Notice of Non-key Executive Decision

Subject Heading:	Uplift in annual contract value for 0-19 Healthy Child Programme
Decision Maker:	Mark Ansell, Director of Public Health
Cabinet Member:	Councillor Gillian Ford, Cabinet Member for Health and Adult Care Services
ELT Lead:	Mark Ansell, Director of Public Health
Report Author and contact details:	Claire Alp, Public Health Principal 01708 434310 Claire.Alp@havering.gov.uk Labibun Nessa, Portfolio Manager, Start Well, Havering Integrated Team at Place 01708 434413 Labibun.Nessa@havering.gov.uk
Policy context:	The 0-19 HCP contract supports Havering Council to meet the People Theme priority of "supporting our residents to stay safe and well" in its Corporate Plan 2024-2027.
Financial summary:	The budget for this uplift will come from the Public Health Grant. The recommended value of the uplift for the 2024/25 financial year is £100,620.
Relevant Overview & Scrutiny Sub Committee:	People
Is this decision exempt from being called-in?	The decision will be exempt from call-in as it is a Non-key Decision

Non-key Executive Decision

The subject matter of this report deals with the following Council Objectives

People - Supporting our residents to stay safe and well **X**

Place - A great place to live, work and enjoy

Resources - Enabling a resident-focused and resilient Council

Part A – Report seeking decision

DETAIL OF THE DECISION REQUESTED AND RECOMMENDED ACTION

For the reasons set out in this report, the Director of Public Health is recommended to agree to;

a) Utilise additional funding of £100,620 from the Public Health Grant for the 0-19 Healthy Child Programme service for 2024/25, recurrent for the remainder of the contract term (to end March 2027).
b) The variation of the current contract to incorporate the additional funding of £100,620.

AUTHORITY UNDER WHICH DECISION IS MADE

As outlined in the old Constitution:

Power to authorise the award is delegated to members of the Senior Leadership Team under **Part 3 (Responsibility for Functions)**, Paragraph 3.3 of the Council's Constitution as follows:

General powers (a) To take any steps necessary for proper management and administration of allocated portfolios.

Financial responsibilities (a) To incur expenditure within the revenue and capital budgets for their allocated portfolio as approved by the Council, or as otherwise approved, subject to any variation permitted by the Council's contract and financial procedure rules.

STATEMENT OF THE REASONS FOR THE DECISION

1. Background to Healthy Child Programme service and current contract

Non-key Executive Decision

North East London Foundation Trust (NELFT) holds the current 0-19 Healthy Child Programme (HCP) contract for provision of Health Visiting (0-5 years) and School Nursing (5-19 years) services in Havering. Key information is provided in Table 1.

Table 1. Health Visiting and School Nursing contract overview

	0-5 Health Visiting Service	5-19 School Nursing Service
Contract Holder	NELFT	NELFT
Contract Length	5 years	5 years
Optional Extension	2 years (approved by Cabinet December 2024)	2 years (approved by Cabinet December 2024)
Start Date	1st April 2020	1st April 2020
End Date	31st March 2027 (incl. extension)	31st March 2027 (incl. extension)
Annual Contract Value	£2,872,000	£590,000
Previously agreed uplift	£80,000 total across 0-5 Health Visiting and 5-19 School Nursing	
Funding Source	Public Health Grant	Public Health Grant

The Health Visiting annual contract value shown in Table 1 is from Year 3 of the contract onwards. Years 1 and 2 saw a year-on-year increase towards this amount as a result of increased investment in the service to bring it up to the national minimum recommended funding per head of the 0-4 years population. A previous £80,000 uplift agreed in 2020/21, plus the proposed £100,620 for 2024/25, brings the total contract value to £3,642,620. This will remain until the end of the contract term in March 2027.

The HCP is a universal service with two mandated elements that are a legal requirement of local authorities, delivered alongside a broader programme of support for children and families[1] (summarised in Table 2). Beyond the universal offer, additional intervention is provided according to need, known as Universal Partnership (children with specific health needs) and Universal Partnership Plus (children with complex and/or additional needs who require multiagency input) support.

Table 2. Mandated and non-mandated elements of the HCP[1]

0-5 Health Visiting Service	5-19 School Nursing Service
Mandated • Lead and deliver five health reviews at 28-32 weeks pregnancy, and 10-14 days, 6-8 weeks, 1 year and 2-2½ years post-birth. **Non-mandated** • Deliver against the six high impact areas for early years 1. Parenthood and the early weeks 2. Maternal mental health 3. Breastfeeding 4. Healthy weight 5. Minor illnesses and accidents 6. Healthy 2 year olds and getting ready for school • Continuity of family public healthcare from maternity to HV services • Supporting vulnerable children and families • Contributes to safeguarding • Addresses inequalities, contributing to the local Troubled Families Programme	**Mandated** • Lead and deliver the National Child Measurement Programme **Non-mandated** • Deliver against the six high impact areas for school-aged children and young people: 1. Resilience and wellbeing 2. Keeping safe 3. Healthy lifestyles 4. Maximising learning and achievement 5. Supporting complex and additional health and wellbeing needs 6. Transition • Supporting transitions for school-aged children • Supporting vulnerable children and those not in school • Supporting children who are home educated • Providing support offered as part of the Troubled Families Programme

	• Contributes to safeguarding.

2. Performance

2.1 Health Visiting

2022/23 data (latest available for regional and national comparison) evidences that coverage of New Birth Visits, 6-8 week reviews and 12-months reviews in Havering is higher than the London averages (see Appendix A).

This non-key ED does not contain the latest data for 2-2½ year reviews as NELFT has reported inconsistencies with the data that they had provided us for this indicator, dating back to February 2023. NELFT has agreed to investigate this issue further, rectify the data quality issues and work with us to utilise a development plan.

Regional and national comparisons are not available for the antenatal contact due to challenges with data flows from maternity to health visiting prior to birth not enabling an accurate percentage coverage to be calculated. Locally, NELFT has worked with BHRUT maternity services towards resolving these challenges and progress to date. Based on the number of families seen, there is a noticeable improvement in coverage.[3]

NELFT's performance in Havering is routinely monitored through monthly data reporting and quarterly contract meetings and through these, more recent (2023/24 and Q1-2 2024/25) local data is available. This includes the monitoring of the nationally mandated indicators as well as additional locally agreed Key Performance Indicators (KPIs), which provide further reassurance that NELFT has performed well throughout this contract period.

KPIs set prior to commencement of the contract for coverage of the mandated reviews by the end of Year 3 of the contract was an ambitious 95%, especially given 2022/23 average coverage across the four postnatal reviews in London ranges from 61.2-81.6%, and in England, 73.6-82.6%. Since the 2022/23 coverage shown in Figure 1, NELFT has been resolute in its efforts to achieve the 95% target and, based on the data reported for contract monitoring during 2023/24 and 2024/25 to date, has:

- Exceeded 95% coverage of the new birth visit during each quarter of 2023/24 and exceeded 98% coverage in the first half of 2024/24;
- Exceeded 90% coverage of the 6-8 week contact in the past three quarters, reaching 94.2% in quarter 1 of 2024/25 (including 96.5% coverage in June);
- Consistently achieved around 90% coverage of the 12-month review;

More detail for each contact from 2018/19 to Quarter 2 2024/25 is provided via graphs in Appendix 1. Notably, the slope of the trend lines evidences significant improvement in coverage of the antenatal and 6-8 week contacts, which were previously only carried out on a targeted basis and have thus been a key focus of the current contract.

It is widely acknowledged that health visiting services are crucial in supporting the transition to parenthood and in identifying mental, physical, social, disability and safeguarding needs and vulnerabilities early on.[2] Achieving high coverage is important because it ensures as many families as possible access this support and benefit from

early identification of needs, thus improving outcomes and preventing escalation to more specialist services.

Further developments and targets were agreed in relation to the nationally identified high impact areas. This included a requirement for NELFT to appoint Champions within the HV service – staff whose caseloads are reduced to create time to lead on priority areas. Recognising the benefits of this and identifying a need for increased resources to make this concept effective in practice, NELFT has gone further by also appointing Leads (who have a greater reduction in caseload) in locally identified priority areas alongside the Champions. Progress to date is summarised as follows:

- Parenthood and the early weeks, including:
    - Smoking cessation work, including working with the Public Health team to identify and deliver additional monitoring and support.
    - Staff trained on latest research and evidence-based practice around 'Normal Infant Sleep' and 'SIDS and Sleep Safety'.
- Maternal mental health, including:
    - Specialist Perinatal Health Visitor (Lead) role appointed to in April 2021 (start of Year 2 of the contract period).
    - Provision of maternal mood assessments at the 6-8 week review (which NELFT has consistently completed for 95% of mothers seen at this contact), as well as at other reviews that take place in the first 12 months.
    - Onward referrals made as a result of these assessments, which have benefited from the Champion's work in attending a number of cross-service meetings (including Children's Centres which offer lower level perinatal mental health support and the Perinatal Parent Infant Mental Health Service which provides specialist support), providing staff training and developing SOPs across NELFT, creating perinatal mental health flow charts and guidelines for referrals.
    - Focused caseload for the Champion includes complex cases and low level referrals.
- Breastfeeding, including:
    - Specialist Infant Feeding Health Visitor (Lead) appointed in April 2021.
    - Routine reporting of breastfeeding status to support monitoring and evaluation of wider system partnership working to increase breastfeeding.
    - Achievement of Baby Friendly Initiative (BFI) accreditation, led by the Infant Feeding Champion for which Stage 1 has been achieved and final submissions for Stage 2 are being made in December 2024, with work towards Stage 3 already underway.
    - Champion delivers routine BFI training to all staff across the service.
    - Delivery and support of breastfeeding support groups.
- Healthy weight, including:
    - Delivery of the HENRY 0-5 healthy family lifestyle programme
    - Engagement with the Havering Healthy Weight Strategy and action plan
- Minor illnesses and accidents, including:
    - At each contact, the HV team discusses accident prevention
    - HVs hold the additional nurse prescribing qualification, enabling them to prescribe medication for minor illness such as rashes, dry skin, eczema and pain that requires analgesia
- Healthy 2 year olds and getting ready for school, including:

- Improved monitoring and reporting of Ages and Stages Questionnaire outcomes assessed during the 2-2½ year review
- Integrated 2-2 ½ year reviews with Early Years providers
- Drop-in sessions and health promotion stalls in Early Years settings
- Partnership working with Children's Centres

Work related to 'Parenthood and the early weeks' and 'Minor illnesses and accidents' has been assumed into existing roles across the service. As a result of this, NELFT colleagues have used their first-hand knowledge of the service and emerging priorities to present proposals to LBH to create alternative lead roles where they consider these would deliver greater value to families than the roles originally proposed. This includes a Transformation Lead to develop the service's digital offer, communications and quality improvement work, which in turn has supported much of the progress achieved above. For example the introduction of mandated form fields on the client database (RiO) now ensures ASQ-3 data gathered at the 2-2½ year review is captured in full for onward reporting.

Outcomes for families are challenging to measure and, when working in an integrated way, improvements are difficult to attribute to one service in particular, but within these priority areas, NELFT has contributed significantly to improving pathways and provision across the system. Beyond contract and service development meetings, reassurance of NELFT's family-centred approach and commitment to service improvement is evident through their proactive contribution to multiagency meetings, for example the Early Help Partnership Board, Early Help Operational Forum, SEND Executive Board, and the Infant Feeding Steering Group.

2.2 School Nursing

NELFT's performance in relation to coverage of the NCMP exceeds London (Figure 1a) and England (Figure 1b) averages.

Figure 1.

a) Coverage of the NCMP in Havering compared to London (2022/23)

Indicator	Period	Havering			London	England	London		
		Recent Trend	Count	Value	Value	Value	Lowest	Range	Highest
Participation rate, reception (4-5 yrs)	2022/23	➡	3,325	96.0%	93.3%	93.8%	82.9%		100.0%
Participation rate, year 6 (10-11 yrs)	2022/23	➡	3,235	95.4%	94.2%	92.7%	87.7%		100.0%
Participation rate, total	2022/23	➡	6,560	95.7%	93.8%	93.2%	85.8%		100.0%

b) Coverage of the NCMP in Havering compared to England (2022/23)

Indicator	Period	Havering			London	England	England		
		Recent Trend	Count	Value	Value	Value	Lowest	Range	Highest
Participation rate, reception (4-5 yrs)	2022/23	➡	3,325	96.0%	93.3%	93.8%	77.9%		100.0%
Participation rate, year 6 (10-11 yrs)	2022/23	➡	3,235	95.4%	94.2%	92.7%	59.1%		100.0%
Participation rate, total	2022/23	➡	6,560	95.7%	93.8%	93.2%	77.3%		100.0%

The current contract did not offer additional investment in SN, but the team continues to: deliver the NCMP; provide a health promotion offer to schools; deliver health needs assessments, health care plans and awareness training for staff; and provide increasing

needed targeted support to growing numbers of children within vulnerable cohorts (for example, children and young people educated other than at school (EOTAS), which includes home-educated and those in alternative provisions; those on the edge of or in care; families living in temporary accommodation; and those with special educational needs or disabilities who are educated in mainstream schools). Alongside general growth in Havering's child population identified via census and population projection data, increasing complexity of needs has materialised and is evidenced via increasing caseloads of children and young people requiring UP and UPP support.

3. Pressures on the service

5.1 Population increase pressures

As noted in Havering's Starting Well Joint Strategic Needs Assessment[3], 2021 census data evidences that Havering's child population has increased rapidly since the 2011 census. Mid-year population estimates for 2024 for Havering suggest a further growth of 2000 children aged 0-19 since 2021 (the year of the census) or 2700 since 2020 (the start of the current contract period).[4] The estimates suggest this growth has been in the 5-19 years age group, and that there has been a decrease (-500) in the 0-4 years age group, but, as also noted in the JSNA, future growth in the 0-4 age group is likely due to there also being an increase in the number of people of ages likely to start a family.

Beyond population increases, the JSNA also notes that live births data shows younger women having children are more likely to live in areas of higher deprivation. Deprivation is associated with poorer health and wellbeing, thus an increase in this population places an increasing demand on children's social care services, maternity, health visiting and school nursing services, and early years and education services.

The demand on services in Havering is evidenced through the increase in numbers of children being referred to children's social care, and in the number of children who have child protection plans (Table 3).

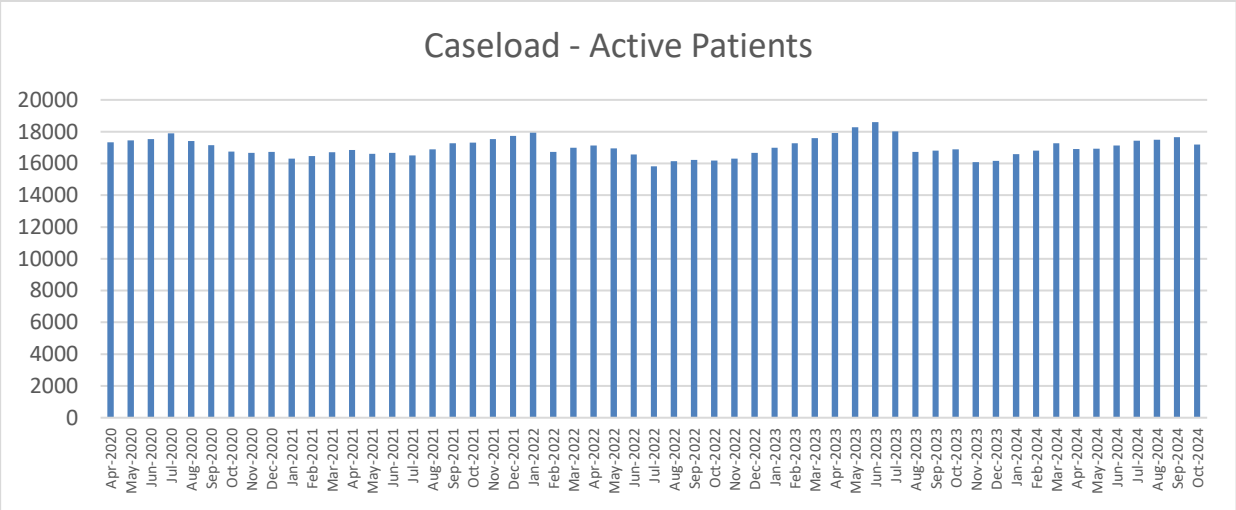
Table 3.Change over time in rates of children recorded by LBH Children's Social Care

	2018-19	**2019-20**	**2020-21**	**2021-22**	**2022-23**	**2023-24**
Number of children referred to Children's Social Care	2,759	2,843	3,232	3,267	3,167	3,382
Number of children subject to a child protection plan	207	142	192	237	261	295
Number of children in care	247	232	206	264	241	284

The number of children with Education, Health and Care Plans (EHCPs) in Havering increased from 1,534 in 2019 to 2,182 by 2023, and in 2024 this has risen further to 2,871 children. In 2022, 50.9% of newly issued statements and plans in Havering were for children who went to a mainstream school. Havering has a higher percentage of primary school children with EHCPs in mainstream schools (3.8%) compared to the national average (3.0%). Under current commissioning arrangements, children in mainstream schools fall under the care of the SN service, not the Special School Nursing service, and demand on School Nursing has therefore increased.

Since the start of the contract in April 2020, the overall caseload for the HV service has remained relatively stable within a range of approximately 16,000 to 18,000 children (Figure 2).

Figure 2. Health Visiting universal caseload: April 2020 – October 2024



However, the changing demographic of Havering's population has brought with it an increase in complexity of needs, demonstrated in social care and SEND data above, and reflected in an increase in UP and UPP caseloads over the same period.

The SN service doesn't maintain a universal caseload because school nurses are not commissioned to have a contact with every child between 5 and 19 years. However, as seen with the HV service, NELFT has reported an increase in UP and UPP caseloads.

The rising population, changing demographic and increasing complexity of needs, have placed greater time demands on the HV and SN services as a result of records requiring updating to transfer families in and out of the borough, increased numbers of initial assessments of children and families being delivered, interpretation and additional signposting and service navigation being needed with families for whom English is not their first language or are unfamiliar with the area, and the Special School Nursing service not being commissioned to support children with SEND in mainstream settings, thus the SN service needing to provide this function.

3.2 Budgetary pressures

The HCP contract assumes that the provider built cost increases, such as pay awards and other operational costs, into their calculations when tendering for the contract, and that any increases in these types of costs are counteracted by improved efficiency over the lifetime of the contract.

In recent years, inflation rates have increased rapidly, leading to increased expenses across various aspects of NELFT's key service spend areas. Operational costs, including utilities, salaries, and supplies, have risen, increasingly stretching the service budget. Within this contract period, NELFT has introduced the following efficiencies:

- **Staffing:** As a result of the increased investment in the HV service, the provider was required to increase staffing capacity from 28 FTE under the previous contract to 43 FTE in the current one. Within meeting this requirement, NELFT fully embraced the proposal to take a skill mix approach - moving from the service being Health Visitor-*delivered* to Health Visitor-*led*. A range of clinical (NHS Bands 4-7 Trainee Nurse Associates, Staff Nurses and SCPHN Health Visitors) and clinical support (NHS Band 4 Nursery Nurses) roles are now in place, making more efficient use of resources.

  This skill mix team uses Nursery Nurses to deliver the 1- and 2½-year health reviews and improve the quality of contacts by delivering the maternal mood assessment and dental health promotion. It has also enabled expansion of the integrated health review offer to include drop-in sessions and health promotion stalls for parents in nurseries, which includes school readiness support. Furthermore, Staff Nurse posts have enabled a universal antenatal contact to be offered, and health care planning to be improved and delivered in a timelier manner. The introduction of the Single Point of Access for clients and professionals, run by administration staff and supported by a duty HV, has relieved higher qualified staff of much of their administration work, enabling them to focus more time on clients and partnership working.

  To meet increased safeguarding demands and the challenging nature of short-notice meeting requests or cancellations, NELFT has introduced a duty role to support and attend social care meetings. This has resulted in less disruption to staff within their working day. Further efforts are being made to explore the creation of similar duty roles within allied services, freeing up other professionals to attend meetings where the child or family is better known to their service than the HV or SN services.

  NELFT has also committed to a robust programme of staff development – sponsoring staff to complete Nurse Apprentice training through to Specialist Community Public Health Nurse training – to offer opportunities for progression and promotion, and encourage staff retention.

- **Shared resources across multiple local authority contracts:** Awareness-raising and training sessions for school staff previously only took place face-to-face, and if staff missed essential training, someone from the SN service would need to revisit the school to repeat it. This school year, catch-up and refresher training is being delivered online, not just within Havering, but shared across multiple boroughs, thereby reducing the load on each individual boroughs' service and introducing greater flexibility for school staff.

- **Digitisation**
  A variety of digital innovations continue to be introduced in order to create efficiencies. Examples include the online catch-up and refresher training for school staff and changes to the client database, RiO, which is gradually improving the efficiency of recording and reporting of information.

- **Changes to administration procedures**

In reaching the increased levels of coverage outlined above, NELFT has introduced robust, standardised protocols for booking appointments and follow-ups, and identified common reasons for 'Did Not Attend', which continue to be responded to and addressed.

Despite NELFT's efforts to optimise staffing resources, streamline operations and ultimately control costs, in recent years there has been an unprecedented cost of living crisis. As such, despite the efficiencies made, it has become increasingly difficult to sustain programs and services at their current level. NELFT is committed to maintaining the high standards of performance reached during the contract to date, but is in a position where the requested additional investment is an essential enabler of this. We therefore recommend that greater investment in the service is needed in this instance in order to maintain performance.

OTHER OPTIONS CONSIDERED AND REJECTED

1. Do nothing: To maintain outcomes for children and families, we need to increase investment in the HCP service. Without the additional £100,620 investment, NELFT would need to reassess its ability to fill vacancies as they arise, and if staffing levels are subsequently reduced, this would breach the commitment within the contract to increase staffing to the agreed FTE. £100,620 equates to approximately 1.5 FTE Band 7 staff, or 2.5 FTE Band 4 staff – from a total establishment of 71.8 FTE (consisting of 11 FTE Band 3 staff, 13 FTE Band 4, 12 FTE Band 5, 25.8 FTE Band 6, 9 FTE Band 7 and 1 FTE Band 8b). It is difficult to quantify the impact a reduction in workforce would have on service delivery or outcomes, but any one or more of the following is possible:

a) Caseloads/workload would increase if shared amongst less staff or alternatively, staff in Lead and Champion roles (who have reduced caseloads) would need to resume full caseloads, in which case, additional work within their identified priority areas would cease.
b) The balance of the skill mix team which has been developed and refined over the course of the contract could be disrupted, resulting in inefficient use of higher qualified staff's time or insufficient guidance for lower qualified staff.
c) The quality of the service would be affected due to higher caseloads. For example, coverage of mandated health reviews, whether per se or within stipulated timeframes, would likely be reduced, affecting the performance of the service and outcomes for families.
d) Capacity to attend joint working meetings with other local professionals, groups and forums would be reduced.
e) Additional efficiencies may have to be considered, such as reducing face-to-face contacts and substituting with virtual contacts.

2. Partially fund increase in costs: Using the examples above, funding 50% of the requested amount, at £50K instead of £100K, equates to approximately 0.75 FTE of a Band 7 post, or 1.25 FTE of a Band 4 post. Again, quantifying the impact of this is challenging. Given the progress made during the contract period to date, and efficiencies already implemented, it is inevitable that any reduction in staffing would

impact negatively on this progress and service delivery in the same way as doing nothing, but to a lesser degree.

PRE-DECISION CONSULTATION

There has been no formal consultation with stakeholders or the public with regards to this decision.

NAME AND JOB TITLE OF STAFF MEMBER ADVISING THE DECISION-MAKER

Name: Claire Alp

Designation: Public Health Principal

Signature:  **Date:** 15/01/2025

Non-key Executive Decision

Part B - Assessment of implications and risks

LEGAL IMPLICATIONS AND RISKS

The Council has a statutory duty under Section 12 of the Health and Social Care Act 2012 to take appropriate steps to improve the health of the people who live in its area.

Furthermore, Section 111 of the Local Government Act 1972 gives the Council the power to do anything which is calculated to facilitate, or is conducive or incidental to, the discharge of any of their functions including the recommendations set out in this report.

The contract commenced in 2020 for a period of five years, with options to extend for up to two years. The initial contract value was £2,595,000, which is above the relevant threshold for services under the Public Contracts Regulations 2015 ("PCR") and as such, is subject to the full PCR regime.

The Council can rely on Regulation 72(1)(f) of the PCR to vary the contract, as the modification value of £100,620 is below the PCR threshold for services, represents less than 10% of the initial contract value, and the modification does not alter the overall nature of the contract.

The variation must also comply with the Council's Contracts Procedure Rules ("CPR"). CPR 19.3 allows for variations to a service contract when the modification is below the relevant threshold and constitutes less than 10% of the initial contract value. The recommendation in this report satisfies this ground.

Documents relating to the variation do not need to be published on Contracts Finder.

For the reasons set out above, the Council may vary the contract to implement the additional grant funding.

Legal implications provided by Chris Watson – 17.02.2025

FINANCIAL IMPLICATIONS AND RISKS

The report seeks to agree the uplift of the Healthy Child Programme (HCP) 0-19 24/25 Contract managed by North East London Foundation Trust(NELFT) for an additional sum of £100,620.This contract began in April 2020 and is due to end in March 26/27. The contract value is currently £3,542,000.

The additional funding will be financed by The Public Health Grant for the 0-19 Healthy Child Program.

By not agreeing this uplift could mean that the council may not continue to meet its statutory obligations and continue the enhanced services that it has built up over the past 5 years.

HUMAN RESOURCES IMPLICATIONS AND RISKS (AND ACCOMMODATION IMPLICATIONS WHERE RELEVANT)

Non-key Executive Decision

The recommendations made in this report do not give rise to any identifiable HR risks or implications that would affect either the Council or its workforce.

EQUALITIES AND SOCIAL INCLUSION IMPLICATIONS AND RISKS

The Public Sector Equality Duty (PSED) under section 149 of the Equality Act 2010 requires the Council, when exercising its functions, to have due regard to:

(i) the need to eliminate discrimination, harassment, victimisation and any other conduct that is prohibited by or under the Equality Act 2010;
(ii) the need to advance equality of opportunity between persons who share protected characteristics and those who do not, and;
(iii) foster good relations between those who have protected characteristics and those who do not.
Note: 'Protected characteristics' are: age, sex, race, disability, sexual orientation, marriage and civil partnerships, religion or belief, pregnancy and maternity and gender reassignment.

The Council is committed to all of the above in the provision, procurement and commissioning of its services, and the employment of its workforce. In addition, the Council is also committed to improving the quality of life and wellbeing for all Havering residents in respect of socio-economics and health determinants.

The action undertaken will include monitoring how the service meets the needs of all eligible users, including those from ethnic minority communities and the disabled. The Council will also ensure that potential providers have undertaken equality training and adhere to the Council's Fair to All Policy or their own equivalent.

ENVIRONMENTAL AND CLIMATE CHANGE IMPLICATIONS AND RISKS

The Supplier will minimise the impact on the environment by:

a) Eliminating the need for one use plastics
b) Ensuring that all waste is correctly recycled
c) Utilising public transport when this fits with Infection Protection Control measures
d) Employing locally wherever possible to reduce the environmental impact of travelling to work
e) Employing digital solutions to reduce the need for manual recording and disposable materials.

BACKGROUND PAPERS

[1] Public Health England (2018) The Best Start in Life and Beyond: Improving public health outcomes for children young people: Commissioning Guide 2: Model Specification

[2] HM Government (2021) The Best Start For Life: A Vision for the first 1001 Critical Days

[3] London Borough of Havering (2023). Starting Well JSNA 2023-2024

[4] Office for National Statistics (2024). https://www.nomisweb.co.uk/sources/pest

APPENDICES		
Appendix A	Coverage of five mandated Health Visiting contacts	*Open*

Non-key Executive Decision

Part C – Record of decision

I have made this executive decision in accordance with authority delegated to me by the Leader of the Council and in compliance with the requirements of the Constitution.

Decision

Proposal agreed

Details of decision maker

Signed

Name: Mark Ansell

Cabinet Portfolio held:
CMT Member title: Director of Public Health
Head of Service title
Other manager title:

Date: 25/02/25

Lodging this notice

The signed decision notice must be delivered to Committee Services, in the Town Hall.

Non-key Executive Decision

APPENDIX A – Coverage of five mandated Health Visiting contacts

Figure 2a. Number of antenatal contacts (28-32 weeks pregnancy).

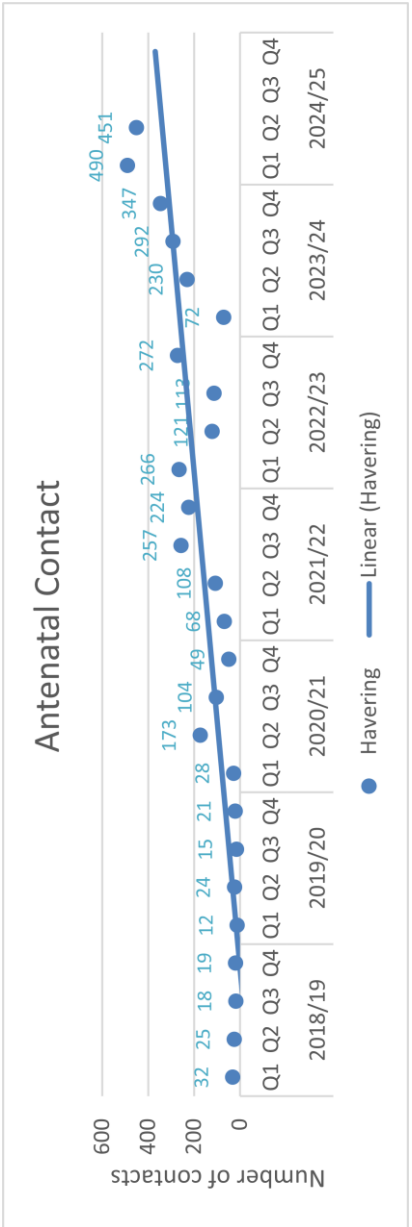


Figure 2b. Proportion of children receiving a New Birth Visit (by 14 days).

Figure 2c. Proportion of children receiving a 6-8 week review (by 8 weeks).

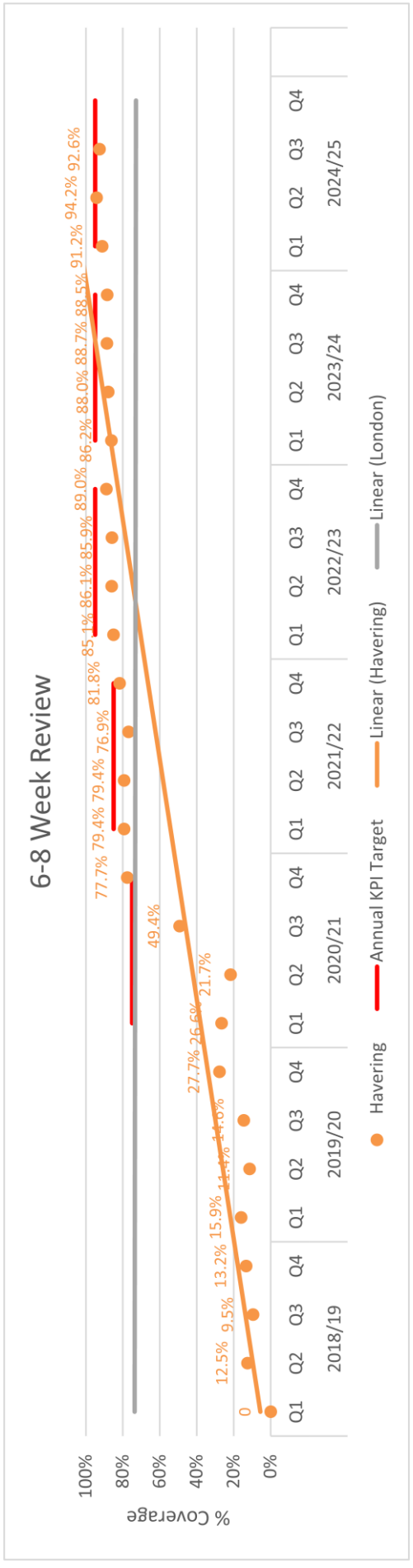
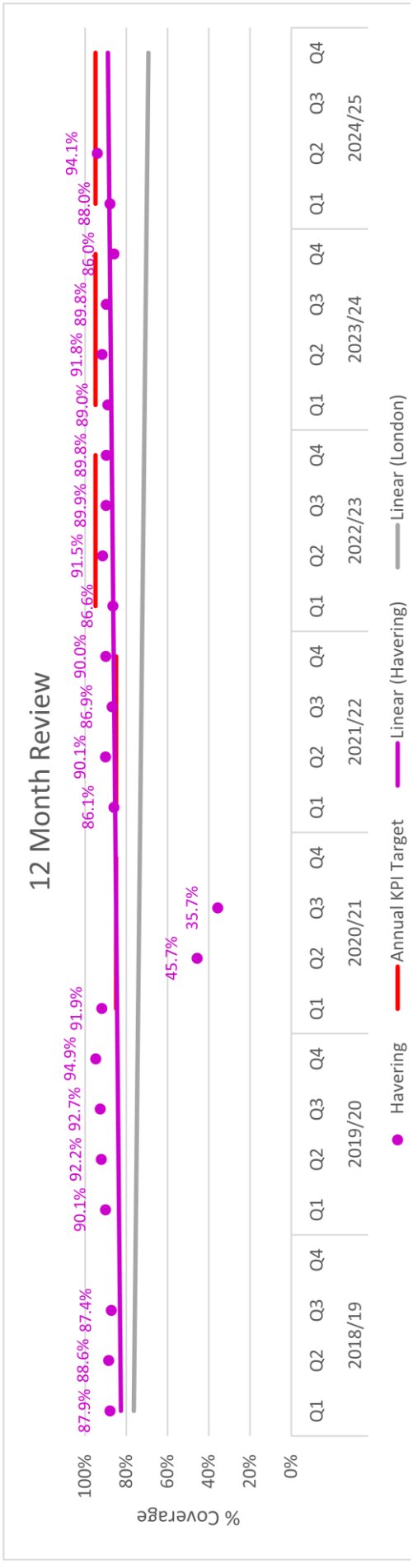


Figure 2d. Proportion of children receiving a 12-month review (by 15 months).



Non-key Executive Decision

For use by Committee Administration

This notice was lodged with me on _____

Signed _____