Worcestershire County Council

Agenda

Children and Families Overview and Scrutiny Panel

Thursday, 17 March 2016, 10.00 am
County Hall, Worcester

All County Councillors are invited to attend and participate

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اردو. اگر آپ اس دستاویز کی مشمولات کو سمجھنے سے قاصر ہیں اور کسی ایسے شخص تک آپ کی رسائی نہیں ہے جو آپ کے لئے اس کا ترجمہ کرسکے تو، براہ کرم مدد کے لئے 01905 765765 پر رابطہ کریں۔ *(Urdu)*

کوردی سۆرانی. ئەگەر ناتوانی تێبگەی لە ناوەڕۆکی نم بەڵگەیە و دەست بە هیچ کەس ناگات کە وەیگێڕێتەوە بۆت، تکایە تەلەفۆن بکە بۆ ژمارەی 01905 765765 و داوای ڕێنوێنی بکە. *(Kurdish)*

ਪੰਜਾਬੀ। ਜੇ ਤੁਸੀ ਇਸ ਦਸਤਾਵੇਜ਼ ਦਾ ਮਜ਼ਮੂਨ ਸਮਝ ਨਹੀਂ ਸਕਦੇ ਅਤੇ ਕਿਸੇ ਅਜਿਹੇ ਵਿਅਕਤੀ ਤੱਕ ਪਹੁੰਚ ਨਹੀਂ ਹੈ, ਜੋ ਇਸਦਾ ਤੁਹਾਡੇ ਲਈ ਅਨੁਵਾਦ ਕਰ ਸਕੇ, ਤਾਂ ਕਿਰਪਾ ਕਰਕੇ ਮਦਦ ਲਈ 01905 765765 'ਤੇ ਫ਼ੋਨ ਕਰੋ। *(Punjabi)*

DISCLOSING INTERESTS

There are now 2 types of interests:
'Disclosable pecuniary interests' and 'other disclosable interests'

WHAT IS A 'DISCLOSABLE PECUNIARY INTEREST' (DPI)?

- Any **employment**, office, trade or vocation carried on for profit or gain
- **Sponsorship** by a 3rd party of your member or election expenses
- Any **contract** for goods, services or works between the Council and you, a firm where you are a partner/director, or company in which you hold shares
- Interests in **land** in Worcestershire (including licence to occupy for a month or longer)
- **Shares** etc (with either a total nominal value above £25,000 or 1% of the total issued share capital) in companies with a place of business or land in Worcestershire.

NB Your DPIs include the interests of your <u>spouse/partner</u> as well as you

WHAT MUST I DO WITH A DPI?
- **Register** it within 28 days <u>and</u>
- **Declare** it where you have a DPI in a matter at a particular meeting
  - you must **not participate** and you **must withdraw**.
  NB It is a criminal offence to participate in matters in which you have a DPI

WHAT ABOUT 'OTHER DISCLOSABLE INTERESTS'?
- No need to register them but
- You must **declare** them at a particular meeting where:
  You/your family/person or body with whom you are associated have
  a **pecuniary interest** in or **close connection** with the matter under discussion.

WHAT ABOUT MEMBERSHIP OF ANOTHER AUTHORITY OR PUBLIC BODY?
You will not normally even need to declare this as an interest. The only exception is where the conflict of interest is so significant it is seen as likely to prejudice your judgement of the public interest.

DO I HAVE TO WITHDRAW IF I HAVE A DISCLOSABLE INTEREST WHICH ISN'T A DPI?
Not normally. You must withdraw only if it:
- affects your **pecuniary interests OR**
  relates to a **planning or regulatory** matter
- **AND** it is seen as likely to **prejudice your judgement** of the public interest.

DON'T FORGET
- If you have a disclosable interest at a meeting you must **disclose both its existence and nature** – 'as noted/recorded' is insufficient
- **Declarations must relate to specific business** on the agenda
  - General scattergun declarations are not needed and achieve little
- Breaches of most of the **DPI provisions** are now **criminal offences** which may be referred to the police which can on conviction by a court lead to fines up to £5,000 and disqualification up to 5 years
- Formal **dispensation** in respect of interests can be sought in appropriate cases.

Simon Mallinson Head of Legal and Democratic Services July 2012   WCC/SPM summary/f

worcestershire county council

Children and Families Overview and Scrutiny Panel
Thursday, 17 March 2016, 10.00 am, County Hall, Worcester

Membership
Councillors:
Ms L R Duffy (Chairman), Mrs F M Oborski (Vice Chairman), Mr R W Banks, Mr P Denham, Mrs J L M A Griffiths, Mr I Hopwood and Mr J W R Thomas

Co-opted Church Representatives (for education matters)
Bryan Allbut (Church of England) and Francis Mohan (Roman Catholic)

Parent Governor Representatives (for education matters)
Ms C Richardson (Parent Governor) and Vacancy

Agenda

Item No	Subject	Page No
1	**Apologies and Welcome**	
2	**Declaration of Interest and of any Party Whip**	
3	**Public Participation** Members of the public wishing to take part should notify the Head of Legal and Democratic Services in writing or by e-mail indicating the nature and content of their proposed participation no later than 9.00am on the working day before the meeting (in this case 16 March 2016). Enquiries can be made through the telephone number/e-mail address below.	
4	**Confirmation of the Minutes of the Previous Meeting** (previously circulated)	
5	**0-19 Prevention Service and Children's Centres**	1 - 122
6	**Developing an Overview and Scrutiny Work Programme**	123 - 126
7	**Educational Outcomes 2015 Including OFSTED Update**	127 - 176
8	**Children 'Educated Otherwise'**	177 - 180

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CHILDREN AND FAMILIES OVERVIEW AND SCRUTINY PANEL
17 MARCH 2016

0-19 PREVENTION SERVICE AND CHILDREN'S CENTRES

Summary

1. The Cabinet Member with Responsibility for Health and Well Being, the Cabinet Member with Responsibility for Children and Families, the Strategic Commissioner (Early Help and Partnerships) and the Interim Director of Public Health have been invited to the meeting to discuss with the Panel the developments of the new 0-19 integrated prevention service for children, young people and families (Starting Well Service) and the feedback from the recent consultation on use of Children's Centre Buildings.

Background

2. On 1 February 2016 the Children and Families Overview and Scrutiny Panel discussed the County Council's All-age Prevention Policy and the design of a new 0-19 integrated prevention service for children, young people and families, including the use of buildings to provide the service.

3. Members received a presentation outlining the plans for the new 0-19 integrated prevention services (Starting Well Service) and a brief verbal update on the results of the recently concluded consultation on use of Children's Centre buildings.

4. The Children and Families Overview and Scrutiny Panel were asked to:

   - consider work to date in relation to the All-age Prevention Policy and the 0-19 integrated prevention service
   - determine whether it would wish to carry out any further scrutiny, and
   - agree whether it would wish to make any comments to the Cabinet Member with Responsibility for Children, Families and Communities

5. As a result of discussions on the 1 February 2016, the Panel have subsequently requested:

   - Starting Well: Analysis of the specification and the intended outcomes of the specification and review of performance measures/indicators
   - Review of the results of the Consultation process and how this information will be and has been used
   - Next steps of the process

6. This is in addition to requesting sight of the Early Help Needs Assessment, which has since been actioned by circulating the link: The full assessment can be accessed here

Next Steps

7.   The Starting Well Service tender was published on the 2 March 2016. The closing date for tender submission is 12pm on 3 May 2016. Tenders will be then be evaluated and a preferred provider is expected to be announced on the 2 June 2016 and the standstill period will conclude on the 14 June 2016.   The new service is expected to start on the 1 October 2016.

8.   The Children's Centre building consultation generated a number of ideas about how the buildings could be used to continue to support families and communities. However, before any of these proposals are pursued further work needs to take place on agreeing how best to prioritise these ideas **and** give the option to the Starting Well service to use them either exclusively or shared with another provider.

9.   The suggested timescales for agreeing the future use of buildings is:

   a) End of April – agreed approach for prioritising ideas for use of Children's Centre buildings and further development of those ideas generated through Children's Centre consultation
   b) End of May – evaluation of Starting Well Service tender and clarification on which buildings they would like to use
   c) After the announcement of preferred provider for the Starting Well Service (2 June) confirmation around proposed use of Children's Centre buildings
   d) June/July – centre specific consultation if / where significant alternative use of Children Centre buildings are proposed
   e) July – Formal decisions on future use of Children's Centres
   f) July – September – transition arrangements in line with new Starting Well service start on the 1 October 2016.

Purpose of the Meeting

10. The Children and Families Overview and Scrutiny Panel is asked to:

   • consider the supporting information and ask questions to the respective Cabinet Members and Officers,
   • determine whether it would wish to carry out any further scrutiny, and
   • agree how it would like to be involved regarding the use of Children's Centre buildings

Supporting Information

   • **Appendix 1 Starting Well Service Specification** – this explains to bidding providers the expectations for the new service

   • **Appendix 2 Starting Well key performance indicators** – this clarifies to bidding providers how the County Council intends to measure the success of the Starting Well Service and how the Provider will be held to account

   • **Appendix 3 Co-Production Summary report** – this is a short summary of the co-production work completed prior to publishing the tender documentation

- **Appendix 4 Tender pack information** – this has information for bidding providers and explains how the County Council will be evaluating the bids received

- **Appendix 5 Children's Centre Consultation Summary report** - this is a short summary of the recent children's centre consultation

Contact Points

<u>County Council Contact Points</u>
Worcestershire County Council 01905 763763
Worcestershire Hub: 01905 765765
Email: worcestershirehub@worcestershire.gov.uk

<u>Specific Contact Points for this report</u>

Samantha Morris and Alyson Grice, Overview and Scrutiny Officers, 01905 766619 or 844962/844963, scrutiny@worcestershire.gov.uk

Background Papers

In the opinion of the proper officer (in this case the Director of Children, Families and Communities) the background papers relating to the subject matter of this report:

- Agenda and Minutes of the Cabinet on 19 November 2015
- Agenda and Minutes of the Children and Families Overview and Scrutiny Panel on 1 February 2016

Minutes and Agendas for all County Council meetings are available here.

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SPECIFICATION FOR THE PROVISION OF

STARTING WELL SERVICE

A PREVENTION SERVICE FOR CHILDREN AND YOUNG PEOPLE AGED 0 -19 YEARS AND THEIR FAMILIES IN WORCESTERSHIRE

CONTENTS   **PAGE**

1. BACKGROUND

1.1 Introduction

1.1.1 Outcomes for children and young people in Worcestershire are poorer than they should be and vary considerably across and within groups and communities. Demand for specialist higher intensity health and social care has continued to increase, however, public funding particularly local government funding continues to decrease. To address this challenge, Worcestershire County Council (WCC) has redesigned its approach to prevention and will use the Public Health Ring Fenced Grant to commission this new, integrated, evidence-based 0-19's Prevention Service for children, young people and their families. This Service is expected to be innovative in form and transformational in outcome, delivering significant changes in how the Council supports children and their parents.

1.1.2 Following the Health and Social Care Act 2012, the transfer of responsibility for commissioning public health services from the NHS to WCC began in 2013 and was completed in October 2015 with the transfer of 0-5 Public Health Services. This has provided the opportunity for join up and integration of public health services with other Local Authority services particularly 0-19 District Early Help Services, to produce a new Service. The Service will produce an innovative solution to the local issues of increased demand for social care services and different take-up of services by different social groups.

1.2 Evidence Base and Context

1.2.1 The evidence base demonstrates that events that occur in early life affect health, wellbeing and outcomes in later life[i] and children's life chances are most heavily predicated on their development in the first five years of life[ii]. Neuroscience shows that rapid brain development and growth occurs in the early years (birth to 2 years) and again in adolescence and so it is crucial the brain achieves optimum development and nurturing during these peak periods of growth[iii] [iv]. These two growth periods also offer maximum opportunities for prevention and early intervention to improve health and social outcomes. It is high priority to give every child the best start in life[v], equip them as they grow through building resilience and supporting good parenting[vi] and to intervene when necessary in some adolescent behaviour to prevent poorer long term outcomes[vii].

1.2.2 There are also persistent inequalities in outcomes and their underlying causes amongst children and young people. There is growing research showing the effectiveness of prevention and early intervention in reducing inequalities, incorporating a progressive universalism approach. To improve health for all and to reduce unfair and unjust inequalities, action is needed across the social gradient to create an enabling society that maximizes individual and community potential and ensures social justice, health and sustainability are at the heart of all policies[viii]

1.2.3 Successive academic and economic reviews have demonstrated the economic and social value of prevention and early intervention programmes in pregnancy, early years, childhood and adolescence[ix]. There is good evidence of the cost effectiveness, indeed UK social return on investment studies have shown returns of between £1.37 and £9.20 for

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every £1 invested in early years[x]. To assist in reducing demand there is a need for an increased focus on early help, intervention and prevention within the family[xi] [xii].

1.2.4. Successive evidence, national policy and legislation have highlighted the importance of prevention to improve health and well-being outcomes and reduce demand for health and care services. The legislative context for the provision of prevention and early intervention in the 0-19 age range is the;

- Health and Social Care Act 2012, which gave the Council the
    - duty to improve population health and wellbeing
    - ensure provision of the Healthy Child Programme and the National Child Measurement Programme
- Childcare Act 2006 – which requires the Council
    - to improve well-being and reduce inequalities of young children
    - to ensure early childhood services are provided in an integrated manner
    - ensure sufficient Children's Centres to meet local need

1.2.5 This 0-19 Prevention Service will provide the current and any future required statutory duties of WCC in respect of:

- The Healthy Child Programme (HCP 0-5 and 5-19) which is a nationally prescribed programme that sets a framework for the delivery of universal and more targeted or progressive services. It provides a schedule of health and development reviews at key stages giving extra or targeted support if need, risk factors or issues are identified. The HCP aims to support parents, promote child development, reduce inequalities, contribute to improved child health outcomes and health and wellbeing, ensuring that families at risk are identified at the earliest opportunity. It is underpinned by an up-to-date evidence-base[xiii].
- Children's Centres Statutory Guidance 2013 which defines a Children's Centre as a place or a group of places where early childhood services are made available in an integrated way (either on site, or by providing advice and assistance on gaining access to services elsewhere); and at which activities for young children are provided. The core purpose of Children's Centres is described as "To improve outcomes for young children and their families, with a particular focus on families in greatest need of support in order to reduce inequalities in: child development and school readiness; parenting aspirations, self-esteem and parenting skills; and child and family health and life chances". It should be noted that a Children's Centre can be a virtual facility.

1.3 Local Evidence Base and Context

1.3.1 In reviewing service provision for children and young people, a local Early Help Needs Assessment (EHNA) has been completed and is available at: http://www.worcestershire.gov.uk/downloads/file/6506/2015_early_help_needs_assessment

1.3.2 The EHNA identified that outcomes for children and young people In Worcestershire were not as good as they should be and that there were persistent inequalities in outcomes across different communities. The EHNA recommended:

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- A redesign of 0-19 Prevention using a progressive universalism approach, providing some services for everyone and providing extra support at an intensity according to their need;
- To fully implement the Healthy Child Programme;
- To integrate Prevention Services, activities and workforce across agencies;
- Only deliver programmes and interventions that are proven to work;
- To focus on early years, maternal mental health, attachment, language and preparation for school readiness;
- To review support for parenting that promotes resilience and emotional health and wellbeing;
- To focus the Children's Centre's resource in disadvantaged areas and use a "virtual" Children's Centre in more advantaged areas;
- To develop effective digital advice and information for parents and families to encourage self-help and resilience.

1.3.3 Local stakeholder consultation on Early Help provision has also identified:
- prevention should be focussed on those most in need of help;
- services should be provided in a more integrated way,
- with improved delivery of information to support face to face interventions;
- communities should be supported to become more self-reliant;
- community assets should be enhanced and strengthened by using the skills of peer supporters and volunteers;
- the importance of children, young people and families in all stages of service design, delivery and evaluation.

1.3.4 WCC leads a Place Partnership set up to rationalise all public sector buildings in the County through an agreed Property Strategy. In response to the Property Strategy and the EHNA, WCC has undertaken a **Children's Centre Buildings Consultation**. The consultation covered all the Children's Centre locations across the County. WCC asked professionals, families and communities to identify how these community buildings could be best used in order to provide the right support to those that need it most. A summary report containing an overview of the responses and conclusions of the consultation are contained in Appendix 4 to this Specification

1.3.5 To inform this Service Specification, **co-production activity** with service users and families has taken place. A number of targeted focus groups and questionnaires were completed, and an on-line countywide survey. These activities identified that parents find the schedule of universal health and development reviews and the targeted or additional support received very helpful, in particular during the ante-natal and post-natal periods. Parents and children and young people want universal provision for all across all ages but identified that those families with greater needs should receive more support. Parents valued information and support around the physical health and development of their children the most whereas children and young people valued information and support regarding emotional health and wellbeing, sexual health and drugs and alcohol more highly. Parents want drop in facilities for themselves and their children; however children and young people found these less helpful. Parents were happy to receive parenting support from peer supporters, through targeted programmes, groups and digital sources but expressed a preference for face to face support when required. Children and young people were happier to receive information and support through a variety of digital and interactive resources, however also want face to face support when needed. Parents

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preferred targeted or additional support to be delivered in Children's Centres and schools, whereas children and young people preferred delivery in community venues and schools. A summary report of all co-production activity and findings is contained in Appendix 5.

2. SERVICE AIMS AND OUTCOMES

2.1 Aims

2.1.1. The Council is redesigning Prevention Services for 0-19s and their families using an evidence based approach to identify and support needs, risk factors and issues early as they emerge. A new single countywide 0-19 Prevention Service is required to deliver prevention through a progressive universalism approach. This means providing some service for everyone, using those services to find those who need a higher level of support and providing extra support at intensity according to their need. The Service will deliver prevention by building community capacity, strengthening family and community resilience and providing the universal and targeted requirements of the HCP. This approach will improve outcomes and tackle inequalities which will thereby deliver the core purpose of Children's Centres. The Service will be provided by a fully integrated skill mixed workforce delivering a social model of prevention, health and wellbeing, led by clinical input and supervision when necessary.

2.1.2 The specific aims of the 0-19 Prevention Service will be:

- To provide prevention through a progressive, universalism approach, delivering targeted interventions, to those most in need.
- To build community and family capacity so they are better able to help themselves
- To support parents, promoting good parenting skills.
- To improve early years' outcomes through targeting perinatal mental health, secure attachment, nutrition and exercise, language and communication and school readiness.
- To improve social, emotional and wellbeing through strengthening the resilience of children, young people, families and communities
- To deliver full population coverage of the HCP universal assessments
- To provide targeted or additional prevention, early intervention and care plans in accordance with need
- To use evidence based tools, assessments, interventions and programmes using HCP and NICE guidance
- To provide effective information and advice to support self help and promote social, emotional, health and wellbeing.

2.1.3 The 0-19 Prevention Service will be called the "Starting Well" Service. The Service will draw on both a social and community model of health, wellbeing and prevention and on a medical model of clinical assessment, development and health. The Service will be professionally led by a skilled and competent workforce, integrating a range of practitioners into multi-disciplinary skill mixed teams to maximize effectiveness and efficiency. The workforce will include health visitor and community public health nurses, parenting practitioners, peer supporters and support workers within early intervention teams including volunteers.

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2.1.4 The Starting Well Service will proactively identify risk factors and need at the earliest opportunity including through the HCP schedule of universal and progressive contacts. The Service will receive referrals outside of the HCP schedule from other professionals or directly from children, young people and families via a single point of access.

2.1.5 The Service will deliver prevention and early intervention provision through a competency based workforce utilising appropriate clinical or professional supervision from within the service. The Service will maintain close working and partnership across a range of other services and specialist professionals and will support the use of multiservice or agency provision where appropriate and support the assessment and referral process into more specialist service provision where necessary.

2.1.6 The Starting Well Service will be delivered in a range of community assets and settings, including homes.

2.1.7 The Service will identify and build upon family and community assets ensuring support is accessible to and delivered as a priority for vulnerable and disadvantaged communities. The Service will incorporate a digital and interactive offer to support and enhance information and advice and will contribute to digital inclusion, thereby mitigating against any negative impact of channel shift.

2.2 Overarching Outcomes

2.2.1 The Starting Well Service will support delivery against a number of outcome measures in the Public Health Outcomes Framework and associated Child Health, Early Years and Young People Profiles for Worcestershire (links provided in Appendix 6). In addition, the Service will be expected to significantly contribute to:
- Improving transition to parenthood, attachment and parenting capacity
- Improving perinatal mental health and the emotional health and well-being of children and young people
- Improving child development, speech, language and communication skills and school readiness
- Improving breastfeeding, healthy nutrition, physical activity and healthy weight
- Enabling families to better manage minor illnesses and prevent accidents
- Reducing inequalities in school attendance and achievement
- Improving adolescent outcomes (e.g. teenage conceptions, NEETs, substance misuse, self-harm)
- Reducing numbers of Children in Need (CIN), Child Protection cases (CP) and Children who are Looked After (LAC)
- Improve outcomes for disadvantaged children and young people and reduce inequalities in outcomes between communities.

3. SERVICE SPECIFICATION

3.1 Starting Well Service Model

3.1.1 The Starting Well Service will identify problems early and deal with them as soon as possible so that they do not get worse. It will work at all three levels of prevention: primary, secondary and tertiary. Primary prevention will build community capacity, strengthen family and community resilience and provide the universal requirements of the

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HCP using evidence based tools and assessments. Secondary prevention to provide the additional or targeted requirements of the HCP as risk factors or problems emerge through more additional or intensive home visiting or through using evidence based interventions or programmes. Tertiary prevention will support families with additional needs. The Service will deliver through an integrated, professionally led, competent multi-disciplinary workforce.

3.1.2 WCC expect tenderers to detail their own proposed service model, however the Service must include, but not be restricted to, the functions of community Public Health nursing (including Health Visiting, FNP and Public Health services 5-19 years), parenting support, targeted emotional health and wellbeing support, peer support, volunteer development and information and advice. Bids must demonstrate innovation in their approach, and the Council expects to see some significant changes when compared with current service delivery models.

3.1.3 The Starting Well Service will deliver a 4 level service model underpinned by the provision of effective information and advice, delivered on-line as well as face-to-face or in groups.

Diagram 1: **The 4 Level Prevention Model for Children and Young People aged 0-19 years**

3.1.4 To support families, the Starting Well Service will provide on line advice and information, facilitate parent support groups in communities, build and develop volunteering and peer support, provide drop in facilities for children, young people and families to receive advice and face to face support, provide regular health and development reviews for all children and young people and give extra help such as additional home visiting or specific interventions for some children, young people and families. The service elements to be delivered will include, but are not limited to providing:

Level 1 Community Interventions:

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- Strengthening community and family resilience
- Community parenting programme
- Emotional, health and well-being champions
- Peer support and mentoring
- Developing volunteering
- Comprehensive information and advice
- Improving access to activities (community hubs/centres)
- Ensuring health promoting settings (nurseries, schools, colleges)
- Co-production with communities and service users

Level 2 Universal Social and Health Targeted Interventions:
- Emotional, health and development reviews (0-4 years)
- Perinatal mental health promotion/reviews
- Breastfeeding peer support
- Parenting advice, support and programmes
- Emotional, health and wellbeing reviews (5-19 years)
- NCMP measurements, parental feedback and follow-up
- Looked after Children (LAC) Health assessments and Health plans (0-19)
- Drop in facilities and group sessions
- Interactive information and advice (e.g. texting/websites)

Level 3 Universal Plus interventions are delivered following assessment for support for those who need additional or targeted interventions or packages of care, for example:
- Targeted one to one or group based parenting support and programmes
- Targeted perinatal mental health support
- Emotional wellbeing support - on-line counselling provision and targeted face to face interventions*
- Targeted packages of care (e.g. attachment)
- Targeted interventions re school readiness
- Health and behaviour change interventions
- Additional development reviews or more intensive home visiting for those vulnerable or at risk families (e.g. teenage mothers, mothers from disadvantaged areas)
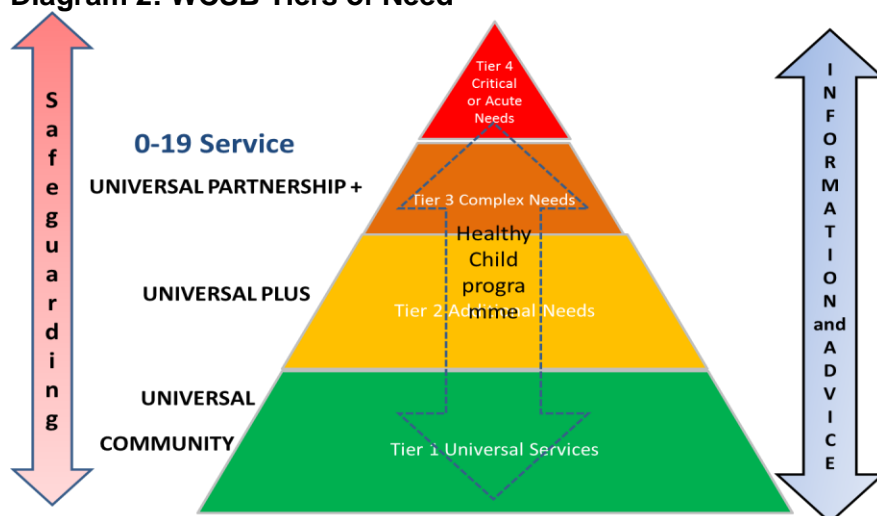
Level 4 Universal Partnership Plus Interventions:
- Early identification, assessment and help for children and families with additional or complex needs
- Working with other agencies leading, or as part of a multi-agency intensive care package for children and families requiring intensive support
- Contributing to a social care led plan

tier 2 emotional health and wellbeing service funded by NHS/CCGs

3.1.5 Diagram 2 below illustrates the delivery of the Starting Well Service operating across the 4 tiers of need as identified in the current Worcestershire WCSB Thresholds Guidance. The Service will operate primarily at tiers 1 and 2 of need, but interface closely with many other services at tiers 3 and 4 of need. The Service will ensure that early intervention is provided to reduce the potential for future harm alongside specialist interventions when necessary in response to developmental delay.

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Diagram 2: WCSB Tiers of Need

3.2 Information and advice

3.2.1 The Starting Well Service will provide comprehensive and effective information and advice. This will include self-help materials and accessible interactive on-line and digital solutions as well as assisted internet access for those who need it. Where self-help information and other online content cannot be accessed by, for example, those who are visually or hearing impaired, alternative formats will be provided as necessary. It will also contribute to community digital inclusion work.

3.3 Common universal assessments

3.3.1 The Starting Well Service will review all children and young people at fixed key ages as detailed in the HCP and for new residents when they move into the area. At these reviews the Service will give a basic level of support to all and will identify risk factors and any problems early. If required the Service will provide prevention and early intervention to stop problems from getting worse. Where problems are already serious, the Service will make sure the family accesses the right specialist service(s).

3.3.2 The following HCP universal health and social risk assessments will be delivered for all children and young people as part of the universal service element. The assessment will cover parental need too, as part of the 'whole family' approach recognising the significant impact that parental behaviours and the family circumstances have on child development:

- Antenatal review
- New Baby Review
- 6-8 week assessment
- 1 year assessment
- 2.5 year integrated review (with Early Years)
- School Entry Review
- School Transition Review
- Adolescent Review

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3.3.3 An appropriately qualified and competent practitioner will assess the child and wider family situation using an evidence-based assessment/screening tool and their own assessment of the risk factors that contribute to poor development. If a need or risk factors are identified, the Service will offer some direct support and assistance, or will refer the child /parent to the relevant targeted intervention programme or specialist service. Health Visitors (or FNP Family Nurses) will provide overall supervision of reviews and assessments for preschool children and Community Public Health Nurses of reviews for 5 to 19 years. It is anticipated that initial assessments of children and families will be carried out by public health nurses but re-assessments and reviews may be delegated within the competency and skill mix of the Service in accordance with risk factors or need.

3.3.4 Where need is identified the Service will provide additional support, more intensive home visiting or packages of care at an intensity in accordance with need or provide specific evidence based interventions or programmes. The Service will provide a range of universal plus provision across the 0-19 age range as per best practice, evidence based and NICE guidance. The Service will also contribute to the development and the delivery of a range of integrated countywide pathways across services.

3.3.5 The Service will provide a menu of universal and targeted parenting support and programmes focussed on disadvantaged areas and families at risk. The Service will facilitate access to group-based parenting programmes for parents of children of all ages with and without behaviour problems to improve parents (particularly mothers) short term psychosocial health. Specifically, the Service will provide group-based parenting programmes for parents and carers of 3-11 year olds at high risk or with conduct disorders (or individual-based if group setting not appropriate) such as Triple P or Incredible Years (identified through SDQ) provided by trained parenting practitioners in accordance with NICE guidance.

3.3.6 The Starting Well Service will strengthen the identification of perinatal mental health and secure attachment and will provide universal plus provision when appropriate or referral onto specialist provision where thresholds are met. The Service will provide a Tier 2 emotional health and well-being service for children and young people 0-19 with mild to moderate emotional and mental health difficulties commissioned by NHS CCG funding. The latter will be a robust evidence based service, as part of a stepped care approach across the emotional wellbeing and mental health pathway, comprising of on-line counselling and face to face support working closely with the CAMHS Single Point of Access. A more detailed technical annex regarding the expectations for the tier 2 service is in Appendix 7.

3.3.7 If identified at a universal review or through a referral that a multiagency approach is required the Service will complete an Early Help Assessment. The Service will continue to provide support and undertake the role of Lead Professional/key worker where appropriate or liaise with the relevant lead service or with *Family Front Door* to determine the appropriate lead or key worker.

3.4 Community Provision

3.4.1 The Starting Well Service is required to develop and strengthen community capacity through utilising and building on community assets. The Service will be delivered in and through a variety of buildings and settings. It is expected that the Service will provide

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provision from at least one physical asset in each of the six Districts of the County. This could be any community building that is best able to reach the most disadvantaged communities and population of that District. Appendix 4 details how to obtain more information about potential community buildings, through Place Partnership that could be used as physical assets for the Service.

3.4.2 The Starting Well Service is required to meet the current requirements of the Sure Start Children's Centre Statutory guidance (Appendix 8) and core purpose of Children's Centres - "To improve outcomes for young children and their families, with a particular focus on families in greatest need of support in order to reduce inequalities in: child development and school readiness; parenting aspirations, self-esteem and parenting skills; and child and family health and life chances". The core purpose will be met through the provision of the Service and there is no requirement for the service provider to utilise the current Children's Centres buildings. However, as detailed above the Service is required to develop and build on community assets and Children's Centre buildings are community assets which the Service Provider may or may not wish to include in their plans for service delivery. Appendix 4 also provides further information about available Children's Centre buildings

3.4.3 The Starting Well Service will target capacity, services and activities at children, young people and families who are at risk of poor outcomes through, for example, effective outreach and provision of virtual information and advice. The Service will support disadvantaged families to access the early childhood services they need whether this be through virtual or supported information and advice, signposting, direct delivery of or hosting of services at physical buildings or through provision of outreach in other venues or settings or through home visiting. To coordinate and ensure integrated provision and access to early childhood services there will be a local Advisory Board for each District.

3.4.3 Where the Starting Well Service is delivered in community buildings the Service will:
- deliver and host inclusive provision which welcomes, and attracts hard to reach families and more disadvantaged communities;
- deliver and host targeted early intervention activities and programmes which are proven to work
- host targeted and specialist services on site such as speech and language therapy, parenting programmes, mental health services and social care
- utilise the building to provide outreach, early support, peer support and volunteer capacity to support families in more disadvantaged communities
- utilise the building to provide opportunities to help families and communities develop resilience to risk factors

3.5 Safeguarding

3.5.1 Safeguarding runs through the four levels of the service model. The Service Provider will provide appropriate and effective safeguarding provision and work within the West Mercia Inter Agency Guidance and Child Protection Procedures utilising the DH Public Health Nursing Safeguarding Professional Guidance
The Service Provider will:
- work in partnership with other key stakeholders to help promote the welfare and safety of children and young people. For example, contributing to keeping

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> pupils safe from the dangers of radicalisation and extremism and promoting safe practices and a culture of safety, including e-safety

- work collaboratively to support children and young people where there are identified needs, or where they are in the child protection system providing, therapeutic public health interventions for the child and family, and referring children and families to specialist medical support, where appropriate
- contribute to reducing the number of children who enter the safeguarding system through preventative and early intervention work as part of the four level service model
- support and provide universal service level contribution to Safeguarding, Edge of Care and Targeted Family Support programmes
- provide universal support, assessments and reports as required for children with an early help assessment, child in need, child protection or Looked After Child plan.
- contribute to multi-agency decision-making, assessments, planning and interventions, relating to children in need, children at risk of harm and LAC. This includes providing LAC health assessments and reports in accordance with the Worcestershire Safeguarding Children Board policies and procedures.
- where appropriate and the child or young person is known to the provider, appropriate team members will attend child protection conferences or meetings when they are the most appropriate health representative and there is a specific outcome to contribute towards
- provide active participation in and support to community allocation panels led by social care
- provide active participation in and support to Multiagency Safeguarding Hubs (MASH) and support multi-agency information sharing at the earliest opportunity and in the most effective way
- contribute to and ensure capacity to attend MACFA, serious case reviews and other learning reviews and ensure any learning or changes, improvements to practice are embedded.

3.6 This specification will be reviewed regularly and may need to be amended dependant on changes in legislation, statutory guidance (including NICE guidance), national policy, identification of changing local need, changes in recommended best practice, and changes to financial allocations. The Service Provider must be prepared to enter into negotiations with the Council if such changes are required, and allow for variation of this Specification as a result.

4. POPULATION COVERED

4.1 The Starting Well Service is for all children and young people aged 0-19 years who are resident or attending school in Worcestershire (excluding Special Schools). In addition, the tier 2 emotional health and wellbeing service covers those registered with Worcestershire GPs.

4.2 The Service will ensure that any coverage/boundary issues that may arise are dealt with in collaboration with neighbouring providers. Delivery of a Service that meets the needs (including safeguarding) of the child or young person must take precedence over any boundary discrepancies or disagreements.

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4.3 Where provision is provided through school or college settings, the Service Provider will need to apply a pragmatic approach and liaise with other out of area services when additional support is required outside of a school setting for non-residents. Any LAC placed in Worcestershire schools from other Local Authorities should receive a timely health assessment and support where required (subject to the placing authority agreeing to this). The Service Provider should invoice the appropriate responsible Council *.

Any monies reconciled from out of area charging for LAC health assessments must be reinvested to improve the 0-19 Prevention Service.

5. APPLICABLE SERVICE STANDARDS

5.1.1 The Service Provider will be responsible for all aspects of service delivery within this Service Specification. The set of locally and nationally defined standards outlined below must be applied to all aspects of the delivery system. The Service Provider will ensure adherence to the evidence base and guidance to support evidence based delivery. A summary of the guidance and evidence base can be found in Appendix 9. All aspects of the Service and supply chain will adhere to all relevant guidance and best practice recommendations from Public Health England, NICE, National Screening Committee and Care Quality Commission.

5.1.2 The Service Provider is required to adopt 'Making Every Contact Count (MECC)' for all services delivered within this Specification. MECC is used to encourage conversations based on behaviour change methodologies (ranging from brief advice, to more advanced behaviour change techniques), empowering healthier lifestyle choices and exploring the wider social determinants that influence health. Within the Starting Well Service every member of staff who comes into contact with a member of the public must use the opportunity to initiate a conversation with regards to improving the health and social care status of the individual.

5.1.3 The Service should have achieved and maintain Unicef Baby Friendly standards. The Service should apply You're Welcome quality criteria, in order for the Service to be young people friendly. WCC is working towards full accreditation with Worcestershire Works Well, which is an accreditation programme relating to employee health and wellbeing. The Council encourages all commissioned Service Providers to share this ambition by working towards achieving this accreditation themselves. For further information see: www.worcestershireworkswell.co.uk

5.2 Supervision and registration of public health nurses

5.2.1 The Service Provider is required to ensure they have policies and procedures in place to provide clinical supervision, safeguarding supervision and mechanisms of risk assessment for the public health nursing service elements of the service. The Service Provider is required to ensure community public health nurses are appropriately trained, accredited and registered and revalidate their fitness to practice every three years to allow them to renew their registration and remain on the professional register.

5.2.2 Public Health nurses shall prescribe medication as an independent/supplementary prescriber in accordance with current legislation (See http://www.nmc-uk.org/Nurses-and-midwives/Regulation-in-practice/Medicines-management-and-prescribing/). Where nurses have not undertaken this module in training, it is a requirement of CPD for completion within the first 2 years of practice.

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5.3 Response times

5.3.1 All routine referrals from whatever source (including children, young people and families transferring into area) should receive a response to the referrer within 5 working days, with contact made with the child, young person or family within 10 working days.

5.3.2 Urgent referrals, including safeguarding referrals, should receive a same day or next working day response to the referrer and contact within two working days

5.3.3 LAC Health Assessment/Review and care plans must be completed to the national standards and within the statutory timeframe

5.3.4 Where a child moves out-of-area, the Service should ensure that the child's health records are transferred to the new area within two weeks of notification. Direct contact must be made to hand over all child protection cases. Systems should be in place to assess the risk to children whose whereabouts are unknown

5.3.5 The Service Provider may be required to respond to childhood communicable disease outbreaks and health protection incidents as directed by PHE, the Council or other authority and reassign resources accordingly (with some parts of regular services to be suspended or delayed by agreement with the Council)

5.4 Access to Services

5.4.1 The Service Provider will ensure and monitor equitable access in accordance with need. There will be countywide service provision from a range of suitable, easily accessible locations, especially in areas of recognised high need. This should include home visits, health centres, schools, colleges and the utilisation of other community buildings. There should be open access to drop in facilities for both walk-in and for bookable appointments – for example child health clinics and young people drop ins.

5.4.2 Service locations will have good public transport links to meet local needs, and that are open on days and at times that are convenient to service users. This includes access to some universal services outside of normal office hours

5.4.3. The Service will provide a single point of access for both referrals from other professionals and for service user inquiries and information. Inappropriate referrals will be re-directed to other provision. There will be
- close working relationships and clear pathways with other services, social care, community allocation panels and *Family Front Door*
- A named public health nurse linked to each GP practice and appropriate setting (for example, school, college, early years) with an agreed schedule of regular contact meetings
- Equitable and monitored access (including access to buildings) to all residents of Worcestershire which takes account of their age, disability, religion, race, gender, sexual orientation, or economic status.
- Accessibility for service users for whom English is not their first language and who may therefore require the support of a qualified language interpreter or written information translated into an alternative language.

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- Access to written and digital information in Easy Read appropriate for those who may have a learning disability;
- Service delivery against expected quality standards (e.g. Unicef BFI, You're Welcome and NICE guidance).

5.4.4 As part of the ambition set out to accelerate WCC to become a fully inclusive Digital Council, all Service Providers of Council commissioned services are expected to facilitate digital inclusion by developing ways of empowering Worcestershire citizens to access support via a range of IT based services. This includes ensuring that all services are appropriately advertised and made accessible via the Council's e-marketplace, and that service users are supported where necessary to attend community venues such as libraries or digital cafes where they can gain open public access to the Internet.

5.5 Accommodation and Equipment

5.5.1 Estates used to deliver services need to demonstrate appropriate clinical quality standards and be fit for the purpose of this Specification. The Service Provider will specify what services they will provide and in which locations (including the level of service to be provided from each location) according to the level of need. This will be reviewed on a regular basis in contract and performance meetings in addition to ongoing co-production with service users.

5.5.2 All accommodation and premises must meet recognised disability access standards and must be appropriately registered with the CQC and comply with their standards i.e. Outcome 10 Safety and Suitability of premises. Essential standards of quality and safety; CQC 2010 http://www.cqc.org.uk

5.5.3 The Starting Well Service will be required to access
- validated tools for assessing development and identifying needs (e.g. ASQ3)
- personal child health records (often referred to as 'the red book')
- validated tools for assessing individual outcomes, e.g. outcomes star
- IT systems and mobile technology for recording interventions and outcomes in the CHIS; thus capturing real time data and reducing duplication
- access to equipment to support agile working, e.g. mobile phones and tablets
- equipment for measuring children's weight and height
- use of social networking and other web-based tools to enable workforce training, professional networking and information and support for children, young people and families
- national and local campaign materials (eg.Start4Life, Change4Life) and health promotion materials.

5.6 Appropriate referral pathways and joint working arrangements.

5.6.1 The Starting Well Service will be part of a wider integrated system of provision and interdependencies to improve outcomes and reduce inequalities. The Service will be required to develop effective working relationships with partners and other Service Providers to ensure optimum outcomes, to achieve maximum local provision avoiding duplication or repetition, to determine agreed pathways to related services and for contribution to a number of wider countywide core integrated pathways. The Service will deliver within a set of core pathways that include but are not limited to:

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- Parent Infant attachment
- Maternal mental health
- Breastfeeding and weaning
- Speech, Communication and language
- Social, Emotional and behavioural
- Drugs and alcohol
- Domestic abuse
- Young parents
- Nutrition and physical activity

5.6.2**.** At the commencement of service delivery, the Service Provider will have developed robust pathways within and out of the Service and as part of a number of wider integrated pathways across other service provision and providers. And these must be agreed with the DPH/public health consultant before implementation. There will be ongoing continued alignment with this Specification with other Targeted Family Support, Edge of Care and Tiers 3 and 4 Children's Services following the outcome of pilot work in Redditch and other Council led activity. The Service Provider will be expected to contribute to this activity and any adjusted pathways.

5.6.3**.** The Service Provider is also expected to actively participate in any local, regional and national networks, relevant trials, training, and research and audit programmes where applicable to the delivery of services within this Specification.

5.7 Co-production of services

5.7.1 The Service Provider will ensure that service users are actively involved in the targeted development of the Prevention Service throughout the lifetime of the Contract. This may include but is not limited to:

- Client satisfaction surveys;
- Expert panels;
- Written surveys;
- Open consultation;
- Development workshops.

The Service shall also have a system for compliments and complaints that records and acts on the views of service users, their partners and families where appropriate and necessary.

5.8 Information technology and information management.

5.8.1 A robust IT and activity data management system is required. The Starting Well Service will be required to:

- Provide an electronic service user record which links all main services and provides input into the Child Health Information System (provided by Birmingham Community Healthcare NHS Trust);
- Ensure effective data monitoring mechanisms and systems are in place to collect and demonstrate the identified outcomes, the agreed Performance Indicators and activity data requirements, to be reported directly to Councils at the end of each quarter, and within an annual report;

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- Code all activity undertaken, including data needed to meet the requirements of local and national reporting systems;
- Ensure systems for managing the delivery of any service elements sub-contracted to other providers.
- Enable secure access to their client management system by the WCC *Family Front Door* and enable input to WCC Frameworki where necessary. The Provider will ensure any data exchange between the Providers IT system and data held within WCC Frameworki system is exchanged securely
- Complete the Personal Child Health Record (PCHR) routinely and support parents and carers to use proactively

5.8.2 The Service Provider is required to record all service user data on a suitable electronic client management system which is nationally validated and guarantees security in line with information governance requirements. The client management system must be paper light and be operationally linked across all health and social care services (Inc. sub-contracting services where necessary) for:
- Recording of demographic, appointment times and use of evidence based tools for all elements of the Service.
- Direct staff inputting of:
    - Client assessment records;
    - Screening and use of evidence based tools;
    - Outcome recording;
    - Prescribing systems;
    - Recording assessment of consent.
- Managing recall;
- Text messaging for reminders and recall;
- Reporting both national and local bespoke reports;
- Identifying and flagging behaviour patterns potentially linked to CSE, CP and sexual abuse.

5.8.3 The Service Provider and any sub-contractors will be expected to create, maintain, store and retain Client Records in a secure location and be compliant with the Data Protection Act, Access to Health Records Act 1990, consent requirements, and the Common Law Duty of Confidentiality. The Service Provider will be expected to comply with the NHS Code of Practice on Confidentiality, Protecting and Using Patient Information (A Manual for Caldicott Guardians), the NHS Information Governance Toolkit, and the security management standard BS 7799-2. Service Providers must ensure information governance policies and procedures are in place and understood

5.8.4 The Service Provider will ensure a system to provide a robust mechanism for collecting data and producing reports. The Service Provider must be able to provide non-attributable datasets to the Council and to analyse and produce reports as determined by the Council. The Service Provider must assure the Council that they have the capability and robust mechanisms to routinely collect service user level data regarding all the protected characteristics and to identify where extra needs arise due to protected characteristics; in particular referrals, access, service user experience and outcomes

5.8.5 The Service Provider will ensure the Service is accessible to all children, young people and families. This may require the use of appropriate technology (for example health and development promoting apps, resources and websites, secure text messaging with clients and secure email facilities with clients and other agencies). The Service

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Provider will where necessary to meet needs and to make the Service accessible, use remote access (such as laptops and tablets, mobile phones, teleconference facilities and videoconferencing facilities).

5.9 Data sharing standards

5.9.1 Information sharing is needed to assure continuity of care, treatment and provision. The Service Provider will have agreed data sharing protocols with partner agencies including other health care providers, other services providing early help or support, children's social care and the police to enable effective services to be provided to children and their families. Service Providers will ensure that all staff have access to information sharing guidance including sharing information to safeguard or protect children

5.9.2 The Service Provider will collect sensitive and personal data through the assessment process and subsequent support provided; the Data Protection Act 1998 and Human Rights Act 1998 apply. The Service Provider will have a policy and procedure for dealing with individuals (or representative) requests to view their records ('subject access' requests) in accordance with Section 7 of the Data Protection Act 1998. The request does not have to contain the terms 'subject access request' or data protection to be considered a valid request. Wherever possible, the informed consent of the individual will be obtained before information is shared. 'Informed' means that the individual understands what information may be shared and the reason why.

5.10 National data requirements:

5.10.1 By 2017 it is anticipated that the Service Provider will be required to report and submit monthly activity and information to the Health and Social Care Information Centre as part of the national Maternity and Children's Dataset (MCDS). In the interim and currently a temporary approach has been adopted for national collation and reporting on indicators for the Public Health 0-5 services around population coverage of the mandatory HCP universal reviews, breastfeeding and child development outcomes. The Service is required to generate a quarterly extract relating to these for reporting to the LA commissioner and for submission to PHE.

5.10.2 The Service Provider is required to ensure and provide the national "Information Requirements for Child Health Systems 2015". This output and information requirements specification for the child health information service and systems was published in March 2015 by Public Health England. https://www.gov.uk/.../child-health-information-systems-requirements

5.10.3. Data for the mandatory National Child Measurement Programme (NCMP) for all Reception and Year 6 children is required to be submitted annually to the Department of Health by WCC. In order for the Council to carry out its responsibilities with regard to the NCMP data, individual level data pertaining to children's height and weight measurements in Reception and Year 6 will be provided to the Public Health department within the Council. The data will arrive within a mutually agreed timescale in order to allow sufficient time for data quality checks to be carried out prior to the Public Health department uploading it to the DH. This data and all communications regarding individual level data should be sent via a secure IT system e.g. NHS.net to GCSX, and the data will be held on the Council's IT systems within a secure area accessible only by Public Health intelligence staff

5.10.4 The Service Provider is required to comply with OFSTED inspection frameworks

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relating to children, young people and families, as well as any other external evaluation or audit arrangements (regulatory or otherwise). As all OFSTED inspections are unannounced, the Service Provider, any sub contracted providers and staff are expected to be familiar with such frameworks and to be 'inspection ready'. The Service Provider will be required to contribute to any Ofsted inspections in regard to the core purpose of Children's Centres and achieve at least a "Good" rating (or equivalent in any new inspection framework), Safeguarding inspection as part of the single inspection framework and to any CQC review.

5.11 Information technology requirements for the provision of information, advice and guidance

5.11.1 The Service Provider will provide comprehensive and interactive information and advice accessible to all children, young people and families. This will include self-help materials and accessible interactive on-line and digital solutions as well as assisted internet access for those who need it This may require the use of appropriate technology for example health and development promoting apps, resources and websites and text messaging with clients. Where applicable, the Council will expect the Service Provider to implement this in a secure manner. The Council requires that service users and children, young people and families can be signposted from the Council's own websites to services and information, advice and guidance provided by the Service, typically through the use of hyperlinks. The Service Provider will be expected to utilise links with national information and support systems and those provided by the Council and the local NHS.

5.12 Staff training and development

5.12.1 The Service Provider will be expected to provide or commission appropriate staff training for all staff or volunteers within the Prevention Service. The Service Provider will ensure staff and any sub-contractors are appropriately trained, accredited and registered to deliver the activities and interventions required and that this is up to date. The Service Provider is responsible for ensuring workforce receives appropriate safeguarding training in accordance with WCSB training requirements. The Service Provider will ensure training and workforce development plans are in place and will be expected to provide the Council with a summary of all the above on request, and as part of an annual workforce return.

5.12.2 All employees, including sub-contractors, who have direct contact with individuals (adults, young people or children) will have been subject to the DBS (Disclosure and Barring Service) check, or enhanced check as appropriate, to ensure they are able to carry out the work for which they are employed.

 5.12.3 The Service Provider will work with NHS England, Health Education England (HEE) and Local Education Training Boards (LETBs) to ensure effective support for trainees and newly qualified HVs and Public Health nurses. This will be delivered by ensuring the provision of: sufficient practice teachers; support through mentoring and supervision for students and newly qualified staff; and, placement capacity and high quality placements in line with NMC and HEI requirements.

5.13 Social value

5.13.1 WCC has a strong history of working with the voluntary sector and wishes to strengthen volunteering across the County. As part of this, the Council expects Service Providers to find ways to develop community assets (including people) to build social

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capital more widely than just directly with their service users by promoting volunteering opportunities within the Services they provide.

5.13.2 The Service Provider shall also operate in a way that maximises social value for the population of Worcestershire, which may include (but is not limited to):

- Working with local education establishments to contribute to training courses, qualifications and evaluation projects.
- Develop peer support and community parenting
- Employment of local people;
- Offering apprenticeships, work experience, and training opportunities;
- Use of local service providers and facilities as part of the Lead Provider model;
- Use of local and community based facilities in the delivery of services;
- Engagement with and inclusion of local third sector organisations in the development and delivery of services;
- Working with local partnerships to integrate the Prevention service and improve wider health and well-being;

6. CLINICAL GOVERNANCE

6.1 The Service Provider must ensure that an effective policy and system for clinical governance is in place for all services delivered under this Specification to meet the requirements of the CQC, PHE and local NHS. This must include the appropriate professional and clinical leadership, which provides support and direction in relation to all clinical issues relating to service delivery.

6.2 The Service Provider must ensure the delivery and documentation of managerial, professional and clinical supervision to all staff in the Starting Well Service. This may also be provided by specialists in external services with associated care pathways including CAMHS, Specialist Speech and Language Services, Adult Mental Health Services.

6.3 As part of quarterly performance and quality monitoring reports, the Service Provider must submit assurance to the Commissioner that they will continue to maintain the level of clinical governance as outlined in their tender bid. At any period of time during the life of the Contract, the Service Provider must notify the Council, immediately in writing, should they not be able to fulfil their clinical governance requirements, coupled with this, they must also submit a full written report detailing the breach and any associated plan of remedial actions to resolve the identified issues; this must include a detailed timeline.

6.4 Bi-annual audits of service documentation must be included in reporting to quarterly performance meetings with the Council in addition to internal reporting for the Service Provider to ensure quality standards of practice.

6.5 Incident reporting procedures

A full report outlining the details of any Serious Untoward Incidents (SUIs) or Near Misses will be communicated to the Council (within 24 hours for SUIs and within 72 hours for Near Misses). Root cause analysis is to be provided to the Council in an agreed time frame, dependant on the severity and level of work involved. The Council may wish to be included in the root cause analysis.

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Service Providers will comply with the national guidance for the management of safety concerns and incidents in screening programmes and NHS England guidance for the management of serious incidents (http://www.screening.nhs.uk/incidents).

Safeguarding and child sexual exploitation incidents will be notified to the Council as SUIs, and root cause analyses conducted. This will be in addition to requirements under 6.6.1.

6.6. Safeguarding and child sexual exploitation.

6.6.1 Safeguarding policies - Under the terms of the Contract and this Service Specification, the Service Provider and all associated sub-contractors must work in accordance with all Worcestershire safeguarding policies and procedures. Full information on these can be found in the General Terms of the Contract.

6.6.2 Child sexual exploitation - In order to improve the effectiveness of safeguarding and protecting children and young people from this form of abuse it is the responsibility of the Service Provider and all associated sub-contractors of all services included within this Service Specification to follow the national and local CSE guidelines in identifying and reporting CSE. It is vital that all staff (including non-clinical and reception staff) have access to and complete CSE training to ensure they are fully able to recognise the signs of CSE and act according to the relevant pathways and procedures.

In addition, the Service Provider will also have responsibility for working with a range of other local agencies to:

- develop local CSE prevention strategies;
- identify those at risk of being sexually exploited or at risk from FGM and adopt a protocol for flagging this to the relevant agencies;
- take action to safeguard and promote the welfare of particular children and young people who are being, or may be at risk of being sexually exploited or at risk from FGM;
- take action against those intent on abusing and exploiting children and young people in this way;
- actively contribute to the wider outcomes of the Worcestershire CSE strategy and Action Plan.

7. KPI QUALITY MEASURES

7.1. The list of KPIs, PIs and activity data requirements are outlined in Schedule 1 to this Service Specification. The Commissioner reserves the right to amend these where deemed necessary throughout the life of the Contract, and will do so in consultation with the Service Provider. A finalised list of performance indicators will be agreed with the Service Provider prior to the commencement of service delivery.

7.2 All activity data must be submitted by the Service Provider in a format and timescale agreed with the Council. Data submitted will be discussed at regular performance monitoring meetings.

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7.3. Outcomes attached to incentive payments

The following KPI outcomes included within the delivery of the Services in this Specification will be attached to additional incentive payments:

- Breastfeeding at 6-8 weeks in deprived communities
- Child Development at age 2.5 years for children from deprived areas
- School readiness for children receiving free school meals
- Excess weight for children aged 4-5
- Improved parenting capacity for vulnerable families
- Improved emotional health and wellbeing for disadvantaged children and young people.

7.4 Monitoring requirements

The Service Provider must comply with the following set of monitoring requirements:

- A full set of agreed data returns must be made and reported to the Council on a monthly basis as outlined in Schedule 1 to this Service Specification;
- Monthly review meetings will be held with the Council as a minimum, and interim reviews will also be held where required by the Council;
- Quarterly performance meetings will be established to include benchmarking against national and local KPIs and reviewing all contractual requirements;
- The Service Provider will be required to undertake at least 2 clinical audits a year, one of which will be selected by the Council, and a second topic subject to agreement between the Council and Service Provider;
- The Service Provider will analyse and understand where there is inequality of access and where there is inequality of outcomes across the protected characteristics;
- The Service Provider will undertake an annual equality impact assessment which will be supplied to the Council to support Needs Assessment and 0 - 19 planning processes.

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[i] Davies, S.C. Annual Report of the Chief Medical Officer, 2012, Our Children Deserve Better: Prevention Pays. London: Department of Health (2013)

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[iii] Healthy Child Programme – Pregnancy and the first five years of life (DH, 2009 – amended August 2010)

[iv] Steinberg L. A behavioural scientist looks at the science of adolescent brain development. Brain Cogn 2010; 72(1): 160–4

[v] WAVE Trust and DfE. Conception to Age Two. The Age of Opportunity. Surrey, WAVE Trust, 2012

[vi] UCL Institure of Health equity. Good quality parenting programmes. Health Equity briefing 1a. September 2014

[vii] PHE. Improving young people's health and wellbeing A framework for public health 2015

[viii] Marmot M. 'Fair Society Healthy Lives' (The Marmot Review). 2010

[ix] Early Action Taskforce (2013). The Triple Dividend, Community Links

[x] WAVE Trust and DfE. Conception to Age Two. The Age of Opportunity. Surrey, WAVE Trust, 2012

[xi] Munro, E. Munro review of child protection: final report - a child-centred system. s.l. : The Stationery Office Limited, 2011

[xii] PHE. Rapid Review to Update Evidence for the Healthy Child Programme 0-5, 2015

[xiii] PHE. Rapid Review to Update Evidence for the Healthy Child Programme 0-5, 2015.

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PERFORMANCE LEVELS

Table 1: Key Performance Indicators - OUTCOMES

National/Local Outcomes	No.	Requirement	Contract Year 0 (Oct 2016 to March 2017) (Qtr 3 & 4 Financial Year and National Data Reporting)	Contract Year 1 (April 2017 to March 2018)	Contract Year 2 (April 2018 to March 2019)	Contract Year 3+ (April 2019 to March 2020)	Frequency	Source
DASHBOARD **Main KPIs: attracting incentive payments**								
Breastfeeding at 6-8 weeks *National Indicator*	1a	• Numerator: Numbers breastfeeding at 6-8 weeks • Denominator: The number of infants due 6-8 weeks reviews	44.0%	45.0%	45.5%	46.0%	Quarterly & Annually	Provider input to MCDS (HSCIC) & PHOF
Breastfeeding at 6-8 weeks in deprived areas *Local Indicator*	1b	• Numerator: Numbers breastfeeding at 6-8 weeks resident in IMD 1 & 2 • Denominator: The number of infants due 6-8 weeks reviews resident in IMD 1 & 2	To record BF rates for IMD 1 & 2 in agreement with commissioner	39%	40%	>40%	Quarterly & Annually	Collected by Provider
Child development by 2½ years *National Indicator*	2a[1]	• Numerator: Numbers scored above the ASQ3 cut off in all 5 domains at the 2.5 year review • Denominator: Total numbers who received a 2-2½ year review by the end of the quarter	> National average	> National average or 5% increase on current baseline whichever is greater	> National average or 5% increase on current baseline whichever is greater	> National average or 5% increase on current baseline whichever is greater	Quarterly and Annually	Provider input to MCDS (HSCIC) & PHOF

National/Local Outcomes	No.	Requirement	Contract Year 0 (Oct 2016 to March 2017) (Qtr 3 & 4 Financial Year and National Data Reporting)	Contract Year 1 (April 2017 to March 2018)	Contract Year 2 (April 2018 to March 2019)	Contract Year 3+ (April 2019 to March 2020)	Frequency	Source
DASHBOARD **Main KPIs: attracting incentive payments**								
Child development by 2½ years in deprived areas *Local Indicator*	2b	• Numerator: Numbers of vulnerable children (defined as LAC/CP/CIN, referred by FFD or resident in IMD 1 & 2) scored above the ASQ3 cut off in all 5 domains at the 2.5 year review • Denominator: Total number of vulnerable children or resident in IMD1 & 2 who received a 2-2½ year review by the end of the quarter	To record ASQ3 scores for vulnerable children in agreement with commissioner	> National average or 5% increase on current baseline whichever is greater	> National average or 5% increase on current baseline whichever is greater	> National average or 5% increase on current baseline whichever is greater	Quarterly and Annually	Collected by Provider
School Readiness *National Indicator*	3a[1]	• Numerator: All children defined as having reached a good level of development at the end of the Early Years Foundation Stage (EYFS) • Denominator: All children eligible for the EYFS Profile in the area	> national average	68%	69%	>70%	Annually	DfE/PHOF
School Readiness by free school meal status *National Indicator*	3b[1]	• Numerator: All children with free school meal status having reached a good level of development at the end of the EYFS • Denominator: All children with free school meal status eligible for the EYFS Profile in the area	>48%	50%	National average	>National average	Annually	DfE/PHOF
Excess weight 2.5 years *Local Indicator*	4a	• Numerator: Number height & weighted and recorded at 2-2.5 year review • Denominator: Number of children who turned 2½ years, in the appropriate quarter	80%	85%	90%	95%	Quarterly	Recorded by Provider

National/Local Outcomes	No.	Requirement	Contract Year 0 (Oct 2016 to March 2017) (Qtr 3 & 4 Financial Year and National Data Reporting)	Contract Year 1 (April 2017 to March 2018)	Contract Year 2 (April 2018 to March 2019)	Contract Year 3+ (April 2019 to March 2020)	Frequency	Source
DASHBOARD **Main KPIs: attracting incentive payments**								
Excess weight at 4-5 years **National Indicator**	4b	• Numerator: Number of overweight or obese Reception children each academic year measured through NCMP. • Denominator: Number of Reception children measured through NCMP	<22.5%	<22%	At least national average	<national average	Annually (NCMP Dec each year)	Recorded by Provider, published by PHE
Improved Parenting capacity - vulnerable families *Local Indicator*	5a	• Numerator: Numbers of vulnerable parents (teenage parents, parents known to social care or FFD and parents resident in IMD1 & 2) received parenting support • Denominator: All parents received parenting support during the period •	To collect data required in agreement with commissioner	85%	90%	>90%	Quarterly & Annually	Recorded by Provider
Improved Parenting capacity *Local Indicator*	5b	• Numerator: Number of parents with improved parenting capacity following support using TOPSE tool • Denominator: Number who received & completed parenting support during the quarter	To measure & report in agreement with commissioner	100% of parents with at least 50% parental capacity improvement with exception reporting	100% parents with at least 60% parental capacity improvement with exception reporting	100% parents with at least 70% parental capacity improvement with exception reporting	Quarterly & Annually	Recorded by Provider

National/Local Outcomes	No.	Requirement	Contract Year 0 (Oct 2016 to March 2017) (Qtr 3 & 4 Financial Year and National Data Reporting)	Contract Year 1 (April 2017 to March 2018)	Contract Year 2 (April 2018 to March 2019)	Contract Year 3+ (April 2019 to March 2020)	Frequency	Source
DASHBOARD **Main KPIs: attracting incentive payments**								
Emotional health & wellbeing support and outcomes	6a	• Numerator: Numbers of vulnerable CYP (defined as LAC/CP/CIN, referred by FFD or resident in IMD 1 & 2) seen face to face or received on line support • Denominator: Numbers of all CYP seen face to face or received on line support during the period •	To measure & report in agreement with commissioner	75%	80%	85%	Quarterly & Annually	Recorded by Provider
Emotional health and wellbeing outcomes	6b	Numerator: Number of cases audited showing evidence of the following criteria: • evidenced based intervention (using NICE guidance and CYP-IAPT principles) relating to needs • evidence of use of outcome measurement tools such as SDQ, CGAS, outcome star, SWEMWBS with at least 2 measurements taken (Time 1 and Time 2) and some evidence of clinically significant improvement • change of approach where appropriate as a consequence of outcomes monitoring • evidence of consultation with CAMHS where appropriate • evidence of CYP views taken into account.	To measure and report in agreement with commissioner ready for auditing	80% of cases audited (random sample chosen by commissioners and no. of cases audited to be determined) show that criteria is met.	90% of cases audited (random sample chosen by commissioners and no. of cases audited to be determined) show that criteria is	100% of cases audited (random sample chosen by commissioners and no. of cases audited to be determined) show that criteria is	Quarterly & Annually	Case records from Provider

National/Local Outcomes	No.	Requirement	Contract Year 0 (Oct 2016 to March 2017) (Qtr 3 & 4 Financial Year and National Data Reporting)	Contract Year 1 (April 2017 to March 2018)	Contract Year 2 (April 2018 to March 2019)	Contract Year 3+ (April 2019 to March 2020)	Frequency	Source
DASHBOARD **Main KPIs: attracting incentive payments**								
		Denominator: Numbers of cases audited where CYP received & completed service during the period			met.	met.		

[1] During Quarter 3 & 4 of Year 0 (October 2016 to March 2017) the following KPI's will be exempt from the stated Performance Level: 2a, 3a, 3b, 6b. Therefore 4 x 0.5% of the Annual Contract Value (pro rata) will be a guaranteed award.

Table 2: Performance Indicators (Service Metrics) - OUTPUTS

Category	No.	Data Description	Current Performance	Contract Year 0 (Financial Year and National Data Rporting Qtr 3 & 4)	Contract Year 1 (April 2017 to March 2018)	Contract Year 2 (April 2018 to March 2019)	Contract Year 3+ (April 2019 to March 2020)	Frequency	Source
FNP: Coverage	7a*	• Numerator: Numbers of active FNP families • Denominator: Numbers of mothers eligible for FNP	26 Families as at Dec 15	100 active families	100 active families	100 active families	100 active families	Quarterly and Annually	Provider to report
Targeting	7b**	• Numerator: Numbers of active FNP families either LAC or from IMD 1 or 2 • Denominator: Numbers of mothers eligible for FNP	NA	>70%	>75%	>90%	>95%	Quarterly and Annually	Provider to report
Antenatal: Antenatal visit *(mandatory)*	8*	• Numerator: Number of mothers who received a first face-to-face antenatal contact at 28 weeks or above • Denominator: Number of births in quarter	266 (17%) 15/16 Q2	>34%	>60%	>70%	>80%	Quarterly and Annually	Provider input to national MCDS (HSCIC)
Antenatal education	9**	• Numerator: Numbers of first time mothers who are LAC or resident in IMD 1 & 2 completed "Preparing for birth & beyond" antenatal education each quarter • Denominator: Numbers first mothers eligible for antenatal review	NA	To record numbers of first time mothers completing A/N education in agreement with commissioner	60%	70%	80%	Quarterly and Annually	Provider to report

Postnatal: New born visits *(mandatory)* Percentage of infants who received a 6-8 week review *(mandatory)*	10*	• Numerator: Number of infants turned 30 days in the quarter who received a face-to-face visit within 14 days from birth • Denominator: Total number of infants who turned 30 days in the quarter	93.3% 15/16 Q2	100% with exception reporting	100% with exception reporting	100% with exception reporting	100% with exception reporting	Quarterly and Annually	Provider input to national MCDS (HSCIC)
	11*	• Numerator: Number of infants who received a 6-8 week review by the time they turned 8 weeks • Total number of infants due a 6-8 week review by the end of the quarter	99.8% 15/16 Q2	100% with exception reporting	100% with exception reporting	100% with exception reporting	100% with exception reporting	Quarterly and Annually	Provider input to national MCDS (HSCIC)
Maternal mental health (NICE CG192)	12**	• Numerator: Number of mothers who received a Maternal Mood review by the time infant turned 8 weeks • Denominator: Total number of mothers with infants who turned 8 weeks, in the quarter	NA	To record numbers of mothers receiving mood review by 8 weeks	90% with exception reporting	100% with exception reporting	100% with exception reporting	Quarterly and Annually	Recorded by provider
Secure attachment (NICE PH40)	13**	• Numerator: Number of parents/carers with infant attachment difficulties who receive a service to improve their relationship with their infant • Denominator: Number of parents/carers with infant attachment difficulties	NA	To develop and record universal plus intervention in agreement with commissioner	90% with exception reporting	100% with exception reporting	100% with exception reporting	Quarterly and Annually	Recorded by provider
Pre-school: % received 12 month review *(mandatory)*	14*	• Numerator: Number of children who turned 12 months in the quarter, who received a review by 12 months	92.6% 15/16 Q2	100% with exception reporting	100% with exception reporting	100% with exception reporting	100% with exception reporting	Quarterly and Annually	Provider input to national MCDS (HSCIC)

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		• Denominator: Total number of children who turned 12 months, in the quarter							
% of LAC 0-4 received a Health Assessment	15*	• Numerator: Numbers of under 5s who received a LAC health assessment by the end of the quarter • Denominator: Numbers of under 5s due a LAC health assessment by the end of the quarter	NA	To develop method and record numbers of under 5s LAC receiving Has in agreement with commissioner	100% with exception reporting	100% with exception reporting	100% with exception reporting	Quarterly and Annually	Recorded by provider
% received an integrated 2-2½ year review (*mandatory*)	16*	• Numerator: Total number of children who received an integrated 2-2½ year review, by 2½ years of age using ASQ3 • Denominator: Number of children who turned 2½ years, in the appropriate quarter	90.8% 15/16 Q2	100% with exception reporting	100% with exception reporting	100% with exception reporting	100% with exception reporting	Quarterly and Annually	Provider input to national MCDS (HSCIC)
School age: % received school entry review	17*	• Numerator: Total number of Reception children in state schools who received school entry review • Denominator: Total number of children in Reception on state school rolls	NA	To develop method in agreement with commissioner and record reviews	95% with exception reporting	95% with exception reporting	95% with exception reporting	Annually	Recorded by provider
NCMP coverage *Mandatory*	18*	• Numerator: Number of Reception children measured through NCMP. • Denominator: Total number of children in Reception on state school rolls	95% 2014/15 academic year	>95%	>95%	>95%	>95%	Annually	Recorded by Provider, published by PHE
% received a hearing screen	19**	• Numerator: Number of Reception children that receive a hearing screen • Denominator: Total number	NA	>95%	100% with exception reporting	100% with exception reporting	100% with exception reporting	Annually	Recorded by provider

		of children in Reception on state school roles							
% received a vision screen	20**	• Numerator: Number of Reception children that receive a vision screen • Denominator: Total number of children in Reception on state school roles	NA	>95%	100% with exception reporting	100% with exception reporting	100% with exception reporting	Annually	Recorded by provider
NCMP coverage *Mandatory*	21*	• Numerator: Number of Year 6 children measured through NCMP. • Denominator: Total number of children in Year 6 on state school rolls	94% 2014/15	>95%	>95%	>95%	>95%	Annually	Recorded by Provider, published by PHE
% received school transition review	22*	• Numerator: Total number of children in state schools who received transition review during Year 7 • Denominator: Total number of children in Year 7 on state school roles	NA	To develop method in agreement with commissioner and record reviews	100% with exception reporting	100% with exception reporting	100% with exception reporting	Annually	Recorded by provider
% received adolescent review	23*	• Numerator: Total number of young people in state schools who received adolescent review • Denominator: Total number of children in eligible on state school roles	NA	To develop method and record reviews	100% with exception reporting	100% with exception reporting	100% with exception reporting	Annually	Recorded by provider
% LAC aged 5-19 received a Health Assessment	24*	• Numerator: Numbers of 5-19s who received a LAC health assessment by the end of the quarter • Denominator: Numbers of 5-19s due a LAC health assessment by the end of the quarter	NA	To develop method and record numbers of 5-19s LAC receiving Has in agreement with commissioner	100% with exception reporting	100% with exception reporting	100% with exception reporting	Quarterly and Annually	Recorded by provider
Parenting	25**	• All parents received	2000 p.a.	To develop	>2000	>2500	>3000	Quarterly	Recorded

Support & programmes		• parenting support during the period		method in agreement with commissioner and record				and Annually	by provider
Tier 2 EWB service	26**	• Numbers of all CYP received targeted face to face or support during the period	ONS estimate 4642 may require a universal or targeted service	To develop method in agreement with commissioner and record	>500	>550	>600	Quarterly and Annually	Recorded by provider
Children's Centre inspections	27**	• % achieving at least a 'good' grading in OFSTED inspections for all Children's Centres (6)	All good or outstanding	At least good	At least good	At least good	At last good	In line with Ofsted Framework	Ofsted

* Priority 1 Performance Indicator
** Priority 2 Performance Indicator

Table 3: Other Population Outcomes directly contributing to:			Contract Year 0	Year 1	Year 2	Year 3	Frequency	Source
School readiness - % achieving phonics check by free school meal status *National Indicator*	27	• Numerator: Number of Year 1 pupils with free school meal status achieving expected level in phonics check • Denominator: All children in Year 1 with free school meal status eligible for phonics test	Improvement on previous year	Improvement on previous year	At least national average	>national average	Annually	DfE/PHOF
A&E attendance rates (0-4 years) *Local Indicator – Nationally available*	28	• Numerator: Attendances at any A&E department by a resident child aged under 5 years • Denominator: Children aged 0-4 years resident in the area, based ONS mid-year estimate per 1000	Improvement on previous year	Improvement on previous year	Improvement on previous year	Improvement on previous year	Annually	CHIMAT Child Health Profiles
Excess weight at 10-11 years *National indicator*	29	• Numerator: Number of overweight or obese Year 6 children each academic year measured through NCMP. • Denominator: Number of Year 6 children measured through NCMP	<32% academic year 15/16	<31.5% academic year 16/17	<31.0% academic year 17/18	<30.5% academic year 18/19	Annually (Dec each year)	Recorded by Provider, published

				Year 0	Year 1	Year 2	Year 3	Frequency	Source
									by PHE
Percentage of LAC health assessments (0-19) *National Indicator*	30	•	Numerator: Number of LAC who have been looked after continuously for at least 12 months, who have had their annual health assessment in year	Improvement on previous year (53% 2014)	>75%	>85%	At least national average	Annually	DfE
		•	Denominator: Number of children looked after at 31 March who had been looked after for at least 12 months in year						
Emotional wellbeing of LAC *National Indicator*	31	•	Average difficulties score for all looked after children aged 5-16 who have been in care for at least 12 months on 31st March showing improvement	Improvement on previous year (15.2 2014)	>15.0	At least national average	<national average	Annually	DfE
Self-harm hospital admission rates *National Indicator*	32	•	Numerator: Number of finished admission episodes for self-harm age 10-24 years	Improvement on previous year (398.9 13/14)	At least national average	<national average	<national average	Annually	CHIMAT Child Health Profiles
		•	Denominator: Resident CYP age 10-24, ONS mid-year estimates per 100,000						
		•							
Other Population Outcomes indirectly contributing to:				**Year 0**	**Year 1**	**Year 2**	**Year 3**	**Frequency**	**Source**
Emergency hospital admission rates (0-4 years) *National Indicator*	33	•	Numerator: Emergency Hospital Admissions by a resident child aged under 5	Improvement on previous year (123.9 12/13)	At least national average	<national average	<national average	Annually	CHIMAT Early Years profiles
		•	Denominator: Children aged 0-4 years resident in the area, based ONS mid-year estimate per 100,000						
Hospital admissions rates caused by injuries (0-14 yrs) *National Indicator*	34	•	Numerator: Number of emergency admissions for injuries aged 0-14 years	Improvement on previous year (98.5 13/14)	<national average	Improvement on previous year	Improvement on previous year	Annually	PHOF
		•	Denominator: Children aged 0-14 years resident in the area, based ONS mid-year estimate per 100,000						
New Children in Need (CIN) rates *Local Indicator*	35	•	Numerator: Numbers of children in need as at 31 March	Improvement on previous year	Improvement on previous year	Improvement on previous year	Improvement on previous	Quarterly & Annually	WCC Children's Services/Df
		•	Denominator: Numbers of children aged 0-19 resident in Worcestershire per 10,000						

							year		E
				(343.0 as at 31/3/15)					
% NEET (16-18 years) *National Indicator*	36	• % not in education, employment or training as a proportion of total age 16-18 year olds		At least national average (4.7% 2014)	<national average	Improvement on previous year	Improvement on previous year	Annually	PHOF
% Pupil Absence (half days missed by pupils due to absence) *National Indicator*	37	• Numerator: The number of sessions missed due to overall absence • Denominator: The total number of possible school sessions		At least national average (4.5% 13/14)	<national average	Improvement on previous year	Improvement on previous year	Annually	PHOF

Table 4: Service reporting requirements ACTIVITY

Category	No.	Data Description	Reporting	Timescale
Under 5s		• Numbers of contacts for: - Community, Universal, Universal Plus, Universal Partnership by District • Community contacts by type & district • Numbers receiving Universal Plus more intensive home visiting by district • Number of contacts for those receiving more intensive home visiting by district • Universal Plus contacts for interventions by type & district - Perinatal mental health, attachment, parenting, breastfeeding, weaning, speech & language, school readiness etc • Universal partnership contacts by type & district • Provision of full FNP dashboard	Numbers Outcomes to be reported through case studies & evaluations Numbers	Quarterly and Annually

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		• Referrals received from other agencies/professionals by service • Number of referrals made to other targeted or specialist services by service and district		
5-19s		• Numbers of contacts for: - Community, Universal, Universal Plus, Universal Partnership by district • Community contacts by type & district • Universal Plus contacts by type & district - emotional wellbeing, sexual health, parenting, healthy weight etc • Universal partnership contacts by type & district • Referrals received from other agencies/professionals by service • Number of referrals made to other targeted or specialist services by service and district	Numbers Outcomes to be reported through case studies & evaluations Numbers	Quarterly and Annually
Multiagency assessments /plans		• Numbers of Early Help Assessments competed by district • Numbers of Early Help Assessment where provider is lead professional by district	Numbers	Dashboard Quarterly and Annually Initial audit after 6 months
Parenting		• Numbers of targeted parenting support by: - Group programme, face to face • Parent support/programmes delivered by type & district • % of parents completed programmes	Numbers	Quarterly and Annually
Health promoting Settings		• Settings supported by type • Number of school health & wellbeing improvement plans	Numbers & Outcomes to be reported through case studies & evaluations	Quarterly and Annually
Peer Support		• Numbers of peer supporters recruited • Peer Support contacts by type of peer support • Numbers of Health & Wellbeing champions • Health Champion activity by type • Evidence of peer supporters achieving successful outcomes	Numbers & outcomes to be reported through case studies &	Quarterly and Annually

		(community parents, breastfeeding) • Health & wellbeing champions evidence of achieving successful outcomes	evaluations	
Volunteers		• Numbers of volunteers recruited • Volunteering activity by type and district	Numbers & outcomes to be reported through case studies & evaluations	Quarterly and Annually
Drop in facilities		• Numbers attending under 5s by venue • Numbers attending 5-19 by venue	Numbers & outcomes to be reported through case studies & evaluations	Quarterly and Annually
Information & advice		• Interactive activity (texts/website) by subject area • Supported info & advice	Numbers & outcomes to be reported through case studies & evaluations	Quarterly and Annually
Community capacity		• Numbers of groups or events supported by type & district • Numbers of community activities facilitated • Numbers of social prescribing	Numbers & outcomes to be reported through case studies & evaluations	Quarterly and Annually
Tier 2 emotional health & wellbeing		• Numbers of CYP seen face to face by CCG, district & school • Numbers referred and self referred, and breakdown of referrers by CCG, District and School. • Numbers of face to face contacts by CCG, district and school • Numbers of CYP completed programme of intervention, withdrawn or referred • Numbers referred to CAMHS • Numbers of CYP accessed on line counselling service • Numbers of contacts for on line service	Numbers	Quarterly and Annually Monthly in the first instance

- Numbers of CYP completed on-line support, withdrawn or referred
- Recording of interventions previously tried by referrers.
- Waiting times (from referral to assessment and intervention)
- Length of interventions
- Breakdown of numbers accessing different interventions (eg. 1-1 support, group work)
- Referrals onward to other services, including CAMHS Tier 3
- Number of 'step down' referrals from CAMHS and other specialist services such as social care
- Numbers of referrals not accepted and numbers of DNA's and cancellations
- Postcodes of service users to assess use across IMD areas
- Report by ethnicity and age of children

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Table 5. Quality indicators QUALITY

Area of work	No.	Patient Safety and Experience or Clinical Effectiveness?	Requirement	Threshold	Reporting
Service opening times		Patient Experience	List of venues offering services outside of normal working hours (9-5 Mon-Fri), by service type.	Service performance report	Quarterly
Waiting Times		Clinical Effectiveness	Percentage of users experiencing waiting times	Target set from 15/16 figures	Quarterly

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Workforce		Clinical Effectiveness	Full workforce return with staff numbers, roles and qualifications.		Annually
Staff training		Clinical Effectiveness	% of staff who have successfully completed local and nationally accredited training or refresher training, according to their scope of practice, and fulfilled relevant update requirements.	100%	Annual workforce return
Children's Centres		Clinical Effectiveness	% of Childrens Centre Advisory Boards including full representation from all early childhood services (including Job Centre Plus and Early Years Providers)	100%	Annually
Quality Standards		Clinical Effectiveness	Audit of outcomes and progress made recorded from agreed outcomes measurement tools		Quarterly audits, number of which agreed with Commissioners
Quality Standards		User Experience	Maintain/achieve BFI and You're Welcome accreditation across all facilities	List of facilities operated with accreditation	Annually
Service User Experience		User Experience	Annual service user survey and report with recommendations (to include all complaints and actions taken, and Families and Friends test)	within 3 months of the year end	Annually
Response times		Clinical Effectiveness	Percentage of referrers or self referrers receiving a response within 5 days of contacting the service	Target set from 15/16 figures	Quarterly
NICE Guidance and quality Standards		Clinical Effectiveness	Examples of policies and procedures with evidence of audit to include safeguarding	Bi annual audit	Quarterly review

SUIs and Near Misses		Patient safety and experience	All serious incidents and near misses to be reported to the Commissioner, with actions plans.	24h – all SUIs 72h – all Near misses	
CQC compliance		Patient safety and experience	Written update report to include compliance activities, and implementation of any learning or actions from inspections, reviews etc.		Quarterly to Commissioner and WCSB

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Co-Production Activities Summary Report - January 2016

1. Introduction

1.1 A number of activities have been undertaken as part of co-production to inform the service specification for the new integrated 0-19 prevention service. Focus groups were held with both parents and with young people in Districts, a countywide on-line survey for parents and on-line survey for children & young people were completed and a further set of hard copy questionnaires completed in more disadvantaged communities. The on-line surveys were available from 23rd December 2015 to 29th January 2016.

1.2 The Focus groups took place in each District during January and were targeted in either areas of deprivation or rural localities. In addition, most focus group participants also completed the on-line questionnaire in hard copy. A further set of hard copy questionnaires were completed by parents of younger children at targeted Children's Centre activities. The purpose of these activities was to gain deeper insight into the views and needs of more vulnerable communities to inform the service model and to compare and contrast the findings with the wider on-line countywide survey results.

2. Method

2.1 A total of 481 questionnaires were completed. 376 respondents completed the Parent/Carer survey, and 104 respondents the Children & Young People survey (aged 11-19). The district or postcode was not recorded, however data was separately analysed for those completed during the targeted activities which included 42 parent and 23 children & young people questionnaires.

2.2 Seven focus groups were held. Four with parents of children aged from 4 months to18 years and three with young people with ages ranging from 11-18 years. In total the groups involved 16 parents and 27 young people. Focus groups were held at different venues across the county including schools, community centres and a community café. The groups were held in Worcester City, Tenbury Wells, Evesham and Redditch.

3. Summary Findings across all activities

3.1 All parents found both the schedule of universal health and development reviews and the targeted or additional support identified and received very helpful. In particular parents reported finding support in the ante-natal and post-natal periods the most helpful. All children & young people and most parents (90%) thought that Health Visiting and School Health should be provided universally for all families across all ages but both thought that more support should be given to families who need support the most.

3.2 Parents valued information and support around the physical health & development of their children the most whereas children & young people valued information and support regarding emotional health & wellbeing, sexual health and drugs & alcohol more highly. Parents wanted drop in facilities for themselves and their children; however children & young people reported they found these less helpful.

3.3. Parents were happy to receive parenting support from peer supporters, through targeted programmes, groups and from digital sources but expressed a preference for face to face support when required. Children & young people were happier to receive information and support through a variety of digital and interactive resources, however also reported they want face to face support when this is needed. Parents expressed a preference for targeted or additional support to be delivered in Children's Centres &

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schools, whereas children & young people preferred delivery in community venues & schools

4. Focus Group Findings

4.1 Parent focus groups:

4.1.1Support and services for Under 5s - There was variation in the knowledge expressed by parents of the support they received for under 5s. Some parents of young children 0-5 years said they had regular appointments and received a very good service that was easily accessible, others, including those with premature babies said they struggled to get support. Most parents were aware of early developmental checks and had accessed them, but didn't have a clear view on what other services Health Visitors provided. Parents of children with special needs said that their child's needs were not fully met by the Health Visiting service and they had to access more specialist services.

4.1.2 Support and services for 5-19 year olds - Most parents said they had little knowledge of what services were available for their children, other than height and weight measurements. Parents who home educate their children were concerned that they had to buy in help as they do not receive any child health services.

4.1.3 Parenting support - Peer support and parent support groups, were valued by parents with younger children, and they felt the new service should encourage this. Some young people and parents of older children said that parents would benefit from support and training in how to understand and help their children in difficult times.

4.1.4 Information and advice - Parents said they were aware that there was help 'out there', but would welcome more information on what was available and how to access it. Most would use texting, interactive websites or Apps. to access advice and information if this was available, but stated that it was important to have a variety of approaches.

4.2. Young People focus groups:

4.2.1 Support and services for 5-19 year olds - Young people expressed concern over the inconsistency of the services provided for children of school age. Many thought the school nurse was there for medical reasons only. Some said the nurse was very helpful, others were unhappy with the quality of support and understanding from the service, particularly regarding mental health issues.   There were issues raised about confidentiality, including the location of the nurse in public areas of schools and the calling out of names for appointments, both of which put people off accessing the nurse. Young people in Tenbury Wells said that in rural areas the service should remain within the school setting, as many students lived out of the main town.

4.2.2 Lack of support for mental health and wellbeing issues was a key concern for young people; they felt that the school nurse service should be available to everyone but extra support should be available for those with specific needs and conditions such as Autism Spectrum Disorder and ADHD. Stress and bullying were also issues young people said they would like more support with.

4.2.3 Access to parental support, information and advice - Young people said they were aware that there was help available but would welcome more information on what was on offer and how to access it. Most would use texting, interactive websites or Apps. to access advice and information if this was available, but stated that it was important to

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have a variety of approaches for those who preferred other ways such as face to face contact.

4.2.4 Young people said that a 'drop in' service for all aspects of health and wellbeing would be useful but it had to be based in the right setting.

5. On-line Survey Findings

5.1 Services for preschool children & their families:
Parents value all the health & development reviews but particularly around time of birth and early days. Parents feel Health Visitor support for post natal depression and for additional health needs is the most important. Parents said everyone should receive a Health Visiting service but those parents with greater needs should receive most support. Over 85% of parents thought a drop in facility was important. Parents said they are more likely to use one to one, face to face meetings and "Walk in" drop in facilities to access support and advice in relation to younger children. They are less likely to use social media or SMS / Text advice.

5.2 Services for children age 5 to 19 & their families:
Over half of parents and 80% of children & young people had not had contact with their school health service. Over 80% of parents said the three reviews across the school ages would be helpful and 40% very helpful, whereas 60% of children & young people said they would be helpful. Over 90% of parents and young people thought all families should receive a service but 98% thought those families or young people in greater need should receive more. All of the support provided by the school health service was viewed as helpful by both parents and children & young people. Parents were particularly positive about hearing and vision screening, drugs and alcohol, sexual health and emotional health and wellbeing support and advice. Children & young people also valued support around emotional health and wellbeing, sexual health and drug and alcohol but were less interested in physical health issues. Parents and children & young people thought drop in facilities were helpful for both parents and children & young people themselves, however children & young people thought they were less helpful than parents.

5.3 Parenting support and Information & advice:
Almost 80% of parents stated they would be happy with receiving parenting support provided by peer supporters. Parents Parents would prefer face to face information and advice but were happy to access on line resources. Children & young people were happy to receive all types of digital and interactive support but wanted to be able to access face to face when really needed. Parents preferred targeted or additional support to be delivered in Children's Centres & schools. Children & young people preferred targeted or additional support or services to be delivered in community venues & schools. Both parents and children & young people said that parenting should be universal provision but with more support for those that need it most.

5.4 Results by question:

5.4.1 In total 481 responses were received. 376 respondents filled in the Parent/Carer survey, and 104 respondents filled in the Children & Young People survey (aged 11-19)

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5.4.2 Parents of children of all ages answered the survey although proportions of parents with children aged 17-19 were rather lower than other age groups. 60% of respondents answering the Children & Young People's survey were aged 11 to 16, whilst 40% of CYP respondents were aged 17 to 19.

5.4.3 Over 94% of parents/carers have had contact with a health visitor. Respondents in general tend to find all of the health and development reviews helpful.

5.4.4 In general parents were most positive about the Health Visitor antenatal and new born visit (by 14 days) than the visits received as the infant gets older, (6-8 weeks, 1 year, 2.5 year). However the majority still found these useful with two thirds finding the 2.5 year review helpful.

5.4.5 Most information support and advice offered by Health Visitors were rated as being helpful by parents. Over half thought that support on post natal depression was very helpful, & almost half rated support for families with additional needs as very helpful.

5.4.6 92% of parents felt that health visitors should support all families. Over 92% felt that health visitors should give more support to those families that need it most.

5.4.7 Over 85% of parents felt that a "drop in" facility provided by the health visiting service was important & over 60% said it was very important. Parents said they are more likely to use one to one, face to face meetings and "Walk in" drop in locations to access support and advice in relation to younger children. They are less likely to use social media or SMS / Text advice.

5.4.8 Over half of parents with children aged 6-19 had not had contact with the school health service. Almost 80% of children & young people had not had contact with the school health service. Proportions of children & young people that had contact were similar for 11 to 16 and for 17 to 19 year olds.

5.4.9 A similar proportion (around 40%) of parents felt that the proposed reviews at each of the suggested stages (school entry, transition and mid-teen) would be very helpful. The proportion of children and young people who felt the reviews were or would be very helpful was lower, although they still felt each of the reviews were generally helpful.

5.4.10 All of the support offered by the school health service was viewed as generally helpful by both parents and children & young people. Parents were particularly positive about hearing and vision screening, drugs and alcohol, sexual health and emotional health and wellbeing support and advice. Children & young people most valued support about emotional health and wellbeing, sexual health and drug and alcohol and were less interested about child measurements and advice on healthy weight.

5.4.11 All children and young people and over 90% of parents felt the school health and wellbeing service should support all families. 96% of children & young people and 98% of parent carers indicated that the school health service should give more support for those children and young people that need it most.

5.4.12 Almost half of parents said that a "drop in" facility for parents of children aged 5-19 years in respect of health, development and wellbeing would be very important. Only

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20% of children and young people said this was very important although most of the respondents did rate it as important.

5.4.13 In general both children and young people and parents indicated that they are more likely to use one to one, face to face meetings and drop in facilities for support and advice rather than other methods. Children & young people are least likely to use face to face or group sessions whilst parents are least likely to use social media and text / SMS messaging.

5.4.14 Children's Centres were the most popular location for additional or targeted activities among parents, with schools and GP surgeries also popular. Children and young people stated they preferred to go to community centres or buildings or to schools for additional or targeted activities. Libraries were less popular venues among both parents and young people.

5.4.15 Parents expressed a preference to attend these activities in the morning, with weekends the least popular. Children and young people stated they would prefer to attend in the afternoon in general, with mornings being the least popular.

5.4.16 Almost 90% of parents said that parenting advice and support should be available to everyone. Many respondents were concerned about how it would be decided who needs the service most.

5.4.17 Parents indicated they were more likely to use online resources for parenting advice and information, a one to one parenting course or a group parenting course, and less likely to use an interactive online chat or use text or SMS for parenting advice. Children & young people felt their parents would be most likely to use an online resource for parenting advice and information or one to one parenting courses.

5.4.18 Almost 78% of parents said they would like to receive support from other experienced parents in addition to professional help at least some of the time, with only 23% stating they would not want this kind of support at all.

5.4.19 Almost three quarters of parents said they would want to access information and advice relating to children, young people & families online from a website and via schools or colleges. Less than half wanted to access using interactive and social media facilities. Children & young people also said they would want to access information and advice from websites and through schools but also indicated they would access using social media and interactive facilities.

5.4.20 Information and advice about growth and development, physical health issues, stress, anxiety and mental health were the most popular topics that parents wanted to access. Children & young people wanted to access information & advice on stress, mental health, family issues and anxiety.

6. Targeted Survey Findings:

6.1 The responses from questionnaires completed in targeted more disadvantaged localities and settings were very similar to the main survey analyses apart from a couple of points. However it must be recognised that the numbers of identifiable targeted questionnaires were small in number

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6.2 Parents

A higher proportion of parents from targeted areas felt the antenatal and birth/new born visits were useful (68% targeted /54% general). Parents from targeted areas appear more likely to access one to one and group parenting (58% / 37%). Parents from targeted areas were more interested in advice about growth and development, advice on stress or emotional wellbeing was ranked much lower for targeted areas

6.3 Children & Young People

Children & young people from targeted areas were less likely to find advice and support from the school health service useful, although all groups were positive about the service. Schools and GP surgeries came out much higher as preferred places to go for targeted advice.

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**FOR
THE PROVISION OF
STARTING WELL
A PREVENTION SERVICE FOR
CHILDREN AND YOUNG
PEOPLE AGED 0 -19 YEARS
AND THEIR FAMILIES IN
WORCESTERSHIRE**

ISSUE DATE: **2ND MARCH 2016**

CLOSING TIME & DATE: **NOON ON
3RD MAY 2016**

Contents

Section	Description	Purpose
1.	Introduction	Provides background information about the local and national policy context and why the Service is being commissioned.
2.	Definitions	Defines the terms as used in this pack.
3.	Tender Overview	Summarises key information relating to the Tender.
4.	Tender Evaluation and Award Criteria	Sets out the criteria the Council will use to award the Tender.
5.	Tendering Arrangements and Timetable	Sets out the tendering process and timetable (including key stages and how to obtain further information).
6.	Tender Questionnaire and Declaration	Contains the Questionnaire together with completion instructions and Declaration to be signed by the Tenderer.
Appendix 1	Service Specification	Outlines the Service which the Council requires.
Schedule 1 to Service Specification	Key Performance indicators	Performance measurements to demonstrate how effectively business objectives and outcomes are being achieved.
Appendix 2	General Conditions of Contract	An indicative draft version of the Contract between the Council and the Service Provider.
Appendix 3	Monitoring and Review Arrangements	Sets out the arrangements which will be used to monitori and review the Contract
Schedule 1 to Tender Pack	TUPE Information	Contains anonymised information about the number of staff currently providing the service.
Schedule 2 to Tender Pack	Template Pension Direction from NHS Pensions pursuant to New Fair Deal	Contains NHS Pension Scheme information that needs to be considered by all tenderers Useful links for further information: http://www.nhsbsa.nhs.uk/Pensions/4327.aspx

		https://www.gov.uk/government/publications/fair-deal-policy-and-nhs-pension-scheme
		Extract from DH Guidance for the NHS Pension Scheme: 1.9. DH does not intend to require Participation Agreements between independent sector employers and NHS Pensions for participation in the NHSPS. Instead, as is currently the case for non-NHS employers, a Pension Direction will be issued by NHSPS in respect of the staff transferring to the independent sector employer for each public service contract, requiring that independent sector employer to participate in the NHSPS in relation to the transferring staff. 1.10. Where there may be a transfer of NHS staff to an independent sector employer as a result of the award of a contract, the contracting authority will need to obtain a template Pension Direction from NHS Pensions and include it in the tender documentation for that contract so that all bidders can bid on the same basis. 1.11. As a precondition to the commencement of services, the independent sector contractor will be required to obtain a Pension Direction in respect of staff transferring to it or its sub-contractor. Failure by the independent sector contractor or its sub-contractor to comply with its obligations under a Pension Direction, as notified to the contracting authority by NHS Pensions, will constitute an event of default under the service contract, entitling the contracting authority to terminate the contract. 1.12. An NHS Pension Direction authorised in respect of new Fair Deal will be a 'closed' document i.e. its application will be restricted to those staff.
Schedule 3 to Tender Pack	Local Government Pension Scheme - Admission Agreement	The admission agreement entered into in accordance with regulation 5A of the Local Government Pension Scheme Regulations 1997 (as amended) by the Client and the Service provider and/or any Sub-Contractor in the form set out in Schedule 3.
Appendix 4	Children Centre Building Information Pack Appendix 4a Bromsgrove Appendix 4b Malvern Hills Appendix 4c Redditch Appendix 4d Worcester Appendix 4e Wychavon Appendix 4f Wyre Forest Appendix 4g Children's Centre Running Costs	Information Packs include: Consultation Responses Children's Centre Site Plans Children's Centre Floor Plans Premises related costs
Appendix 5	Co-production Summary Report	Summary of findings following on-line surveys, focus groups and questionnaires undertaken between December 2015 and January 2016 to inform the new

		integrated 0-19 prevention service.
Appendix 6	Links to Data and Profiles	JSNA Health Profiles
Appendix 7	Emotional Wellbeing (EWB) Technical Annex	Worcestershire Emotional Wellbeing Service for Children and Young people (Tier 2)
Appendix 8	Surestart Statutory Guidance	Sure Start children's centres statutory guidance from the Department of Education for local authorities, commissioners of local health services and Jobcentre plus – April 2013
Appendix 9	Evidence Base and Worcestershire Pathway	Evidence and guidance available to support effective delivery of prevention services for children and young people aged 0-19 and local pathways where in place.
Appendix 10	Data Handling Protocol	Standard security measures required of the Service Providers in respect of all personal data received from or processed on behalf of the Council.
Appendix 11	Family Nurse Partnership Contract	NHS Standard Contract 2015 – 2020 Particulars for Worcestershire Family Nurse Partnership Service
Schedule 1 to Appendix 11	Deed of Novation	Deed of Novation of Contract for the provision of Family Nurse partnership between Ripplez Community Interest Company and National Health Service Commissioning Board ("NHS England") and Worcestershire County Council ("Local Authority").
Appendix 12	Draft Marketing and Communications Protocols	Draft Marketing and Communications Protocols for the 0-19 Prevention Service Provider
Appendix 13a	3rd Party Access Agreement	Use of Data Agreement - sets out arrangements for confidentiality, data protection and freedom of information
Appendix 13b	3rd Party Access Agreement Code of Connection Requirements	Sets out third party compliance with Code of Connection requirements when providing services on behalf of the Council
Appendix 14	Performance Regime	Payment by Results (PbR) / Incentive Payments and Service Credits

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SECTION 1

INTRODUCTION

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1. Background

An Early Help Needs Assessment (EHNA) for Worcestershire undertaken in Summer 2015 identified a number of outcomes for children and young people in Worcestershire that were poorer than they should be and persistent inequalities in outcomes between vulnerable and disadvantaged families and communities and the rest of the county. Although the population of children and young people is decreasing, the demand for specialist higher intensity health and social care has continued to increase, against a backdrop of reduced and reducing public funding particularly local government funding.

To address this challenge, Worcestershire County Council (WCC) has redesigned its approach to prevention and adopted a new all-age prevention policy. This aims to
- Prevent ill health and the need for care before it occurs
- Reduce the impact of problems which have occurred, detecting risk and problems as soon as possible and intervening early to limit their impact
- Delay the need for further help and avoid crisis by getting the right help to people who already have needs and giving the right support to prevent those needs escalating

This approach has been adopted in the review, design and commissioning of this Starting Well service, an integrated prevention service for children & young people aged 0-19 and their families.

2. The Local and National Policy Context

The Health & Social Care Act 2012 gave Local Authorities new duties for Public Health including a Public Health Ring-fenced Grant (PHRFG). The transfer of responsibility for commissioning Public Health services from the PHRFG to WCC occurred in 2013, including the responsibility for commissioning public health services aged 5-19. The final transfer of responsibility for commissioning 0-5 Public Health services to WCC occurred in October 2015. This has provided a new opportunity for join up & integration of all public health services for the age range 0-19s as well as with other 0-19 Local Authority services. In Worcestershire, this offered the opportunity for better integration with other early help services and in particular the Early Help Contracts that had previously been commissioned in each District.

The EHNA identified that the services and support in place were not meeting the needs of children, young people and families. Services, agencies and workforce were not joined up well enough and some of the programmes & activities taking place lacked a good evidence base of effectiveness. The greatest need is in areas of deprivation. Less than half of the preschool population accessed Children's Centres and a third of Children's Centres were geographically located in non-deprived areas.

The EHNA recommended a redesign of 0-19 Prevention Services using a progressive universalism approach. This means providing some services for everyone, using those services to find those who need a higher level of support & providing extra support at an intensity according to their need. It recommended fully implementing the Healthy Child Programme, a nationally prescribed evidence based programme of health & development reviews at key stages giving extra or targeted support if need, risk factors or issues are identified. Integrating prevention services and workforce across agencies. Only commissioning programmes and interventions that are proven to work. Ensuring a renewed focus on early years, maternal mental health, attachment, language and school readiness. To review support for parenting that promotes resilience and emotional health and wellbeing. Focus Children's Centre's on disadvantaged areas and use a "virtual" service in more advantaged areas. Implement effective digital advice and information for parents and families

In response, the Starting Well service is being commissioned as a 0-19 Prevention Service integrating the mandatory public health nursing functions with parenting practitioners, tier 2 emotional wellbeing service and peer support underpinned by comprehensive information and advice. It is intended that the Starting Well service will be the core service for tiers 1 and 2 prevention & early intervention and will work as part of a wider system and range of other 0-19 prevention services commissioned or provided by WCC such as Positive Activities, Targeted Family Support and Edge of Care.

3.   Equality

In the design and delivery of Services, Service Providers must be able to evidence that they have consciously considered the three aims of the Public Sector Equality Duty. Service Providers must take proactive measures to identify and address inequality of outcome where, because they have one or more of the Protected Characteristics (as defined in Equality legislation) children and young people experience poorer service outcomes.

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SECTION 2

DEFINITIONS

In this Tender Pack and accompanying documents, the terms and acronyms below have the meaning shown:

TERM	MEANS
ASQ3	Ages & Stages Questionnaire 3
BFI	Unicef Baby Friendly Initiative - The UK Baby Friendly Initiative is based on a global accreditation programme of UNICEF and the World Health Organization. It is designed to support breastfeeding and parent infant relationships by working with public services to improve standards of care
Caldicott Guardians	A Caldicott Guardian is a senior person responsible for protecting the confidentiality of patient and service-user information and enabling appropriate information-sharing
CAMHS	Child and Adolescent Mental Health Services
CCG's	Clinical Commissioning Groups
CGAS	The Children's Global Assessment Scale (CGAS) is a numeric scale (1 through 100) used by mental health clinicians to rate the general functioning of children under the age of 18
Change4Life	England's first national social marketing campaign to tackle the causes of obesity provided by DH.
Channel Shift	Most councils now have a channel shift strategy. By funneling visitors away from expensive phone and face-to-face interactions, and towards efficient and user-friendly digital services, local authorities can serve more customers, more of the time - while significantly reducing costs.
CHIMAT	The National Child and Maternal Health Observatory (ChiMat) provides a variety of information and intelligence
CHIS	Child Health Information System
CIN	Children in Need
Commissioned Service Providers	Service Providers that have been commissioned by WCC or the NHS
Communicable Disease	Communicable or infectious diseases spread from one person to another or from an animal to a person. The spread often happens via airborne viruses or bacteria, but also through blood or other bodily fluid.

the Contract	The legal arrangement entered into between the Council and the Service Provider.
Co-production	Activity with Service Users and Families to inform service design and ongoing service delivery
CORC	Child Outcomes Research Consortium
the Council	Worcestershire County Council
CP	Child Protection
CPD	Continuing Professional Development
CQC	Care Quality Commission - The independent regulator of health and social care in England
CSE	Child Sexual Exploitation
CYP	Children and Young People
CYP- IAPT	Children and Young People – Improving Access to Psychological Therapy
DBS	Disclosure & Barring Service
DfE	Department of Education
District Early Help Services or Early Help Providers	Worcestershire County Council commissioned four providers to deliver the LA funded responsibilities of early help to families with children aged 0 to 19 in the six districts as from August 2013. The providers are a mix of national organisations and a consortium made up of several different organisations and groups working in partnership.
DPH	Director of Public Health
Early Help	Early Help includes both prevention and early intervention activities that tackle risk factors when identified and problems as they start to develop, at any point in a child's life
Edge of Care	Tier 3 service provision designed to prevent children from requiring social care services
EHNA	Early Help Needs Assessment - An Early Help Needs Assessment was carried out during 2015 to: (1) Determine & forecast the demography, epidemiology and outcomes for children & young people; (2) Identify what works & is cost effective for 0-19 prevention & early intervention; (3) Assess how this compares with the support and service configuration currently delivered; (4) Make recommendations for future service commissioning and provision.
EPNDS	Edinburgh Post Natal Depression Scale
EWB	Emotional Wellbeing
EYFS	Early Years Foundation Stage
Family Front Door (FFD)	WCC are integrating a number of existing functions into a single contact route for professionals into targeted and support services for children and families
FGM	Female Genital Mutilation
FNP	Family Nurse Partnership - FNP is a voluntary, evidence based preventive programme for vulnerable young first time mothers. It offers intensive and structured home visiting, delivered by specially trained nurses, from early pregnancy until age two. FNP has three aims: to improve pregnancy outcomes, improve child health and development and improve parents' economic self-sufficiency

Funding	The amount payable for the Service as detailed in the Contract
GCSX	The UK Government Connect Secure Extranet (GCSX) is a secure wide area network (WAN) that allows local public-sector organizations to interact and share data privately and securely with other government departments, such as the National Health Service and the Police National Network
HCP (HCP 0-5 and 5-19)	Healthy Child Programme – The Healthy Child programme is nationally prescribed evidence based programme of health & development reviews at key stages and ages giving extra or targeted support if need, risk factors or issues are identified.
Health Champions	Health Champions are volunteers who work with their local communities to motivate, empower and help people to lead healthier lives
HEE	Health Education England
HEI	Healthcare Environment Inspectorate
HSCIC	Health and Social Care Information Centre
HV's	Health Visitors
IMD	Index of Multiple Deprivation
IMD 1 & 2	Index of Multiple Deprivation Quintiles. IMD 1 & 2 is the 40% most deprived population.
Incredible Years	Incredible Years is a series of evidence-based programmes for parents, children, and teachers. The goal is to prevent and treat young children's behavior problems and promote their social, emotional, and academic competence
LAC	Looked After Children
LETB's	Local Education Training Boards
MACFA	Multiagency Case File Audits
MASH	Multi Agency Safeguarding HUB
MCDS	Maternity & Children's Dataset
MECC	Make Every Contact Count - Making Every Contact Count (MECC) encourages conversations based on behaviour change methodologies (ranging from brief advice, to more advanced behaviour change techniques), empowering healthier lifestyle choices and exploring the wider social determinants that influence health
National Screening Committee	The UK national Screening Committee (NSC) advises ministers and the NHS in the 4 UK countries about all aspects of screening and supports implementation of screening programmes.
NCMP	The National Child Measurement Programme (NCMP) measures the height and weight of children in reception class (aged 4 to 5 years) and year 6 (aged 10 to 11 years) to assess overweight and obesity levels in children within primary schools. This data is used at a national and local level to support local public health initiatives. It is mandatory for Local Authorities to arrange the collection of NCMP data
NHS	National Health Service
NICE Guidance	The National Institute for Health and Care Excellence (NICE) provides national guidance and advice to improve health and social care. It develops guidance, standards and information on high quality health and social care to improve outcomes.

NMC	The Nursing & Midwifery Council
ONS	Office of National Statistics
the Organisation	A Sole Trader/Proprietor or Incorporated Company or Partnership or Cooperative or Statutory Body or Charitable Body or Voluntary Organisation.
Outcome Star	The Outcomes Star is a well-researched suite of tools for supporting and measuring change when working with people
PCHR /The Red Book	Personal Child Health Record
PHE	Public Health England
PHOF	Public Health Outcome Framework
PHRFG	A ring fenced grant provided to Upper tier or Unitary Local Authorities by the Secretary of State for Health to give local authorities the funding needed to discharge their public heath responsibilities. The funds are to be used to improve significantly the health and wellbeing of local populations and reduce health inequalities across the life course, including within hard to reach groups
Place Partnership	A single-asset management company for public sector property comprising Hereford & Worcester Fire and Rescue Service, Redditch Borough Council, Warwickshire Police, West Mercia Police, Worcester City Council and Worcestershire County Council.
the Preferred Tenderer	The Organisation, selected under the Tendering Procedure, with which the Council enters into further negotiations.
Primary prevention	Prevent ill health and the need for care before it occurs
Professional Register	A Professional Registration body administers the registration of a person who is a health or care professional or other professional, to enable them to practice their profession.
Progressive Universalism	Progressive universalism is about providing good quality standard of services for all (universal), with additional services to those who need them or are at risk (progressively more services provided according to need).
Public Health Outcomes Framework	The Public Health Outcomes Framework (PHOF) sets out an overarching vision for public health, the outcomes to achieve and the indicators to help understand how well we are improving and protecting health across the life course. The PHOF align and link to the NHS and Social Care outcome frameworks.
SDQ	The Strengths and Difficulties Questionnaire (SDQ) is a brief behavioural screening questionnaire about 3-16 year olds
Secondary Prevention	Delay the need for further help and avoid crisis by getting the right help to people who already have needs and giving the right support to prevent those needs escalating
the Service	The Service set out in the Service Specification (Appendix 1)
the Service Provider	The organisation which subsequently provides the Service under a Contract with the Council.
the Service User	A child, young person or family using the Service.

Start4Life	National campaign/website providing free information and downloadable resources for healthcare and childcare professionals & information service for parents
Starting Well	Starting Well is the name for the Worcestershire integrated 0-19 prevention service
SUI's	Serious Untoward Incidents
SWEMWBS	The Short Warwick-Edinburgh Mental Well-being Scale. (SWEMWBS) is a validated tool to measure wellbeing
Targeted Family Support	Some families will have intense needs and their parents and carers will need more structured and intensive support. This support will need to be offered by appropriately qualified and trained practitioners.
Tertiary Prevention	Reduce the impact of problems which have occurred, detecting risk and problems as soon as possible and intervening early to limit their impact
TOPSE	TOPSE is a tool to measure parenting self-efficacy and is used to evaluate a range of parenting programmes and interventions.
Triple P	Triple P is an evidence based parenting programme designed to prevent – as well as treat – behavioural and emotional problems in children and teenagers
TUPE	The Transfer of Undertakings (Protection of Employment) Regulations 2006
Universal	A range of services provided to the whole population (universal coverage)
Universal Assessments	Universal assessments are a schedule of prescribed health and development reviews that are undertaken at certain ages for **all** babies, children, young people and families. The reviews assess family strengths, needs and risks; give parents the opportunity to discuss their concerns and aspirations; assess growth and development; and detect abnormalities. The universal assessment enables the identification of risk factors or emerging need so that additional or progressive services and support can be provided or targeted early.
Universal Partnership Plus	Additional or targeted support for those identified as at risk or with emerging problems
Universal Plus	Contribution to more complex or intensive usually multiagency support
VCS	The Voluntary and Community Sector.
Virtual Children's Centre	A virtual Childrens Centre has a reach area but does not necessarily incorporate a physical administrative base or site. The virtual centre coordinates activities and targets outreach utilising other available buildings and community assets such as schools, libraries, community halls and churches.
WCSB Tiers of Need	The Worcestershire Children's Safeguarding Board (WCSB) has published guidance to support professional judgement in responding to the needs of children and young people in Worcestershire.

Worcestershire Works Well	Worcestershire Works Well is a free accreditation scheme designed to support businesses to improve the health and well-being of their employees. Improved employee health and well-being has been shown repeatedly to improve profitability and productivity of businesses
You're Welcome	Quality criteria for young people friendly health services

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TENDER PACK

**FOR
THE PROVISION OF
STARTING WELL
A PREVENTION SERVICE FOR
CHILDREN AND YOUNG
PEOPLE AGED 0 -19 YEARS
AND THEIR FAMILIES IN
WORCESTERSHIRE**

SECTION 3

TENDER OVERVIEW

1. Tender Purpose

The purpose of the Tender is to identify a suitable Service Provider to deliver **Starting Well, a Prevention Service for Children and Young People aged 0-19 Years and their Families in Worcestershire.**

The Service Provider will be expected to follow particular marketing and communications guidelines. Primarily, this will include promoting Worcestershire County Council's financial involvement in the commissioned service through the use of a 'Delivered on behalf of Worcestershire County Council' logo (see Appendix 12 – Draft Marketing and Communications Protocol). Service Providers will be expected to link with a named Worcestershire County Council representative to ensure all communications and publications that are produced by the Service Provider are branded appropriately; with reference to the financial support from Worcestershire County Council. The Service name "Starting Well" and any copyright that may arise will be owned by Worcestershire County Council. The Council will reserve all rights in relation to the use of that name or any descriptions of services provided under this Contract in the future.

The branding and marketing of the Service (including the creation and upkeep of a website and any social media accounts) will be carried out at a cost to the Service Provider. Service Providers will be required to use the Starting Well branding from national campaigns and amend to ensure it fits in with the local service offer. Branding and marketing materials require approval by Worcestershire County Council.

The Council will award a 5 year contract which will commence on 1st October 2016.

2.   Service Required

The Service required is as detailed in the Service Specification (Appendix 1).

3.   Funding

3.1   The overall Contract value is £9.8 million per annum.

3.2   The latest budget announcements suggest a significant reduction in the PHRFG during the lifetime of this Contract, and a similar pressure on the wider local authority settlement. There is a possibility that the PHRFG allocation may be subject to further reductions in future years, potentially impacting on the available budget within the Contract period.

3.3   To enable Worcestershire County Council to understand any potential implications of further reductions to the budget, and the capacity of bidders to manage this accordingly, please show alternative costings to your main bid for the Contract period, with minimum budget cuts applied of 2.5% and 3% respectively. You should also supply any mitigated actions to ensure that delivery of the key services within the Contract continues.

3.4   Performance Regime – See Appendix 14

3.5   The Contract Value shall be reviewed by the Council in the final quarter of each   contract year.

4.   Tender Award Criteria

Tenders will be evaluated against the Tender Evaluation Criteria (Section 4) to identify the most economically advantageous offer (i.e. the optimum contribution of whole life cost and   quality   or fitness for purpose) to meet the Council's requirements. The Council reserves the right to not select a Preferred Tenderer at its sole discretion without awarding a contract and with no liability.

5. Criteria for Applicants

Applications will only be considered from:

       i)   An organisation applying itself to provide the Service

       ii)   A consortium with legal status

       iii)   An organisation applying as the lead organisation for two or more organisations who (a) wish to provide the service as a consortium without legal status; (b) can evidence a written basis under which the consortium would operate for the duration of the service required; and (c) agree that the lead organisation will be contracting with the Council on their behalf

6. Contract

Prior to commencing the Service, the Service Provider will be required to enter into a Contract with the Council. The Contract will incorporate the Council's General Conditions of Contract which are set out in Appendix 2. Other details in the Contract will be agreed between the Council and the Service Provider, based on the information in this Tender Pack and the Tender submitted by the Service Provider.

7. Management, Monitoring and Review of the Service

Management, monitoring and review of the Service will be undertaken by the Council and the Service Provider under the Contract Monitoring and Review arrangements set out in the Service Specification and the Contract.

8. TUPE

The Council believes that TUPE may be applicable in the event of a change of Service Provider as a result of this Tender. Consequently anonymised information about the number and cost of staff currently providing the Service is attached for the benefit of Tenderers (Schedule 1 to this Tender Pack). The information has been provided by the current Service Providers and is not warranted by the Council. Tenderers are advised to make their own enquiries and take appropriate advice, prior to submitting any tender. Following submission of a tender, Tenderers cannot request that their Tender submission be renegotiated.

9. Pension Information

Based on the Fair Deal guidance issued in October 2013, the Council will require the Service Provider to offer continued membership of the Local Government Pension Scheme ('LGPS') administered by Worcestershire County Council Pension Fund ('Pension Fund') to transferring staff who are members of the LGPS at the point of transfer. The Service Provider must also offer membership of the LGPS to transferring staff who are eligible to join the LGPS at the point of transfer but have previously opted out of the scheme.

The Service Provider will be required to:
•   enter into the Pension Fund's standard admission agreement (Appendix 10); and
•   provide a bond to the value required by the Council and calculated by the Pension Fund Actuary that will protect the Pension Fund from any default in payments due to the fund.

The employer contribution rate will be calculated on a fully funded basis at the point of transfer. The Pension Fund actuary will calculate the employer contribution rate based on the profile of the transferring staff. Although the Council is not in a position to provide an accurate rate at this stage, it is likely to be in the region of 20%.

The employer contribution rate will change at the next triennial valuation of the Pension Fund (that will affect contributions from 1 April 2017).

There are two ways in which the rate after 2017 will change as set out below:

1) The first is to take account of any need to increase or decrease employer contributions for future accrued benefits. This typically in the past has been agreed with the actuary at a Pension Fund and Admitted Body level to balance the need for affordability for employers and the need to maintain the integrity of the Pension Fund. It has typically been phased in over a three to six year period.

2) The second is to take account for movements in the past service deficit. This can be influenced by employer led decisions and fund level decisions. There will also need to be a process of periodic review within valuation periods to assess the impact of employer led decisions on the past service deficit and how these will be funded (e.g. the decision to grant early retirement or to cease employment through a redundancy programme as an example).

The Council's default position is that the Service Provider will agree to assume responsibility for all future pension risks in respect of the transferring staff. However, the Council will be willing to consider alternative risk sharing approaches in relation to the past service deficit that Service Providers propose where the service subject to transfer is only being provided on a 'managed service' basis for a period of time.

The Council as administrator of the Pension Fund welcomes open and transparent dialogue around the Pension Fund and employer rate risk and will work with preferred providers and admitted bodies to the scheme.

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SECTION 4

TENDER AWARD CRITERIA

1. Stage 1 Evaluation

1.1. The Council will evaluate the information supplied by Tenderers in response to the following parts of the Tender Questionnaire.

- Section 1 (Supplier Details);
- Section 2 (Grounds for Mandatory Exclusion);
- Section 3 (Grounds for Discretionary Exclusion Part 1);
- Section 4 (Grounds for Discretionary Exclusion Part 2);
- Section 5 (Economic and Financial Standing);
- Section 6 (Technical and Professional Ability
- Section 7A (Safeguarding Arrangements);
- Section 7B (Insurance)
- Section 7C (Compliance with Legislation)
- Section 7D (Environmental Management)
- Section 7E (Health and Safety)

1.2. The information supplied for each section will be assessed as PASS (i.e. there are no concerns about the Tenderer's suitability to be considered) or FAIL (i.e. there are concerns about the Tenderer's suitability to be considered).

1.3. The Council will then undertake a Stage 2 Evaluation for all Tenders which remain under consideration.

2. Stage 2 Evaluation

2.1. The Council may invite any tenderer(s) still under consideration to clarify information contained in the tender submission. Clarification may be requested if a submission appears to be incomplete or erroneous, or where specific documents are missing. Wherever possible this will be done via email. Evaluation and scoring of tender submissions that are subject to clarification will be undertaken once the clarification responses have been received.

2.2 For each area of weighting shown in Column 1 below, the Council will evaluate the information which has been supplied in the Tender. The specific information which will be evaluated for each area is listed in Column 2. Column 3 shows the proportion of the total scoring which is allocated for each area of weighting.

Area of Weighting	Information to be evaluated	% of overall score	Page Limit
1. Price	Please provide the annual cost for the delivery of the services outlined in your bid. This should be broken down by each element of service delivery, and must not exceed the maximum available budget of £9.8 million per annum.	**Pass or Fail**	2 sides of A4
2. Plans for Service Delivery	Drawing on evidence from previous experience, explain how you will successfully model and deliver Starting Well, a prevention service for children, young people aged 0-19 years and their families (including any sub-contracting, partnership and associated clinical governance arrangements) that meets the requirements of the Configuration of Services set out in **Section 3** of the Service Specification. This should take into account the Applicable Service Standards set out in **Section 5.** You must provide evidence of the following in your response:	**20%**	12 sides of A4

	1. Plans for delivering a proactive integrated 0-19 prevention service model including a variety of skill mix and utilising appropriate clinical or professional supervision ;
	2. Plans to deliver the universal, progressive and targeted elements of the Healthy Child Programme;
	3. Plans for universal and targeted parenting support and programmes;
	4. Model for building community capacity and developing community & family resilience (Community - Level 1 service element);
	5. Plans for delivery and methods of universal development reviews and provision of information, advice and support utilising skill mix (Universal – Level 2);
	6. Plans for delivery of additional, more intensive support or targeted programmes and interventions (Universal Plus – Level 3);
	7. Plans for provision of additional support for more complex families and contribution to multiagency intensive support or social care plans (Universal Partnership – Level 4);
	8. Plans for delivery of effective and interactive prevention focused information and advice service element;
	9. Plans for ensuring safeguarding runs through all elements of the service
	10. An organisation chart (including sub-contracting arrangements), and staff structure chart showing all staff including relevant managers and supervisory staff (can be uploaded separately).
	11. To enable Worcestershire County Council to understand any potential implications of further reductions to the budget, and the capacity of bidders to manage this accordingly, please show alternative costings to your main bid for the period of the Contract, with minimum budget cuts applied of 2.5% and 3% respectively. You should also supply any mitigated actions to ensure that delivery of the key services within the Contract continues.

As a minimum your response should include:

- A description of the activities and services in your proposed delivery model that prioritise prevention and early intervention and self-management as well as developing capacity and resilience within communities to enable them to help themselves and each other; this should include the use of any digital technology and other IT based solutions, and any plans for training and upskilling service users and staff across multiple organisations (including volunteers, and peer mentors/educators);

- Details of your service model across all 4 levels. This should include how you intend to deliver these services to ensure easy access and countywide coverage, where you propose to base and provide services, any clinics or drop in facilities, settings that you will work within (both urban and rural), how they will be managed, the types of services delivered from each location, the professional and competencies of staff delivering, and opening times etc. This must include how your service will meet clinical governance requirements, and CQC and other national standards;

- A full description of any subcontracting or consortium arrangements for the delivery of services, and how they will be supervised and managed, and how you intend to assure competence. This must include how they will meet all national and local standards, and clinical governance requirements;

- Details that demonstrate how you would ensure the service is run by persons with the appropriate competencies, skills, qualifications and experience to deliver the services and work with the service

user groups outlined in the Service Specification.

- How your proposed model is innovative, and the type of support services and range of new and existing methods you propose to use/provide to meet countywide universal coverage;

- Details of how your proposed model will proactively target vulnerable children, young people & families and disadvantaged populations. This should include all plans for more intensive support or home visiting;

- How you will work with other partners, agencies and organisations to develop, adhere to and monitor effective integrated pathways and as detailed in 5.6 of the Service Specification;

- Organisational measures (e.g. monitoring, systems and controls) to ensure standards are met; this should include systems for identifying and managing CSE and safeguarding risks, and managing SUI, Near Misses and complaints, and named CSE and safeguarding leads;

- How you will make sure your services are accessible to everyone with a protected characteristic, and how you will provide support and ensure access for service users with disabilities, including learning disabilities, physical disabilities and mental health and wellbeing needs;

- Plans for partnership working, and the mechanisms put in place to ensure it is effective and that clinical and other referral pathways are robust, relevant, and meet the requirements of the Service Specification;

- A description of how you will work in partnership with other agencies and frontline staff from a range of other organisations so they have the skills and awareness to offer or signpost to effective information and advice to a wide range of service users;

- Any key challenges, barriers and risks to delivering the service and how you will address them.

3.Delivery of prevention & early intervention to achieve outcomes & reduce demand	Explain how you will successfully model and deliver Starting Well, a prevention service for children, young people aged 0-19 years and their families that will achieve the overarching outcomes as detailed in **Section 2.2** of the Service Specification and the Service **KPIs** as detailed in Schedule 1 to Service Specification.	**20%**	10 sides of A4

Your response should include:
- How you will operate a progressive universalism approach to proactively provide prevention, identify those at risk or where problems have emerged and provide early intervention, targeted support or more intensive provision in accordance with need
- How you will target more disadvantaged communities or families with specific risk factors including how you will allocate corresponding caseload, staffing, programmes and activities
- How you will utilize evidence based tools, assessments and programmes and apply HCP, NICE guidance best practice and other evidence base guidance as provided in Appendix 9.
- Any plans for usage and access to district community assets or Children's Centre(s) virtual or physical in each district, that will be utilised to target and achieve the outcomes and KPIs.
- How you will ensure the service will achieve a reduction in demand on referrals to social care and numbers of Children in Need
- Plans for working with other partners or agencies where necessary to assist in improving outcomes or achievement of KPIs.
- How you will involve service users to assist in achieving outcomes

4. Delivery plan for emotional wellbeing service	Explain how you will deliver a tier 2 emotional wellbeing service in accordance with requirements of section **3.3.6** of the Service Specification (Appendix 1) and the more detailed Technical Annex Appendix 7. You must provide evidence of the following in your response: 1. Outline your model for the delivery of an emotional	**10%**	4 sides of A4

	wellbeing service including staffing, mode of delivery and access to the service 2. How you intend to work with other partners to promote integrated working across the whole pathway for emotional wellbeing and mental health 3. Outline your experience of delivering evidence based therapies and how you intend to implement these, ensuring robust recording of session by session outcomes 4. Your plans to manage demand for the emotional wellbeing service		
4. Information technology, Information sharing, Data Collection & Reporting	Identify the IT systems and software you will use for the services outlined in Question 3. These should show how they comply with the requirements of **Sections 5.8 to 5.11** in the Service Specification.	**10%**	4 sides of A4

As a minimum your response should include:

- A description of the main IT systems that will be used across the delivery of all services included in the Service Specification;
- Describe how you would access and exchange data between your IT system and the CHIS (provided by BCHT)
- Describe how you would access and/or exchange data between your IT system and the HSCIC in respect of the CYPMDS.
- Describe how you would exchange any data securely between your IT system and data held within any WCC system (eg Frameworki).
- Describe any access to your service records and IT system in respect of WCC safeguarding functions (eg *Family Front Door*, MASH)
- Describe how and who you would enable read access and/or data entry to WCC Frameworki system.
- Proposals for meeting dashboard data and other reporting submissions;
- How the system will allow or enable any online triage, real time assessments, and responses;
- Ease of use and accessibility for staff, whilst ensuring confidentiality of patient data;
- Accuracy and ease with which management information can be generated;
- Ability to meet monthly, quarterly and annual reporting timescales;
- Ability to provide snapshot reports to the Commissioner for activity/trend data.

6. Plans for increasing community capacity and resilience	Detail your methods for building community capacity and developing community & family resilience and your plans for the provision of community facilities building on community assets as detailed in **Section 3.4** in the Service Specification.	**10%**	4 sides of A4

As a minimum your response should include:

- How your service will adopt an asset based approach, and utilise the knowledge, skills, experience and resources of local communities to ensure that families have greater resilience against poorer, health, development and wellbeing
- Plans for development and roll out of community and setting peer support programmes
- How the service will actively offer and seek volunteering opportunities to enhance the service model
- Plans for utilisation or provision of and access to community buildings targeted in areas of need in each district
- Plans for provision of Children's Centre core purpose in each district

- Plans for ensuring coordination of early childhood services including JobCentre Plus and Early Years settings and the configuration of any Children's Centre Advisory Boards
- Details of services, support, programmes and interventions to be hosted or provided within community buildings and ensuring uptake by more deprived communities

7. Provision of Information, Advice and Guidance	Provide details of the Information and Advice prevention service you will provide as part of your service model as summarised in **section 3.2** of the Service Specification. This should comply with the technical requirements of **section 5.11** of the Service Specification.	10%	4 sides of A4

As a minimum your response should include:

- Innovative & interactive use of IT provision, including public facing websites, use of social media and applications; and ease of use and accessibility for service users;
- A description of how the service will provide supported access to digital information and support when necessary

8. Social Value	Detail how you will contribute to social value and localism by delivering services in relation to the requirements set out in **Section 5.13** of the Service Specification.	10%	2 sides of A4

As a minimum your response should include:

- How your service proposal will support and further develop the local economy in Worcestershire, by actively generating local employment (Inc. apprenticeships, volunteering, and back office roles) and other key service delivery opportunities across a range of locally based small and medium sized enterprises (e.g. private sector and CVS);

- How your service demonstrates a wider environmental, social and economic impact across the county of Worcestershire;

- How your service will adopt an asset based approach, and utilise the knowledge, skills, experience and resources of local communities to ensure that people have greater resilience against poor health and wellbeing;

9. Implementation Plan	Detail your implementation plan for a contract start on 1st October 2016.	10%	4 sides of A4

As a minimum your response should include:

- Detail of your contribution to any exit strategy for the end of the existing contract and how you will ensure that you will work with the outgoing provider to ensure business continuity;

- A detailed timed implementation plan with identified key milestones and appropriate senior leads for each element;

- A risk assessment and risk register with details including mitigation actions etc;

- How you will implement all plans for service delivery as outlined in your response to Question 1;

- How you will fully implement your IT system to meet the requirements of Section 5.8 in the Service Specification;

- How you will transfer existing service user data and records over to the new system;

- Full details of your plans for the acquisition and management of the premises you plan to use;

- If the services are to be provided from new premises, details of the implementation period for any refurbishment and/or lead-in times for occupying the premises;

- Transfer of Undertakings (Protection of Employment) Regulations 2006 (TUPE) - provide details of appropriate experience of, and your approach to Procedures to transfer service users from current services, where required;

- Timescales for recruiting new staff (if required) including contingency plans to ensure the service is fully staffed and operational from the contract commencement date

- The risks and/or potential barriers to the implementation process you have identified and what control measures / contingency plans you have in place to mitigate/manage these;

- Outline any outstanding CQC actions required and timeframes for completion

- Full details of how you would agree the exit plan with the incumbent provider organisation, including TUPE, transfer of premises, transfer of service users and their personal information, transfer of information about key contacts and referral pathways.

2.3   All evaluation will be undertaken against the following criteria:

- Comprehensiveness with which the response meets the Service Specification and covers the elements outlined;
- Extent to which the bidder's proposal meets the Commissioners requirements;
- Extent to which the bidder's proposal could cause (or creating an unreasonable risk of causing) any adverse consequences for the Commissioner and/or service users (e.g. failing to meet the Commissioners requirements, seeking additional payments from the Commissioners, safety hazards, breach of duty of care it owes any person, delays, breaking the law, adverse publicity etc.);
- Extent to which the proposal is innovative.

Evaluators will use the scoring system set out below in the evaluation of all Tenders:

0	3	7	9	10
Not acceptable/no information	Acceptable, there are significant reservations but not sufficient to warrant rejection	Good, with moderate reservations	High standard with minor reservations	Very high standard, no reservations

2.4   Tenderers who score less than 65% of the overall quality score will not be considered.

2.5   Tenderers who score zero (0) for any of the above questions will not be considered.

2.6   The Council will identify its preferred tenderer from the Stage 2 Evaluation unless tenderers have been informed within the tender documentation, that Stage 3 and/ or Stage 4 will be deployed.

3.   Stage 3 Evaluation

If it is decided to evoke Stage 3 the Council will invite all tenderer(s) still under consideration to present the information which has been supplied in the tender. The Council will then review and, where necessary, amend the scores awarded at Stage 2.

4.   Stage 4 Evaluation

The Council may undertake a visit to the site of all Tenderer(s) still under consideration. The Council will then review, and where necessary amend, the scores awarded at Stage 2 (or as subsequently amended at Stage 3).

5. Economic and Financial Standing and Professional Ability

Prior to identifying a Preferred Tenderer, the Council will assess the information supplied in the Tender Questionnaire to satisfy itself that the Tenderer has the necessary economic and financial standing to provide the Service.

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SECTION 5

TENDERING ARRANGEMENTS AND
TIMETABLE

1.   To submit a tender please complete and return the Tender Questionnaire in accordance with the completion guidance at the start of the Questionnaire.

2.   Tenderers are responsible for obtaining all information necessary to complete the Tender Questionnaire and for any costs, expenses or liabilities incurred in preparing and submitting their tender.

3.   Any questions relating to this Tender Pack should be sent **by e-mail** to ToUs@worcestershire.gov.uk and must be received by noon on 17th March 2016. Telephone questions will **not** be accepted.

4.   An open meeting for prospective Tenderers will be held on 21st March 2016 (venue to be advised). At this meeting Council Officers will give a verbal response to all questions that have been submitted and to any questions raised at the meeting. Although questions will be accepted on the day, it would be helpful to have received questions in writing beforehand to ensure that the Officers are able to give a full response. No further questions can be submitted after this meeting. A written summary of the verbal responses given by Officers will be published on the Council's e-tender website www.worcestershire.gov.uk/tendering.

5.   All Tenderers must satisfy the Council that they are able to provide the Service in the Service Specification (Appendix 1).

6.   In line with its obligations under the Freedom of Information Act (FoIA), the Council cannot accept blanket confidentiality clauses in Tenders or any subsequent Contract. If, at any stage of the tender process, you provide any information to the Council in the expectation that it will be held in confidence, then you must indicate clearly what material is to be considered confidential and why a duty of confidence applies. Any future disclosure of that information by the Council will be made in accordance with the FoIA. The Council has transparency obligations and publishes a list of all contracts with a total value greater than £5,000 and all payments exceeding £500 on its website.

7.   Following evaluation of the Tender by the Council using the Tender Evaluation Criteria in Section 4 of the Tender Pack, Tenderers may be asked to attend a meeting week commencing 16th May 2016 and/or to accept visits by Council Officers to offices or sites, where Tenderers provide similar services to those being tendered, during the week commencing 23rd May 2016. Tenderers must ensure these dates are kept free and that they are available to participate if required.

8.   The Council anticipates completing the selection process by 2nd June 2016 following which all Tenderers will be contacted in writing and advised of the outcome. Tenderers who have been unsuccessful will be advised of the arrangements for debriefing.

9.   A summary of the timetable for advertising and awarding the Contract is given below.

Process	Timescale
Advertise Tender	2nd March 2016
Closing date for submission of questions	17th March 2016
Open meeting for potential Tenderers	21st March 2016
Summary published of response to questions	24th March 2016
Closing date and time for receipt of completed Tenders	Noon on 3rd May 2016
Evaluation of Tenders	4th to 9th May 2016
Consideration Meeting (if required)	w.c. 16th May 2016
Visit (if required)	w.c. 23rd May 2016
Preferred Tenderer announced	2nd June 2016
Standstill Period ends	14th June 2016
Contract commences	1st October 2016

If at any stage you believe that the Council is undertaking the tendering process in a way which is not transparent, equal, fair and proportional you should write to, or email, the Procurement Manager at County Hall, Spetchley Road, Worcester, WR5 2NP (e-mail: procurement@worcestershire.gov.uk)

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SECTION 6

TENDER QUESTIONNAIRE,

AND DECLARATION

Completion Guidance

i)   All Tenderers must fully complete the Tender Questionnaire including the Declaration which is part of the Tender Questionnaire, in accordance with this Guidance.

ii)   The Tender Questionnaire will be used as part of the tender evaluation process to help the Council assess which tenderer can best meet the Council's requirements as set out in the Tender Pack.

iii)   If your organisation is part of a larger organisation or a group of organisations, please complete the Tender Questionnaire solely for your organisation.

iv)   If you do not operate in the United Kingdom (UK), you should fully complete the Tender Questionnaire, but make clear the appropriate legislation to which your answer relates if it is not UK legislation.

v)   Please supply the Council with two copies of the completed Tender Questionnaire and any other information specified in the Tender Questionnaire.

vi)   One copy of the completed Tender Questionnaire must be in ring bound paper form. The other copy should be in Word format on a CD or a memory stick and must not be encrypted.In the event of any variation between the paper copy and the electronic version, the paper copy shall take precedence. Submissions must not exceed the maximum stated in the tenderpack.

vii)   In the paper copy, the Declaration in the Tender Questionnaire must contain an original handwritten signature on behalf of your organisation. The Council will assume that the person signing is authorised to do so.

viii)   Tender Questionnaires completed electronically must be in Arial font, size 10.

ix)   Before completing the Tender Questionnaire you must read the Tender Pack to ensure you are clear about the Council's requirements and the tendering arrangements.

x)   The Council shall in its absolute discretion be entitled to reject any Tender that is not submitted entirely in accordance with the requirements of this Tender Pack or if the Tender is incomplete in any way.

xi)   Do not submit any information which is not specifically requested in the Tender Pack. Any such information which you submit will be disregarded.

xii)   Questions should be answered as concisely as possible and any limitation on the size of the answer must be adhered to.

xiii)   In answering each question do not cross-refer to other answers or expect the Council to take into account information given elsewhere in your Tender.

xiv)   In completing the Tender Questionnaire you must not make any assumptions about the Council's knowledge of your organisation. The Council will only evaluate your Tender on the information you supply as part of the Tender process.

xv)   The Council reserves the right to disqualify your Tender, or terminate any resulting negotiation or Contract, if you make any material misrepresentation in the Tender Questionnaire or in any supporting information.

xvi)   The Council reserves the right to seek clarification or further information about any matter covered by the Tender Questionnaire at any time during the Tender process. This includes the right to contact other organisations which you have indicated you currently provide, or

have within the last 5 years provided, services for. It also covers the right to contact your Bank for a reference.

xvii)   All questions must be answered in full. If an answer is "Nil", "None", or "Not Applicable", this must be stated.

xviii) All schedules, enclosures, continuation sheets, and other supporting information you supply in the Tender must be clearly marked with the name of your organisation and the number of the relevant question printed at the top of the first page only of each document

xix)   Each schedule, enclosure, continuation sheet or other document you supply must only contain information relevant to the individual question.

xx)   When you have completed the Tender Questionnaire then i) complete the checklist to confirm that you have enclosed all relevant documentation and ii) sign the Declaration. Please note that if your Tender is incomplete or unsigned it will be disqualified as non-compliant with the tender arrangements and not considered.

xxi)   Completed Tender Questionnaires and supporting documentation must be submitted in a sealed envelope or package addressed as below.

> **Tender for Starting Well – a Prevention Service for Children and Young People aged 0-19 Years and their Families in Worcestershire**
>
> **Director of Commercial & Change**
> **County Hall**
> **Spetchley Road**
> **Worcester**
> **WR5 2NP**

xxii)   Tenders received by facsimile or e-mail will **not** be accepted.

xxiii) All documents submitted by the Tenderer in response to this Invitation to Tender shall become the property of the Council. Intellectual property in the Tender bid shall remain the property of the Tenderer. This Clause is without prejudice to any provisions to the contrary in any subsequent Contract between the Council and Tenderer.

xxiv)   Completed tenders must be received by the Council by **Noon on 3rd May 2016**. Any tenders received after this date will be disqualified as non-compliant with the tender requirements and not considered. Consequently you are advised to obtain a timed delivery receipt for your Tender.

1 Supplier Information

1.1 Supplier Details	Answer	
Full Organisation Name of Supplier completing the Tender		
Registered company address		
Registered company number		
Registered charity number		
Registered VAT number		
Name of immediate parent company		
Name of ultimate parent company		
Please mark 'X' in the relevant box to indicate your trading status	i) public limited company	☐ Yes
	ii) limited company	☐ Yes
	iii) limited liability partnership	☐ Yes
	iv) other partnership	☐ Yes
	v) sole trader	☐ Yes
	vi) other (please specify)	☐
Please mark 'X' in the relevant boxes to indicate whether any of the following classifications apply to you	i) Voluntary, Community & Social Enterprise (VCSE)	☐ Yes
	ii) Small or Medium Enterprise (SME) [1]	☐ Yes
	iii) Sheltered workshop	☐ Yes
	iv) Public service mutual	☐ Yes

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[1] See EU definition of SME: http://ec.europa.eu/enterprise/policies/sme/facts-figures-analysis/sme-definition/

1.2 Bidding Model	
Please mark 'X' in the relevant box to indicate whether you are:	
a) Bidding as a Prime Contractor and will deliver 100% of the key contract deliverables yourself	☐ Yes
b) Bidding as a Prime Contractor and will use third parties to deliver <u>some</u> of the services If yes, please provide details of your proposed bidding model that includes members of the supply chain, the percentage of work being delivered by each sub-contractor and the key contract deliverables each sub-contractor will be responsible for.	☐ Yes
c) Bidding as Prime Contractor but will operate as a Managing Agent and will use third parties to deliver <u>all</u> of the services If yes, please provide details of your proposed bidding model that includes members of the supply chain, the percentage of work being delivered by each sub-contractor and the key contract deliverables each sub-contractor will be responsible for.	☐ Yes
d) Bidding as a consortium but not proposing to create a new legal entity. If yes, please include details of your consortium in the next column and use a separate Appendix to explain the alternative arrangements i.e. why a new legal entity is not being created. Please note that the authority may require the consortium to assume a specific legal form if awarded the contract, to the extent that it is necessary for the satisfactory performance of the contract.	☐ Yes **Consortium members:** **Lead member:**
e) Bidding as a consortium and intend to create a Special Purpose Vehicle (SPV). If yes, please include details of your consortium, current lead member and intended SPV in the next column and provide full details of the bidding model using a separate Appendix.	☐ Yes **Consortium members:** **Current lead member:** **SPV Name:**

1.3 Contact Details for enquiries about this tender	
Name	
Postal address	
Country	
Telephone	
Mobile	
E-mail	

1.4 Licensing and Registration (please mark 'X' in the relevant box)		
1.4.1	Registration with a professional body If applicable, is your business registered with the appropriate trade or professional register(s) in the EU member state where it is established (as set out in Annex XI of directive 2014/24/EU) under the conditions laid down by that member state).	☐ Yes ☐ No If Yes, please provide the registration number:
1.4.2	Is it a legal requirement in the state where you are established for you to be licensed or a member of a relevant organisation in order to provide the requirement in this procurement?	☐ Yes ☐ No If Yes, please provide additional details within this box of what is required and confirmation that you have complied with this.

2. Grounds for Mandatory Exclusion

You will be excluded from the procurement process if there is evidence of convictions relating to specific criminal offences including, but not limited to, bribery, corruption, conspiracy, terrorism, fraud and money laundering, or if you have been the subject of a binding legal decision which found a breach of legal obligations to pay tax or social security obligations (except where this is disproportionate e.g. only minor amounts involved).

If you have answered "yes" to question 2.2 on the non-payment of taxes or social security contributions, and have not paid or entered into a binding arrangement to pay the full amount, you may still avoid exclusion if only minor tax or social security contributions are unpaid or if you have not yet had time to fulfil your obligations since learning of the exact amount due. If your organisation is in that position please provide details using a separate Appendix. You may contact the authority for advice before completing this form.

2.1 Within the past five years, has your organisation (or any member of your proposed consortium, if applicable), Directors or partner or any other person who has powers of representation, decision or control been convicted of any of the following offences?	Please indicate your answer by marking 'X' in the relevant box.	
	Yes	No
(a) conspiracy within the meaning of section 1 or 1A of the Criminal Law Act 1977 or article 9 or 9A of the Criminal Attempts and Conspiracy (Northern Ireland) Order 1983 where that conspiracy relates to participation in a criminal organisation as defined in Article 2 of Council Framework Decision 2008/841/JHA on the fight against organised crime;		
(b) corruption within the meaning of section 1(2) of the Public Bodies Corrupt Practices Act 1889 or section 1 of the Prevention of Corruption Act 1906;		
(c) the common law offence of bribery;		
(d) bribery within the meaning of sections 1, 2 or 6 of the Bribery Act 2010; or section 113 of the Representation of the People Act 1983;		
(e) any of the following offences, where the offence relates to fraud affecting the European Communities' financial interests as defined by Article 1 of the Convention on the protection of the financial interests of the European Communities:		
(i) the offence of cheating the Revenue;		
(ii) the offence of conspiracy to defraud;		
(iii) fraud or theft within the meaning of the Theft Act 1968, the Theft Act (Northern Ireland) 1969, the Theft Act 1978 or the Theft (Northern Ireland) Order 1978;		
(iv) fraudulent trading within the meaning of section 458 of the Companies Act 1985, article 451 of the Companies (Northern Ireland) Order 1986 or section 993 of the Companies Act 2006;		
(v) fraudulent evasion within the meaning of section 170 of the Customs and Excise Management Act 1979 or section 72 of the Value Added Tax Act 1994;		

	(vi) an offence in connection with taxation in the European Union within the meaning of section 71 of the Criminal Justice Act 1993;		
	(vii) destroying, defacing or concealing of documents or procuring the execution of a valuable security within the meaning of section 20 of the Theft Act 1968 or section 19 of the Theft Act (Northern Ireland) 1969;		
	(viii) fraud within the meaning of section 2, 3 or 4 of the Fraud Act 2006; or		
	(ix) the possession of articles for use in frauds within the meaning of section 6 of the Fraud Act 2006, or the making, adapting, supplying or offering to supply articles for use in frauds within the meaning of section 7 of that Act;		
(f)	any offence listed—		
	(i) in section 41 of the Counter Terrorism Act 2008; or		
	(ii) in Schedule 2 to that Act where the court has determined that there is a terrorist connection;		
(g)	any offence under sections 44 to 46 of the Serious Crime Act 2007 which relates to an offence covered by subparagraph (f);		
(h)	money laundering within the meaning of sections 340(11) and 415 of the Proceeds of Crime Act 2002;		
(i)	an offence in connection with the proceeds of criminal conduct within the meaning of section 93A, 93B or 93C of the Criminal Justice Act 1988 or article 45, 46 or 47 of the Proceeds of Crime (Northern Ireland) Order 1996;		
(j)	an offence under section 4 of the Asylum and Immigration (Treatment of Claimants etc.) Act 2004;		
(k)	an offence under section 59A of the Sexual Offences Act 2003;		
(l)	an offence under section 71 of the Coroners and Justice Act 2009		
(m)	an offence in connection with the proceeds of drug trafficking within the meaning of section 49, 50 or 51 of the Drug Trafficking Act 1994; or		
(n)	any other offence within the meaning of Article 57(1) of the Public Contracts Directive—		
	(i) as defined by the law of any jurisdiction outside England, Wales and Northern Ireland; or		
	(ii) created after the day on which these Regulations were made, in the law of England and Wales or Northern Ireland.		

Non-payment of taxes		
2.2 Has it been established by a judicial or administrative decision having final and binding effect in accordance with the legal provisions of any part of the United Kingdom or the legal provisions of the country in which your organisation is established (if outside the UK), that your organisation is in breach of obligations related to the payment of tax or social security contributions? If you have answered Yes to this question, please use a separate Appendix to provide further details. Please also use this Appendix to confirm whether you have paid, or have entered into a binding arrangement with a view to paying, including, where applicable, any accrued interest and/or fines?		

3. Grounds for Discretionary Exclusion - Part 1

The authority may exclude any Supplier who answers 'Yes' in any of the following situations set out in paragraphs (a) to (i):

3.1 Within the past three years, please indicate if any of the following situations have applied, or currently apply, to your organisation.	Please indicate your answer by marking 'X' in the relevant box.	
	Yes	No
(a) your organisation has violated applicable obligations referred to in regulation 56 (2) of the Public Contracts Regulations 2015 in the fields of environmental, social and labour law established by EU law, national law, collective agreements or by the international environmental, social and labour law provisions listed in Annex X to the Public Contracts Directive as amended from time to time;		
(b) your organisation is bankrupt or is the subject of insolvency or winding-up proceedings, where your assets are being administered by a liquidator or by the court, where it is in an arrangement with creditors, where its business activities are suspended or it is in any analogous situation arising from a similar procedure under the laws and regulations of any State;		
(c) your organisation is guilty of grave professional misconduct, which renders its integrity questionable;		
(d) your organisation has entered into agreements with other economic operators aimed at distorting competition;		
(e) your organisation has a conflict of interest within the meaning of regulation 24 of the Public Contracts Regulations 2015 that cannot be effectively remedied by other, less intrusive, measures;		
(f) the prior involvement of your organisation in the preparation of the procurement procedure has resulted in a distortion of competition, as referred to in regulation 41, that cannot be remedied by other, less intrusive, measures;		
(g) your organisation has shown significant or persistent deficiencies in the performance of a substantive requirement under a prior public contract, a prior contract with a contracting entity, or a prior concession contract, which led to early termination of that prior contract, damages or other comparable sanctions;		
(h) your organisation: (i) has been guilty of serious misrepresentation in supplying the information required for the verification of the absence of grounds for exclusion or the fulfilment of the selection criteria; or (ii) has withheld such information or is not able to submit supporting documents required under regulation 59 of the Public Contracts Regulations 2015; or		
(i) your organisation has undertaken to		
(aa) unduly influence the decision-making process of the contracting authority, or		
(bb) obtain confidential information that may confer upon your organisation undue advantages in the procurement procedure; or		
(cc) your organisation has negligently provided misleading information that may have a material influence on decisions concerning exclusion, selection or award.		

Conflicts of interest

In accordance with question 3.1 (e), the authority may exclude the Supplier if there is a conflict of interest which cannot be effectively remedied. The concept of a conflict of interest includes any situation where relevant staff members have, directly or indirectly, a financial, economic or other personal interest which might be perceived to compromise their impartiality and independence in the context of the procurement procedure.

Where there is any indication that a conflict of interest exists or may arise then it is the responsibility of the Supplier to inform the authority, detailing the conflict in a separate Appendix. Provided that it has been carried out in a transparent manner, routine pre-market engagement carried out by the authority should not represent a conflict of interest for the Supplier.

Taking Account of Bidders' Past Performance

In accordance with question (g), the authority may assess the past performance of a Supplier (through a Certificate of Performance provided by a Customer or other means of evidence). The authority may take into account any failure to discharge obligations under the previous principal relevant contracts of the Supplier completing this tender. The authority may also assess whether specified minimum standards for reliability for such contracts are met.

In addition, the authority may re-assess reliability based on past performance at key stages in the procurement process (i.e. Supplier selection, tender evaluation, contract award stage etc.). Suppliers may also be asked to update the evidence they provide in this section to reflect more recent performance on new or existing contracts (or to confirm that nothing has changed).

'Self-cleaning'

Any Supplier that answers 'Yes' to questions 2.1, 2.2 and 3.1 should provide sufficient evidence, in a separate Appendix, that provides a summary of the circumstances and any remedial action that has taken place subsequently and effectively "self cleans" the situation referred to in that question. The Supplier has to demonstrate it has taken such remedial action, to the satisfaction of the authority in each case.

If such evidence is considered by the authority (whose decision will be final) as sufficient, the economic operator concerned shall be allowed to continue in the procurement process.

In order for the evidence referred to above to be sufficient, the Supplier shall, as a minimum, prove that it has;

- paid or undertaken to pay compensation in respect of any damage caused by the criminal offence or misconduct;
- clarified the facts and circumstances in a comprehensive manner by actively collaborating with the investigating authorities; and
- taken concrete technical, organisational and personnel measures that are appropriate to prevent further criminal offences or misconduct.

The measures taken by the Supplier shall be evaluated taking into account the gravity and particular circumstances of the criminal offence or misconduct. Where the measures are considered by the authority to be insufficient, the Supplier shall be given a statement of the reasons for that decision.

4. Grounds for Discretionary Exclusion - Part 2

The authority reserves the right to use its discretion to exclude a Supplier where it can demonstrate the Supplier's non-payment of taxes/social security contributions where no binding legal decision has been taken.

Please note that Section 4 relating to tax compliance only applies where the authority has indicated that the contract is over £5million in value, and the authority is a Central Government Department (including their Executive Agencies and Non-Departmental Public Bodies).

"Occasion of Tax Non-Compliance" means:

(a) any tax return of the Supplier submitted to a Relevant Tax Authority on or after 1 October 2012 is found to be incorrect as a result of:

1. a Relevant Tax Authority successfully challenging the Supplier under the General Anti-Abuse Rule or the Halifax Abuse Principle or under any tax rules or legislation that have an effect equivalent or similar to the General Anti-Abuse Rule or the Halifax Abuse Principle;
2. the failure of an avoidance scheme which the Supplier was involved in, and which was, or should have been, notified to a Relevant Tax Authority under the DOTAS or any equivalent or similar regime; and/or

(b) the Supplier's tax affairs give rise on or after 1 April 2013 to a criminal conviction in any jurisdiction for tax related offences which is not spent at the Effective Date or to a penalty for civil fraud or evasion

	From 1 April 2013 onwards, have any of your company's tax returns submitted on or after 1 October 2012; (Please indicate your answer by marking 'X' in the relevant box).		
4.1	Given rise to a criminal conviction for tax related offences which is unspent, or to a civil penalty for fraud or evasion;	☐	Yes
		☐	No
4.2	Been found to be incorrect as a result of: ▪ HMRC successfully challenging it under the General Anti-Abuse Rule (GAAR) or the "Halifax" abuse principle; or ▪ A Tax Authority in a jurisdiction in which the legal entity is established successfully challenging it under any tax rules or legislation that have an effect equivalent or similar to the GAAR or the "Halifax" abuse principle; or ▪ the failure of an avoidance scheme which the Supplier was involved in and which was, or should have been, notified under the Disclosure of Tax Avoidance Scheme (DOTAS) or any equivalent or similar regime in a jurisdiction in which the Supplier is established.	☐ ☐	Yes No
	If answering "Yes" to either 4.1 or 4.2 above, the Supplier may provide details of any mitigating factors that it considers relevant and that it wishes the authority to take into consideration. This could include, for example: ● Corrective action undertaken by the Supplier to date; ● Planned corrective action to be taken;		

- Changes in personnel or ownership since the Occasion of Non-Compliance (OONC); or

- Changes in financial, accounting, audit or management procedures since the OONC.

In order that the authority can consider any factors raised by the Supplier, the following information should be provided:
- A brief description of the occasion, the tax to which it applied, and the type of "non-compliance" e.g. whether HMRC or the foreign Tax Authority has challenged pursuant to the GAAR, the "Halifax" abuse principle etc.

- Where the OONC relates to a DOTAS, the number of the relevant scheme.

- The date of the original "non-compliance" and the date of any judgement against the Supplier, or date when the return was amended.

- The level of any penalty or criminal conviction applied.

5. Economic and Financial Standing

		FINANCIAL INFORMATION		
5.1		**Please provide one of the following to demonstrate your economic/financial standing.** **Please indicate your answer with an 'X' in the relevant box**.		
		(a) A copy of the audited accounts for the most recent two years		
		(b) A statement of the turnover, profit & loss account, current liabilities and assets, and cash flow for the most recent year of trading for this organisation		
		(c) A statement of the cash flow forecast for the current year and a bank letter outlining the current cash and credit position		
		(d) Alternative means of demonstrating financial status if any of the above is not available (e.g. forecast of turnover for the current year and a statement of funding provided by the owners and/or the bank, charity accruals accounts or an alternative means of demonstrating financial status).		
5.2		Where the authority has specified a minimum level of economic and financial standing and/or a minimum financial threshold within the evaluation criteria for this tender, please self-certify by answering 'Yes' or 'No' that you meet the requirements set out here.		Yes No
5.3		**(a) Are you are part of a wider group (e.g. a subsidiary of a holding/parent company)?** If yes, please provide the name below:		Yes No
			Name of the organisation		
			Relationship to the Supplier completing the tender		
		If yes, please provide Ultimate / parent company accounts if available. If yes, would the Ultimate / parent company be willing to provide a guarantee if necessary? If no, would you be able to obtain a guarantee elsewhere (e.g. from a bank?)		Yes No Yes No Yes No

6.   Technical and Professional Ability

6	Relevant experience and contract examples			
	Please provide details of up to <u>three</u> contracts, in any combination from either the public or private sector, that are relevant to the authority's requirement. Contracts should have been performed during the past <u>three</u> years. VCSEs may include samples of grant funded work. The named customer contact provided should be prepared to provide written evidence to the authority to confirm the accuracy of the information provided below. Consortia bids should provide relevant examples of where the consortium has delivered similar requirements; if this is not possible (e.g. the consortium is newly formed or a Special Purpose Vehicle will be created for this contract) then three separate examples should be provided between the principal member(s) of the proposed consortium or Special Purpose Vehicle (three examples are not required from each member). Where the Supplier is a Special Purpose Vehicle, or a managing agent not intending to be the main provider of the supplies or services, the information requested should be provided in respect of the principal intended provider(s) or sub-contractor(s) who will deliver the supplies and services.			
		Contract 1	**Contract 2**	**Contract 3**
6.1	Name of customer organisation			
6.2	Point of contact in customer organisation Position in the organisation E-mail address			
6.3	Contract start date Contract completion date Estimated Contract Value			

6.4	In no more than 500 words, please provide a brief description of the contract delivered including evidence as to your technical capability in this market.			
6.5 If you cannot provide at least one example for questions 6.1 to 6.4, in no more than 500 words please provide an explanation for this e.g. your organisation is a new start-up.				

7. Additional Information

A. Safeguarding Adults, Children and Young People

The Council requires all tenderers to enclose the organisation's Safeguarding and other relevant policies, with this tender document. **Failure to do so will lead to your tender being regarded as 'Not Satisfactory'.**

Please complete the table below, stating where in the document(s) each area is covered.
All of the areas in the checklist are essential and must be evidenced for both children's and adults safeguarding. The Council's expectation is that the Service Provider will require both adults and children safeguarding policies and procedures, unless there are exceptional circumstances. Failure to complete this checklist accurately or failure to evidence any of the areas will result in the checklist being assessed as 'Not Satisfactory'.

In assessing your tender as Satisfactory the Council is not endorsing the suitability of your safeguarding policy and procedures. The content, application and review of the safeguarding policy and procedures remain the responsibility of the tenderer.

Note: if a particular area is not covered in your main Safeguarding policy and/or procedure but is covered in another policy and/or procedure, please also include that policy and/or procedure and indicate the relevant pages in the document.

Please confirm which Safeguarding documents you have enclosed:

Adults [ ]   Children and Young People [ ]   Combined [ ]

	Children And Young People And Adult Safeguarding Area	Please identify which policy/procedure this can be found in	Please indicate which page(s) in the document this is covered
1	Contains a statement of the organisation's basic philosophy and principles relating to children and young people and adult safeguarding ensuring a commitment to participating in a multi-agency approach to all safeguarding arrangements		
2	Identifies the role which carries lead responsibility for safeguarding arrangements		
3	Defines the meaning/coverage of adults with care and support needs and children and young people		
4	Identifies the following types of abuse for adults -1) physical, 2) domestic violence, 3) sexual, 4) psychological, 5) financial or material, 6) modern slavery, 7) discriminatory, 8) organisational, 9) neglect and acts of omission and self-neglect: and promotes an understanding of abuse and exploitation Identifies the following types of abuse for children and young people -1) physical, 2) sexual (including child sexual exploitation), 3) emotional, 4) neglect		

5	Describes what staff and volunteers must do if they see/suspect abuse, including "whistle blowing" arrangements for circumstances where normal reporting lines cannot be followed		
6	Sets out how the organisation will inform service users (or their representatives, parents, carers) of safeguarding awareness and what they should do if concerned about possible abuse or neglect by a staff member, volunteer or any other person.		
7	Identifies how concerns reported by staff, volunteers , services users (or others acting on their behalf) will be dealt with within the organisation		
8	Identifies how and when concerns should be reported/ referred to appropriate statutory bodies		
9	Sets out the organisation's response to the PREVENT agenda where applicable. (PREVENT is part of the Government counter-terrorism strategy)		
10	Covers arrangements for ensuring safe recruitment of staff and volunteers (to include staff employed on a temporary basis or via an agency)		
11	States the mandatory induction training arrangements for staff and volunteers ensuring they are made aware of and understand their professional boundaries and that their practice reflects this		
12	Describes the preventative measures taken in relation to safeguarding		
13	Identifies arrangements for reviewing policies and procedures regularly to ensure they are relevant and in line with current legislation.		
14	Describes arrangements for dissemination of policies and policy reviews to staff and assurance processes that assure they are being adhered to.		
	Additionally for services delivering to service users aged 16+		
15	Identifies that safeguarding decisions should take account of the ability to give informed consent and comply with the Mental Capacity Act 2005.		
			Version 1.1 April 2015

B.   Insurance

Suppliers who self-certify that they meet the requirements will be required to provide evidence of this if they are successful at contract award stage. Please indicate your answer by marking 'X' in the relevant boxes.

1.	Please self-certify whether you already have, or can commit to obtain, prior to the commencement of the contract, the levels of insurance cover indicated below: Employer's (Compulsory) Liability Insurance as required to comply with legislative requirements. Public Liability Insurance in a minimum amount of £10 million for each and every claim, act or occurrence or series of claims, acts or occurrences. Professional Indemnity Insurance in a minimum amount of £2 million Medical Malpractice Insurance to a level at least agreed to the Provider's Public Liability Insurance It is a legal requirement that all companies hold Employer's (Compulsory) Liability Insurance of £5 million as a minimum. Please note this requirement is not applicable to Self Employed Persons. The provision of insurance or the amount or limit of cover will not relieve or limit the Service Provider's liabilities under the Contract.	☐ Yes ☐ No

C.   Compliance with Equality Legislation

	For organisations working outside of the UK please refer to equivalent legislation in the country that you are located.	
1.	In the last three years, has any finding of unlawful discrimination been made against your organisation by an Employment Tribunal, an Employment Appeal Tribunal or any other court (or in comparable proceedings in any jurisdiction other than the UK)?	☐ Yes ☐ No
2.	In the last three years, has your organisation had a complaint upheld following an investigation by the Equality and Human Rights Commission or its predecessors (or a comparable body in any jurisdiction other than the UK), on grounds of alleged unlawful discrimination? If you have answered "yes" to one or both of the questions in this module, please provide, as a separate Appendix, a summary of the nature of the investigation and an explanation of the outcome of the investigation to date. If the investigation upheld the complaint against your organisation, please use the Appendix to explain what action (if any) you have taken to prevent unlawful discrimination from reoccurring. You may be excluded if you are unable to demonstrate to the authority's satisfaction that appropriate remedial action has been taken to prevent similar unlawful discrimination reoccurring.	☐ Yes ☐ No
3.	If you use sub-contractors, do you have processes in place to check whether any of the above circumstances apply to these other organisations?	☐ Yes ☐ No

D.   Environmental Management

1.	Has your organisation been convicted of breaching environmental legislation, or had any notice served upon it, in the last three years by any environmental regulator or authority (including local authority)? If your answer to this question is "Yes", please provide details in a separate Appendix of the conviction or notice and details of any remedial action or changes you have made as a result of conviction or notices served. The authority will not select bidder(s) that have been prosecuted or served notice under environmental legislation in the last 3 years, unless the authority is satisfied that appropriate remedial action has been taken to prevent future occurrences/breaches.	☐ Yes ☐ No
2.	If you use sub-contractors, do you have processes in place to check whether any of these organisations have been convicted or had a notice served upon them for infringement of environmental legislation?	☐ Yes ☐ No

E.   Data Protection and Information Security

1.	Please self-certify whether you already have in place, or can commit to implementing, prior to the commencement of the contract, a Data Protection and Information Security Policy that meets the requirements of the Data Protection Act 1998 and any other requirements of the Information Commissioner.	☐ Yes ☐ No

F.   Health and Safety

1.	Please self-certify that your organisation has a Health and Safety Policy that complies with current legislative requirements.	☐ Yes ☐ No
2.	Has your organisation or any of its Directors or Executive Officers been in receipt of enforcement/remedial orders in relation to the Health and Safety Executive (or equivalent body) in the last 3 years? If your answer to this question was "Yes", please provide details in a separate Appendix of any enforcement/remedial orders served and give details of any remedial action or changes to procedures you have made as a result. The authority will exclude bidder(s) that have been in receipt of enforcement/remedial action orders unless the bidder(s) can demonstrate to the authority's satisfaction that appropriate remedial action has been taken to prevent future occurrences or breaches.	☐ Yes ☐ No
3.	If you use sub-contractors, do you have processes in place to check whether any of the above circumstances apply to these other organisations?	☐ Yes ☐ No

8.   Service Specific Information

For each of the following questions please supply an enclosure, detailing the information requested. If you are the single lead organisation for a consortium you must regard the questions as referring to the whole consortium, not just your organisation, and answer appropriately.

8.1	Price	Enclosed	Not Enclosed
8.2	Experience	Enclosed	Not Enclosed
8.3	Plans for Service Delivery	Enclosed	Not Enclosed
8.4	Delivery of prevention & early intervention to achieve outcomes & reduce demand	Enclosed	Not Enclosed
8.5	Delivery plan for Emotional Wellbeing Service	Enclosed	Not Enclosed
8.6	Information and advice, IT, Information Sharing, Data Collection and Reporting	Enclosed	Not Enclosed
8.7	Implementation Plan	Enclosed	Not Enclosed

9.   Document Checklist

Please complete the checklist below to ensure that you have submitted all relevant supporting information required in the Tender Application. Failure to submit any relevant supporting information may result in your Tender being disqualified as non compliant with the tender requirements and not considered.

Please provide a full list of any Appendices used to provide additional information in response to Section 6 of this Tender Pack.

Brief details of document/appendices	Question	Enclosed	Not Enclosed	Not Applicable

Please complete the checklist below to ensure that you have submitted all relevant supporting information required in the Tender Application. Failure to submit any relevant supporting information may result in your Tender being disqualified as non-compliant with the tender requirements and not considered.

Response to Question	8.1			
Response to Question	8.2			
Response to Question	8.3			
Response to Question	8.4			
Response to Question	8.5			
Response to Question	8.6			
Response to Question	8.7			
Response to Question	8.8			
Document Checklist	9			
Declaration	10			

10. Declaration

PLEASE READ AND SIGN THE DECLARATION BELOW

I certify that the information supplied is accurate to the best of my knowledge and that I accept the conditions and undertakings in this Tender Questionnaire. I understand that giving false, incomplete, misleading or inadequate information that materially affects or could materially affect the decision making process could result in my exclusion from the application process, or subsequent termination of any Contract subsequently awarded to my organisation as a result of this Tender.

I understand that it is a criminal offence, punishable by imprisonment, to give or offer any gift or consideration whatsoever as an inducement or reward to any servant of a public body and that any such action will result in my exclusion from the tender process.

Signed (handwritten only)	
Name (Block Capitals)	
Position	
For and on behalf of (state name of organisation	
Date	

BEFORE RETURNING THIS APPLICATION FORM PLEASE ENSURE THAT YOU HAVE:

i)   Answered all of the questions.

ii)   Enclosed the relevant schedule and enclosures, having first marked them clearly with the name of your organisation (as instructed in the Completion Guidance) and the number of the question to which they apply.

iii)   Completed the checklist indicating which documents have been enclosed.

iv)   Completed and signed the above Declaration.

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Worcestershire County Council

Directorate of

Children, Families and Communities

Children's Centre Buildings Summary Report

1. Background information

Early Help services for children and young people in Worcestershire include those services currently delivered in and from a number of Children's Centre buildings.

A recent Early Help Needs Assessment made a number of recommendations to improve key outcomes for children and young people:

- Redesign the approach to 0-19 prevention and early help to include universal provision but with greater resources targeted at those at risk or where problems have emerged (often referred to as a progressive universal approach)

- Fully commission and implement the local Healthy Child Programme (HCP) led by midwifery, health visiting and school nursing and preventive interventions such as parenting, support and building family and community resilience, avoiding duplication and ensuring appropriate skill mix.

- Review, identify and commission only evidence-based interventions consistently across the county and in accordance with NICE guidance

- Ensure a renewed focus in early years provision on maternal mental health, secure attachment, nutrition and exercise, language & communication, high quality early years education and childcare to improve school readiness

- Review local provision for supporting parenting, promoting resilience and good emotional health & well-being and for the prevention of young people who are not in education, employment or training

- Focus Children's Centres on disadvantaged areas, making use of a "virtual" service in more advantaged areas

- Develop a new workforce approach, to work in a more integrated way in support of the 'whole family' and with other services to collectively reduce dependency and empower parents, and

- Review and implement an effective digital advice and information service to parents and families

Implementing these recommendations, so as to improve outcomes for children and young people, and make the best use of the money available, will include commissioning a new 0-19 integrated prevention service (Starting Well)

[The full assessment can be accessed here](#)

2

3. Worcestershire's Children Centre and Children Centre buildings

There are 29 designated Children's Centres across Worcestershire. Services are delivered through a variety of venues including 34 dedicated children's centre buildings, community halls, libraries and individual family homes. 32 of the 34 dedicated children's centre buildings are owned by Worcestershire County Council. The main sites are shown on the map below:

Worcestershire Map
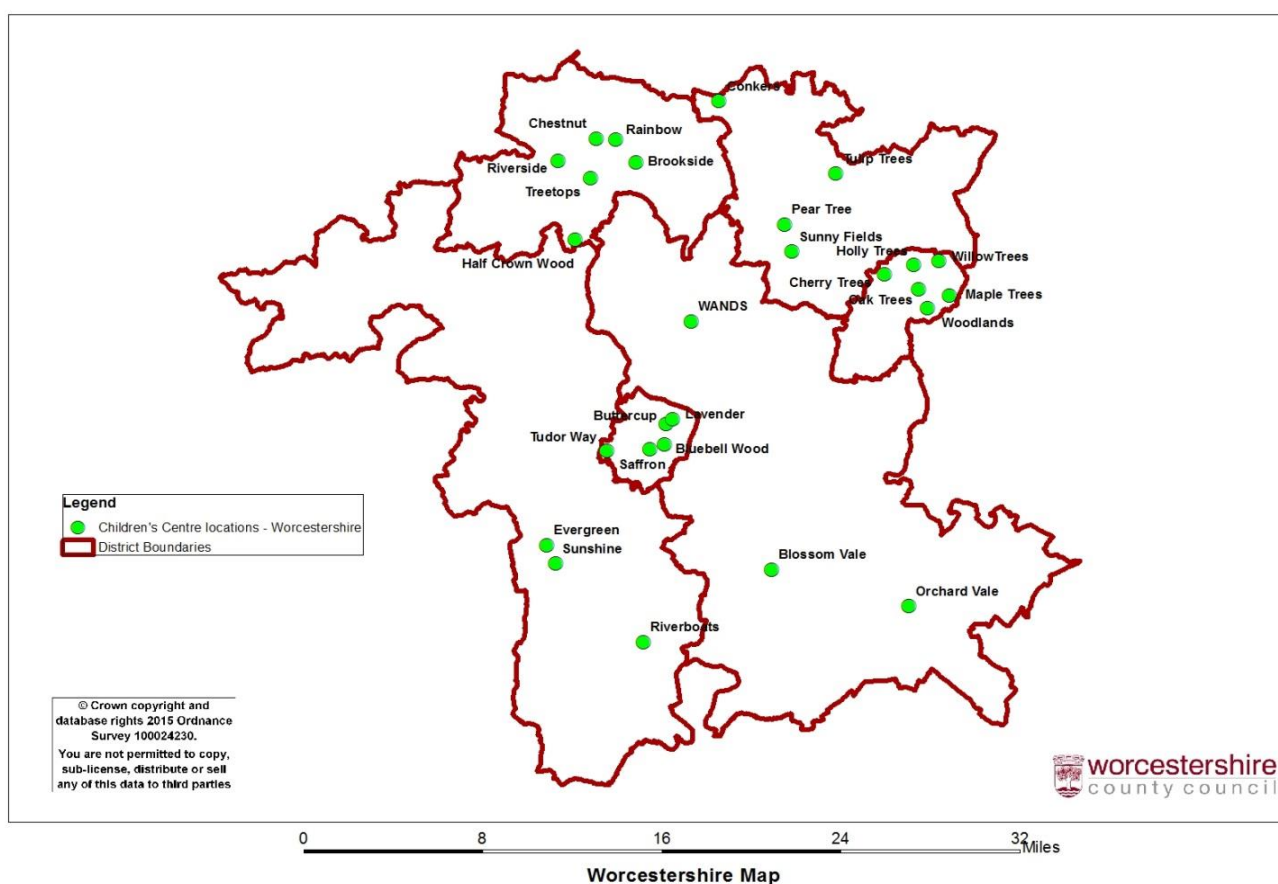
District	Children's Centres (including outreach buildings)
Bromsgrove	Conkers, Pear Tree, Sunny Fields. Tulip Trees
Malvern	Riverboats, Sunshine (Poolbrook), Sunshine (The Grove Primary School)
Redditch	Cherry Trees, Holly Trees (St. George's First School), Holly Trees (St. Stephen's First School), Maple Trees (Ten Acres First School), Maple Trees (Roman Way First School), Oak Trees (Oak Hill First School), Oak Trees (St. Luke's First School), Woodlands
Worcester City	Bluebell Wood, Buttercup, Lavender, Saffron, Tudor Way
Wychavon	Apple Vale, Orchard Vale/Spring Vale, Blossom Vale, Greenwood, WANDS
Wyre Forest	Rainbow, Chestnut, Tree Tops, Half Crown Wood (St. Bartholomew's Primary School), Half Crown Wood (Stourport Primary School), Riverside, Brookside

3

2. Use of Children's Centre Buildings

Worcestershire County Council has already made the decision (following consultation in 2012) to maximise the use of these buildings, including proposals to use Children's Centre buildings more flexibly across the age ranges (0-19) and maximising the use of buildings for wider Council services e.g. Social Care, Behaviour Support, School Basic Needs.

This decision was in line with the statutory definition of a Children's Centre as "a place or group of places managed by or on behalf of …. the local authority with a view to ensuring that early childhood services are made available in an integrated way…"

Early childhood services are defined as:

- Early years provision (early education and childcare);
- Social services functions of the local authority relating to young children, parents and prospective parents;
- Health services relating to young children, parents and prospective parents;
- Training and employment services to assist parents or prospective parents; and
- Information and advice services for parents and prospective parents

Services can be provided either at a centre, as a virtual service via the internet for example, or by providing advice and assistance to parents in accessing services elsewhere.

4. Children's Centre Building Consultation

Worcestershire County Council, in line with its statutory responsibilities, launched a consultation on 26th November 2015 running to the 29th January 2016 to seek the views on the future use of Children's Centre buildings. This consultation aimed to determine, on a building by building basis, how these important community assets can ben best used in order to provide the right support to those that need it most. All current buildings were included in the consultation. All options were welcomed and included

- Use for the delivery of integrated 0-19 service (Starting Well),
- use by schools, communities or other services,
- or potentially closure where no suitable use can be identified.

The consultation was promoted widely across the county through a variety of channels. This included the Council website, local press and via social media (including paid targeted Facebook advertising). Information and website links was also shared with potential providers for the Starting Well service, health colleagues, schools and Positive Activities providers as well as through the Health and Well-being Board and County Councillors. Early Help Providers (who manage Children's Centres) did a lot to promote the consultation themselves including displaying posters, hosting face-to-face feedback sessions and providing information to parents via activity sessions, their website and their social media pages.

4

The consultation asked the following questions:

1. What is your interest in Children's Centre buildings? – options were school teacher; parent/carer; Health professional; other professional; current provider of Early Help services in Worcestershire; Councillor; Community or Voluntary Sector representative; other (with an option to specify)
2. Where do you live work? – options included all six districts in Worcestershire; countywide; outside of Worcestershire
3. In general, how do you think that current early help buildings should be used in the future? – respondents could add free text to comment
4. Would you like to comment on the potential use of any specific building(s)? – respondents could select from the list of children's centre buildings used by current Early Help Providers and a list of ways in which the building could be used in the future
5. Please include any additional comments you have here - respondents could add free text to comment

5. Summary of the consultation responses

There were over 2000 responses (2171 on-line) to the survey. The majority of responses were from parents and carers, making up nearly three quarters of the respondents, and most of these will have been current service users surveyed during engagement sessions and by the current service providers.

The charts below give further detail on the different categories of stakeholders who responded and where they lived/worked.

Where respondents live/work

Redditch	29%
Worcester City	17%
Wychavon	15%
Wyre Forest	14%
Bromsgrove	13%
Malvern Hills	9%
Outside Worcestershire	2%
Countywide	1%
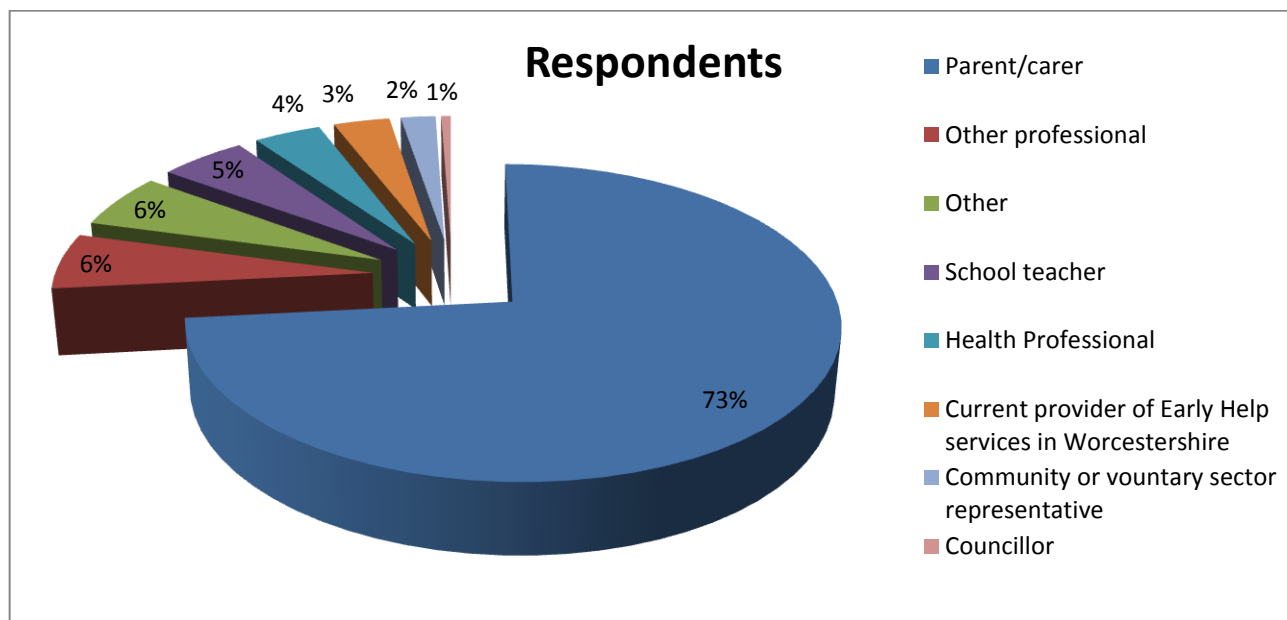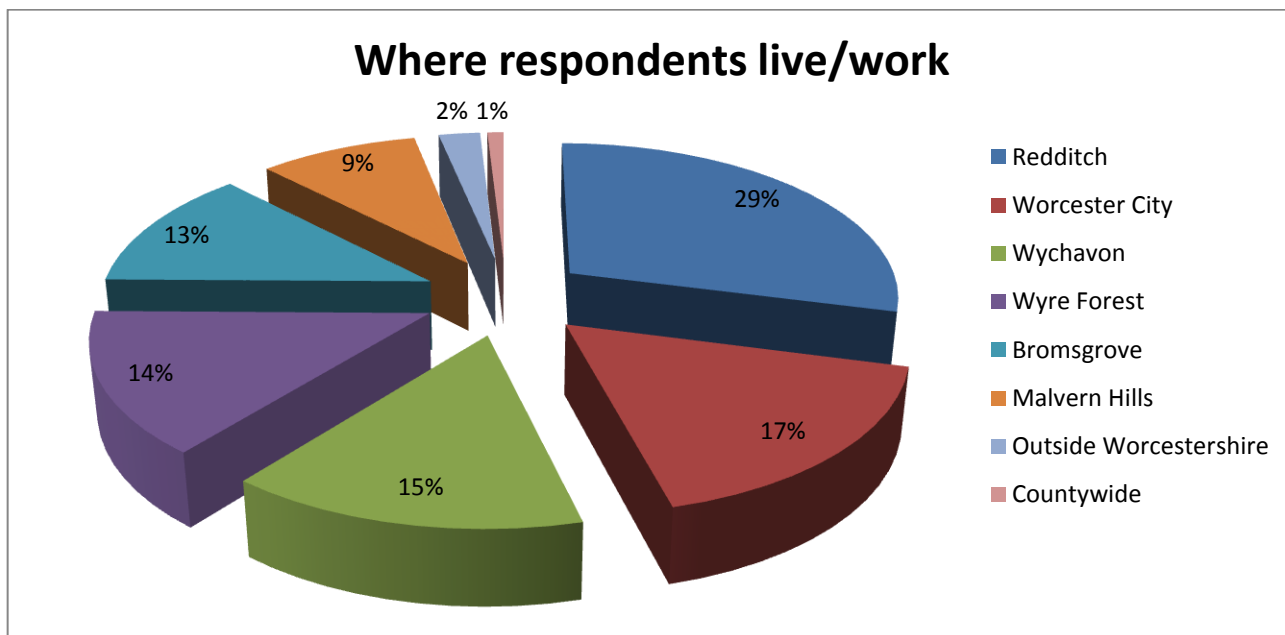
Question 4 asked respondents to select from the following options for future use of the list of children's centre buildings:

- No change
- Delivery of integrated services including those in the 0-19 prevention model
- Childcare provision
- Integration with school activities
- Community based and/or led provision for all ages
- Drop-in and social events for the local community including the older population
- Other

The chart below outlines the responses with 60% of respondents suggesting no change, 16% delivery of integrated services, including those in the 0-19 prevention model/Starting Well service and 7% integration with schools:

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Response to the future use of buildings

Legend:
- No Change
- Delivery of integrated services including those in the 0-19 prevention model
- Other
- Integration with school activities
- Childcare provision
- Community based and/or led provision for all ages
- Drop in and social events for the local community, including the older population
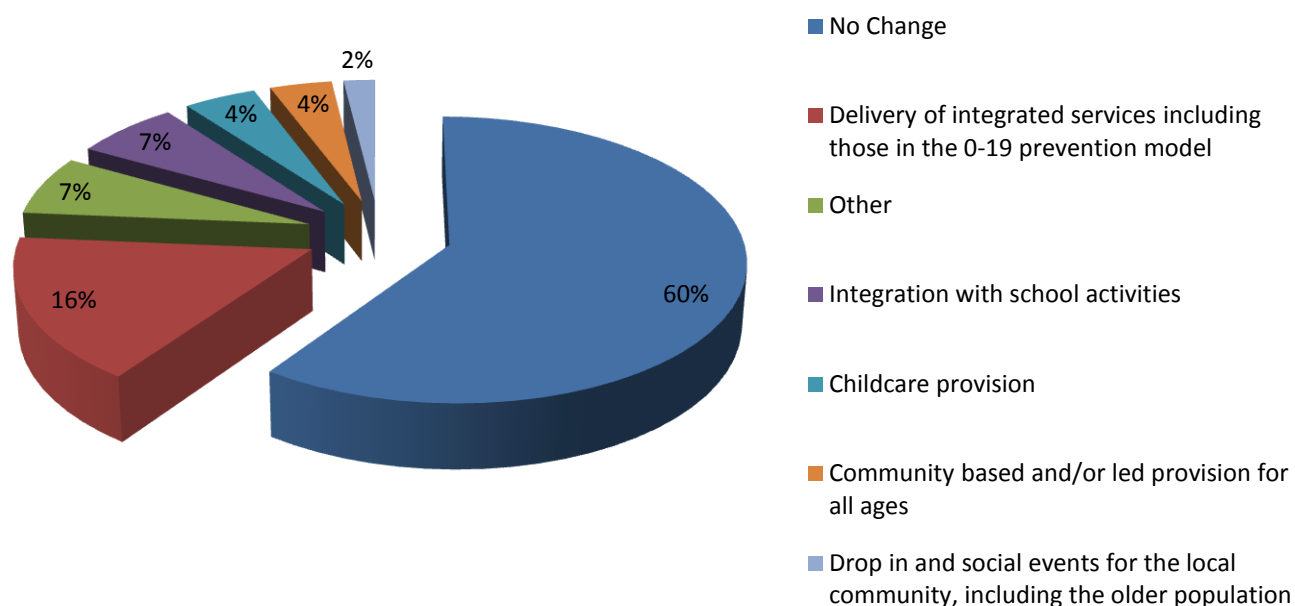
Whilst responses were received for all the buildings/centres in the consultation, the number of responses varied from 23 to 249 reflecting both the use of the building and the efforts to promote the on-line survey at individual sites. Some responses included comments on more than one building:

Cotton Wood - Wythall Library - non-WCC building*	23
Sunshine - The Grove Primary School	27
Teme Valley - non-WCC building*	27
Conkers - Hagley Primary School	34
Greenwood - Wychbold First School	67
Half Crown Wood - Stourport Primary School	67
Riverboats - Upton upon Severn Primary School	69
Half Crown Wood - St Bartholomew's Primary School	80
Apple Vale - Broadway First School	90
Rainbow - St Mary's Primary School	98
Sunshine - Pickersleigh Poolbrook Centre	101
Tree Tops - Birchen Coppice Primary School	105
Tudor Way - Dines Green Primary School	107
Bluebell Wood - Perry Wood Primary School	108
Riverside - Bewdley Primary School	108
Brookside - Comberton Primary School	115
Maple Trees - Ten Acres First School	121
Blossom Vale - Abbey Park First School	122
Chestnut - Franche Primary School	124
Sunny Fields - Charford First School	128
Buttercup - Fairfield Centre	132
Lavender - Oasis Academy Warndon	135
Saffron - Stanley Road Primary School	139
Evergreen - non-WCC building*	141
Holly Trees - St George's First School	143
Tulip Tree - Catshill First School	146

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Oak Trees - St Luke's First School	150
Orchard Vale / Spring Vale - Evesham Nursery School	150
Pear Tree - Sidemoor (Standalone building)	170
Maple Trees - Roman Way First School	177
WANDS - Westlands First School	177
Oak Trees - Oak Hill First School	186
Holly Trees - St Stephen's First School	191
Woodlands - Woodrow First School	194
Willow Trees - Church Hill Community Centre - non-WCC* building	229
Cherry Trees - Batchley First School	249

*these centres were included for completeness to ensure that all current centre users could comment on their particular centre/site.

6. Proposals for alternative/additional use of Children's Centre buildings

Many respondents supported the continued delivery of Children's Centre activities (including childcare) from these buildings (60%), and the delivery of integrated services including those in the 0-19 prevention model (16% of those completing the on-line survey).

In addition, respondents proposed a wide range of potential future uses of the buildings either via the on-line survey or by direct communication with Children's Services. These proposals can be grouped into the following categories:

- Additional childcare, in particular funded places
- Specialist SEN provision for a range of age groups
- Integration with school activities/extended school provision/nurture base
- Family contact and safeguarding services including case conferences and 1:1 work with children
- Use by local community partnership/community use
- Library services
- Touchpoint/base for county council staff based in the community

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CHILDREN AND FAMILIES OVERVIEW AND SCRUTINY PANEL
17 MARCH 2016

DEVELOPING AN OVERVIEW AND SCRUTINY WORK PROGRAMME

Purpose of the Meeting

1. The Children and Families Overview and Scrutiny Panel is asked to:

    (a) Consider the programme agreed by Overview and Scrutiny Performance
         Board (OSPB) for developing the 2016/17 Work Programme; and
    (b) Consider suggestions for inclusion in the Overview and Scrutiny Work
         Programme for 2016/17.

Background

2. Each Overview and Scrutiny Panel is required to have a Work Programme that
details the activities that the Panel will be undertaking during the year. Members are
reminded that Panel Work Programmes should be living documents that are able to
adapt and change throughout the year to meet the demands and needs that best
serve the people of Worcestershire.

3. The current Scrutiny Work Programme was developed in the Spring of 2015.
Suggestions for future topics were sought from Members and discussed with
Directors and other relevant officers. The resulting proposed Work Programme was
considered and agreed by the OSPB on 23 April 2015 and Council on 14 May 2015.

4. At the last meeting of OSPB, it was agreed that the Overview and Scrutiny Work
Programmes for 2016/17 would benefit from greater consultation with various groups
and stakeholders. The consultation would hopefully raise the profile of the Overview
and Scrutiny function and make the Work Programmes more relevant to the people
of Worcestershire.

5. OSPB agreed that a consultation exercise would be undertaken that would
involve seeking suggestions for inclusion in the Work Programmes from:

        a) Business Community
        b) Partners and Stakeholders
        c) Non-Executive Members and Overview and Scrutiny Panels
        d) Cabinet
        e) Officers of the County Council
        f) The Public

6. At its April 2016 meeting OSPB will agree a Work Programme Report to be sent
for consideration to the County Council, this Report will detail the consultation

responses by category listed above as well as the Work Programme suggestions made by the Budget Scrutiny Process and a list of topics that were included in the 2015/16 Work Programmes but remain incomplete or have not begun.

7. The County Council will then be better informed of the issues and topics that Worcestershire business, residents, partners and Members would like Overview and Scrutiny to get involved in.

Developing the 2016/17 Work Programme

8. Elected Member Consultation - Overview and Scrutiny is a Member-led process, it is therefore important that the views of Members are taken into account in determining the content of the Work Programme, particularly as Members are community champions and most likely to be aware of issues of concern to the public.

9. OSPB has agreed that the views of Members be sought via the following groups:

- Overview and Scrutiny Panels
- Non-Executive Members
- Cabinet

10. Overview and Scrutiny Panels – OSPB has agreed that each Panel be consulted with to put forward suggestions of topics that the Panel believes should be included in its Work Programme for 2016/17.

11. Non-Executive Members – OSPB has agreed that Non-Executive County Councillors be consulted directly in addition to the Panel consultation so that they have the opportunity to suggest topics for inclusion in all the Overview and Scrutiny Panel Work Programmes.

12. Cabinet – OSPB has agreed that Cabinet be consulted directly to provide suggestions for inclusion in the Work Programme from an Executive perspective.

Overview and Scrutiny Panel Consultation

13. OSPB has agreed that each Overview and Scrutiny Panel be consulted directly to provide suggestions for inclusion in that Panel's 2016/17 Work Programme.

14. The Children and Families Overview and Scrutiny Panel is asked to discuss and considerer what topics and issues it would like to put forward for inclusion in the 2016/17 Children and Families Overview and Scrutiny Panel Work Programme and be prepared to discuss and put forward suggestions at the meeting.

Guidance

15. The Panel is reminded that it has agreed to use criteria listed below to help determine its Work Programme. A topic does not necessarily need to meet all of these criteria in order to be included, but the criteria is intended to help guide the Board in prioritising topics for inclusion. The criteria is as follows:

- Is the issue a priority area for the Council and for the County?
- Is it a key issue for local people?
- Will it be practicable to implement the outcomes of the scrutiny?
- Are improvements for local people likely?
- Does it examine a poor performing service?
- Will it result in improvements to the way the Council and/or its partners operate?
- Is it related to new Government guidance or legislation?

16. Panel Members are reminded that a good Overview and Scrutiny Work Programme will:

- Complement the priorities and work of the council and its partners
- Reflect the concerns of local communities, and
- Identify those issues where scrutiny can make most impact

17. Similarly the Panel may wish to consider the following criteria in identifying issues and topics that are **not** suitable for inclusion in the Work Programme:

- The issue is already being examined by another body.
- The matter relates to a specific case falling within the complaints procedure.
- The issue relates to an individual disciplinary matter or grievance

Supporting Information

Appendix A - OSPB Work Programme Report – available on the Council's website here

Contact Points

County Council Contact Points
County Council: 01905 763763
Worcestershire Hub: 01905 765765
Email: worcestershirehub@worcestershire.gov.uk

Specific Contact Points for this report
Alyson Grice/Samantha Morris, Overview and Scrutiny Officers, Tel: 01905 844962/844963 Email: scrutiny@worcestershire.gov.uk

Background Papers

In the opinion of the proper officer (in this case the Head of Legal and Democratic Services) the following are the background papers relating to the subject matter of this report:
- Agenda and minutes of Overview and Scrutiny Performance Board held on 24 February 2016
- Agenda and minutes of Council meeting held on 14 May 2015
- All agendas and minutes are available on the Council's website here.

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CHILDREN AND FAMILIES OVERVIEW AND SCRUTINY PANEL
17 MARCH 2016

EDUCATIONAL OUTCOMES 2015 INCLUDING OFSTED UPDATE

Summary

1. This report provides a summary of the educational outcomes for children and young people educated in Worcestershire schools for 2015. It gives an overview of county wide performance, rather than that of individual schools.

2. Outcomes are now fully validated, and are for learners in all tax payer funded schools in Worcestershire, i.e. maintained schools, academies and free schools.

3. The report also provides an overview of Ofsted inspections of Worcestershire schools.

Educational outcomes

4. National examination results at all Key Stages have been validated, and so it is possible to confirm outcomes together with comparisons with benchmark figures, for example national averages.

5. Appendix 1 shows a summary of results at each Key Stage. Appendix 2 gives a more detailed picture with analysis of trends and improvement priorities.

6. Early Years Foundation Stage Profile (EYFSP). 2015 data show another significant jump in the proportion of children achieving a good level of development (+8%). This now puts Worcestershire in line with the national average. These outcomes reflect the re-balancing of EYFSP outcomes since the introduction of a new measure in 2013 and are a more accurate and robust picture of assessment.

7. Key Stage 1. 2015 Key Stage 1 outcomes for reading, writing and mathematics continue to rise and remain at least in line with those seen nationally. There has been consistency in the results over a six-year period.

8. Key Stage 2. Outcomes for L4+ in Reading, Writing and Mathematics show a small drop on 2014, 76.4% compared to 76.6%. Nationally, outcomes rose by 2%, therefore widening the attainment gap. Attainment in Worcestershire remains below national average.

9. Primary (2-tier) outcomes closely reflect the national picture and remain in line with those seen nationally on all measures. Middle school (3-tier) outcomes are little changed from 2014 although the overall figure of L4+ Reading, Writing and Maths shows a 1% drop. The gap in performance between 2 and 3 tier therefore remains.

10. Key Stage 4. Outcomes for 2015 are very positive and show an increase in the key measure of 5+A*-C including English and maths to 60.7% (+2.2%). Nationally results improved by 0.4% to 53.8%, thus further strengthening Worcestershire schools' strong performance. Outcomes for schools in the 2-tier and 3-tier systems show little difference. Progress rates in both English and maths are above the national average.

11. Key Stage 5. Data for 2015 show a 2.9% fall in the proportion of students attaining 3 or more academic 'A' levels at A*-E compared to a 0.8% drop nationally. The proportion of students attaining the highest grades also remains below that seen nationally. There has, however, been a large (27.4 points) rise in the average point score per student.

12. Pupils eligible for pupil premium. In comparison to 2014, outcomes for pupils eligible for pupil premium have improved across all Key Stages. However, Worcestershire pupils eligible for pupil premium continue to perform less well than their counterparts nationally in both attainment and progress measures. This remains the case across all key stages although there has been noticeable improvement in both EYFS and Key Stage 1.

13. Looked after children.   Key Stage 2 outcomes show an 11% increase in the proportion of looked after children attaining L4+ in Reading, Writing and Maths (45%). Although this remains behind the national average (53%) the gap has narrowed by 5%.

14. The proportion of pupils looked after who attain 5+ GCSEs A*-C including English and maths increased by 4% to 16%. While a very low figure, this is in line with attainment nationally for looked after children.

Ofsted update

15. In September 2015 a new Ofsted framework was introduced for the inspection of schools. While inspections are ongoing on a regular basis, this report formally gives outcomes for the latest published Ofsted 'data point', which was August 2015. Although not formally confirmed through Ofsted figures, the overall proportion of schools judged to be good or outstanding remains the same as in August 2015.

16. Early Years inspections. Inspection outcomes within Worcestershire have shown a strong and improving picture over the last year. As of August 2015, 88% of Worcestershire early years and childcare settings were judged to be providing at least a good level of education. This compares very favourably against national (85%) and regional (82%) figures. Worcestershire was the strongest performing authority when compared to its statistical neighbours in terms of the percentage of settings rated outstanding.

17. Schools. 88% of all Worcestershire schools have an overall effectiveness inspection judgement of good or better, above the national figure of 84% and in a strong position when compared to similar local authorities.

18. Since 2012 the proportion of schools providing a good or better education as judged by Ofsted has increased by 22% compared to 14% nationally. In particular, there has been a significant increase in the percentage of schools being rated as

outstanding from 12% in 2012 to 20% in 2015. This now brings Worcestershire in line with the national picture for the first time regarding the proportion of outstanding schools.

Key priorities

19. The majority of education services were commissioned to Babcock International with effect from 1 October 2015. While these services are being provided by a commissioned provider, the local authority retains overall accountability for educational outcomes.

20. The contract with Babcock is being monitored against a set of key performance indicators, many of which are directly linked to educational outcomes for children and young people.

21. Key priorities for services directly related to educational outcomes are:
- to raise standards of attainment and improve rates of progress, with a focus on Key Stage 2;
- to close the attainment gap for disadvantaged pupils at all Key Stages;
- to further increase the proportion of schools that are providing a good or better education for their pupils;
- to further strengthen partnership arrangements to increase school to school support, and
- to continually review services with Babcock International.

Purpose of the Meeting

22. The Children and Families Overview and Scrutiny Panel is asked to:

- consider the information in the update
- determine whether it would wish to carry out any further scrutiny, and
- agree whether it would wish to make any comments to the Cabinet Member with Responsibility for Children, Families and Communities

Supporting Information

- Appendix 1 - Worcestershire educational outcomes 2015 – summary report
- Appendix 2 – Educational outcomes 2015

Contact Points

County Council Contact Points
Worcestershire County Council 01905 763763
Worcestershire Hub: 01905 765765
Email: worcestershirehub@worcestershire.gov.uk

Specific Contact Points for this report

John Edwards, Strategic Commissioner – Education and Skills: 01905 844914
Email: jedwards@worcestershire.gov.uk

Background Papers

In the opinion of the proper officer (in this case the Director of Children, Families and Communities) there are no background papers relating to the subject matter of this report:

Minutes and Agendas for all County Council meetings are available [here].

Worcestershire Educational Outcomes 2015 - Summary

Document Details:

Version: 2 (validated)
Date: 12/02/2016
Data Sources: DFE Statistical Releases, DFE School Performance Table, Keypas, Epas, LAIT and OFSTED
Data provided by PDT Team

Summary Overview - 2015

Ofsted Inspection Outcomes		National %	Worcs %
Early Years Settings	Overall effectiveness judged to be at least good (as at 31/08/15)	85	88
Schools	Overall effectiveness judged to be at least good (as at 31/08/15)	84	88

Key Stage		Attainment Data	National %	Worcs %
EYFSP	3 to 5	Good Level of Development	66.3	66.4
KS1	5 to 7	Level 2B+		
		Reading	82	83
		Writing	72	74
		Maths	82	82
KS2	7 to 11	Level 4+ Reading, Writing and Maths combined	80	76
		Expected progress – Reading	91	88
		Expected progress – Writing	94	91
		Expected progress – Maths	90	85
KS4	14 to 16	5 GCSEs at A*-C Including English and maths	53.8	60.7
		Expected progress – English	71.1	71.8
		Expected progress – Maths	66.9	72.1
KS5	16 to 18	3A levels at A*-E grades	78.7	74.0
		3A levels at A/A*grades	11.7	6.1
		Average points per student[1]	717.8	724.5
		Average points per entry	215.9	209.2

1. state-funded schools and colleges
2. state-funded schools only

Ofsted Inspection Outcomes

Early Years and Childcare Settings

Inspection outcomes within Worcestershire have shown a strong and improving picture over the last year. As of August 2015, 88% of Worcestershire early years and childcare settings were judged to be providing at least a good level of education. This compares very favourably against national (85%) and regional (82%) figures. Worcestershire was the strongest performing authority when compared to its statistical neighbours in terms of the percentage of settings rated outstanding.

Schools

88% of all Worcestershire schools have an overall effectiveness inspection judgement of good or better (August 2015), above the national figure of 84% and in a strong position when compared to similar LAs.

Since 2012 the proportion of schools providing a good or better education as judged by Ofsted has increased by 22% compared to 14% nationally. In particular, there has been a significant increase in the percentage of schools being rated as outstanding from 12% in 2012 to 20% in 2015. This now brings Worcestershire in line with the national picture for the first time.

Attainment

Early Years Foundation Stage Profile (EYFSP)

2015 data shows another significant jump in % of children achieving a good level of development (+8%). This now puts Worcestershire in-line with the national average. These outcomes reflect the rebalancing of EYFSP outcomes since the introduction of a new measure in 2013 and are a more accurate and robust picture of assessment.

Key Stage 1

2015 Key Stage 1 outcomes for reading, writing and mathematics continue to rise and remain at least in-line with those seen nationally. There has been consistency in the results over a six-year period.

Key Stage 2

Outcomes for L4+ in Reading, Writing and Mathematics show a small drop on 2014, 76.4% compared to 76.6%. Nationally, outcomes rose by 2%, therefore widening the attainment gap.

Primary (2-tier) outcomes closely reflect the national picture and remain in line with those seen nationally on all measures. Middle school (3-tier) outcomes are little changed from 2014 although the overall figure of L4+ reading, writing and maths shows a 1% drop. The gap in performance between 2 and 3 tier therefore remains and accounts for the differences seen when all pupil outcomes are compared to the national picture.

Key Stage 4

Outcomes for 2015 are very positive and show an increase in the key measure of 5+A*-C including English and maths to 60.7% (+2.2%). Nationally results improved by 0.4% to 53.8%, thus further strengthening Worcestershire schools' strong performance. Outcomes for schools in the 2-tier and 3-tier systems show little difference. Progress rates in both English and maths are above the national average.

Key Stage 5

Data for 2015 shows a 2.9% fall in the proportion of students attaining 3 or more academic 'A' levels at A*-E compared to a 0.8% drop nationally. The proportion of students attaining the highest grades also remains below that seen nationally. There has, however, been a large (27.4 points) rise in the average point score per student.

Pupils eligible for Pupil Premium

In comparison to 2014, outcomes for pupils eligible for pupil premium have improved across all Key Stages. However, Worcestershire pupils eligible for pupil premium continue to perform less well than their counterparts nationally in both attainment and progress This remains the case across all key stages although there has been noticeable improvement in both EYFS and KS1. Some gaps appear wider still as non-eligible pupils out perform their counterparts nationally. This remains a key focus for improvement.

Performance of Looked After Children

KS2 outcomes show an 11% increase in the proportion of looked after children attaining L4+ in reading, writing and maths (45%). Although this remains behind the national average (53%) the gap has narrowed by 5%.

The proportion of pupils attaining 5+ GCSEs A*-C including English and maths increased by 4% to 16%. National data is not yet available for 2015 but this outcome is in line with that seen nationally in 2014.

Educational Outcomes Report 2015

Early Years Foundation Stage
To Key Stage 5

Document Details:

Version: 2 (validated)
Date: 12/02/2016
Data Sources: DFE Statistical Releases, DFE School Performance Table, Keypas, Epas, LAIT and OFSTED
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		Expected progress – Maths	66.9	72.1
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		3A levels at A/A* grades	11.7	6.1
		Average points per student[1]	717.8	724.5
		Average points per entry	215.9	209.2

1. state-funded schools and colleges
2. state-funded schools only

Ofsted Inspection Outcomes

Early Years and Childcare Settings

Inspection outcomes within Worcestershire have shown a strong and improving picture over the last year. As of August 2015, 88% of Worcestershire early years and childcare settings were judged to be providing at least a good level of education. This compares very favourably against national (85%) and regional (82%) figures. Worcestershire was the strongest performing authority when compared to its statistical neighbours in terms of the percentage of settings rated outstanding.

Schools

88% of all Worcestershire schools have an overall effectiveness inspection judgement of good or better (August 2015), above the national figure of 84% and in a strong position when compared to similar LAs.

Since 2012 the proportion of schools providing a good or better education as judged by Ofsted has increased by 22% compared to 14% nationally. In particular, there has been a significant increase in the percentage of schools being rated as outstanding from 12% in 2012 to 20% in 2015. This now brings Worcestershire in line with the national picture for the first time.

Attainment

Early Years Foundation Stage Profile (EYFSP)

2015 data shows another significant jump in % of children achieving a good level of development (+8%). This now puts Worcestershire in-line with the national average. These outcomes reflect the rebalancing of EYFSP outcomes since the introduction of a new measure in 2013 and are a more accurate and robust picture of assessment.

Key Stage 1

2015 Key Stage 1 outcomes for reading, writing and mathematics continue to rise and remain at least in-line with those seen nationally. There has been consistency in the results over a six-year period.

Key Stage 2

Outcomes for L4+ in Reading, Writing and Mathematics show a small drop on 2014, 76.4% compared to 76.6%. Nationally, outcomes rose by 2%, therefore widening the attainment gap.

Primary (2-tier) outcomes closely reflect the national picture and remain in line with those seen nationally on all measures. Middle school (3-tier) outcomes are little changed from 2014 although the overall figure of L4+ reading, writing and maths shows a 1% drop. The gap in performance between 2 and 3 tier therefore remains and accounts for the differences seen when all pupil outcomes are compared to the national picture.

Key Stage 4

Outcomes for 2015 are very positive and show an increase in the key measure of 5+A*-C including English and maths to 60.7% (+2.2%). Nationally results improved by 0.4% to 53.8%, thus further strengthening Worcestershire schools' strong performance. Outcomes for schools in the 2-tier and 3-tier systems show little difference. Progress rates in both English and maths are above the national average.

Key Stage 5

Data for 2015 shows a 2.9% fall in the proportion of students attaining 3 or more academic 'A' levels at A*-E compared to a 0.8% drop nationally. The proportion of students attaining the highest grades also remains below that seen nationally. There has, however, been a large (27.4 points) rise in the average point score per student.

Pupils eligible for Pupil Premium

In comparison to 2014, outcomes for pupils eligible for pupil premium have improved across all Key Stages. However, Worcestershire pupils eligible for pupil premium continue to perform less well than their counterparts nationally in both attainment and progress This remains the case across all key stages although there has been noticeable improvement in both EYFS and KS1. Some gaps appear wider still as non-eligible pupils out perform their counterparts nationally. This remains a key focus for improvement.

Performance of Looked After Children

KS2 outcomes show an 11% increase in the proportion of looked after children attaining L4+ in reading, writing and maths (45%). Although this remains behind the national average (53%) the gap has narrowed by 5%.

The proportion of pupils attaining 5+ GCSEs A*-C including English and maths increased by 4% to 16%. National data is not yet available for 2015 but this outcome is in line with that seen nationally in 2014.

Key Actions 2015-16

Early Years and Childcare Service
- Further raise standards of attainment and improve the achievements of children in Early Years;
- Intensive and relentless focus on supporting and challenging settings to further increase the proportion rated by Ofsted as good/outstanding;
- Further close the attainment gap for vulnerable groups, especially those children eligible for early years pupil premium;
- Increase provision and take up of 2 year old free nursery education;
- Targeted support to achieve 'Open for Business' and meet places sufficiency;
- Targeted training for practitioners;
- Support and training for moderation of EYFSP to ensure robust and accurate assessments;
- Continue to safeguard children in settings through a relentless focus on supporting and challenging practice and procedure;
- Continue to promote the sharing of effective practice between settings.

School Improvement Service
- Raise standards of attainment and improve rates of progress
  - improve the achievements of pupils, particularly in KS2
  - work with schools to help ensure teacher assessments are accurate; school tracking systems are robust; any underperformance is identified swiftly and interventions implemented at the earliest opportunity

- Close the attainment gap for disadvantaged pupils
  - Work with schools to help ensure interventions for pupils eligible for pupil premium funding and LAC who are underperforming are enabled to make accelerated progress

- Further increase the proportion of schools that are providing a good or better education for their pupils
  - continue to strengthen the quality of leadership at all levels
  - continue to strengthen the accountability role of governors to ensure robust and independent monitoring and evaluation

- Further strengthen partnership arrangements to increase school to school support
  - continue to work in partnership with head teacher representative groups, Teaching School Alliances and other system leaders to share effective practice and broker school to school support
  - promote the sharing of effective practice through Annual Performance Reviews in schools, Partnership Projects and the Effective Practice website

- Continuous review and development of the School Improvement Service to ensure a relentless focus on challenge and support for schools
  - work with Babcock International Ltd to further develop and improve systems and processes post commissioning.

Contents

About this report

This paper sets out early years and school performance outcomes for 2015.

The majority of the report is sequenced by key stage and compares Worcestershire's results with statistical neighbours and national figures where currently available. In order to improve clarity we have reduced the number of tables and charts in the main report and focused on headline information and progress of vulnerable groups. Details for each Key Stage can be found in the data annex at the end of the main report. It is intended that the reader will review the data annex alongside the relevant commentary.   A wealth of school level data is also available via data dashboards on Edulink.
https://www.edulink.networcs.net/sites/LeadManage/perfdata/LA%20Results/Forms/Data.aspx

The commentary in each section aims to be evaluative and, where possible indicate next steps. It is not practical to try to include detail about all actions being undertaken by colleagues from the Early Years and Childcare Service (EYCS) or the School Improvement Service (SIS). However if you wish to discuss any of the issues in more depth, please contact Catherine Crooks, Group Manager – Schools and Settings, in the first instance.
catherine.crooks@babcockinternational.com

The data within this report has been shared with headteacher groups. It is used by LA colleagues and, when validated data is available, will be shared with elected members and governors.

This report is compiled using a number of different data sources which, particularly while unvalidated, can result in some variation. The focus is however on data released by the Department for Education (DfE) and it is their requirements which drive the availability and importance given to specific outcomes.

DFE School and College Performance Tables - Statement of Intent 2015

On an annual basis, the Department for Education (DfE) publish a Statement of Intent. This document sets out plans for the content of the 2015 School and College Performance Tables which sit at the heart of the accountability framework and the proposed timetable of publication. The primary school performance tables will be published in mid-December 2015 while the secondary school and 16-18 performance tables will be published by late January 2016.

Summary of 2015 changes

Primary performance tables
- Change to the definitions of Special Educational Needs (SEN) and disadvantaged pupils

Secondary performance tables
- The first Progress 8 results will be published for schools that opted into the new accountability system for 2015

- Provisional English Baccalaureate and 5+ A*-C including English and maths measures will be published for secondary schools for the first time in the autumn
- The early entry policy will cover all subject areas
- Results will be published for the first time for colleges offering full-time provision for 14-to-16-year-olds
- Change to the definitions of SEN and disadvantaged pupils
- A contextual indicator will be added to show where the prior attainment of more than 50% of a school's cohort is based upon key stage 2 teacher assessment as a result of the 2010 boycott of key stage 2 tests.

16 to 18 performance tables
- No changes

Primary school performance tables

In 2015, there will be no new measures published in the primary performance tables. Annex A sets out the full range of measures that will be published in the 2015 primary performance tables.
The only changes that will be made are to the way that pupils with Special Educational Needs (SEN) and disadvantaged pupils are defined in performance measures, as a result of policy changes.

Reforms to the Special Educational Needs system

The Children and Families Act 2014 introduced the most significant reforms1 in the last 30 years to the way support is provided to children and young people with Special Educational Needs (SEN). The Act places children, young people and families at the centre of decisions about their support and places a much stronger focus on outcomes and integrated working across education, health and care.

For children with complex educational needs, statements of SEN will be replaced with Education, Health and Care (EHC) plans. The previous 'School Action' and 'School Action Plus' categories will be replaced by a new category 'SEN support'.
Children that already had statements of SEN will be transferred onto the new EHC plans by April 2018 at the latest, according to the phased approach set out in each local authority's transition plan.

For the 2015 primary performance tables, this means that the school cohort information on the number and percentage of pupils with SEN will now also include pupils with EHC plans and SEN Support, where they have been transferred onto the new system2.
These changes to SEN policy will also be reflected in the secondary performance tables.

Changes to the definition of disadvantaged pupils

In the 2015 performance tables, the definition of a disadvantaged pupil will change to reflect changes to the conditions of funding for the pupil premium in 2014-20153. The main changes to these conditions are as follows:

- In 2013-2014, children looked after continuously for at least six months were eligible for the pupil premium. In 2014-2015, this has changed so that children looked after continuously for 1 day or more are now eligible for the pupil premium
- In 2014-2015, the pupil premium now includes those pupils recorded on the School Census as being adopted from care

A pupil will therefore be defined as disadvantaged in the 2015 primary performance tables if they are recorded as:

- Eligible for Free Schools Meals (FSM) in the last six years; or

- Looked after continuously for 1 day or more; or

- Adopted from care

These changes will also be reflected in the secondary performance tables.

Future developments
In 2014, the department set out the plan for reform to the primary school accountability system, which will begin to come into effect in the 2015/16 academic year. These changes will not affect the 2015 performance tables.

Scaled scores
A new national curriculum was introduced in 2014. As part of the national curriculum review, levels have been abolished. The national tests in 2015 will be the last time national curriculum levels are reported.
From 2016, scaled scores will be used to report national curriculum test outcomes instead.

Coasting schools
The Secretary of State for Education has announced that, from 2016, the department will identify 'coasting' schools that are failing to push every pupil to reach their potential.
The 'coasting' definition will capture school performance over 3 years. In 2016 this will therefore consider performance in 2014, 2015 and 2016. Given the change in the accountability regime in 2016, the coasting levels for 2014 and 2015 will reflect current accountability measures. From 2016 onwards it will reflect the new accountability regime.

For primary schools in 2016, the definition will apply to schools which:

- In 2014 and 2015, have seen fewer than 85% of children achieving level 4, the secondary-ready standard, in reading, writing and maths, and which have seen below-average proportions of pupils making expected progress between age 7 and age 11; and
- In 2016, are below a proposed 'coasting' level set against the new accountability regime: where fewer than 85% of pupils achieve the new expected standard across reading, writing and maths and pupils do not make sufficient progress. The same

progress measure will be used in both the floor standard and the coasting criteria, but a higher progress bar will be set for the coasting criteria. We will announce the exact levels of progress once tests have been taken in 2016.

Secondary school performance tables

In 2015 the following changes will be made to secondary performance tables:

- Progress 8 results will be published for the first time for those schools that opted into the new accountability system for 2015
- Provisional school results will be published for the first time for key performance measures
- The early entry policy will be extended to cover all subject areas
- Results will be published for the first time for those colleges offering full-time provision for 14-to-16-year-olds that have pupils at the end of key stage 4
- Cohort information on pupils with Special Educational Needs (SEN) will change to reflect SEN policy reforms
- The definition of disadvantaged pupils will change to reflect the 2014-2015 conditions of funding for the pupil premium
- A contextual indicator will be added to show where the prior attainment of more than 50% of a school's cohort is based upon key stage 2 teacher assessment as a result of the 2010 boycott of key stage 2 tests

Annex B sets out the full range of measures that will be published in 2015 secondary performance tables.

The calculation of performance measures
In 2014, the calculation of secondary school performance measures underwent significant change following the implementation of both the Wolf review recommendations and the introduction of an early entry policy for English Baccalaureate subjects. The 2015 secondary school performance measures will continue to be calculated on the same basis, with the addition that the early entry policy will cover all subject areas instead of only those that count in the English Baccalaureate.

How qualifications count in performance tables
- The secondary performance tables are restricted to qualifications that are high quality and rigorous. See the list of qualifications that will count in 2015 here7
- No qualification can count for more than one in performance tables, irrespective of its size. Points and threshold contributions are scaled accordingly and can be found on the Ofqual Register of Regulated Qualifications8
- The number of approved non-GCSE qualifications that can count towards secondary performance measures is capped at two qualifications per pupil.

Early entry rules
- Only a pupil's first entry in a particular subject will count towards a school's performance tables measures. This rule applies to all qualifications taken after 29 September 2013; the date on which this policy was announced.
- Further guidance on early entry rules, including information on exception discounting for English, maths and science, can be found on the performance tables website.

The publication of Progress 8 results for the first time
As part of changes to the secondary accountability system, Progress 8 will be the key measure of school performance from 2016 onwards. Schools were given the opportunity to opt in11 to the new system one year early. This means that for those schools that have opted in, the 2015 performance tables will include Progress 8 and Attainment 8 results for the first time.

The full range of performance measures based on the current accountability system will continue to be published for all schools in the 2015 performance tables, including those that have opted into the Progress 8 system early.
For those schools that did not opt in to Progress 8 in 2015, their Progress 8 results will be published for the first time in 2016.
Detailed guidance on the new Progress 8 and Attainment 8 measures can be found alongside details of how the floor standards will apply to schools that have opted in.

The publication of provisional schools results data for the first time
The department regularly reviews the timeliness and accessibility of our statistics, to identify any improvements that can be made. As part of this, we have considered further options for reporting the school performance data that underpins the provisional GCSE results Statistical First Release13 (SFR), published in the autumn each year.
In 2015, we will publish provisional secondary school results for key performance measures at the same time as the provisional SFR. By improving the timeliness and accessibility of these statistics, this will also mean that results are published in advance of the 31 October deadline for secondary school admission applications. This will support parents who may wish to use the information when applying for a secondary school place for their child.

The provisional school results will be published on the performance tables website (clearly labelled as provisional) and will include the following performance measures for state funded secondary schools only:
- The percentage of pupils achieving 5+ A*-C GCSEs (or equivalent) including English and maths
- The percentage of pupils achieving the English Baccalaureate
- Attainment 8 scores, for those schools that have opted into the new accountability system one year early

The provisional results will be published in addition to the full secondary performance tables in January 2016.

As the data published in October will be provisional, a minority of schools will see small changes to their results between the provisional publication and the January performance tables publication.

The reason that some small changes may occur is that the provisional publication will be based on the results data that Awarding Organisations supply to the department by August 2015. This includes the vast majority of all pupils' results, however it will not yet include:

- The small proportion of amendments that Awarding Organisations may make to examination grades, following any successful appeals

- The small proportion of additional results data that Awarding Organisations may supply to the department after August 2015, for example, for any qualifications that have been certificated late

- Any approved amendments that schools have requested the department makes to either the pupils or results reported (these requests are made as part of a checking exercise in September, during which the department shares provisional pupil data with schools)

As in previous years, any amendments after August 2015 will be reflected in the full performance tables release in January 2016.

The publication of results for those colleges offering full-time provision for 14-to-16-year-olds
Since September 2013, general further education colleges and sixth-form colleges have been able to enrol, and require direct funding from the Education Funding Agency (EFA) for, 14- to 16-year-olds who wish to study high-quality vocational qualifications alongside general qualifications including English and maths within the key stage 4 curriculum. The 2014/15 academic year is therefore the first year in which 14-to-16 pupils enrolled at a college will reach the end of key stage 4. The results for these colleges will be published in secondary performance tables.

Reforms to the Special Educational Needs system
As set out for primary performance tables, secondary performance measures will also reflect the 2014 reforms to the Special Educational Needs (SEN) system.

Changes to the definition of disadvantaged pupils
As set out for primary performance tables, the definition of disadvantaged pupils will also change in the secondary performance tables to include the new criteria used for the 2014-2015 pupil premium.

Addition of a prior attainment indicator due to the 2010 boycott of key stage 2 national curriculum tests
In 2010, around 25% of state-funded primary schools boycotted the key stage 2 national curriculum tests. As a result, key stage 2 test results are not available for those pupils who reached the end of key stage 4 in 2014/15 and previously attended a school that took part in the 2010 boycott.

For pupils with missing key stage 2 test data, any secondary performance measures that take prior attainment into account will be based on key stage 2 teacher assessment results instead. This includes measures such as expected progress, best 8 value added and attainment for low, middle and high prior attainers. Using teacher assessment for pupils in place of missing key stage 2 test results is standard practice for secondary performance measures.

To help our users understand where the 2010 boycott has resulted in a high proportion of pupils with missing test results in schools' cohorts, the 2015 performance tables will include an indicator that shows where over 50% of a school's pupils do not have key stage 2 tests results, for either English or maths, due to the boycott.

Future developments
In 2013, the department announced major reforms to the secondary school accountability system, which will start to come into effect in the 2016 performance tables (published in early 2017). From 2016 onwards, performance tables will be based on Progress 8 and Attainment 8 measures. Further developments are set out below.

Coasting schools
The Secretary of State for Education has announced that, from 2016, the department will identify 'coasting' schools that are failing to push every pupil to reach their potential.
The 'coasting' definition will capture school performance over 3 years. In 2016 this will therefore consider performance in 2014, 2015 and 2016. Given the change in the accountability regime in 2016, the coasting levels for 2014 and 2015 will reflect the current accountability measures. From 2016 onwards it will reflect the new accountability regime.

For secondary schools in 2016, a school will be coasting if:

- In 2014 and 2015 fewer than 60% of children achieve 5+ A*-C GCSEs including English and maths, and they are below the median level of expected progress; and

- In 2016 they fall below a level set against the new Progress 8 measure. This level will be set after the 2016 results are available to ensure it is at a suitable level.

By 2018, the definition of coasting will be based entirely on three years of Progress 8 data and will not have an attainment element.

GCSE reform
The government is reforming GCSEs as part of its plans to ensure pupils can compete with the top performers in the world and secure the best jobs.

New GCSEs in English and maths will be taught from 2015 with the first examinations in 2017 (after new performance measures are introduced). New GCSEs in other subjects will be phased in for teaching from 2016 and 2017. To ensure all students benefit from the reformed qualifications, only the new GCSEs will be included in the secondary performance tables as they are introduced.
As part of the reforms, a new grading system is also being introduced from 2017 to replace the A to U system with a new 9 to 1 scale.

Under the new system, a 'good pass' - currently a C grade - will become a grade 5. The new 'good pass' is comparable to a high C or low B under the current system – making it comparable to the standard aimed for by pupils in top-performing countries such as Finland, Canada, the Netherlands and Switzerland.

16-18 performance tables
In 2015, there will be no new measures published in the 16-18 performance tables.

From 2016 onwards, there will be significant change to the 16-18 performance tables as a result of reforms to the accountability system. As such, changes to the current performance tables are being kept to a minimum this year.

Annex C sets out the full range of measures that will be published in 2015 16-18 performance tables.

Future developments
In 2014, the department announced major reforms to the 16-19 accountability system, which will start to come into effect in the 2016 performance tables (published in early 2017).

Reporting vocational qualifications
From 2016, the 16-18 performance tables will report A level, Academic, Tech Level and Applied General cohorts separately. Following Professor Alison Wolf's Review of Vocational Education, the 16-18 performance tables will also be restricted to a list of qualifications that can count towards performance measures.

Introducing more rigorous minimum standards
More rigorous minimum standards are being introduced to recognise the efforts schools and colleges make in helping their students' to progress and to identify when a provider is underperforming, so that action can be taken. Minimum standards will be set separately for level 3 academic and Applied General qualifications using school or college value added scores and associated confidence intervals.

Publishing clearer and more comprehensive performance information about schools and colleges
This will increase transparency and show how schools and colleges are performing against expectations. The performance tables will include a wider range of information on 16-18 year old students' attainment and progression. Students will have reliable and consistent information, so that they can choose the providers that offer the best chance of helping them to achieve their ambitions. Performance measures include:

A set of five headline measures
Headline measures for 16-18 will give a clear overview of the performance of a school or college in academic and vocational programmes compared with other institutions nationally. The headline measures will be **progress, attainment, retention, destinations and progress in English and maths** (for students who complete key stage 4 without a GCSE pass at A*-C in these subjects).

A broader set of additional measures
A broader set of measures will be introduced from 2017 onwards to provide other important information on performance, giving a fuller picture of an institution.

Introducing a Technical Baccalaureate performance measure
From 2016, a new Technical Baccalaureate (TechBacc) measure will be introduced in the 16-18 performance tables. It will recognise the achievement of students taking advanced (level 3) programmes which include an approved tech level, level 3 maths and extended project qualifications. It will be introduced for courses beginning in September 2014, for reporting in the performance tables from 2016.

Allocation of students to institutions

In the current performance tables, results are allocated to the provider where the student took their highest volume of examination entries in the reporting year. This approach limits the reporting of a student's achievements to a single provider over the 16-18 study period. In order to more closely align the performance tables' allocation principles with the 16-19 funding formula, we are developing an approach where 2016 results are allocated to providers on an annual basis. However, outcomes will continue to be reported when a student has reached the end of their 16-18 studies.

Shadow data for headline measures

In July, schools and colleges were provided with information to show what the new progress and attainment measures19 will look like based on 2014 results. This was broken down for students in the A level, academic and applied general cohorts. The data is intended to support schools and colleges in preparing for the move to the new accountability system.

A copy of the DfE 2015 Statement of Intent is available from:

http://www.education.gov.uk/schools/performance/download/Statement_of_Intent_2015.pdf

OFSTED – early years settings

AREA	Outstanding	Good	Satisfactory / RI	Inadequate	% Good or Outstanding
England	15%	70%	14%	1%	85%
West Midlands	15%	67%	16%	1%	82%
Statistical Neighbour	18%	68%	13%	1%	86%
Worcestershire	**24%**	**64%**	**12%**	**0%**	**88%**

Source: OFSTED SFR up 31/08/2015

National evidence supports the fact that a quality pre-school experience results in better educational achievement. The quality and standards of the early years provision (0-4 yrs) in Worcestershire reflects strong results in comparison to all areas. Worcestershire is outperforming England and equal with statistical neighbours. 87% of all settings are outstanding or good with Ofsted (as at March 2015, compared to National 85%). The percentage of settings rated as outstanding in Worcestershire is increasing at a faster rate than other areas at 22%.

The allocation of support from the Early Years and Childcare Service is widely based on overall Ofsted results, with all inadequate (currently 3: reduced from 12 in 2014) and requires improvement/satisfactory settings (currently 79: reduced from 94 in 2014) receiving 'intensive' support (minimum fortnightly visit). New provision or settings identified with 'practice issues' receive 'targeted' support (minimum monthly visit).

All safeguarding and identified practice issues are also supported to a level based on the severity of concern. A major focus for the EYCS is ensuring settings are fully conversant and compliant with statutory safeguarding requirements and procedures. The level of concern can vary considerably and with an average of 14 incidents per month there is a close working relationship between the EYCS, social care and the Access Centre. In addition, the EYCS will often liaise with Ofsted for advice or to report their concerns regarding individual settings.

A cause for concern is the number of settings currently rated as good or outstanding who may not have kept up with the required pace of change and increased standards. When these settings are identified they are categorised as 'settings causing concern' and targeted support is provided.

OFSTED – schools

AREA	Outstanding	Good	Satisfactory / RI	Inadequate	% Good or Outstanding
England	20	64	14	2	84
West Midlands	18	64	15	3	82
Statistical Neighbour	17	67	15	1	84
Worcestershire	**20**	**68**	**11**	**1**	**88**

Source: OFSTED SFR up 31/08/2015.

The latest official data available from the Ofsted Statistical Release (31/08/2015) indicates 88% of all Worcestershire schools have an overall effectiveness inspection judgement of good or better, above the national figure of 84% and in a strong position when compared to both regional LAs and statistical neighbours. Currently (end Oct 2015), 87.7% of pupils are being educated in a good or outstanding school. Worcestershire ranks 41st out of all LAs nationally on this measure (www.watchsted.com).

During 2014-15 only 47 schools were inspected. This is a lower number than in the previous two years (82 and 69 inspections respectively).

Of these inspections, 11 schools improved their grade, 20 schools retained the same grade whilst 13 received a lower grade. 3 schools did not have a previous grade as they were either new converter academies or sponsored. All of these achieved a good overall judgement from Ofsted. Ten schools previously judged as requiring improvement (RI) were re-inspected. 90% of these schools moved to an overall effectiveness judgement of 'good'. However, a similar number of previously 'good' schools were judged to require improvement. Almost all these schools were known to the LA and were being treated as schools causing concern prior to inspection.

During spring and summer terms of academic year 2014-15, three schools (2 LA maintained; 1 academy) were judged by Ofsted to be providing an inadequate standard of education.

The percentage of Worcestershire schools deemed to be outstanding has increased by 8% over the last three years to 20%. Over the same period, the national figure has dropped by 1% to 20%. Increasing the proportion of Worcestershire schools judged as outstanding has been a key priority for the SI service over the last few years.

Early Years Foundation Stage Profile (age 5)

The Early Years Foundation Stage Profile (EYFSP) relates to children in reception year (age 5). The profile is built on 17 Early Learning goals (ELG's) which are split into categories described as Prime, Specific and a 'Good Level of Development' (GLD).

The national benchmark looks at the proportion of children attaining a subset of these ELGs which are associated with a good level of development:
Personal, Social and Emotional Development
Physical Development
Communication and Language
Literacy – comprising reading and writing
　　　Maths – comprising numbers; shape, space and measures

In 2015 there was a significant increase (3%) in the size of the cohort in the Reception Year in schools across Worcestershire compared to 2014.

The performance of Worcestershire pupils at the end of YR in the Early Years profile has been below that achieved nationally since the new measures were introduced in 2013. However, in 2015, the proportion of pupils achieving a good level of development in YR has risen substantially in Worcestershire from 58% to 66.4%. Even with gains seen nationally it means that the GLD figure in Worcestershire is now in-line with the national figure of 66.3%.

This overall improvement is particularly pleasing considering the efforts made by schools in recent years to address the consistency within and between schools to ensure judgements are robust and reliable. There have been improvements in all aspects assessed under the profile. The proportion of pupils achieving a good level of development in reading and writing at this early age improved from 64% to 71% in 2015 and there was a similar 5% increase in mathematics.

Worcestershire children attained least well in Writing (72%: but an increase of 7% from 2014). 5% of overall GLD was not achieved due to only one early learning goal not being attained with writing contributing to just under half of that figure (2.3%). This has, however, reduced from 7% in 2014. Improving the quality of opportunities for developing writing is an ongoing focus.

The gender gap between Boys (60% GLD: 50% GLD in 2014) and Girls (74% GLD: 67% GLD 2014) is 14% (a decrease of 3% from 2014). This is 2% better than national outcomes. Children with Special Educational Needs (21% GLD) performed in line with national outcomes.

There is a significant gap in performance between Worcestershire and national outcomes in two main areas – Children whose first language is not English (52% GLD compared to 60%) and Free School Meals (46% GLD compared to 51%). The FSM gap has however narrowed from 9% in 2014 to 5% in 2015.

The attainment and progress of FSM pupils within Worcestershire across all age ranges remains a cause for concern. The data indicates that the gap in FSM / non-FSM performance is identifiable from the beginning of school and is therefore an issue that needs to be tackled from as early as possible. The introduction of pupil premium funding for 3-4 year olds from April 2015 should support individual children's progress.

Funding for disadvantaged 2-year olds is having a positive impact. On average, the children who received 2 year old funding attained expected outcomes in 13 out of 17 ELG's. This compares with only 11 ELGs for children in the lowest 20% who did not access 2-year old funding.

On a district basis, Redditch and Malvern saw the largest improvements over 2014 data with an increase of 10% although Redditch does have the lowest GLD at 62%.

Year 1 Phonics

The phonics screening check is now in its fourth year as statutory assessment for all children in Year 1, designed to confirm whether individual children have learnt phonic decoding to an appropriate standard. The results both locally and nationally are considered to be robust and reliable.

As in 2014, the DfE did not release the required standard score details until the screening check had been carried out and submitted. Pupils needed to score 32 marks out of a possible 40 in order to be deemed to be working at the expected level. Those who scored less were deemed to be working towards the expected level and will be required to re-sit the check when they get to the end of Year 2.

Outcomes in Worcestershire for 2015 continue to improve with 77.5% of all Year 1 pupils in schools across the authority working at the expected standard or above. This has risen by 2.5% from 2014, matching the improvement seen nationally. As a result the Worcestershire standard remains approximately 1% above the national picture.

Outcomes for Y1 pupils eligible for FSM fell by 1% from 2014 compared a national rise of 4%. The gap between FSM and non FSM therefore widened.   This FSM cohort did not perform well at the end of EYFS – 36% attaining a Good Level of Development, compared to 45% nationally with the weakest areas being in reading and writing.

The School Improvement Service raised schools awareness of this underperformance via a variety of headteacher briefings and communications during the autumn term 2014 and specifically with individual schools during annual performance review meetings in LA maintained schools. During 2014-15 schools were developing their tracking systems to monitor pupil progress in a 'life after levels'. The LA has worked with schools to ensure that whatever systems they chose to put in place that they are able to use them to monitor the progress of their vulnerable groups and that they are aiming for better than expected progress in order to help close the performance gap.

Of the pupils who did not reach the required standard at the end of Y1 in 2014 and were required to re-take the screening check at the end of Y2 in 2015, 67% achieved the required standard. For the first time, this figure is higher than that seen nationally with over 90% of all pupils leaving KS1 having achieved the required standard in phonics. The vast majority of pupils therefore have the skills necessary to be able to support their development in reading across KS2.

Key Stage 1 (age 7)

Continuing the trend from 2012, outcomes in Worcestershire for Key Stage 1 pupils, in each of the assessed subjects of mathematics, reading and writing have shown further improvement. When judged against the benchmark of Level 2b+, an expected standard, our performance places the authority above national comparisons in reading and writing and in line with national for mathematics. The gap to our statistical neighbours has closed in reading to 1%, whilst the gap in mathematics remained 2%. For the first time we have matched the performance in writing with that of our statistical neighbours.

Pupils who achieve better than expected standards at Level 3 also did well and considerably better than national comparisons in all measures by an average of 2%. Overall the performance at KS1 is an improvement from 2014 and has reinforced our position against national comparisons. As with the Early Years profile and the phonics assessment KS1 performance in 2015 is above national expectations.

Coupled with this performance overall we have seen an improvement in the standards achieved in the 2 tier sector in Worcestershire. As a result the performance at L2b+ in 2-tier is now in line with national comparisons and just 2% lower than in 3 tier. Historically, first schools in the 3-tier sector have produced stronger outcomes than primary schools in the 2-tier sector and these gaps have widened slightly in 2015. Moderation has shown that there is no identifiable 'inflation' or 'deflation' of grades in either system.

The most noticeable and pleasing aspect to the improvements are for our vulnerable pupils. Those pupils eligible to receive Free School Meals (FSM) and who completed the KS1 assessments in Year 2 in 2015 performed better than previous FSM cohorts in Worcestershire. In reading in 2014, 75% of FSM pupils achieved L2+ and this rose in 2015 to 80%. This meant that we closed the gap to our statistical neighbours from 6% in 2014 to just 1% this year. Similarly in mathematics the gap is now the same, at 1%. For writing we saw our performance overtake that of our statistical neighbours and we now have a +2% gap, with 77% of FSM pupils achieving L2+.

The improved performance has seen the gap between FSM pupils and others in Worcestershire also close substantially in all subjects. In mathematics the gap closed from 14% in 2014 to 10% in 2015. This compares to an 8% gap nationally for mathematics. However, it should be noted that as 'others' in Worcestershire outperformed 'others' nationally the gap is wider as a result of this positive performance and the true gap between Worcestershire and national is 1%.

Key Stage 2 (age 11)

Key Stage 2 performance in Worcestershire continues to fall below national expectations. Despite some improvements, the gap to national outcomes as judged by most measures has not closed. In 2015 the key figure for the proportion of pupils who acquired the national standard of Level 4 in reading, writing and mathematics combined fell slightly in Worcestershire by 0.2% to 76.4%, whilst the national figure rose to 80% thus widening the achievement gap between ourselves and all pupils nationally.

When analysing the performance at individual subject level, Worcestershire has made some gains but these have been offset in other areas where performance has declined. In writing the proportion of pupils achieving Level 4 in their teacher assessment rose to 85% although nationally this figure was 87%. In mathematics there was a fall of 0.5% from 2014 against a national improvement of 1%. This has further widened the gap in mathematics to 3%. Standards for the more able pupils at Level 5 are similarly below those achieved nationally.

Another significant aspect of underperformance in Worcestershire since 2013 has been in the progress made by pupils from the end of KS1 to the end of KS2 in comparison to national outcomes. In reading and writing this gap has remained at 3% while in mathematics the gap has grown to 5%.

Worcestershire has struggled to match the progress across KS2 seen nationally and this has often been attributed to different provision seen in schools serving 2 or 3 tier districts. In 2014 middle schools in the 3-tier sector closed the gap significantly in terms of both progress and achievement against that recorded in 2-tier primary schools. However, in 2015 the achievement gap opened up again as a result of a drop in the performance of middle schools at KS2.

For the third consecutive year pupils in primary schools across Worcestershire matched the performance of pupils nationally in the key indicator of Level 4 attainment in reading, writing and mathematics combined at the end of KS2. In 2015 there were 80% of primary pupils achieving this standard against 74% of middle school pupils in Worcestershire. Given that 45% of all pupils attend a middle school in 3-tier districts this had the effect of reducing the overall Worcestershire reported figure of 76.4%. A separate paper 'Key stage 2 Results – the story behind the headlines' looks at these outcomes in greater detail.

It should be noted that the underperformance in middle schools refers specifically to outcomes seen at the end of KS2 and does not imply that there is underperformance in middle schools per se. KS2 performance in the 3-tier system must be seen as a joint responsibility of both first and middle schools. The proportion of middle schools deemed to be good or outstanding by OFSTED remains at a similar level as that for primaries in Worcestershire. This is essentially due to middle school performance being judged on the progress made by pupils from entry to exit rather than judging them purely on their KS2 performance.

The outcomes for pupils with SEN fell by 4% compared to a 1% rise nationally. 35% of pupils with SEN without a statement attained the benchmark L4+ RWM compared to 43% nationally. While 4% of pupils with an SEN statement attained the benchmark compared to 8% nationally.

The outcomes for Looked After Children (LAC) at KS2 improved by 11% on 2014 outcomes with 45% attaining L4+ in RWM. This remains, however, below national figure of 53%.

Improvements were seen in each area with the greatest improvements being seen in reading, an increase of 18% to 73% of LAC attaining at least a L4. (Writing +7% to 55%; Maths +6% to 54%).

The performance of pupils deemed to be disadvantaged, those eligible for pupil premium or in the looked after sector, has been a major priority for Worcestershire since 2013. 2015 data shows that this group have achieved slightly better than in 2014, against a static picture for non-disadvantaged pupils. However, this is a only a small improvement and the gap is still significantly wider than that seen nationally. This aspect remains a priority for the LA in 2015-16.

Actions taken during 2014-15 to support pupils eligible for pupil premium include:

- Taking every opportunity to flag the issue of underperformance to the school community, for example through headteacher and governor meetings; newsletters, workshops; cpd events. The aim was to constantly challenge schools around their work for vulnerable pupils and to ensure that the progress of pupils eligible for pupil premium is at the forefront of their minds.
- Working with HT groups and governors to seek their views and perspectives. Are we missing something obvious? The outcomes of these sessions led us to undertake further analyses but not to identify a particular cause. They also provided evidence that schools are treating this group of pupils as a priority. For example, governing bodies are much more aware of their role in championing the progress of vulnerable pupils ;
- Working on supporting schools with Quality First Teaching and better targeting of effective interventions. As schools develop approaches to 'life after levels', this has become a greater focus. Schools were encouraged to look carefully at the impact of their work and to assess the value of interventions, for example using the Education Endowment foundation Toolkit ;
- Each LA maintained school has an Annual Performance Review led by their School Improvement Adviser. This has a particular focus on the progress of vulnerable pupils and challenging the school where progress is not as strong as it should be. Any identified actions are followed up during subsequent visits to the school.
- 2 years ago the School Improvement Service used some funding to 'pump prime' 40 first and primary schools identified as having the greatest proportion of vulnerable pupils underperforming to take part in the nationally recognised Achievement for All (AfA) programme. The outcomes at the end of the first year were impressive (average points progress reading 5.5; writing 5.5; maths 5.1. National expectations for AfA schools are 3 points). An LA wide conference was held to promote this programme to other schools. A further 20+ schools signed up. Worcestershire trained and deployed some of the School Improvement Service personnel to act as AfA coaches. This enabled the effective practice to be disseminated more widely than just the school officially part of the programme. The model used and the progress of Worcestershire schools was officially recognised by AfA as excellent practice.
- At the end of the second year of the programme, results continue to be impressive. (average points progress reading 6.6; writing 6.5; maths 5.6. Expected progress would be 3 points). 50% of the Worcestershire cohorts are FSM pupils - this suggests that in 2 years the gap should have significantly closed.
- In January 2015, Worcestershire hosted a conference led by the National Pupil Premium Champion and HMI to further raise awareness of how schools can make most effective use of pupil premium funding to tackle the underperformance of disadvantaged pupils. This was

attended by over 300 delegates (inc ~90 governors) representing the majority of schools. As a result of the conference, a pupil premium leads networks has been established. This is organised and run through one of the LAs Teaching School Alliances with support from a member of the School Improvement Service. The intention is to provide a forum in which to share effective practice between schools.

- In April 2015 a conference was held for all ChS team and group managers. This contained the same key messages as provided by the national pupil premium champion and HMI but then focused on what teams from across Children's Services could do to promote improved educational outcomes for pupils eligible for pupil premium and other vulnerable group. Each team was challenged to identify specific actions they would undertake. Progress on these actions will be followed up during autumn term 2015.

KS2 Floor Standards

In 2015, schools are deemed to be underperforming if their performance is below the 'floor standard'. A school is below the minimum expected level if:

- fewer than 65% of pupils at the end of key stage 2 achieving level 4 or above in all of reading, writing and mathematics; and
- the proportion of pupils making two levels of progress in reading, writing or mathematics are each below the median level for all state-funded mainstream schools.

In 2015, the median levels (middle point of the distribution) for the percentage of pupils making expected progress in reading, writing and mathematics were 94%, 97% and 93% respectively. The medians for reading and mathematics are unchanged from 2014. The median for writing has increased by 1 percentage point. These changes are consistent with those seen for the national figures.

Source: SFR 47/2015 section 5/Available from:
https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/483897/SFR47_2015_text.pdf

Schools failing to reach all four thresholds are designated as below the floor standards with the exception of special schools, schools with fewer than 11 pupils in the cohort, schools which subsequently close, and schools with missing data on one or more measures.

In 2015, 9 schools are below floor standards (compared to 5 in 2014). Analysis indicates that schools with a high proportion of pupils receiving Free School Meals (30%+) are much more likely to be below floor standards. 6 of the 9 schools fall into this category. For 5 of these schools, all primaries, there appears to be a particular 'closing the gap' issue i.e. non-FSM pupils do significantly better than FSM pupils rather than general underperformance across the whole cohort.

The following Worcestershire schools have KS2 outcomes which put them below the floor standard in 2015:
- Blackminster Middle School
- Blakedown CofE Primary School
- The De Montfort School
- Dines Green Primary School

- The Fairfield Community Primary School
- Franche Primary School
- St Bartholomew's CofE VC Primary School
- St Mary's CofE (VA) Primary School
- Upton-upon-Severn CofE Primary School

Key Stage 4 (age 16)

Students undertake Key Stage 4 assessments at the end of Year 11 in all maintained schools and academies.

In 2015, 60.7% of Worcestershire students attained the key measure of 5+ A*-C including English and maths (an increase of 2.2% on 2014). Nationally results improved by 0.4% to 53.8% , further strengthening Worcestershire schools' strong performance.

The proportion of students making expected progress in English and maths remains above that seen nationally. Outcomes for schools in the 2-tier and 3-tier systems have very similar outcomes and therefore this adds credence to the evidence that outcomes in the 3-tier system in KS2 are impacted upon by the transition from first to middle school part way through the Key Stage rather than any other factor.

The proportion of disadvantaged pupils attaining 5+ A*-C including English and maths has increased by 1.4% from 2014 to 33.5%. Nationally, outcomes for this group remained almost static at 36.8%.

The outcomes for students with SEN compare well with those seen nationally. 26% of students with SEN without a statement attained 5+ GCSE A*-C (E&M) compared to 23% nationally. This was a 5% increase on 2014 outcomes (nationally there was no change). There was also a 4% rise in the proportion of students with an SEN statement attaining this benchmark – 10% compared to 8.8% nationally.

The proportion of Looked After Children attaining 5+ GCSEs A*-C including English and maths increased by 4% to 16%. National data is not yet available for 2015 but this outcome is in line with that seen nationally in 2014.

KS4 Floor standards
- **5+ A*-C and expected progress floor standard**

A school is below this floor standard if:

- fewer than 40% of pupils achieve 5 or more A*-C GCSEs (or equivalent) including English and maths; and
- the percentage of pupils making expected progress between key stage 2 and key stage 4 in English and maths is less than the national median for all state-funded mainstream schools.

- Schools are only included in the 5+ A*-C and expected progress floor standard calculation if they have more than 10 pupils at the end of key stage 4, they have published results in all of the measures above, and have not opted in to Progress 8.
- In 2015 the median percentage of pupils making expected progress between key stage 2 and key stage 4 was 73% in English and 68% maths.

- Progress 8 floor standard

A school is below the Progress 8 floor standard if:
- Progress 8 score is below -0.5; and
- the upper band of the 95% confidence interval is below zero
- Schools are only included in the Progress 8 floor standard calculation if they have opted in to Progress 8, have more than 5 pupils at the end of key stage 4 and more than 50% of pupils have key stage 2 assessments that can be used as prior attainment in the calculations of Progress 8.

The following Worcestershire school has KS2 outcomes which put them below the floor standard in 2015:
- The De Montfort School

Key Stage 5 (age 18)

Data for 2015 shows a 2.9% fall in the proportion of students attaining 3 or more academic 'A' levels at A*-E compared to a 0.8% drop nationally. The proportion of students attaining the highest grades also remains below that seen nationally. There has, however, been a large (27.4 points) rise in the average point score per student.

As in previous years, outcomes vary considerably from school to school. This is in part due to entry requirements with some schools taking a very academic stance while others have a more inclusive approach. The size of sixth forms and the curriculum on offer also varies widely.

Data Annex

School Population Table

Stage of Education	Pupils Numbers	Comments
Early Years	6340	4 pupils were excluded from the cohort. DfE methodology discounts any child awarded an A (absent)
Phonics	Y1 – 6,175 Y2 – 1,678	
KS1	6,174	
KS2	5,829	
KS4	5,711	
KS5	3,667 1,942	The larger cohort includes FE Colleges. The smaller cohort is state-funded mainstream, academies, free schools and special schools.

Data timetable / availability

	School submission deadlines to LA	LA submission deadlines to DfE	Initial LA response (provisional)	National / Stat Neighbour (provisional)	National / Stat Neighbour (revised)
EYFSP	26th Jun 2015	Aug 2015	Jul 2015	Oct 2015	-
Phonics	3rd July 2015	Jul 2015	Jul 2015	Sep 2015	-
KS1	30th June 2015	Jul 2015	Jul 2015	Sep 2015	-
KS2	26th June 2015	-	Jul 2015[3]	Sep 2015[4]	Dec 2015
KS4	20th Aug 2015[2]	-		Oct 2015[5]	Jan 2016
KS5	13th Aug 2015[2]	-		Oct 2015[5]	Jan 2016

[1] Submission is direct to STA via the NCA Tools website | KS2 and KS3 by 30th June 2014
[2] Exam results day – limited request for press release
[3] First release of KS2 data to the LA
[4] Includes publications of KS2 Performance Tables
[5] Includes publications of KS4/5 Performance Tables

Worcestershire's Statistical Neighbours:
North Somerset, Warwickshire, Essex, West Sussex, Dorset, South Gloucestershire, Leicestershire, East Sussex, Staffordshire, Hampshire

OFSTED – Schools

OFSTED as at 31/08/2015

AREA	Outstanding	Good	Satisfactory / RI	Inadequate	% Good or Outstanding
England	20	64	14	2	84
West Midlands	18	64	15	3	82
Statistical Neighbour	17	67	15	1	84
Worcestershire	**20**	**68**	**11**	**1**	**88**

Percentage of WCC schools by Overall Effectiveness judgement overtime

■ Inadequate ■ Satisfactory/Requires Improvement ■ Good ■ Outstanding

	As at 31/08/2010	As at 31/08/2011	As at 31/08/2012	As at 31/08/2013	As at 31/08/2014	As at 31/08/2015
Outstanding	9	10	12	15	18	20
Good	56	55	54	69	71	68
Satisfactory/RI	32	32	30	16	11	11
Inadequate	3	3	4	2		1
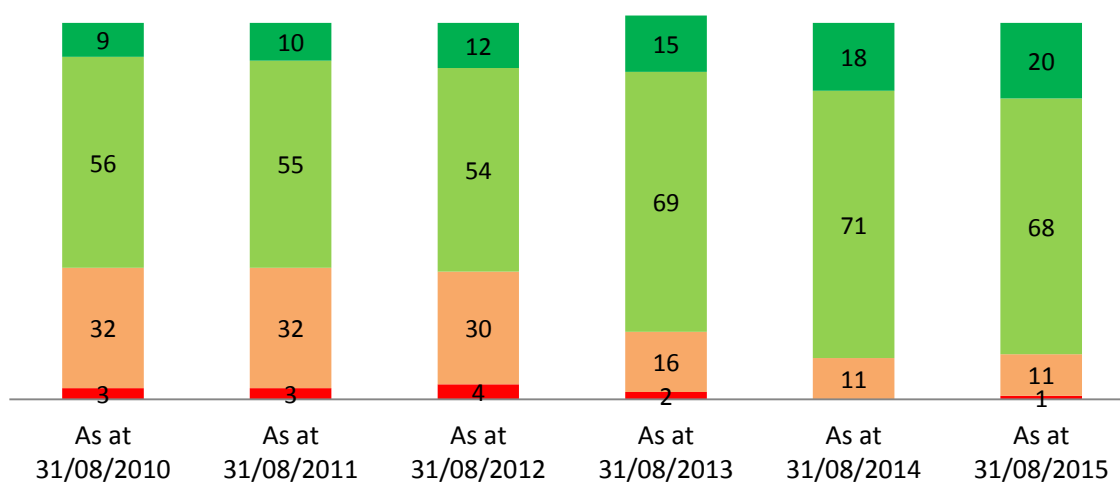
% of WCC schools by Overall Effectiveness judgement (as at 31/08/15)

■ Inadequate ■ Satisfactory / Requires Improvement ■ Good ■ Outstanding

	Nursery	Primary	Secondary	Special	PRU	Grand Total
Outstanding		17	28	25	25	19
Good	100	70	61	75	50	71
Satisfactory / Requires Improvement		12	9	0	25	9

% Good or Outstanding providers in Worcestershire compared with Statistical Neighbours (as at 31/08/15)

—— National

East Sussex: 79
Essex: 82
West Sussex: 80
South Gloucestershire: 85
Staffordshire: 80
North Somerset: 87
Warwickshire: 86
Hampshire: 84
Leicestershire: 86
Dorset: 87
Worcestershire: 88

OFSTED – Early Years Settings

OFSTED – as at 31/08/15

AREA	Outstanding	Good	Satisfactory / RI	Inadequate	% Good or Outstanding
England	15%	70%	14%	1%	85%
West Midlands	15%	67%	16%	1%	82%
Statistical Neighbour	18%	68%	13%	1%	86%
Worcestershire	**24%**	**64%**	**12%**	**0%**	**88%**

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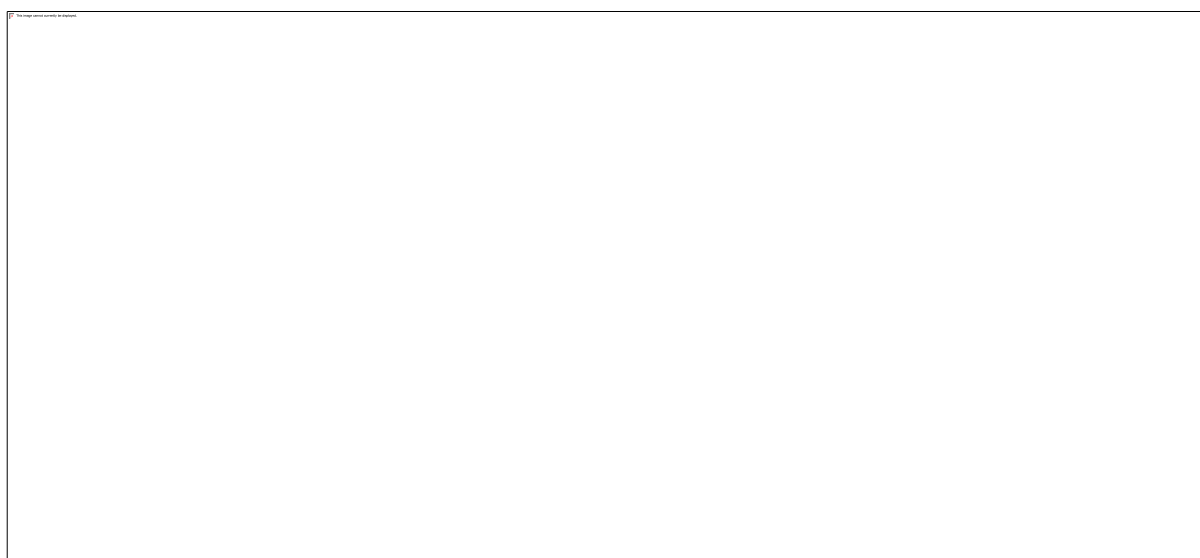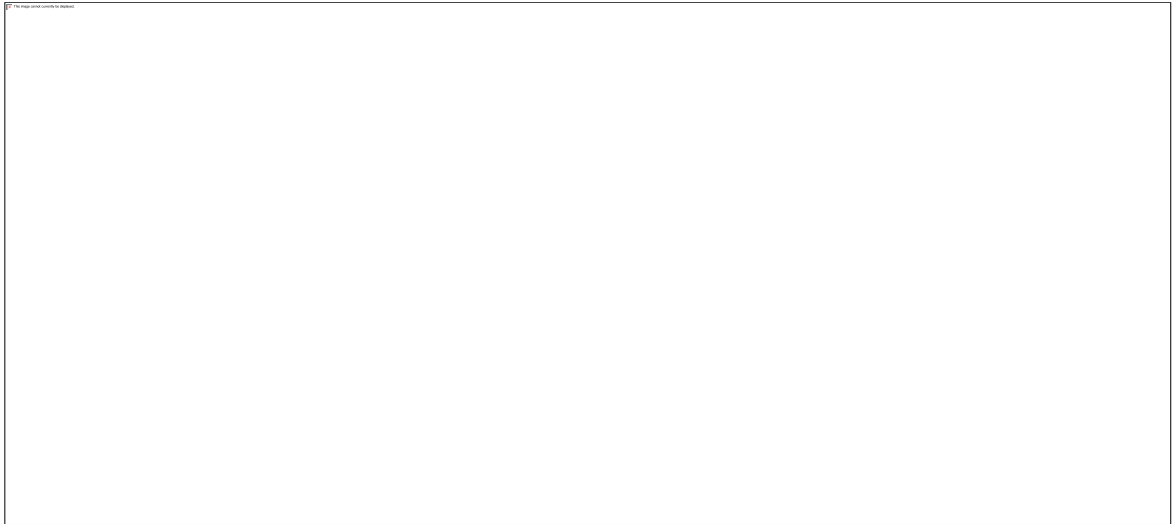
Early Years Foundation Stage Profile

The EYFS profile data relates to children aged 5 in the reception classes in Worcestershire. The EYFS Profile is a profile built on 17 Early Learning goals (ELG's) split into Prime, Specific and a 'Good Level of Development' (GLD).

The Prime goals are: Personal, Social and Emotional Development
                                   Physical Development
                                   Communication and Language

The Specific goals are: Understanding the World
                                   Expressive Arts and Design

A 'Good Level of Development' (GLD) is made up of All Prime goals plus Literacy and Maths.

GLD by District	2013	2014	2015
Bromsgrove	52	64	71
Malvern	55	62	73
Redditch	45	51	62
Worcester	43	57	65
Wychavon	53	58	68
Wyre Forest	50	58	65
Worcestershire	49	58	66
Statistical Neighbours	54	65	69
National	52	60	66

Average total points score	2013	2014	2015
Worcestershire	33.5	34.5	35.2
Statistical Neighbours	33.5	34.7	35.2
National	32.8	33.8	34.3

Percentage gap	Standard Score		Lowest 20%	Achievement Gap		
	Median	Mean	Mean	2013	2014	2015
Bromsgrove	36	37	26.4	27.6	29.3	26.7
Malvern Hills	35	35.6	25.2	31.3	31.1	28.0
Redditch	34	34.2	22	35.9	39.1	35.3
Worcester City	35	35	23.6	35.0	39.0	32.6
Wychavon	35	35.7	25.2	34.3	30.6	28.0
Wyre Forest	34	34.4	23.1	33.9	32.6	32.1
Worcestershire	34	35.2	24	34.9	34.1	29.3
Statistical Neighbours	34	35.1	24.8	31.4	28.8	27.5
National	34	34.3	23.1	36.6	33.9	32.1

Outcomes by pupil groups		%GLD (PRIME + LIT +MAT)			%ExpExc in PRIME			%ExpExc in SPECIFIC			%ExpExc in All ELG's		
		2013	2014	2015	2013	2014	2015	2013	2014	2015	2013	2014	2015
Overall (6336)		49	58	66	65	71	77	51	59	67	47	57	65
Gender	Boys (3258)	41	50	60	57	63	71	42	51	60	39	48	58
Gender	Girls (3078)	59	67	74	73	79	84	61	68	74	57	66	73
FSM	Eligible (848)	27	36	46	45	51	60	27	36	44	25	34	43
FSM	Non-Eligible (5488)	53	62	69	68	74	80	55	63	71	51	61	68
SEN	No SEN (5548)	54	65	73	71	78	84	56	66	73	52	63	72
SEN	School Action (14)	12	22	14	20	38	21	17	25	14	12	21	14
SEN	School Action Plus (1)	15	17	100	24	26	100	19	20	100	14	16	100
SEN	Statement (1)	0	4	0	0	4	100	0	5	0	0	4	0
Ethnicity	White – any other background (294)	27	40	49	37	49	58	31	41	50	25	37	47
Ethnicity	Pakistani (99)	27	42	50	38	49	69	26	36	50	24	34	49
Ethnicity	Mixed – any other background (61)	41	47	69	53	62	77	47	52	69	39	47	67
Ethnicity	Mixed – White and Asian (52)	46	68	75	58	75	83	48	70	75	46	68	73
Ethnicity	Mixed - White and Black Caribbean (47)	36	51	66	66	56	79	38	58	66	33	51	66
Ethnicity	Indian (50)	51	68	84	63	80	86	52	68	80	46	68	80
Ethnicity	Gypsy, Roma Traveller (46)	11	9	20	30	44	49	11	11	17	11	9	17

Phonics screening check (Year 1)

Percentage of year 1 pupils meeting the required standard of phonic decoding	2012	2013	2014	2015	+/-
Worcestershire	62	71	75	78	+3
Statistical Neighbours	58	70	75	78	+3
National	58	69	74	77	+3

Percentage of year 1 FSM pupils meeting the required standard of phonic decoding	2012	2013	2014	2015	+/-
Worcestershire	38	50	59	58	-1
Statistical Neighbours	40	52	57	61	+4
National	44	56	61	65	+4

Percentage of pupils meeting the required standard of phonic decoding by end of Y2	2013	2014	2015	+/-
Worcestershire	86	89	91	+2
Statistical Neighbours	85	89	91	+2
National	85	89	90	+1

These tables combine phonics screening check results for:

- pupils screened in year 1 who were still on roll at the end of KS 1

- those re-checked or taking for the first time in year 2

Key Stage 1

KS1 2015		National	Worcs.	2T	3T
EYFS	GLD	66.2	66.4	68	67
% Level 2B+	Reading	82	83	82	85
	Writing	72	74	73	78
	Maths	82	82	81	85

KS1 outcomes		2012			2013			2014			2015			+/-		
		L2+	L2B+	L3+	L2+	L2B+	L3+	L2+	L2B+	L3+	L2+	L2B+	L3+	L2+	L2B+	L3+
Reading	Worcestershire	88	79	31	89	80	32	90	81	32	91	83	34	1	1	0
Reading	Statistical Neighbours	88	76	29	90	81	32	91	83	33	92	84	34	1	2	1
Reading	National	87	74	26	89	79	29	90	81	31	90	82	32	1	2	2
Writing	Worcestershire	85	68	16	86	70	17	87	71	17	89	74	19	1	1	0
Writing	Statistical Neighbours	85	64	14	87	70	16	88	72	17	89	74	18	1	2	1
Writing	National	83	61	13	85	67	15	86	70	16	88	72	18	1	3	1
Maths	Worcestershire	91	78	24	91	78	24	92	80	25	93	82	27	1	2	1
Maths	Statistical Neighbours	92	78	23	93	80	25	93	82	26	94	84	27	1	2	1
Maths	National	91	76	22	91	78	23	92	80	24	93	82	26	1	2	1

Free School Meal / non-Free School Meal Comparisons

Percentage achieving L2+		2012		2013		2014		2015	
		FSM	Non FSM	FSM	Non FSM	FSM	Non FSM[1]	FSM	Non FSM
Reading	Worcestershire	70	91	76	91	75	92	80	93
Reading	Stat Neighbours	75	90	78	92	81	93	81	93
Reading	National	76	90	79	91	80	92	82	92
Writing	Worcestershire	65	88	70	89	72	89	77	91
Writing	Stat Neighbours	69	87	72	89	74	89	75	91
Writing	National	70	86	73	88	75	89	77	90
Maths	Worcestershire	74	94	80	93	80	94	85	95
Maths	Stat Neighbours	82	93	84	94	85	95	86	95
Maths	National	82	93	84	93	85	94	86	94

1. Includes pupils not eligible for free school meals and for whom free school meal eligibility was unclassified or could not be determined

Outcomes by pupil groups		% L2B+ Reading				% L2B+ Writing				% L2B+ Maths			
		2012	2013	2014	2015	2012	2013	2014	2015	2012	2013	2014	2015
Overall		79	80	81	83	68	70	71	74	78	78	80	82
Gender	Boys (3207)	75	75	77	79	60	62	64	67	77	76	79	81
	Girls (2970)	83	85	85	87	76	78	78	82	79	80	81	84
FSM	Eligible (871)	55	61	60	65	42	46	47	53	57	59	60	65
	Non-Eligible (5399)	83	83	84	85	73	74	75	77	82	81	83	85
SEN	No SEN (5176)	91	89	90	90.9	81	80	82	83.2	89	87	89	89.8
	School Action (89)	40	42	51	47.2	24	23	33	25.8	43	40	50	42.7
	School Action Plus (191)	37	40	43	46.1	22	23	29	30.9	38	41	45	48.7
	Statement (95)	22	16	18	15.8	12	8	8	10.5	22	16	15	15.8
Ethnicity	White – AOB (283)	72	72	78	75.6	64	57	66	65.4	73	77	85	78.8
	Pakistani (107)	80	67	71	81.3	67	60	53	68.2	74	59	66	74.8
	Mixed – White and Black Caribbean (68)	68	78	71	82.4	60	71	58	67.6	68	76	76	83.8
	Indian (58)	93	86	96	96.6	86	76	83	91.4	88	78	93	94.8
	Mixed – AOB (79)	85	77	79	82.3	68	72	71	77.2	83	74	77	81.0
	Gypsy, Roma and Traveller (35)	23	43	29	48.6	19	23	18	45.7	31	43	32	54.3

District Data	% L2B+ Reading				% L2B+ Writing				% L2B+ Maths			
	2012	2013	2014	2015	2012	2013	2014	2015	2012	2013	2014	2015
Bromsgrove	85	84	85	85	77	77	75	78	86	84	83	85
Malvern Hills	81	81	84	86	69	70	72	77	77	78	81	85
Redditch	74	77	79	83	63	65	71	74	74	76	81	83
Worcester	74	78	76	81	61	68	65	72	73	75	74	79
Wychavon	83	82	84	85	72	74	74	77	81	79	84	84
Wyre Forest	75	78	78	80	64	63	67	69	76	76	76	80
Worcestershire	79	80	81	83	68	70	71	74	78	78	80	82
National	76	79	81	82	64	67	70	72	76	78	80	82

Key Stage 2

Key Performance Indicators		2012	2013	2014	2015	+/-
Achievement at level 4 or above in Reading, Writing and Maths at KS2	Worcestershire	73	72	77	76	-1
	Stat Neighbours	75	75	78	80	+2
	National	75	75	79	80	+1
Progression by at least 2 levels in Reading between KS1 and KS2	Worcestershire	88	86	88	89	+1
	Stat Neighbours	89	87	91	91	0
	National	90	88	91	91	0
Progression by at least 2 levels in Writing between KS1 and KS2	Worcestershire	88	90	91	91	0
	Stat Neighbours	88	90	92	94	+2
	National	90	92	93	94	+1
Progression by at least 2 levels in Maths between KS1 and KS2	Worcestershire	85	83	86	85	1
	Stat Neighbours	86	86	88	88	0
	National	87	88	90	90	0

Additional data table		2012		2013				2014				2015			
		L4+	L5+	L4+	L4B+	L5+	L6	L4+	L4B+	L5+	L6	L4+	L4B+	L5+	L6
Reading	Worcestershire	84	48	84	73	44	0	88	77	49	0	88	79	48	0
	Statistical Neighbours	88	51	87	76	47	0.4	89	79	51	0	90	82	50	0
	National	87	48	86	75	45	0	89	78	50	0	90	81	49	0
	LAC			54		38		55		21		73		23	
Writing	Worcestershire	81	28	82		30	2	84		33	2	85		34	2
	Statistical Neighbours	81	30	83		32	2	86		33	2	88		35	2
	National	81	28	83		30	2	85		33	2	87		36	2
	LAC			38		0		48		10		55		2	
Maths	Worcestershire	81	39	82	70	38	5	84	73	38	8	84	72	38	7
	Statistical Neighbours	84	40	84	72	40	7	86	75	42	9	87	76	41	8
	National	84	39	85	73	41	7	86	76	42	9	87	77	42	9
	LAC			46		8		48		7		54		10	
RWM	Worcestershire	73	20	72	60	20	0.1	77	64	22	0.1	76	65	22	
	Statistical Neighbours	75	21	75	63	22		78	67	23		80	69	24	
	National	75	20	75		21		79	67	24		80	69	24	

Outcomes by pupil groups		% L4+ Reading, Writing and Maths				% at least 2 levels progress - Reading				% at least 2 levels progress - Writing				% at least 2 levels progress - Maths			
		2013	2014	2015	National	2013	2014	2015	National	2013	2014	2015	National	2013	2014	2015	National
Overall (5442)		72	76	76	80	86	88	89	91	90	91	91	94	83	86	85	90
Gender	Boys (3013)	69	74	70	76	86	89	87	90	87	89	89	93	84	86	86	90
	Girls (2815)	76	79	77	82	87	87	90	92	93	93	93	95	83	86	84	89
FSM	Eligible (674)	49	50	53.7	66	80	77	80	87	85	84	83	91	80	76	79	84
	Non-Eligible (5154)	76	80	79.2	83	88	90	90	92	91	92	92	95	85	88	86	91
SEN	No SEN (4673)	86	89	87.2	83	91	92	92	94	95	95	95	97	89	91	89	93
	School Action (151)	38	45	50.3	-	82	84		-	84	84		-	73	78		-
	School Action Plus (212)	30	33	32.5	-	77	76		-	80	81		-	73	72		-
	Statement (172)	8	12	8.2	11	39	44	43	50	42	46	47	54	35	40	41	48
	SEN Support							77	75			79				72	72
Ethnicity	White – any other background (172)	70	68	65.7	81	91	89	91	91	93	95	93	94	89	88	93	92
	Pakistani (102)	62	65	67.6	86	83	83	86	89	91	88	93	94	81	83	82	90
	Mixed – any other background (57)	75	70	73.7	90	81	73	88	92	87	81	92	95	83	81	79	90
	Mixed – White and Black Caribbean (51)	73	73	68.6	89	80	84	86	91	90	92	90	94	82	88	84	87
	Indian (47)	77	92	87.2	92	86	95	93	93	95	92	98	96	92	97	89	94
	Mixed – White and Asian (59)	80	76	88.1	92	89	93	88	93	95	96	93	95	95	84	93	92
	Gypsy, Roma and Traveller (35)	39	17	43	44	82	74	75	74	89	89	75	79	71	63	72	76
LAC	Looked After Children (47)	31	34	45	53	75				60				75			

*Y6 SATs cohort number is different from number identified in report as LAC numbers had increased at time of report data

Pupils achieving L4+ in Grammar Punctuation & Spelling	2013			2014			2015		
	Boys	Girls	All	Boys	Girls	All	Boys	Girls	All
Worcestershire	66	77	71	69	79	73	71	83	77
Statistical Neighbours			73			75			79
National	69	79	74	72	81	76	76	84	80

| KS2 Outcomes primary schools / middle schools | Level 4+ in RWM | | | Expected levels of progress from KS1-KS2 | | | | | | | | |
| | | | | Reading | | | Writing | | | Maths | | |
	2013	2014	2015	2013	2014	2015	2013	2014	2015	2013	2014	2015
Worcestershire	**72**	**76**	**76**	**86**	**88**	**89**	**90**	**91**	**91**	**83**	**86**	**85**
Primary schools	*76*	*79*	80	*91*	*92*	92	*93*	*94*	94	*90*	*91*	90
Middle schools	*70*	*76*	74	*83*	*86*	86	*89*	*90*	90	*77*	*82*	81
Statistical Neighbours	75	78	80	87	91	91	90	92	94	86	88	88
National	**75**	**79**	**80**	**88**	**91**	**91**	**92**	**93**	**94**	**88**	**89**	**90**

| FSM/non-FSM Comparisons | | FSM/non-FSM Gap at L4+ | | | |
		2012	2013	2014	2015
Reading	Worcestershire	17	19	21	21
	Stat Neighbours	14	15		13
	National	12	14	12	11
Writing	Worcestershire	20	22	22	23
	Stat Neighbours	21	21		16
	National	17	16	15	14
Maths	Worcestershire	20	18	21	18
	Stat Neighbours	17	17		16
	National	14	13	13	12

| District Data | % L4+ Reading | | | | % L4+ Writing | | | | % L4+ Maths | | | |
	2012	2013	2014	2015	2012	2013	2014	2015	2012	2013	2014	2015
Bromsgrove	88	75	92	90	82	86	90	89	84	84	90	87
Malvern Hills	89	88	92	94	87	85	86	88	86	86	89	91
Redditch	81	79	84	84	80	81	86	85	77	77	81	78
Worcester	87	82	86	87	80	80	82	81	84	81	84	84
Wychavon	86	85	88	86	80	81	81	82	81	78	80	80
Wyre Forest	87	86	89	90	81	82	84	86	84	85	86	85
Worcestershire	84	84	88	88	81	82	84	85	81	82	84	84
National	87	86	89	89	81	83	85	87	84	85	86	87

Key Stage 4

Key Performance Indicators		2012	2013	2014	2015	+/-
% 5+ A*-C inc English and Maths	Worcestershire	60.7	62.9	58.5	60.7	+2.2
	Stat Neighbours	58.1	59.9	56.2	57.9	+1.7
	National	59.4	59.2	53.4	53.8	+0.4
% Expected Progress - English	Worcestershire	69.9	73.3	71.5	73.4	+1.9
	Stat Neighbours	67.4	70.1	70.5	72.5	+2.0
	National	68.0	70.4	71.6	72.4	+0.8
% Expected Progress - Maths	Worcestershire	71.3	73.0	68.7	72.1	+3.4
	Stat Neighbours	67.5	69.8	65.5	69.3	+3.8
	National	68.7	70.7	65.6	68.1	+2.5

% all pupils	2013		2014		2015	
	Two-tier	Three-tier	Two-tier	Three-tier	Two-tier	Three-tier
5AC(EM)	63%	65%	60%	59%	63%	62%
Progress English	71%	78%	74%	72%	71%	67%
Progress Maths	72%	77%	68%	72%	67%	71%

Additional data table		2012	2013	2014	2015	+/-
English Bacc	Worcestershire	16.7	21.7	23.9	25.6	+1.7
	Statistical Neighbours	16.1	20.6	22.4	23.0	+0.6
	National	18.3	23.0	22.9	22.9	0
5+ A* - C	Worcestershire	83.4	84.2	67.9	69.7	+1.8
	Statistical Neighbours	81.1	80.6	66.5	67.1	+0.6
	National	81.9	81.8	63.8	64.9	+1.1
5+ A* - G	Worcestershire	94.9	96.5	93.3	94.8	+1.5
	Statistical Neighbours	96.1	96.3	93.8	94.6	+0.8
	National	93.6	94.3	89.7	91.0	+1.3
5+ A* - G inc English and Maths	Worcestershire	94.1	95.4	92.0	92.8	+0.8
	Statistical Neighbours	95	94.6	91.6	92.4	+0.8
	National	92.4	90.5	85.1	85.7	+0.6
Any passes	Worcestershire	99.3	99.6	98.3	97.8	-0.5
	Statistical Neighbours	99.3	99.4	98.3	98.3	0
	National	99.4	99.6	97.6	97.9	+0.3

District Data	% 5+ A*-C				% 5+ A*-C inc. E&M			
	2012	2013	2014	2015	2012	2013	2014	2015
Bromsgrove	90	89	74	79	69	70	65	70
Malvern Hills	79	74	73	77	60	59	65	70
Redditch	85	91	68	64	66	68	56	55
Worcester	87	86	65	70	57	61	55	61
Wychavon	77	76	65	70	59	58	56	62
Wyre Forest	85	84	60	64	58	59	50	54
Worcestershire	83	84	68	**69**	61	63	59	**60**
National	82	82	63	**64**	59	59	53	**53**

Additional data table	2012		2013		2014		2015		Improvement 2014/15	
	Worcs	Nat	Worcs	Nat	Worcs	Nat	Worcs	Nat	Worcs	Nat
5+ A*-C inc Eng & Maths	60.7	59.4	62.9	59.2	58.5	53.4	60.7	53.8	+2.2	+0.4
Boys achieving 5+ A*-C Inc E&M	55.6	54.2	57.8	56	52.6	47.3	54.7	49.0	+2.1	+1.7
Girls achieving 5+ A*-C inc E&M	66.0	63.7	68.5	66	63.0	58.2	66.9	58.9	+3.9	+0.7
FSM achieving 5+ A*-C inc E&M	29.7	36.5	33.3	38.1	27.5	33.7	28.3	33.3	+0.8	-0.4
Non FSM achieving 5+ A*-C inc E&M	64.1	62.8	66.5	64.8	61.9	60.7	64.1	61.2	+2.2	+0.5

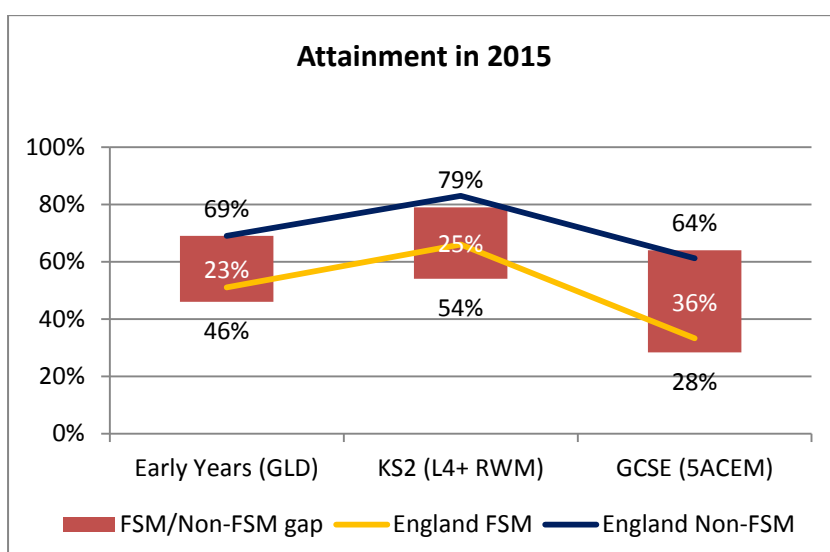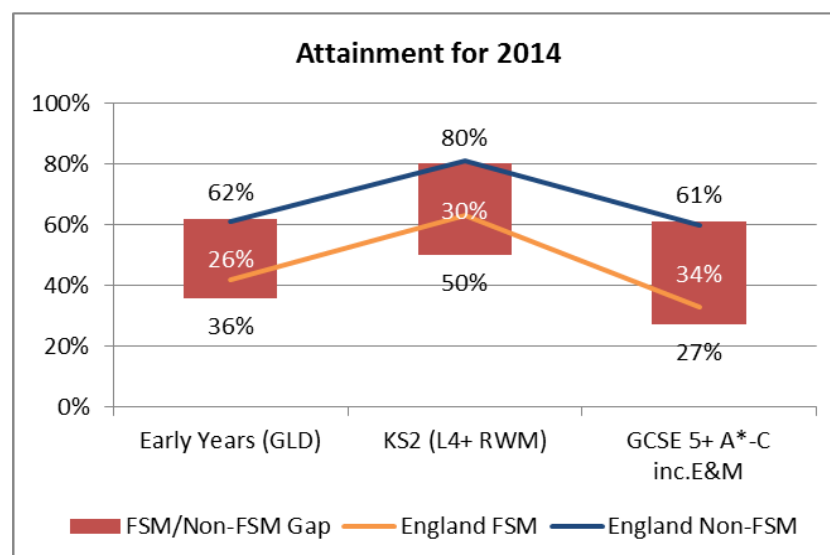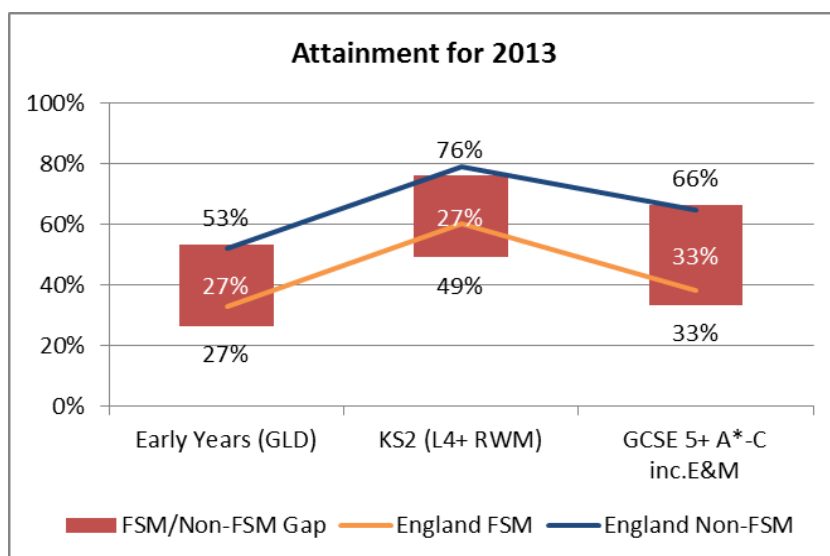| Worcestershire results by pupil groups		5+ A*-C inc E&M				5+ A*-C				5 A*-G inc E&M			
		2013	2014	2015	Nat	2013	2014	2015	Nat	2013	2014	2015	Nat
Overall		63	58	61	54	84	68	70	65	95	92	93	86
Gender	Boys (2901)	58	53	55	49	82	62	63	59	96	90	92	84
	Girls (2810)	68	63	67	59	87	74	77	71	97	93	94	88
FSM	Eligible (533)	33	27	28	33	64	34	40	42	85	73	78	80
	Non-Eligible (5173)	66	61	64	61	87	71	73	70	97	94	94	94
SEN	No SEN (4,587)	74	69	70	65	91	79	79	74	99	98	98	96
	School Action	33	23			70	35			93	88		
	School Action +	23	19			62	26			87	72		
	Statement	8	6			26	9			45	27		
	SEN Support (881)			26	24			35	32			82	79
	SEN with Statement or EHC Plan (237)			10	9			12	12			35	36
Ethnicity	White (5,331)	63	58	61	57	84	68	70	66	96	92	93	92
	Asian (145)	59	60	58	62	90	70	69	72	97	92	92	94
	Black (28)	70	59	61	53	85	82	68	65	88	91	x	91
	Chinese (12)	69	100	x	78	75	100	x	88	94	100	100	97
	Mixed (141)	64	48	58	58	88	63	68	68	93	86	89	92
LAC	Looked After Children (74)			16				20					

Key Stage 5

A Level and level 3 results	A level entry expressed as a grade			at least 3 A levels at A*-E			at least 2 A levels at A*-E			at least 1 A level at A*-E			A levels at grades AAB or higher (in at least 2 facilitating subjects)			A levels at grades AAB or higher (in 3 facilitating subjects)		
	2013	2014	2015	2013	2014	2015	2013	2014	2015	2013	2014	2015	2013	2014	2015	2013	2014	2015
England - all schools and colleges	C+	C+	C+	80.5%	79.5%	78.7%	92.9%	92.4%	92.2%	99.7%	99.6%	99.6%	15.3%	14.6%	14.7%	9.6%	9.3%	9.1%
England - state funded schools and colleges	C	C	C	79.0%	77.9%	77.2%	92.3%	91.8%	91.5%	99.6%	99.6%	99.6%	12.1%	11.6%	11.8%	7.5%	7.4%	7.2%
Local Authority	C	C	C	78.6%	76.9%	74.0%	92.4%	92.3%	91.5%	99.5%	99.7%	99.7%	8.6%	8.7%	7.6%	5.0%	5.7%	5.3%

Source: DFE School's Performance Table and SFR03_2016

KS5 Provisional outcomes for schools and FE sector colleges

GCE A level and Level 3 results of all state-funded students[1] aged 16 to 18		2011 (Revised)	2012 (Revised)	2013 (Revised)	2014 (Revised)	2015 (Revised)
Average Point Score per student	Worcestershire	710.3	700.3	704.6	697.1	724.5
	Statistical Neighbours	716.1	701.1	689.7	676.7	
	National	745.9	733.0	724.3	696.0	717.8
Average Point Score per entry	Worcestershire	208.2	205.4	206.9	208.4	209.2
	Statistical Neighbours	211.2	207.4	211.2	209.1	
	National	216.2	212.8	213.7	211.5	215.9

FSM v non-FSM Attainment across phase

Attainment for 2013

- Early Years (GLD): 53%, 27%, 27%
- KS2 (L4+ RWM): 76%, 27%, 49%
- GCSE 5+ A*-C inc.E&M: 66%, 33%, 33%

Legend: FSM/Non-FSM Gap — England FSM — England Non-FSM

Attainment for 2014

- Early Years (GLD): 62%, 26%, 36%
- KS2 (L4+ RWM): 80%, 30%, 50%
- GCSE 5+ A*-C inc.E&M: 61%, 34%, 27%

Legend: FSM/Non-FSM Gap — England FSM — England Non-FSM

Attainment in 2015

- Early Years (GLD): 69%, 23%, 46%
- KS2 (L4+ RWM): 79%, 25%, 54%
- GCSE (5ACEM): 64%, 36%, 28%

Legend: FSM/Non-FSM gap — England FSM — England Non-FSM

Closing the Gap - Free School Meals

	EYFS (GLD)			KS2 (L4+ RWM)			GCSE (5ACEM)		
	12-13	13-14	14-15	12-13	13-14	14-15	12-13	13-14	14-15
England Non-FSM	53%	62%	69%	76%	80%	79%	67%	62%	64%
FSM/Non-FSM gap	26%	26%	23%	27%	27%	25%	33%	34%	36%
England FSM	27%	36%	46%	49%	53%	54%	33%	28%	28%

Legend: ■ FSM/Non-FSM gap — England FSM — England Non-FSM

CHILDREN AND FAMILIES OVERVIEW AND SCRUTINY PANEL
17 MARCH 2016

CHILDREN 'EDUCATED OTHERWISE'

Summary

1. This report gives an overview of provision for young people of compulsory school age defined as being 'educated otherwise'. This term refers to learners who are in receipt of **Alternative Provision** (including hospital or medical education), and **Elective Home Education.**

2. The report describes the current requirements for these learners and the current situation within Worcestershire.

Background

3. Until summer 2012, learners were required by law to stay in full time education until the end of Year 11 (age 16). Those who left in summer 2013 had to continue in summer 2014 or beyond until at least their 18 birthday.

4. This 'raising of the participation age' is not the same as raising of the school leaving age. Learners need to be in some form of education or training, not necessarily in school.

5. The duty to provide education for learners of compulsory age lies with parents. The 1996 Education Act states:
    'The parent of every child of school age shall cause him to receive efficient full time education suitable (a) to his age, ability and aptitude, and (b) to any special educational needs he may have, either by regular attendance at school or otherwise.'

6. For most learners, this means full time education at school. Some, however, follow an alternative form of education, i.e. the 'otherwise' in the 1996 Act. This may be through full time alternative Provision (previously a local authority's Pupil Referral Units), medical education where a learner is too unwell to attend school, or Elective Home Education.

Elective Home Education

7.   Parents may choose to educate their children at home, rather than attending school. This is Elective Home Education.

8. The 1996 Act does not define what constitutes a full time education, so it is possible for learners educated at home to follow a more flexible pattern of learning than at school.

9. Parents educating their children at home are not required to teach the National Curriculum. They are not required to have premises equipped to any standard, to give formal lessons, or to assess work or progress.

10. Parents can choose to educate their children at home by 'de-registering', which in practice means notifying the appropriate school in writing. For a child who has never been to school, there is no process of de-registration. When a child reaches the age of five, parents have the choice of registering the child at a school or educating the child at home.

11. The legislation gives local authorities limited powers regarding home education. Authorities cannot regularly have access to learners, or to assess the ongoing quality of provision. The only exception to this relates to learners with special educational needs, where the local authority is required to provide support. They do, however, have a responsibility to identify young people in their authority who are not receiving an education.

Alternative Provision

12. Alternative Provision is covered by the following:

- education arranged by a local authority for learners who, because of exclusion, illness or other reasons, would not otherwise receive suitable education;
- education arranged by schools for learners on a fixed term exclusion, and
- learners being directed by schools to off-site provision.

13. Local authorities are responsible for arranging suitable education for permanently excluded learners and for others who, because of illness or other reasons, would not receive suitable education without such arrangements being made.

14. While full time education is not defined in law, learners in Alternative Provision should receive the same quantity of education as they would in a school. Full time can be made up of two or more part time provisions.

15. Governing bodies of schools are responsible for arranging suitable full time education from the sixth day of a fixed term exclusion.

16. A school that has been established and maintained by a local authority is called a Pupil Referral Unit. A local authority is not required to have or establish a Pupil Referral Unit, and may discharge its duties through other means. It is currently expected that any new provision is established by the opening of an Alternative Provision Academy.

17. The local authority's duty to provide a suitable education also applies where a pupil is registered at a school but cannot attend because of illness. This applies to all schools: maintained, academy, free school or independent.
In Worcestershire

18. In the West Midlands, the number of learners educated at home has increased significantly over the last five years. It has risen in all authorities but one in the region.

19. This trend is represented in Worcestershire. In 2010 there were 244 pupils educated at home. As at January 2016 this figure had risen to 362. Of these, 256 were of secondary age, 105 of primary school age.

20. The majority of parents in Worcestershire did not give a specific reason for choosing to educate their child at home. Of those who did, the largest number (35) expressed 'dissatisfaction with school environment'. The next largest number (30) gave their reason as 'philosophical'. 21 learners educated at home are registered as having a Statement of Special Educational Need or an Education Health Care Plan.

21. In Worcestershire, services for Elective Home Education have been transferred to Babcock as part of the commissioning of Learning and Achievement services. Since the transfer to Babcock, services have continued through an initial visit which, if appropriate, is followed up to address any educational concerns that arise. As at January 2016, 95% of families have agreed to a home visit by the local authority. In the remaining cases, parents have provided information about the arrangements they are making for their child suing alternative methods, for example by phone or meetings with third parties.

22. The autumn 2015 school census recorded a total of 175 pupils either sole registered (i.e. in full time Alternative Provision) or dual registered (i.e. attending Alternative Provision but still registered to school). 17 of these pupils were registered at the primary providers, the remainder in secondary.

23. In line with its responsibility for providing suitable education for permanently excluded learners, there are currently 88 pupils attending Alternative Provision following a permanent exclusion. In line with its duty to provide education for learners who are unable to attend school due to medical reasons, there are at present 152 pupils currently registered with the Medical Education Team, although this number will change on a frequent basis. As with Elective Home Education, this service has transferred to Babcock as part of the commissioning of Learning and Achievement services.

24. The local authority commissions places from Alternative Providers on an annual basis. The number of places commissioned is based on historical and trend data. For 2016/17 there is to be to the allocation of commissioned places. Funding is based on demographic data that represent the school population in the area served by the provider.

25. There have been two successful applications for Alternative Provision free schools. This means that there are currently six providers in the county. These are the Beacon and Perryfields for primary, and the Forge, Newbridge, Continu Plus and Aspire for secondary. The last of these two are free schools. While this offers increased opportunities for young people, it brings funding challenges to the High Needs block from which funding is taken. The local authority is at present working with the Headteachers at the various Alternative Providers to discuss the most appropriate planning for future Alternative Provision in the county. This will have as its focus the most efficient use of resources, a reduction in permanent exclusions and the use of more preventative strategies.

Purpose of the Meeting

26. The Children and Families Overview and Scrutiny Panel is asked to:

- consider the information in the Report
- determine whether it would wish to carry out any further scrutiny, and
- agree whether it would wish to make any comments to the Cabinet Member with Responsibility for Children, Families and Communities

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Background Papers

In the opinion of the proper officer (in this case the Director of Children, Families and Communities) there are no background papers relating to the subject matter of this report:

Minutes and Agendas for all County Council meetings are available here.