REPORT FOR: CABINET

Date of Meeting:	17 November 2016
Subject:	Procurement arrangements for public health services for children and families and Sexual and Reproductive Health Services
Key Decision:	Yes (It involves expenditure in excess of £500,000 of revenue expenditure.)
Responsible Officer:	Andrew Howe, Director of Public Health
Portfolio Holder:	Councillor Varsha Parmar, Portfolio Holder - Health, Equality & Wellbeing Councillor Adam Swersky, Portfolio Holder for Finance and Commercialisation
Exempt:	No
Decision subject to Call-in:	Yes
Wards affected:	All
Enclosures:	Health Visiting Equalities Impact Assessment

1. Section 1 – Summary and Recommendations

This report is set out in two parts.

Part 1 focuses on public health services for children and families and sets out the following:

- Why it is necessary to extend the Health Visiting contract with the current provider;
- An overview of the recent history, and performance of the current provider to date;
- The request for approval to review the Health Visiting service with a view to re-procure the service along with options for consideration

Part 2 focuses on Sexual Health and Reproductive Services and sets out the following:

- Why a an extension is required for the Genito-Urinary Medicine (GUM) and Contraception and Sexual Health (CASH) services contracts until 30 September 2017;
- An update on the Outer North West London sub-region Sexual and Reproductive Health Procurement.

Recommendations:
Cabinet is requested to:

- Approve the extension of the current contract for **Health Visiting Services** with London North West Healthcare NHS Trust until 30 December 2017;
- Delegate authority to the Director of Public Health to procure a new **Health Visiting Service** to be implemented by 1 January 2018, with the option to extend the scope of the service to include 5 – 19 year olds (delivered by the current school nursing service) and/or to collaborate with other local authorities;
- Delegate authority to the Director of Public Health to award the new contract to the successful bidder, following consultation with Portfolio Holders for Health, Equality and Wellbeing, Children, Schools & Young People and Finance & Commercialisation, along with Corporate Director for People Services and Director of Finance;
- Approve the extension of the **Genito-Urinary Medicine (GUM) and Contraception and Sexual Health (CASH) services** contracts until 30 September 2017;
- Note the progress on the procurement of an integrated **Sexual and Reproductive Health Service** for the Outer North West London sub-region (including Harrow Council).

Reason: (For recommendations)
It is a statutory responsibility to deliver a Health Visiting service. Local authority responsibilities are set out in the Statutory Instrument 2015 No 921 dated 23 March 2015.[1]

Local Authorities also have a duty under the Health and Social Care Act 2012 to provide sexual health services (including GUM and CaSH services).

The contracts in question have individual contract values in excess of £500,000 and therefore the contracts Cabinet approval is required to extend existing contracts or re-procure services.

[1] http://www.legislation.gov.uk/uksi/2015/921/pdfs/uksi_20150921_en.pdf

Section 2 – Report

Part 1 - Public Health Services for Children and Families

2. Introduction

2.1.1. The Health Visiting service is a key part of Harrow Council's drive to improve the health and wellbeing of local children and young people and their families. The transfer of the commissioning responsibility for Health Visiting to the Council from the NHSE (in October 2015) and the new School Nursing Service (which commenced in January 2016) will ensure a consistent and co-ordinated approach to the commissioning of a key public health services for children and young people from the age of 0 -19. It will also assist the council in meeting its priority to "protect the most vulnerable and support families." Harrow's Health and Wellbeing Strategy 2016-2020[2] sets out the Council's commitment to enabling children to "Start Well" so that "children from the womb to adulthood [can] be safe, happy and have every opportunity to reach their full potential."

2.1.2. A number of key development factors are set out in the Strategy that the health visiting service has a direct impact on. This includes:

- Good attachment between mother/caregiver and child
- Effective parenting
- Breast-feeding (and impact on later healthy weight)
- Post-natal depression

2.2. Options considered

2.2.1. Option 1

Do nothing: Continuing with the current Health Visiting Service is not an option. The Health Visiting Service is currently operating under the NHSE service specification and contract which was novated in October 2015. Due to the value of the contract, being in excess of £500,000, in order to comply with corporate procurement rules (CPRs), there is a requirement to re-procure this service. Public Health will also want to review the current service to ensure that it meets need and delivers good quality and effective services, and good value for money.

2.2.2. Option 2

To re-procure a public health service for children aged 0 – 5 only (a Health Visiting Service) for implementation by 1 January 2018. There is a need to integrate Health Visiting and School Nursing services to ensure service continuity and transitional arrangements are in place to prevent vulnerable children slipping through the net as they move from early years and into school. This option will not deliver this aspiration.

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2 https://www.harrow.gov.uk/www2/documents/s130914/DRAFT%20Harrow%20Health%20and%20Wellbeing%20Strategy%202016-20%20FINAL%20UPDATED.pdf

2.2.3. Option 3

To re-commission an integrated public health service for children and young people (CYP) aged 0 -19 for implementation by 1 January 2018. This is the preferred option, as it will enable the Council to coordinate a consistent and seamless approach to the Healthy Child Programme. It is envisaged that the development of this strategy will involve the merger of the Health Visiting and School Nursing services into one contract, which will lead to improved outcomes for CYP, better value for money and economies of scale. There will need to be further discussions with legal on how best to align the timescales for both contracts.

3. Background

3.1.1. This contract was novated to Harrow Council on 1 October 2015 when responsibility for commissioning health visiting in England transferred from NHS England to local authorities. Cabinet agreed at its meeting on 17 September 2015 that the novated contract should run until 30 April 2017.[3] The current service, which is delivered by London North West Healthcare NHS Trust (LNWHT), is currently operating under the national service specification (2014) and the novated NHS contract.

3.1.2. Health Visiting Services developed in the voluntary sector in the 19th century, becoming a statutory service under local government in 1929, before moving to the NHS in 1974. It has now come full circle in moving back to being the responsibility of local authorities as of 1 October 2015 following the changes as a result of the Health and Social Care Act 2012.

3.1.3. Local authorities are responsible for the delivery of a Health Visiting Service in accordance with Statutory Instrument 2015 No 912 dated March 2015.[4] In regard to Health Visiting the main responsibilities are to deliver the Healthy Child Programme for 0-5s[5] and the five mandated checks. (See below.)

3.1.4. **The Health Visiting Service:** In terms of a working model to translate the Healthy Child Programme into something pithier for Health Visitors the Government has drawn up what is called the 4-5-6 model.[6]

3.1.5. The **'4'** describes the four levels of client groups the service should be working with:

Level	Description
• Your community	Health Promotion events, breastfeeding support groups

[3] https://www.harrow.gov.uk/www2/ieListDocuments.aspx?CId=249&MID=62616#AI96852, see Agenda item 250.
[4] http://www.legislation.gov.uk/uksi/2015/921/pdfs/uksi_20150921_en.pdf
[5] https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/167998/Health_Child_Programme.pdf
[6] https://vivbennett.blog.gov.uk/wp-content/uploads/sites/90/2015/03/4-5-6-Model.pdf

Level	Description
• Universal	New Birth Visits, mandated checks, weaning support, immunisations
• Universal plus	Vulnerable, A+E referrals, mental illness, teenage parents, substance misuse, multiple births, disabilities/SEN
• Universal partnership plus	Safeguarding, CP, CIN, LAC, DV

3.1.6. The **'5'** refers to the five mandated checks:

- Antenatal
- New baby
- 6 – 8 weeks
- 1 year
- 2 – 2 ½ years

3.1.7. The **'6'** refers to the six areas where health visitors can have the most impact:

- Transition to parenthood
- Maternal mental health
- Breastfeeding
- Healthy weight
- Managing minor illness & accident prevention
- Healthy 2 year olds & school readiness

3.1.8. **Key Activity Levels -** The recommended caseload for the Health Visiting Service is 300 for an area with Harrow's levels of deprivation.[7] On 1 June 2016, the average Health Visitor caseload size in Harrow was 645 which was more than twice the recommended levels. During the same period, the caseload was as follows for each levels of the Healthy Child Programme:

- Universal Caseload: 19,000 approx.
- Universal Plus: 800 Children approx.
- Universal Partnership Plus: 499 Children (of whom 55 children on CP Plan, remaining 442 are CIN and children with complex needs)

3.2. Why a change is needed

3.2.1. As set out above, the current Health Visiting contract expires on 30 April 2017. We need to formally extend the contract with LNWHT for an interim period in order to plan for the service we require for the future.

[7] CPHVA: Cowley S. A Christine Bedmead: What is the right size for a health visiting caseload?, Community Practitioner, 2009 http://www.unitetheunion.org/uploaded/documents/Sarah%20Cowley%20Controversial%20Questions%20Pt111-9051.pdf#page=3)

4. Implications of the Recommendation Considerations

4.1. Staffing/workforce

The Health Visiting Service is delivered by London North West Healthcare NHS Trust (LNWLT) and the School Nursing Service is delivered by Central London Community Healthcare NHS Trust (CLCH). Both services are carrying a full complement of staff and have improved their vacancy rates significantly in recent years. An integrated service will lead to a greater skill mix of specialist and non-specialist who will be able to cater for the full age range. TUPE implications are likely to apply to staff who are displaced through the procurement process as we reduce contracts from 2 to 1.

4.2. Performance Issues

The health visiting service is measured against the five mandated checks. See Harrow performance for 2015/16 below:

Current Performance

		15/16				16/17
	KPI	**Q1**	**Q2**	**Q3**	**Q4**	**Q1**
1	Number of mothers who received a first face to face antenatal contact with a Health Visitor.	13	17	18	5	94
2	Percentage of births that receive a face to face NBV* within 14 days by a Health Visitor	90.9%	90.0%	88.4%	91.0%	90%
3	Percentage of children who received a 6-8 week review by the time they were 8 weeks.	3.2%	2.3%	64.9%	86.8%	63%
4	Percentage of children who turned 15 months in the quarter, who received a 12 month review, by the age of 15 months.	4.9%	14.9%	4.8%	7.6%	22%
5	Percentage of children who received a 2-2½ year review	3.3%	3.2%	2.1%	8.4%	14%

* NBV = New Birth Visit

4.2.1. In quarters 1 and 2, the percentage of New Birth Visits completed within 14 days in Harrow was above the London average by approximately 2-3%; however performance against this indicator fell below this marker by approximately 1% in quarter 3. Commissioners are concerned by this drop in performance and will continue to monitor and challenge the provider to improve this as we work towards procuring a new service.

Comparative performance with statistical neighbours for Q1 2016/17[8]

	Percentage of births that receive a face to face New Birth Visit (NBV) within 14 days by a Health Visitor	Percentage of infants who received a 6-8 week review by the time they were 8 weeks	Percentage of children who received a 12 month review by the time they turned 15 months	Percentage of children who received a 2-2½ year review
England	**87.6%**	**81.6%**	**82.1%**	**76.3%**
London	**91.2%**	**50.8%**	**59.1%**	**49.4%**
Harrow	**90.2%**	**63.4%**	**22.3%**	**14%**
Barnet	94.9%	n/a	75.9%	63.1%
Brent	88.8%	38.4%	19.5%	23.1%
Ealing	89.5%	63.5%	32.2%	25.2%
Hillingdon	91.3%	93.7%	70.5%	73.4%
Hounslow	96.3%	90.7%	53.1%	41.5%
Kingston upon Thames	79.2%	96.4%	21.5%	53.3%
Merton	90.5%	60.8%	62.1%	46.8%
Redbridge	89.4%	82.6%	62.3%	40.4%
Sutton	88.9%	80.4%	74.4%	67.8%
Slough	94.2%	94.3%	78.8%	82.6%

4.3. Environmental Implications

There are no environmental implications relating to these services.

4.4. Risk Management Implications

4.4.1. The growth in the child population in recent years has placed huge pressures on both the Health Visiting and School Nursing Services. The re-procurement of these services will lead to benefits as previously highlighted in this report; but will not eliminate the increasing demand and complexity of need placed on the Service, particularly in relation to safeguarding. Both Services have highlighted the increase in safeguarding cases; with the current caseload being higher than recommended, it is important that adequate resources are available to fund these new services.

4.4.2. If insufficient resources are made available to procure these new services there is a risk of a failed procurement as providers refuse to bid to deliver a new service that they believe to be unsafe and financially unviable.

4.4.3. Health Visiting and School Nursing are statutory services whose performance has to be reported nationally. Poor performance could

[8] http://www.chimat.org.uk/transfer

lead to reputational risks as well as complaints from residents, schools and partners. If the recommendations in this report are approved, the new procurement process would include a separate risk register.

4.5. Legal Implications

4.5.1. The extension of the Health Visiting Services contract for at least 9 months is necessary as the current contract ends in March 2017 and commissioners require time to develop an overall strategy and commence the tendering exercise for public health services for children and families in conjunction with other services.

4.5.2. Modification of these contracts is permitted under the Public Contracts Regulations 2015 (PCR) as a change of provider in April 2017 cannot be made for "*economic or technical reasons*" as it would result in "*significant inconvenience or substantial duplication of costs for the contracting authority*".

4.5.3. In addition, the change is permissible because it will not result in an increase in price of more than 50% of the value of the original contract.

4.5.4. The Council also intend to issue a notice to the EU Publications Office advising of the modification of the contracts.

4.6. Financial Implications

4.6.1. The Public Health Grant is currently ring fenced for the provision of both mandatory and discretionary public health services however given the current financial climate it is likely that in future years the allocation will be reduced in line with other reductions to local government funding and in the longer term, transferred into councils revenue support grant.

4.6.2. In light of the financial challenges across the health and social care economy in Harrow, the impact of changes in expenditure arising from the procurement processes and award of any contracts will result in contractual obligations with the provider for services which will need to be contained within the annual grant amount and being funded by external grant, cannot be guaranteed in the longer term. The annual budget process will determine the level of available funding in future financial periods and any proposals reflected in future commissioning intentions.

4.6.3. In economic terms alone, sexual health and reproductive services, health visiting and school nursing account for approximately 55% of the current annual public health grant.

4.6.4. The annual contract value for the Health Visiting Service has remained at £2,864,004 since it was novated from NHS England, and was funded by an increase in the Public Health grant allocated to Harrow. The current annual contract value for the School Nursing Service (following its re-procurement in 2015) in 2016/17 is £678,435 (with the

contract cost reducing annually by 2.5%). If these services are merged there will be opportunities to align these budgets and achieve better value for money.

4.7. Equalities implications / Public Sector Equality Duty

An initial EQIA has been completed. See attached. When the service is retendered a full EqIA will be drawn up in consultation with users and partners.

5. Council Priorities

5.1. The procurement of new integrated public health service for children and families will enable the Council to meet the following priorities:

- Making a difference for the vulnerable
- Making a difference for communities
- Making a difference for families

5.2. This will be achieved by delivering the Healthy Child Programme in partnership with local families and communities. The implementation of the 4-5-6 model will ensure that the needs of vulnerable children and families are identified early and addressed in a timely manner. http://moderngov:8080/documents/b20368/Tabled%20Documents%20Thursday%2025-Feb-2016%2019.30%20Council.pdf?T=9

Part 2 – Integrated Sexual and Reproductive Health Services

6. Introduction

6.1.1. Integrated Sexual and Reproductive Health Services were formerly known as Genito-Urinary Medicine (GUM) and Contraception and Sexual Health (CASH) services.

6.1.2. The London Boroughs of Harrow, Brent and Ealing are collaborating as part of the Outer NW London sub-region to procure an integrated Sexual and Reproductive Health Service. Harrow Public Health Team and Harrow Procurement Team have been leading the procurement of these services. As the current services expire on 31 March 2017, it was hoped that the newly procured service would commence on 1 April 2017; unfortunately, due to unforeseeable circumstances, this may not be the case.

6.2. Options considered

6.2.1. The current Genito-Urinary Medicine (GUM) and Contraception and Sexual Health (CASH) services expire on 31 March 2017. Due to unforeseeable circumstances the procurement process has been delayed and it is unlikely that the new service will be in place by 1 April 2017, when the current contract expires**.** Although the current contracts do not contain scope for extension, there is provision within the Public Contracts Regulations 2015 to modify the contracts. This

will allow commissioners time to complete the procurement process and for the winning bidder to successfully mobilise the new service.

6.3. Background

6.3.1. On 10 December 2015 Cabinet approved the following recommendations:

- The Council's participation in North West London (NWL) outer sub-regional arrangements, with Brent Council and Ealing Council for the procurement of Genitourinary Medicine (GUM) and Contraception and Sexual Health Service (CaSH) Services and other local Authority commissioned sexual health services (primary care sexual health services, outreach and prevention including HIV).
- Delegation of authority to award contracts, … to the Director of Public Health (or appropriate Director), following consultation with the Corporate Director of People, Chief Financial Officer and the Portfolio Holders for Finance and Major Contracts and Public Health, Equality and Wellbeing (or appropriate alternatives).

6.3.2. The procurement process is well underway. On 25 August 2016, the market was invited to express an interest in this procurement opportunity. The opportunity was published on the London Tenders Portal and in the Official Journal of European Union (OJEU). Bidders were invited to submit a completed Pre-Qualification Questionnaire (PQQ) by 13 September 2016. Following the evaluation of the PQQ, successful bidders were invited to submit a tender to the next stage of the process on October 2016, the Invitation to Participate in Negotiations (ITPN). The closing date was 7 November and the evaluation process is now well underway.

6.3.3. Indicative Procurement Timetable for Integrated Sexual and Reproductive Health Services

Stage	Dates
Expressions of interest	
OJEU advert issued	25th August 2016
Deadline for receipt of Pre-qualification questionnaire (PQQ) and Invitation to Participate in negotiation	13th September2016
Evaluation of PQQ information against selection criteria and determine shortlist to negotiate with	14th – 16th September 2016
Reduction of number of bidders following evaluation of PQQ; all bidders notified of outcome	19th – 21st September 2016

Stage	Dates
Negotiation stage	
Issue Invitation to Participate in Negotiations (ITPN)	6th October 2016
Deadline for Initial Tenders	7th November 2016
Initial Tender Evaluation	8th November 2016
[Evaluation of Initial Tenders]	8th 14th November 2016
[Reduction of number of Tenderers following evaluation of Initial Tenders; all Tenderers notified of outcome]	15th November 016
[Issue updated ITPN (if required)]	
Negotiation meetings with Tenderers	15th November – 22nd November 2016
Close of Negotiation phase **call for Final Tenders**	23rd November 2016
Deadline for receipt of Final Tenders	30th November 2016
Evaluation of Final Tenders	1st – 6th December 2016
Internal approvals process completed [Drafting note: we would like to understand the approvals process and anticipated approvals required]	7th December – 1st January 2017
Preferred Tenderer stage	
Standstill letters issued	3rd January 2017
Standstill period expires	13th January 2017
Contract Award	16th January 2017
Mobilisation Period	17th January 2017 – 31st March 2017
Commencement of Services is expected to be	1st April 2017

7. Why a change is needed

7.1.1. The new service will provide an effective local sexual health system, which will respond with flexibility to changing needs, in partnership

with primary care and other providers. It will deliver open access, integrated sexual health care and prevention, including the testing, diagnosis and treatment of Sexually Transmitted Infections (STIs) and Human Immunodeficiency Virus (HIV) and contraception, in accessible services that are relevant to each borough's population needs.

7.1.2. This is part of the London Sexual Health Transformation Programme (LSHTP) which involves all London boroughs. Outer North West London (ONWL), as part of the LSHTP, aims to deliver a new model of clinical service delivery which is fully integrated with the new London on-line self-sampling service. The LSHTP participating boroughs will be able to benefit from any service procured by the ONWL Sub Region in respect, in respect of the open access nature of sexual health services.

7.1.3. The participating boroughs are looking for an innovative approach to the provision of an integrated sexual health service.
The successful bidder will need to deliver:

- High quality clinical services
- Effective demand management during the life of the contract
- Improved public health outcomes with a particular focus on reducing late HIV diagnosis, unwanted pregnancies and the incidence of sexually transmitted infections (STIs) amongst high risk groups
- Effective use of limited resources, whilst providing excellent value for money and social value
- The delivery of a system-wide approach including strong collaboration and sub-contracting arrangements with key partners, as the lead provider.

7.1.4. The service will be characterised by:

- A 'hub and satellite' model of delivery across the sub-region
- One Hub for the Sub-region - Specialist services to be accessible via practitioner referral (only)
- Satellite services – to provide routine services on an 'open access' basis at various locations across each borough, targeting provision where there is greatest need and at high risk and vulnerable groups.

8. Implications of the Recommendation Considerations

8.1. Staffing/workforce

The services currently commissioned across the sub-region are delivered by LNWLT (in the main) and other NHS and voluntary organisations. The new model requires a better skill-mix and more integrated provision across GUM and CASH.
TUPE implications are likely to apply to staff that are displaced through the procurement process.

8.2. Performance Issues

In 2014/15 12,980 local residents accessed the local CaSH service. The total percentage of Harrow residence attendances at the local CaSH service represented 88.9%.
There were 11839 attendances in all GUM services across London in 2015/16, of which 58% were at Northwick Park Hospital. Fifty-four percent of all resident patients attended the local service at Northwick Park.

Harrow residents attending GUM services 01/04/2015 – 31/03/2016

	Number of patients	New Attendances	Follow-up Attendances	Total Attendances
Harrow residents attending all GUM clinics in England	6913	9427	2412	11839
Harrow residents attending local GUM services at Northwick Park	3729	5185	1726	6911

Performance in the local GUM service exceeded and met the agreed target

LNWHT performance data for 2015/16			
Item	**Indicator name**	**2015/16 Achievement**	**Target**
1	Percentage of people with needs relating to STIs contacting a service who are offered to be seen or assessed with an appointment or as a 'walk-in' within two working days of first contacting the service.	**99.3%**	**98%**
2	Percentage of people with needs relating to STIs who are **offered** an HIV test at first attendance (excluding those already diagnosed HIV positive).	97.6%	97%
3	Percentage of people with needs relating to STIs who have a **record of having** an HIV test at first attendance (excluding those already diagnosed HIV positive).	88.3%	80%

8.3. Environmental Implications

There are no environmental implications relating to these services.

8.4. Risk Management Implications

8.4.1. This proposal will mitigate the risk associated with continuing to commission the current service and will enable us to procure an integrated new SRH service for the sub-region which improves outcomes and delivers better value for money.

8.4.2. Although the procurement process is well underway, we would like to mitigate the risk of any further delays at the end of the process by obtaining an approval for a contract extension in advance of contract award to the successful bidder.

8.4.3. If the incumbent provider is not successful – an extended mobilisation period will be required - this will afford us any additional time.

8.5. Legal Implications

8.5.1. The extension of the of the GUM and CASH services contracts for 6 months, is necessary to allow for the successful completion of the current tender exercise and mobilisation process.

8.5.2. Modification of these contracts is permitted under the Public Contracts Regulations 2015 (PCR) as a change of provider in April 2017 cannot be made for "*economic or technical reasons*" as it would result in "*significant inconvenience or substantial duplication of costs for the contracting authority*".

8.6. Financial Implications

8.6.1. The Public Health Grant is currently ring fenced for the provision of both mandatory and discretionary public health services however given the current financial climate it is likely that in future years the allocation will be reduced in line with other reductions to local government funding and in the longer term, transferred into councils revenue support grant.

8.6.2. In light of the financial challenges across the health and social care economy in Harrow, the impact of changes in expenditure arising from the procurement processes and award of any contracts will result in contractual obligations with the provider for services which will need to be contained within the annual grant amount and being funded by external grant, cannot be guaranteed in the longer term. The annual budget process will determine the level of available funding in future financial periods and any proposals reflected in future commissioning intentions.

8.6.3. The current Public Health budget includes £2.641m in relation to sexual health services. Of this amount approximately £1.9m relates to GUM services and the balance of £0.7m family planning services. These services are largely provided by the current provider LNWHT, although services are provided to Harrow residents attending services out of the borough and funded within this financial envelope.

8.6.4. GUM services are currently paid for on a 'payment per unit of activity rather than on the contracts for Contraception and Sexual Health (CaSH) service which are block contracts. This procurement exercise will result in all services being paid for on a per unit basis, with unit costs being agreed on commencement of the contract, rather than on an annual basis which is time consuming with costs not being known until the annual negotiation is complete.

8.6.5. The current procurement, together with the pan London collaboration to divert low risk activity appropriately away from higher cost clinic environments will assist in managing this demand led mandatory service within a reducing financial envelope.

8.7. Equalities implications / Public Sector Equality Duty

8.7.1. The Council will need to comply with the Equality Act 2010 in the provision of Public Health Services and the NHS Constitution when making decisions affecting the delivery of public health in its area. An Equality Needs Assessment, which was submitted with the December 2015 Cabinet Report, concluded that although there is a disproportionate prevalence of sexually transmitted diseases amongst certain groups resulting in poor outcomes for these groups, this procurement would deliver better value for money whilst achieving improved outcomes for high risk and vulnerable and the whole community.

9. Council Priorities

9.1. The procurement of new integrated public health service for children and families will enable the Council to meet the following priorities:

- Making a difference for the vulnerable
- Making a difference for communities
- Making a difference for families

9.2. This will be achieved by delivering the Healthy Child Programme in partnership with local families and communities. The implementation of the 4-5-6 model will ensure that the needs of vulnerable children and families are identified early and addressed in a timely manner. http://moderngov:8080/documents/b20368/Tabled%20Documents%20Thursday%2025-Feb-2016%2019.30%20Council.pdf?T=9

9.3. The procurement of integrated sexual health services will enable the Council to meet is priorities to improve the health and wellbeing of local residents. These services ensure that vulnerable residents have access to the information, support, diagnosis and treatment they require to achieve optimum health.

Section 3 - Statutory Officer Clearance

Name: …Donna Edwards…… Date: 10 October 2016……..	√	on behalf of the * Chief Financial Officer
Name: …Sarah Inverary…… Date: ……14 October 2016……..	√	on behalf of the * Monitoring Officer

Ward Councillors notified:	**NO, as it impacts on all Wards**
EqIA carried out:	**YES**
EqIA cleared by:	Carol Yarde

Section 4 - Contact Details and Background Papers

Contact: Audrey Salmon, Head of Public Health Commissioning (Barnet and Harrow Joint Public Health Service) – audrey.salmon@harrow.gov.uk

Jonathan Hill-Brown – Public Health Commissioning Manager – Barnet and Harrow Joint Public Health Service) – Jonathan.Hill-Brown@harrow.gov.uk

Background Papers: None

Call-In Waived by the Chair of Overview and Scrutiny Committee	**NOT APPLICABLE** *(Call in applies)*