



Part 2 Specification

Contract Reference

TCSPH1218

Contract Title

0-19 Integrated Service

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1. Overall Scope and Nature of the Requirement

1.1 Commissioning and Delivery / Operating Models

1.1.1 [Commissioning Model](#)

The Authority will contract with the successful Applicant under the Prime Provider commissioning model. This means the Authority will be contracting with a single entity, which directly delivers some of the services and may also sub-contract some elements of delivery. The single entity may be a single organisation, a partnership, consortium or alliance.

What this means for the Provider: The Provider:

- *Must directly deliver some or all of the Service;*
- *Is responsible for managing the allocated budget;*
- *Is responsible for managing any sub-contractors delivering the Service;*
- *Is responsible for building its provider capacity and delivery model;*
- *Is accountable for the organisation and delivery of services;*
- *Is responsible for encouraging providers to work together more effectively.*

The Authority's long term intention is to move from a Prime Provider model to an Alliance Model and recognises that the Prime Provider model may potentially develop into an alliance agreement over the life of the Contract or enable a move to alliance commissioning when the Service is retendered.

1.1.2 [Delivery / Operating Model](#)

Applicants are required to establish the most appropriate delivery model to enable them to effectively provide the Service. Potential delivery models include:

- Sole provider;
- Lead provider with sub-contract arrangements;
- Partnership with or without sub-contract arrangements;
- Consortium with or without sub-contract arrangements;
- Alliance.

What this means for the Provider: The Authority expects the Provider to work in partnership and/or sub-contract elements of service delivery to other more specialist providers, including SMEs and VCSEs. Applicants must ensure that their responses to questions within Part 4 Award Questionnaire clearly demonstrate the effectiveness of their proposed model in delivering a fully integrated service.

1.1.3 Our vision for the 0-19yrs Integrated Service is:

Staying Well	Staying Safe	Social & Emotional Wellbeing	Working Together
<ul style="list-style-type: none"> •Children and young people are physically and emotionally well •0-19 Service uses and develops an early help evidence base 	<ul style="list-style-type: none"> •Children and young people are safe •Services work preventatively with underlying causes 	<ul style="list-style-type: none"> •Children, young people and families are resilient •Children and young people are ready and able to learn 	<ul style="list-style-type: none"> •Children and young people know where to get help •Parents / carers are supporting one another in communities

1.2 Torbay Demographics

1.2.1 Children and young people under the age of 20 make up 21.0% of the population of Torbay. The 0-19 population is estimated to increase by around 300 between 2017 and 2020, and then by a further 1,100 between 2020 and 2025. The population of 8 to 14 year olds is projected to increase by 9.7% by 2020.

1.2.2 The recent publication of the Public Health England Child Health Profiles (PHE, 2017) identifies that the health and wellbeing of children in Torbay is mixed compared with the England average. It highlights:

- 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;
- Average levels of children achieving GCSE's.

1.2.3 Other datasets indicate that Torbay also has high levels of Children and Young People with Education, Health and Care Plans. The Service will contribute to the joint strategic needs assessments, Joint Health and Wellbeing Strategy and associated plans and reviews.

What this means for the Provider: *The Provider will consistently evidence a deep understanding of children and young people in Torbay. The Provider will provide evidence of their outcomes and the drivers that enable these outcomes to be achieved. This should reflect the Provider's knowledge of the factors that influence outcomes for children and young people and how those factors play out across Torbay.*

1.3 System Based Approach

- 1.3.1 Our new system must work with and for families, recognising their strengths, across Torbay. We want local communities to be seen, understood and valued by the system as part of any solutions.
- 1.3.2 Local provision will be responsive to local needs, with integrated pathways that prevent children falling between the gaps in services and that reduce inequalities in outcomes¹. The Provider should see itself clearly as part of the local system and be able to work with others in that environment as a leader and collaborator.

What this means for the Provider: *The system vision sits at the heart of what the Provider does, informing all of the design and delivery of services. This means the Provider is undertaking a shift in culture, practice, mind sets and beliefs across the system.*

1.4 System and Service Change

- 1.4.1 Torbay is committed to change and therefore this Specification is ambitious. Change at this scale – integrating across systems and across ages (0-5 through to 19) is not easy. Therefore this Specification should be delivered in the context of building upon the transformation of local services already initiated and developing an integrated early help service with prevention at its core. The use of community groups, peer support and volunteers (including people with lived experience) is a core element of expected delivery models.

¹ PHE (2018), *Best start in life and beyond: Improving public health outcomes for children, young people and families. Commissioning Guide 2: Model specification for 0-19 Healthy Child Programme: Health Visiting and School Nursing Services*

- 1.4.2 This Specification is not about the individual teams being commissioned to deliver care and interventions as they currently do. This Specification is about services working differently and ensuring that the staff member, whoever that may be, with the right skills is the professional who supports that family or individual. Whilst there are specific core and mandatory duties that need to be undertaken this does not mean that there cannot be innovative practice.
- 1.4.3 There is an expectation that service change will be achieved rapidly but with a clear plan and structure. The rate of service change pace should take account of the financial envelope (see [Part 5 Pricing](#) and section [2.7 Contract Price of Part 1 Information](#)).

What this means for the Provider: consistently services will need to focus on an integrated approach to meeting the needs of children, young people and their families and the delivery of improved outcomes. We need our Provider partners to be transformational, innovative and to explore and implement new evidence based programmes of care and delivery that may not have been tried before. They must ensure that families are involved in every stage of the journey. They must recognise the value of volunteers and people with lived experience to add value and provide visible role models. They must ensure plans are in place to ensure the service model is deliverable within the financial envelope allocated.

- 1.4.4 It is possible that during the contract term, the Authority may wish to make changes to the requirements as set out in this Specification to reflect the evolving roles and responsibilities of local authorities in changing economic circumstances. These changes will not compromise the statutory basis for the Service and will be managed in accordance with the provisions relating to variations and changes to the Contract as set out in the contract terms.

1.5 Scope

- 1.5.1 Whilst currently the services are commissioned as separate specific services, this is not the vision for this Specification. The expectation is that the following services will be commissioned and delivered as an integrated team:
- a) Health Visiting;
 - b) School Nursing;
 - c) National Child Measurement Programme;
 - d) Children's Centres;
 - e) Young People's Substance Misuse Service;
 - f) Advocacy and Independent Visitors Service;
 - g) Missing and Return Home Interview Service.

1.5.2 Whilst considerable uncertainty around funding for Family Intervention Services exists it is currently planned that the following services will be incorporated into the scope of this contract in Year 2:

- a) Targeted Help Co-ordination;
- b) Family Intervention Team (FIT).

It is essential that potential providers consider that their design of service delivery models is able to incorporate integrated working with Targeted Help and FIT for Year 1 and full integration of this service within their own model from Year 2. Irrespective of whether these elements are fully integrated into this specification it is essential that service delivery models outline integrated working with these services so as to improve outcomes for children, young people and families.

1.5.3 The newly commissioned 0-19 Services will be integrated and formed of multi-disciplinary teams that are easily accessible within communities. These teams will work with families using a 'whole family approach'. Whilst delivering universal services it will actively target those with lower resilience. Parents, carers, young people and children will not have to tell their story over and over again. The services will respond to the requests of the children, young people and their families rather than them responding to the demands of the service.

1.5.4 These multi-disciplinary teams will work with families using a whole family approach and building on their strengths and assets. A transformational approach will be expected and required to ensure that the commissioned teams are not a reconfiguration of current practice but that there is a distinct different approach in ways of working. This will include specialists sharing their skills within the team.

1.5.5 The multi-disciplinary teams will work to integrated care pathways both internally and with interfacing services, such as CAMHS, Community Therapies, Midwifery and Children's Social Care.

1.5.6 There will be "No wrong door" approach for people accessing services. The team will ensure that children, young people, and their families know how to access and navigate the system.

What this means for the Provider: Each member of the integrated team will know and understand their role within the pathways that govern delivery of service and the wider systems that they work within and contribute to shared outcomes. The Provider will ensure children, young people, and their families know how to access and navigate the system. The Provider will ensure that the multi-disciplinary team is configured and delivered in a way that removes barriers to families, young people and children accessing the Service

- 1.5.7 A consideration of how the multi-disciplinary team works and the premises that it occupies must include the principles of a Family Hub model. In 2014, the Centre for Social Justice described Family Hubs as: 'They must be seen as hubs in the community, co-locating or coordinating vital frontline agencies (and involving schools) and tackling the root causes of poverty and low social mobility from one generation to the next, particularly focussing on family breakdown². These hubs will deliver holistic, universal and early intervention services and will ensure that vulnerable groups of children and young people are prioritised so that interventions are offered at the earliest or most appropriate opportunity to improve outcomes. They will co-ordinate existing services and support, creating better information-sharing networks, also ensuring that children and families do not go missing between services. They will make creative and effective use of funds. It is expected that a Family Hub model will coordinate statutory and voluntary approaches to tackling the root causes of inter-generational poverty, family breakdown and poor outcomes for children.
- 1.5.8 The model of the Family Hubs will be agreed between the Commissioner, Provider and stakeholders. This must involve communication and engagement with local communities.

What this means for the Provider: The Provider will operate a Family Hub model with the primary purpose of providing accessible, friendly and comprehensive support to strengthen local families in a timely and appropriate manner.

- 1.5.9 The requirement is for a model of care that offers the appropriate non-tiered level of support and intervention based on the strengths of the parents, carers, young person or child. The Service will to work to a philosophy of 'the right care, in the right place at the right time'.

What this means for the Provider: The Provider will ensure that practitioners are offering the most appropriate level of support and advice based on the needs of the individual. One example of a model is iThrive.

1.6 Participation

- 1.6.1 The Care Act (2014) is one of the first pieces of legislation to specifically include the concept of co-production in its statutory guidance. The guidance defines co-production and suggests that it should be a key part of implementing the Care Act. In particular, co-production should be used to develop preventative, strength-based services, support assessment, shape the local care market and plan information and advice services.

² The Centre for Social Justice, (2014), *Fully committed? How a Government could reverse family breakdown*

1.6.2 The idea that public services need to work with the people who use services is not new. However, the failure to listen to the voices of people who use services and carers has been a key theme in all the high-profile scandals in health and social care in recent years. Enquires into the abuse and neglect of people who use services have highlighted the need for providers to develop more equal relationships with people who use services and carers. Co-production provides the concept and the framework to develop these more meaningful relationships³.

1.6.3 The Care Act (2014) states:

In developing and delivering preventative approaches to care and support, local authorities should ensure that individuals are not seen as passive recipients of support services, but are able to design care and support based around achievement of their goals. Local authorities should actively promote participation in providing interventions that are co-produced with individuals, families, friends, carers and the community. 'Co-production' is when an individual influences the support and services received, or when groups of people get together to influence the way that services are designed, commissioned and delivered. Such interventions can contribute to developing individual resilience and help promote self-reliance and independence, as well as ensuring that services reflect what the people who use them want.

1.6.4 To ensure improved outcome for young children, their families and society, the key drivers of the 2006 Childcare Act are:

- a) **Reduce child poverty:** To support parents to work and hence the focus on the provision of good quality childcare for working parents;
- b) **Reduce inequalities between young children:** Focusing on supporting children most at risk of poor outcomes because of deprivation and disadvantage and promoting social mobility.

1.6.5 This Specification has been built on listening to members of the community and service users on what is important to them. Time and time again we have been told it is about relationships, knowing where to go for support and advice – that is available at all times e.g. not closed in school holidays, support and advice being there even if you don't 'tick the box', not having to tell your story over and over again and about consistency and continuation.

1.6.6 We want children, young people and their families to be central to all activities within this Service; at an individual level; at a service design and review level; and at a system design and review level. People that use the Service will be expected to have a voice in how the services are developed, monitored and evaluated. Their views must be fully considered and incorporated into any service delivery model within this Specification.

³ SCIE (2015) *Co-production in social care: What it is and how to do it*, <https://www.scie.org.uk/publications/guides/guide51/index.asp>

- 1.6.7 It is therefore an expectation that the Provider will continue, in partnership with Commissioners to involve people widely in the ongoing development, review, design and implementation of services.

What this means for the Provider: The Provider will ensure that co-production is inherent in developing, reviewing and refining their service delivery model and how service users are involved in all aspects of their care. In developing a service delivery model for this Specification consideration should be given to the feedback gathered within the consultation report '0-19 Integrated Team Consultation Report'.

1.7 Starting Well and Developing Well

- 1.7.1 Starting well and developing well is about understanding the demands and risks to health and wellbeing of the 0 to 19 year old population across Torbay. The key crucial periods in a child's life where intervention can play a key part in the significance of developing a healthy lifestyle are: The first 1001 days; adolescence and transition to adulthood. These periods are key moments in time where future health behaviour can be influenced either through the family or the individual. There is a chance to affect great change at all stages, as pregnancy and the birth of a baby is a critical 'window of opportunity' when parents are especially receptive to offers of advice and support. Five of the 'top 10' risk factors of total burden of disease in adults either start or are shaped in adolescence. This is the time where there is initiation of health behaviours, both positive and negative, which track strongly into adulthood⁴.
- 1.7.2 Ensuring every child has the best start in life is one of PHE's seven key priorities. Getting a good start in life and throughout childhood, building resilience and getting maximum benefit from education are important markers for good health and wellbeing throughout life. Professor Sir Michael Marmot and the Chief Medical Officer both recognise the importance of building on the support in the early years and sustaining this across the life course for school-aged children and young people to improve outcomes and reduce inequalities through universal provision and targeted support⁵.

⁴ Torbay JSNA 2014/2015

⁵ PHE (2018), *Best start in life and beyond: Improving public health outcomes for children, young people and families. Commissioning Guide 1: Background information on commissioning and service model*

2. Minimum Requirements

- 2.1 In order to achieve any threshold set in relation to award evaluation criteria Applicants are required to establish within the relevant responses how they will meet the Authority's minimum requirements.
- 2.2 The minimum requirements for this Contract are set in the following sections of this Part 2 Specification and the Terms and Conditions of Contract:
- 2.2.1 The following parts of section **1 Overall Scope and Nature of the Requirement**:
- 1.1 Commissioning and Delivery / Operating Models – What this means for the Provider;
 - 3.1 Corporate Plan / Children and Young People's Plan;
 - 1.2 Torbay Demographics – What this means for the Provider
 - 1.3 System Based Approach;
 - 1.4 System and Service Change – What this means for the Provider;
 - 1.5 Scope;
 - 1.6 Participation – What this means for the Provider;
 - 1.7 Starting Well and Developing Well.
- 2.2.2 All of section **3 Overarching Aims, Values and Principles**.
- 2.2.3 The following parts of section **4 Overarching Service Description**:
- 4.7 Partnership Working, Interdependencies and Pathways;
 - 4.10 Young People Friendly and Baby Friendly;
 - 4.11 Technology and Digital Opportunity;
 - 4.12 Accessibility and / Days / Hours of Operation;
 - 4.17 Supporting Troubled Families;
 - 4.18 Safeguarding;
 - 4.22 Outcomes for Service Delivery;
 - 4.26 Workforce Requirements (Including Training);
 - 4.27 ICT System Requirements;
 - 4.29 Record Keeping, Data Security, Information Sharing Requirements and Reporting;
 - 4.31 Location of the Provider's Premises.

- 2.2.4 The following parts of section **5 Service Specific Descriptions**:
- 5.1 Public Health Nursing;
 - 5.2 Community Hubs;
 - 5.3 Child Development and School Readiness;
 - 5.4 Parenting Aspirations, Self-esteem, Skills and Family Support;
 - 5.5 Young People's Substance Misuse ;
 - 5.6 Return Home Interviews;
 - 5.7 Advocacy;
 - 5.8 Independent Visitors Service;
 - 5.9 National Child Measurement Programme
- 2.2.5 All of section **7 Staffing**.
- 2.2.6 All of section **8 Invoicing**.
- 2.2.7 Section **3 Governance** of **Schedule 16 Incidents Requiring Reporting Procedure** of the Contract.

3. Overarching Aims, Values and Principles

3.1 Corporate Plan / Children and Young People's Plan

- 3.1.1 Torbay Council has identified as part of the Corporate Plan the need to not only put children and young people first to ensure that they have the best start in life but also for services to be delivered differently, integrated and with more emphasis on recognising the strengths of individuals and communities⁶. Some families require support to enable them to make good choices to ensure that the best outcomes are achieved for them and their children. Throughout this work we must strive to ensure that at all times families, children and young people are involved in decision making. This Specification and contract is a result of that philosophy and based on the Corporate Plan principles and ambitions.
- 3.1.2 Torbay's emerging Children and Young People's Plan⁷ has been drawn together with the involvement and support of a range of partners, stakeholders, families,

⁶ Torbay Council Corporate Plan 2015-2019 http://www.torbay.gov.uk/media/8413/160197_corporate-and-delivery-plans_1scape.pdf

⁷ Torbay Council Children and Young People's Draft Plan 2018-2023
<http://www.torbay.gov.uk/media/10559/cypp-consultation-draft.pdf>

children and young people, with the aim of improving outcomes for our children and families. The objective of the plan is to *'ensure all of our children and young people are safe, happy and healthy in order that they can reach their full potential'*. This Specification has been founded on the following underlying principles to meet this objective:

- We will use our resources to the benefit of children and young people;
- We will use prevention and innovation to reduce the impact on children and families from key risks such as poverty, domestic abuse, alcohol/substance misuse and child exploitation;
- We will take an integrated and joined up approach towards commissioning and delivery for children and families.

3.2 Aim

The aim of the Integrated 0-19 Years' Service is to ensure that ALL children, young people and their families have access to universal and specialist services that allow for the early identification of circumstances where children, young people and/or their families would benefit from support to build on their strengths and increase their resilience. Outcomes will be improved and health inequalities will be reduced. Torbay requires a Provider who has an ongoing commitment to meeting this objective and achieves this by working alongside the community.

3.3 Values and Principles

This Specification is founded on the following values and principles:

3.3.1 Prevention (Primary, Secondary And Tertiary):

- Preventing problems and offering support when it is required;
- Focusing on both the presenting circumstances or risk factors and also the underlying causes;
- Taking actions that will reduce the number of statutory child protection interventions;
- Working in partnership with other professionals and stakeholders, ensuring care and support helps to keep children and young people healthy and safe within their family and community;
- Ensuring early identification of children, young people and families where early help and additional evidence based preventative programmes will promote and protect health (in its widest sense) in an effort to reduce the risk of poor future health and wellbeing and reduce the level of demand escalating to more specialist provision.

3.3.2 Improving Resilience:

- Building the resilience of children, young people, parents, carers and communities to support each other as well as building on their strengths;
- Practitioners will work closely with children, young people and families to understand what they need and build trusting relationships;
- Providing expert advice and support to families to enable them to provide a secure environment to lay down the foundations for emotional resilience and good physical and mental health;
- Working in partnership with early years settings, schools and colleges to promote and build resilience;
- Supporting families and young people to engage with their local community through education, training and employment opportunities;
- Working in partnership with local communities to build community capacity; demonstrating value to the population, maximising effective use of resources and community based assets to achieve outcomes.

3.3.3 Promotion of Self-care:

- Children, young people, parents and carers will be supported in self-management;
- Supporting children, young people and families to navigate the health and social care services to ensure timely access to information, services and support.

3.3.4 Improvement of Outcomes:

- Responses will be improved for children, young people and parents and carers who repeatedly re-present to services when interventions have ceased despite improvement whilst support was in place;
- There will be clear and consistent outcomes and practitioners who will have a shared understanding of what outcomes and success looks like and can be achieved. They will understand the importance of suitably recording information to help track progress towards outcomes;
- Supporting families to give children the best start in life as a foundation on which to build support in the early years and beyond;
- Enabling children to be ready to learn from birth, ready for school by 5 and to achieve the best possible educational outcomes;
- Providing seamless, high quality, accessible and comprehensive service, promoting social inclusion and equality and respecting diversity.

3.3.5 Skilled Workforce:

- Practitioners will be skilled, knowledgeable and utilise co-developing approaches that work for the local community;
- The wellbeing of staff is a priority and staff are well supported to build and maintain professional resilience.

What this means for the Provider: Achievement of the aims and objectives will be evidenced in service delivery plans.

3.4 Whole System Change and Service Transition

3.4.1 This Specification is about services working differently and ensuring that the staff member, whoever that may be, with the right skills is the professional who supports that family or individual. This Specification is not about the individual teams being commissioned to deliver care and interventions as they currently do, but about a system change to encourage better integration of services and a shift to earlier intervention in the onset of challenges for a child or a family.

3.4.2 Improving outcomes through a focus in early intervention requires a reorientation of the system at all levels. The outcomes framework for this Specification clarifies the system change we wish to see.

These form the following 8 areas:

- a) 0-19 Service works preventatively with underlying causes;
- b) 0-19 Service works in partnership with staff, Commissioners, children, young people and communities;
- c) Children, young people, families and staff are resilient;
- d) 0-19 Service focuses on relationships and strengths;
- e) 0-19 Service is accessible and young person friendly;
- f) 0-19 Service uses and develops an Early Help evidence base;
- g) 0-19 Service has an integrated approach to assessment and workforce development;
- h) 0-19 Service is sustainable and shows best value.

3.4.3 The quality of leadership is key in determining both how far there is a shift of emphasis towards early intervention, and how effective it will be. Research has shown that for effective integrated working there needs to be a shared vision, clear understanding of demand and identification of gaps, sharp focus on improving outcomes for children, young people and families, clear and consistent messages communicated to staff and families, and an underpinning integrated workforce development strategy.

What this means for the Provider: It is expected that the Provider will outline the models and methodology they will use to address this system change in addition to the specific core and mandatory duties outlined with this Specification.

- 3.4.4 The Commissioners are aware that transformational change takes time and to really improve the outcomes for children, young people and their families, services must be delivered differently. This does not mean, though, that all current best practice, both from communities and current provision should be discarded.
- 3.4.5 We want to balance the size and pace of change towards outcome delivery during the life of the contract, with a smooth transition from previous contracts to the new 0-19 contract. For this reason we have added a KPI which requires maintenance of previous contract activity levels for the duration of the contract, subject to review of plans by the Provider and agreement of the Commissioner to change. This is exclusively for the purposes of ensuring a smooth transition from old to new contracts and managing service user and stakeholder expectations. It does not signal any change of direction away from the outcomes based approach of this Specification.
- 3.4.6 It is essential that there is a smooth transitional period during which workforce and communities will be consulted on of the changes and the future service delivery models.

4. Overarching Service Description

- 4.1 The model of the Family Hubs will be negotiated and agreed between the Commissioner, Provider and stakeholders. This must involve communication and engagement with local communities. The model for the 'Family Hub' is not detailed within this Specification. Delivery models for the family hub may include (but is not limited or set to) building/centre models, satellite hub models, community hub models and virtual models. Delivery models put forward under this Specification should consider evidence in relation to Hub models and also the information gathered from the stakeholder consultation report ([Appendix 9](#)). What is required is a clear description from the Provider as to how services will be delivered in an integrated way that supports the overall aims and objectives of this Specification. The 'Family Hub' model should support the ambitions of improved communication, easier access to services, only having to tell your story once and a 'no wrong door' approach. The model should also be able to incorporate other community provided services (outside of the scope of this Specification) where it would be beneficial for them to be part of the 'Hub' model.

What this means for the Provider: The Provider will operate a Family Hub model with the primary purpose of providing accessible, friendly and comprehensive support to strengthen local families in a timely and appropriate manner.

- 4.2 There are specific cohorts of children, young people and families whose personal, social and economic, circumstances result in reduced protective factors and putting them at higher risk of poor outcomes
- 4.3 Whilst the delivery of this Specification does not exclude any child, young person or parent/carer from support but there are particular priority groups that we will expect the Provider to specifically consider:
- a) **Children and young people in need** - children on child protection plans, and in particular Children Looked After including Care Leavers. This includes unaccompanied migrant or refugee children and young people. For young people who spend the end of their childhood in care we have a particular responsibility – we are the last ‘parent’ the child has had and as such need to support them as they enter adulthood. Recent legislation requires us to support children leaving care for some until they turn 25. For children and young people with special educational needs our responsibility also extends until they are 25 including supporting the transition in to adult services;
 - b) **Children in the Early Years not school ready**, statistically known to be children in receipt of Free School Meals (FMS) or Early Years Pupil Premium (EYPP), Children eligible for Free Early Education Entitlement 2 (FEEE), Boys, Summer born children and Children with English as a second language (EAL);
 - c) **Children and young people living in poor housing**, including temporary accommodation, substandard accommodation or children and young people who are homeless. Particular consideration must be given to young people who have left their family home and are homeless including those who are ‘sofa surfing’;
 - d) **Children and young people living in deprived environments**, including those in homes in receipt of long term benefits, living in neighbourhoods with high levels of multiple deprivation;
 - e) **Children and young people who are disengaged from mainstream systems**, including young children who are excluded from school, and young people who are not in education, employment or training (NEET). This also includes children and young people who are offending or at risk of offending and may-not be engaging with school or other positive places;
 - f) **Children and young people with caring responsibilities** who have additional demands and pressures on them, their emotions and their time. Children and young people often provide significant support to their parents and their siblings where there are additional needs – both physical

and emotional. We know that these children are making very tough choices between their own education and future and supporting those they care most about – and as a system we must identify and support them and their family in a way which enables both an enjoyable childhood and reduced stress and fear;

- g) Children, young people and families with **experience of domestic abuse and sexual violence**, often hidden and often very difficult and traumatic for families;
- h) Children living with a disability and /or with complex health conditions;
- i) Children living with those who misuse substances or living with parents who receive care for their learning difficulties and/or mental health issues;
- j) Informal types of vulnerability that may be important to the practice of local agencies. For example where a child is referred to CAMHS who does not meet the threshold criteria to access services but where vulnerability may still exist.

What this means for the Provider: *consistently services will be focused on those where risk of poor outcomes is known to be greatest using a range of sources of evidence across Torbay. This will not be limited to the list above but may also over time be focused on other groups of children, young people, families and communities*

- 4.4 There is a growing evidence base about what works around engagement including the effectiveness of informal networks, more formal peer support, design of space etc. and we expect the Provider to show their understanding and how their approach will make use of the best practice. We expect the Provider to understand the full range and diversity of children, young people and families in Torbay and embrace the challenge to ensure their voice and experiences inform what we collectively do.

What this means for the Provider: *The Provider should draw on best practice, evidence and their own experience to engage with children, young people and families, particularly those most at risk of not meeting the priority outcomes and those from our priority groups, and use that engagement to improve practice and outcomes. This should include skill and persistence in engaging with the most at risk and the most unlikely to 'come in' to or contact Family Hubs and other service points*

- 4.5 Overall the Service will:

- Know their population through local profiling of population groups, communities and schools;
- Improve the health and wellbeing of children and reduce inequalities in outcomes as part of an integrated multi-agency approach to supporting and empowering children, young people and families. This will, where required, include maintaining a lead professional role and staying involved with a

child, young person or parent if they have a strong relationship and 'passing' or 'referring' them on may reduce the chances of achieving successful outcomes. There is a skill required from the Provider in balancing this without creating unhealthy dependency on services or individual professionals;

- Provide expert advice and support to families to enable them to provide a secure environment to lay down the foundations for emotional resilience and good physical and mental health;
- Ensure every school and Primary Care Practice has a designated representative within the Service;
- Assess, review and provide evidence based packages of health care and support for families, children, young people and their carers with identified risk of poor health and social care outcomes ensuring all of this fully incorporates and builds on the identification of a family's strengths and assets;
- Undertake joint assessments and/or reviews with other provider practitioners;
- Offer a choice of venue and timing for the health reviews with the ultimate aim to minimise disruption to the family's life and the child's education;
- Deliver public health initiatives that contribute to the public health indicators and school health priorities. For example (but not limited to) all staff should support the promotion of, breastfeeding, healthy nutrition and healthy lifestyles;
- Be a key partner in influencing and promoting health behaviours and policy;
- Provide advice and support to children and their families with complex health and developmental issues which should be delivered in line with Special Educational Needs and Disability (SEND) guidance and/or local whole system / multi provider pathways;
- Ensure that information in relation to the services provided within this Specification is kept up to date on the 'Local Offer' with local partners and the Authority;
- Improve the emotional wellbeing and mental health for parents, particularly those experiencing post-natal depression;
- Work in partnership with local communities to build community capacity and ensuring effective use of community-based assets;
- Actively utilise within the whole workforce a Making Every Contact Count (MECC) approach, encouraging all those who have conversations with the public to talk about their health and wellbeing. This will encourage staff to maximise the opportunities arising during their routine interactions with

others, to have brief conversations on how they might make positive improvements to their health or wellbeing⁸;

- Liaise with the Local Authority lead on Personal, Social and Health Education (PSHE), Healthy Learning and public health initiatives within schools or local community and contribute to these as appropriate. This will include contributing to any local development of school health profiles;
- Improve the emotional resilience of children and young people;
- Use the locally agreed Child Sexual Exploitation (CSE) screening tool;
- Act as a conduit for change in relation to the identified priorities within this Specification such as domestic abuse, substance misuse, housing, financial support and poverty.

4.6 Healthy Child Programme⁹

- 4.6.1 The 0-19yr Service overall will be responsible for the leadership and implementation of the Healthy Child Programme.
- 4.6.2 The Healthy Child Programme focuses on a universal preventative service, providing families with a programme of screening, immunisation, health and development reviews, supplemented by advice around health, wellbeing and parenting¹⁰. This includes the support and services available to parents to help keep their children healthy and well and a range of health reviews, screening tests, support and information¹¹.
- 4.6.3 The delivery of the HCP is vital as it is key in improving the health and wellbeing of children; makes a crucial contribution to the Every Child Matters (HM Government 2004) and National Service Framework for Children, Young People and Maternity Services (DH 2004) outcomes; and feeds directly into The Children's Plan (Department for Children, Schools and Families, 2007) and locally driven Children's Plans.
- 4.6.4 There is evidence from the Collaborative Children's Workforce showing that there is no single profession or organisation that can ensure the best outcomes for children and families. Whilst Public Health Nursing and Children's Centres lead on many aspects of the HCP, it is the responsibility of all practitioners to promote and encourage all aspects of healthy lifestyles, including mental health and safeguarding. It is expected that the integrated team will work consistently to national and locally developed integrated pathways.

⁸ HEE (2017) *Making Every Contact Count*, <https://hee.nhs.uk/printpdf/makeeverycontactcount>

⁹ NHS (2017) *Healthy Child Programme*, <http://www.healthychildprogramme.com/>

¹⁰ DOH (2009), *Healthy Child Programme: Pregnancy and the First 5 Years of Life*

¹¹ DOH (2009), *Healthy Child Programme: From 5-19 years old*

4.6.5 The Healthy Child Programme provides a framework to support collaborative work and more integrated delivery. The Programme (0-19) aims to:

- Help parents develop and sustain a strong bond with children;
- Encourage care that keeps children healthy and safe;
- Protect children from serious disease, through screening and immunisation;
- Reduce childhood obesity by promoting healthy eating and physical activity;
- Identify health and wellbeing issues early, so support and early interventions can be provided in a timely manner;
- Focus on children and young people's health ensuring they are school ready (SEND Code of Practice 0 – 25 years);
- Make sure children are prepared for and supported in all child care, early years and education settings and especially are supported to be 'ready to learn at two and ready for school by five'.

4.6.6 The Service will:

- Support the reduction in levels of obesity by increasing knowledge of healthy eating and promoting physical activity opportunities with the overall aim of increasing levels of physical activity for both children and adults;
- Support the reduction in smoking prevalence by actively providing brief interventions for all smokers, particularly for women who are smoking during pregnancy;
- Prioritise with partners the review and establishment/continuation of the local pathway for Routine Antenatal Care with Additional Support where there is substance and/or alcohol misuse;
- Increase breast feeding rates by supporting and actively encouraging breastfeeding both ante and post-natal for all women. Ensuring those most vulnerable are offered additional support and encouragement either with one to one or group support;
- Maximise opportunities to both promote and protect good oral health. Provide information and support for parents and carers in relation to key oral health messages. Be aware of and promote 'safer for teeth' snacks and drinks;
- Actively encourage all family members to visit the dental team on a 'continuing care' basis. Signpost and provide contact numbers re: facilitating access to dental services;
- Receive information in relation to local Oral Health strategy projects. Participate in oral health awareness raising events and national campaigns (e.g. Smile Week);

- Increase resilience in vulnerable children, including Children in Care, in order to reduce the impact of parental discrimination and bullying;
- Reduce second pregnancies among teenage parents;
- Appropriately screen and identify parental drug and alcohol use and provide brief interventions. Where required the Service will signpost/refer individuals onwards into treatment services as well as support in a step down from specialist services;
- Support partnership work to decrease the incidents of domestic abuse and sexual violence and in particular reduce the number of those at risk of exposure to repeated incidents of domestic abuse and sexual violence;
- Ensuring the availability of relevant information on sexual health, drugs, alcohol, mental health, and domestic abuse and sexual violence to children, young people, parents and families. Hubs should also establish clear pathways into support services associated with these issues and ensure families are aware of these;
- Support the utilisation of shared spaces with other health and social care services so children and their parents/carers can attend clinics in their community; e.g. sexual health clinics; sleep clinics; continence clinics; finance and beneficial health check clinics.

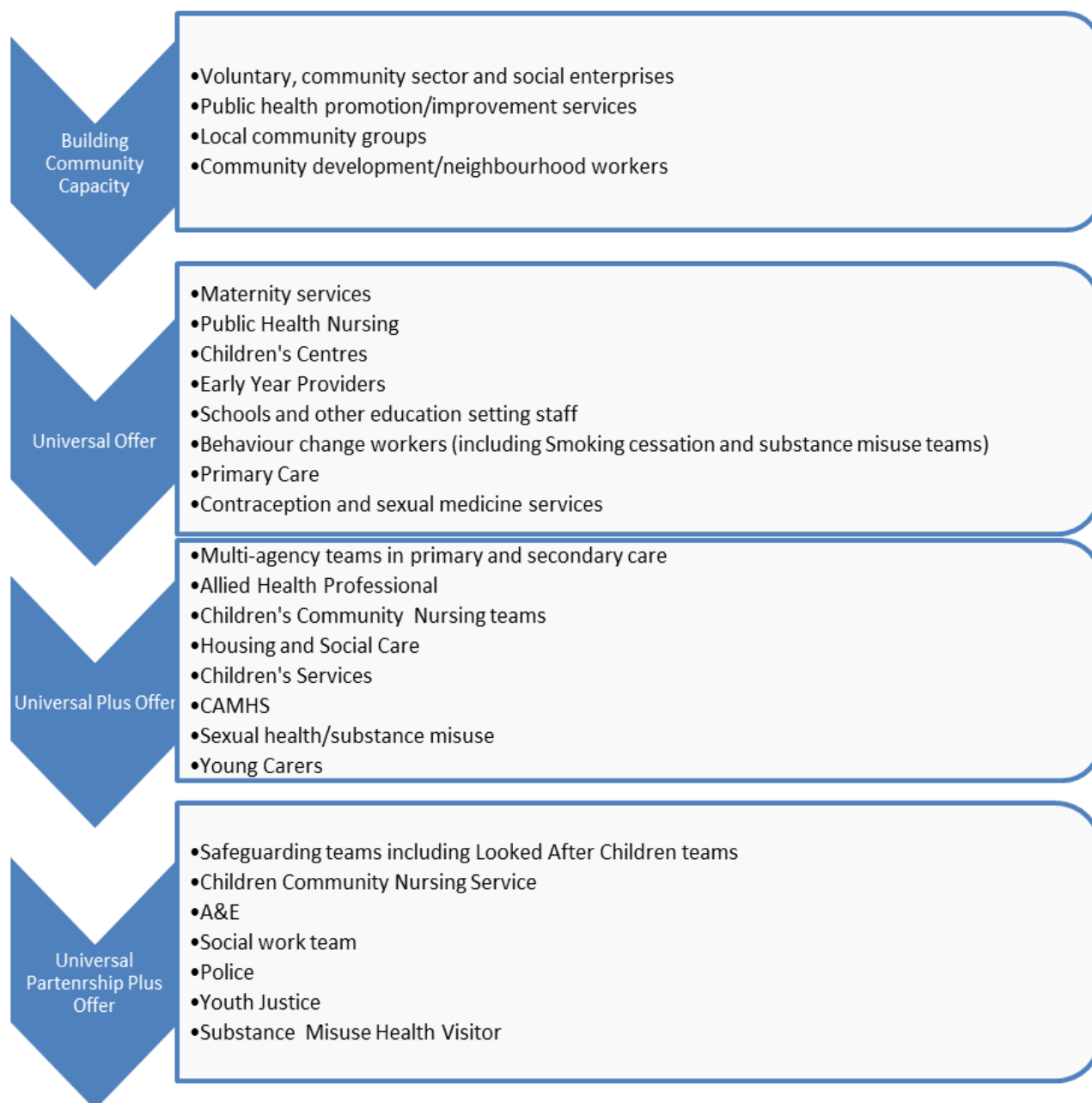
What this means for the Provider: All of the workforce will be cognisant in the Healthy Child Programme and their role with families and individuals.

4.7 Partnership Working, Interdependencies and Pathways

- 4.7.1 The Service will work with partners to develop, implement, monitor and review multi agency care pathways for children, young people and their families. They should ensure clarity of roles and responsibilities, reducing duplication and eliminating gaps. Pathways will be developed in partnership with key stakeholders including Commissioners and service users.
- 4.7.2 The Provider will be required to evidence effective working arrangements with a range of local statutory and voluntary services to deliver the evidence based progressive and specialist elements of the programme; e.g. Maternity services, Early Years providers, Schools, CAMHS and adult mental health, drug and alcohol abuse, domestic violence, sexual abuse, sexual health services and community groups.
- 4.7.3 Key to ensuring the seamless delivery of a universal and targeted service provision to children, young people and their families is a holistic approach to ensure care is not fragmented. This will require robust relationships and communication links with (but not limited to) GP's, Safeguarding Teams,

Secondary Care, local children's service providers, Early Years providers, local Schools and the local community and voluntary sector.

- 4.7.4 A variety of interdependencies are recognised in the delivery of and identification of children, young people and their families. The most important of these are the service users themselves (children young people, and parents/ carers).
- 4.7.5 Local Pathways will reflect: local guidance, local public health priorities and strategies; evidenced based and best practice and NICE guidance.



4.8 Population Covered: Acceptance and Exclusion Criteria

- 4.8.1 The integrated 0-19 years' Service will consist of universal elements service provision and therefore will be accessible to any pregnant woman, child or young person (aged 0-19) and their families who either reside in Torbay or attend a Torbay school (either maintained, academy, independent or free). It also includes young people who are in other educational institutions, such as, Specialist Schools, Pupil Referral Units (PRU), or who are NEET (not in education, employment or training) or who are EOTAS (Educated other than at school/college).
- 4.8.2 As a minimum there must be a named health visitor for every family with a child up to one year of age and for all children (0-19) identified as requiring support at the Universal Plus and Universal Partnership Plus levels should have a named health visitor or school nurse. All children, young people and their families, either residing or attending school within the Torbay boundary, should have access to appropriately qualified Health Visitors and School Nurses.
- 4.8.3 Where a family or young person actually resides outside of the Torbay Council boundary, immediate provision of service will be maintained but a negotiated transition to the appropriate service in their area of residence is recommended. The Service will ensure that any coverage / boundary issues that may arise will be dealt with proactively in collaboration with neighbouring providers, and relevant commissioners as appropriate.
- 4.8.4 Where a child or young person is either in transition or is transferring between services and there is involvement by the integrated team, it must be made clear that it is the referring agency's responsibility to ensure continuity of care until the receiving agency has acknowledged the transfer of care. This acceptance process will include agreement of treatment plan, ongoing goals, and awareness of any special provisions in place.
- 4.8.5 The Service will work with the Local Authority, Early Years providers, other providers, communities and families to improve transition arrangements between services/organisations to enable children and families to benefit from seamless transitions between these when required.
- 4.8.6 Delivery of a tailored child and young person centred service (including safeguarding) must take precedent over any boundary discrepancies or disagreements.
- 4.8.7 It is a non-stigmatising and inclusive service and access to those that are hard to reach should be through progressive universalism.

What this means for the Provider: that no child, young person or family will be refused advice and signposting dependent on where they live.

4.9 Awareness of Services and Information, Advice and Guidance

4.9.1 Throughout the development of this Specification, children, young people, families and partners have told us how important it is that they are able to easily access up to date information and advice about:

- What their concerns are?
- What and when support might be available to them?
- How to access support available?
- Whether they should be seeking professional support or can seek to address their concerns through other means (such as self-management or peer support) as a first course of action.

4.9.2 In relation to this the Provider will ensure that adequate information, advice and guidance is available to the whole community in a range of formats. This information must be kept up to date and regularly evaluated to check that it is accessible the local community. Where possible information, advice and guidance should be available and easily accessible outside of the normal operational hours of the Service (For example through digital platforms, with partners who operate outside of hours etc.).

4.10 Young People Friendly and Baby Friendly

4.10.1 The importance of young people having the confidence and knowledge to access services cannot be overrated and we know that often young people feel dissatisfied with the service they are receiving. Therefore the integrated team must follow young people friendly principles, for example working to the standard within You're Welcome (2017)¹².

What this means for the Provider: The Provider will ensure that any service that they deliver will: Involve young people in their care and in the design, delivery and review of services; Explain confidentiality and consent; Make young people welcome; Provide high-quality health and social care services; Improve staff skills and training; Link with other services; Evolve to support young people as they develop.

4.10.2 The whole Service must support delivery and implementation of baby friendly initiatives including (but not limited to) supporting mothers in relation to infant feeding, peer supporters, encouraging uptake of Healthy Start vitamins, promoting healthy weaning and healthy lifestyles advice.

¹² PHE, NHSE, NHS (2017), *You're Welcome Pilot 2017: Refreshed Standards for Piloting*, http://www.youngpeopleshealth.org.uk/yourewelcome/wp-content/uploads/2017/02/YoureWelcome_RefreshedsStandards.pdf

What this means for the Provider: Engagement and continuing accreditation with initiatives such as UNICEF Baby friendly Initiative would support and evidence the requirements for the Specification.

4.11 Technology and Digital Opportunity

- 4.11.1 In today's society children, young people and their families use digital technology throughout their everyday lives, both positively and negatively. In the delivery model for this Specification we would expect to see a section on how the multi-disciplinary team will be using digital mediums to contact and support children, young people and families. Services should be incorporating digital technology into how clients access their service and services are delivered. This should include access to advice and support that will support individuals to self-manage.
- 4.11.2 We expect innovation, whilst ensuring that risk assessments have been completed before implementing new ways of working to protect both service users and staff and those methods are appropriate to what children, young people and families have told us they prefer.
- 4.11.3 We will work with the Provider around real and perceived risks, around questions of data protection etc. and about how to get the right balance between exploiting the opportunities that technology and digital provide without creating undue risk or be seen to have preference for one channel or another. The Provider must not prioritise digital contact, advice and support over other contacts when this is deemed not appropriate. Through consultation our service users, both young people and adults, have told us time and time again, that whilst digital advice and support is needed, they also want to be able to tell their story and have support from a person that they can trust.
- 4.11.4 Professionals must also be skilled and empowered to tailor their engagement to the wishes of the child, young person and family, adjusting frequency of visits and using different ways of engaging (e.g. phone, text, and social media) based on what works for that child, young person and parent(s).

What this means for the Provider: We encourage innovation in digital engagement and resources. Innovation must take account of the latest research which requires appropriate safeguarding needs to be in place to stop the known harmful effects of some social media platforms. Systems such as 'ChatHealth' or a whole range of alternative delivery models which engage with digital technology should be explored and implemented as considered appropriate.

4.12 Accessibility and Days / Hours of Operation

- 4.12.1 The 0-19 Service will be formed of multi-disciplinary teams that are easily accessible within communities. These teams will work with families using a 'whole family approach' and target those most at need.
- 4.12.2 The multi-disciplinary teams must be accessible and young person friendly and accessed through a single point. There will be a "No wrong door" approach for people accessing services. The team will ensure that children, young people, parents and carers know how to access and navigate the system.
- 4.12.3 The multi-disciplinary teams will be co-located and have co-delivery points which are easily accessible within the community.
- 4.12.4 The core service will operate the standard hours of 9am – 5pm Monday to Friday (exclusive of Bank Holidays) but will offer flexibility from 8am – 8pm and availability at weekends to meet the preferred access choices of families and young people. Some specialist service areas will necessitate out of hour's availability for example Return Home Interviews.
- 4.12.5 The Provider must ensure that information relating to access is clearly and easily available during and outside of opening times. For example this must be clear and available on digital platforms such as internet pages or social media platforms.
- 4.12.6 The Provider should work with Commissioners to consider an appropriate level of service is provided throughout the year, including during school holidays.

What this means for the Provider: children, young people and families will always be able to have access to support and advice, even when the 'office' is closed. This can be achieved, for example, by providing online, text or telephone support. Services need to be responsive and flexible (for example early mornings, lunchtimes, after school, evening and weekends) and should use technology and innovation to ensure that they reach children and young people.

4.13 Prioritisation

- 4.13.1 Referrals into universal elements of the Service, from whatever source, (including families transferring in) will receive a response to the referrer within 5 working days, with contact made with the family within a further 5 working days (therefore 10 days in total).
- 4.13.2 Urgent referrals, including all safeguarding referrals, must receive a same day or next working day response to the referrer and contact with the young person or family within two working days. While it is preferable that urgent referrals are dealt with by the named practitioner for the GP Practice or school, to ensure

these visits are prioritised, the Provider should have a process in place for when the named practitioner is not available.

- 4.13.3 The Service will have a system in place for ensuring Public Bank Holidays do not create any additional delays to children, young people or families.

4.14 Assessment

- 4.14.1 Children, young people and their families should be assessed at point of first contact using a multi-agency single assessment tool to identify what support is required and services that may need to be involved – from a single service to multiple services (including those provided by other organisations). The member of staff with the most appropriate skills should lead the care package for children young people and their families. This may mean a universal service or a member of the team with more specific skills, for example a young person's substance misuse worker.
- 4.14.2 As soon as a child or young person becomes active on the Public Health Nursing caseload, either a new Family Health Assessment or a review of an existing Family Health Assessment will be carried out to identify what support is required to improve the health of the children and family. This will include national screening and immunisation schedules.

What this means for the Provider: a specific pathway must be developed that informs all practitioners how to assess, seek support from multi-disciplinary teams, joint work with partner agencies and when to refer to outside agencies.

4.15 Discharge Arrangements

- 4.15.1 Children and young people are discharged on transferring out of the Torbay Local Authority area or leaving education or training, this includes children and young people that are placed out of area.
- 4.15.2 Where a young person has not yet reached 18 but is in employment (Not education or training) then they will still be entitled to access services within this Specification.
- 4.15.3 Where the integrated team are actively involved with a child, young person or family (i.e. delivering a specialist care package), appropriate negotiated transition arrangements must be made.

4.16 Early / Targeted Help

4.16.1 This whole Specification is underpinned by the principles of Early Help. In order to improve experience and outcomes for children, young people and families in Torbay we need to offer support, advice and guidance at the earliest opportunity in a co-ordinated and timely manner. This Service will:

- Work in partnership and jointly with all children, young people, families, local agencies and services;
- Work in line with the processes, guidance and principles of the local Early Help offer (all current strategies and guidance can be found at: <http://www.torbaysafeguarding.org.uk/workers/early-help/>);
- Ensure that the current Safeguarding Children's Board Thresholds are used (or any future developments within this model) to determine the need for the Targeted Help Request for Support, including use of the 'Interactive Threshold Tool' to aid decision making (<http://www.torbaysafeguarding.org.uk/toolkit/>);
- Ensure regular attendance and contribution, by appropriate member(s) of staff, to the weekly 'Targeted Help Panel' (or any future developments within this model);
- Where it is identified through discussion at panel, that an area of delivery or expertise lies with the Provider there is the expectation that the Targeted Help Coordinator or lead role will be undertaken by the Service;
- There will be an expectation that there will be contribution to plans in terms of intervention where other agencies/services are the Targeted Help Coordinator role or lead;
- Ensure regular attendance and contribution, by an appropriate member of staff, to the TSCB Early Help Sub Group (or any future relevant meetings in relation to this subject);
- Actively contribute to the development and delivery of Early Help and Targeted Help within the local partnership.

4.16.2 Attendance and engagement in these processes may form part of contract monitoring meetings.

4.17 Supporting Troubled Families

4.17.1 This Service will support and be actively involved in the Supporting Troubled Families Programme (or any similar future local or national initiatives) within Torbay. The Provider will:

- Ensure relevant partnership pathways and protocols are in place to support the programme – including appropriate and suitable information sharing protocols;

- Where appropriate take on a lead professional role. Within this role will provide regular reviews and updates on progress against the programme criteria to monitor sustainable changes/progress. Each family must have a family plan in place;
- Ensure relevant information and data is shared with the Supporting Troubled Families Team to enable them to evidence activity and progress;
- Engage in any strategic or service development work as part of a community approach to improving the co-ordination and delivery of early help through local joined up services;
- Highlight to Commissioners when appropriate any issues that are impeding the partnership engagement with the Supporting Troubled Families Programme;

4.17.2 Engagement and support of the delivery of the Supporting Troubled Families Programme may form part of contract monitoring meetings.

4.18 Safeguarding

- 4.18.1 Effective inter-agency arrangements and shared care pathways are crucial to protecting children and young people and promoting their welfare. All agencies working with children, young people and their families should take all reasonable measures to ensure that the risks of harm to children's welfare are minimised; and where there are concerns about children and young people's welfare, all agencies take all appropriate actions to address those concerns, working to agreed local policies and procedures in full partnership with other local agencies as described in Working Together to Safeguard Children (2017)¹³.
- 4.18.2 The Service should refer to the TSCB Thresholds chart and other Torbay Safeguarding Children's Boards policies, protocols and guidance in all aspects of their work. Services delivered through this Service Specification are required to follow this guidance. Due to the scope and size of this contract it is expected that the Service will hold a place on the Torbay Safeguarding Children's Board and will contribute to the strategic development of safeguarding practice in Torbay. Attendance of Board meetings and contribution to TSCB work plans will form part of contract monitoring meetings.
- 4.18.3 Safeguarding is the responsibility of everyone working with children, young people and families. All professionals must have undertaken the appropriate training, and receive professional support and supervision to be alert to risk factors, signs and indicators, symptoms of child abuse/neglect, domestic abuse, sexual violence, child sexual exploitation, female genital mutilation and other risks around safety and to know what to do when they are concerned about a child / young person be able to take action when concerns arise.

¹³ DfE (2015) *Working Together to Safeguard Children (updated 2017)*

- 4.18.4 Procedures must be in place to trace and risk assess missing children and those whose address is not known, with systems in place to follow up and trace children who do not attend for assessments (either mandated or part of the Healthy Child programme, for example school entry review).
- 4.18.5 The Provider must have its own safeguarding procedure which must adheres to best practice and relevant national and local requirements and guidance, and implement this wherever necessary.
- 4.18.6 The Service will:
- Work in partnership with other stakeholders to help promote the welfare and safety of children and young people. This will include contributing to keeping children and young people safe from child sexual exploitation, radicalisation, and extremism and will engage in relevant multi-agency initiatives and strategies such as the PREVENT agenda. It will also contribute to the promotion of safe practices and a culture of safety, including e-safety;
 - Work collaboratively with other services to support children and young people where there are identified public health concerns, or where they are in the child protection system, providing public health interventions as required;
 - Contribute to reducing the number of children who enter the safeguarding system through preventative and early help work including taking on a Lead Professional role where they are identified by the family as best placed to support them or where the focus of support meets identified public health requirements;
 - Ensure that it has a clear understanding of the status of children with an early help assessment, child in need, child protection or Looked After Child plan and will work within these plans to provide assessments and reports as required;
 - Contribute to multi-agency decision-making, assessments, planning and interventions, relating to children in need, children at risk of harm and Looked After Children. This will include sharing information and contributing to Initial and Review Looked After Child health assessments (in accordance with Promoting the Health and Wellbeing of Looked After Children Statutory Guidance 2015) and reports in accordance with Torbay Safeguarding Children Board policies and procedures and national guidance such as Working Together to Safeguard Children (HM Government, 2015);
 - Engage in any Strategy Meeting and the Initial Child Protection Conference for all children up to the 2.5yr review. Above 2.5yrs involvement will be for cases where there is engagement with the family currently or within the previous six months or where there is a need identified as being within the scope and responsibility of Public Health Nurses. The representation by any professional needs to be within the sphere of their expected competence.
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Where a need has been identified that requires an enhanced or specialist level of health competence over and above that of a Public Health Nurse it should be the expectation that the health professional from that area (if one is identified) should attend e.g. continence or speech and language professionals;

- Participate in the Child Protection Plan where there is a need identified that is a specific function of the integrated Service outlined within this contract e.g. a public health need is identified, they are receiving parenting support etc.; this includes Child Protection Review meetings, Core Group meetings and Children in Need meetings as part of a step down from registration;
- Work within inter-agency and single agency protocols, policies and procedures and in accordance with Working Together to Safeguard Children (HM Government, 2015), and use the national Safeguarding pathway for health professionals to provide clarity on roles and responsibilities for this programme;
- Respond to all general enquiries, contributing to individual case management issues, providing an active response to crisis and emergency situations with other partners as required, and informing the commissioner of such activity through routine contract monitoring arrangements or directly where it relates to a crisis or an emergency that warrants this being shared as a matter of urgency.

What this means for the Provider: The Provider will comply with all the statutory requirements in relation to Safeguarding children as specified in Section 11 of the Children Act 2004, and within the statutory guidance 'Working Together to safeguard children 2015.'

4.19 Multi Agency Safeguarding Hub (MASH)

4.19.1 The Provider will:

- Support the aims and objectives of the local MASH.
- Ensure relevant health information is readily available to support the processes and decision making within the MASH.
- Ensure that all required Information Sharing Agreements are in place to support this process.
- Ensure the Service is represented within relevant strategic Boards and development of local protocols to ensure functionality of MASH.
- Ensure relevant staff and skills are accessible and available within MASH to ensure the smooth daily operation of activities including (but not limited to) intelligence gathering, strategy meetings and multi-agency decision making processes.

4.20 Service Standards

4.20.1 The Service will:

- Operate according to relevant NICE guidance and the developing evidence base (e.g. from Public Health England, the Early Intervention Foundation, etc.), unless over-riding circumstances or specific factors indicate otherwise in which case the delivery model will be specifically agreed with Commissioners. A current summary of relevant NICE and PHE guidance for service delivery can be found in [Appendix 2](#).
- Be responsible for continuing to develop and maintain their knowledge and understanding of the evidence base that understands all areas of practice included within this Specification;
- Ensure that there are sufficient policies and procedures in place to provide clinical supervision, management supervision, practice teacher supervision, safeguarding supervision and mechanisms of risk assessment. This will include revalidation processes for all SCPHN-qualified Public Health Nurses, which are required every three years in order to demonstrate that they continue to practise safely and effectively; and to allow them to renew their registration and remain on the professional register.

4.21 Service Quality and Governance Requirements

Applicants should refer to the Contract for the requirements and expectations relating to service governance.

4.22 Outcomes for Service Delivery

- 4.22.1 The 0-19 contract uses an outcomes focussed approach to developing best practice. We are looking to the Provider to be innovative in their service design both within the bid and in the ongoing relationship to achieve these outcomes. The indicators and methodology in collecting evidence will change over time as Commissioners and the Provider build the evidence base for “what works” in achieving the outcomes.
- 4.22.2 The outcomes framework is founded on the vision, priorities and principles in the 0-19 Integrated Children’s Services which are contained in this Service Specification. The principles for this outcomes framework are informed by Outcomes Based Accountability framed around the question: “Is life better for families and children as a result of what we do?” The aim of this outcomes framework is to measure changes for the population of children and young people aged 0-19 and their parents and carers, system changes within the 0-19 Service and changes experienced by individuals as a result of support from 0-19 Integrated Service.

- 4.22.3 The outcomes framework is arranged around 4 domains:
- Getting the Best Start;
 - Staying Safe and Well;
 - Developing social and emotional wellbeing;
 - Families, communities and services working together.
- 4.22.4 Outcomes are being measured at System level and Service level.
- 4.22.5 The partnership model emphasised throughout this Specification also relates to outcomes. Outcomes monitoring will happen at every level of the service model – so all members of the workforce and all service users are clear where and how they are contributing to outcomes.
- 4.22.6 Equally service users should benefit from goal based outcomes capturing before and after measures of the impact of an intervention.
- 4.22.7 Collecting data for the outcomes framework is a shared responsibility between Commissioners, the Provider and staff working with families and children and is underpinned by the principle of partnership in achieving outcomes for children and families.
- 4.22.8 The Provider and Commissioners will jointly agree on which outcomes from the System Vision to focus on based on a shared assessment of priorities and areas for learning and for how long. We expect that in the early days these will come from System Change, Children or Practitioners – with an emphasis on integration and connecting families with their communities.

4.23 Key Performance Indicators

- 4.23.1 Contract management to monitor performance through Key Performance Indicators (KPIs) is managed separately from the outcomes framework through the Schedule of Key Performance Indicators.
- 4.23.2 The key performance indicators monitor quantity, quality and service user and staff experience against each area of the 0-19 Service. The KPIs will be consulted on during the implementation period and may be modified over time. The Schedule of Key Performance Indicators gives an indicative outline of the monitoring we expect to undertake with the Provider. Monitoring will be undertaken quarterly. Data collection periods will vary between monthly, quarterly and annually.
- 4.23.3 At each contract management meeting the Provider will be expected to bring voices of between two and four families. This must include at least one family from our priority groups. On a regular basis the voices of children and young people themselves should be represented. These must be in one of three

formats: video, vox pops or a visual representation (e.g. journey map). The Provider may choose to invite families to come to the meeting if they feel this is the best way to share the voice and experience. The focus will be on three areas: experience, short and medium term impact (including sustainable links with the community) and lessons learned.

- 4.23.4 The Family Voice section of the performance management meetings will focus on two things: hearing about impact that may not be visible through other forms of performance management (particularly the numeric metrics) and about lessons learned and applied.
- 4.23.5 The Commissioner may also choose to generate service user feedback for contract management meetings independently or in collaboration with the Provider.

4.24 Audit Requirements

4.24.1 The integrated Service will:

- Have a self-directed audit cycle to improve effectiveness, with results and plans shared with Commissioners for assurance and response;
- Negotiate with Commissioners, topics for internal audit for example:
 - Young People Friendly / Baby Friendly;
 - Record keeping;
 - Integrated assessments;
 - Accessibility of information, advice and guidance;
 - Partnership working;
 - Targeted Help / Supporting Troubled Families;
 - Evidence based programmes and interventions;
- Support and enable external independent audit for adherence to the commissioned model;
- Ensure that a full and complete accounting record for the expenditure on the applicable services is kept, including any variances and mitigations for managing those. The Provider will make this available to the Commissioner on a monthly basis. The Commissioner reserves the right to undertake a financial audit if issues of concern arise from monthly reporting.

4.25 Annual Service Development Plan

- 4.25.1 The Provider is expected to provide to the Commissioner an annual service development plan including (but not limited to):
- Outcomes;
 - Digital Development;

- Community Hubs;
- Workforce;
- Integration;
- Social Value;
- Governance.

4.26 Workforce Requirements (Including Training)

- 4.26.1 The Provider will ensure that there are sufficient members of staff with an appropriate skill-mix, in order to provide the range of universal and targeted services described in this Specification in an equitable way across the whole of Torbay.
- 4.26.2 All staff within the Service will have an appropriate level of knowledge and skill in relation to a broad range of issues but with specific reference to impact of trauma, substance misuse, mental health, domestic abuse and sexual violence (In relation to both children, young people and adults).
- 4.26.3 All staff within the Service working directly with children, young people and parents / carers should be skilled to deliver brief interventions for:
- Diet and nutrition;
 - Emotional health and wellbeing;
 - Physical activity;
 - Smoking (VBA training, NICE 23);
 - Sexual health and unplanned pregnancy (NICE 23).
- 4.26.4 All SCPHN-qualified Public Health Nurses will follow revalidation processes, which are required every three years in order to demonstrate that they continue to practise safely and effectively; and to allow them to renew their registration and remain on the professional register.
- 4.26.5 All specialist substance misuse workers must:
- Be skilled and competent to undertake comprehensive assessment for young people in relation to substance use (NG64);
 - Be skilled and competent to deliver a broad range of appropriate evidence based harm reduction and psychosocial interventions (NG51);
 - Work to the Drug and Alcohol National Occupational Standards from Skills for Health (<http://www.skillsforhealth.org.uk/resources/service-area/19-alcohol-drugs?highlight=WyJkcVnliwiYWxjb2hvbCJd>);

- Be able to provide clinical advice and training in substance misuse to the tier 1 / 2 (universal and targeted) workforce.
- 4.26.6 Deliver safe and effective care co-ordination of individuals engaged in the substance misuse treatment system, including those under prescribed interventions and in residential rehabilitation placements.
- 4.26.7 The workforce competencies will be in line with Skills for Health national occupational standards and relevant professional standards.
- 4.26.8 The workforce consists of a range of specialist skilled staff working across the range of services detailed within this Specification. As outlined below ([s 3.19](#)) the system change we want to see as a result of this contract will have at its core an integrated workforce development strategy that will enhance and develop the skills of the staff in using integrated approaches. The requirement is to develop a common ethos and understanding about Early Help and integration that will be based in shared and consistent language, tools and processes.
- 4.26.9 In consultation we have been told repeatedly by young people and parents that building a relationship with a professional is essential for them to be able to tell their story and to be able to engage in the advice, support and interventions offered. Therefore, ALL members of the multi-disciplinary team will be able to be approachable, empathetic and skilled in listening in a non-judgemental manner. These principles are equally applicable to reception staff ensuring a warm welcome to a building as to workers engaged in direct support. As part of an integrated strategy we expect to see a commitment to relational and strength based approaches building on existing good practice within the workforce. We are looking for models of workforce development that build on the idea of a “team around the worker” using co-location and support of specialist staff to others in a lead professional role.
- 4.26.10 Additionally, consultation has emphasised that families do not want to repeat their story many times to different professionals at different times. We wish to see the Provider address this as part of the workforce strategy in outlining their approach to integrated assessment and data sharing. We require development and embedding of good practice in using standardised tools for conducting assessments for children’s additional support, and for developing and agreeing on a process through which agencies work together to deliver that support.
- 4.26.11 During a period of significant change when the workforce will feel under additional pressure, we wish to show from the outset the commitment to recognising and using the specialist skills throughout the workforce while supporting emerging new practice to meet the outcomes of the integrated Service. An ethos of modelling trust and strengths based supportive approaches should be embedded throughout the workforce.

- 4.26.12 It is recognised that the Service's workforce sits as part of a wider workforce focussed on improving outcomes for children and young people. This includes statutory staff and smaller community and voluntary sector providers. A strategic integrated approach to training will recognise this wider workforce.

What this means for the Provider: It is expected that the Provider will use a framework to support developing integrated practice throughout the workforce that emphasises relational and strengths based approaches and develops common language and understanding.

4.27 ICT System Requirements

- 4.27.1 We aspire to be using a single ICT system to give a total view of all services used by a child before the end of the Contract but we acknowledge that it would be unlikely for the Provider to be able to supply this from Day 1 so for Day 1 we would accept a mixture of ICT systems from the individual service providers.

- 4.27.2 This single ICT system can be one of the following:

- | | |
|----------------------------|--|
| 1 st Preference | One single ICT system which will display and maintain all aspects of a child's data |
| 2 nd Preference | Portal with detailed two-way feeds to the individual ICT systems required to deliver each of the individual services |
| 3 rd Preference | One-way portal to display all relevant information from the individual systems ICT System requirements together so that it is all available from one point (minimum requirement) |

- 4.27.3 In the circumstances where multiple ICT applications are being proposed the Provider must take ownership of the ICT provision across all providers and specifically:

- The development of any required interfaces;
- Any ICT support issues across all systems and modules;
- Support issues where the fault does not clearly lie with one ICT supplier to resolve;
- The operation and management of an ICT Service Desk.

- 4.27.4 The Authority requires that the individual applications must be:

- a) Fully developed;
- b) Fully operational and currently used in a live environment;
- c) Hosted; and

- d) Kept fully functional with all supported versions of third party components, systems etc., for example databases, operating systems including mobile devices, report tools, browsers or any other products.
- 4.27.5 The three previous requirements at 4.27.4 b), c) and d) above also apply to the single ICT system once it has been developed. The single ICT system must also contain Workflow to control business processes and Applicants should have some idea on how they envisage users will move from one system (or module, for 1st Preference) to another.
- 4.27.6 All systems/applications (both for Day 1 and the final solution) should be easy to use as they will be used by members of a multi-disciplinary team.
- 4.27.7 For the options using a portal (2nd and 3rd Preference), key aspects of each system must be accessible by a well formed set of Application Program Interfaces (APIs).
- 4.27.8 The Council's existing data is not likely to contain adequate references to allow data to be joined seamlessly. The Provider must ensure that the appropriate data is cleansed and migrated from the systems currently provided to the incumbent provider and that the data from the disparate systems is all correctly linked to a single reference, e.g. NHS number, appearing in the relevant new systems and the portal (if appropriate). This must all be done in an accurate, correct and timely manner. The Provider will allocate resources to extract data from the existing system and will also act as Data Custodian during this process. The Authority will require oversight of this process as part of any data migration plan and ensure data is retained.
- 4.27.9 Applicants should provide the following information on how the system will be implemented (both for the Day 1 and final solution) and also how it will be supported during the life of the Contract:
- A clear overview of each component of the system (e.g. modules, Apps, etc.). Include an infrastructure diagram showing how the components are interconnected;
 - If applicable - details of the portal (for 2nd and 3rd Preference), including the specialist processes involved in setting up links between the portal and the individual systems. Also details of how/where the users will enter data and keep all of the systems (including the portal) updated. Full details must be given of the one-way or two-way data feeds. Applicants must also explain how their portal would work almost as well as a fully integrated system;
 - High level implementation plans which describe how both the initial and final solution will be installed and deployed and a description of the tasks involved and resources needed. The Provider will need to develop their outline plan into a full implementation plan for the initial solution on contract award;

- Details of the Service Level Agreement (SLA) for supplying comprehensive technical support for each component of the initial solution. The SLA needs to cover method(s) of incident reporting, incident categorisation, response times, methods of support, out of hours support, escalation processes, volume of use restrictions and any occasions where additional costs would be applicable;
- A list of the mobile devices supported by each component of the initial solution;
- Details of the policy for supporting new versions of Browsers as they are introduced, whilst still supporting older versions (with details of the browsers and versions currently supported by the system).

4.27.10 The system must be secure in the way it has been designed, developed and deployed and:

- It must contain parameters which can be set to enforce timeouts;
- It must have a password policy incorporating encryption, use of mixed case, numbers and special characters, minimum length, expiry, limit on login attempts, logging of unsuccessful login attempts and “forgotten password” functionality;
- Applicants must provide up-to-date documentation from the latest annual Application Penetration Testing for all internet based components undertaken by a reputable security vendor and provide evidence that any high priority items have been addressed;
- The Applicant’s ICT system vendors must have general security procedures in place. These should include adherence to recognised standards (e.g. ISO/IEC 27001), equipment audits by a reputable third party (details of audits to be made available on request);
- All personal data transferred between systems and organisations must be encrypted using TLS 1.2 or equivalent and upgraded in accordance with the latest security standards as they are released.
- Access to the Authority’s datasets must be limited to the Authority and approved personnel from each provider; and
- Applicants must have technical and procedural security measures in place to prevent:
 - Unauthorised or unlawful processing of personal data;
 - Accidental loss or destruction of or damage to personal data.

4.27.11 ICT systems must be supplied with at least one environment in addition to the Live environment, to be used for Testing and Training purposes.

- 4.27.12 Applicants must ensure that internet based applications meet at least AA standards in terms of Accessibility (or give proof that they are working towards achieving AA standards) and the content must fully adopt responsive web design.
- 4.27.13 The Authority's data must not be transferred to a country or territory outside the European Economic Area, unless that country or territory ensures an adequate level of protection for the rights and freedoms of data subjects in relation to the processing of personal data. The successful Applicants will be required to comply with the new General Data Protection Regulations when they come into force and any other changes in data protection legislation put in place post Brexit.
- 4.27.14 Applicants must ensure that the Solution will be GDPR (General Data Protection Regulation) compliant.
- 4.27.15 Training must be available to support the implementation of the Systems and be in place to manage changes to systems, personnel and processes.
- 4.27.16 Applicants must have a Service Level Agreement (SLA) for the hosting of each separate System. As a minimum the SLA needs to cover Back-Ups, System Restore, Integration with other systems, System availability/reliability, Service Credits, Turnaround time for Live to Test/Training environment refreshes (the Authority's requirement is within 2 working days), Turnaround time for changes in access rights to data or services (the Authority's requirement is within 2 working days), Loading of Software Patches and Upgrades (including Patches and Upgrades to Operating Systems and Third Party components), Details of where data back-ups will be held and what physical and electronic security will be used to secure them, equipment audits by a reputable third party (details of audits to be made available on request) and reaction to information on potential security breaches ;
- 4.27.17 The Authority must have free (of additional charge) access to its data for raw extraction. This can be supplied by any of the following:
- By each provider supplying full read access (not limited to standard working hours) to each dataset for a limited number of individuals within the authority; or
 - Local replication; or
 - Remote replication to the Authority's site.
- 4.27.18 All providers must be able to enforce the use of encrypted email in transit both within the network of providers and with the Authority.

4.28 Child Health Information Service (CHIS)

- 4.28.1 The Provider works collaboratively with the Child Health Information Service (CHIS) to ensure that there is a comprehensive and complete record of the

health of all children living in Torbay. Specifically, the Public Health Nursing element needs to ensure that the following requirements with regards to the management and processing of inbound and outbound data are met:

- The Provider is compliant with the following sections of Best Start in Life and beyond. Guidance to support the commissioning of the Health Child Programme 0-19: health Visiting and School Nursing services (Guide 2) March 2018:
(https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/686930/best_start_in_life_and_beyond_commissioning_guidance_2.pdf)
 - Section 7.2.4 –Child Health Informatics Systems
 - Section 7.2.6 – collaborative learner working with modern technology and the use of support staff and wider workforce (analytical team)
 - Section 8 – Public Health Nursing role within delivery of the Healthy Child Programme
- The Provider must demonstrate a satisfactory level of compliance with the N3 Connection Protocol (Information Governance Toolkit¹⁴) – within this the Provider is required to have (and demonstrate compliance) a secure email and internet connection to ensure the safe transfer of data.
- The Provider's clinical system used for Public Health Nursing is OBS2015 compliant to enable the clinical system to receive and process a range of child health informatics as well as being interoperable with other service providers for the secure and timely transfer of electronic data
(https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/417076/Child_Health_Information_240315.pdf)
- The Provider can provide assurances that they meet the requirement of the Children Act 2004, section 12 in regards to information databases with particular reference to the following two points:
 - They are the data controller for information they create and determine the purpose, and
 - Where the Provider engages the services of another organisation they ensure that appropriate data processing arrangements and / or information sharing agreements are put in place
- The provider is able to demonstrate they are compliant to data protection law, including the forthcoming GDPR.

4.29 Record Keeping, Data Security, Information Sharing Requirements and Reporting

- 4.29.1 The Provider will be the Data Controller for information they process for the purpose of providing services under this contract.

¹⁴ Information Governance Toolkit: <https://uat.igt.hscic.gov.uk/Home.aspx>

- 4.29.2 The Provider will be able to demonstrate that the processing of personal information and Special categories / sensitive personal information will be processed in accordance with the requirements under the General Data Protection Regulation (GDPR) and any forthcoming changes to data protection law.
- 4.29.3 It is expected that the Provider will introduce a robust electronic record keeping system that includes data collection systems and ensure that there are robust systems in place to meet the legal requirements GDPR when it is introduced in May 2018 and any further legislative change to Data Protection Law to ensure the safeguarding of personal data at all times.
- 4.29.4 Information sharing is key to delivering integrated services that are coordinated around the child and family. It is essential to enable effective early intervention and to provide effective holistic services to children and their families.
- 4.29.5 It is important that the Provider consults with interfacing services on their requirements for the sharing of information, for example: primary care, schools, midwifery, paediatrics and Children's Social Care.
- 4.29.6 Local arrangements for information sharing must be agreed and approved by way of Information Sharing Agreements. Advice sought from Information Governance if uncertainty exists.
- 4.29.7 The Provider will work collaboratively with the Child Health Information Service (CHIS) to ensure that there is a comprehensive and complete record of the health of all children living in Torbay, and ensure they sign up to related information sharing agreements. For further information see section 4.28.
- 4.29.8 The Provider will ensure that safe and appropriate workflow and case management systems are developed and maintained, in order to maximise the effective response to incoming referrals and ongoing workload.
- 4.29.9 The Provider and the Commissioner will work in collaboration to identify opportunities for leaner working and/or cost and efficiency savings at each quarterly review. This is likely to include consideration of how to make best use of modern technology and appropriate use of support staff within the Integrated 0-19 team and wider workforce.
- 4.29.10 The Service will ensure that all staff are appropriately trained in IT systems and also provided with training to ensure they are aware of their responsibilities under Data Protection Legislation.
- 4.29.11 The Service will ensure that all staff has access to information sharing guidance, including guidance on sharing information to safeguard or protect children, to improve co-ordination and to communicate between services.

- 4.29.12 The Provider must be able to establish secure email functionalities for the safe sharing of information.
- 4.29.13 The Provider must ensure that they can delete records in accordance with associated retention periods.
- 4.29.14 The Provider, must understand their duty-of-care to share data with the Local Authority and any reasonable data request, subject to the Children's Act 2004 pursuant of Schedule 12 Information Databases, especially para 13.
- 4.29.15 The Service will report accurately and promptly to Commissioners on agreed key performance indicators and governance requirements to a schedule agreed with Commissioners annually.
- 4.29.16 The Provider will ensure that they are fully compliant with the Community Services Dataset (CSD) return to NHS digital.
- 4.29.17 The Service will ensure that there is the ability to, from any system they use to feed the required data flows to national reporting systems for services covered by this Specification. Including (but not limited to):
- NHS Digital
 - Children and Young People's Health Services Data Set
 - NDTMS
 - E start

4.30 Materials, Tools, Equipment and Other Technical Requirements

- 4.30.1 The Service will use the relevant Department of Health and Department for Education policies, guidance, professional pathways and factsheets to support delivery.
- 4.30.2 The Service will ensure that all staff use:
- Validated tools for assessing development and taking an asset and strengths based approach to identifying and delivering support to build skills and develop resilience.
 - Personal child health records (often referred to as the "red book") – paper or electronic according to local provision.
 - 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
 - Equipment to support agile working e.g. mobile phones & tablets.
 - Equipment for measuring children's weight and height

- Social networking and other web based tools to enable workforce training, professional networking and information support for children, young people and families.
- National and local campaign materials e.g. Star4Life, Change4Life, Healthy Start, One You.
- Other health promotion materials

4.31 Location of the Provider's Premises

- 4.31.1 The Service will be provided in a variety of community settings including schools, clients' homes, health centres, community centres, Children's Centres, Early Year settings, GP practices, outreach, community events/settings and youth centres as appropriate when supporting vulnerable families. The Service will offer a choice of venue and timing of any contact with the ultimate aim to minimise disruption to family life and the child or young person's education and informed by interested parties and feedback from users.
- 4.31.2 The location of some of the Provider's premises is designated as part of this Specification. Currently these include:
- e) Zig Zags Children Centre Building, 32 Market Street, Torquay, TQ1 3AQ;
 - f) The Barn, Brixham Enterprise Estate, Rea Barn Road, TQ5 9DF;
 - g) The Beehive, Paignton Enterprise Centre, Bishops Place, TQ3 3DZ.

The heads of terms and lease plans for each of the above sites can be found in Appendices F1 to F3 and G1 to G3. Please Note: The Authority reserves the right to require building services checks to be undertaken by TDA where, in the opinion of the Authority, the Applicant's proposal are assessed as not being sufficiently robust. Whilst the Heads of Terms stipulate that responsibility for building services will sit with TDA, Applicants may propose to undertake these requirements themselves. Any proposals will be assessed and if, in the Authority's opinion, the Applicant's arrangements are not sufficiently robust the responsibility will remain with TDA.

- 4.31.3 Any changes to the location of these premises will be negotiated between the Provider and Commissioner.
- 4.31.4 The Service will also be delivered through a variety of innovative methods, to engage with service users including through internet, text, email, blogs, webcams etc.

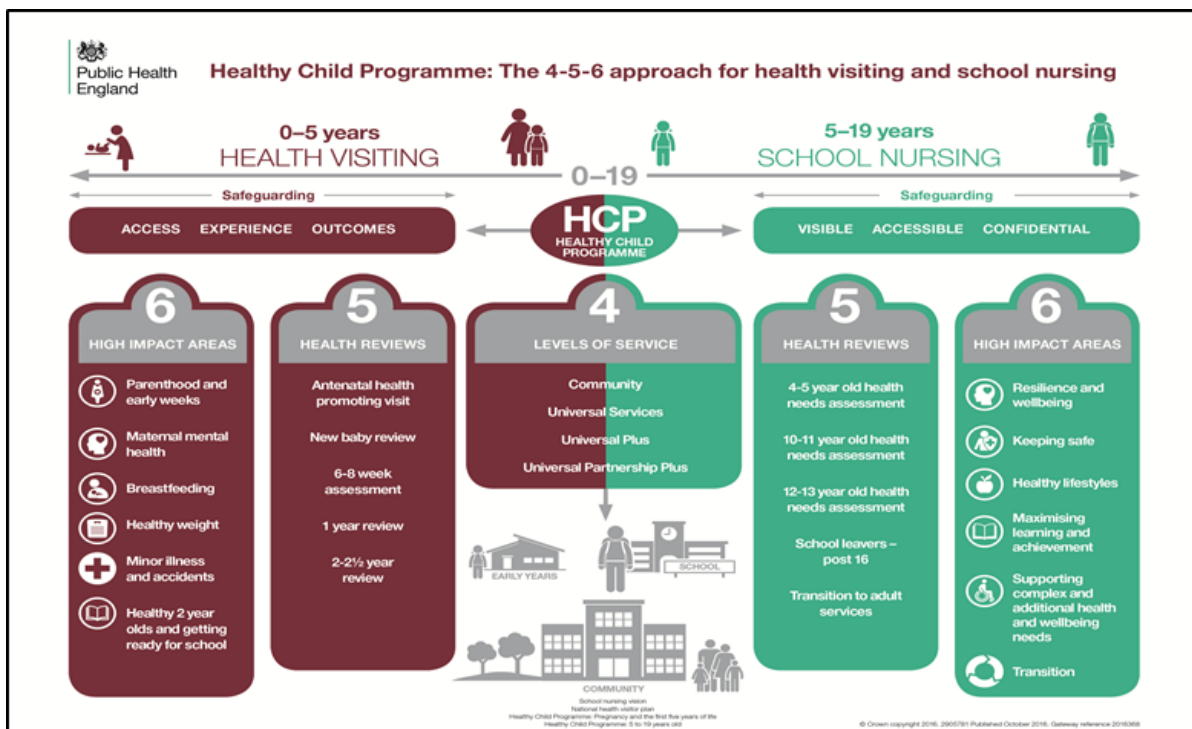
4.32 Business Continuity and Disaster Recovery

- 4.32.1 Service users expect that services will be consistently available. It is important that the Provider puts into place appropriate arrangements to ensure service continuity throughout the life of the Contract.

- 4.32.2 Applicants should refer to Schedule 2 Optional Key Provisions Clause 14 Business Continuity and Disaster Recovery of the Contract for full details on the Authority's requirements.

5. Service Specific Descriptions

5.1 Public Health Nursing



5.1.1 Public Health England is clear to what all families can expect from their local Public Health nursing Service under the following service levels:

- **Community:** health visitors have a broad knowledge of prevalent community issues and resources available e.g. Children's Centres and self-help groups and work to develop these and make sure families know about them and empower families to take responsibility for their children's and their own health and well-being;
- **Universal:** health visiting teams lead delivery of the HCP. They ensure that every pregnant woman, new parents/ carer and child has access to a health visitor, receive timely evidence based development checks and receive good information about healthy start issues such as parenting and immunisation;
- **Universal Plus:** families can access timely, expert advice from a health visitor when they need it on specific issues such as postnatal depression,

weaning or sleepless children. This is generally in the form of time limited, specific interventions defined within an individual care plan and evaluated for impact after a specific time period;

- **Universal Partnership Plus:** working in partnership with parents and agencies in the provision of intensive multi-agency targeted packages where there are identified complex health or safeguarding concerns. Health visitors provide ongoing support in line with an agreed individual health care plan or CAF (Common Assessment Framework) Plan / Child Protection Plan, playing a key role in bringing together relevant local services, to help families with continuing complex circumstances, for example where a child has a long-term condition, developmental delay or safeguarding concerns.

5.1.2 It is expected that the Public Health Nursing elements of this Specification will be delivered in line with these expectations.

5.1.3 There is evidence that by tackling a number of 'high impact areas' both in early years and school aged children, outcomes could be improved. Whilst Public Health Nursing and Children's Centres members of the team may lead in some of these areas, ALL of the workforce should be aware of their role in improving the health and wellbeing of children, young people and families in these areas.

5.1.4 6 early years high impact areas are:¹⁵

- Transition to parenthood and the early weeks;
- Maternal mental health;
- Breastfeeding (initiation and duration);
- Healthy weight, healthy nutrition (to include physical activity);
- Managing minor illness and reducing hospital attendance/admissions;
- Health, wellbeing and development of the child aged 2: Two year old review (integrated review) and support to be 'ready for school'.

5.1.5 6 school aged years high impact areas:

- Building resilience and emotional wellbeing;
- Keeping safe: managing risk and reducing harm;
- Improving lifestyles;
- Maximising learning and achievement;
- Supporting complex and additional health conditions and improving wellbeing;
- Seamless transition and preparation for adulthood.

¹⁵ PHE (2016), *Overview of the six early years and school aged years high impact areas*
https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/565213/High_impact_areas_overview.pdf

5.1.6 Public Health Nursing is based on public health principles emphasising prevention, protection and health promotion of children, young people and their families. Public Health Nursing (Health visitors and school nurses) will:

- Lead the delivery of the full 'starting well' and 'developing well' service offer and the Healthy Child Programme for 0-5' and 5-19yrs (HCP);
- Contribute to the identification of children and young people in need of early help and target the available resources to address these demands;
- Ensure the provision of the 5 mandated universal health reviews:
 - Antenatal health promoting visit
 - New baby review
 - 6-8 week assessment
 - 1 year assessment
 - 2-2.5 year assessment (using the ASQ 3)
- In line with national directive it is expected that the 2-2.5 year assessment will be integrated with Early Years for priority / disadvantaged target groups;
- Ensure that all contacts for antenatal, new baby and 6-8 week assessment are undertaken in the family home unless there are specific reasons why this is not achievable / appropriate;
- Ensure that an additional contact visit is made at 3-4 months and that a maternal mood review is undertaken at this contact;
- Will respond to childhood communicable disease outbreaks and health protection incidents as directed by the Public Health Team in the Local Authority;
- Ensure the delivery of a community model of New-born Hearing Screening Programme as specified in the NHSE model specification included in [Appendix 3](#);
- Will ensure that childhood immunisations are promoted and recommended as per The Green Book;
- Will ensure immunisation programmes (including flu) for children and adults are promoted;
- Contribute to the management of long term conditions such as asthma and diabetes in children in partnership with primary care and specialist children's health teams;
- Contribute towards the reduction in Hospital admissions for 0-19 year olds by follow-up and appropriate action being taken;
- Provide targeted interventions such as parenting support, for women suffering from perinatal mental health issues including postnatal depression in accordance with NICE guidance. Ensuring that all interventions fit appropriately with locally agreed pathways and processes;

- Support and advise parents who have experienced a sudden and unexpected death of a baby in subsequent pregnancies and births;
- Promote secure attachment, positive parental and infant mental health and parenting skills using evidence based approaches;
- Increase service user's knowledge and understanding of their behaviours and lifestyle choices that are generally considered to be associated with risks or detrimental to their physical or mental health and wellbeing;
- Undertake joint visits or consultations with other professionals in response to contact from children, young people and families, where appropriate;
- Proactively engage and provide support using a system-wide approach, to people with complexity, such as young parents, families with a child with a disability, parental substance misuse, mental health, domestic abuse and other risk factors;
- Provide advice and information on day or nocturnal enuresis, constipation and toilet training problems. This includes basic advice and support to promote "healthy" bladders and bowels – to reduce the risk of, for example, constipation, developing, or, once developed, being missed. Basic advice might include reinforcing good parenting skills about fluid intake, appropriate diet and promoting toilet training. Signposting to other sources such as ERIC website might also be an additional action. If following 'conservative management' (basic advice and support) the issues remain unresolved an appropriate referral should be made to the community level 1 (enhanced) and level 2 services";
- Work in partnership with schools and the Authority Public Health team to assess demands so as to identify priorities and inform planning;
- Provide health advice to early years and school workforces to ensure the community and school environment are equipped to support children and young people's good health and wellbeing;
- Provide a point of contact for children, young people and parents or carers and schools needing health advice or information (including children who are electively home educated). This involves assessing individual needs, offering advice and referring on to other services as necessary;
- Work with teachers and parents to identify children with developmental concerns, assess their health status and refer to specialist services where necessary and if appropriate;
- Support schools and other relevant health providers to develop and monitor school health plans and supporting policies;
- Provide any other health care plan support, advice and training for schools, teachers and other staff on managing specific health issues e.g. diabetes, dermatology, epilepsy, allergies- including the use of epipens, inhalers, head lice etc.;

- Provide advice to schools on medicines management. Ensure that termly meetings are held with each school to identify any pupils with health issues and ensuring appropriate plans are in place to address these;
- Work with parents, carers, specialist health professionals and others to support and contribute to the development of Education, Health and Care Plans in line with the Special educational needs and disability code of practice (DH, Dfe 2014) for pupils with complex needs and long term conditions. Ensure that all processes are completed within required timescales;
- Continue to work in partnership with Community Nursing teams and co-ordinate the care of pupils within local special schools (Mayfield School);
- Review the health status of all children on entry to primary school and at transition to secondary school making referrals to appropriate services if required or providing advice and guidance directly to children, young people and parents/carers on subjects such as:
 - Hearing
 - Continence
 - Dermatology
 - Oral health
 - Height
 - Weight
 - Emotional health and wellbeing
 - Parenting
 - Behaviour
 - Healthy Lifestyles
 - Risk taking behaviour
- Ensure all Specialist Community Public Health Nurses have relevant training and continuing professional development with regards to Nurse prescribing. This is to support delivery on the high impact area of minor illnesses and reducing hospital admissions. It will also positively impact on GP attendances and school attendance. All prescribing practice will adhere to NMC guidelines.

5.1.7 Public Health Nursing will provide a community Dermatology based service for children initially under 5 years but with the option to increase the age range in negotiation with Commissioners over the life of the contract. The Service will be provided to children with mild to moderate atopic eczema, including assessment, treatment (including prescription medication) and follow up. Education and advice is also an important element of the Service in up-skilling of the wider staff workforce and promoting self-management.

5.2 Community Hubs

5.2.1 The Service will:

- Increase the role the community plays in running the Hubs, including the management and future development of services within it;
- Increase the involvement of people from any groups identified by the Hub as a priority (those who are hard to reach or live in disadvantaged communities, for example) in the delivery and management of the Hub;
- Ensuring the local community is consulted about any significant changes or developments in the management or provision of services from the Hub;
- Provide volunteering opportunities for people in the Hub as well as signposting opportunities to volunteer in other organisations. The provider should identify and develop volunteers through a co-ordinated scheme. These opportunities should be linked to achieving formal training qualifications wherever possible;
- Facilitate the provision of mutual support groups based on the demands of people using the Service;
- Develop methods of identifying skills available in the local community to help the effectiveness of the management and delivery of the Service;
- Ensure relevant information is available to parents, children and families particularly with regard to the help, advice and benefits available to them;
- Increase the take up of services within the Hub, with particular emphasis on increasing take up amongst groups who traditionally have not access services or have experienced difficulties in doing so;
- Work in partnership to reduce anti-social behaviour within the community;
- Enable parents to access information and advice as steps to employment both through the Hubs and by establishing clear links with employment advice organisations such as Jobcentre Plus;
- Provide appropriate access to training, volunteering and other opportunities for parents as pre-cursors to employment;
- Decrease the reliance on welfare benefits, and increase ability to manage income and reduce debt in families through entry to work;
- Raise the level of confidence and aspirations in children, young people and parents in preparation for future employment.

5.3 Child Development and School Readiness

5.3.1 The overall Service will work collectively on improving speech, language and communication, behavioural, emotional, social, personal and physical

development for children and young people. (Prime areas of learning and development).

5.3.2 The Service will:

- Increase the level of parents' understanding and involvement in their child's learning and development;
- Work on the early identification of children and families in the local community who require support to develop resilience;
- Support the identification, placement and development of a service / childcare plan for families that require access to free early education for two (2) year olds and the package of family support they receive through the agreed thresholds for families eligible for free early education for two (2) year olds;
- Will work to increase the take up of the free childcare entitlement for three (3) and four (4) year olds in the area, particular from those within disadvantaged communities;
- Will work to increase the take up of the 30 hours childcare entitlement for three (3) and four (4) year olds;
- Provide venues and resources to support local childminding groups.
- Improve language skills and family learning through the delivery of services and the promotion of the Bookstart scheme and other similar educational programmes;
- Will improve the physical development of children through the direct delivery of groups and interventions;
- Assist in narrowing the gap in educational attainment between the lowest achieving twenty per cent (20%) and the rest.

5.4 Parenting Aspirations, Self-esteem, Skills and Family Support

5.4.1 The Service will for families with children up to the age of eight (8) years old:

- Provide parent-centred support which engages and builds on parents' strengths, including what they do in the home environment and increases levels of active parental involvement and understanding of their child's learning, development and behaviour particularly for those at risk of poor outcomes, through targeted parenting classes and service based activities;
- Provide evidence based parenting programmes (for example Triple P or Incredible Years) for those identified as requiring it;
- Provide support to enable good attachment and significant positive relationships within families. This will include consideration of:
 - Parental conflict;

- Post-natal depression
- Perinatal mental health
- Parental mental health
- Parental substance misuse

and how these issues contribute to the underlying causes of poor outcomes for children and young people;

- Improve parental capacity to promote emotional wellbeing and resilience in their children;
- Provide open access, drop in parental support service available to all families.
- Improve parents' capacity to safeguard children from injury and accidents;
- Increase parental capacity to safeguard children in families where there is parental substance misuse, domestic abuse, parental mental illness, parental disability and other vulnerabilities;
- Provide help, advice and guidance to parents/carers of children with vulnerabilities and disabilities and ensuring specific groups are available to support them;
- Provide help and advice to local parents and families on relationships within the family unit to prevent breakdown and provide support where breakdown occurs;
- Develop and implement specific strategies and activities to increase the involvement of fathers / male carers in their child's life;
- Provide outreach services to specific families who may have become disengaged with services because of isolation, language or other issues;
- Provide services, practical help and emotional support to families in their own home ensure they are engaged in the Service and enable children to meet their developmental and aspirational targets;
- Provide intensive support services to young parents;
- Provide access to specialist, more targeted services overall (for example, to specifically support parents / carers of children with a disability);
- Provide activities which increase parents' / carers understanding of their child's development;
- Empower parents to be confident and to find and develop practical long-term solutions to build on their strength and increase resilience.

5.5 Young People's Substance Misuse Service

- 5.5.1 The Services being commissioned are at the targeted (tier two (2)) and specialist (tier three (3)) levels but are excluding pharmacotherapy and residential / detox

services. The Service will be available to young people aged under eighteen (18) years of age. However this Service will also be available for young adults aged 18 or over:

- Where their maturity and understanding has been formally assessed as being equivalent to a person under the age of eighteen (18);
- Who has been assessed by a professional as having their needs most appropriately met within a young person's service (including those young people who have been in the young people's substance misuse service and whose needs are now being addressed through a Transition Plan enabling a supported and planned move into an adult service).

5.5.2 The Service will:

- Establish joint protocols (in collaboration with Commissioners) for the provision of joint work with the local (adult) prescribing agency to ensure suitability, eligibility and access to:
 - Pharmacotherapy ('tier three (3)' services)
 - Inpatient detoxification ('tier four (4)' service)
 - Residential rehabilitation provision ('tier four (4)' service)
- Provide high quality, effective and safe community based specialist substance (including alcohol) misuse treatment services to children and young people under eighteen years of age who are resident in Torbay and are experiencing substance related harm;
- Provide a suite of support and training that enables universal and targeted services (including schools) for children and young people to prevent and respond to substance misuse issues in a timely and effective manner including but not limited to:
 - Provision of clinical advice and training in substance misuse to the tier one (1) / two (2) (universal and targeted) workforce.
 - How to screen and identify substance misuse issues for children and young people.
 - Having the confidence to work with young people who are using specialist services thresholds or who are at risk of using substances - to prevent escalation of harm and requirement for specialist services.
 - Delivery of skills training (e.g. listening, conflicts, refusal, coping with criticism etc.)
 - Supporting a whole school approach locally to PSHE e.g. MENTOR-ADEPIS, Rise above, FRANK
- Will be responsible for the delivery of treatment services and will be expected to provide specialist, evidence-based psychosocial interventions consistent with evidence and best practice (including but not limited to PHE best practice and NICE guidance);

- Provide specialist harm reduction services (including needle exchange and the provision of Blood Borne Virus (BBV) screening and vaccinations). Needle Exchange policies are agreed by the TSCB;
- The Provider is expected to be compliant with the data reporting requirements for the National Drug Treatment Monitoring Systems (NDTMS). This includes (but is not limited to) the provision of data in relation to waiting times, numbers in treatment, successful completions, re-presentations to treatment and BBV compliance. Further information will be available from Public Health England (last guidance issued at date of specification - <https://www.gov.uk/government/collections/alcohol-and-drug-misuse-treatment-core-dataset-collection-guidance>).

5.6 Return Home Interviews

- 5.6.1 The Service is available to young people aged eight (8) to eighteen (18). To young people resident in Torbay and Torbay Looked After Children who may be placed anywhere in the United Kingdom.
- 5.6.2 There must be no blanket exclusions; risks to be managed by the Service.
- 5.6.3 The Service is not available to young people resident outside of Torbay unless they are Torbay Looked After Children. The Service is not available to Looked After Children (or otherwise) from other Local Authorities who are placed in Torbay.
- 5.6.4 Referrals will come from the Police who will notify when a missing young person is found. The Service needs to be able to respond to requests for Return Home Interviews during and outside of normal office hours to ensure that the 72hr completion deadline is met.
- 5.6.5 Return Home Interviews will be delivered to the following legal and regulatory framework:
- Working Together 2015;
 - Statutory guidance on children who run away or go missing from home or care 2014;
 - South West Child Protection Procedures;
 - OFSTED Joint Targeted Area Inspection (JTAI) Framework;
 - Torbay Missing Persons Protocol and Missing Practice Standards (Latest copy of these standards can be found in [Appendix 4](#))

5.6.6 The Service will:

- Actively contribute to Torbay's Sexual Exploitation and Runaways Forum, MACSE, Missing Monday meetings, regional forums and Torbay Safeguarding Children's Board;
- Raise awareness among professionals of risk indicators for children and young people who go missing and any recurring trends or patterns of missing behaviour;
- Make appropriate referrals to other services and agencies to enable effective case closure.

5.7 Advocacy

5.7.1 The Service (Advocates) will:

- Respond to referrals from Children's Services and self-referrals for Torbay children and young people on a Child Protection Plan or who are Looked After; to represent and support them to participate in key meetings and decisions that affect their lives and ensure services and interventions remain child centred. It is expected in some cases Advocates will work with children and young people over a sustained period;
- Will represent and support the child or young person to participate in key meetings and decisions that affect their lives. These will include initial Child Protection meetings, all subsequent child protection reviews and representation and support for the child or young person as and when requested according to the needs and wishes of the child or young person. The Advocate will also be available to represent and support the child or young person at other meetings such as core group meetings as and when negotiated;
- Will attend a minimum of bi-monthly meetings with the Children in Care Council and/or its co-ordinators to ensure themes and issues for Looked After Children are shared, to raise awareness of each other's roles, and to provide joined up feedback to the Corporate Parents group and wider Council. Meetings will be co-ordinated by the Children in Care Council;
- Provide independent oversight on complaints from children and young people who receive support from an Advocate.

5.7.2 Advocates may also be provided for children and young people who are accommodated or where there are child protection concerns; and to represent and support the child or young person to resolve issues and complaints as and when requested; working to ensure complaints and representations get resolved at an early stage.

5.8 Independent Visitors Service

- 5.8.1 The Independent Visitor Service will provide volunteers who are positive role models who will visit, befriend, advise and guide the young person allocated to them, and take a long-term interest in their welfare and development.
- 5.8.2 The Service will provide an Independent Visitors Service in line with the following requirements:
- Independent Visitors will be completely independent from the Local Authority, including Social Workers and Independent Reviewing Officers.
 - Referrals will come from Children's Social Care or on occasion by way of self-referral.
 - The Independent Visitor will encourage a link with the child or young person in order to build up a trusting and supportive relationship despite the lack of stability they may have experienced in their own families and backgrounds.
 - Regular contact will be maintained contact by telephone, e- mail, Skype and other social media applications, and time spent together on visits and outings.
 - Consistency of the relationship over a longer period of time is expected, recognising that each match has the potential to be the beginning of a lifelong friendship.
- 5.8.3 It is expected that the Service will facilitate the work of the Independent Visitors to provide a link to other professional services when the need arises.
- 5.8.4 The Provider will also be responsible for the infrastructure and organisation around the provision of the Service, and the safeguarding aspects of the role.
- 5.8.5 Decisions on allocation of an Independent Visitor where a child or young person is in a residential placement some distance from Torbay will be made on a case by case basis, following discussion between the Provider and Commissioners.
- 5.8.6 It is expected that the Independent Visitor Service will be delivered following established models of good practice, for example the Barnardo's National Standards:
http://www.barnardos.org.uk/The_National_IV_Standards_290416.pdf

5.9 National Child Measurement Programme

- 5.9.1 The Service will:
- Be responsible for the weighing and measuring of children at Reception (4-5) and Year 6 (10-11) and be carried out in accordance with Part 3 of the Local Authority Regulations 2013:
http://www.legislation.gov.uk/uksi/2013/218/pdfs/uksi_20130218_en.pdf

- Ensure all service delivery will adhere to the latest National Child Measurement Operational Guidance
https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/643226/PHE_national_child_measurement_programme_operational_guidance.pdf
- Ensure the Service keeps abreast of national guidance and direction as provided by the monthly updates from the NCMP Team within Public Health England;
- Ensure there is a mechanism in place to gain parental consent to carry out the measurements;
- Provide robust public health surveillance data on child weight status by submission of data to Health and Social Care Information Centre (NHS Digital);
- Send all parents feedback of their child's results in line with local arrangements and GP's copied into the results letter;
- Where children have been identified as underweight, overweight or obese the Integrated Service will provide diet and nutrition advice and refer into specialist weight services where available for children and adults;
- Engage with local strategic groups where the NCMP will contribute to the local area plans for Healthy Weights – currently the Torbay Health Weights Steering Group.

5.10 Healthy Start Scheme

5.10.1 The Service will:

- Actively promote and engage families with the National Healthy Start Scheme. A UK-wide government scheme to improve the health of low-income pregnant women and families on benefits and tax credits;
- Signpost and where required work with women and families to complete the application form. By law a hard copy of the form is required which needs to be signed by the mother and health professional (midwife or health visitor).
- Be responsible for the distribution of the Healthy Start Vitamins scheme ensuring that collection of vitamins is made as easy as possible for parents from multiple access points across Torbay;
- Ensure there are appropriate supply chains and re-imbursement systems in place with the NHS Supply Chain;
- Collect relevant data and information in relation to the take up of the Healthy Vitamin Scheme and share this information with relevant partners.

5.11 Speech, Communication and Language

5.11.1 The Service will:

- Screen children for early language delays leading to more targeted speech, language and communication support and interventions as required (or signposting into specialist services if this is more appropriate). Screening should be undertaken at any appropriate contact but specifically within any scheduled assessments or routine checks;
- Ensure that screening and interventions for Speech, Communication and language is undertaken and overseen by appropriately trained staff;
- Work with partners to ensure there are clear pathways in place for supporting children and young people with Speech, language and communication needs.

5.12 Sexual Health

5.12.1 The Service will:

- Ensure staff working directly with parents and young people are able to provide suitable advice, signposting and interventions in relation to relationships and sexual health and attend suitable training and professional development as appropriate to meet this requirement;
- Actively deliver the C-Card scheme for 13-24 year olds from multiple sites across the geography. This will include having sufficiently staff trained (proportion to be negotiated and agreed with Commissioners) and authorised to provide under the scheme. It will also include active promotion of C-Card across multiple sites and through all staff;
- Support and deliver any campaigns or events that promote safer relationships and sexual health;
- Be able to provide accurate information and advice in regard to accessing sexual health services when required;
- Offer age appropriate and inclusive interventions to parents and young people with regard to positive relationships and safer sex;
- Make appropriate assessments of Child Sexual Exploitation and normal adolescent behaviour and respond to identified risks accordingly and appropriately;
- Work with Commissioners and stakeholders to support and where appropriate deliver specific interventions for identified groups of vulnerable young people – particularly in respect of local programmes focussed on safer relationships.

5.13 Antenatal and Postnatal Education

5.13.1 The Service will (where appropriate, in partnership with Midwifery):

- Provide evidence based antenatal and post-natal groups to promote attachment, for example, parenting classes/groups or, quality marked parenting classes. This is in addition to the public health nursing universal antenatal contact;
- Ensure that the strengths and differences of parents within the community are taken into account in terms of the design and delivery of education programmes.

6. Contract and Performance Review Requirements

6.1 Applicants should refer to the following Contract schedules for details of the contract and performance review requirements:

- Schedule 5 Conditions Precedent
- Schedule 16 Incidents Requiring Reporting Procedures
- Schedule 17 Performance and Contract Management

6.2 Applicants should refer to Schedule 6 Quality Outcomes Indicators of the Contract for an indicative list of Key Performance Indicators and outcomes.

Please Note: this list is indicative it will be further developed, negotiated and agreed between the Authority and the Provider post award and is subject to review and amendment throughout the duration of the Contract.

7. Staffing

7.1 TUPE

7.1.1 The Authority highlights that the Transfer of Undertakings (Protection of Employment) Regulations 2006 (TUPE may apply in relation to the current external providers' staff.

- 7.1.2 In order to obtain the base data of staff who will or may transfer under TUPE ([Appendices C1 to C4 Base Data of Staff](#)) Applicants are required to complete and return a Confidentiality Agreement ([Appendix B](#)) through the e-tendering portal's messaging facility.
- 7.1.3 The Authority cannot guarantee the accuracy of the information provided by the outgoing provider(s) and advises Applicants to seek their own advice in relation to TUPE matters.
- 7.1.4 The Provider shall indemnify the Authority against all expenses arising out of any claim made by any employee or former employee of the Authority or existing provider (who, as a result of the operation of TUPE, or subsequent amendments, transferred to the employment of the Provider) or by the existing contractor itself, which results from any act or omission of the Provider.
- 7.1.5 The Provider shall not bring any claim against the Authority in connection with TUPE or any subsequent amendments to such regulations.
- 7.1.6 Should TUPE apply to this Contract:
- The Provider should be mindful of the uncertainty of the situation for the staff who may transfer and that any anxiety from staff can be transferred to the people who are in the Service.
 - Depending on the details of the transfer, all or only part of a team may be transferring. To alleviate anxiety the Provider is required to clarify as soon as possible who is transferring. Consideration should also be given to any volunteers within the Service and separate discussions held about their position.
 - The Provider should ensure communications and transfer of information are accurate, open and as timely as possible, so the transfer process is smooth and transparent for staff.
 - The Provider will be required to work with the outgoing provider(s) to prepare and agree a communication plan for consultation with affected staff. This Communication Plan will form part of the overall Service Implementation Plan and will be monitored by the Service Commissioners.
- 7.1.7 The Provider is expected and required to agree to the following as part of the Contract:
- The Provider shall agree any indemnities required by the Authority;
 - Commitment that the Provider will continue to supply employee information throughout the length of the Contract so that it can monitor compliance on employee matters;
 - The Authority has the right to enforce terms of the Contract if the Provider fails to meet its obligations;

- The Authority reserves the right to disqualify the Provider from participating in future Tender opportunities if necessary, if it fails to meet its obligations.

7.1.8 It is expected that TUPE will apply in relation to the Authority's staff at some point during the term of the Contract, should this be the case:

- The Provider shall seek to become a member of the Local Government Pension Scheme (LGPS) by means of an admitted body status and entering into an admission agreement the Authority and Devon County Council. The Authority expects the Provider to join the LGPS and will use reasonable endeavours to procure that the LGPS liabilities relating to the transferring staff will be fully funded at the date of transfer.
- Any costs associated with the transfer of staff to the Provider will be solely the responsibility of the Contractor. This includes any costs of transferring staff to the LGPS.
- An Actuary Report which sets out the new employer pension contribution rate and any bond requirements in respect of the potential liabilities of the Provider to the LGPS relating to the transferring staff will be provided to the Provider prior to any transfer being agreed;
- The Provider will be required to cover the value of any bond required by either obtaining an insurance policy with a high street bank or insurance company or setting up a discrete escrow account between themselves and Devon County Council in which the relevant funds can be deposited.
- The Provider will commit to informing the Authority of any TUPE measures it envisages with regard to the employees formally in writing within 10 working days of contract award notification;
- The following documentation, in respect of Torbay Council Staff, will be made available to the Provider as part of the Contract set up process:
 - Provide samples of offer letters;
 - Statement of particulars;
 - Sample contract of employment;
 - Staff handbook;
 - Employment practices and procedures;
 - Collective agreements;
 - LGPS Pension scheme and employee handbook;
 - Details of Devon County Council Pension service – the scheme administrator;
 - Details of equal opportunities policies and any positive action strategy in place.

7.2 Safer Recruitment

To ensure the Service creates a safer recruitment culture for clients and staff, the following are mandatory requirements:

- At least one member of each interview panel must have undertaken safer recruitment training;
- The Provider must have effective procedures in place, that are regularly updated and communicated to staff;
- The Provider must set a code for acceptable standards of behaviour for all staff and ensure this is effectively communicated to staff;
- The Provider must take seriously all concerns that are raised;
- The Provider must, on an ongoing basis, increase awareness and commitment to safeguarding across its organisation.

8. Invoicing

- 8.1 The Authority will make payments to the Provider monthly in advance.
- 8.2 Invoices must be submitted monthly to the Authority's Payments Team.
- 8.3 Invoices must be submitted by e-mail to: payments.section@torbay.gov.uk
- 8.4 All submitted invoices must include the Authority's official purchase order number
- 8.5 Any information specific to the invoice and the provision of services, must be attached to the invoice, to enable prompt processing / payment;
- 8.6 Payment terms will be 28 days from receipt of the Provider's invoice;
- 8.7 Payment will be made to the successful Provider by BACS;
- 8.8 Remittance advices will be transmitted to the Provider by email (the Provider's appropriate email address must be supplied).

9. Added Value

9.1 Further Services Offered

The Applicant will be expected to suggest as part of its response to the Evaluation Questions any additional products or services that they may be able to offer as part of this Contract or any other added value that their offer might be able to bring to the Authority. Applicants are expected to build any such offers into their submissions regardless of whether specific questions are asked along these lines or not.

9.2 Social Value, Sustainability, Environmental Considerations

The Authority is seeking a Provider who will add value to the Contract by providing additional community benefits which support the Council's ambitions for a prosperous and healthy Torbay, as identified in the Corporate Plan 2015-19:

<http://www.torbay.gov.uk/council/policies/corporate/corporate-plan/>

Applicants should take into account the following key areas in formulating their response:

- Supporting young people and care leavers in particular to build their confidence and experience of working life;
- Creating employment;

- Promoting health lifestyles and reducing health inequalities;
- Supporting the provision of attractive and safe open spaces and encouraging communities to make the most of where they live;
- Supporting older people to age well and be physically, mentally and socially active.

10. Scope and Nature of Possible Modifications or Options

- 10.1 As a result of new ways of working and integration there may need to be changes to this Service Specification, including the service delivery model and/or outcomes over the term of the Contract. The Provider will ensure flexibility to respond to the changing guidelines and priorities nationally and locally.
- 10.2 It is possible that, during the term of the Contract, the Authority may wish to make changes to the requirements as set out in this Specification to reflect the evolving roles and responsibilities of local authorities in changing economic circumstances. These changes will not compromise the statutory basis for the Service and will be managed in accordance with the provisions relating to variations and changes to the Contract as set out in the contract terms.
- 10.3 During the term of the Contract the Authority and the Provider will need to ensure that changes (when required) are made to both the Key Performance Indicators and outcomes measures so that they are responsive to the needs of the system. These changes may be mandated by the Authority where change in guidelines or policy indicates a requirement to change a reporting measure or in other circumstances will be negotiated between the Authority and Provider.
- 10.4 During the term of the Contract the Authority may wish to add further services to the 0-19 Integrated Service in order to support further integrated delivery of services for 0-19 year olds in Torbay. Possible additions to the Service include:

Service	In-House (LA) / Commissioned Out	Contract End Date (If Applicable)
• Early Help/Targeted Help Co-ordination	In-House	
• Family Intervention Team	In-House	

Service	In-House (LA) / Commissioned Out	Contract End Date (If Applicable)
• Youth Homelessness Prevention and Mediation Service	In-House	
• Supported Lodgings Service	Commissioned	06 September 2018
• Young Parents Housing Support	Commissioned	31 March 2019
• Young People's Housing Support	Commissioned	31 March 2019
• Family Group Conferencing	In-House	
• Young Carers Service	In-House	
• Intensive Family Support Service	In-House	
• Lifestyles Services	Commissioned	31 March 2019
• Portage Services	In-House	
• Healthy Relationships Workers	In-House	
• Integrated Youth Support Service	In-House	
• Youth Offending Team	In-House	
• Adult Substance Misuse Service	Commissioned	31 March 2019
• Short breaks and respite Service	Spot Purchased	
• Integrated Sexual and Reproductive Health Service	Commissioned	30 June 2018
• Targeted Prevention Service for Sexual and Reproductive Health	Commissioned	30 June 2018
• Peer Recovery and Volunteering Service	Commissioned	31 March 2019

The Authority will establish on a service by service basis when and if any of these Services are to be added to the Contract.

- 10.5 During the term of the Contract the Authority may wish to add further services and / or funding to this Contract where additional funding has been identified through mechanisms such as grants or awards. If the purpose of the award fits with the service delivery model for the 0-19 Integrated Service then the Authority reserves the right to make necessary amendments to the Service Specification, KPI's and outcomes in negotiation with the Provider.
- 10.6 During the term of the Contract, other contracting authorities may wish to add further services / and or funding to this Contract, where this fits with the delivery model for the 0-19 Integrated Service. Where this is the case the Authority will

commission those services from the Provider, through this Contract, on behalf of the other contracting authority.

10.7 The cost of any additional services, changes or modifications will:

- Be assessed on a service by service basis;
- Be proportionate to the changes being made;
- Be calculated in accordance with the Authority's budget for that service;
- Offer best value to the Authority;
- Take into consideration the pricing proposals set out in the Provider's tender submission.

10.8 The Authority recognises that the partners and sub-contractors engaged by the Provider to deliver the Service may change or be added to during the term of the Contract, in order to ensure capacity and capability to meet changes to the service requirements within the Contract.

10.9 Capital funding may (during the course of the Contract) be provided by the Authority in relation to:

- ICT – including but not limited to equipment, informatics and data systems;
- Estates;
- Equipment;
- Vehicles.

11. Awarding the Contract on Behalf of Other Contracting Authorities

11.1 This Contract is being put in place for the sole direct use of the Authority.

11.2 The Authority expects that other contracting authorities may, during the term of the Contract, wish to use it to deliver additional services where the services fit with the delivery model for the 0-19 Integrated Service. These contracting authorities include, but are not limited to following and any future derivations of those bodies:

- Torbay & South Devon Clinical Commissioning Group;
- North, East and West Devon Clinical Commissioning;
- Any locally developed Accountable Care Systems or Accountable Care Organisations (or any future derivations of such an organisation);

- Devon County Council;
- Plymouth City Council;
- NHS England;
- NHS Foundation Trusts;
- Public Health England;
- National Probation Service;
- Community Rehabilitation Company;
- Devon and Cornwall Police;
- Office of the Police and Crime Commissioner Devon and Cornwall;
- Schools including Academy Schools, Maintained Schools and Independent Schools.

Where this is the case the other contracting authority will commission the Authority to contract with the Provider on their behalf.