0-19 years Integrated Children's Commissioning Project

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www.torbay.gov.uk

forward thinking, people orientated, adaptable - always with integrity.

Session overview

- Event 1 – Overview of commissioning plan & procurement process
- Event 2 – Commissioning Models & Networking
- Event 3 – Social Value & Outcomes framework

Time	Item	Presenter
10:00	Welcome & Introduction	Rachael Williams – Head of Education
10:10	Torbay – What does it look like?	Ian Tyson – Acting Head of Public Health Improvement
10:30	Group Activity – Introductions	
10:45	Overview of the Commissioning Plan	Jude Pinder – 0-19yrs Project Lead
11:15	Table Activity – Initial Feedback on the Commissioning plan	
11:45	Initial findings from consultation	
12:00	Table Activity – What do you want from our engagement events?	
12:20	Procurement Timetable	Tracey Field – Strategic Procurement Manager
12:40	Questions	
12:50	Next steps	Jude Pinder – 0-19yrs Project Lead
13:00	Close	

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RACHAEL WILLIAMS
HEAD OF EDUCATION

IAN TYSON
ACTING HEAD OF PUBLIC HEALTH IMPROVEMENT

JSNA HEADLINES

Torbay

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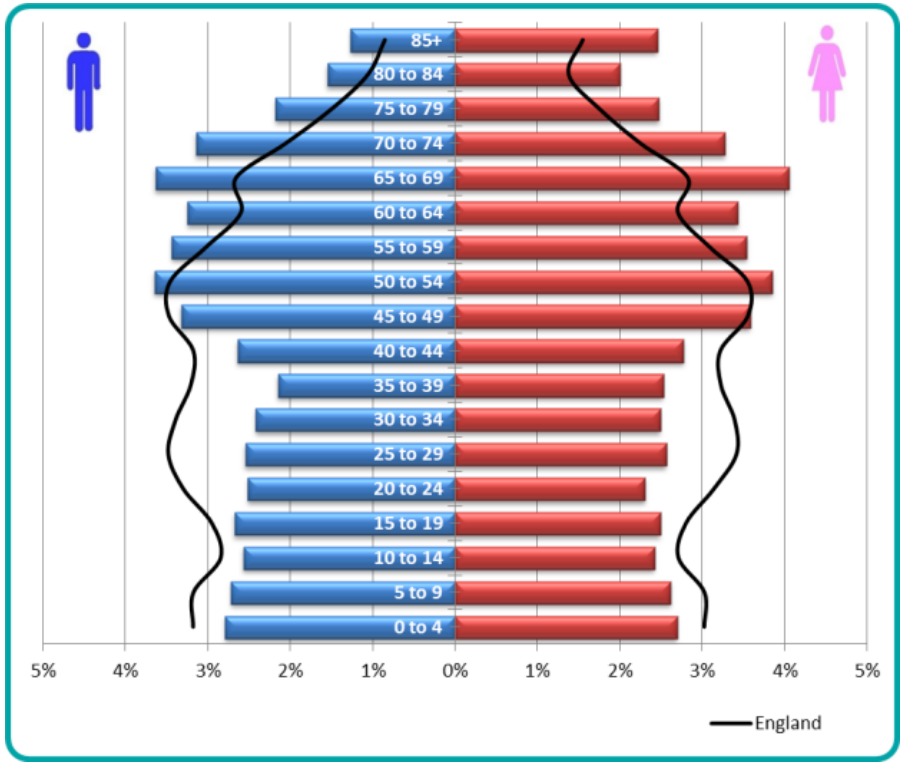
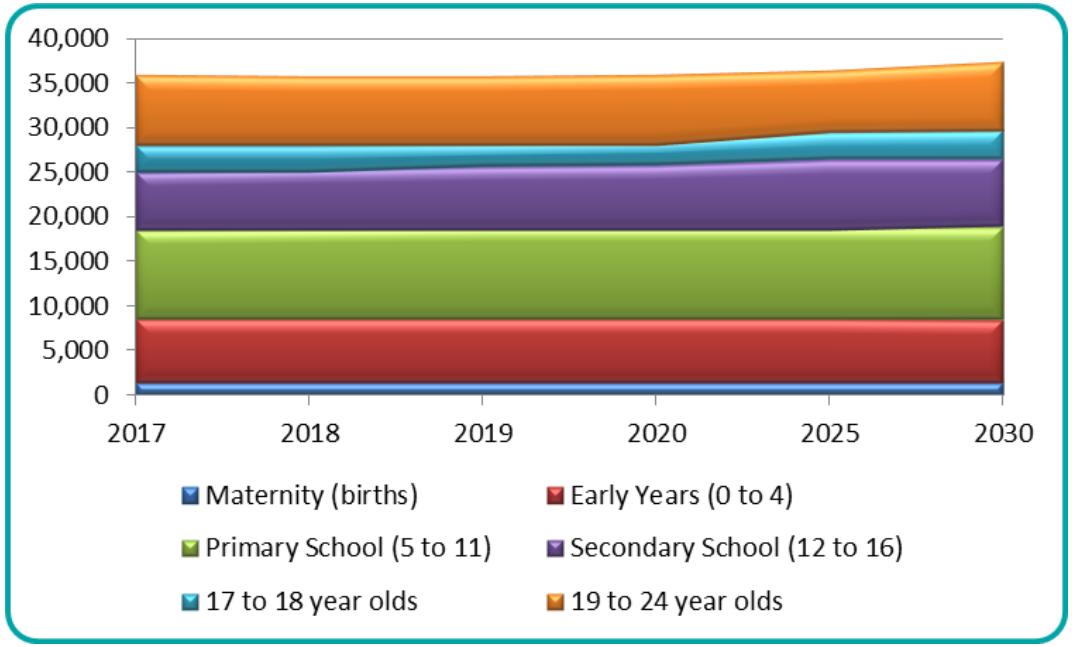
Population structure of Torbay, 2016



Population projections 0-24's in Torbay



Population projections 0-24's in Torbay

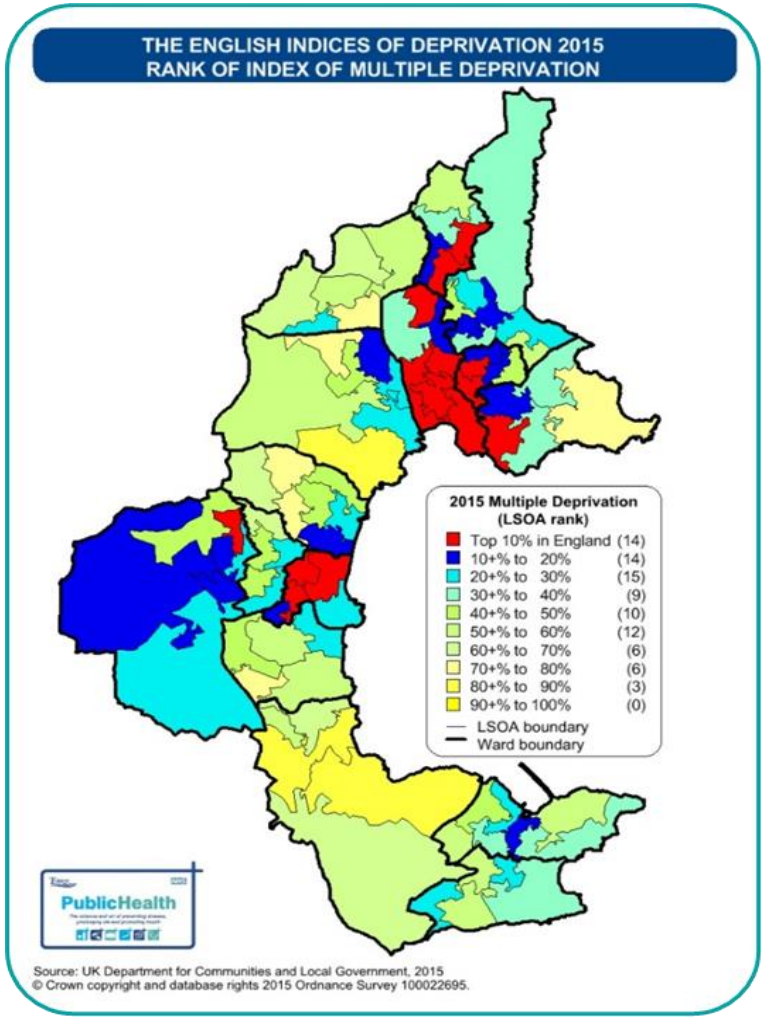
Age group	2017	2018	2019	2020	2025	2030
Maternity (births)	1,410	1,420	1,420	1,420	1,410	1,400
Early Years (0 to 4)	7,160	7,110	7,110	7,140	7,180	7,090
Primary School (5 to 11)	9,920	10,150	10,230	10,240	10,230	10,340
Secondary School (12 to 16)	6,620	6,760	6,920	7,080	7,690	7,640
17 to 18 year olds	2,960	2,720	2,600	2,700	3,030	3,250
19 to 24 year olds	7,810	7,680	7,580	7,320	6,870	7,660

Public Health England Child Health Profiles (PHE, 2017)

- High levels of child poverty
- High levels of child protection cases and children in care
- High levels of smoking in pregnancy
- Low breastfeeding rates
- Better MMR immunisation rates than the national average.
- Average levels of children achieving a good level of development at reception.
- Average levels of obesity
- High levels of dental caries requiring hospital admission
- High levels of hospital admissions for young people for alcohol and substance misuse
- High levels of hospital admissions caused by injuries for children and young people
- High levels of hospital admissions for mental health conditions and as a result of self-harm

Poverty & Deprivation

- There are pockets of severe deprivation and inequalities within Torbay.
- In Torbay, just over 1 in 3 of under 18's (35%) live in areas ranked in the top 20% most deprived in England.
- 18.6% of primary school children are entitled to free school meals (national average is 15.6) and 12% of secondary school children (national average is 13.9%).



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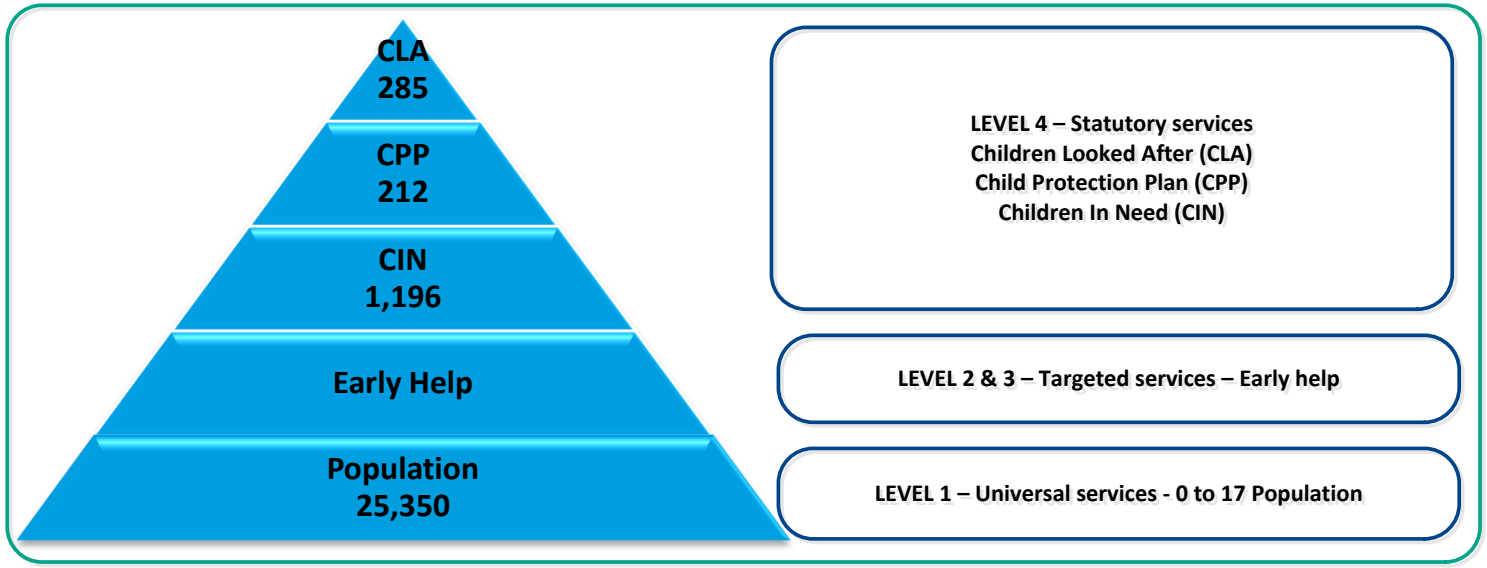
Minority Ethnic Groups

- 18.1% of children come from minority ethnic groups, which is much lower than the national average of 28.6%.
- 5.1% of children in primary schools have English as an additional language which is lower than the national average of 19.4%.
- 4.1% of secondary school children have English as a second language which is lower than the national average of 15%.

Children looked after by the LA

- Within the scope of this project are specialist services for looked after children and care leavers in relation to advocacy and independent visitors, alongside universal services such as health visiting, school nursing and substance misuse services.
- Torbay has high rates of children looked after.

levels of need with counts of children in Torbay



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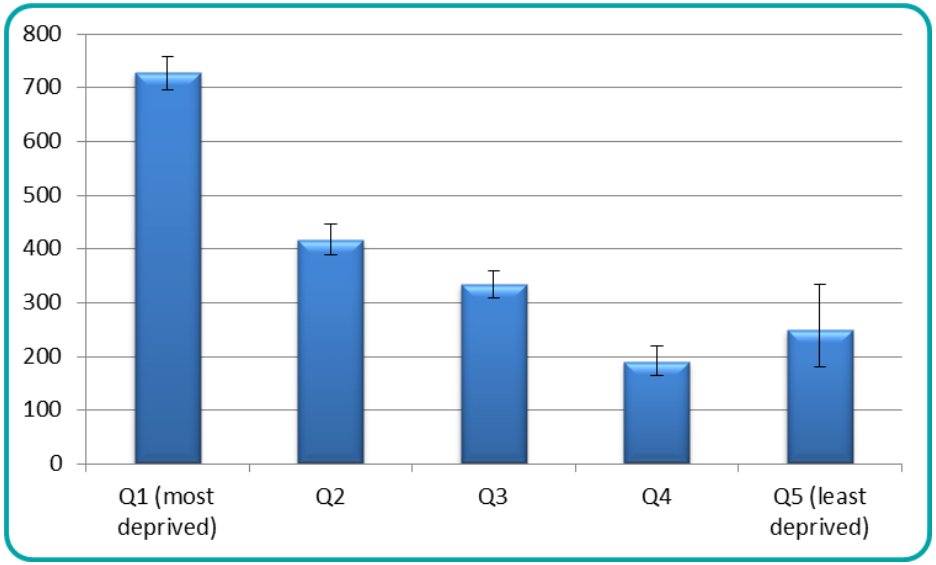
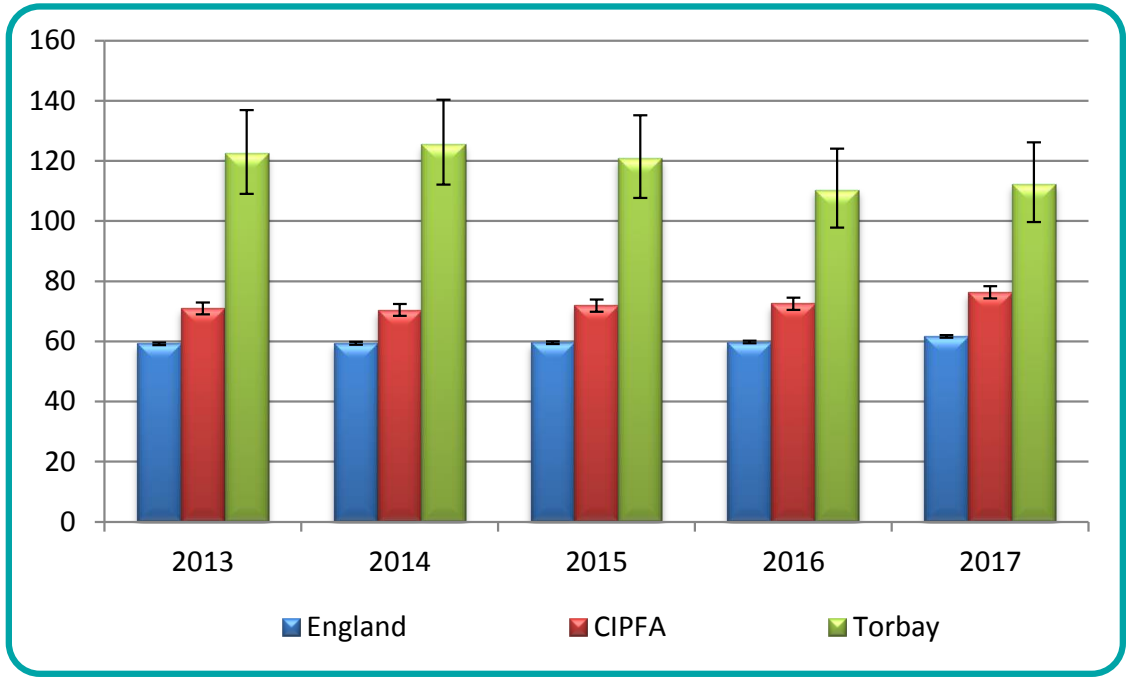
Counts and rates of children (per 10,000 aged under 18) in Torbay over time

Year	Children looked after		Child Protection Plans		Children in Need	
	Count	Rate per 10,000	Count	Rate per 10,000	Count	Rate per 10,000
2013	305	122	176	70.8	1,513	576.9
2014	315	126	166	66.6	1,843	701.9
2015	305	122	151	60.2	1,555	585.8
2016	280	111	130	51.5	1,180	438.9
2017	285	112	212	84.0	1,196	445.0

Rate of CIN per 10,000 by deprivation quintile (2017)



Rates per 10,000 Children Looked After



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Emotional Wellbeing & Mental Health

RISK FACTORS

Child	Family	School	Community
✗ Genetic influences ✗ Low IQ and learning disabilities ✗ Specific development delay ✗ Communication difficulties ✗ Difficult temperament ✗ Physical illness ✗ Academic failure ✗ Low self-esteem	✗ Family disharmony, or break up ✗ Inconsistent discipline style ✗ Parent/s with mental illness or substance abuse ✗ Physical, sexual, neglect or ✗ emotional abuse ✗ Parental criminality or alcoholism ✗ Death and loss	✗ Bullying ✗ Discrimination ✗ Breakdown in or lack of positive friendships ✗ Deviant peer influences ✗ Peer pressure ✗ Poor pupil to teacher relationships	✗ Socio-economic disadvantage ✗ Homelessness ✗ Disaster, accidents, war or other overwhelming events ✗ Discrimination ✗ Other significant life events ✗ Lack of access to support services

PROTECTIVE FACTORS

Child	Family	School	Community
✔ Secure attachment experience ✔ Good communication skills ✔ Having a belief in control ✔ A positive attitude ✔ Experiences of success and achievement ✔ Capacity to reflect	✔ Family harmony and stability ✔ Supportive parenting ✔ Strong family values ✔ Affection ✔ Clear, consistent discipline ✔ Support for education	✔ Positive school climate that enhances belonging and connectedness ✔ Clear policies on behaviour and bullying ✔ 'Open door' policy for children to raise problems ✔ A whole-school approach to promoting good mental health	✔ Wider supportive network ✔ Good housing ✔ High standard of living ✔ Opportunities for valued social roles ✔ Range of sport/leisure activities

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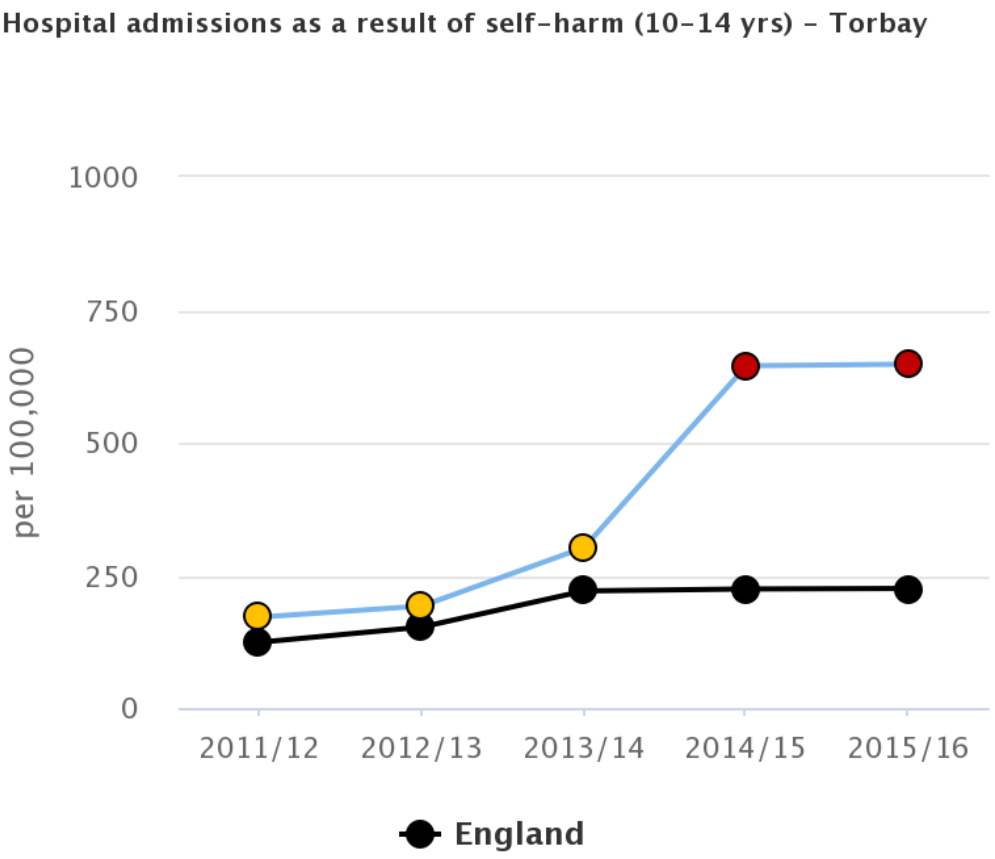
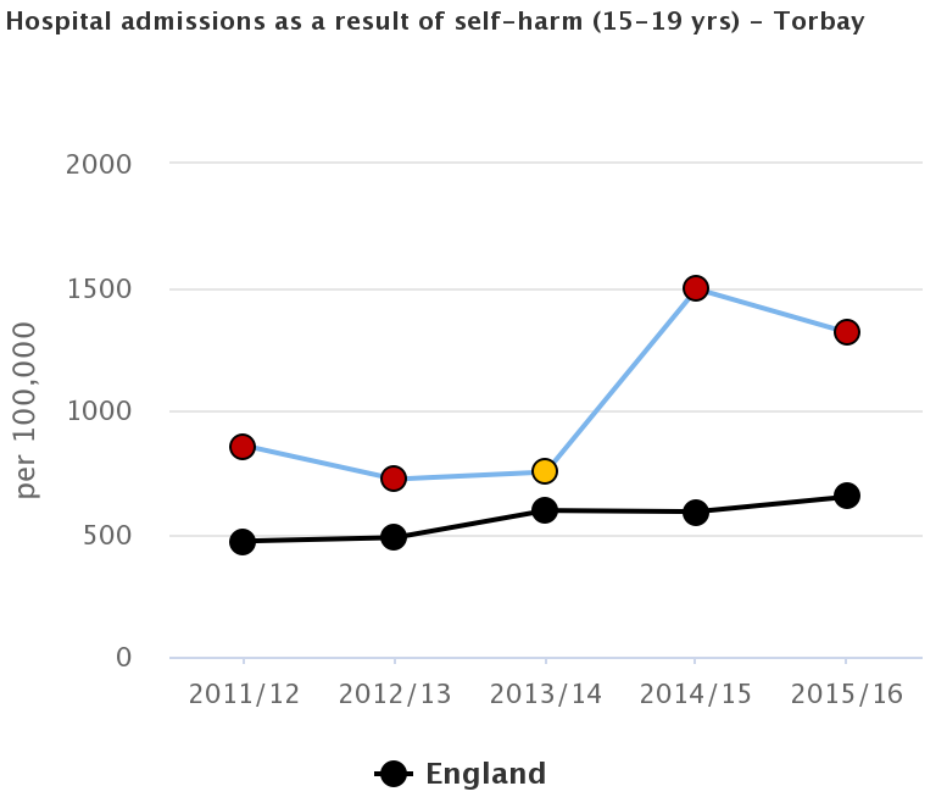

Hospital admissions as a result of self-harm (10-14 yrs) - Torbay
1000
750
500
250
0
per 100,000
2011/12
2012/13
2013/14
2014/15
2015/16
England


Hospital admissions as a result of self-harm (15-19 yrs) - Torbay
per 100,000
2000
1500
1000
500
0
2011/12
2012/13
2013/14
2014/15
2015/16
England

Domestic Abuse

- Domestic abuse between parents is the most frequently reported form of trauma for children.
- Domestic Abuse rates in Torbay are the highest across the Devon and Cornwall Police Force area.
- The emerging Domestic Abuse and Sexual Violence Strategy for Torbay highlight the following facts relating to children and young people in Torbay:
  - Local analysis shows that a minimum of 40% of all Torbay Children's Services activity is related to domestic abuse.
  - 12% of cases where children exposed to domestic abuse had alcohol as a factor.
  - Torbay has amongst the highest rates of children looked after in England -failure to protect where there is domestic abuse is often a key factor in proceedings.
  - 20% of female victims were aged 15-19.

Substance misuse

- Torbay has a lower percentage of exclusions from school for drug use compared to England.
- Alcohol was recorded in 9% (53 out of 623) of crimes where the victim was under the age of 18.
- Torbay has consistently had a significantly higher rate of under-18 year olds being admitted to hospital for conditions associated with alcohol (61.5 per 100,000 compared with a national rate of 36.6 per 100,000).

Table activity

- On tables go round and:
  - Introduce yourself
  - Your role
  - Your organisation
  - Your organisations service (s)

JUDE PINDER
0-19YRS PROJECT LEAD

Commissioning plan

- Health Visiting
- School Nursing
- National Child Measurement Programme
- Children’s Centres
- Early Help Co-ordination
- Team Around the Family Co-ordination
- Family Intervention Team
- Young People’s Substance Misuse Service
- Advocacy and Independent Visitors Service
- Missing and Return Home Interview Service

Budget

- Indicative budget at present for this contract is £18,457,905 over 5 years.
- Currently awaiting TUPE & Service information to help inform us how the budget will be structured over the course of the contract.

What do we want to improve?
Complex vulnerabilities
Address the underlying causes
Increasing need for statutory intervention
Inconsistent advice and information
Changes to how people use services
Access times
Transition to parenthood
Childcare and pre-school
Emotional health & wellbeing
School readiness
Not aware of support available
Telling your 'story' multiple times

Partnership

- We want a clear focus on partnership at all levels within this proposed service:
  - on an individual level
  - on a service level
  - with the local community
  - with wider stakeholders and services
  - with commissioners
  - With wider strategic networks.

Our vision for the future.

We want to protect our children and young people and give them the best start in life.

We want to provide the right support at the right time for vulnerable children and families.

We want an early help system that identifies risk factors in order to provide help and support at the earliest opportunity so that resilience is developed within individuals and the community.

We want the right mix of interventions and support to be provided to not only address the presenting needs of individuals and families but also the underlying causes.

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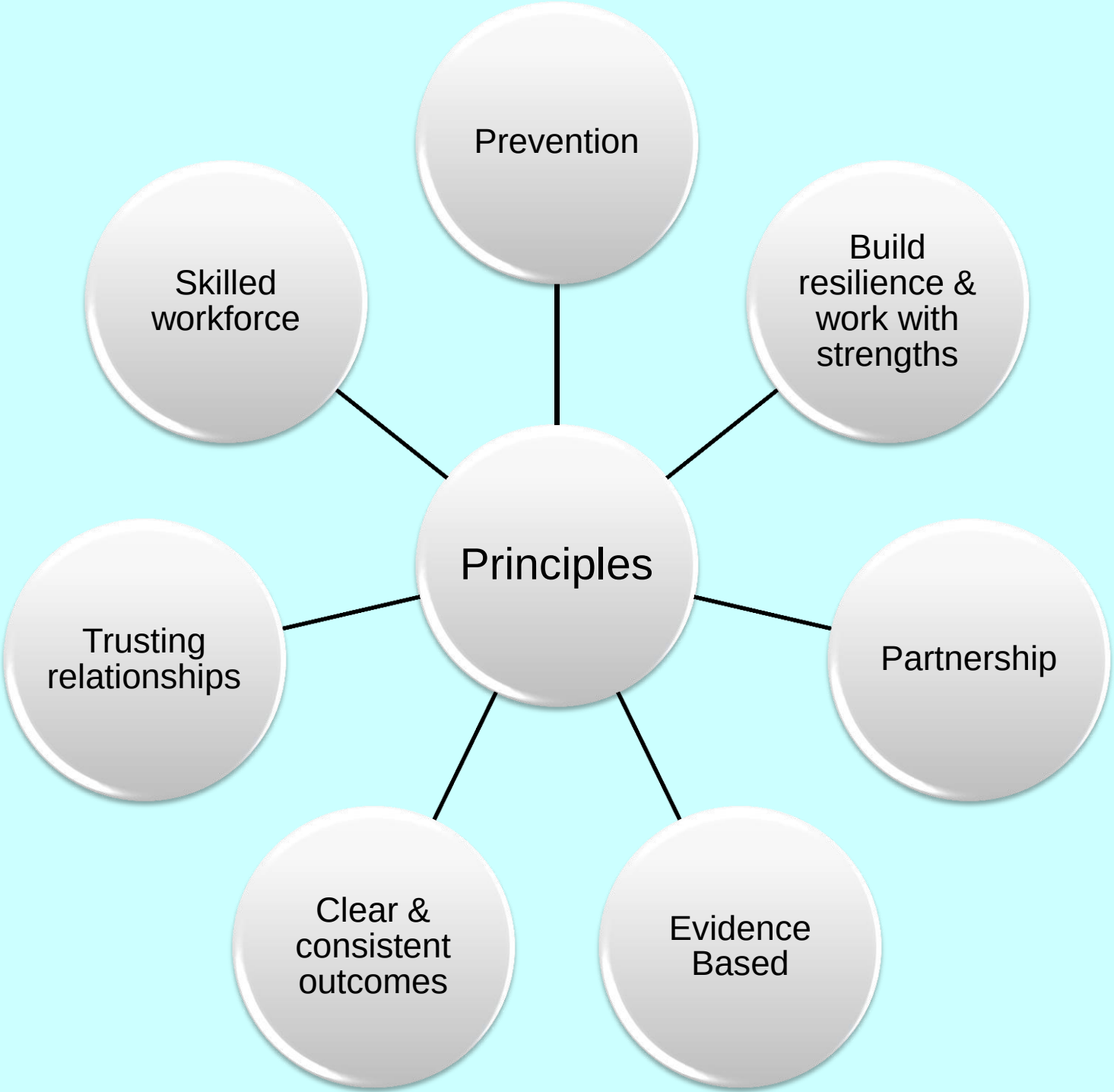
Prevention
Skilled workforce
Build resilience & work with strengths
Principles
Trusting relationships
Partnership
Clear & consistent outcomes
Evidence Based

Outcomes

- Still in development – Session 3 there will be an opportunity to contribute
- Want them to be accessible and understandable across the system.
- Currently looking at three levels:
  - Domains
  - System level Outcomes
  - Service Level Outcomes

Domains

Children will be:

- Healthy
- Safe
- Happy
- In a supportive family and community

System Level Outcomes

- A preventative approach working with underlying causes.
- Partnership and co-ordination across staff, commissioners, children, young people, families and communities.
- Early Help approach to service delivery and workforce development
- Children, young people and families are resilient.
- A relational and strength based approach.
- Accessible, young people friendly service.
- Service uses evidence based approaches across the whole workforce.
- An integrated approach to assessment and workforce development.
- Sustainable and best Value

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Service Level Outcomes

- Children and young people are physically and emotionally healthy.
- Children and young people are safe.
- Children and young people are resilient and ready and able to learn.
- Children & young people know where to get help.
- Children and young people are supported by family and community.
- Parents are well informed.
- Parents are supporting one another in communities

Integration

- When we talk about a new ‘integrated’ service model this applies to multiple aspects of our new service including:
  - **Co-location** – we want staff to be co-located to improve communication, information sharing and case planning.
  - **The workforce** – we want to see a broad skill mix within our staff that will meet the support needs of our local population. We want a workforce where our specialist staff are well trained and are able to share their expertise easily across the wider workforce.
  - **IT** – We want a single service that uses a single IT system so that information can be more easily shared and used to support children, young people and families.
  - **Administration & Organisation** – we want a service that can be overseen, organised and directed in a co-ordinated way.

Service Model

Family Hubs

- There are may different models for Family Hubs
  - **Building/Centre Model** – a central base from where services are delivered.
  - **Satellite Hub Model** – Staff are centrally co-located but services are delivered from satellite hubs.
  - **Community Hubs** – services are delivered from existing services focused at children and young people.
- There are pro's and con's to each of these models that we want to explore.
- We believe that the success of any of these models will be in the execution of the model.

Family Hubs will

- Deliver holistic, early intervention services to the whole community.
- Co-ordinate existing services and support, creating better information-sharing networks, ensuring that children and families do not go missing between services.
- Make creative and effective use of funds.
- Focus on, and prioritisation of, actions that will reduce the number of children in need, the number of children on child protection plans and the number of children coming into care.
- Ensure that vulnerable groups of children (such as Looked After Children) are prioritised so that interventions are offered at the earliest appropriate opportunity.

- Coordinate statutory and voluntary approaches to tackling the root causes of inter-generational poverty, family breakdown and poor outcomes for children.
- Be friendly community based settings from which to access or be signposted to the most appropriate services.

Draft priorities - 1

- Broaden the work undertaken to address the underlying causes of problems – working in partnership to achieve this – with families and other partners.
- Widen the innovative solutions to support self-management for children, young people and parents.
- Improve responses for children, young people and parents who repeatedly represent to services when interventions have ceased despite improvement whilst support was in place.
- Services are accessible and young person friendly - “No wrong door” approach for people accessing services. Ensuring that children, young people and parents know how to access and navigate the system.

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Draft priorities - 2

- Broaden the skills of the whole workforce to be able to respond to children and young peoples and parents behaviours with particular reference to:
  - **Child and parental emotional wellbeing and mental health**
  - **Domestic abuse and sexual violence**
  - **Child and adult substance misuse**
  - Utilising **evidence based interventions** and approaches that can be used across the whole workforce to support family and child focused working e.g. Signs of Safety, AMBIT, appreciative enquiry techniques, restorative practice (this is not an exhaustive list).
- Utilising a whole family approach across the internal team and with external partners.
- Using strength based/asset based approaches.
- An ongoing commitment to building and strengthening the resilience of children and young people in Torbay.

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Table activity

- Having read the commissioning plan and heard from the presentation what are you initial thoughts:
  - What are the pro’s/benefits to the proposal?
  - What are the con’s /risks to the proposal?
  - Are there other things we should be considering?

Consultation update

- Initial / pre – consultation events
- Direct consultation with parents
- Direct consultation with children
- Radio show
- Stakeholder events
- Online survey
- School Events
- GP events
- Market Engagement

Consultation report to be published end of February 2018

Table Activity

- What do you want from the future engagement events?
- What will help you in forthcoming process?
- What will help you write a successful bid?

TRACEY FIELD
STRATEGIC PROCUREMENT MANAGER

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Procurement Procedure

Open Procedure – single stage process with 2 distinct steps:

- Selection Questionnaire (SQ) – used to assess legal and financial standing and track record

- Invitation to Tender (ITT) – used to evaluate quality and price responses to the Council's requirements, on which contract award is based

Selection Questionnaire

Based on Pass / Fail requirements:

1. Potential Supplier Information
2. Bidding Model
3. Grounds for Mandatory Exclusion – regulation 57(1) and (2)
4. Grounds for Discretionary Exclusion – regulation 57(8)
5. Economic and Financial Standing
6. Technical and Professional Ability
7. Modern Slavery Act Requirements
8. Insurances

Invitation to Tender

Applicants will be scored against the following criteria:

1. **Price**
   - This may be the overall price for the service or a combination of a range of pricing factors

2. **Quality**
   - Written response to method statement / technical questions and presentations

Access to the Opportunity

The tender will be run electronically through:

www.supplyingthesouthwest.org.uk

Draft Timetable

Submit OJEU Notice	17 May 2018
Publish Tender Documents	**18 – 24 May 2018**
Tender Launch Event	28 May – 01 June 2018
Site Visits	04 – 08 June 2018
Deadline for Submitting Clarification Questions	18 June 2018
Deadline for Responding to Clarification Questions	25 June 2018
Deadline for Submission of Tenders	**16 July 2018**
Evaluation Period	17 July – 21 September 2018
Presentations	10 – 14 September 2018
Intention to Award Notification	24 September 2018
Contract Start Date	**01 April 2019**

QUESTIONS

Next steps

- Market Engagement Event 2 – Thursday 22nd February
- Market Engagement Event 3 – Wednesday 14th March