothers**  
Southwark Joint Strategic Needs Assessment, Early Years



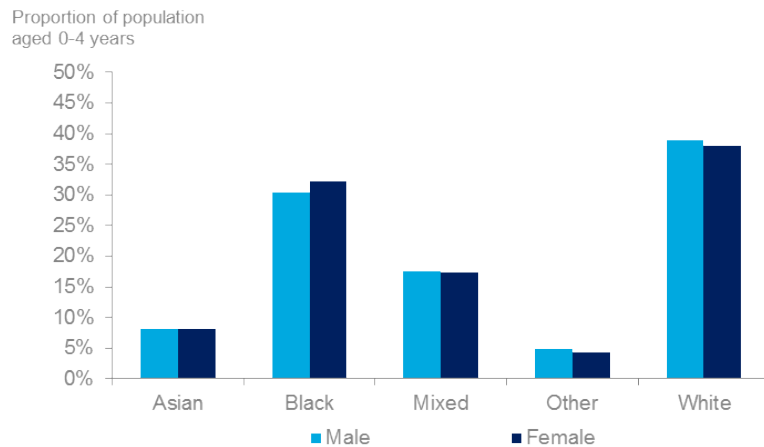
18. Despite the reducing number of births in the borough, the number of children aged 0-4 year olds in Southwark has remained stable, with an overall reduction of around 2% from 2012 (21,447 children) to 2017 (21,085 children); see Figure 3. There are slightly higher numbers of males (10,747) than females (10,338) at 2017. By proportion of the population, there are more 0-4 year olds living in the south east of the borough, Peckham Rye and East Dulwich, than in the north of the borough.
19. In terms of future population estimates, this is not an exact science. Southwark may see a continued downward trend in the medium term following the falling birth rate. In the longer term, Southwark is also expecting a period of population growth in line with new housing developments. It is predicted that by 2030 there may be an additional 3,200 children aged 0-4 years living in the borough compared to now; an increase of 15% (compared to an increase of 24% in the population as a whole). However estimates will improve closer to the time.

**Figure 3: Population of 0-4 year olds in Southwark from 2012 - 2017**  
Southwark Joint Strategic Needs Assessment, Early Years



20. Southwark is a diverse borough, with more than half of all births to mothers born outside England. In 2017, mothers' main countries of birth from outside England were Nigeria, Sierra Leone, Ghana and Poland. More than half of the population of Southwark children aged 0-4 years are from a Black, Mixed, Asian or Other ethnic background, with about 40% from a white ethnic background. Over 120 languages are spoken in Southwark and 11% of households have no members who speak English as a first language.

**Figure 4: Southwark 0-4 year old population estimates by ethnic group 2016** (Southwark Joint Strategic Needs Assessment, Early Years (pre-birth to 5 years of age))



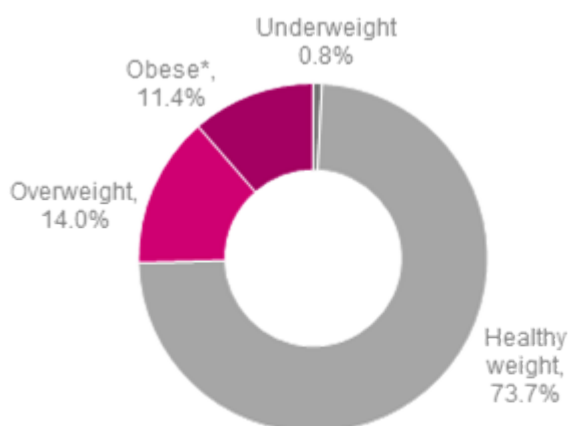
21. The Early Years JSNA sets out a number of key findings about the experiences of children in Southwark, which are summarised here.
22. About 25% of children in Southwark aged 0-4 (5,207) live in low income families.
23. Parental mental health is a significant issue affecting the health and wellbeing of both parents and children across England. Women are at higher risk of mental health conditions after giving birth. The most common condition is adjustment disorder and distress: this is estimated to affect approximately 680-1,350 women in Southwark. Mild to moderate depressive illness and anxiety states are also common and estimated to affect up to 680 women in Southwark. Fathers are also at an increased risk of mental health conditions including post-natal depression. Findings from a large-scale study set out that approximately 10% of new fathers experience postnatal depression, with further evidence suggesting that 24-50% of fathers with depressed partners experience depression themselves.
24. Household poverty and parental mental ill-health are two of the most common adverse childhood experiences (ACEs). ACEs can have enduring effects on health. An estimated 10% of children (2,292) aged 0-4 living in Southwark are estimated to be living in a household affected by 4 or more adverse childhood experiences, and at increased risk of poor health and developmental outcomes. Early detection and support for these families to parent effectively despite their circumstances is essential.
25. Local data provided by Public Health England for 2018-19 show that 90.2% (n= 3,012) of all 2-2.5 year olds in Southwark had a developmental review last year. Of these children, 87.2% were at or above the expected level in all five areas of development, as seen in Table 1 below. Comparators are not yet available for these data.

**Table 1: Children in Southwark aged 2 – 2.5 years that achieved the expected level in the developmental check using the ASQ3 tool, 2018-19**

Area of development	Percentage at or above the expected level
Communication skills	85.5%
Gross motor skills	92.8%
Fine motor skills	87.5%
Problem solving skills	89.9%
Personal – social skills	87.2%
All five areas of development	87.2%

26. Levels of obesity among 4-5 year old children in Southwark are among the highest in London, and ethnicity and deprivation are both associated with obesity among reception aged children in Southwark. Results from the national measurement programme in 2017-18 show that excess weight and obesity among children are strongly associated with economic status. Obesity prevalence was over twice as high in the most deprived areas (12.8%) than the least deprived areas (5.7%), and severe obesity prevalence was almost four times as high in the most deprived areas (3.8%) than the least deprived areas (1.0%). Nationally, Southwark is among the top twenty (7<sup>th</sup>) local authorities with the highest prevalence of obesity in Reception children.

**Figure 5: Weight status of children in reception 2017-18** (Southwark Joint Strategic Needs Assessment, Early Years (pre-birth to 5 years of age))



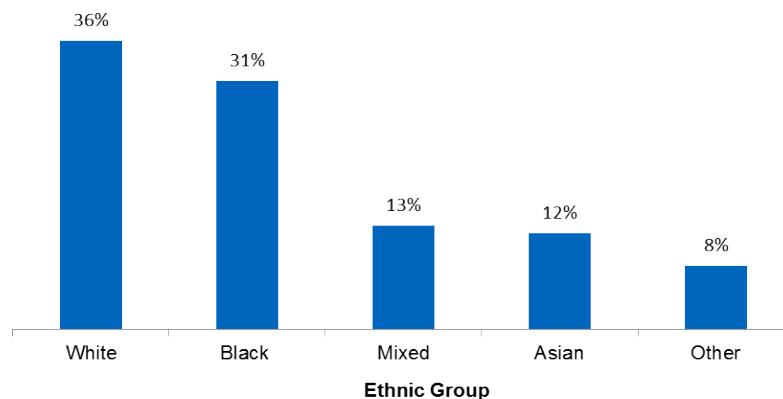
### **School-age children and young people – 5 to 19 years of age**

27. The school nursing service provides a universal service offer to children resident in Southwark aged 5-17 years, and service offers to Southwark schools. The health visiting service hands over their community nursing responsibilities to the school nurses as the children join school. Southwark's joint strategic health needs assessment for school age children (5-19) sets out key information about this population group, how it is changing, and what the key needs are within it: this is summarised here. The needs assessment data relates to Southwark resident school age children.

28. Children and young people under the age of 20 years make up 22.6% of the population of Southwark. There are approximately 21,000 children aged 5-10 years and approximately 27,000 children aged 11-19 years. The population of children and young people in Southwark is diverse, with 64% of children and young people aged between 5 and 19 from black or other ethnic minority groups.

**Figure 6: Proportion of CYP in Southwark by ethnic group, 2014**

(The health of school-aged children and young people in Southwark (5-19 years) A school-based health needs assessment, 2017-18)



29. There are 94 schools in Southwark:

- 34 community primary schools;
- 41 free, academy, voluntary aided and foundation primary schools; and,
- 19 secondary schools.

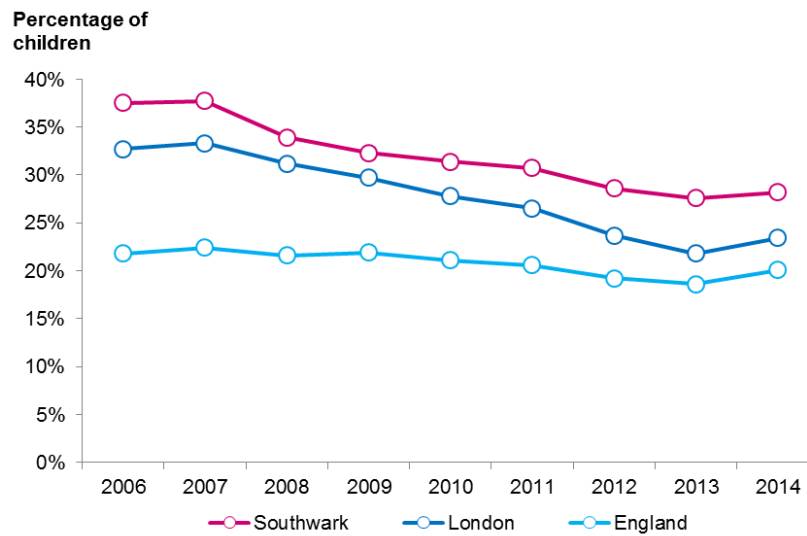
Eight of these schools are maintained community specialist schools (3 primary, 4 secondary and one covering primary and secondary). Seven are 'resource base' schools, mainstream schools with specialist units to support children with specific additional needs (each of these are for primary age children).

30. Southwark's population of children and young people is more deprived than the London regional average: 23% of pupils attending a state funded primary, secondary or a special school in Southwark are eligible for and claiming free school meals. Southwark is ranked in the 2<sup>nd</sup> highest quintile in England in the indices of multiple deprivation, for both primary and secondary school aged children. Around 15,000 children (28%) in Southwark who are 16 years of age or under live in low income families.



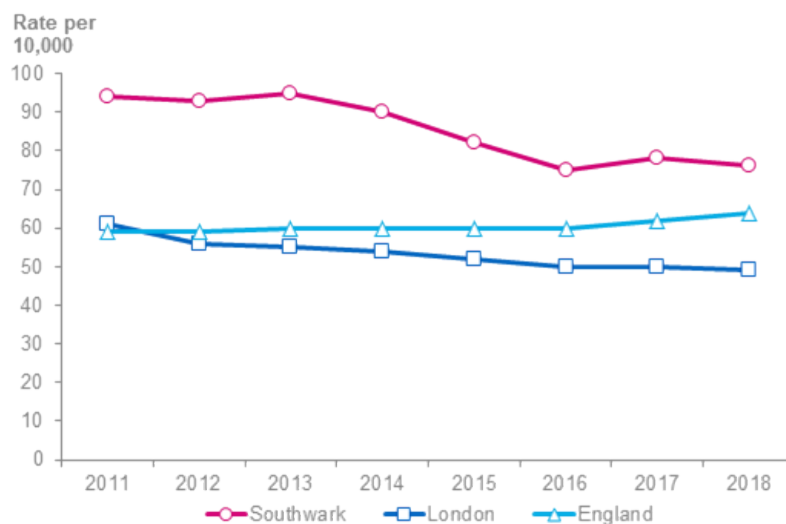
**Figure 7: Children under 16 living in low income families**

(The health of school-aged children and young people in Southwark (5-19 years) A school-based health needs assessment, 2017-18)



31. Southwark has higher rates of looked after children than national and London levels. The rate in March 2018 for Southwark was 76 in 10,000 children, compared to 64 for England and 49 for London. This means that at March 2018, Southwark had around 490 looked after children. Children in need are those under 18 years who have been referred to local authority children's services and have been assessed to be in need of services. There were 1,315 school-aged children in need at March 2018. In nearly half of the cases, the primary need is neglect/abuse.

**Figure 8: Looked after children rate 2017-18**



## Current service provision

32. The current public health commissioned services across children and young people's health include:

- Health visiting service, (including Family Nurse Partnership (FNP) as a delivery model for teenage mothers)
- School nursing service
- Community nutrition and dietetics

	Service offers/models	Delivery of 0-5 and 5-19 Healthy Child programmes
<b>Health Visiting</b>	Community Universal Partnership Universal Partnership Plus	Five mandatory visits from birth to 2.5 years Support to families with additional needs Early intervention health visiting programme (EIHV) Breastfeeding support
	Family Nurse Partnership	Licensed specialist health visiting programme for mothers under 19 from early pregnancy until child is aged 2
<b>School Nursing</b>	Community Universal Partnership Universal Partnership Plus	NCMP at reception and year 6 Health Plans Health reviews
<b>Community Nutrition and Dietetics</b>	Eat Better, Start Better Programme framework (Children's Food Trust)	Capacity building among Children's Centre staff to deliver healthy eating advice and practical workshops - Deliver weaning sessions

33. The current service models for health visiting and school nursing are based on the national health visiting and school nursing specifications, described in the following paragraphs.

34. The key objectives of the **health visiting service**, as set out in the national service specification are to:

- *“Improve the health and wellbeing of children and reduce inequalities in outcomes as part of an integrated multi-agency approach to supporting and empowering children and families;*
- *Ensure a strong focus on prevention, health promotion, early identification of needs, early intervention and clear packages of support;*
- *Ensure delivery of the HCP to all children and families, including fathers, starting in the antenatal period;*

- *Identify and support those who need additional support and targeted interventions, for example, parents who need support with parenting and women suffering from perinatal mental health issues including postnatal depression in accordance with NICE guidance;*
- *Promote secure attachment, positive parental and infant mental health and parenting skills using evidence based approaches;*
- *Promote breastfeeding, healthy nutrition and healthy lifestyles;*
- *Promote 'school readiness' including working in partnership to improve the speech, communication and language of babies and toddlers and working with parents to improve the home learning environment;*
- *Work with families to support behaviour change leading to positive lifestyle choices;*
- *Safeguard babies and children through safe and effective practice in safeguarding and child protection. This will include working with other agencies to intervene effectively in families where there are concerns about parenting capacity, adult mental health, alcohol or substance misuse, domestic abuse or child abuse;*
- *Develop on-going relationships and support as part of a multi-agency team where the family has complex needs e.g. a child with special educational needs, disability or safeguarding concerns;*
- *Deliver services in partnership with local authorities to 'troubled families' and be 'lead professional' or 'key worker' for a child or family where appropriate. Link with work undertaken by FNP nurses (if relevant) to ensure seamless delivery of care to families;*
- *Improve services for children, families and local communities through expanding and strengthening Health Visiting Services to respond to need at individual, community and population level."*

35. The **Family Nurse Partnership** service is a licensed service model for an enhanced health visitor service starting before birth, for first time mothers who are aged 19 and under at the start of their pregnancy, and mothers who are 20 and under at the start of their pregnancy if they have ever been looked after during childhood. In Southwark it is delivered by nurses with additional training, and significantly smaller caseloads compared to general health visitors. The service is aimed at promoting prevention and early intervention to reduce the numbers of families requiring crisis support over time. The FNP service aims to help the mother to have a healthy pregnancy and improve the child's health and development.

36. The FNP service is not mandated and so is commissioned at the discretion of individual local authorities in line with local needs. It is a licensed programme with a well-defined and detailed service model, which must be adhered to. For example, teenage mothers who are in their second pregnancy, or who have been referred late in pregnancy to the service cannot be enrolled. When a mother enrolls on FNP, the Healthy Child Programme, including the five visits, is delivered by the family nurse instead of health visitors. In addition to the mandated visits, the FNP programme also has the following commitments, unless the mother requests to exit the service early:

- 1 visit per week for the first month of pregnancy;
- Visits every other week during pregnancy;
- 1 visit per week first 6 weeks following child's birth;
- Every other week visits until child is 21 months; and,
- Visits once a month until age 2 years.

Each visit lasts approximately one hour.

37. The **community nutrition and dietetics** service work with children and families with children aged 0-4 years. Four years of funding was committed for the service from 2015 in order to increase capacity and build staff skills in promoting healthy weight in Southwark Children's Centres, as part of a four-year programme of children's healthy weight work. The service is provided by 1.5 community dietitians, a food worker and contribution from a nutritionist. The service currently raises awareness of the importance of breastfeeding and general nutrition for babies and toddlers, contributes to the prevention of obesity and common nutritional problems in this age group and offers introduction to solids sessions and runs practical cooking sessions for children and their families.
38. The **school nursing** service is available to children of school-age (i.e. between the ages of 4.5 to 19 years), who are at school in Southwark. Special needs school nursing (in special schools) is commissioned separately by NHS Southwark CCG. The objectives of the school nurse service, as set out in the published national service specification are to:
- *“help children and young people to lead healthy lives by providing support and information to enable healthier choices and by supporting the Healthy Schools programme (Choosing Health (DH 2004),);*
  - *follow the recommendations of ‘Working Together to Safeguard Children’ (DH2010) by contributing to a safe environment in school for all children, and identifying and addressing child welfare concerns, and working within the local Child Protection Policy;*
  - *provide a universal health promotion service in accordance with the National Service Framework for Children and Young People (DH 2004) and the Healthy Child programme 5 -19 years;*
  - *provide a service for children with disabilities and/or complex medical needs in mainstream schools based on Standard 8 of the National Service Framework for Children and Young People (DH 2004);*
  - *address the national and local inequalities agenda (‘Reaching Out: an Action Plan on Social Exclusion’, DH 2006, ‘Care Matters’, DH 2006, by prioritising the needs of the most disadvantaged children and young people;*
  - *provide screening, including measurement of height and weight, health assessment, advice and intervention. Make appropriate referrals of children and young people requiring specialist services or who have complex health needs to other agencies;*
  - *offer advice and support for secondary school pupils, including a drop in service at some schools;*
  - *provide advice and support in managing those children and young people diagnosed with long term conditions; provide support for school staff in dealing with specific health issues, including preparation for school outings, epilepsy, asthma, and allergic reactions; ensure clear protocols to follow up any medical/health issues;*
  - *use planned and opportunistic sessions to drive home the key public health messages, particularly in relation to teenage pregnancy, smoking cessation, alcohol and drug abuse, sexually transmitted diseases, chlamydia screening, tackling childhood obesity, hand washing medicine safety and relationships;*
  - *demonstrate an understanding of culture in child and adolescent children who are over-weight and obese. Identify evidenced-based prevention and interventions for overweight and obese children and adolescents;*
  - *demonstrate how to identify and collaborate with school and community resources and build community relationships to promote healthy lifestyle policies in schools;*

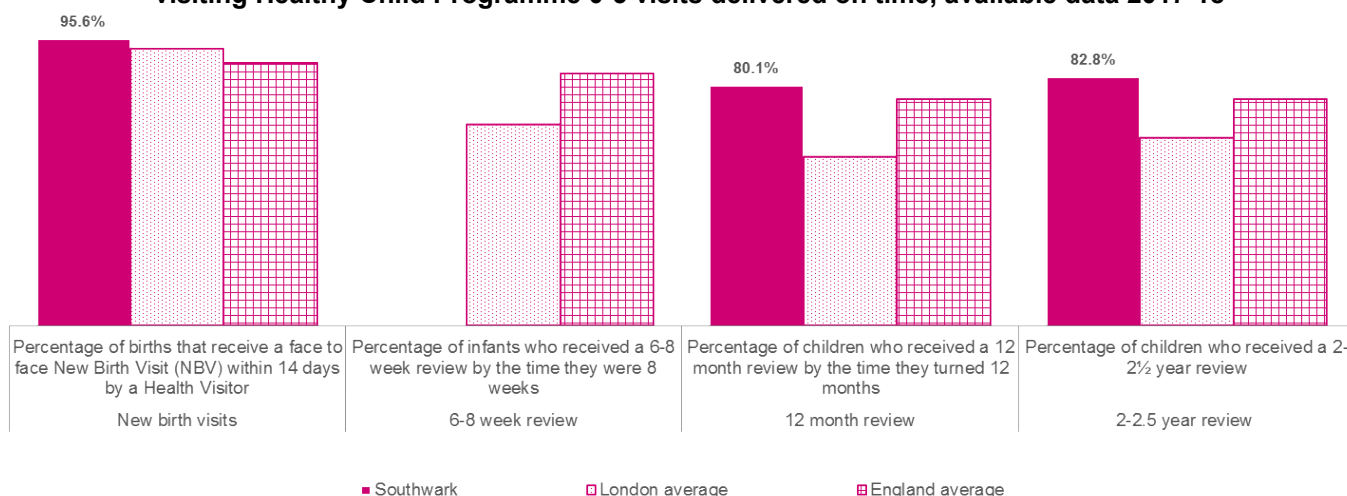
- *offer health promotion sessions to children aged 5 – 19 years of age at home if the Service's is made aware by the Education Welfare Service of a child or young person is unable to attend school due to prolonged illness or hospitalisation.*
39. An important role of the school nurse is their role in supporting the delivery of the Healthy Child programme (5-19) which sets out the recommended framework of universal and progressive services for children and young people to promote optimal health and wellbeing. Through the delivery of effective evidence based public health programmes and by implementing the Healthy Child Programme, school nurses enable a number of health outcomes including:
- improving school readiness and a reduction in school absences
  - fewer children and young people requiring formal safeguarding arrangements – achieved through earlier identification and intervention;
  - improved mental health and emotional wellbeing among larger numbers of school aged children;
  - greater numbers of children and young people living healthy lifestyles, including good diet and nutrition with reduced incidence of obesity and related health dangers that can affect later life;
  - reduction in teenage pregnancies and reduction in the incidence of sexually transmitted diseases;
  - reduction in health inequalities via tailored work with communities of children, young people and families;
  - signposting and guidance to local specialised services that can address specific and identified needs
40. There are five key points identified for school nursing reviews – not all of which may be universally offered
- 4-5 year old
  - 10-11 year old
  - 12-13 year old
  - School leavers – post 16
  - Transition to adult services
41. The service is currently commissioned and contract-managed by the NHS Southwark Clinical Commissioning Group (Southwark CCG) on behalf of the council as part of their main community health contract. Guy's and St Thomas' NHS Foundation Trust, via Evelina London community services, currently provide the services. Southwark CCG provides contributions towards the Family Nurse Partnership and Nutrition and Dietetics services.
42. Local outcomes and variations can be set for the services. The main changes in the services in the last five years have been a programme of healthy weight work and breastfeeding support initiated by the council, and modernisation initiatives by the provider Guy's and St Thomas' Trust to improve working methods, improved data and use of technology led by the provider.
43. There has not been a comprehensive review of the models of service provision, service performance and alignment with strategic objectives of the council and local health partners and links with other children and families services following the transfer of the these services into the council in April 2013 (school nursing) and October 2015 (health visiting).

44. The workforce for delivering the health visiting service including the family nurse partnership service includes a specialist practice teacher, specialist community public health nurses (health visitors), community staff nurses, child development workers and student health visitors. The current health visiting establishment of nurses, nurse assistants and Agenda for Change staff is 103 whole time equivalent (WTE May 2019). The current school nursing establishment is estimated to be 26 WTE, with a ratio of one nurse to 5 schools. These figures exclude organisational management structures but include team/service managers. Detailed staffing information is not provided under the current contractual arrangements.
45. The school nursing and health visiting workforces both face recruitment and training challenges, both nationally and locally. The health visiting service has indicated that there are area health visiting teams within Southwark which are currently experiencing significant vacancy rates, which are partially covered by agency staff. The school nursing service experiences ongoing staffing challenges due to shortages of trained nurses.

### **Service performance and benchmarking**

46. **Health visiting** has five mandatory visits: antenatal, new baby, 6 – 8 weeks, 9 – 12 months, 2 – 2 ½ years. Of these five, there are comparator data available for 2017-18 for three (2018-19 data are awaited). Performance against these is shown below in Figure 9, with comparisons to London and England averages. For these three visits where data is available, Southwark ranges between achieving 80-95% of visits on time, and is broadly comparable to, but slightly outperforms, the England averages. Southwark's 6-8 week review shows lower performance for those years where data is available, but this appears to have been a data capture issue as service-level data for 2018-19 show complete figures, with a good level of performance. In May 2018 there were 22,241 children on the health visiting caseload in Southwark.

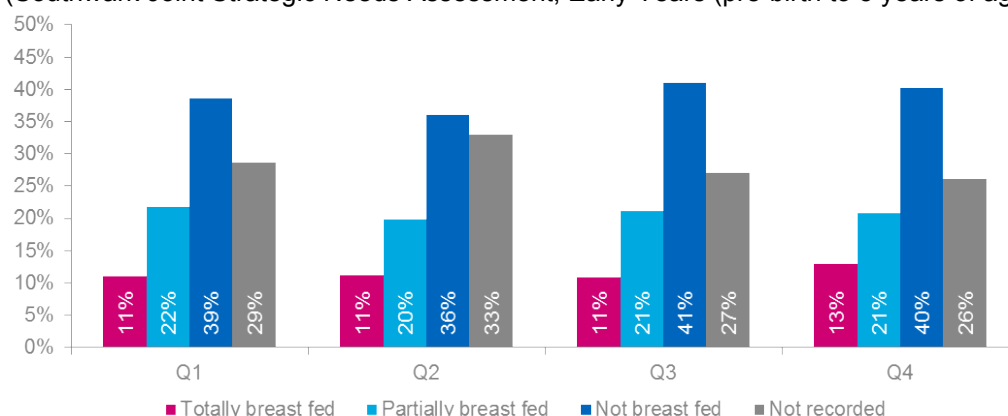
**Figure 9: Benchmarked health visiting service performance for mandatory health visiting Healthy Child Programme 0-5 visits delivered on time, available data 2017-18**



47. Local data for 2018-19 show a year-on-year performance improvement in all four post-natal visits. The antenatal visit is currently only offered on a targeted basis, so universal coverage is not as high as the other visits.
48. The health visiting service has received four years of programme funding to achieve UNICEF's Baby-Friendly Accreditation level 3, for breastfeeding, by March 2020. At April 2019, the service has achieved level 1 accreditation. Breastfeeding rates in the first 48 hours after birth in Southwark is high at 89.5%, and has been stable for a number of years. There is a significant drop-off in breastfeeding rates by 6-8 weeks, with fewer than 50% of babies in Southwark partially or totally breastfed by 6-8 weeks.

**Figure 10: Breastfeeding 6-8 weeks after birth in Southwark 2017-18**

(Southwark Joint Strategic Needs Assessment, Early Years (pre-birth to 5 years of age))



49. **Family nurse partnership (FNP)** programme quality is monitored using data from the FNP Information System (FNPIs) and the Trust performance reports. A 2016/17 review of the programme found that clients value having a trusted person to engage with when required. However the length and number of visits delivered against programme requirements – is low; for the 12 months preceding October 2018, dosage was at 50% in pregnancy, 57% in infancy, and 48% in toddlerhood. Attrition is also high in infancy and toddlerhood: 22.2% in infancy (national

programme recommends it is kept to under 20%) and 18.2% in toddlerhood (recommended to be kept under 10%). This may be explained by the very high numbers of mothers the programme supports getting back into education, employment and training.

50. The **school nursing** service delivers the mandated national child measurement programme (NCMP) and a range of local activity to support the wellbeing of school-aged children. Participation rates recorded for the NCMP in 2017-18 were increasing. 94.4% of reception children were measured for the NCMP in 2017-18. PHE Fingertips data shows this as the 23<sup>rd</sup> highest out of 31 London boroughs. The service also delivers:
- health plans for children with long term conditions;
  - health input to safeguarding cases;
  - Chathealth and Parentline – confidential text-based support;
  - support to children and families to take up healthy weight programmes;
  - school entry health assessments;
  - follow up of A&E attendances; and
  - classroom-based health promotion, when resource allows.

### **Finance and resourcing**

51. The local authority budget allocation for public health, a ring-fenced grant, has undergone year on year reductions, including annually by an average of 3.9% (real terms) from 2015-16 to 2020-21. From 2020-21, some structural changes are expected to public health funding but have not been confirmed, including the removal of the ring-fencing from the grant, and reforms of the business rates retention model. The level of grants and rate retention was due to be considered and confirmed as part of a 2019 local government spending review, which is yet to be published. Southwark has set a one year budget for the 2019-20 period, due to the significant uncertainties and complexities regarding the future funding of local government. Local government funding has reduced significantly and consistently over a 10 year period, and this is not expected to change significantly in 2020-21.
52. The local authority payment for the school nursing, health visiting and nutrition and dietetics services is £7.6 in 2019-20. This makes up 28% of Southwark's total public health grant allocation for 2019-20. NHS Southwark Clinical Commissioning Group provided an estimated additional £147,000 towards the nutrition and dietetics and Family Nurse Partnership services.
53. The current service provider, Guys' and St Thomas' NHS Foundation Trust (GSTT NHS FT), submits reference cost data as a Trust to NHS Improvement, on the unit cost of a set of standard health visitor appointments and deliveries. The data covers the mandated visits, and Family Nurse Programme visits. The information is submitted for the Trust as whole, so it includes the cost of Lambeth health visiting services as well as Southwark health visiting services, but these are not significantly different services in staffing or population need. The latest available set of reference cost data covered the 2017-18 year. The range of unit costs across trusts is large, and does not correlate closely with the volume of activity or relative differences in market forces factors applied to different trusts. (Guys and St Thomas' NHS Foundation Trust has the second highest market forces factor applied in England). NHS Improvement seek to produce highly standardised data returns for reference costs, however, there may be some variation in cost recording between trusts, and the treatment of overhead costs within the data.



54. Published unit reference costs for GSTT NHS FT health visiting services are in the lowest cost quartile of the Trusts which submitted unit cost data for the ante-natal review, 6-8 week check, 1 year and 2-2.5 year reviews. The GSTT NHS FT published unit reference costs are close to the median costs for the new baby review and other health visitor clinical interventions. The Family Nurse Programme visit costs are in the highest cost quartile. 59 Trusts provided some data to the collection against the mandatory checks, with 40 Trusts submitting data for Family Nurse Partnership programmes.

**Table 2: 2017-18 NHS Improvement Reference Costs**

<b>2017-18 Health Visitor activity type</b>	<b>National Average Unit Cost</b>	<b>GSTT unit cost</b>
Antenatal Review	£87	£50
New Baby Review	£111	£99
6 to 8 Weeks Check	£78	£50
1 Year Review	£75	£45
2 to 2.5 Year Review	£102	£56
Other Clinical Intervention	£53	£50

55. Public Health England (PHE) produce an alternative set of benchmarking and financial benchmarking data for use by CCG and local government commissioners and public health as a spend and outcomes tool (SPOT). The SPOT data compares spend from local authority revenue outturn returns, and uses an all-age population denominator to give a per capita spend. For 2018, this data places Southwark's spend on prescribed functions for 0-5 children's health close to the median for London, in the highest quartile for non-prescribed 0-5 children's public health functions, and in the 3<sup>rd</sup> quartile for 5-19 children's public health functions.
56. Local commissioners have worked jointly with other authorities to compare actual spend against the relevant population groups, to supplement the all-age population comparisons provided by PHE. Budget data for the health visiting, Family Nurse Partnership and school nursing services was provided by 14 London Boroughs for the 2016-17 year, and compared with the relevant population age group. Southwark's spend per capita against a 0-4 population (based on GLA population estimates) for health visiting and school nursing was £301. Of the boroughs which made available data, Southwark's spend per head of 0-4 population was the 2<sup>nd</sup> highest. In some areas, Children's Services provided additional funding towards health visiting. In other areas, the NHS provides partnership funding towards health visiting and school nursing services. For school nursing services, Southwark's spend per head of 5-18 population was £28, which was the 5<sup>th</sup> highest of the 14 boroughs responding.
57. There is not a clear match between the reference costs published nationally by the Trust and the cost of services to the local authority, due to the limitations within the data sets. An open book accounting exercise conducted with the service would enable improved planning for future health visiting and school nursing services, including for any future population changes or changes to the service offer for enhanced interventions.

58. In Southwark, 98.1% of funding for these services comes from the Public Health Grant, within the local authority, with a 1.9% contribution from NHS Southwark Clinical Commissioning Group which is allocated to part-fund the Family Nurse Partnership Service and the Nutrition and Dietetics service.

### **Modernisation and assistive technology, including digital services**

59. The health visiting and school nurse services have put in place a number of modernisation changes to the services, which employ new technology and digital solutions. The health visiting service updated their data systems, and subsequently updated their staff to mobile working devices, where tablets can be used while undertaking visits or work in the community. Shifts towards a mobile working platform in Devon with tablet devices securing access to clinical records and eliminating paperwork for health visitors has resulted in additional quality time for use on other patient care activities in Devon, and is expected to do the same in Southwark.
60. The school nursing service uses ChatHealth (for 11-19 year olds) and Parentline (for parents of primary school aged children). These are currently funded by the Guy's St Thomas' Charity. These are confidential texting services which operate Monday to Friday 9am to 5pm throughout the year. ChatHealth is a two-way communication platform that allows direct contact between patients and healthcare professionals. Currently, its main use is enabling young people (aged 11 to 19) to ask a nurse questions through anonymous SMS text messages. A web-based message management application allows teams of school nurses to reply to the messages confidentially. Cost savings may arise from increased efficiency in the school nursing service and potential avoidance of health issues by improving access to the service. NICE published a Medtech innovation briefing which outlined the positive impact ChatHealth can have as a communication platform in school nursing services compared with standard care in November 2017. The service has also been used successfully across Leicester, Leicestershire and Rutland, with ChatHealth making it easier for parents to ask nurses questions about their child's health, wellbeing and development.

## **KEY ISSUES FOR CONSIDERATION**

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

61. 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, as set out in this report. The service will need to be provided to a population aged 0-4 of circa 21,000 and a 5-19 population of circa 27,000.
62. The draft set of public health outcomes which the service should be commissioned in line with are:
- Ensure children grow up healthy and ready to learn at school, having received all their developmental checks
  - Services are ACE-aware: problems are identified early and families are supported appropriately
  - Parents are supported to cope despite their circumstances

- d. Levels of childhood obesity are reduced
  - e. Levels of dental caries in children are reduced
  - f. There is a continued and sustained increase in breastfeeding initiation and at 6-8 weeks
  - g. National targets for immunisations and screening are met
  - h. Children with long term conditions and their families are supported to self-manage
  - i. Inequalities in health and developmental outcomes in the borough are monitored and reduced, with specific attention paid to children receiving Universal Plus and Universal Partnership Plus levels of the service
  - j. Early years environments (e.g. children's centres) are supported to be health-promoting settings
  - k. Schools are supported to be health-promoting settings
  - l. Repeat use of A&E is reduced
63. It is recommended that the council works with the service to engage with the community to consult on the identified outcomes and any proposed changes to the delivery model, once the outcomes are approved by internal stakeholders, and again once any proposed changes to the delivery model are mapped against these outcomes.
64. There are a number of models for community nursing care, including health visiting, which should be considered within future recommissioning arrangements to improve the prevention offer within the health visiting service. The Maternal and Early Childhood Sustained Home Visiting (MESCH) is an example of a structured programme of sustained nurse home visiting for families at risk of poorer maternal and child health and development outcomes which has been assessed by a randomised control trial as improving outcomes, with a developing evidence base in UK settings. New mothers at risk of poorer maternal and child health development provided with this service felt significantly more enabled and confident to care for themselves and their baby: children had improved cognitive development and were more engaged with their mother.
65. 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's Centres, Southwark Healthy Schools work, the Southwark 'Bridges to Health and Wellbeing' programme, and the Lambeth and Southwark Children and Young People's Health Partnership (CYPHP), and consider the contributions that can be made towards Southwark's strategy to improving healthy weight in children.
66. Performance reporting, including the sharing and understanding of detailed service performance information, and resource use within the service should be considered within new commissioning arrangements. It is recommended that an open book accounting exercise be conducted with the existing provider in order to understand the current provision and financial implications for future service changes with any new models of provision or demographic change. To date, changes to this service have been considered on a year-by-year basis, and it is recommended that a longer term agreement is put in place, in order to give greater stability to the service provider and to create greater scope to make sustainable changes to improve service provision. In line with establishing longer term contract arrangements, it is recommended that the council considers whether commissioning / contract management should be brought back into the council (public health division) for greater accountability and oversight of these important services.

### **Market considerations, including voluntary sector/not for profit**

67. The market for health visiting provision in England is a specialist market, concentrated in large organisations. A majority of providers are from the NHS, with some councils, some community interest companies (CICs), and some private sector providers. Across England, recent data show that, of 151 councils with public health commissioning responsibilities, 80% still provided health visiting services through an NHS Trust, with the remaining provision moving to independent CICs and councils (between 7-9% each), with a small number provided by 2 private providers, and one area using a GP care group CIC.
68. In London, 85% of councils have NHS Trust providers for health visiting services, with no private providers. The remainder of provision is split between councils with in-sourced services (LB Newham and LB Sutton), CICs (RB Kingston and LB Bexley) and the GP Care Group CIC (LB Tower Hamlets). One council (LB Camden) has joint arrangements across the council and NHS Trust, with the Trust's Health Visiting team having merged with the council's family support worker team.
69. The NHS provision in London is dominated by Central London Community Healthcare Trust (CLCH), who provide health visiting services across 9 London Boroughs (in 7 of these, CLCH also provide school nursing services). North East London Foundation Trust provides health visiting services across 3 boroughs, Central and North West London Trust provide across 3 boroughs, and our local NHS Trust, Guy's and St Thomas' Trust provides across Southwark and Lambeth. Southwark's other local NHS trusts, Kings College Hospital NHS Foundation Trust and South London and Maudsley NHS Foundation Trust, do not currently offer children and young people's community public health services.
70. In London, the mix of market provision in school nursing is very similar to the health visiting split. The majority of areas had one provider across both services, but 4 boroughs have the two services provided by different NHS Trust or CIC providers.
71. There are also a couple of examples nationally of voluntary sector/not for profit providers working alongside larger providers (including private providers) in collaborative arrangements.
72. There are no framework contracts available to access for the provision of children's 0-19 public health services.

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

73. Whichever option below is taken forward, services will be secured in line with the council's Fairer Future Procurement Framework.

### **External provision, including voluntary/not for profit sector**

74. The service is currently provided by an external, NHS provider. External service provision, principally through an NHS provider is common nationally and in London, and there are areas which use an external Community Interest Company or private provider. One area has a partnership between a principal private provider and a charity.

Benefits	Risks
<ul style="list-style-type: none"> <li>- Implementable within short – medium timeframe</li> <li>- Provider reach –links and access from health visiting and school nursing into other health services</li> </ul>	<ul style="list-style-type: none"> <li>- Less control of staff structures and overheads, resulting in higher costs (possible to mitigate some of the risk through procurement process, specification and contract management).</li> </ul>

### In-source

75. The council could deliver children's community public health services directly, or set up a Community Interest Company, to provide the services via an in-house team. Eleven councils nationally have brought health visiting teams in-house. This would require the council to transfer the nursing teams, and make appropriate training, equipment and premises available for the team to operate from. This would likely require a significant capital investment, and would need to consider workforce issues.

Benefits	Risks
<ul style="list-style-type: none"> <li>- High level of control of service</li> <li>- Control of staff structures</li> <li>- Control of overhead costs</li> </ul>	<ul style="list-style-type: none"> <li>- Likelihood of staff attrition (given experience elsewhere)</li> <li>- Staff on costs</li> <li>- Medium to long lead-in time required (school nursing team possible within 12 months, health visiting teams have taken longer to transfer in other authorities)</li> <li>- Likely capital investment required</li> <li>- Additional HR resource required</li> </ul>

### Shared services

76. The council could work with other boroughs to procure these services. 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.
77. Southwark currently shares a provider with neighbouring Lambeth, and the provider operates in many ways as a single service across the two boroughs. Given their similar population demographics, it has been proposed that benefit could ensue from Lambeth and Southwark local authorities jointly commissioning the community health visiting and school nursing services. Any joint Lambeth-Southwark approach would need to take into account slight variations in commissioning agreements in line with local borough needs. Lambeth Council are not currently considering a joint contract to be beneficial but would be willing to explore a joint service specification and commissioning process.

Benefits	Risks
- Potential for increased economies of scale across a multi-borough service	<ul style="list-style-type: none"> <li>- Ability to align outcomes and funding levels for the services</li> <li>- Loss of control over service (mitigate some of risk via dedicated contract management resource)</li> <li>- Needs of each partner may change over time requiring a different service from the provider</li> <li>- Timeline for tendering and internal governance processes increases proportionately with each additional partner involved</li> </ul>

### Decommissioning services

78. Complete decommissioning of health visiting and school nursing services is not a viable option as the council would be unable to meet their statutory responsibility for delivering and commissioning public health services for children and young people, including health visiting and the National Child Measurement Programme, as outlined in the Health and Social Care Act 2012.
79. It would be possible to decommission parts of the school nursing service, with only the National Child Measurement Programme (NCMP) continuing to be provided. One London council did decommission school nursing, while maintaining the school nursing programme, but recommissioned a safeguarding-focused school nursing service funded by the CCG.

Benefits	Risks
- Reduces short term costs	<ul style="list-style-type: none"> <li>- Inability to meet health and wellbeing outcomes for children and young people</li> <li>- Potential reduction in health involvement in safeguarding</li> <li>- Long term cost implications due to poorer child outcomes and higher occurrence of safeguarding incidents</li> </ul>

### Policy

80. Children and young people's services should be commissioned in accordance with Southwark's Fairer Future vision, and the Fairer Future principles set out by Southwark's cabinet:
- *"Treat residents as if they were a valued member of our own family;*
  - *Be open, honest and accountable;*
  - *Spend money as if it were from our own pocket;*
  - *Work for everyone to realise their own potential;*
  - *Make Southwark a place to be proud of."*

The Council Plan also sets out a Fairer Future promise for Children and Young People's services: to provide a '*Great Start in Life*'.

81. 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:
- *"Addressing the wider socio-economic determinants of health which we know determine our life chances: we will maximise opportunities for economic wellbeing, development, jobs & apprenticeships, and make homes warm, dry and safe;*
  - *Preventing ill health by promoting and supporting positive lifestyle changes and responsibility for own health and improving people's wellbeing, resilience and connectedness;*
  - *Helping people with existing long term health conditions to remain healthier and live longer lives by improving detection & management of health conditions including self-management & support; and,*
  - *Supporting integration for better health & wellbeing outcomes by integrating health and social care that is personalised & coordinated in collaboration with individuals, carers & families and by shifting away from over reliance on acute care towards primary care & self-care."*
82. Southwark's Five Year Forward View sets out Southwark Council's and Southwark CCG's joint ambition of improving the way that local health and social care systems operate to bring about better outcomes. This sets out the need for a stronger emphasis on prevention and early intervention, shared accountability, and moving towards outcomes-based commissioning model for defined segments of the population, using Bridges to Health and Wellbeing as a proposed model.
83. Southwark Bridges to Health and Wellbeing is focused on delivering agreed outcomes for the people of Southwark by meeting the whole needs of various population segments, rather than separate agencies trying to meet different needs in an often uncoordinated way. It is intended this approach will improve impact, quality, value for money and whole system sustainability by spending the 'Southwark pound' more effectively. Southwark Council and NHS Southwark CCG are exploring ways to deliver this vision for children in Southwark. This includes agreeing key shared outcomes for all services and commissioners working with a defined population, supporting providers to collaborate and remove duplication, and exploring models of integrated and locality-focused services to streamline and improve provision for children and families. Key population segments selected for the early Southwark Bridges to Health and Wellbeing work are Maternity (including children up to two years) and children with universal needs (two to five years), with a focus on keeping families together and prevention of the need for children to be looked after. The development of this work has currently been paused, but it is acknowledged that there are a range of services working with children that will be at various stages of the commissioning cycle, and commissioners will need to ensure services remain flexible enough to deliver the shared outcomes when they are agreed.

84. Southwark's under-5s strategic development group has set out its overarching aim as improving outcomes for children and their families by providing targeted and universal services to reduce inequalities, with four component aims:
- preventing and tackling obesity;
  - improving school readiness;
  - supporting the full employment borough aim; and,
  - improving mental health outcomes.
85. Southwark Public Health division developed a Child Health and Wellbeing Framework (see Appendix 1) for local partners in April 2018 to support the emerging shared outcomes across different commissioners, services and programmes. The framework summarised the evidence at five key stages of childhood and an ambition and locally-relevant priorities for each. It provides an opportunity for partners to work together in new ways that focus on delivering outcomes.
86. The overarching vision of the Child Health and Wellbeing Framework is to “*create a future in which all children in Southwark, regardless of their socio-economic background or adverse early life experiences, are able to grow up healthily, achieve their full potential, and effectively contribute to improving their communities.*” This is broken down into:
- *Preconception and pregnancy: Giving every child the best start begins with supporting a healthy mother and pregnancy*
  - *Early years (0-5 years): Continuing the best start in life means reducing the impact of adverse childhood experiences and ensuring school readiness*
  - *Primary school age (5-11 years): Children and young people have a positive experience of education that encourages and supports them in achieving their potential*
  - *Secondary school age (11-16 years): Young people stay in education for longer and are making safe and healthy decisions*
  - *Young people and young adults (16-24 years) Young people feel supported during the transition into early adulthood and achieving their potential in adulthood.*

### **Recommended Strategic Delivery Option**

87. Based upon the information and details outlined in this report, the recommended strategic delivery option is for the council to consider routes to securing the provision of these services from 2020 via external providers. Further investigation and details of the approach to delivery of this service will be undertaken to progress that option.



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

88. The risks identified for using an external provider to deliver the service are set out below, with mitigations identified:

Risk	Likelihood (0 – 10)	Impact (0 – 10)	Mitigations
Unable to control costs of services, or secure services at a price within the local authority budget for the services	5	8	Work with current provider on open book basis to ascertain baseline costs for current service.  Undertake further market research into service costs, including other local authority in-house models.
Choice of route to market may fail and/or lengthen delivery timeline	3	5	Detailed procurement strategy, informed by market research, best practice, baseline cost information, detailed risk assessment, supplier engagement and soft market testing.
Current service quality may reduce while going through procurement/negotiation process	6	5	Ensure dedicated resource allocated.  Work with provider to mitigate staff risk.  Put contract management plan in place for remainder of term with realistic KPIs/milestones.

### Key/Non Key decisions

89. This is a key decision.

### Next Steps

90. It is recommended that the council considers the proposed outcomes for the future service set out in this paper at paragraph 62, and works with the currently commissioned services to consult and engage with community on the outcomes.

91. It is recommended that the council conducts an open book accounting exercise with the current supplier in order to fully inform any the impact of any service changes or developments.
92. 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)**

<b>Activity</b>	<b>Complete by:</b>
Enter Gateway 0 decision on the Forward Plan	01/03/2019
DCRB Review Gateway 0	26/06/2019
CCRB Review Gateway 0	20/06/2019
Notification of forthcoming decision – IDM (Report cleared for publication by CCRB & Cllr)	20/06/2019
Decision: Approval of Gateway 0: Strategic Options Assessment	28/06/2019
Scrutiny Call-in period and notification of implementation of Gateway 0 decision	08/07/2019
Enter Gateway 1 decision on the Forward Plan	01/08/2019
Consultation on outcomes	31/08/2019
Open book exercise	30/09/2019
Public Health SMT Review Gateway 1	08/10/2019
LMB Review Gateway 1	10/10/2019
DCRB Review Gateway 1	14/10/2019
CCRB Review Gateway 1	24/10/2019
Notification of forthcoming decision – Cabinet	30/11/2019
Gateway 1: Procurement Strategy Approval (Cabinet)	10/12/2019
Current contract end date	31/03/2020

### **Community impact statement**

93. This report sets out a range of outcomes at paragraph 62, which it is recommended are consulted on, ahead of a procurement strategy.

### **Social Value considerations**

94. The Public Services (Social Value) Act 2012 requires that the council considers, before commencing any procurement process, how wider social, economic and environmental benefits that may improve the well being of the local area can be secured. Social value considerations and how the delivery of these services can benefit the local area are detailed below:

**Economic considerations**

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

**Social considerations**

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

**Environmental/Sustainability considerations**

97. There are no environmental or sustainability considerations arising from this report. Any considerations arising from future changes will be set out in a Gateway 1 procurement strategy report.

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

98. The project will be managed by the Public Health team, who have commissioning responsibility for children's public health from 0-19. The project will report to the Children's Under 5's Strategic Development Group for oversight and governance, and is responsible to the Cabinet Member for Community Safety and Public Health.

**Resource implications**

99. 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**

100. 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**

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

**Investment implications**

102. 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**

103. Please see concurrent from the Director of Law and Democracy.

**Consultation**

104. This report sets out a set of outcomes at paragraph 62, which it is recommended are set out for stakeholder and public consultation, ahead of a procurement strategy being set out for the services.

## **Other implications or issues**

105. None.

## **SUPPLEMENTARY ADVICE FROM OTHER OFFICERS**

### **Strategic Director of Finance and Governance (PW19/013)**

106. This report is requesting the cabinet member for Community Safety and Public Health to approve the Strategic Options Assessment for delivery of Children and Young People's (0 – 19) Public Health services for Southwark Council as detailed in the report and to note the next steps.
107. The strategic director of finance and governance notes that the services detailed in the report are funded by the ring fenced Public Health grant and there are no immediate financial implications arising from this report.
108. It is also noted that any proposed changes in the future will be included in the Gateway 1 procurement report which will set out clearly the financing arrangements.
109. Staffing and any other costs connected with this report to be contained within existing budgetary resources.

### **Head of Procurement**

110. This report seeks approval for the Strategic Options Assessment and recommendations set out in paragraphs 2, for the delivery of Children and Young people's (0-19) Public Health Services.
111. The report details the demography and Joint Strategic Needs Assessment and the arrangements for the current service through a rolling annual contract in line with section 75 agreement with Southwark Clinical Commissioning Group.
112. The strategic options are considered in paragraphs 74 to 79, taking into consideration current contract provision and service, market conditions and competition, recommending the council secure provision via an external provider in the future.
113. Further work is to be done to identify outcomes for the future service and understand costs of the current contract before the council can develop a detailed procurement strategy at Gateway 1, as referred to in paragraphs 90 to 92.
114. Procurement will continue to work closely with the project team to develop the procurement strategy at Gateway 1.

### **Director of Law and Democracy**

115. This report seeks the approval of the strategic options assessment for the delivery of Children and Young People's (0 – 19 years) Public Health services.
116. Under the council's Contract Standing Orders, a pre-procurement / gateway 0 report is required for any service contract with an estimated contract value of £10m or more, or other strategically important contract for services, goods or works where requested by the relevant cabinet member. The decision to approve the report recommendation is reserved to the relevant cabinet member.

117. Whilst the recommended strategic delivery option is for the council to secure the delivery of these services through an external provider the contract value of the possible procurement is not yet known and will be confirmed in the gateway 1 report together with the proposed procurement strategy. Officers should seek and obtain legal advice in relation to the application of the (EU) Public Contracts Regulations 2015 and the potential effect and impact of the TUPE Regulations when considering the various procurement options.

## BACKGROUND DOCUMENTS

Background Documents	Held At	Contact
Early years (pre-birth to 5 years of age) Southwark's Joint Strategic Needs Assessment, 2019	Public Health, Place and Wellbeing 160 Tooley Street, SE1 2QH	Sigrid Blackman, Head of Programmes 020 7525 0512
Link: Awaiting publication		
The health of school-aged children and young people in Southwark (5-19 years) A school-based health needs assessment, 2017-18	Public Health, Place and Wellbeing 160 Tooley Street, SE1 2QH	Sigrid Blackman, Head of Programmes 020 7525 0512
Link: <a href="https://www.southwark.gov.uk/assets/attach/5715/JSNA%202017%20-%20School%20Age%2020170908.pdf">https://www.southwark.gov.uk/assets/attach/5715/JSNA%202017%20-%20School%20Age%2020170908.pdf</a>		
Health and Social Care Act 2012	The National Archives	N/A
Link: <a href="http://www.legislation.gov.uk/ukpga/2012/7/contents">http://www.legislation.gov.uk/ukpga/2012/7/contents</a>		
The Local Authorities (Public Health Functions and Entry to Premises by Local Healthwatch Representatives) and Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) (Amendment) Regulations 2015	The National Archives	N/A
Link: <a href="http://www.legislation.gov.uk/uksi/2015/921/contents/made">http://www.legislation.gov.uk/uksi/2015/921/contents/made</a>		
The Healthy Child Programme: Pregnancy and the first five years of life	Department of Health	N/A
Link: <a href="https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/167998/Health_Child_Programme.pdf">https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/167998/Health_Child_Programme.pdf</a>		
Supporting the public health nursing workforce: health visitors and school nurses delivering public health for children and young people (0-19) Guidance for employers	Public Health England	N/A
Link: <a href="https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/686922/PH_nursing_workforce_guidance_for_employers_and_employees.pdf">https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/686922/PH_nursing_workforce_guidance_for_employers_and_employees.pdf</a>		
The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014	The National Archives	N/A
Link: <a href="https://www.legislation.gov.uk/ukdsi/2014/978011117613/contents">https://www.legislation.gov.uk/ukdsi/2014/978011117613/contents</a>		
Children and Families Act 2014	The National Archives	N/A
Link: <a href="https://www.legislation.gov.uk/ukpga/2014/6/section/100">https://www.legislation.gov.uk/ukpga/2014/6/section/100</a>		

Background Documents	Held At	Contact
Children Act 2004	The National Archives	N/A
Link: <a href="http://www.legislation.gov.uk/ukpga/2004/31/section/10/2005-04-12">http://www.legislation.gov.uk/ukpga/2004/31/section/10/2005-04-12</a>		
Maximising the school nursing team contribution to the public health of school-aged children	Department of Health & Public Health England	N/A
Link: <a href="https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/303769/Service_specifications.pdf">https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/303769/Service_specifications.pdf</a>		
London Child Protection Procedures	London Safeguarding Children Board	N/A
Link: <a href="https://www.londoncp.co.uk/chapters/best_prac_cpc.html#who">https://www.londoncp.co.uk/chapters/best_prac_cpc.html#who</a>		
Outcomes for children in need: 31 March 2018	Department for Education	N/A
Link: <a href="https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/794243/2018_Outcomes_LA_Tables.xlsx">https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/794243/2018_Outcomes_LA_Tables.xlsx</a>		
Children Looked After and Care Leavers Placement Sufficiency Strategy 2018-2022	Southwark – Children's Social Care	
Link: <a href="http://moderngov.southwark.gov.uk/documents/s76190/Appendix%201.pdf">http://moderngov.southwark.gov.uk/documents/s76190/Appendix%201.pdf</a>		
Health app: ChatHealth communication platform in school nursing services	National Institute for Clinical Excellence (NICE)	N/A
Link: <a href="https://www.nice.org.uk/advice/mib130/resources/health-app-chathealth-communication-platform-in-school-nursing-services-pdf-2285963388979909">https://www.nice.org.uk/advice/mib130/resources/health-app-chathealth-communication-platform-in-school-nursing-services-pdf-2285963388979909</a>		

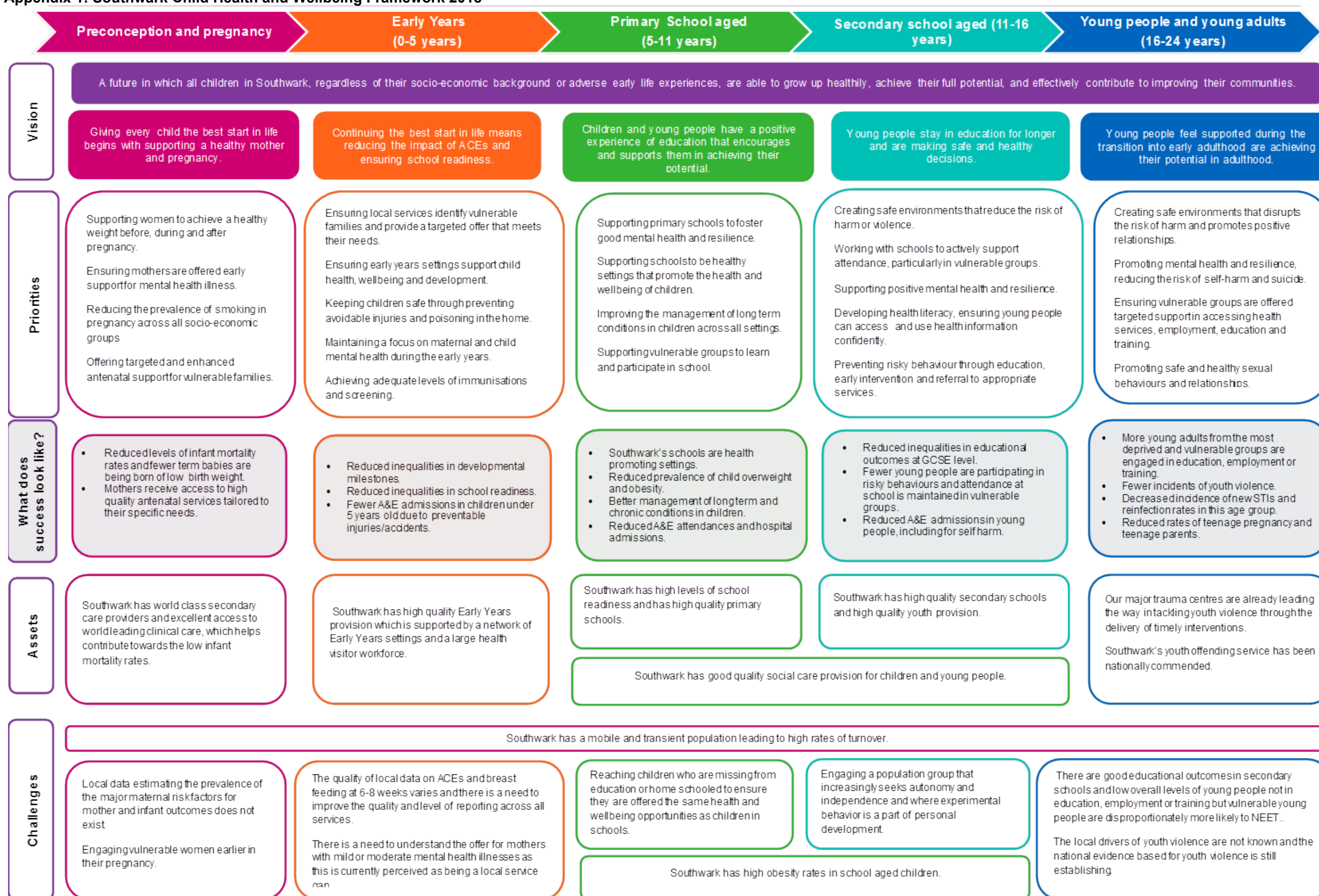
## APPENDICES

No	Title
Appendix 1	Southwark Child Health and Wellbeing Framework 2018
Appendix 2	Healthy Child Programme Model: The 4-5-6 approach for health visiting and school nursing

## AUDIT TRAIL

Cabinet Member	Councillor Evelyn Akoto, Cabinet Member for Community Safety and Public Health		
Lead Officer	Kevin Fenton, Strategic Director for Place and Wellbeing		
Report Author	Rebecca Giddings, Specialty Registrar, Public Health Layla Davidson, Public Health Commissioning Manager		
Version	Final		
Dated	12 July 2019		
Key Decision?	Yes		
CONSULTATION WITH OTHER OFFICERS / DIRECTORATES / CABINET MEMBER			
Officer Title	Comments Sought	Comments included	
Strategic Director of Finance and Governance	Yes	Yes	
Head of Procurement	Yes	Yes	
Director of Law and Democracy	Yes	Yes/No	
Contract Review Boards			
Departmental Contract Review Board	Yes	Yes	
Corporate Contract Review Board	Yes	Yes	
Cabinet Member	Yes	No	
Date final report sent to Constitutional Team		12 July 2019	

## Appendix 1: Southwark Child Health and Wellbeing Framework 2018





Appendix 2: Healthy Child Programme Model: The 4-5-6 approach for health visiting and school nursing

