

Children and Young People's (CYP) Overview and Scrutiny Committee

Date: 21st June 2023

Subject: 0-19 Healthy Child Services update report

Lead Director: Jane McSherry, Director of Children's and Life Long Learning (CLLF)
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Lead officer: Dr Dagmar Zeuner, Director of Public Health

Lead members: Cllr Peter McCabe, Cabinet Member for Health and Social Care

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Recommendations:

For CYP Overview and Scrutiny members to:

- A. note and discuss the support available for children aged 0-19 and their families through the Public Health commissioned services
 - B. Note the timeline for the re-procurement of the 0-19 services with a new commissioned service to be in place by April 2025
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1 PURPOSE OF REPORT AND EXECUTIVE SUMMARY

- 1.1. This report provides a background and overview of the 0-19 healthy child services commissioned by Public Health. The services included are Health Visiting, School Nursing and the Young Parents Support service delivered by Central London Community Health NHS Trust. The service supports CYP and their families up to the age of 25 if the child is Looked After or has Special Educational Needs and/or Disabilities (SEND). The report will also cover service delivery model, service review, performance and future commissioning arrangements. Appendix 1 also includes two case study which highlights the work of the services with two local families.
- 1.2. CYP Overview and Scrutiny members are asked to note and discuss the support available for children aged 0-19 and their families and note the indicative timeline for the re-procurement of the 0-19 services with a new contract to be in place by April 2025

2 BACKGROUND

- 2.1. The 0-19 service is primarily made up of the Health Visiting team who support children under the age of 5yrs and the School Nursing team who support children aged 5-19yrs. The 0-19 services are a key provider of the Healthy Child Programme (HCP) and work with families and other services

to ensure children have the best start in life.¹ The Healthy Child Programme is an evidence based national programme framework aimed at improving the health and well-being of children, young people and their families through:

- Health and developmental reviews
- Health Promotion
- Parenting Support
- Screening and immunisations programmes (promotion of these rather than delivery)

2.2. The service model is universal in reach and tailored/ personalised in its response as set out in the HCP. The service also provides a targeted offer for families with additional vulnerabilities such as safeguarding or additional health needs. The model for Health Visiting and School Nursing has been updated to reflect the totality of the work which the services deliver over and above the mandated visits and assessments. The model reflects that their role is universal, targeted and specialist.

3 DETAILS

3.1. The details in this report have been split into five key areas; Service overview, service review, performance and future commissioning. The council through the Director of Public Health (DPH) has statutory duties relating to the delivery of 0-19 Healthy Child Services and specifically has mandated functions which include five health review checks for children and the National Child Measurement Programme (NCMP) as detailed in the service overview below. The council has a joint contract with NHS South West London Integrated Care Board (NHS SWL ICB) who are the lead commissioner, to deliver our services alongside the ICBs children's and adult community health services. The provider of the service is Central London Community Health NHS Trust who have delivered the services in Merton since April 2016. CLCH also deliver 0-19 services in 7 other boroughs (Brent, Ealing, Hammersmith and Fulham, Kensington and Chelsea, Richmond, Wandsworth and Westminster). The Merton contract with CLCH has been approved by Cabinet to be extended until March 2025. The services are co-located within Merton's Children's Centres.

Service Overview

3.1.1 Health Visitors (HVs) and School Nurses (SNs) are Specialist Public Health Nurses (SCPHN) with HVs leading the under 5yrs element and SNs leading the 5-19yrs elements of the Healthy Child Programme. The service provides mandated visits and assessments and critical safeguarding services.

3.1.2 Health Visitors support families from the antenatal period up to school entry. The service is delivered in a range of settings including families' own homes, and local community e.g. Children's Centres. School nurses offer support for children and young people both in and out of school settings.

3.1.3 Both services are led by HVs and SNs as Specialist Public Health Nurses (SCPHN), however it is important to note there is also a skill mix within the

¹ Healthy Child Programme updated model <https://www.gov.uk/government/publications/commissioning-of-public-health-services-for-children/health-visiting-and-school-nursing-service-delivery-model>

teams, including community staff nurses and nursery nurses delivering different elements of the service.

3.1.4 HV and SN teams utilise their clinical judgement and public health expertise to identify health needs early, determining potential risk, and providing early intervention to prevent issues escalating. Utilising the Specialist Public Health Nurse skills provides vital early identification, intervention and prevention, maximising the benefits for parents, children and young people.

3.1.5 The service provides continuity of care through taking a 'navigating role' to support families through the health and care system. Utilising the right skill set, at the right time, including supporting effective signposting to other support and information.

3.1.6 The co-location of the services with Merton's Children's Centres facilitates more collaborative and integrated working with early years services to support improving outcomes for children and families.

Health Visiting

3.1.7 There are 5 mandated reviews for health visiting services which should be offered universally to all families (see Figure 1). These include:

- Antenatal check/review (from 28 weeks pregnant)
- New birth visit/check (14 days)
- 6-8 week check
- 1 year check (from 9 months to 1 year)
- 2-2.5 year check

Figure 1: Health Visiting review/contacts



**Please note the antenatal check/review is not universal in Merton but targeted. The 3 months and 6 month contacts are not mandated but are suggested contacts and are undertaken on a targeted basis in Merton.*

- 3.1.8 Each visit includes an assessment of critical developmental milestones. Trusted and expert advice is provided. If a family is assessed as vulnerable due to physical, mental, or social stressors, more support is available. The Merton service includes a specialist outreach team which proactively engages with families in temporary housing and in refuges, a perinatal mental health and breastfeeding specialist to support families.
- 3.1.9 Where families are identified as requiring additional contact and support either through the mandated checks or by referral to the service by professionals and subsequent assessment, additional contact would be made or signposting/referral to appropriate services.
- 3.1.10 Evidence based High Impact Areas for HVs have also been identified as part of the Healthy Child Programme:
- supporting the transition to parenthood
 - supporting maternal and family mental health
 - supporting breastfeeding
 - supporting healthy weight, healthy nutrition
 - improving health literacy; reducing accidents and minor illnesses
 - supporting health, wellbeing and development: Ready to learn, narrowing the 'word gap'
- 3.1.11 The Health Visiting Service in Merton includes these more specialised roles to support families in line with supporting some of the high impact areas above and reducing health inequalities:
- Homeless health- specialist health visiting team. This team hold a caseload of children and family who are placed in temporary accommodation, they also provide expertise and support to wider team.
 - Perinatal Mental Health Specialist: This is a senior health visitor who also holds a caseload of families who are experiencing mental health issues and they also lead a weekly specialist stay and play group, co delivered with the children's centre staff.
 - Young Parents Support Service (see 3.1.18 for further details) – This is led by 2 specialist Health Visitors who hold a targeted caseload for mothers up to the age of 24 years. These families are highly complex with multi vulnerability
 - MASH (Multi- Agency Safeguarding Hub) health navigator – This specialist Health Visitor is co-located with the Local Authority with the MASH team.
 - Single point of access for health visiting – Administration team who act as the first port of call for all CLCH children's services.
 - Infant Feeding and specialist Clinic (see 3.1.12 for further details) – Merton has a specialist infant feeding clinic which is led by Nutritionist

and lactation consultant which is part of the HV team. They provide specialist support for breast feeding mothers in the community.

- 3.1.12 The Merton HV team successfully achieved Stage 3 reaccreditation of the UNICEF Baby Friendly Initiative (BFI)² scheme. The service is preparing to go for UNICEF gold accreditation in May 2024. The excellent training and skills reviews taking place has resulted in staff who are extremely confident and competent in supporting mothers. UNICEF assessors fed back that “Staff were extremely knowledgeable about close loving relationships and talked about conversations they may have with mothers in a very sensitive way. The pioneering work and research the Merton Specialist Breastfeeding Clinic is doing was selected by UNICEF and showcased at the annual BFI conference, which had 1800 attendees from the UK and internationally.
- 3.1.13 **Appendix 1** provides two anonymised case studies of a families supported by the Health Visiting service in Merton. This highlights some of the work of the services and how they support improving family health and well-being outcomes and reducing inequalities.

School Nursing

- 3.1.14 School nurses (SNs) advocate for optimum health for all school-aged children and young people, seeking to ensure that services are fair, inclusive, equitable, anti-discriminatory and positively influence health and wellbeing. SNs build mutually trusting relationships with school-aged children and young people, parents/carers and families. Importantly, school nurses actively listen to school-aged children and young people, taking account of what matters to them and always putting their needs, welfare and safety first. School nurses provide early interventions which aim to promote positive choices and reduce risk-taking behaviours. The mandated element of the SN service is the National Child Measurement Programme (NCMP). This requires the service to measure the height and weight of all Reception (4-5 yr olds) and Year 6 (10-11 yr olds) pupils to identify their Body Mass Index and share the results through a letter to parent/carers. This generates intelligence about children who are underweight and overweight/obese in Merton. The service is also commissioned to offer the Family Start programme to all families where the child has been identified living with obesity to support the family and child with healthy lifestyles advice on a one to one basis.
- 3.1.15 Each local authority school in Merton is supported by a school nurse. As part of the overall support provided by the SN services, the service also undertakes a school entry questionnaire for parents/carers of 4-5 yr olds starting Reception to identify needs early on and provide appropriate support. SN service receives referrals from a number of groups including schools staff, social care, GPs, self-referrals etc.
- 3.1.16 Evidence based High Impact Areas for SNs have also been identified as part of the Healthy Child Programme:
- supporting resilience and wellbeing

² <https://www.unicef.org.uk/babyfriendly/accreditation/maternity-neonatal-health-visiting-childrens-centres/>

- improving health behaviours and reducing risk taking
- supporting healthy lifestyles
- supporting vulnerable young people and improving health inequalities
- supporting complex and additional health and wellbeing needs
- promoting self-care and improving health literacy

3.1.17 CLCH is reviewing their school nursing model across all boroughs to standardise an approach which ensures that school nursing is equipped for the future ('Time to Shine' project)

Young Parents Support Service

3.1.18 The Young Parents Support Service provides more frequent support for young, vulnerable mothers/families whose babies are particularly at risk of poor outcomes. These families are also encouraged to access peer support sessions facilitated by the service in Children's Centres as well as wider support from other professionals and services. Those who accept to go on the programme are provided with all the universal elements of the HCP as well as more intensive frequent face to face contact and support from the service up until the baby turns 2yrs old.

3.1.19 There is very positive feedback from those who are benefiting from the programme. Additional investment has been made in the service to support the demand and increased complexity presenting. The maximum capacity of the service is 50 families and this is envisaged to be reached by July/Aug 2023. Caseload is closely reviewed and managed.

The services' contribution to safeguarding and for those with additional needs

3.1.20 The mandated visits made by Health Visitors are critical for the early identification of development delays which may indicate a child has an additional need or a disability. They deliver interventions which can improve outcomes for these children. They also make referrals for more specialist assessment and care.

3.1.21 In addition to the mandated components of Health Visiting and School Nursing service, the service makes a significant contribution to safeguarding children. Their systematic engagement of children and families means they are able to identify safeguarding concerns early on. Their health expertise means that they can make a critical contribution to multi-agency processes. They provide advice and contribute to Individual Health Care Plans (IHCP), Education Health and Care Plans (EHCP), receive notifications from Accident and Emergency, and provide the majority of health leadership in Strategy meetings for Children in Need (CHIN) and those with Child Protection (CP) Plans. Children with additional health and social needs are handed over from health visiting to school nursing as they enter school.

3.1.22 The services benefits from the leadership and clinical skills of CLCH's Safeguarding and Specialist Therapies Leads who provide advice and support the teams as this is delivered under the same joint contract, although therapies are funded by NHS SWL ICB. There is a Looked After Children's (LAC) lead who works to ensure Looked After Children;

- a) Receive high quality health assessments and health care plans that focus on their individual needs,
- b) Are actively engaged in their health assessment process,
- c) To improve the quality of life of young people leaving care by developing an agreed enhanced health care plan and providing relevant personal health information to support them in making a successful transition to adulthood.
- d) To improve their health and wellbeing outcomes by embedding a multiagency integrated approach, working in partnership across health social services education, and other related organizations

The service achieved high take up in undertaking Review Health Assessments and Leaving Care Summaries for LAC in Merton.

- 3.1.23 Following a written statement of action in December 2019 under the SEND Inspection framework³ (Joint Ofsted and Care Quality Commission visit for areas), CLCH developed action plans to address areas for improvement. The actions included intensive work to provide training (jointly developed by CLCH & LBM SEND lead) activities to inform staff and improve practice in planning and implementing aspects of the SEND reform. New templates developed and shared with staff to write appropriate advice for EHCPs. A quality assurance process was also established where advice would be reviewed before submission and more regular meetings between partners established.
- 3.1.24 A specialist School Nurse also focuses on Youth Offending Service, Pupil Referral Unit, Children Missing in Education and home-schooled children.
- 3.1.25 The 0-19 service consistently prioritise those with safeguarding and more complex needs but note the needs of the population are changing with more need and complexity being identified. This requires more capacity to support but ultimately still need to be managed within existing resources whilst delivering the universal and targeted element of services.

0-19 Service Review

- 3.2. To support the recommissioning of our 0-19 services, a rapid high level review was undertaken in July 2022. Some of these findings are presented below. As part of the review, an assessment of the strategic policy context for child health, education and social care suggests that the future for child health is integrated. System (Integrated Care System, ICS), Place (local authority) and Neighborhood (e.g. Primary Care Networks-PCNs) will become the geographies at which services are planned and delivered. Merton does not currently have a shared strategy/approach for integrated working, however there are opportunities for progressing more integrated working e.g. Family Hubs⁴ and Maternity Hubs⁵ models.
- 3.2.1 Engagement with some stakeholders through focus groups, interviews and survey showed professionals in health, education, community, and

³ <https://www.gov.uk/government/publications/local-area-send-inspection-guidance-for-inspectors/guidance-for-carrying-out-re-visits-to-local-areas-required-to-produce-a-written-statement-of-action>

⁴ <https://www.gov.uk/government/collections/family-hubs-and-start-for-life-programme>

⁵ <https://www.longtermplan.nhs.uk/online-version/chapter-3-further-progress-on-care-quality-and-outcomes/a-strong-start-in-life-for-children-and-young-people/maternity-and-neonatal-services/>

voluntary sector and the local authority recognise and value the expertise of Health Visitors and School Nurses and want to create opportunities for them to engage with their patients, pupils, service users, and residents. Relationships are reported to be stronger between Health Visitors and GP practices, and between school nursing and schools. Continuity of care and relationships is valued by GP practices and school settings. Issues that were highlighted by interviews, groups, and surveys often arose when there was a lack of continuity of staff during staff changes. Health Visitor and School Nursing's role in Team around the Family meetings, Case Conferences, and EHCPs were cited as positive examples of integrated practice. Going forward a strengthened role with increasing school attendance was highlighted.

Investment, Workforce, and Capacity

- 3.2.2 Investment in the Healthy Child Programme varies between local authorities. Merton's investment is above the median compared to its statistical neighbours and local authorities in SWL ICS.
- 3.2.3 Investment in School Nursing is significantly lower per head of population compared to Health Visiting. This is consistent with other local authorities' investment. It reflects the additional intensity of the Health Visiting investment and evidence on the efficacy of investing early in childhood to achieve health and wellbeing across the life course.
- 3.2.4 There are no national standards for the number of Health Visitors and School Nurses per head of population in England. There is no national standard for the caseload of Health Visitors although the Institute of Health Visiting guidance states 250 per WTE HV, which is significantly lower than the caseload in Merton of around 730. To better manage the caseload, an internal trust wide initiative called 'Reimagining Health Visiting' was developed in consultation with staff. The Reimagining Health Visiting Model separates the caseload into 'active' (children aged 0-2.5yrs and targeted children, London Continuum of Needs-LCON levels 2-4) and 'community' caseloads (children aged over 2.5yrs and universal) which brings the 'active' caseload down to 450 per qualified HV. The active caseload indicate those who are seen relatively more often (whether through mandated health checks or those requiring more support).
- 3.2.5 There are currently 43 Primary schools, 8 Secondary schools, and 3 Special schools in Merton. The School Nurses cover around 6 schools each. The caseload in PRUs is allocated to a Band 7 Nurse, due to the added complexity of needs presented by the pupils.
- 3.2.6 The supply and retention of Health Visitors and School Nurses is a systemic problem reported nationally, regionally, and locally. In Merton, the service assessed the vacancy rate for Health Visitors as being better than in other London authorities during the review, although this does constantly change. An aging workforce with a high proportions of HVs over the age of 55yrs means that training new HVs has become even more important. Some pan-London workforce planning work on 0-19 services is currently taking place with a new document published which looks at the challenges and enablers

for recruiting Specialist Community Public Health Nurses – SCPHN in London as a 'road map to success' to start to address the workforce issues.⁶

- 3.2.7 CLCH uses a range of strategies to recruit Health Visitors and School Nurses, these include international and national recruitment campaigns and developing training routes for staff nurses.
- 3.2.8 The 0-19 review highlighted the need to make some service improvements in some of the mandated checks (a new IT system has had an impact on performance) which the service has been working on.
- 3.2.9 The Young Parents Support service at the time of the review was experiencing significant challenges in managing the complex caseload and prioritising the waiting list. To resolve this issue, multiagency actions were implemented and additional investment was provided to allow the service to expand the support provided and to reduce the waiting list.
- 3.2.10 Visibility of the SN service and lack of understanding by some young people and professionals e.g headteachers, SENCO's, on the service offer was also highlighted in the review which the service is also working on.

3.3. Performance

- 3.3.1 From January to March (Q4) 2023, the HV service undertook 2,043 mandated health reviews with children and their families in Merton, roughly 680 per month. This does not include any additional contacts the service would be making with families who require additional support outside of the mandated health reviews.
- 3.3.2 Before the pandemic, Merton's Health Visiting Service was performing better or similar to the London average. 2020/21 saw some reduction in performance in 12-month and 2.5-year reviews however the service had performed significantly better than its statistical neighbours with the exception of the 2.5-year review. In 2021/22 performance has been variable where some indicators are better than London, England and some neighbouring/statistical borough whilst others have been lower. A new IT system introduced last year has also had an impact on the quality of the data. This is being managed with specific meetings with provider to understand and resolve.
- 3.3.3 COVID-19 restrictions had a significant impact on the provision of 0 to 19 services, including the need for virtual contacts and pausing of some services, re-deployment and prioritisation of safeguarding concerns.
- 3.3.4 **Table 1** below shows the latest national reporting on the coverage of the mandated health checks/review in 2021/22 for Merton with comparison to London and England. The table also includes performance pre COVID 19 pandemic (2019/20) for comparative purposes. The COVID 19 pandemic has had a significant negative impact on coverage of the mandated checks as shown by the decrease seen in all indicators from 2019/20 to 2021/22. Some caution must be placed on interpretation of the 2021/22 data as recovery from the COVID 19 pandemic nationally as well as a change of IT systems locally has had a negative impact on the metrics.

⁶ <https://ihv.org.uk/wp-content/uploads/2023/05/PAN-London-Report-and-infographics-FINAL-VERSION-18.05.23.pdf>

3.3.5 Although performance is lower than pre-pandemic for those receiving a review when they are due, the service continually works to ensure those who may not have had their check in the time for any reason are followed up and contacted to offer the checks. They undertake more checks than are due each month/quarter to ensure more children are seen. Those who are more vulnerable they receive a targeted package of care for mandated checks which means they will be seen at home for all reviews and seen regularly for additional input. If a vulnerable child was not seen, this is followed up by the health visitor and appropriate escalation. All vulnerable children known to the HV service will be seen, if this is proving difficult the service works closely with partners including social care to resolve.

Table 1: Health Visiting metrics on mandated checks 2019/20 and 2021/22

National Health Visiting Metrics	Merton Pre COVID 2019/20	Merton* 2021/22	London 2021/22	England 2021/22
New birth visits completed within 14 days	95.3%	85.5%	87.8%	82.6%
6 - 8 week reviews completed by 8 weeks of age	92.7%	81.4%	74.3%	81.5%
12 month reviews completed by 12 months of age	80.7%	62.5%	56.1%	71.9%
2.5 year reviews completed by 2.5 years of age	77%	53.2%	64.2%	74%

Source: OHID using interim reporting of health visiting metrics: <https://www.gov.uk/government/collections/child-and-maternal-health-statistics#health-visitor-service-delivery-metrics> and local data*

3.3.6 An Ages and Stages Questionnaire (ASQ) assessment is undertaken as part of the 2-2.5 year review and covers five domains of child development: communication, gross motor skills, fine motor skills, problem solving and personal-social development. There has been a general decrease in those achieving expected levels in 4 domains from 2019/20 (pre-pandemic) to 2021/22, apart from the problem solving domain which had increased.⁷ Caution needs to be applied in interpreting these results as the overall coverage in the 2-2.5 year reviews had decreased in 2021/22 (see table 1 above) and does not reflect a high proportion of children who were not seen by 2.5 years.

3.3.7 From January to March (Q4) 2023, the School Nursing service received around 214 referrals which the team would then review and follow up. Delivery of the mandated National Child Measurement Programme (NCMP) by the School Nursing service is a key focus area. **Table 2** below shows the proportion of children in Reception and Year 6 where their height and weight was measured. Latest 2021/22 data shows Merton coverage has declined compared to pre-COVID and is now lower than London and England for both Reception and Year 6. To highlight the scale of the programme, in 2021/22 there were a total of 3,830 children measured by the service. The programme was paused during the pandemic with some nurses re-deployed and only a small sample of children measured in 2019/20 and 2021/22 when children returned to school following COVID restrictions.

⁷ Public Health Outcomes Framework online

Table 2: NCMP coverage/participation 2018/19 and 2021/22

	Merton Pre COVID 2018/19	Merton 2021/22	London 2021/22	England 2021/22
Reception (4-5 year olds)	98.7%	89.1%	92.3%	92.8%
Year 6 (10-11 year olds)	98%	89.7%	92.6%	91.9%

Source: Public Health Outcomes Framework (PHOF)

3.3.8 CLCH has a Care Quality Commission (CQC) ‘Good’ rating including a ‘Good’ rating for its Community Health Services for Children and Young People.⁸

3.4. **Future commissioning and procurement**

3.5. The provision of our 0-19 services is held under a joint contract with NHS SWL Integrated Care Board (ICB) who are the lead commissioner for the contract. The 0-19 services sit within a wider contract for delivery of community health services (adults and children) for Merton and is managed jointly. There is a collaborative agreement between LBM and NHS SWL ICB which sets out roles and responsibilities.

3.6. The contract has been extended for a further 12 months through Cabinet as a prerequisite to support achieving the council’s corporate ambition to have holistic, responsive and integrated services focussed on the needs and views of residents, users and communities, strengthening prevention, ensuring focus on inequalities and achieving value for money. NHS SWL ICB plans to develop more integrated community and primary care model/strategy in 2023/24 which present opportunities for our services and required alignment of procurement timelines to allow this to happen.

3.7. Working closely with primary and community health services during the planned SWL re-modelling work, will ensure services and pathways are more streamlined, easier to access, effective, efficient, and value for money. The ultimate aim being to improve the health well-being of residents with better and greater health impact across organisational boundaries that better meet the needs of service users.

4 **NEXT STEPS**

4.1. The contract for the delivery of 0-19 services in Merton has been extended to March 2025 with approval through Cabinet in March 2023.

4.2. The Public Health team supported by Procurement, Finance and Legal services will undertake steps required to procure a new service working jointly with NHS SWL ICB as lead commissioner (see section 8 below) to commence April 2025.

4.3. Commissioners will continue to work with CLCH to monitor and improve service performance and outcomes

5 **ALTERNATIVE OPTIONS**

⁸ CQC more detailed rating for CLCH available <https://www.cqc.org.uk/provider/RYX>

N/A

6 CONSULTATION UNDERTAKEN OR PROPOSED

- 6.1. A high level service review was undertaken in July 2022 to support the future commissioning and procurement of the service as well as identifying any areas for improvement in the short, medium and long term. This included engagement with service users, staff and stakeholders.

7 TIMETABLE

- 7.1. Contracts joint contract for the provision of services has been extended until end of March 2025 through Cabinet.
- 7.2. Table 1 below shows indicative procurement timelines for a new contract to be in place by April 2025

Table 2: Indicative Procurement Timelines

Procurement schedule	Indicative dates
Gateway 1 to Departmental Procurement Group (DPG) & Procurement Board	Early January 2024
Notice to CLCH (end of contract) – 12 months notice	Latest by March 2024
Publish tender notice (ITT)	End March/begin Apr 2024
Evaluation of tender	Between May - June 2024
Gateway 2 Award report approval (Finance, legal & procurement)	End June 2024
Gateway 2 report to Procurement Board	Mid July 2024
Leaders Strategy Group (LSG)	Beginning Sept 2024
Cabinet	Mid Sept 2024
Intention to award letter to bidder	End Sept 2024
Mobilisation	Oct 2024 – March 2025 (6 months)
New contract start date	April 2025

8 FINANCIAL, RESOURCE AND PROPERTY IMPLICATIONS

- 8.1. The 0-19 service is funded through the Public Health Grant given to Local Authorities.

9 LEGAL AND STATUTORY IMPLICATIONS

N/A

10 HUMAN RIGHTS, EQUALITIES AND COMMUNITY COHESION IMPLICATIONS

10.1. The 0-19 services have been designed as part of approaches to tackle health inequalities in the borough and the inequities in terms of access. These services provide early identification of needs with appropriate support and referral for children and young people and their families.

11 CRIME AND DISORDER IMPLICATIONS

11.1. N/A

12 RISK MANAGEMENT AND HEALTH AND SAFETY IMPLICATIONS

12.1. Risk management and health and safety implications of the contract are monitored through commissioners' performance management arrangements.

13 APPENDIX – SUPPORTING VULNERABLE FAMILIES CASE STUDIES – CONFIDENTIAL APPENDICES

A) YOUNG PARENTS SUPPORT

B) FAMILY SEEKING ASYLUM SUPPORT

14 BACKGROUND PAPERS – THE FOLLOWING DOCUMENTS ARE TO BE PUBLISHED WITH THIS REPORT AND FORM PART OF THE REPORT

14.1. None

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