



**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**

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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 lifeⁱ and children's life chances are most heavily predicated on their development in the first five years of lifeⁱⁱ. 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

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:

- 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

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.

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

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:

- 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)

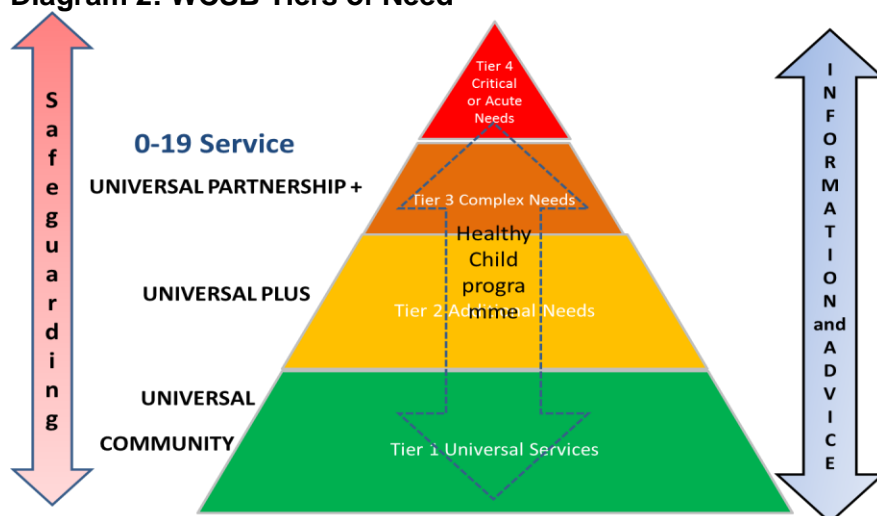
Level 4 Universal Partnership Plus Interventions:

- 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.

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

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

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

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.

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.worcestershiroworkswell.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.

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.

- 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:

- 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;

- 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

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

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

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.

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.

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.

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

ⁱⁱ Marmot M. 'Fair Society Healthy Lives' (The Marmot Review). 2010

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 Institute 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.