

0-19 years commissioning Sector Led Improvement Review (London region)

Summary of Learning

March 2022

Executive Summary

Sector Led Improvement (SLI) is the term used by local government for a self-assessment and peer-review approach to service improvement that is independent of formal external inspections. It presents an opportunity to improve practice and outcomes whilst demonstrating transparency and accountability to internal and external stakeholders.

ADPH London SLI Programme Board identified Children and Young People (CYP) as an area of SLI interest; it was agreed that commissioning of Health Visiting (HV) and School Nursing (SN) services would be the focus. The SLI review was conducted from 2019 to 2022, with a pause from Spring 2020 to Spring 2021 and a change to the approach to allow for boroughs to focus on the Covid pandemic response. The review was split into three phases:

- Phase 1: Develop and pilot a self-assessment tool (SAT)
- Phase 2: London boroughs complete self-assessment tool and partake in peer review workshops
- Phase 3: Pan London learning event and next steps

Top priorities for boroughs on HV and SN include tackling health inequalities, and the needs of service users. Common themes that have emerged throughout the review are outcomes, service models, delivery models, workforce, integration and partnership working.

Contents

Glossary	3
What is Sector Led Improvement (SLI)?	4
London SLI Review on Health Visiting (HV) and School Nursing (SN) services	4
Aim and Objectives	4
Method	4
Phase 1: Develop and pilot a self-assessment tool (SAT)	5
Phase 2: London boroughs complete SAT and partake in peer review workshops	5
Phase 3: Pan London learning event and next steps	6
SLI Review Summary Table	8
Next steps	9
Did we achieve the aims and objectives?	10
Reflections on delivery of the SLI Review	11
Acknowledgements	12

Glossary

ADPH UK – Association of Directors of Public Health (National office)

ADPHL - Association of Directors of Public Health (London office)

ALDCS – Association of London Directors of Children’s Services

BCYP - Babies, Children and Young People

CAMHS – Children and Adolescent Mental Health Services

CCG – Clinical Commissioning Group

COVID-19/Covid – Coronavirus

C(s)PH – Consultant(s) in Public Health

CQC – Care Quality Commission

CYP – Children and Young People (0-19 years)

DCS – Director of Children’s Services

D(s)PH – Director(s) of Public Health

GLA – Greater London Authority

HCP – Healthy Child Programme

HV – Health Visiting

ICS – Integrated Care System

iHV – Institute of Health Visiting

iPiP - Institute of Performance in Practice

LA – Local Authority

LB – London Borough

LGA – Local Government Association

NCL – North Central London

NEL – North East London

NWL - North West London

OHID – Office for Health Improvement and Disparities

ONS – Office for National Statistics

PHE – Public Health England

SAT – Self Assessment Tool

SCPHN - Specialist Community Public Health Nursing

SEL – South East London

SLI – Sector Led Improvement

SN – School Nursing

STP – Sustainability and Transformation Plan

SWL – South West London

T&F – Task and Finish

What is Sector Led Improvement (SLI)?

Sector Led Improvement (SLI) is the term used by local government for a self-assessment and peer-review approach to service improvement that is independent of formal external inspections. It presents an opportunity to improve practice and outcomes whilst demonstrating transparency and accountability to internal and external stakeholders¹.

In August 2015, the Association of Directors of Public Health UK published a framework highlighting the key points²:

- The purpose of SLI is to provide confidence to both internal and external stakeholders and the public in demonstrating continuous improvement in public health practice
- It should provide demonstrable evaluation, challenge and measurement of improvement
- Increased learning and knowledge

London SLI Review on Health Visiting (HV) and School Nursing (SN) services

The ADPH London SLI Programme Board identified Children and Young People (CYP) as an area of SLI interest given policy levers including best start in life, the Mayor's Health Inequality Strategy, with a focus on where the Public Health Grant has direct influence. It was agreed that commissioning of Health Visiting (HV) and School Nursing (SN) services would be the focus.

Aim and Objectives

The overarching aims of the SLI review were:

- To inform future standards for School Nursing, Health Visiting, and interface with other CYP services.
- To aid improved public health provision for children and young people across London
- To develop and strengthen partnership working with the Association of London Directors of Children's Services (ALDCS) and support the development of a shared CYP agenda.

The objectives were:

- To develop a self-assessment tool in collaboration with Public Health and Children Services professionals, to review Health Visiting and School Nursing practice in London
- To engage all (33) London boroughs in the CYP SLI thematic review
- To conduct a peer review process in line with the principles of SLI
- Identify and develop areas for improvement locally and across London for CYP
- To utilise the opportunity to strengthen collaboration between the London Directors of Public Health (DsPH) and Directors of Children's Services (DsCS)

Method

The review was conducted from 2019 to 2022, with a pause between Spring 2020 to Spring 2021 and a change to the approach to allow for boroughs to focus on the Covid pandemic response. The key SLI methods would include:

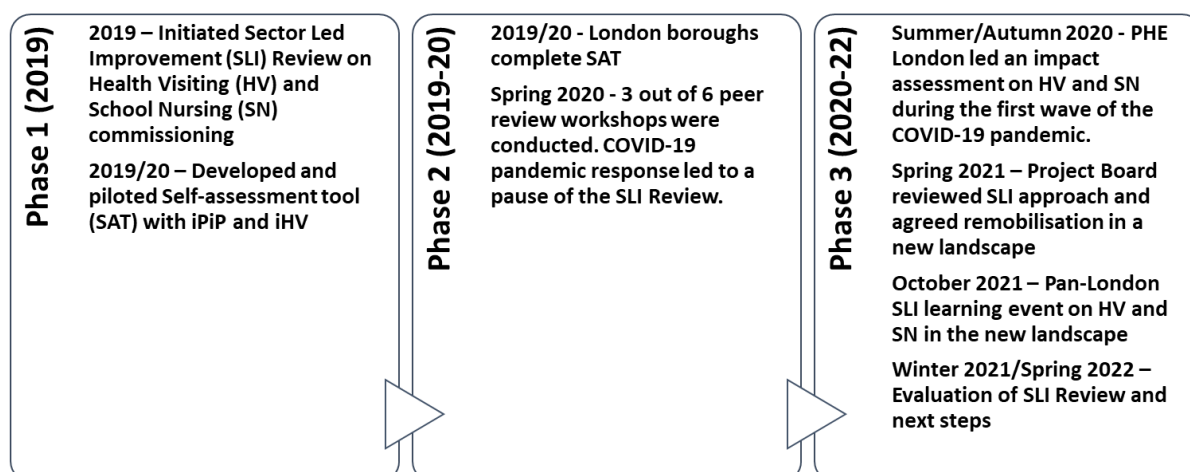
- Challenges – including self-assessment and peer to peer challenge
- Problem solving – including collaborative workshops to share and tackle wider issues at local and regional level
- And sharing – including best practice workshops, and sharing innovation and learning

The review was split into three phases:

- **Phase 1: Develop and pilot a self-assessment tool (SAT)**
- **Phase 2: London boroughs complete self-assessment tool and partake in peer review workshops**
- **Phase 3: Pan London learning event and next steps**

¹ <https://www.local.gov.uk/our-support/our-improvement-offer/what-sector-led-improvement>

² <https://www.adph.org.uk/wp-content/uploads/2016/04/PH-SLI-Framework.pdf>



Below is a high-level summary of the Phases and findings, full details of these phases can be found in the appendices.

Phase 1: Develop and pilot a self-assessment tool (SAT)

In 2019, ADPH London and London Councils commissioned the Institute for Health Visiting (iHV) and Institute of Performance in Practice (iPiP) to develop a self-assessment tool for Health Visiting and School Nursing commissioning with a small working group with the following representatives:

- Directors of Public Health, Consultants in Public Health and Public Health Leads from London boroughs
- Associate Director and CYP commissioners from London boroughs and/or Clinical Commissioning Group (CCG)
- Office for Health Improvement and Disparities London Office (formerly Public Health England)
- Association of London Directors of Children's Services (ALDCS)
- London Councils
- ADPH London
- and Greater London Authority

This process involved a rapid evidence review, and a data insights working group to determine key indicators for borough data profiles as part of the SLI process.

The tool was designed to encourage collaboration and engagement and involves recording of the justification/evidence for the assessment scores on areas around Leadership, Service Provision and Outcomes. It is intended to be an improvement resource for commissioning of Health Visiting and School Nursing services, and not as an inspection or benchmarking process.

Four London boroughs piloted the tool; each borough nominated a lead officer and were encouraged to identify and engage with partners locally (internal public health and CYP teams/services and providers) to complete the tool over a period of six weeks. Feedback on the self-assessment process was mainly positive, with suggestions to increase time for completion, and minor adjustments for technical usability and questions/statements. There was also a variation in the way nominated officers engaged with local partners to complete the tool.

Phase 2: London boroughs complete SAT and partake in peer review workshops

Following the Phase 1, all London boroughs were invited to take part in the SLI Review through completion of the SAT and participating in a peer-review workshop. Each borough had a nominated lead officer from the borough (mainly a commissioner or a public health lead) as the key point of contact for completion and engagement with local partners. Following feedback from the pilot phase, the tool template had minor amendments, and boroughs were given 10 weeks to complete their SAT (with extensions provided for boroughs where necessary).

In total, 25 boroughs submitted their completed SATs (excluding the four pilot boroughs), and data was grouped and analysed by OHID London (formerly PHE). Key findings from the time this exercise was conducted were as follows:

- The top strategic priorities across all five ICSs in London in 2019 were 'Mental Health and Wellbeing', 'Best Start in Life', and 'Reducing inequalities'
- Four out of five ICSs top contributions were 'Reducing inequalities through provision of targeted services' and 'Empowering families and communities'
- The most important objectives for HV and SN across all five ICSs in London was 'Health promotion' and delivery of the Healthy Child Programme
- SAT scoring and evidence for practices around Leadership, Service provision and Outcomes were similar across all ICSs

In February 2020 a series of face-to-face workshops was planned (from Feb to Apr 2020), with each workshop consisting of four to six London boroughs, all carefully mixed with the following factors considered: ICS location, Spend and outcome category, English indices of deprivation (2019), and Office for National Statistics (ONS) area classification. The objectives of the peer review workshops were:

- To challenge boroughs whilst offering an opportunity for the identification of common issues and collaborative problem solving.
- To identify local improvement actions for all boroughs.
- To identify where collaborative action could be taken on common issues.

Each peer review workshop was facilitated by:

- A Director of Public Health (DPH)
- OHID (formerly PHE) London Regional Lead Nurse for Safeguarding and CYP
- And a member from the Project Board

Each nominated lead was invited to bring up to three officers from their borough to the workshop. Providers could also join and contribute to the peer review workshops if there was an agreement across all boroughs in the group that they could attend. Service providers were unable to participate if there was a potential for conflict of interest with borough(s) recommissioning their HV and SN services.

In total, three out of six workshops were conducted with 14 boroughs including the pilot boroughs participating. The rest of the workshops were cancelled due to the Covid pandemic. Common challenges and developmental areas raised in the workshops were around: workforce; service delivery; outcomes; partnership working and innovation. Other key points that were raised in the workshops were around: shared learning of models of service, lobbying opportunities, and imbalance resourcing of SN vs HV services.

The Covid pandemic had also impacted local improvement plans and feedback from boroughs following the workshops. Six boroughs completed a feedback survey (10 respondents), and three boroughs submitted their local improvement plans with plans to: review service models, engaging with wider partners, and sharing practice with peer review colleagues. In March 2020 the SLI Review was paused, with the three remaining workshops, improvement plans and a pan-London SLI learning event cancelled.

Phase 3: Pan London learning event and next steps

In Summer/Autumn 2020, OHID London (formerly PHE) led an impact assessment on HV and SN services in London during the first Covid national lockdown. Findings from this report helped to inform the SLI Review and highlight key challenges and innovative approaches during the pandemic.

In Spring 2021, the SLI Review continued with a revised approach to Phase 3; considering the changing landscape, the continual Covid response, and reengaging with boroughs (including providers), particularly those who were new to the SLI Review. A pan-London learning event was organised in Autumn 2021 to:

- Provide a supportive and interactive space for boroughs to reflect on where they are at within a changing landscape.
- Share and capture borough learning and good practice from the COVID-19 pandemic.
- Provide a space for boroughs to identify what further support and collaborative pathways would be most useful.

Nine boroughs completed a pre-event questionnaire to get a snapshot of:

1. What has been working well in the last 18 months?
2. What are the main challenges you have been and are currently experiencing?
3. What are your current / emerging priorities?
4. Do you have any additional thoughts and reflections that can help us understand where you are and how the event can serve your needs?

The event was held virtually; in total 110 people attended the event. There was representation across 32 out of 33 boroughs, with a mix of commissioners, service providers, DsPH, public health strategists and even a few practitioners. The event was also attended by representatives from partner organisations e.g., OHID London, GLA, LGA, ADPH UK, London Councils, and iHV.

As part of the event, following a scene setting introduction, there was an opening Mentimeter poll on priority areas for HV and SN, followed by a 15-minute presentation by the LB Newham Children's Health 0-19 and HeadStart service, including an engaging video on asthma³. Thereafter, members were split into breakout groups (by ICS grouping) for discussion on the following areas:

- Where are you at with your services?
- What have we learnt during Covid in adapting services?
- Workforce
- What opportunities do you see going forward and where do you need support?

Finally, attendees were brought back together at the event to share key points/messages from discussions, and a closing Mentimeter poll on learning from the event, actions taken and what support is needed from the London system. Analysis from the event was completed by OHID London and ADPH London, with the following key findings:

- Common themes in the pre-event questionnaire responses on what was working well, main challenges and emerging priorities were around: service delivery, the needs of service users, workforce and partnership working.
- The top three priorities in the opening Mentimeter poll were: 'Reducing health inequalities', 'Needs of service users e.g., vulnerabilities, mental health and wellbeing', and 'Workforce - pipeline, skill mix, redeployment, wellbeing etc' (81 responses)
- Breakout group discussions focused on the dynamic tension between:
 - Dealing with complex and ongoing workforce challenges and issues.
 - The need to maintain standards, quality and consistency in service delivery whilst seeking to return to 'business as usual' within what continues to be a context of unparalleled uncertainty.
 - Meeting the disparate and evolving needs and preferences of families and service users.
- Requests for support at London level included sharing learning, data insights, and having common/core service standards (55 responses)

Although there were missed opportunities for further peer reviewing, deep dives discussions and detailed local improvement plans (due to the Covid pandemic), reducing health inequalities and addressing the needs of service users were raised as top priorities throughout the review. Common themes that also arose, particularly in Phase 3 were around:

- **Outcomes** – identifying what matters most and what we measure.
- **Service models** – developing an approach to minimum standards, recognising the rapid evolution of hybrid models of service delivery.
- **Delivery models** – building on the closer working relationships between commissioners and providers.
- **Workforce** – recognising that boroughs are all experiencing huge challenges in respect of capacity, capability, skills mix, wellbeing and career development.
- **Integration and partnership working** – further advancing the CYP joint agenda with Education / CYP services which has been accelerated during the pandemic.

³ My Asthma Hero Travel Pack (https://youtu.be/pfaG_Rz5CwQ)

SLI Review Summary Table

Phase (time)	Before the Covid pandemic		During Covid pandemic
	Phase 1 (2019)	Phase 2 (2019 - 20)	Phase 3 (2020 - 22)
Method	<ul style="list-style-type: none"> Develop and pilot self-assessment tool (SAT) 	<ul style="list-style-type: none"> Self-assessment tool (SAT) Peer review workshops Local improvement plans 	<ul style="list-style-type: none"> *HV and SN impact assessment during Covid 1st wave (Led by OHID London) Pre-event questionnaire Pan-London learning event (with breakout groups)
Participation	<ul style="list-style-type: none"> Four LAs piloted the SAT and provided feedback 	<ul style="list-style-type: none"> 25 LAs completed the SAT Three (14 boroughs in total) out of 6 peer review workshops were conducted. 10 respondents from six boroughs completed the feedback survey on the SAT and peer review workshops Three local improvement plans were submitted to ADPH London. 	<ul style="list-style-type: none"> Nine boroughs completed the pre-event questionnaire 110 attendees from 31 London LAs and partners attended the pan London learning event 81 responses to a Mentimeter poll on priorities for HV and SN at the start of the event 55 responses to a Mentimeter poll on learning taken from the event, actions to be taken and support needed from the London system
Key findings	<ul style="list-style-type: none"> Local engagement approaches varied locally when completing the SAT Suggestions to increase the time to complete the SAT and minor adjustments for technical usability statements Most found the process useful 	<p>SAT data grouped at ICS level</p> <ul style="list-style-type: none"> The top strategic priorities were: Mental Health and Wellbeing; Best Start in Life; Reducing inequalities The top contributions HV & SN could make to achieving strategic priorities were: Collaboration with others/integration; Reducing inequalities through provision of targeted services; Empowering families and communities The most important objectives for HV and SN was Health promotion and delivery of the Healthy Child Programme SAT scoring and evidence for practices around Leadership, Service provision and Outcomes were similar across all ICSs <p>Peer review workshops</p> <ul style="list-style-type: none"> Common challenges and developmental areas raised in the workshops were around: workforce; service delivery; outcomes; partnership working and innovation Other key points that were raised in the workshops were around: shared learning of models of service, lobbying opportunities, and imbalance in resourcing of SN vs HV services <p>Local improvement plans</p> <ul style="list-style-type: none"> Areas for improvement from plans received included reviewing service models, engaging with wider partners, and sharing practice with peer review colleagues 	<ul style="list-style-type: none"> Common themes in the pre-event questionnaire responses on what was working well, main challenges and emerging priorities were around: service delivery, the needs of service users, workforce and partnership working. The top areas of priority from the event Mentimeter poll were: Reducing health inequalities, needs of service users and workforce Breakout group discussions focused on the dynamic tension between complexity of workforce changes, maintaining standards in service delivery particularly with the Covid impact, and evolving needs of families Requests for support at London level included sharing learning, data insights, and having common/core service standards
Reflections on the method		<ul style="list-style-type: none"> Great engagement at start of Phase 2 – SAT and peer review workshops Preparation and comms were key to having a successful peer review process Covid pandemic impacted feedback on the process due to Covid, but most who responded found the process useful Face-to-face peer review workshops are a way of bringing challenge, problem solving and sharing practice. There was a challenge in including providers in the conversation as much as possible, acknowledging that there may have been a conflict of interest to balance 	<ul style="list-style-type: none"> Doing the Learning event virtually gave a wider reach Good engagement with boroughs and partners Limit of further networking and interaction virtually compared to face-to-face Conversations were broad. Reducing the size of group and more challenge could have led to more focused outputs So much has changed since the SLI Review was paused, and Covid is still a priority for response and recovery.

*Outside of scope but helped inform the SLI review

Next steps

As the landscape of the health and care system evolves, the following areas will have an impact on the future of commissioning and delivery of Health Visiting (HV) and School Nursing (SN) services:

Healthy child programme 0 to 19: health visitor and school nurse commissioning⁴

- Delivery of the commissioning guidance updated in 2021 for the Healthy Child Programme (HCP).

Covid impact and recovery⁵

- The need to strengthen school health (5-19 years) and support of school nurses, especially in addressing the needs on education, mental health, obesity and oral health (which have been exacerbated during the pandemic), and how this closely aligns with the HCP.
- Understanding the impact and what good practice looks like with on remote approaches to services, and having minimum standards.

Central government's Spending Review⁶

- The government spending commitment which includes a network of family hubs to give children the best possible start in life.

Health and Social care integration⁷

- The Health and Social Care integration White paper published in Feb 2022 is predominantly focused on adult health and care. This raises questions on the future of CYP sit the integration and partnership transformation agenda, as well as the direction of travel for commissioning and delegation of budgets.

With these challenges, there are opportunities where we will consider actions and oversight at local, subregional and regional level, including:

- Sharing practice and learning through our established networks.
- Engaging with NHS colleagues on ICS Population Health Management, particularly around CYP health data and data sharing agreements.
- Workforce transformation by influencing system partners at regional level and developing subregional and local level approaches/offers for HV and SN.
- Strengthening relationships and partnership working with Children's services and education, building on the experience during the Covid pandemic.
- Engaging with regional partnership projects and programmes where learning from this review can be shared e.g.:
 - The London Covid Recovery Missions (Healthy Place, Healthy Weight and Mental Health and Wellbeing)
 - Early Years integrated pathways research project commissioned by London Councils
 - The Mayor's Health Inequalities Strategy implementation plan commitments for Healthy Children

⁴ [Healthy child programme 0 to 19: health visitor and school nurse commissioning](#)

⁵ [PHE London: The impact of COVID-19 on London's children and young people](#)

⁶ [LGA 2021 Autumn Budget and Spending Review: On the Day Briefing](#)

⁷ [Health and social care integration: joining up care for people, places and populations](#)

Did we achieve the aims and objectives?

A recap of the aims and objectives that were set out at the beginning of the review, with commentary on completion status are as follows:

SLI Review overarching aims	
<i>To inform future standards for School Nursing, Health Visiting and interface with other CYP services.</i>	The self-assessment and peer review process helped to reflect on standards for SN and HV but will need to be updated to reflect the changing landscape, especially following the impact and recovery of Covid. We plan to advocate for this as part of our next steps.
<i>To aid improved public health provision for children and young people across London.</i>	This review provided a space for boroughs to reflect, challenge, share practice, and consider improvements in commissioning practices on HV and SN in London. External factors, particularly national funding and workforce are influential to aid improvement of public health provision.
<i>To develop and strengthen partnership working with the ALDCS and support the development of a shared CYP agenda.</i>	This review helped to strengthen partnership working (particularly during the Covid pandemic), with planned next steps to share learning and be involved in other partnership projects.
SLI Review objectives	
<i>To develop a self-assessment tool in collaboration with Public Health and Children Services professionals, to review HV and SN practice in London</i>	We met this objective with most London boroughs completing the tool, and there is interest from the Midlands to conduct a similar review with iHV and iPiP. The tool will need to be reviewed and refreshed in future, given the change in landscape.
<i>To engage all (33) London boroughs in the CYP SLI thematic review</i>	There was high engagement amongst most but not all 33 London boroughs across all three phases of the review. In addition to this, we had good engagement with wider system partners.
<i>To conduct a peer review process in line with the principles of SLI</i>	50% of peer review workshops were completed. Unfortunately, all the workshops could not be completed because of the Covid pandemic. There was also a decision not to resume the workshops when we remobilised the review because of the changed landscape and limited availability of boroughs to restart the full process.
<i>Identify and develop areas for improvement locally and across London for CYP</i>	We intended to collate improvement plans from all London boroughs that participated in the SLI Review, with a 1-year review of these plans. However, this was a challenge due to the Covid pandemic impacting the review. Following the delivery of the pan-London event (Phase 3), we have identified at a high-level, key areas for improvement and support at local, ICS and regional level.
<i>To utilise the opportunity to strengthen collaboration between the London DsPH and DsCS</i>	This review had Project Board membership which included ADPH London and ALDCS representatives. Collaboration, particularly during the pandemic and in the latter stages of the review has strengthened, and we aim to continue this momentum through the planned next steps.

Reflections on delivery of the SLI Review

Following completion of the SLI review, reflections on the delivery of the project were gathered from the Project Board and Project Management Office. Below are key points on the successes and challenges experienced around governance, project delivery, and stakeholder engagement:

Governance

- The approach to establishing the governance structure, headed by the Project Board for the SLI review of Health Visiting and School Nursing was essential in bringing leadership to the delivery of the SLI Review.
- The establishment of working groups and task and finish groups that reported into the Project Board helped identify clear outputs and deliverables, creating a strong level of accountability.
- The Covid response had impacted on work capacity of London boroughs (and partners), but there was resilience built with the breadth of Project Board membership, including two Project Sponsors to provide direction and key decision-making.

Project delivery

- This SLI Review initially provided a comprehensive and detailed self-assessment tool with a peer review approach, but the time it took to complete given the impact of the pandemic (3 years in total) impacted and the suitability of the tool in the current landscape. In future, we would consider rapid approaches to SLI reviews.
- Having a dedicated part-time project manager with the ADPH London office to deliver the review with partners was key for continuity (particularly with the SLI Review was paused during the pandemic).
- At the start of the review, having a traditional project management framework to setting the aims, objectives and key phases of the review helped provide clarity, as well as differentiate what was in and out of scope. However, planning was impacted by the Covid pandemic, and therefore a more agile/flexible approach was needed to remobilise and complete the latter part of the review.
- Commissioning iPiP and iHV to design the self-assessment tool with our working group brought expertise and encouraged standards of commissioning practices to the development of a comprehensive and novel tool.
- For the peer review workshops, we aimed for consistency in delivery, however, some workshops did not include service providers due to potential conflict of interest for boroughs who were recommissioning. In Phase 3, we encouraged engagement of providers across the London system to join the pan-London learning event.
- We also considered the approach to peer reviewing, with the decision to have a series of workshop with four to six boroughs per workshop, rather than a borough-to-borough approach. Benefits to this approach were the logistics and timing for these workshops, with the opportunity for challenge and learning from more than one peer/borough. The opportunity cost with this approach was the depth of peer-to-peer challenge, which would have happened with a borough-to-borough approach.

Stakeholder engagement

- Having a nominated lead officer within every London borough team helped ensure clear accountability and agreement of who was responsible for leading and engaging with local partners on the self-assessment process.
- The dedicated project manager was able to focus on planning and delivering a communication plan and stakeholder mapping, and support London boroughs on the SLI process as the key point of contact.
- The Project Board members were equally involved in engagement through their networks and provided insights on best approaches at local and regional level to encourage participation of the review. This was crucial when options were considered on remobilising and revising Phase 3 of the review, given limited work capacity across London boroughs and partners with the Covid pandemic response.

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