Leicester City Council

Invitation to Tender

INTEGRATED HEALTHY CHILD PROGRAMME (0-19 YEARS)

PAN 1009

1 July 2017 to 30 June 2019*
[extendable until 30 June 2021*]

Tenders must be uploaded no later than
12 noon on **Thursday 25 August 2016**

PART ONE

- **Introduction**
- **Instructions**
- **Specification**
- **Terms and Conditions**

* subject to change due to mobilisation period

1. INTRODUCTION

1.1 Introduction

Leicester City Council invites applications for the provision of a Service to deliver the Integrated Healthy Child Programme Service (0-19 years).

The new supplier will be required to ensure that children, young people and families who use the current service have a smooth transition into the new service.

The proposed Contract will be for two years with an option to extend for a period or periods totalling no more than two years and it is anticipated to award to a single Supplier.

This Invitation to Tender document and with the appendices and all other documentation issued to suppliers sets out details of the Authority's requirements and how to submit your Tender. Please ensure you read it carefully, however should you need any further information please see section below on how to raise questions during the Tender period.

1.2 Key Contractual Considerations and TUPE

The contract will be awarded for two years with the option to extend for two further one year periods and contract management meetings will be scheduled on regular occasions throughout the contract term.

Sub-contracting is permitted and there is an expectation that the successful supplier will work closely in collaboration with the Voluntary and Community Sector (VCS) to deliver core elements of the service.

It is the Authority's preliminary view that TUPE will apply in respect of this Contract. TUPE refers to the "Transfer of Undertakings (Protection of Employment) Regulations 2006" as amended by the "Collective Redundancies and Transfer of Undertakings (Protection of Employment) (Amendment) Regulations 2014". However, Suppliers will need to reach their own conclusion as to whether or not TUPE applies. Suppliers are strongly advised that they should seek independent professional advice on the consequences for them about TUPE and pensions if they are the successful Suppliers and the TUPE Regulations do apply.

For this purpose the Authority has obtained from the existing service suppliers details about the staff that these existing service suppliers say perform the service which is the subject of this Invitation to Tender. Schedules of information will be made available to Suppliers once the Confidentiality Agreement has been signed and returned. This document can be found as an attachment within the documents section of this opportunity on East Midlands Tenders and potential suppliers are required to sign and return this document via the messaging system within the portal.

The Authority is not in a position to warrant the accuracy of the information provided by the existing service suppliers. Suppliers are reminded that this information is provided on a strictly confidential basis and for the purpose of submitting this Tender only.

1.3 Living Wage

Leicester City Council is now a Living Wage (LW) Employer, accredited by the Living Wage Foundation (LWF).

As part of our commitment this contract is required to include a Living Wage Clause. Please refer to the Terms and Conditions attached.

This LWF rate is calculated according to the cost of living in the UK and reviewed annually. As an accredited employer we pay our direct employees the current Living Wage rate of £8.25/hour.

Further information is available on the Living Wage Foundation website.

Please note: The **LWF Living Wage** is separate from the **National Living Wage (NLW)** which is the new compulsory government hourly rate (currently £7.20) for all staff aged 25 and over.

Employers can benefit from paying the LWF Living Wage in numerous ways, such as seeing improved productivity, greater staff retention, lower training costs as well as reputational benefits.

Criteria for the LWF Living Wage:
Staff (other than apprentice or intern) are eligible to receive the Living Wage if they:

- Are aged 18 or over;
- Are either contracted or sub-contracted by you; and,
- Provide a service to or on behalf of the Authority involving two or more hours of work in any given day in a week, for eight or more consecutive weeks in a year on:
    - The Authority's premises; and/or;
    - Property owned or occupied by the Authority (including where the Authority is a tenant and is provided building-related services through a Lease); and/or
    - Land which the Authority is responsible for maintaining or on which it is required to work.

All qualifying staff must be paid at least the current LWF Living Wage rate of £8.25/hour and this must be uprated annually in line with any increase in the Living Wage rate as calculated by the Living Wage Foundation.

Although the payment of the LWF Living Wage is not part of the selection criteria, it will be considered as a condition of contract.

1.4 Procurement Timetable

The table below sets out the indicative timetable for this procurement process. It may be subject to change in which case Suppliers will be notified as appropriate.

Activity	Date
Contract opportunity advertised and ITT published	25/07/2016
Mandatory Supplier Information session	03/08/2016
Deadline for clarification questions	**17/08/2016**
Deadline for upload of Tenders (12noon)	**25/08/2016**
Tenders Evaluated	26/08/2016 – 21/09/2016
Clarification questions from The Authority sent to suppliers	22/09/2016
Deadline for the return of clarification questions (12noon)	**28/09/2016**
Authority/Supplier negotiation sessions	w/c 24/10/2016
Final tenders invited	31/10/2016
Deadline for the return of final tenders (12noon)	**15/11/2016**
Clarification questions from The Authority sent to suppliers	01/12/2016
Deadline for the return of clarification questions (12noon)	**06/12/2016**
Award decision approved and communicated to suppliers	16/01/2017
End of standstill period and award decision confirmed	27/01/2017
Mobilisation period (subject to change)	01/02/2017 – 30/06/2017
Service commencement (subject to change)	01/07/2017

The Authority reserves the right to amend this procurement timetable at any point.

2. INSTRUCTIONS TO SUPPLIERS

2.1 Instructions

Please read all the sections of this Invitation to Tender carefully to fully understand the requirements. Please only return part two of this document via the EastMidsTenders portal.

Please do not make any changes or deletions to the ITT documents including the cover pages. Only complete the boxes asking for your responses. Any changes or deletions made to the ITT documents will be disregarded and will not form part of the Contract.

Please complete Section 5 accurately, concisely and in the format provided. Please supply all the required supplementary information, clearly labelled and cross referenced to the relevant question. Please upload all documents separately and do not embed documents in your submission.

Tenders and supporting documents must be completed in English.

2.2 Bidding Model (Consortia and Sub-contracting)

Where a consortium/partnership approach is proposed, all information requested should be given in respect of the proposed consortium leader. Relevant information should also be provided (as indicated in the Questionnaire) in respect of members who will play a significant role in the delivery of the requirements under any ensuing agreement. Responses must enable the Authority to assess the overall consortium.

The Authority recognises that arrangements in relation to consortia may (within limits) be subject to future change and may not be finalised until a later date. Suppliers should therefore respond in the light of the consortia arrangements currently envisaged. Suppliers are reminded that any future change in relation to the consortium must be notified to the Authority so that it can make a further assessment by applying the selection criteria to the new information provided.

Suppliers should be aware that where information provided to the Authority indicates that sub-contractors are to play a significant role in delivering key contract requirements, any changes to those sub-contracting arrangements may affect the ability of the Supplier to proceed with the procurement process or to provide the supplies and/or services required. Suppliers should therefore notify the Authority immediately any change of the proposed sub-contractor arrangements. The Authority reserves the right to deselect the Supplier prior to any award of contract based on an assessment of the updated information.

2.3 Process

This procurement process is being undertaken as a two-stage restricted process. The first stage Pre-Qualification has already been completed; two Suppliers have been shortlisted. Only these shortlisted Suppliers would be required to submit their proposal to the ITT.

The responses that the successful Supplier provides will form part of the Contract.

This procurement process will be carried out in accordance with the Authority's Contract Procedure Rules, part 4G of the Authority's Constitution. Tenders shall be submitted in accordance with and subject to the terms of these instructions and as set out elsewhere in this Invitation to Tender. Tenders not complying with any mandatory requirement (where the word "shall" or "must" is used) may be rejected.

2.4 Questions during the Tender Period

A clarification question and answer process will operate during the Tender Period as explained below. The objective of the clarification process is to give Suppliers the opportunity to submit questions to the Authority where they require clarification on the information contained in the Invitation to Tender. Suppliers should submit any clarification questions via the EastMidsTenders portal ten days (as indicated in the procurement timetable) before the Tender return date.

In order to treat Suppliers fairly, the Authority will provide an anonymised copy of any clarification questions received and the answers to those questions, to all Suppliers via the EastMidsTenders portal.

If for any reason, it is not possible to raise a question or view previous answers via the EastMidsTenders portal. Suppliers should contact the Procuring Officer for support.

Name:	Kayley Lakin
Tel:	0116 4546786
Email:	kayley.lakin@leicester.gov.uk

The Authority might not respond to any clarification questions received by any other method, to any other e-mail address or in any other format.

Should Suppliers wish to provide any innovative solutions which are beneficial but beyond what has been specified they should discuss this during the clarification period. Should Suppliers have any concerns about the Terms and Conditions proposed they should raise this during the clarification period.

2.5 Supplier Session

In addition to the opportunity to raise questions in writing as set out above, the Authority will hold a supplier Session. Any potential Suppliers are required to attend this mandatory session to ask questions about the proposed Contract and associated procurement process.

The event will also be host to several Voluntary and Community Sector (VCS) organisations who of which potential suppliers will be required to network with to develop relationships, which will lead to collaborative working during the contract term.

Address: City Hall, 115 Charles Street, Leicester, LE1 1FZ
Date: Wednesday 3rd August 2016
Time: 10.30am – 2.30pm

Suppliers should raise their questions via the EastMidsTenders portal. A list of all questions raised at the session along with corresponding answers will be made available to all Suppliers via the EastMidsTenders portal as soon as possible after the Session.

2.6 European Single Procurement Document (ESPD)

Should you wish to submit an ESPD, you may do so. You need only complete the questions that are required in the PQQ; however if any sections of the PQQ are not covered by the ESPD, these should be returned to the Authority as per the instructions for the PQQ in addition to the ESPD. So long as the requested information is provided, the provision of an ESPD will not impact on the evaluation scoring. If you have any questions in this regard, please contact the Procuring Officer.

2.7 Tender Return

Your submission must be returned via the EastMidsTenders portal. Please do not submit hard copies of your Tender. You must have fully uploaded and submitted your Tender by the deadline as stated on the cover page.

Please ensure that you allow yourself plenty of time when uploading your Tender as this may take some time. You are advised not to leave the submission to the last few minutes.

2.8 Tender Evaluation

Any Tender that is accepted will be awarded on the basis of the Most Economically Advantageous Tender. Evaluation will use a 10% price; 90% quality weighting.

It is the Supplier's responsibility to ensure that all information is included within their Tender. Evaluation will be based upon the Tender submitted in accordance with the instructions set out above. The Authority may only base its evaluation on information within the Tender. Failure to respond to questions or provide requested information may lead to the Tender being rejected or scored unfavourably/failed.

The Authority may at its discretion request a supplier to clarify any of the information within its Tender. The information provided by Suppliers at this stage will be considered by the evaluation panel when scoring/evaluating the Tender. The evaluation panel may choose to not seek clarification if it is clear the response will not impact on the outcome of the evaluation process.

The evaluation will comprise of two stages:

- Stage 1: Evaluation of the Quality Section;
- Stage 2: Evaluation of Price.

2.8.1 Stage 1: Evaluation of Quality Section

The quality questions will be scored using the marking scheme set out in the table below.

UNWEIGHTED SCORE	DESCRIPTION
0	**poor or unsatisfactory** response giving rise to serious concerns about meeting the specification
1	**weak** response suggesting there are shortcomings of a less serious nature in meeting the specification
2	**adequate** response suggesting that the specification is likely to be met, albeit only just, or with minor shortcomings that will not be critical to delivery of the service
3	**good** response giving confidence that the specification will be satisfactorily met in all relevant respects
4	**very good** response giving a high level of confidence that the specification will be fully met and exceeded, offering added value and further improved outcomes

Supplier's responses to questions will be evaluated by the Authority Evaluation Panel and a score given for each.

A minimum standard for each method statement has been set. Any Tender scoring 0 for any method statement will be considered to not meet this minimum standard and will be rejected regardless of how well they score against the other method statements.

Question	Method Statement	Weighting
1	Service Delivery (Universal Offer)	10%
2	Service Delivery (Community Offer)	8%
3	Partnership Working (Early Help)	8%
4	Vulnerable Groups	8%
5	Information Sharing	6%
6	Pathways of Care	6%
7	Staffing Arrangements	6%
8	Partnership Working/Sub Contracting with VCS	5%

Question	Method Statement	Weighting
9	Serious Incidents and Safeguarding	5%
10	Positive Difference	5%
11	Contract Monitoring	5%
12	Co-production	5%
13	Implementation	4%
14	ICT and Electronic Data Management	3%
15	Service Improvement	3%
16	Clinical Governance	3%
17	TUPE	Pass/Fail
18	Risk Assessment	Pass/Fail
19	Contract Management	Pass/Fail

At the end of the evaluation process, a weighted score for each method statement will be calculated by applying the formula below:

$$\frac{\text{Unweighted Score}}{\text{Maximum Unweighted Score (4)}} \times \text{Weighting (as per table above)}$$

2.8.2 Stage 2: Evaluation of Pricing Schedule

The Tender with the lowest genuine total contract price will receive the maximum price score 10%. Any Tender that has been rejected for not meeting the minimum thresholds will not be considered in the Price Evaluation. Prices of the other Tenders will be scored based on the following formula:

The total contract price will be calculated by:

$$\frac{\text{Lowest total contract price}}{\text{Tender's total contract price}} \times \text{Maximum Price Score\%}$$

If the price exceeds the Authority's affordability threshold as stated in section 3.14 of this document, the Tender will be treated as non-compliant and rejected.

2.8.3 Total Scores

The total scores obtained by each Supplier for Stage 1 (quality) & Stage 2 (price) will be added to achieve the Supplier's overall final evaluation score.

The Authority may at its discretion request Supplier(s) to clarify any of the information within its Tender. The information provided by Suppliers at this stage will be considered by the evaluation panel when scoring/evaluating the Tender.

The Authority intends to shortlist the top three scoring tenderers to validate its preliminary scores, however the Authority reserve the right to vary this number should it deem appropriate. The shortlisted suppliers will be invited to individual competitive negotiation sessions where discussions will take place between supplier and the Authority. Suppliers will then be invited to submit final tenders which incorporate discussions held at these sessions which will either add value to or detract value from the suppliers original tender submission, and evaluations will be amended accordingly.

The final total scores obtained by each Supplier for Stage 1 (quality) & Stage 2 (price) including the amended scores from the negotiation sessions will be added to achieve the Supplier's overall final evaluation score. The supplier with the highest score will be deemed to have submitted the Most Economically Advantageous Tender (MEAT).

2.8.4 Award Process

Successful and unsuccessful Suppliers will be notified in writing of the Authority's intention to award the Contract.

Notification to unsuccessful Suppliers will include notification of successful Supplier's strengths and characteristics. Should the Supplier wish for further feedback they are welcome to contact the Procuring Officer.

The Authority intends to apply a 10 calendar-day Standstill Period as per the Public Contracts Regulations 2015 and its Contract Procedure Rules, although the

Authority reserves the right not to apply a Standstill Period where it is not obliged to do so.

After the Standstill Period, the Authority will again notify all Suppliers of the decision to confirm its intention to award the contract or, in the case of challenge or other reason the Authority sees fit, to take alternative action.

Acceptance of the Tender by the Authority shall be in writing and shall be communicated to the Supplier. Upon such acceptance the Contract shall thereby be constituted and become binding on both parties. Notwithstanding that, the Supplier shall upon request of the Authority, execute a formal Contract in the form set out in this ITT.

Suppliers must not undertake work without first having received written notification that they have been awarded the Contract and are required to start work.

Following award of the Contract, failure by the Supplier to execute a formal Contract within a reasonable time limit specified by the Authority shall render the Contract voidable at the option of the Authority.

2.9 Conditions of Participation

All information supplied is intended to help Suppliers prepare their Tenders and Suppliers must satisfy themselves of the accuracy of information and requirements. It is the Supplier's responsibility to ensure that all information is included within their Tender. Evaluation will be based upon the Tender submitted in accordance with the instructions set out above. The Authority may only base its evaluation on information within the Tender. Failure to respond to questions or provide requested information may lead to the Tender being rejected or scored unfavourably/failed.

Whilst the information in the Invitation to Tender has been prepared in good faith, it does not purport to be comprehensive or to have been independently verified. The Authority does not accept any liability or responsibility for the accuracy, adequacy or completeness of any of the information or opinions contained within this Invitation to Tender or any information made available during the procurement process.

Any liability is hereby expressly excluded and no costs or expenses incurred for preparing or producing of the Tender will be accepted by the Authority.

This Invitation to Tender does not constitute an offer and the Authority does not undertake to accept the lowest, or any, tender.

All Suppliers undertake to protect and keep confidential all data and information provided and undertake to protect the data and information from unauthorised access and unauthorised use.

Suppliers shall not discuss the Tender they intend to make other than with professional advisers or joint Suppliers who need to be consulted. Suppliers are not permitted to make any public announcement about this procurement without prior written approval of the Authority during the procurement process.

Tenders shall not be qualified or accompanied by statements that might be construed as rendering the Tender equivocal.

The Authority reserves the right to amend or adjust the procurement process or to terminate this procurement process at any stage and will give all interested parties as much notification as possible.

The information you provide in your response will be treated in confidence and in compliance with the Data Protection Act 1998. Your information will only be shared with those directly involved in the procurement and evaluation process. The Supplier shall not transfer the Personal Data 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 is in place.

2.10 Freedom of Information

The Authority is committed to being open and transparent and meeting its legal responsibilities under the Freedom of Information Act 2000 and Environmental Information Regulations. Accordingly, all information submitted to the Authority may need to be disclosed in response to a request under the Act. The Authority may also decide to include certain information in the publication scheme which the Authority maintains under the Act.

If a supplier considers that any of the information included in their Tender is commercially sensitive, this should be identified and explained of harm may result from disclosure, and the time period applicable to that sensitivity. Suppliers should be aware that, even where they have indicated that information is commercially sensitive, the Authority might be required to disclose it under the Act if a request is received.

3. SPECIFICATION

3.1 Brief Summary of Service

We will commission and ensure delivery of a new and integrated Healthy Child Programme (HCP) ("the Programme") for children and young people (CYP) aged 0-19 years (in some cases up to 25 years, if they have special educational needs and disabilities) and their families in Leicester. The Programme will support families to ensure their children and young people grow up healthy, safe and are able to achieve their potential.

Extensive consultation on the new model has taken place and the results support the integration of 0-19 years services so that provision is co-ordinated and more effectively addresses the needs of children, young people and their families in Leicester.

It is of paramount importance that the Programme is confidential, visible and accessible for all service users, stakeholders and partners and is free at the point of delivery for all service users.

3.2 Background and Context

Giving every child the best start in life is crucial to improving health outcomes and reducing health inequalities across the life course. The foundations for virtually every aspect of human development – physical, intellectual and emotional – are set in place during pregnancy and in early childhood. Early years have a lifelong effect on health and wellbeing, educational achievement and economic status.

This service specification has been developed by Leicester City Council and will be supported by joined up commissioning arrangements in partnership with:

- NHS Leicester City Clinical Commissioning Group (LCCCG)
- NHS England Midlands and East (Central Midlands) (NHSE)
- NHS Health Education England working across East Midlands (HEE)
- Leicestershire and Rutland County Councils

This will support an integrated approach to meeting the needs of children and young people and their families and will enable the delivery of improved outcomes and ensure co-ordinated support across the life course.

Successive academic and economic reviews have demonstrated the economic and social value of prevention and early intervention programmes in pregnancy and the early years (Irwin et al 2007, Marmot 2010). Marmot (2010) and the Chief Medical Officer (2013) have both identified the importance of building on early years support and sustaining this across the life course for school-aged children and young people, using proportionate support to improve outcomes and reduce inequalities.

There is a strong evidence base supporting delivery of all aspects of the Programme and the services associated with it. A summary of the evidence and guidance

relating to health visiting (Healthy Child Programme 0 – 5 years) and school nursing (Healthy Child Programme 5 – 19 years) is included in:

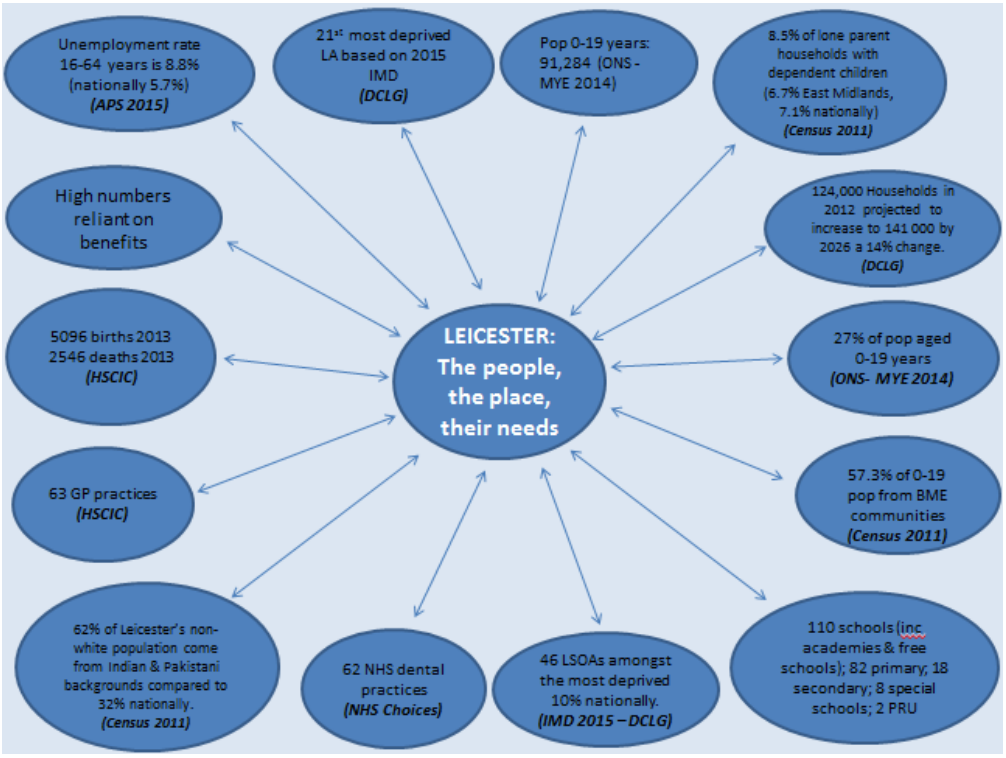
- Maximising the school nursing team contribution to the public health of school-aged children (DH, 2014) https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/303769/Service_specifications.pdf
- 2015-16 National Heath Visiting Core Service Specification (NHS England, 2014) http://www.england.nhs.uk/wp-content/uploads/2014/12/hv-serv-spec-dec14-fin.pdf

Please see Appendix 1 for the key documents and policy guidance that provide the evidence base and context for this specification. It is not an exhaustive list. The Provider will be expected to work to new and emerging policy guidance, such as that developed by the National Institute for Health and Care Excellence (NICE), Public Health England (PHE) and the Department of Health (DH).

Local Context

Leicester city is a vibrant city, but it faces many tough challenges, all of which impact upon the health of the city's children, young people and families. A brief summary of Leicester's people and their needs is captured in the figure and narrative below – please see Appendix 2 for further information on the demographic profile of children and young people in Leicester.

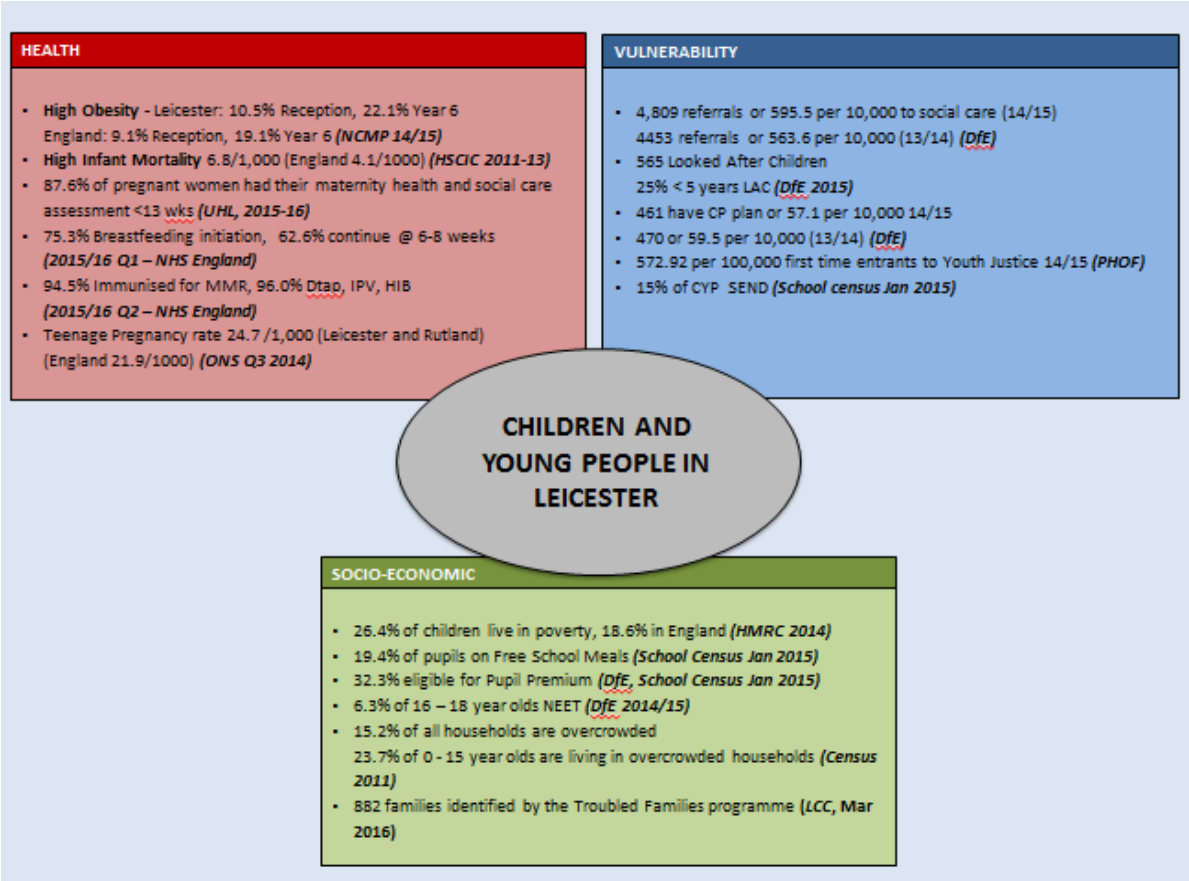
Figure 1: Leicester: the people, the place, their needs



Leicester has a diverse population and a very different ethnic make-up to that of England with Black Minority Ethnic (BME) and White ethnic groups each making up approximately 50% of Leicester's population compared to England where they are 15% and 85% respectively. 37% of Leicester's population are of Asian / Asian British origin, mostly Indian, but also from Pakistani and Bangladeshi backgrounds, 6% are Black / Black British, 4% Mixed and 3% from Other ethnic origins. 46% are White British or Irish and 4.6% from Other White groups, including Poland and other EU accession countries.

Leicester's population is approximately 333,800; it is a relatively young city with around 38% of the population aged 0-24 years. A third of all city households include dependent children. The large number of young people in Leicester is due in part to students attending the city's two universities. The figure and narrative below provides a brief descriptive summary of the health, socio-economic and vulnerabilities affecting children and young people in Leicester.

Figure 2: Health, socio-economic and vulnerabilities affecting children and young people in Leicester



Life expectancy at birth for Leicester in 2012-2014 shows boys at 77.3 and girls at 81.8 years; both of which are significantly worse than the national averages. Infant mortality has been improving and is not significantly different from the rest of England, with 5.4 deaths per 1,000 live births, compared to the national rate of 4.0

per 1,000 (2012-2014). The majority (around 70%) of infant deaths occur within the first 28 days of life.

An estimated third of all perinatal deaths (within seven days of birth) in the UK are caused by maternal smoking. In 2014/15, 11.8% of mothers in Leicester were smoking at the time of birth, below the Midlands and East of England average (12.1%) and similar to England (11.4%).

Results from the National Child Measurement Programme (2014/15) show that in reception year over a fifth (22%) of children measured in Leicester were either overweight or obese. Levels of overweight (excluding obese) in Leicester are significantly lower to the national rate, but levels of obesity (10.5%) are significantly higher than England (9.1%). In year 6 thirty six percent of children measured were either overweight or obese. Levels of obesity (22.1%) are higher than those of overweight (13.7%). Levels of overweight excluding obese (13.7%) are lower than England (14.2%) but levels of obesity (22.1%) are significantly higher compared to England (19.1%).

At ages 3 and 5, children in Leicester have very high experience of tooth decay nationally. Over a third of 3 year olds and over half of 5 year olds in Leicester have decayed, missing or filled teeth, significantly higher than the national, regional and peer comparators.

The prevalence of smoking increases with age, from less than 0.5% of 11 year olds to 11% of 15 year olds. 5% of pupils aged 11 – 15 report smoking regularly. The average consumption of cigarettes by pupils who report smoking regularly is 36 cigarettes per week. Young people who play truant or who have been excluded from school in the previous 12 months are almost three times more likely to smoke regularly compared to those who have never truanted or been excluded.

Looked-after Children (LAC) are a vulnerable group who, compared with their peers, have significantly more educational and mental health problems, and on leaving care have worse outcomes as adults. Nationally, LAC and care leavers are between four and five times more likely to self-harm in adulthood. They are at five-fold increased risk of all childhood mental health, emotional and behavioural problems. Looked-after teenage girls are 2.5 times more likely to become pregnant than other teenagers. The rate of LAC in Leicester has consistently been higher than the national and regional averages. The rate of LAC aged under 18 in Leicester has increased from 63 per 10,000 children (2010) to 67 per 10,000 (2014). This increase is significant when compared against the national average.

In Leicester between 3,500 and 5,250 children have a mental health problem. 25% of children aged 5-16 years have mothers at risk of common mental health problems, equivalent to 12,000 children in Leicester. Mental health problems which begin in childhood and adolescence are not only common but can have wide-ranging effects. These can lead to significant distress, poorer educational attainment and employment prospects, social relationships, and longer term physical and mental health problems.

In 2014, the teenage pregnancy rate in Leicester was 25.3 per 1,000 15-17 year old

girls, which although not significantly higher than the England rate, (22.3) represents a 60% fall from the local 1998 baseline.

The 2011 Census identified 3,740 children and young people under 24 years, who were providing unpaid care in Leicester. This represents 3% of all under 25s living in Leicester, which is significantly higher than the national average.

In 2014, 36.7% of Leicester's children were living in poverty, which is significantly higher than the national average of 21.8%. There are eight wards in Leicester where over 41% of children are living in poverty.

Please see Appendix 3 for a brief summary of the health profile for children and young people in Leicester. For further information, please see the Director of Public Health Annual Report 2013/14 at

https://www.leicester.gov.uk/media/177395/director-of-public-health-annual-report-2013-2014.pdf. Further related data is also available at: http://www.chimat.org.uk/profiles.

The Provider is expected to keep abreast of the changing needs of the population in Leicester and ensure that it is agile and responsive. Regular, local insight from children, young people and their families will be fed into this process and drive on-going service improvement and developments.

1.3.3 Strategic Aims and Priorities

Note: The Provider will not be responsible for reporting progress against the priorities and indicators below. The performance measures (Section 12) will be used as indicators of overall 'direction of travel', and as specific measures of service effectiveness.

The Public Health Outcomes Framework and NHS Outcomes Framework clearly define a range of outcome measures that are significant to improving the health and wellbeing of children and young people, which are as follows:

Improving

- Life expectancy and healthy life expectancy
- Breastfeeding initiation and prevalence at 6-8 weeks
- Child development at 2-2½ years
- School readiness
- Academic achievement
- Emotional health and wellbeing
- Tooth decay in children aged 5
- Healthy weight
- The percentage of children aged 5-10 years who usually walk to school

Reducing

- Infant and child mortality
- Low birth weight of term babies
- Smoking
- Under 18 conceptions
- Not in education, employment or training
- First time entrants into the youth justice system
- Children in care
- Children in poverty
- A&E attendances and hospital admissions

Promoting

- Disease prevention through screening and immunisations
- Population vaccination coverage
- Early access to maternity services

3.4 Outcomes, Specific Aims, Principles and Objectives of the Service

Outcomes

The Provider is responsible for delivering the Programme via a system-wide approach. It will therefore lead on a number of outcomes as well as contributing to others:

- Positive attachment with parents.
- The health and wellbeing of children, young people and their families will be improved via a partnership approach.
- Health and wellbeing assessments across the life course will support early help and an opportunity to intervene early where necessary.
- Children, young people and families are empowered to make positive choices in leading healthy, happy lives.
- Children, young people and families are empowered in managing their long-term conditions, keeping admissions to hospital and attendance at A&E to a minimum.
- Children and young people experience seamless transitions when navigating health and social care services including links to specialist mental health services.
- Effective transition from children's to adult services.

Aims

The Programme will:

- Have the child, young person and their family at its centre and will use a range of public health mechanisms to maximise the health and wellbeing of children, young people and their families in Leicester.
- Be a universal service and will respond swiftly and appropriately to need, providing early interventions that enables families to be resilient and reduces the need for more costly interventions.
- Reduce health inequalities by ensuring interventions reach vulnerable

children, young people and their families.
- Be part of Leicester City Council's Early Help offer and will work in partnership in a broad delivery model for children's services in Leicester in order to offer early support and reduce demand for services.
- Have safeguarding at the core of all work, with a relentless focus on reducing harm, protecting and safeguarding children and young people.

Principles

It is expected that the Provider will implement a range of cross-cutting principles within service planning and delivery:

- Children, young people and family voices will underpin all of service planning, design and delivery and service users will be actively involved in co-production of services to ensure services are what communities want and need and that resources are put to best use.
- Protecting children from avoidable harm and improving the quality and delivery of parenting and care will be a central focus.
- Championing and advocating a culturally sensitive and non-discriminatory system that promotes social inclusion, dignity and respect.
- Early help, prevention and early intervention are essential to offer early support and reduce demand for services.
- Integration and partnership is recognised as a key enabler to improve outcomes and quality of care.
- Evidence-based approaches will be implemented, while allowing for innovation that improves the quality of service provision.
- Understanding different levels of need will support development of the model and services – described as Community, Universal, Universal Plus, and Universal Partnership Plus with equity of outcome, not equity of input. Resources will be targeted to those that need them most.
- Assets that exist in our communities, families, individuals and workforce will be identified and built upon. Ensuring the right service is delivered in the right way, at the right time, including engaging with the voluntary sector to deliver on key elements of the service provision.
- The Programme will be visible, confidential and accessible. This includes those who do not speak English as a first language; with appropriate translation services being in place and ensuring that all correspondence can be understood by all service users.

Objectives

The key objective is to deliver the Programme in an integrated way including the provision of:

- Healthy Child Programme 0-5 years
- Healthy Child Programme 5-19 years
- Intensive evidence-based support for vulnerable pregnant women
- Breastfeeding peer support
- Oral health promotion including the co-ordination and distribution of resources

- Co-ordination and administration for the National Child Measurement Programme (NCMP)
- Development and co-ordination of a Healthy Settings Programme for Early Years and Schools (the Programme for early years should be underpinned by The Eat Better, Start Better voluntary food and drink guidelines and purposeful physical play (http://www.lrsport.org/earlyyears and Leicester City Council's Healthy Teeth, Happy Smiles! Early Years accreditation scheme)
- Co-ordination and distribution of Healthy Start
- Child Weight Management Service

3.5 The Service and High Impact Areas

The Programme:

- Is an early intervention and prevention programme that is offered to every family with children and young people aged between 0-19 years living in Leicester city.
- Offers evidence-based developmental reviews, information and interventions to support the healthy development of children and young people.
- Provides support to children and young people in a confidential, visible, engaging and accessible way.
- Identifies levels of need and those who need more help will be provided with additional, evidence-based support, appropriate to their needs.

Within this document, all practitioners have been referred to as the HCP team / practitioner, to begin the process of integration. All HCP team members will be visible, approachable and recognisable with a job title that reflects the integrated approach to delivering the Programme.

The workforce will possess the skills to help empower children, young people and families to make decisions that affect their health and wellbeing, having a central role in improving health outcomes and reducing inequalities of the population in Leicester. By using their autonomy, clinical skills and professional judgment, the workforce will ensure that children, young people and families at risk are identified at the earliest opportunity and provided with appropriate support. The workforce will have the credibility to influence partners and be able to act as a local leader to drive the integrated approaches that will be required to deliver the outcomes of the Programme.

Children, young people and their families will receive a seamless service not dependent on the age of the child with staff identifying who is best placed to work with a child, young person and family; ensuring the provision of high quality, continuing care on that basis.

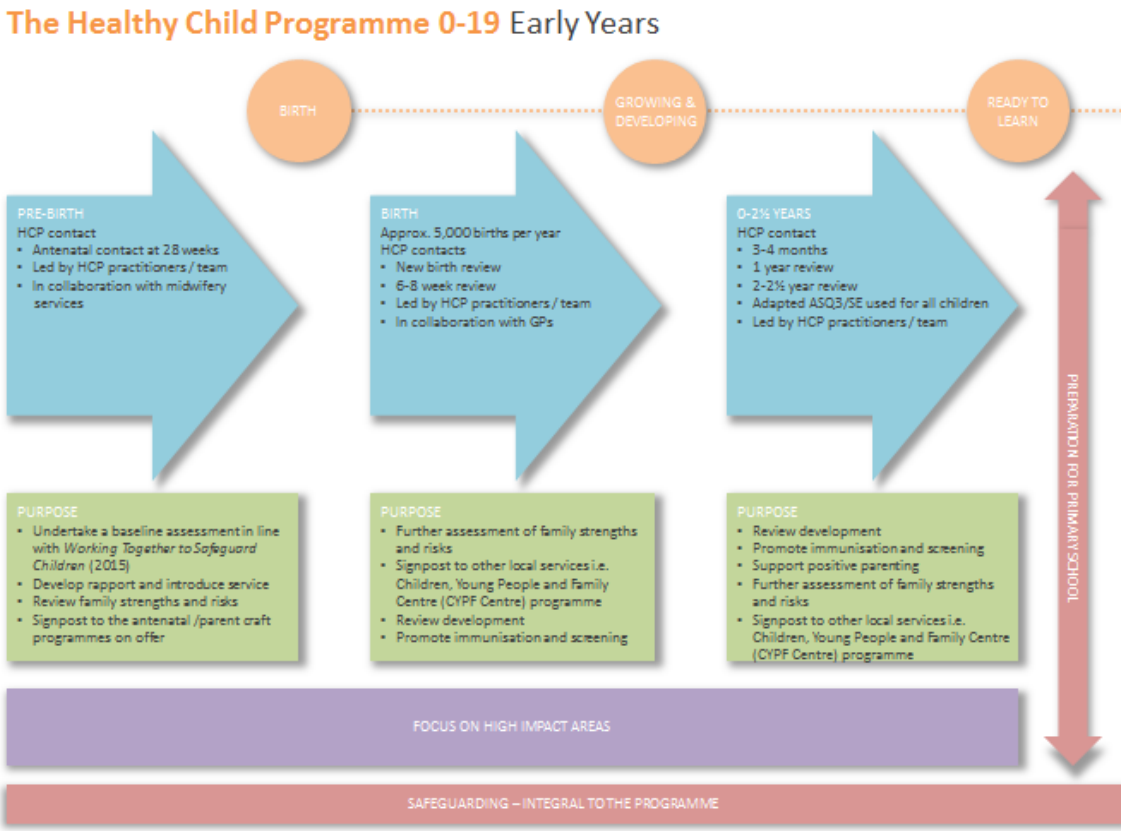
High Impact Areas define issues that need to be prioritised and ensure resources are targeted appropriately, according to health need and to maximise health outcomes. They describe the areas where the HCP workforce can and will have a significant impact on health outcomes. The Provider will focus on demonstrating progress in the following areas across the whole integrated system. The following High Impact Areas have been identified for Leicester using national and local priorities and will be used

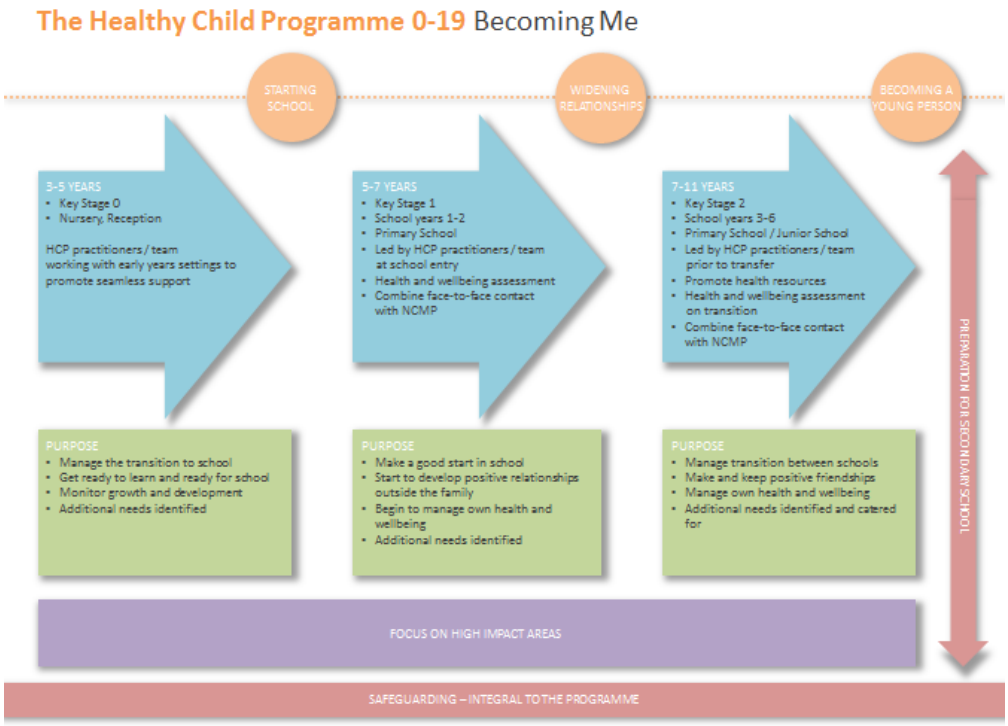
by the Provider to steer the work of the Programme:

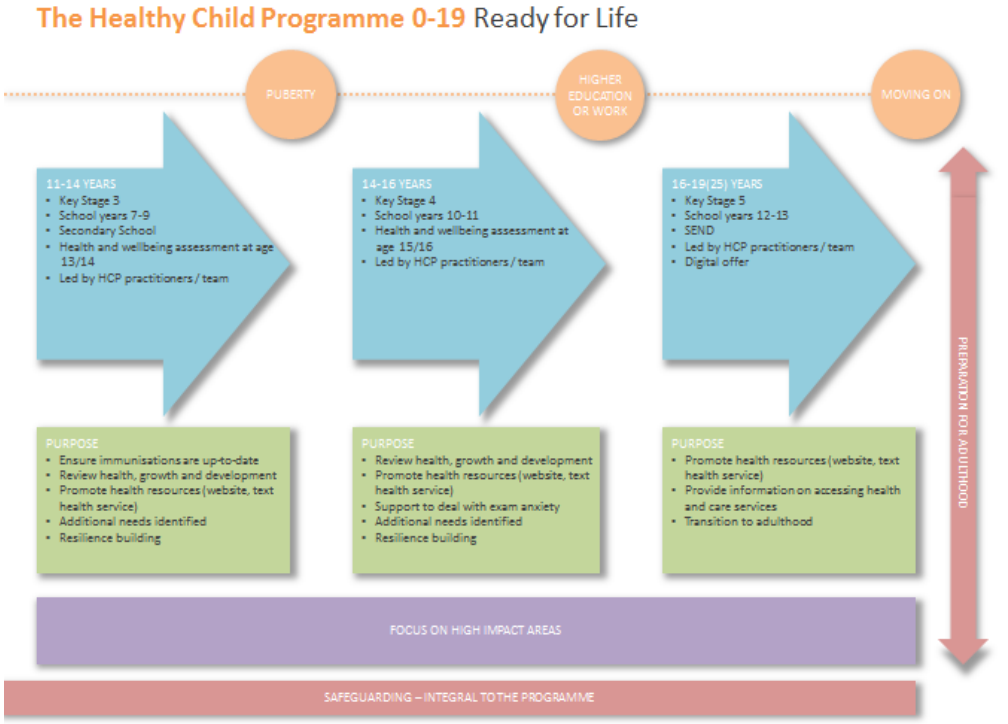
- Transition to parenthood
- Maternal mental health
- Breastfeeding
- Healthy weight, healthy nutrition and oral health
- Managing minor illness and accident prevention
- Health, wellbeing and development of child age 2
- Support to be ready for school
- Emotional health and wellbeing and building resilience, self-esteem and confidence
- Addressing risky behaviour
- Supporting vulnerable families
- Maximising learning and achievement

The Figure below demonstrates the integrated delivery of the Programme.

Figure 3: Integrated delivery of the Programme.







3.6 Levels of Intervention

The Programme will operate at four levels of intervention to improve health outcomes and reduce health inequalities, in line with Government recommendations.

Community

Building community capacity is a key focus area. The Provider will have a broad knowledge of community needs and resources (including assets) available, and will lead a strategic approach that develops family resilience and independence. This will underpin all other work. The Provider will work alongside other partners and stakeholders to ensure a holistic service and a focus on improving health outcomes and reducing inequality at individual, family and community level.

Universal

Universal services are essential for primary prevention, early identification of need, and early intervention; leading to early support and harm reduction.

Universal Plus

The provision of timely, expert, evidence-based advice and support from the HCP team to children, young people and families on specific issues. Interventions will be provided, delegated or referred and will be planned and co-ordinated. They will include regular reviews to assess progress; measure outcomes achieved or escalate for additional support. A common escalation route will be in Leicester's Early Help Assessment, where the integrated HCP workforce will be required to be a lead practitioner.

Universal Partnership Plus

On-going support as part of a range of local services working together with children, young people and families with more complex needs over a longer period of time. This will constitute the Provider's Early Help offer or become an Early Help Assessment. The Provider will work with a range of partners to develop appropriate care packages. The integrated HCP workforce may provide the intervention (as appropriate) or delegate within the team or refer to partners to ensure the child, young person or family are getting the right support, in the right way, from the right services at the right time.

Safeguarding and Child Protection

Safeguarding and child protection will be embedded across all levels described and will be prioritised as a protected element of the integrated HCP workforce's role.

Some children, young people and families may need to move along pathways within the system, without barriers. Children, young people and families will only need to 'tell their story once'. To enable this, the Provider will use a single assessment process / tool to:

- Capture the basic information required.
- Reflect the content of wider service assessments e.g. use of the Personal Child Health Record (PCHR) "Red Book", the Early Help assessment process or specialist NHS services

3.7 Community Offer

Community Empowerment

The HCP team will support and empower their local communities to identify assets and develop initiatives which meet local need. They will work with communities and partners to build community and family resilience and develop community resources, using a strength-based model. This community-based work will reflect the High Impact Areas.

It is expected that different interventions will be developed based on the needs of the different communities and neighbourhoods of the city. The Provider will agree with the Commissioner on the range of initiatives to be rolled out each year.

Community Peer Health Champions

The Provider will collaborate with Early Help to create a co-ordinated approach to Community Peer Health Champions which empowers parents, children and young people to play a part in their own and their peers' wellbeing, focusing on the High Impact Areas for Leicester by:

- Providing training, on-going support and supervision to peer volunteers to ensure they are able to successfully deliver peer support (in partnership with Early Help)
- Ensuring peer volunteers have child protection clearance (DBS) as appropriate with processes in place to support peer mentors to identify and report concerns around child safety and neglect.
- Strengthening relationships with local health, sport, fitness and physical activity community groups.
- Making a particular effort to recruit, train and retain Youth Peer Health Champions.

Healthy Settings Programme

The Provider will develop, facilitate and co-ordinate a Healthy Settings Programme for early years settings and schools comparable to the Leicestershire Healthy Tots and Healthy Schools programmes (http://leicestershirehealthytots.org.uk and http://www.leicestershirehealthyschools.org.uk). The Provider will work with all appropriate partners including the Soil Association, Food for Life Programme, Eco Schools and Oral Health Promotion Service to make positive changes on the High Impact Areas.

There is an existing early years healthy eating initiative involved with Children, Young People and Family (CYPF) Centres, private nurseries and child minders. The settings have been trained in the use of the Eat Better, Start Better voluntary food and drink guidelines for early year settings. Some CYPF Centres have been previously trained in how to deliver Let's get cooking clubs and/or Cook and eat cooking skill courses to local families. At time of writing 43 settings have enrolled in the first year.

The approach taken in the delivery of the community-based support and Healthy Settings Programme will encompass:

- Provision of training, ongoing support and consultancy to early years settings (children's centres, nurseries and childminders) in the implementation of the "Eat Better, Start Better" early years settings food and drink guidelines and in gaining the Healthy Teeth, Happy Smiles! Early years accreditation programme (administered by the Oral Health Promotion Service)
- Provision of training and ongoing support to CYPF Centre staff and community volunteers so they can provide a sustained offer of Let's Get Cooking, cook and eat courses and supervised tooth brushing sessions.

Multi-agency Training

In working with the wider health and social care economy, the Provider will be required to identify key training needs and to provide training on a regular basis in formal and informal ways e.g. attending partner network meetings or holding topic-specific workshops. It is expected that the specialist posts within the service will lead on training multi-agency staff in their area of expertise.

Public Health Campaigns

The Provider is required to participate in public health campaigns which reflect High Impact Areas every year.

3.8 Universal Offer

The HCP workforce will make a health promoting contact with every child, young person and family resident in Leicester. Staff will identify and draw on the strengths within the child, young person and family in providing support and advice, recognising that children, young people and families have the solutions within themselves to make positive lifestyle changes. Key areas to be addressed are the High Impact Areas for Leicester.

Please see Appendix 4 for clarification of what the Universal offer will include, as a minimum.

Within this framework, the Provider will develop and agree with the Commissioner, a detailed Programme Standard Operating Guidance (SOG) that will include pathways that are service specific and integrated to cover all of the High Impact Areas across the age groups. Pathways will conform to all relevant national guidance and take into account each of the reviews, considerations around premises, skill mix and levels of vulnerability.

The HCP team has a key role in identifying, referring and supporting the family of children with Special Educational Needs and Disabilities (SEND) and in referring to Educational Psychology and using the appropriate pathways, e.g. Downs Syndrome and Cystic Fibrosis. This will often lead to escalation of care and increased support requirements from the HCP team.

All children and young people identified as having needs that require multi-agency support will be referred for an Early Help assessment. GPs will receive a standardised report within one month of the assessments where health needs have been identified. This includes pupils identified as being overweight or obese.

The Provider is expected to work in partnership with local NHS dental practices in order to support children, young people and their families accessing dental practices.

The provider is expected to use knowledge and intelligence gather as part of the Universal offer to create health profiles for educational settings relating to the High Impact areas which will enable complex understand of need and identification of priorities.

Health Clinics/Drop-in sessions for Parents, Children and Young People

The Provider will hold health clinics or drop-in sessions in CYPF Centres, GP surgeries or other appropriate and accessible locations in the community, such as dental practices and schools. These provide key opportunities to address parental, child or young person concerns about health, growth and development and deliver age-appropriate health advice, support, signposting and referral. The delivery of the health clinics/drop-in sessions will be demand-led, ensuring that areas of higher need receive more clinic time. Where possible, health clinics/drop-in sessions will be held alongside activities taking place in CYPF Centres, schools and other community venues to increase uptake of sessions.

All school-aged children and young people should be able to access frequent and regular drop-in sessions with a HCP practitioner, where they can access support, early interventions and sign posting on all issues that concern them including, but not limited to, being young carers, lesbian, gay, bisexual and transexual, identifying youth issues, young mothers in education, sexually active young people, emotional health and wellbeing, self-harm, oral health, Female Genital Mutilation (FGM), Child Sexual Exploitation (CSE). As a minimum the drop-ins will be:

- Once a month in primary schools
- Once a week in secondary schools

Additional drop-in sessions should also be held in suitable and well attended community venues in order to engage with school-aged children and young people who do not attend school e.g. home educated, those not in education, employment or training.

The Provider will work with Colleges and Sixth Forms to ensure the profile of the Programme is raised in these settings and that Young People know what the Programme offers, and when and how they can access it. This will include the promotion of the Digital offer and the use of regular Health Fairs. Leicester College, (Abbey site) and Babington College have clinical rooms available for use.

The Provider will work with Colleges and Sixth Forms to explore how apprentices can be linked in the Programme.

Screening, Immunisations and Dental Attendance

The Provider will actively promote and ensure that families are aware of and take up maternal and new born screening in line with the current and forthcoming National Screening Committee (NSC) recommendations. The Provider will also promote vision and audiology reviews by providing appropriate signposting.

The Provider will ensure effective local area new born blood spot policies and pathways in partnership with local midwifery, Child Health Information System (CHIS) and GP colleagues. This will include a mechanism for checking on the status of children transferred into an area and arrange for urgent new born blood spot screening if necessary.

The Provider will actively promote and ensure that routine childhood immunisations are offered to all children and their parents as per the Green Book. The HCP team will provide parents with tailored information and support; and an opportunity to discuss any concerns. Each child's immunisation status will be checked during health reviews and clinics with referral / signposting to their GP if not vaccinated. The Provider will be required to promote flu vaccinations to pregnant women and children as per the NHS offer. The Provider will promote pertussis vaccination in pregnancy.

The Provider will actively promote first dental attendance before the child's first birthday and regular dental attendance thereafter. The Provider will also actively promote the benefits of fluoride varnish from age 3. The child's dental attendance will be checked during health reviews and recorded on SystmOne (please see Section 23 of this service specification for information on SystmOne). The Provider will develop partnerships with local NHS dental practices in order to refer and signpost children, young people and families.

Emotional Health and Wellbeing

The Provider will deliver perinatal mental health (including secure attachment) education and support to parents to develop a close loving bond with their child from conception or as early as possible. To maximise attachment, the service will promote and support breastfeeding widely and will have / will achieve and maintain level 3 accreditation of UNICEF Baby Friendly community initiative within the contract term.

Where there are concerns around maternal mental health, parent-infant attachment or child / adolescent emotional health and wellbeing, the Provider will use evidence-based tools recommended by NICE guidance such as the Edinburgh Postnatal Depression Scale, Neonatal Behavioural Observation and Neonatal Behavioural Assessment Scale to inform support required with appropriate referral for specialist support from the Community Perinatal Mental Health Team, IAPT (Increasing Access to Psychological Therapies) or CAMHS (Child and Adolescent Mental Health Services). The HCP team will also provide support to fathers around mental health, providing referrals and signposting to specialist support where required. The Provider will ensure that staff are adequately trained to detect, assess and provide support for postnatal depression and Tier 1 and Tier 2 child and adolescent emotional health and wellbeing.

Parent, Child and Young Person Support

The HCP team will work with parents, children and young people using well-evidenced, strength-based approaches (for example, motivational interviewing and Solihull approach and HENRY – Healthy Eating and Exercise in the Really Young) to promote positive lifestyle choices and support positive parenting practices and health behaviours.

The Provider will co-deliver a local response to 'pregnancy, birth and beyond', at present this is known as Bumps to Babies. This will be an evidence-based antenatal and postnatal parenting support class in partnership with midwives, CYPF Centre staff and the voluntary sector based on the High Impact Areas.

Managing Minor Illnesses and Reducing Incidents

The HCP team will be critical in managing minor illnesses and reducing incidents by:

- Ensuring all staff undertake Royal College of Paediatrics and Child Health (RCPCH) e-learning 'Spotting the Sick Child'.
- Supporting parents to know what to do when their child is ill, including contacting 999 and 111 and use of appropriate evidence-based web tools.
- Promoting self-care and the appropriate use of wider services such as pharmacies.
- Promoting LCCCG's 'Parent's Guide to Child Health and Illness' booklet to all parents at appropriate reviews and give additional opportunistic advice and support to parents on managing childhood illnesses and preventing unintentional injuries.
- Carry out prescribing capabilities in line with legislation.

Partnership Working

The Provider will work in partnership with all CYPF Centres in each of the clusters (currently there are 6), GP practices in each of the Health Needs Neighbourhoods, schools, dental practices, University Hospitals of Leicester, CAMHS, community health services and voluntary care sector organisations in order to improve health outcomes and being a key link to the Early Help offer. It is critical that the Provider works effectively to mutually understand the roles and scope of partners in order to coordinate care and deliver services that are efficient, with minimal duplication and that will enhance the care experience and health of children, young people and families in Leicester.

The Provider will develop, implement, monitor and review multi-agency care pathways for all children, young people and their families, ensuring clarity of roles and responsibilities, reducing duplication and eliminating gaps. These will be in line with national pathways and guidance where available.

The Provider will engage with the voluntary sector to deliver on key elements of the service provision.

Oral Health Promotion

The Provider will promote oral health and dental attendance at each review (including risk assessments and pledges), whilst also co-ordinating and distributing branded Healthy Teeth, Happy Smiles! (HTHS!) oral health promotion packs to all children at their 6-8 week, 1 year, 2-2½ years and 4-5 years reviews.

The HTHS! packs will be sourced, co-ordinated and distributed by the Provider in accordance to the required standard and quality as defined in Appendix 5. There are 3 different types of packs that are required to meet the changing oral health needs of the child.

National Childhood Measurement Programme (NCMP)

The NCMP involves weighing and measuring children in Reception Year and Year 6 in school settings. The Provider will ensure co-ordination, delivery and administration of the NCMP in line with the current DH guidance (including the requirement for recording and reporting NHS number). It is expected that the national guidance is updated on an annual basis and will form the foundation for standards and processes expected of service delivery. The Provider will work with partners in the planning, co-ordination, delivery and administration of the NCMP to ensure that any learning from previous years is incorporated.

The Provider will link NCMP feedback letters into the Children's Weight Management Programme (Universal Plus) and the available Change 4 Life clubs and community sport and exercise opportunities to ensure targeted promotion of the service and to support families to make sustainable life style changes.

Personal Health, Social and Economic Education (PHSE) including Relationship and Sex Education (RSE)

The HCP team will provide help and support to parents, governors and teachers to ensure schools understand the importance of, and support the provision of, age appropriate PHSE / RSE within all school settings.

Support will include:

- Providing expert advice and training using the current evidence base to enable school staff to confidently and successfully deliver age appropriate PHSE / RSE.
- Working with schools and other stakeholders to ensure that an equitable offer is available across all schools in the city.
- Establishing clear pathways and joint working with experts and other stakeholder to ensure seamless support for children and young people.
- Ensuring schools have a PHSE / RSE police as part of their Healthy Setting Programme (found in Community offer).

The Provider is expected to work in partnership with the Integrated Sexual Health Service to define the RSE core-offer and ensure that all HCP staff recieve regular sexual health training.

Digital Offer

The Provider will develop a digital offer for children, young people and their families including:

- A secure SMS / text messaging service.
- Separate age appropriate websites – one for primary aged children (and parents) and one for older age children and young people.
- The older age group website will have a web chat / online fora facility (with safeguarding and moderation in place).
- Virtual clinics (e.g. via Skype) to provide access for those who do not wish to be seen face-to-face.
- Extended offer to home-schooled children and young people, and young people aged 19-25 years with a special educational need and / or disability.
- Active promotion to those who are NEET (Not in Education, Employment or Training) and those engaged with the YOS (Youth Offending Service).

Healthy Start

The Provider will require a Wholesale Dealers Licence to comply with the Human Medicines Regulations in order to order and distribute Healthy Start children's drops to premises that are not part of their own organisation i.e. CYPF Centres, pharmacists and dentists. The Provider will set up a centralised distribution model for ordering and distributing the vitamins across Leicester (to include ordering, storing, packing, postage and delivery).

3.9 Universal Plus Offer

Like the Universal offer, the Universal Plus offer will focus on the High Impact Areas and provide additional support through a multi-disciplinary team in a range of settings, including family homes, community and educational settings.

Identifying Families with Additional Needs

The Provider will ensure a rapid response of additional evidence-based care packages in accordance to local care pathways and protocols. Such additional support will be provided over a number of weeks for identified health issues including: postnatal depression, parenting and attachment support, breastfeeding, sexual health, weaning, sleepless children, continence, emotional health and wellbeing, healthy weight, smoking cessation, oral health and domestic violence. This work may result in a request for an Early Help Assessment and if so, it may result in the referring staff member becoming the lead practitioner if the presenting issues are most relevant to the HCP.

Additional Support for School Readiness

The Provider will work with parents to identify additional needs impacting on school readiness as early as possible, including identifying SEND pathways. All children will be ready to learn and ready for school. The HCP team will work with key partners to put in place effective interventions, at the appropriate level of intervention, to address these needs so that children are supported to be ready for school.

Children with Special Educational Needs and Disability (attending mainstream and special schools)

The Provider will focus on early identification and assessment of health and developmental needs and signpost and / or refer for investigation, diagnosis, treatment, care and support. The named HCP practitioner will coordinate or participate in multi-agency care planning and provide on-going support for babies and children with disabilities, long-term conditions, behavioural concerns or other health or developmental issues.

The Provider will develop a close working relationship with a range of partners and stakeholders delivering services to children with SEND and develop care pathways that take into account the full range of needs and thresholds.

Where children have a common condition (epilepsy, asthma, diabetes, allergies and continence problems), have been prescribed medication and their condition is being effectively managed there will be little impact on daily life with minimal input from HCP team. Details about specific medication will be included within the child's health care plan. For children who have a stable health condition and are able to manage their health condition appropriately and safely within the school setting, the Provider will ensure that advice is given to head teachers about the appropriateness of a child's health care plan. HCP practitioners will ensure that plans are in place for those who require them (including those who join school in year) and will sign these off as requested by the head teacher. Where the child is receiving specialist treatment and / or healthcare for complex health needs and / or they require the assistance of a trained adult to help administer medication, the health care plan will be signed off by the most appropriate specialist health care professional or GP.

The Provider will assist the school in reviewing plans annually or when there are significant changes to a child's health condition. Where a child moves within Leicester to another school the Provider will ensure that information about the health needs are transferred to the relevant HCP team who in turn will ensure that these are communicated to the respective school.

The Provider would be expected to have knowledge of those children who require specialist health care interventions and to liaise with health professionals as appropriate. The Provider will be alert to changes in a child or young person's health condition and if necessary intervene early to support them to access specialist advice and treatment.

If there are concerns regarding the impact of the health condition on the child / young person's wellbeing or their personal, social or academic development, the Provider will ensure appropriate early intervention to prevent problems from escalating. This may require liaison between the child / young person, their family, school, GP or other health professionals.

The Provider is not expected to employ or train its workforce to become specialists in working with / supporting children with complex or severe health conditions or disabilities. Individual intensive health support for such children / young people is

provided by the specialist nursing team commissioned by LCCCG and the Provider is expected to help facilitate, co-ordinate and signpost schools, parents / carers, children / young people to the specialist nursing team for such additional intensive support.

Breastfeeding Peer Support

The Provider will deliver an accessible face-to-face breastfeeding peer support service in areas of deprivation and / or with low breastfeeding rates and to vulnerable mothers wishing to breastfeed in Leicester using volunteer peer supporters. The Provider will offer support to new mothers in the city, in order to achieve a sustained upward trend in the initiation and prevalence of breastfeeding at 6-8 weeks and onwards. This will form an important part of the infant feeding pathway.

In addition to the Community Peer Health Champions (Community Offer), the Breastfeeding Peer Supporters will:

- Have a process in place that enables contact with new mothers within 48 hours of their transfer home; this will involve liaising with midwives at UHL.
- Offer on-going support according to the mother's needs including hospital based support, one-to-one sessions including visiting the new mother in their own home, by telephone, text and through community based groups; support will be offered by both HCP staff and peer supporters.
- Provide on-going support to the local co-delivered antenatal and postnatal parenting programme (currently Bumps to Babies) and breastfeeding support groups that attract the target audience.
- Develop relationships and pathways to enable effective and efficient referral by partners and stakeholders.
- Advertise the service so that mothers and pregnant women living in Leicester are able to self-refer.
- Sit within the existing infant feeding pathway and interface with other interventions aimed to improve breastfeeding uptake.
- Ensure that evidence based oral health promotion messages are cascaded.
- Make a particular effort to recruit, train and retain some teenage mothers as peer supporters, this will involve linking with the Universal Partnership Plus service for vulnerable pregnant women.

Vulnerable Families

Additional support will be provided to the following vulnerable groups with children aged 0 – 19 years:

- Travelling families registered with a GP.
- Homeless families.
- Lone children and asylum seeking / refugee families.
- New migrant families.

All children of vulnerable families will receive oral health promotion resources once a year.

CONI (Care of Next infant)

Parents who have suffered a sudden and unexpected death of a baby often feel anxious when they have another baby. Care of Next Infant (CONI) supports families before and after the birth of their new baby. It is anticipated that the current CONI equipment will transfer from UHL to the HCP Provider on 1st July 2017, the Commissioner is working with LCCCG to ensure this happens.

Through CONI, the Provider will ensure that parents:

- Receive regular home visits by their HCP practitioner, so that they can talk freely about any worries and seek advice.
- Keep a symptom diary to record their baby's health, which they can then discuss with their HCP practitioner.
- Use the Baby Check booklet to help decide when a doctor will examine their baby.
- Monitor their baby's growth with a weight chart and weighing scales, to detect changes quickly.
- Borrow apnoea (breathing) monitors which pick up movements as the baby breathes, and will ring an alarm if movements stop for longer than 20 seconds.
- Receive training on resuscitation.
- Receive a room thermometer and guidance on bedding, clothing and smoke free environments.
- Can receive additional support after birth of the baby.

Specialist advice, information and emotional support for the HCP practitioners who are caring for bereaved families and their subsequent babies will also be provided via CONI. CONI leads will develop an e-learning package to be used annually to update all staff working with babies / young children.

The Provider will work in partnership with University Hospitals of Leicester to agree the CONI pathway, which ensures as a minimum identification and referral by UHL to the Provider (which includes communication with GP). The Provider will be responsible for the co-ordination and all resources i.e. equipment (including servicing), literature and training.

Paediatric Liaison

The Provider will develop and implement pathways on following up of hospital discharges. This will be agreed between the Provider and Commissioner, in line with local integrated care work streams, and may include follow-up for all discharged children who are under 1 year of age, were discharged with a fever of unknown origin, were admitted due to an accident / incident, who have attended A&E on a previous occasion within the last six months, children who have had a tooth/teeth extracted under general anaesthetic or where the A&E liaison nurse or other staff have expressly asked for HCP follow-up.

Continence

The Provider will ensure appropriate time-limited (no more than 12 weeks support) early intervention and support to children, young people and families experiencing

issues with continence. The Provider will offer advice, information and awareness raising on nocturnal enuresis, idiopathic constipation and toilet training problems whilst providing first line interventions as appropriate which promote 'healthy bladders and bowels'. If problems continue the Provider will refer to specialist continence nurses and health clinics for further assessment and treatment.

Children with additional needs may require on-going support.

3.10 Universal Partnership Plus Offer

The Universal Partnership Plus offer will work to the High Impact Areas identified for Leicester and will offer longer term, multi-disciplinary team support for children, young people and their families and will constitute the Provider's multi agency response stage of the Early Help Pathway. This will be aligned with the Early Help assessment.

Intensive Support for Vulnerable Pregnant Women

The Provider will deliver a local, nurse-led, intensive and structured set of home visits and interventions delivered by specially trained HCP team to support vulnerable pregnant women in order to provide their children with the best start in life and to ensure that parents and families have the skills, knowledge, confidence and capability to enable them to give their children the best possible physical, emotional, social and environmental outcomes. This intervention will break the inter-generational cycle of deprivation. It will help prevent complex webs of care occurring, reduce escalation to safeguarding, or in the alternative, escalate safeguarding as required. Due to the intensive level of support provided by this intervention, it is expected that the HCP team engaged in this intervention will carry a case load of about 25 families each, and that 100 vulnerable pregnant women a year will be supported. Eligibility criteria will be agreed between the Commissioner and Provider during mobilisation.

The offer will enable vulnerable pregnant women to:

- Have a healthy pregnancy.
- Become knowledgeable and responsible parents.
- Provide babies with the best possible start in life.
- Develop positive outcomes for themselves and their children.

The Provider is expected to use evidence-based interventions to deliver a more intensive, specialist HCP including:

- Deliver a planned, comprehensive programme of structured home visits covering key health issues, starting from early pregnancy until the child is 2 years old.
- Be delivered to mothers alongside extended families involving fathers and grandparents, where possible.
- Delivery by an appropriately trained and competent HCP practitioner.
- Ensure the same named practitioner visits each mother wherever possible.
- Effective support for mothers to identify their own needs, set goals and review

their progress.
- Will work closely with the midwives who will be responsible for the young mother's midwifery care.
- Provide system for effective communication, audit and information sharing for all aspects with midwives, social care, other HCP practitioners, GPs, dentists and CYPF Centres.
- Work in partnership with local organisations to ensure the family are integrating into the community and access the support available to them.
- Ensure a smooth transition for child and mother, into the Universal offer at age 2.
- Link with the Breastfeeding Peer Support (Universal Plus) in order to facilitate and support breastfeeding.
- Provide additional oral health promotion packs for both mother and child at 6 months, 1 year, 18 months (thereafter at 2-2 ½ year review and at 4-5 year review under Universal offer).

Children's Weight Management Service

The Provider will ensure seamless delivery between NCMP (Universal offer) and the Children's Weight Management Service. The service must be dietetic led and based on NICE (2013) PH47 guidance on the prevention, identification, assessment and management of overweight and obesity in adults and children, including best practice guidance on multi-component lifestyle weight management programmes.

The Provider will design and deliver an evidence-based, accessible lifestyle weight management service for children and young people with a weight >91st centile (excluding those children and young people who also have complex co-morbidities and health needs under the care of a paediatrician). It will support overweight and obese children and their families identified at appropriate health and development reviews including NCMP. All children who are identified to be on or above the 91st Body Mass Index (BMI) centile and who have a willingness to change, to reach and maintain a healthier BMI will be offered engagement with the service. Children and young people not complying with these criteria will not be eligible to access the service. Individuals meeting the following criteria are also excluded from this service (unless deemed appropriate by specialist staff):

- Have an eating disorder.
- Have an underlying medical cause for obesity that would benefit from more intensive clinical management than a Tier 2 service.

The Provider will:

- Accept referrals from primary care, all healthcare professionals and relevant stakeholders.
- Accept self-referrals from eligible local families.
- Make onward referrals to other relevant health and social care services where appropriate.

This service will form an integrated part of the local weight management / obesity

care pathway and as such will interface with other interventions aimed to prevent unhealthy weight and Tier 3 interventions to support those with greater needs. The Provider will participate in partnership fora related to food and health and physical activity, and will support participants to access local activities and opportunities to help sustain behaviour change. The Provider will also ensure that the links between oral health and healthy eating are made; ensuring that conflicting messages are not disseminated e.g. encouraging diet cola due to reduced calories but still impacts on increasing dental decay. Risk assessments for oral health with appropriate advice and signposting will be provided.

The service will be family weight management, therefore as a minimum one parent or guardian should attend with the child (siblings should also be encouraged to attend where appropriate).

The service will aim to reduce inequalities; it should be culturally appropriate and be accessible to those that need it most. The Provider will explore the development of a pathway for underweight children where there is failure to thrive and / or safeguarding concerns.

Children and Young People who are Home Educated

The Provider will develop and agree procedures with colleagues within Leicester City Council Children's Services to ensure that home educated children are offered the full services within this specification and are provided with the necessary information to enable them to self-refer into the service. The Children's Information Team will provide a list of home educated children to the Provider (where parents have given permission for this information to be shared). The Provider will ensure that the health needs of those who are home educated are identified and appropriate support is provided.

Children and Young People attending Pupil Referral Units (PRU)

The Provider will identify the health needs of those attending PRUs and provide appropriate support to meet their needs. Partnership working between the Provider and Leicester City Council Children's Services is essential in order to ensure strong communication and appropriate care. The Provider will ensure that the health needs of children accessing PRUs are identified in order to provide evidence of the changes in their health needs, this includes children in off site, alternative provision.

Children and Young People engaged with the Youth Offending Service (YOS)

The Provider will identify the health needs of those engaged with the YOS and provide appropriate support to meet their needs. Partnership working between the Provider and Leicester City Council Children's Services is essential in order to be informed about children who are engaged and leaving the YOS. The Provider will ensure that the health needs of those leaving the YOS are also identified in order to provide evidence of the changes in their health needs.

Children and Young People who are NEET

The Provider will identify the health needs of those identified as NEET and provide appropriate support to meet their needs. Partnership working between the Provider and Connexions is essential in order to gain access and provide additional support (as required and appropriate) to those who are NEET.

Looked-after Children (LAC)

LCCCG commission a Looked-after Children Nursing Team with a designated LAC lead nurse. The Provider will be expected to work closely with the LAC Nursing Team, ensuring seamless service delivery (including handover at age 18 from the LAC Nursing Team to the HCP team to ensure that those leaving care receive appropriate help and support in this transition phase). The Provider will be responsible for undertaking all Review Health Assessments (RHAs) for those aged 0 – 5 years. The RHAs and any subsequent care plans must be completed to national standards and within the statutory time frame. After the age of 5, the Looked-after Children Nursing Team (commissioned by LCCCG) is responsible for RHAs. There will be close partnership working between both services to ensure that the health needs of all LAC are identified and all necessary support is provided.

Young Carers

The Provider will work with the young carer's service commissioned by Leicester City Council, schools and voluntary organisations to identify young carers in Leicester and put in place mechanisms to support them. The health needs of young carers will then also be identified with appropriate support being provided. The Provider is expected to follow the Department of Health (2014) guidance on supporting the health and wellbeing of young carers and care pathway in delivering support for young carers.

3.11 Safeguarding

Safeguarding children and young people includes child protection and prevention of harm and is a public health priority. The role of integrated HCP team in child protection and safeguarding children is an essential, core, component in the delivery of the Programme. The Provider will ensure appropriate and effective safeguarding services and will be expected to adhere to and implement relevant national and local guidance and protocols (e.g. child neglect toolkit).

In safeguarding children and young people, the Provider will ensure that:

- All staff adhere to the principles set out in Working Together to Safeguard Children (HM Government, 2015) and the Leicester Safeguarding Children Board (LSCB) procedures (note Leicester and Leicestershire and Rutland Safeguarding Children Boards share the same procedures).
- There are identified designated executive and operational safeguarding leads, and have in place corporate plans and policies which explicitly reference safeguarding accountability and responsibilities.
- Work in partnership with other key stakeholders to help promote the welfare and safety of children and young people e.g. contributing to safeguarding initiatives to keep pupils safe from the dangers of radicalisation, extremism,

exploitation and e-safety.

- Work collaboratively to support children and young people where there are identified health needs or where they are in the child protection system, providing therapeutic public health interventions for the child and family and referring children and families to specialist medical support where appropriate. Where there is a change in the lead in child protection cases, then direct contact shall be made to handover all child protection cases with a full history of the case and appropriate support provided.
- Be aware of children with an Early Help Assessment, Child in Need, Child Protection or Looked-after Child / Children in Care plan. Work with the designated school safeguarding lead and local authority services to provide assessments and reports as appropriate.
- Comply with national and local safeguarding assurance processes – Section 11 (Children Act 2004) audit return (ensuring the Commissioner receives a copy) and the locally agreed assurance monitoring procedures (as part of contract management process).
- Contribute to multi-agency decision-making, assessments, planning and interventions relating to children in need, children at risk of harm and co-operate with children's social care as per Children Act 1989 (section 27)/ Children Act 2004 (sections 10 and 11) and comply with statutory functions as defined within Working Together to Safeguard Children (HM Government, 2015). This will fulfil the organsiations statutory duty to share information and communicate with other health professionals and agencies where there are safeguarding concerns.
- Providing Review Health Assessments for LAC aged 0 – 5 years (in accordance with Promoting the health and wellbeing of looked-after children, DfE 2015) and providing reports in accordance with the LSCB policies and procedures). Work with the LAC Nursing Team to contribute to and support assessments of Looked-after Children (and babies) with timescales in line with national requirements and contribute to ensuring any action plans are carried out. Ensure provision of the Programme and additional services to meet their health needs.
- Where appropriate, attend child protection case conferences, core groups and / or meetings. All staff involved in children subject to child protection plans should access quarterly child protection supervision with a Named Safeguarding Professional or appropriately trained child protection supervisor. An Audit of the effectiveness of supervision to be provided to Commissioners on an annual basis.
- Contribute to the LSCB Learning and Improvement Framework for lessons to be learnt where children have been subject to a Serious Case Review or other review action /audit / improvement to ensure that the learning from all case review activities are embedded in practice and positively impact on the improvement of safeguarding and promoting the welfare of children and young people.
- In addition, as part of the progress to completed Individual Management Reviews (IMRs) or an alternative agency report as required by the LSCB as per LSCB agreed timescales.
- The Provider will ensure all staff are kept informed of the progress of serious case reviews were they involved in the process.
- The Provider will ensure all recommendations of Serious Case Reviews and

Learning Reviews are implemented within the required timescales.

- Report all safeguarding incidents, prioritising those that reach the criteria of a serious incident directly to the Commissioner within the appropriate timeframe as per Leicester City Public Health Policy for the Reporting and Management of Serious Incidents.
- Be responsible for all general enquiries, contributing to individual case management issues, handling of crisis and emergency situations with other partners as appropriate, informing the Commissioner of such activity through routine contract monitoring arrangements.
- Engage in multi-agency working e.g. through Team Around the Family meetings, child in need meetings, child protection conferences, core groups and Multi-Agency Risk Assessment Conferences (MARAC).
- Work closely with Children's Social Care to ensure that clear escalation procedures are in place that are congruent with LSCB procedures in order to escalate concerns about a child or to escalate difficulties in communication or partnership working between services that may ultimately impact on safeguarding.
- Have clear whistleblowing procedures, which reflect the principles in Sir Robert Francis's 'Freedom to Speak Up' review (2015) and are suitably referenced in staff training and codes of conduct, and a culture that enables issues about safeguarding and promoting the welfare of children to be addressed.
- Ensure that all staff are aware of their responsibilities to take action to keep children and adults safe and are trained at levels as per *Safeguarding children and young people: roles and competences for health care staff (2014)* . This includes carrying out their duties in a way that is consistent with legislation, national guidance and the Leicester Safeguarding Children Procedures and the Leicester Safeguarding Adult Procedures.
- The Provider will undertake yearly safeguarding audits to demonstrate that they comply with the arrangements set out above (that are consistent with Section 11 (Children Act 2004) as required by the LSCB, provide data as requested to the LSCB as to demonstrate effectiveness of organisational safeguarding arrangements and Care Quality Commission (CQC) Quality standards.

Child Sexual Exploitation (CSE)

The Provider will ensure that all staff have:

- An understanding about what makes a young person vulnerable to CSE which follows the Department of Health's 'Helping School Nurses to tackle child sexual exploitation' pathway.
- The ability to recognise warning signs and to consider the wider picture.
- Training in the use of the CSE risk assessment tool and how/when to seek help and advice from the CSE Team @ CFS.CSET@leics.gov.uk.
- Support to appropriately share information and intelligence in order to assist in developing a robust evidence base of the prevalence of CSE e.g completion of **CSE Information Sharing Tool** (**CSE Information Sharing Tool** is for agencies to record any information that is deemed important and relevant for

the police to build intelligence)

Systems must be in place to assess the risk to children whose whereabouts are unknown.

Female Genital Mutilation (FGM)

The Provider will ensure that any child born to a mother who has experienced FGM, or are born into a community where FGM is prevalent are effectively safeguarded. The Provider will follow appropriate pathways and policy guidance.

The Provider will note that it is now mandatory to record FGM in a patient's healthcare record. For Acute Trusts from September 2014, it became mandatory to collate and submit basic anonymised details about the number of patients treated who have had FGM to the Department of Health every month. From October 2015, it became mandatory for Community Trusts to collate and submit basic anonymised details about the number of patients treated who have had FGM to the Health and Social Care Information Centre every month.

Neglect

To improve recognition of neglect, the Provider will use the LSCB Neglect toolkit which is a resource for frontline practitioners to risk assess, document and track progress for families where neglect is a feature to and plan appropriate interventions that ensure the child is appropriately safeguarded.

3.12 Performance Measures

Please see Appendix 6 for Key Performance Indicators, measures and targets.

All Performance Measures will be regularly reviewed and amended in line with provision, national guidance and expected performance.

3.13 Timescales/Period of Contract

The contract will run for 2 years, from 1st July 2017 with an option to extend for two additional years

3.14 Contract Values and Finances

The total budget for available is up to a maximum of:

- £9.515 million for year 1 including £800,000 payable to CYPF Centres or alternative premises***
- £9.265 million for year 2 including £800,000 payable to CYPF Centres or alternative premises***
- £9.015 million for year 3 including £800,000 payable to CYPF Centres or alternative premises***
- £9.015 million for year 4 including £800,000 payable to CYPF Centres or alternative premises***

*** The Authority has agreed that an accommodation offer will now be available to the Supplier for staff based in CYPF Centres (please see 3.18). The Supplier will therefore not be required to pay the £800,000 per contract year payable to CYPF centres as listed above but this will be deducted from the annual contract value.

Payment of invoices will be made quarterly and shall not exceed the contract value.

The Provider is responsible for all costs associated with the provision of the Programme and will manage and monitor the service's finances and ensure adherence to financial regulations.

The Provider will work in partnership with the Commissioner to ensure that expenditure for the year remains within the allocated budget and will inform the Commissioner of any financial or sustainability concerns as they arise. The Provider will submit quarterly financial reports on its budget spend.

The Provider will:

- Demonstrate provision of continuous improvement in economy, efficiency and effectiveness and agree a continuous improvement plan with the Commissioners.
- Implement improvements.
- Following implementation of such improvements decrease the price to be paid in negotiation with the Commissioners.

3.15 Service Users

The Programme will be offered to those in the list below, fathers will be encouraged to be involved in the Programme at every opportunity. If participation with the Programme is refused, this will be recorded, and actioned as appropriate, depending on the assessment made by the HCP team of any risks.

- All children and their families living within Leicester from initial notification of pregnancy to transition to school.
- All children and young people attending school in Leicester, regardless of their home address, from school entry until the age of 19.
- All children and young people attending Pupil Referral Units (PRUs) in Leicester, from school entry until the age of 16.
- All children and young people who are home-schooled and / or excluded from school from 5-19 years.
- All children and young people aged 0-19 years in travelling families who are registered with a GP.
- All children and young people attending special schools up to the age of 25.
- All children and young people aged 0-19 years who are homeless (whether registered or not with a GP).
- All children and young people aged 0-19 years who are claiming refugee and / or asylum seeker status (whether registered with a GP or not).
- All children and young people aged 0-19 years who are new arrivals / migrants

to Leicester (whether registered with a GP or not).
- All children and young people engaged with the Youth Offending Service (YOS).
- All children and young people who are Not in Education, Employment, or Training (NEET).

This includes:

- Nurseries, childcare and Private, Voluntary and Independent settings registered with OFSTED.
- Infant, junior, primary and secondary schools (including academy or free schools).
- Colleges.
- Further Education colleges.
- Special schools.
- Looked-after Children (LAC) and Review Health Assessments for children aged 0-5.

This excludes:

- Children and young people resident in Leicester attending private education.
- Young people resident in Leicester attending Universities in Leicester.

The Provider is NOT required to deliver:

- Specialist school nursing services.
- Occupational health services.
- Physiotherapy services.
- Specialist speech and language services.
- Specialist community paediatric services.
- Specialist Child and Adolescent Mental Health Services (CAMHS) (therapeutic interventions).
- Child Health Information System (CHIS).
- Specialist safeguarding function (designated nurse / doctor / Child Death Overview Panel (CDOP)).
- Specific community child health services for vulnerable groups such as Looked-after Children other than what is provided as part of the Programme as outlined in this specification.
- Paediatric continence services.
- Provision for travelling families who are not registered with a GP and / or do not have children aged 0-19 years.
- LAC Initial Health Assessments for 0-19 years and Review Health Assessments for children aged 5-19 years.
- Audiology screening.
- Vision screening.
- Immunisations.

The Provider will be expected to develop strong working relationships with all partners and stakeholders but it is acknowledged that it cannot be held accountable for not providing a service if an individual institution’s policies or practices restrict

them from doing so. The expectation is that partners will engage with the Provider, but where this is not the case the Provider will be expected to seek other ways to meet the needs of children, young people and families.

The Provider will ensure that any coverage / boundary issues that may arise are dealt with in collaboration with neighbouring Commissioners and Providers. Delivery of a service that meets the needs (including safeguarding) of the child, young person and family must take precedence over any boundary discrepancies or disagreements.

The Provider will be expected to adopt a neighbourhood model of working, aligning to the clusters used by Leicester City Council and responding accordingly to changes in boundaries as they arise. Staff will participate in appropriate multi-agency fora to ensure the care of the child, young person and family are at the centre of their work.

Health Protection Activities

In addition to promoting vaccinations and immunisations (according to the schedule in the Green Book), the Provider will respond to a public health crisis as required, following emergency planning procedures and promoting public health actions as appropriate to the situation and requirement. The Provider will assist with implementing public health control measures (including vaccination and mass prophylaxis) in school and community settings. Where there has been a communicable disease exposure of children and young people in a school setting, the Provider will support PHE with the risk assessment process in all educational and community settings (e.g. tuberculosis risk screening).

3.16 Equality

The Provider will champion and advocate culturally sensitive and non-discriminatory services that promote social inclusion, dignity and respect for all. The service will ensure equal access for all children aged 0-19 (or 25 with SEND) and their families.

The Provider will design and implement policies that meet the diverse needs of the service, population and workforce. These policies will take into account the provisions of the Equality Act 2010 and ensure that no one receives less favourable treatment regardless of any protected characteristics, including gender, disability, sexual orientation, religion / belief, age, gender reassignment, pregnancy / maternity, marriage and civil partnership, race (including ethnic or national origins, colour or nationality, religion, belief or lack of belief) and vulnerable community groups not specifically covered by legislation, such as socio-economic deprivation, asylum seekers and refugees. The service Provider will ensure that all staff have completed equality and diversity training and are aware of their responsibilities to ensure equitable access for all service users.

The Provider will ensure that treatment, care and information provided is evidence based, culturally appropriate and is available in a form that is accessible to people who have additional needs, such as people with physical, cognitive or sensory disabilities, and people who do not speak or read English.

It is the responsibility of the Provider to comply with all current equality legislation and ensure it implements any new equality legislation as it becomes statute and actively meet the requirements of The Equality Duty; this includes:

- Eliminating discrimination.
- Promoting equality of access to the system and of employment opportunity.
- Ensuring effective data capturing and analysis of provision of interventions.
- Conducting Equality Impact Risk Assessments (EIRAs) on policies, procedures and interventions within the system.
- It is recommended that the system has a clear published plan of action to achieve the equality principles in the equality duties.

The Provider will be required to collect demographic information and report against protected characteristic groups by age, gender, ethnicity, disability and postcode breakdown by schools / wards / clusters / community settings and respond to meet the needs of under-represented groups.

3.17 You're Welcome Standards

The Provider is expected to ensure services working with young people adhere to the Department of Health's You're Welcome: Quality criteria for young people friendly services (2011). The current standards can be accessed at:

- https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/216350/dh_127632.pdf

A self-assessment tool can be accessed at:

- https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/216351/dh_126810.pdf

The Provider is expected to ensure conformity with any revisions to the standards.

3.18 Availability and Accessibility

This is not an emergency service and normal service delivery times will be 8.30am to 5.00pm, throughout the year except for bank holidays. It is important to deliver services that are accessible by all service users, and this may include evening and weekend provision. The Provider will clearly advertise their days and hours of operation in all settings and alternatives when not available. The Provider will also ensure that the requisite resources, such as personnel and technology, meet the needs of parents, children and young people.

The Provider shall agree the hours of operation and any changes or cancellations with the Commissioner. Operational hours will be co-ordinated across Leicester.

Locations must be geographically accessible for all children, young people and families who live in the local area.

It is the Commissioner's intention that HCP teams be co-located with Early Help staff in CYPF Centres or alternative premises. This will cost an expected £800,000 per year and may include management of some premises.

Accommodation Offer

Included items:

- Hot desking in shared open plan offices – across all CYPF Centre sites
- Use of shared areas included kitchen
- Access and regress to buildings 7.30am – 6.00pm
- Building access fobs
- Reception function
- Cleaning, premises (e.g. maintenance) and security
- Access to book rooms during normal opening hours without charge
- Building rates and tax
- Desk top computers, with the required hardware and software needed to access the Provider's own ICT systems and Health's SystmOne
- Desks, chairs and storage cabinets
- Waste removal, including clinical waste
- Use of the Council's ICT network including WiFi
- Access to EHM via an internet connection
- Use of a multifunctional device for copying, scanning and printing including paper, toner and maintenance
- Up to a maximum of three telephones and one fax machine per children centre site

Excluded items:

- Stationery
- Food and drink
- Postage
- Access to MS Lynk telephone system
- Laptops
- Adapted items e.g. office furniture, ICT hardware and software
- Room bookings out of normal opening hours

Further co-location may be explored within local GPs, dental practices, housing offices, schools, nurseries and other community venues. The Provider is responsible for the cost of all accommodation sites.

This accommodation offer applies to the 129 staff members based in children's centres. Other staff who are in addition to this but involved with this project will need to be suitably housed by the Provider.

The Provider will need to seek agreement with the Commissioner on each location for the delivery of services. Venues chosen will meet the constraints and preferences of parents, children and young people. The Provider will ensure that the Programme is delivered in community settings that make them more visible and accessible to

parents, children and young people who may be less inclined to access traditional services. The Provider will also be expected to make reasonable adjustments for those with disabilities to enable them to access the service.

In addition, the Provider is required to develop close links with all local private, voluntary and independent Providers of services to children, for example, child-minders, nurseries and children's charities. To ensure effective operational working, the Provider is required to facilitate and / or attend regular multiagency meetings.

Contact routes will include telephone, direct mail and electronic routes. The Provider will be responsive and flexible to need and will use technology and innovation to ensure that they reach children and young people. Considerations will be given on how telephone, mail and electronic communications are handled and how parents, children and young people can receive care without prior appointments. The Provider will need to demonstrate how they will ensure effective communication with service users whose first language is not English.

It is imperative that the Provider ensures the delivery of the Programme is visible to all parents, children and young people.

3.19 Response Time

Regardless of the source, all non-urgent referrals received by the Provider will be responded to within 5 working days – it is expected that within this timeframe, the HCP team will have made contact with the family and the referrer has received a response.

With urgent referrals, including all safeguarding referrals, the Provider will ensure a same day or next working day response to the referrer and contact with the family within two working days. It is preferable that urgent referrals are dealt with by the named HCP practitioner for the family involved. However, in order to ensure that these visits are prioritised, the Provider will have a process in place for when the name HCP practitioner is not available.

3.20 Transitions and Transfers

In order to facilitate an integrated service that offers seamless provision to children and their families, the Provider is expected to share resources and skill mix across the 0-19 pathway whilst recognising that particular specialisms do exist. It is anticipated the Provider will have clear and identifiable branding across the HCP workforce and pathway so children and their families see the system as one integrated whole.

The Provider will ensure that there are effective transition and support arrangements in place for all children. The Provider will need to identify the best placed member of staff to support a smooth transition for children from:

- Home to nursery.
- Home and / or nursery to the school environment: The Provider will need to consider, who is best placed to support the child and their family, by assessing

which practitioner have a relationship with the family and how best to provide continuity of care.

- To secondary school: Support that is being provided to children at the time of transfer to secondary school will not be disrupted and will include continuity of support from the same practitioner.
- Transition to adulthood: As young people reach the age where they will transfer to adult provision they will be encouraged by the Provider to familiarise themselves with adult services. Where the young person has specific barriers to engaging with adult services, the Provider will offer additional support to assist them with transition. Where the young person is a care leaver, the Provider will liaise with the 16+ Team to provide relevant information to secure smooth transition to adult health provision where required.

Out of Area

Where a child / young person transfers out of area, the Provider will be required to participate in the planning process to ensure that transition progresses smoothly and that all information is communicated to the new HCP Provider (and if the child is school age, the new school) within 2 weeks of notification. Direct contact must be made to handover all child protection cases and children being supported at Universal Partnership Plus must be formally identified to the receiving services.

Where a child under 5 years moves into the area they will be seen and assessed within 14 working days. If they have moved from another area in Leicester they will be seen within 28 working days.

3.21 Voice of Child/Young Person

The Provider is responsible for identifying an appropriate name for service delivering the new integrated 0-19 years HCP, the job titles of staff and how staff are visible and recognisable, which needs to be agreed with the Commissioner. The Provider will ensure that the voices of service users (with particular emphasis from children and young people) are gained in this process.

The Provider will ensure that particular emphasis is placed on ensuring service users (with particular emphasis from children and young people) have the opportunity to shape services and make informed decisions about the interventions they receive and the decisions they make about their health. The Provider will work with all service users (with particular emphasis from children and young people) to identify need and understand service usage across the health, education and social care economy and use this intelligence to make improvements and changes.

The Provider must ensure that the views of service users (with particular emphasis from children and young people) are regularly sought and taken into account in designing, planning, delivering and improving the service so that individual needs are met.

The Provider is responsible for creating a culture of listening to children and young people and taking account of their wishes and feelings, both in individual decisions and the development of services. The Provider will ensure that each child, young

person and their family are supported to:

- Feel good about themselves and know how to stay healthy.
- Access good advice and information which is communicated in a way that they can understand.
- Make informed choices about health-related behaviours.
- Have their problems identified early and acted upon quickly.
- Be treated with dignity and respect.
- Access the integrated system delivered by competent professionals who can communicate well and help them to solve their problems.
- Access the integrated system in the right place and at the right time.
- Feel confident that the system (health, education, children and young people's services, third sector) will work together to meet their needs.
- Improve their health and wellbeing as a result of the public health intervention / input.

These personal outcomes provide a good indicator of service quality and user experience in relation to integration, access, quality, responsiveness to individual need and partnership-working and the Provider is expected to report to the Commissioners on how the views of service users (and in particular that of children and young people) have shaped the delivery of the service.

3.22 Partnership Arrangements

In order to ensure that children, young people and their families receive high quality and integrated support, it is vital that the Provider works in partnership with other partners in the city. Relationships with the following stakeholders will be considered:

- Local authority children, young people and family services, particularly Early Help services, Looked-after Children's Team, Disabled Children's Service
- Specialist health, education and social care services
- General practice
- Dental practices
- Oral Health Promotion Service
- Optometrists and ophthalmologists
- Schools, colleges and training Providers, including Pupil Referral Unit
- Acute hospital departments
- Maternity services
- Healthwatch
- Health Education England working across the East Midlands
- Leicester's universities
- Young people's voluntary sector organisations
- Sexual health services
- Lifestyle Services, particularly for weight management and smoking cessation
- NHS Specialist Children and Young People Services, including specialist nursing teams for disabilities, continence, paediatric liaison
- Local authority adult services
- NHS adult services

- Educational establishments and training Providers
- Adult and children's local safeguarding boards
- Interpreter services
- NHS England
- Other relevant networks and screening programmes
- Local communities
- Faith groups

This is not an exhaustive list and the Provider will be expected to develop and maintain relationships with other organisations relevant to the delivery of this contract, through regular communication and / or meetings.

The Provider will identify how voluntary sector partners can deliver key aspects of the Programme.

3.23 Information System and Protocols for Sharing Data

Communication and information sharing across health Providers and partners is complicated and the Provider will need to have in place effective systems to enable and facilitate liaison, information sharing and joint working. The Provider will be required to develop excellent working relationships with all partners, in particular where there is a key transition points and there will be a named HCP practitioner for:

- GP practices
- Educational settings
- CYPF Centres
- Dental practices

In line with clause 13 Service User Records and clause 37 Data Protection and Freedom of Information, Providers will ensure that robust systems are in place to meet the legal requirements of the Data Protection Act 1998 and the safeguarding of personal data at all times.

The Red Book, will be promoted and completed by HCP staff and families and will be used proactively to support education and inform parents. The Red Book is commissioned by NHS England as part of the Child Health Information System (CHIS). NHS England will establish a formal Leicester, Leicestershire and Rutland (LLR) group, which will be responsible for overseeing the development and content of the red book. Public Health priorities and the High Impact Areas for each local authority will be included as deemed appropriate by the group. The Red Book will not be paid for from the HCP budget.

The Provider will use the electronic data capture system SystmOne to effectively meet the needs of the integrated system, allowing access to all staff involved in the delivery of care for children, young people and their families so that service users need only 'tell their story once'. SystmOne is an electronic patient record and will allow safe and effective data sharing to all staff involved in delivery of help and support to children and their families. The Provider will ensure that information is shared with relevant national bodies, such as the Health & Social Care Information

Centre (HSCIC).

SystmOne is an adaptable information system that will enable co-located staff in City Council facilities and GP practices to access their records. All information on dental attendance will also be captured on SystmOne.

The Provider will be expected to use Liquid Logic in order to fully participate in Leicester's Early Help offer.

NHS England is the responsible commissioning body for Child Health Information System (CHIS) nationally and the current Provider for delivering the CHIS service in Leicester is Leicestershire Partnership NHS Trust (LPT). A wide range of established processes are in place between staff providing the HCP and the CHIS team. The Provider will need to ensure that any developments that impact upon the CHIS service are agreed with LPT and NHS England. The Provider will ensure appropriate contractual agreements are in place to enable input and updating of the electronic records kept on CHIS. This is a key interdependency between local authorities, Public Health England and NHS England.

The Provider will be responsible for any cost incurred with regard to the development, installation and use of data entry on SystmOne, CHIS and Liquid Logic.

3.24 Data Collection and Reporting

The Provider must have robust data and intelligence gathering systems to allow for performance monitoring and evaluation of services, and data collection processes will enable reports on activity for local authority resident; GP registered, identified school populations and at ward / cluster level. The Provider is responsible for ensuring that routine data reporting and analysis to support the delivery, review and performance management of services including reporting on the Key Performance Indicators (KPIs) is in place. Targets are monitored and reported on in line with the schedule.

Commissioners will have access to non-patient identifiable data to allow discussions regarding system developments and system outcomes. Data pertaining to demographics (ethnicity, age, gender, post code, religion) and protected equality characteristics will be collected and shared with the Commissioner as appropriate / where this has been agreed.

3.25 Monitoring Arrangements

Reporting mechanisms to the Commissioner will be established, and will as a minimum include:

- Monthly Assurance and Development Group Meetings
- Bi-monthly meetings with the Contract Manager

These meetings (including the content of the meetings) will be agreed during the mobilisation period. The Provider will be required to develop IT and data systems to

adequately report on all KPIs as specified in Appendix 6. All performance data will be made available to the Commissioner at least two weeks before the contract meeting.

Exit Plan

Prior to contract termination, either through duration end or contract severance, the supplier is required to:

- Provide the Authority with accurate TUPE information
- Ensure that all invoicing arrangements are up to date and that no monies are outstanding
- Repay any overpayments back to The Authority

Any equipment purchased by the Provider for the sole use of this service, as detailed in the suppliers original tender submission, will become the property of Leicester City Council and will be transferred as part of the service.

3.26 Quality Assurance Framework

The Provider will:

- Be expected to undertake an annual self-assessment to inform the Council's Quality Assurance Framework (QAF). All Providers will have an annual quality assessment and compliance review by the Council using the QAF.
- Have overall accountability for the quality of service delivery and will raise concerns with partners and / or Commissioner where it is appropriate to do so in order to ensure effective operational working and safe provision of services.
- Deliver a comprehensive high quality service that can show evidence that it meets the standards, pathways and guidance set out in this service specification.
- Work toward the delivery of the full HCP, meeting the targets set together with Commissioner upon commencement of the contract.
- Be quality assured by CQC and comply with all applicable quality standards, key performance indicators and service delivery metrics.
- Have in place and follow an appropriate Did Not Attend (DNA) policy that is agreed and communicated with Commissioners to safely manage cases where a family is not able to be contacted or does not attend a scheduled appointment, and which considers the specific vulnerability of the child involved.
- Develop a close working relationship with the range of Providers delivering services to children with SEND and develop care pathways that take into account the full range of needs and thresholds.
- Highlight to Commissioners where there is an absence of local services or evidence-based pathways to refer families onto so that future commissioning plans can include mitigation for / provision of these.

3.27 Workforce, Standard Operating Guidance (SOG) and Guidance

Within this document, all practitioners have been referred to as the HCP team / practitioner, to begin the process of integration. All HCP team members will be

visible, approachable and recognisable, with a job title that reflects the integrated approach to HCP.

The workforce will be an appropriately qualified and multi-disciplinary team able to work autonomously and provide expert information, assessments and interventions for children, young people and families including families with complex needs. Using current terminology, it will be made up of (but not limited to):

- Specialist Community Public Health Nurses (SCPHN)
- Specialist in Perinatal and Infant Mental Health (PIMH)
- School Nurses
- Community Nursery Nurses
- School Nurse Assistants
- Dietician
- Care Navigators
- Management and administrative support

All HCP nurses working with 0 – 5 will be qualified in or working towards becoming qualified nurse prescribers. Prescribing will form part of the routine package of care that is offered to families. Where appropriate and useful, HCP practitioners working with school age children will have and use this additional qualification.

Children, young people and families will receive seamless service which is not dependent on the age of the child with staff identifying who is best placed to work with a child / young person and family and providing high quality, continuing care on that basis. The Provider will ensure training is available for staff to take on expanded roles, ideally working with De Montfort University, Health Education England working across the East Midlands and the Commissioner. Mentoring and shadowing opportunities and development of resources will be built into day-to-day work to help embed the principle of integrated working.

Case Loads and Skill Mix

It is expected that caseloads for HCP staff working with children aged 0-5 will not exceed 200. The current skill-mix ratio (SCPHN: support role) for this service is 80:20. It is expected that the Provider will alter the skill-mix to 75:25 by year 2, and 70:30 by year 4. It is understood the caseload will increase and this will be agreed and monitored with the Commissioner.

For the intensive support for vulnerable pregnant women (Universal Partnership Plus), it is expected that the HCP team engaged in this intervention will carry a caseload of about 25 families each and that 100 vulnerable pregnant women a year will be supported.

For the HCP staff working with children and young people aged 5 – 19 years, there will be 1 named HCP practitioner per secondary school and associated feeder primary schools (including special schools and PRUs).

The Provider will ensure that there is at least 1 identified HCP champion for every High Impact Area per cluster in Leicester.

Standard Operating Guidance (SOG)

The Provider will be expected to produce an integrated SOG document for use by the service to reflect current evidence-based practice in child health and the health improvement agenda. This document will be reviewed and amended annually in light of new practices and guidance standards, or with immediate effect should new information warrant it. This document will ensure that the skill-mix team understands their role and responsibilities in the delivery of the service and the content of the Programme offer. The SOG will include integrated pathways from 0 – 19 years and linked to the High Impact Areas identified for Leicester.

Training

The transition to an integrated 0-19 HCP will require a change in the knowledge and skill-set of the workforce. The Provider is responsible for the training and development of the workforce and in ensuring that training is made available to all staff to enable them to expand their role, ideally working with De Montfort University and Health Education England working across the East Midlands. Mentoring and shadowing opportunities as well as development of resources will be built into day-to-day work to help embed the principles of integrated working, and the Provider will identify joint multiagency training opportunities to improve partnership working. As a minimum, all HCP staff will receive mandatory training on a range of issues including safeguarding children and adults, information governance, health and safety, risk management, and equality and diversity. The Provider will work with Health Education England working across the East Midlands, Local Education Training Boards (LETBs) and Local Education Training Committees (LETCs) to ensure effective support for trainees and newly qualified frontline clinical staff.

The Provider will ensure that all staff:

- Involved in the delivery of the Programme have the experience and relevant professional qualifications to undertake their duties and are competent to provide the aspects of the Programme for which they are responsible for and that appropriate arrangements are in place for maintaining and updating workforce skills, knowledge and revalidation.
- Work within their respective Codes of Professional Conduct and professional standards of their appropriate Royal College or Professional Association at all times.
- Who are SCPHN revalidate their fitness to practice every three years, as mandated by the Nursing and Midwifery Council (NMC 2015) in order to demonstrate that they continue to practise safely and effectively for continual professional registration; and to allow them to renew their registration and remain on the professional register.
- Have been checked by the Disclosure and Barring Service (DBS) and have arrangements in place to review these including a policy on how a positive disclosure would be handled.
- Receive regular line management supervision, clinical supervision and safeguarding supervision from a competent supervisor, and that regardless of the type, supervision will have an emotionally restorative function.

- Receive on-going training, support and updates on domestic abuse, neglect, child and adult mental health issues, substance and alcohol misuse, physical, sexual and emotional abuse, CSE, FGM, fabricated and induced illness in a child.
- Receive an annual performance review / appraisal and will be able to demonstrate mechanisms to address under-performance.
- Receive on-going professional development to meet the requirements of NMC where applicable.

The Provider will monitor the workforce development strategy and report on:

- Recruitment and retention.
- Sickness and absence.
- Staff under-performance and disciplinary issues.
- Workforce skill mix and any skill gaps including ratios and case loads.

Equipment

The Provider is responsible for ensuring that all staff have access to the correct equipment to enable them to do their job, safely, effectively and efficiently. At the end of the contract term the equipment will remain as part of the service and will not be assets of the supplier.

3.28 Environmental Sustainability

The Provider will aim to raise awareness of and ensure delivery of the Programme reflects sustainability and environmental considerations. The Provider will aim to hold clinics, sessions and events at locations accessible by sustainable travel modes to minimise their impact on the environment. Publicity and joining information for activities requiring travel will promote and prioritise details of walking, cycling and public transport options.

3.29 Information Governance

Sharing information is part of good communication and is vital to the care process but will be undertaken with due consideration with regards to consent and confidentiality. Data will be stored, shared and processed in accordance with the Data Protection Act 1998. The Provider will ensure that information sharing protocols are consistent with guidance from the local Caldicott Guardian.

Information will be kept as long as organisation are working with individuals and then for a defined number of years afterwards in accordance with legal requirements. All service users will be aware of what records are being kept and how they are being used.

Information will be shared electronically through secure networks. In the absence of electronic systems, hard copy information will be shared via secure postal / fax services. Once inputted onto an electronic system, hard copies will be destroyed. Information on electronic systems will be password protected. If any organisation wishes to use the information which they have been given under this agreement for

any purpose other than that defined within this agreement, express consent must be obtained by the data controller.

The Provider is required to work with CYPF Centres to agree a robust data sharing and secure storage agreements that enables and ensures appropriate sharing of information with the families consent in order to provide the best care for their child / young person and their family. Information must be shared lawfully. The exact content of the data sharing agreement is within the Early Help Information Sharing Agreement which is currently in draft format, and is expected to include as a minimum:

- Information of births, moving into area, and 2-2½ year check including: name, date of birth, address, gender and NHS Number.
- Sharing relevant information about children who need Early Help, support to improve outcomes and children where there is a safeguarding concern.

In order to fully operationalise these joint working arrangements, the Provider will be required to develop Service Level Agreements (SLAs) for effective working with other service Providers.

Providers will ensure that all staff have access to information sharing guidance, including guidance on sharing information to safeguard or protect children, to improve co-ordination and to communicate between services.

The Provider will have achieved at least an Information Governance Toolkit Compliance of Level 2.

At times, the Commissioner may request data at patient level for further public health analysis, research and / or service evaluation; this will be discussed with the Provider to ensure this falls within information governance requirements. The Provider will ensure appropriate service user consent is gained in anticipation of the use of data in this manner and the Commissioner will act reasonably in requesting additional or ad hoc information.

3.30 Clinical Governance

The Provider will have and be able to evidence a clinical governance policy which describes their commitment to developing an organisational culture. This will support continual improvement in the quality of service, safeguarding, patient safety and service effectiveness, this will include a systematic approach to:

- Effective management of clinical risks.
- The development and implementation of quality assurance mechanisms to ensure that interventions are safe, effective and evidence-based (such as clinical audit, service user engagement, peer reviews, case reviews / audit, compliance with Commissioner quality assessment and reporting framework).
- The development of quality improvement plans and mechanisms to ensure lessons learnt are embedded into practice.
- The provision of robust monitoring and implementation systems, with designated responsibility and oversight.

- Compliance with all relevant national standards for service quality and clinical governance including compliance with the registration criteria established by the Department of Health and Care Quality Commission (that supersedes the NHS Standards for Better Health Framework) and relevant NICE guidelines.
- Compliance with medicines management best practice guidance and code for prescribing, administration, storage and stock management, including processes for reporting and learning from drug errors.
- Commitment to the principle of 'best value' through continuous improvement taking into account a combination of effectiveness (successful outcomes), efficiency (high productivity) and economy (costs).
- Designated clinical leadership, clear organisational and/or individual accountability.
- Provision of clear evidence-based clinical protocols for clinical staff and designated responsibility for review and updates of such protocols.
- Provision of appropriate support, supervision and training for all staff in line with their national professional guidelines.
- Robust staff induction process with clinically supervised and supported probation periods.
- Fair and comprehensive complaints and compliments process.
- Effective incident and serious incident reporting procedures and protocols, with a robust action plan implementation process.
- Timely completion and recording of all mandatory training.
- Commitment to improving service user experiences.
- Compliance with all relevant regulatory quality criteria and professional standards, such as the CQC registration criteria.

3.31 Incident Reporting

The Provider will ensure that there are robust processes, working practices and systematic activities that prevent or reduce the risk of harm to service users. The Provider will, as a minimum, ensure that:

- They adhere to the Leicester City Public Health Protocol for the reporting and management of serious incidents (or an alternative policy as agreed with the Commissioner) and have robust processes in place to support the reporting and review of all serious incidents at the earliest opportunity. This will include the documentation, investigation and follow up with appropriate action of all serious incidents.
- There are robust processes, working practices and systematic activities that prevent or reduce the risk of harm to clients.
- There is a robust risk assessment process in place for clients which is regularly reviewed and updated. Any identified risk will inform risk management plans which will contain clear and appropriate actions to minimise risk.
- Learning is disseminated across the organisation and shared with the Commissioners and all actions implemented within appropriate timescales.
- Processes are in place for any staff member to raise concerns in a confidential and structured way.
- They have processes in place to review and report to the Commissioner all incidents which could have or did lead to harm of one or more clients in an

appropriate timescale.

The Provider will report to the Commissioner any risks and / or issues to the Commissioner that appear on the Provider's risk and / or issues registers that may adversely impact on the quality or performance of the integrated Programme during the contract period and outline what mitigating actions are being taken and / or proposed.

3.32 Service Mobilisation

As part of the mobilisation process, there will be elements of historical service delivery that are not included in this specification. Appropriate plans will be put in place by the Provider to manage the safe migration away from this.

3.33 Commissioning Officers

0 – 19 Healthy Child Programme Lead Commissioner
Name: Clare Mills
Email: clare.mills@leicester.gov.uk
Tel: 0116 454 4617
Mobile: 07715 630 052

3.34 Service Specification Appendices

Appendix 1: Relevant Literature, Evidence Base and NICE PH Guidance

Allen G (2011) *Early Intervention: The Next Steps – An Independent Report to Her Majesty's Government*

Allen G (2011) *Early Intervention: Smart Investment, Massive Savings – The second independent report to Her Majesty's Government*

Department for Education (2015) *Promoting the health and wellbeing of looked-after children*

Department for Education (2015) *Working together to safeguard children*

Department of Health (2009) *Healthy Child Programme: pregnancy and the first five years of life* (amended August 2010)

Department of Health (2009) *Healthy Child Programme from 5 to 19 years*

Department of Health (2010) *Getting it right for children and young people: Overcoming cultural barriers in the NHS so as to meet their needs*

Department of Health (2010) *Healthy Lives, Healthy People: our strategy for public health in England*

Department of Health (2011) *Healthy Lives, Healthy People: update and way forward*

Department of Health (2011) *Health visitor implementation plan 2011 to 15*

Department of Health (2011) *Healthy Lives, Healthy People: A call to action on obesity in England*

Department of Health (2011) *You're Welcome: Quality criteria for young people friendly health services*

Department of Health (2012) *Improving outcomes and supporting transparency, Part 1: A public health outcomes framework for England, 2013-2016*

Department of Health (2012) *Improving outcomes and supporting transparency, Part 2: Summary technical specifications of public health indicators*

Department of Health (2012) *Report of the Children and Young People's Health Outcomes Forum (CYPHOF)*

Department of Health (2013) *Chief Medical Officer: Prevention pays - our children deserve better*

Department of Health (2013) *NHS Outcomes Framework 2014 to 2015*

Department of Health (2014) *Maximising the school nursing team contribution to the public health of school-aged children*

Department of Health (2014) *Supporting the health and wellbeing of young carers*

Field F (2010) *The Foundation Years: preventing poor children becoming poor adults – The report of the Independent Review on Poverty and Life Chances*

Hall D and Elliman D (2006) *Health for All Children (Revised Fourth Edition)*

HM Government (1989) *The Children Act*

HM Government (1998) *The Data Protection Act*

HM Government (2010) *The Equality Act*

HM Government (2015) *Working together to safeguard children: a guide to interagency working to safeguard and promote the welfare of children (HM Government, Leicester City Children and Young People's Plan 2014-17).*

Irwin L, Siddiqi A & Hertzman C (2007) Early child development: A powerful equalizer – Final report for the World Health Organization's Commission on the Social Determinants of Health

Leicester City Council (2013) *Closing the Gap – Leicester's Joint Health and Wellbeing Strategy 2013-2016*

Leicester City Council (2013) *Oral Health Promotion Strategy 2014-2017: Pre-school children*

Leicester City Council (2014) *Director of Public Health Annual Report 2013/14*

Marmot M (2010) *The Marmot Review: Fair Society, Healthy Lives – A strategic*

review of health inequalities in England post-2010

Milford R & Oates J (2009) *Universal screening and early intervention for maternal mental health and attachment difficulties*, Community Practitioner, 2009; 82(8): 30-31

National Children's Bureau (2010) *Poor Beginnings: Health inequalities among young children across England*

National Data Guardian (2013) *Caldicott review: information governance in the health and care system*

NHS England (2013) *Securing Excellence in Commissioning for Healthy Child Programme 0-5 Years 2013-2015*

NHS England (2014) 2015 – 16 National Health Visiting Core Service Specification

NHS England (2014) *Five Year Forward View*

NHS England (2014) *Strategic and Operational Planning 2014 to 2019*

NICE (2013) *NICE guidance summary for public health outcome domain*

NICE (2007) *PH3 – Sexually transmitted infections and under-18 conceptions: prevention*

NICE (2007) *PH6 – Behaviour change: general approaches*

NICE (2007) *PH7 – Alcohol: school-based interventions*

NICE (2008) *PH8 – Physical activity and the environment*

NICE (2008) *PH11 – Maternal and child nutrition*

NICE (2008) *PH12 – Social and emotional wellbeing in primary education*

NICE (2008) *PH14 – Smoking: preventing uptake in children and young people*

NICE (2009) *PH17 – Physical activity for children and young people*

NICE (2009) *PH20 – Social and emotional wellbeing in secondary education*

NICE (2009) *PH21 – Immunisations: reducing differences in uptake in under 19s*

NICE (2010) *PH23 – Smoking prevention in schools*

NICE (2010) *PH24 – Alcohol-use disorders: prevention*

NICE (2010) *PH26 – Smoking: stopping in pregnancy and after childbirth*

NICE (2010) *PH27 – Weight management before, during and after pregnancy*

NICE (2010) *PH28 – Looked-after children and young people*

NICE (2010) *PH29 – Unintentional injuries: prevention strategies for under 15s*

NICE (2010) *PH30 – Unintentional injuries in the home: interventions for under 15s*

NICE (2010) *PH31 – Unintentional injuries on the road: interventions for under 15s*

NICE (2012) *PH40 – Social and emotional wellbeing: early years*

NICE (2012) *PH41 – Physical activity: walking and cycling*

NICE (2012) *PH42 – Obesity: working with local communities*

NICE (2013) *PH44 – Physical activity: brief advice for adults in primary care*

NICE (2013) *PH46 – BMI: preventing ill health and premature death in black, Asian and other minority ethnic groups*

NICE (2013) *PH47 – Weight management: lifestyle services for overweight or obese children and young people*

NICE (2013) *PH48 – Smoking: acute, maternity and mental health services*

NICE (2014) *PH49 – Behaviour change: individual approaches*

NICE (2014) *PH50 – Domestic violence and abuse: multi-agency working*

NICE (2012) *QS22 – Antenatal care*

NICE (2013) *QS31 – Looked-after children and young people*

NICE (2013) *QS37 – Postnatal care*

NICE (2013) *QS43 – Smoking: supporting people to stop*

NICE (2013) *QS46 – Multiple pregnancy*

NICE (2013) *QS48 – Depression in children and young people*

NICE (2013) *QS51 – Autism*

NICE (2013) *QS59 – Antisocial behaviour and conduct disorders in children and young people*

Nursing and Midwifery Council (2015) *The Code: Professional standards of practice and behaviour for nurses and midwives*

Public Health England (2012) *Public Health Outcomes Framework 2013 to 2016*

Public Health England (2014) *Delivering better oral health; an evidence-based toolkit for prevention*

Public Health England (2014) *From evidence into action: opportunities to protect and improve the nation's health*

Public Health England (2015) *Healthy child programme: rapid review to update evidence*

Svanberg PO, Barlow J & Tigbe W (2012) *The Parent-Infant Interaction Observation Scale: reliability and validity of a screening tool*, Journal of Reproductive and Infant Psychology, Volume 31, Issue 1

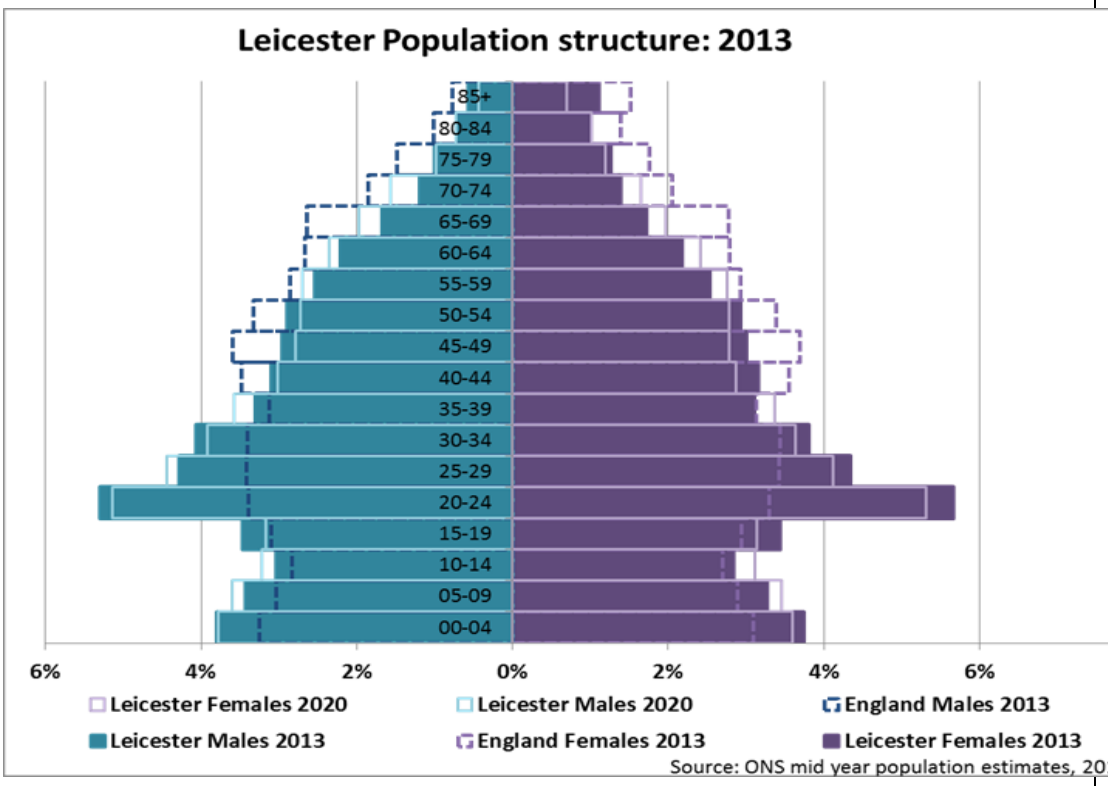
Appendix 2: Summary demographic profile of CYP in Leicester

1. Population and CYP in Leicester

The population of Leicester is currently 333,812 (2013 figures sourced from ONS mid-2013 population estimates) and the birth rate appears to be falling. There is a life expectancy at birth inequality of 4.7 years (2011 – 13) between boys (77.2 years) and girls (81.9 years) living in Leicester. Life expectancy at birth for boys and girls in Leicester is also significantly worse than the England averages (Figures 2011 – 13 sourced from Office of National Statistics. England average life expectancy for boys 77.2 years and 81.9 years for girls).

Around 38% (n=126,799) of the city's population are CYP aged between 0 and 24 years inclusive. Of these, 49.3% are male (n=63,540) and 50.7% are female (n=63,259). Leicester has a significantly higher proportion of CYP, particularly aged between 20 and 24 years in comparison to the England average, as illustrated in Figure 1 below.

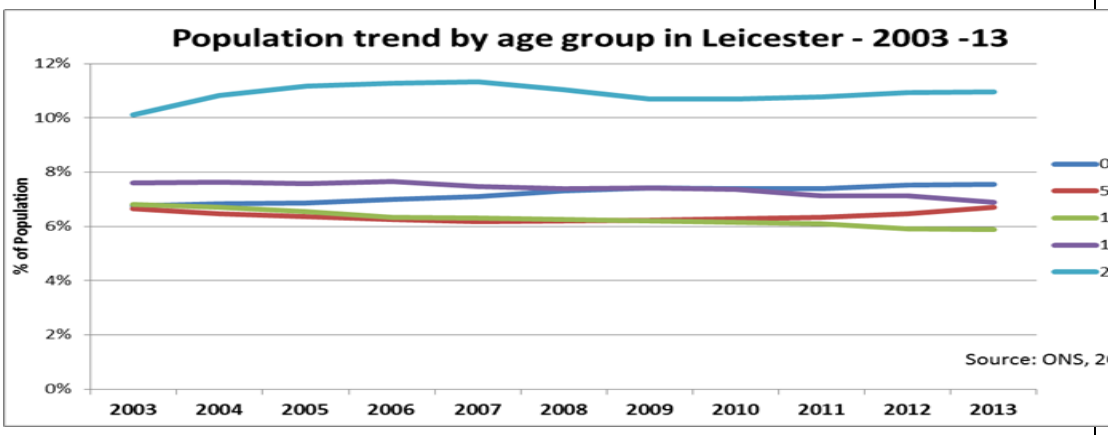
Figure 1: Population Structure in Leicester (2013)



2. Population Growth of CYP in Leicester (trend)

The proportion of 0 – 24 year olds living in Leicester increased by 4.15% between 2009 and 2013. This is a significant increase when compared against the regional (2.48%) and England (2.26%) increases in the same time-frame. Figure 2 presents the population growth in each age band.

Figure 2: Population Trend by Age Group in Leicester (2003 – 13)



3. Projected Population of CYP in Leicester

Population projections are a vital source of information for future service planning as changes in the population age structure affect the need for services, particularly in terms of health and social care.

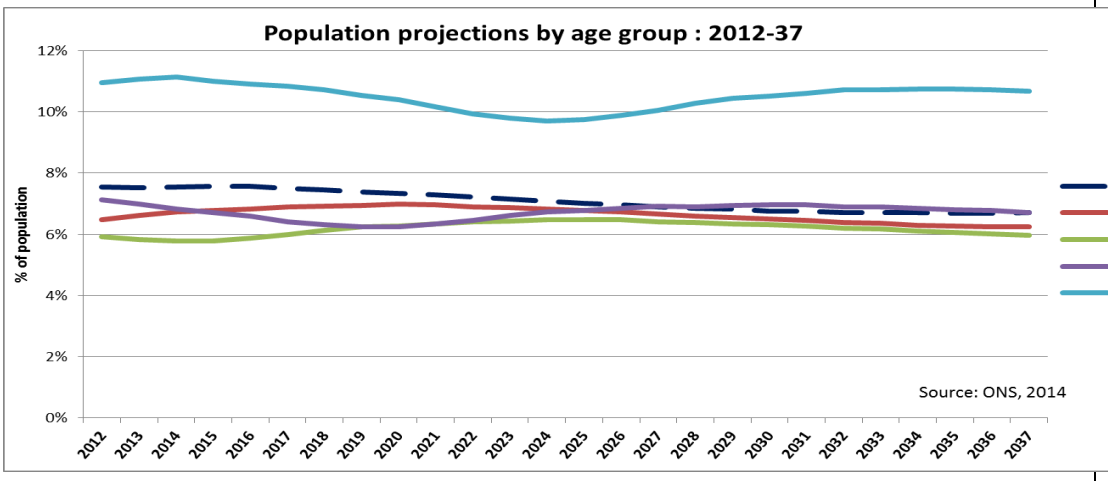
For Leicester, the Office of National Statistics population projections suggest that:

- The total population of Leicester is projected to grow to 349,000 by 2021 (an increase of 5.2% from 2012).
- The number of CYP (aged 0 – 24 years) is projected to grow to 129,000 by 2012 (an increase of 2.7% from 2012).

Not all age groups of CYP are expected to change in the same way. Figure 3 shows population projections by age groups in Leicester. The estimated percentage change from 2012 to 2037 by age groups in Leicester is as follows:

- 0 – 4 years: 1.6%
- 5 – 9 years: 9.8%
- 10 – 14 years: 15.3%
- 15 – 19 years: 7.6%
- 20 – 24 years: 11.3%

Figure 3: Population Projections by Age Group in Leicester (2012 – 2037)



4. Ethnicity of CYP in Leicester

Figure 4 shows a breakdown of ethnic groups for CYP aged 0 – 24 years in Leicester which demonstrates that the proportion of BME population (n=68,547) is significantly greater when compared against the England average. As per the Census (2011) definitions 'White' incorporates English, Welsh, Scottish and Northern Irish. BME (Black, Minority and Ethnic groups refers to all other groups including White Irish, White Gypsy, Irish Traveller and White Other (including eastern Europeans).

Figure 4: Ethnic Groups amongst 0 – 24 Year Olds in Leicester (2011)

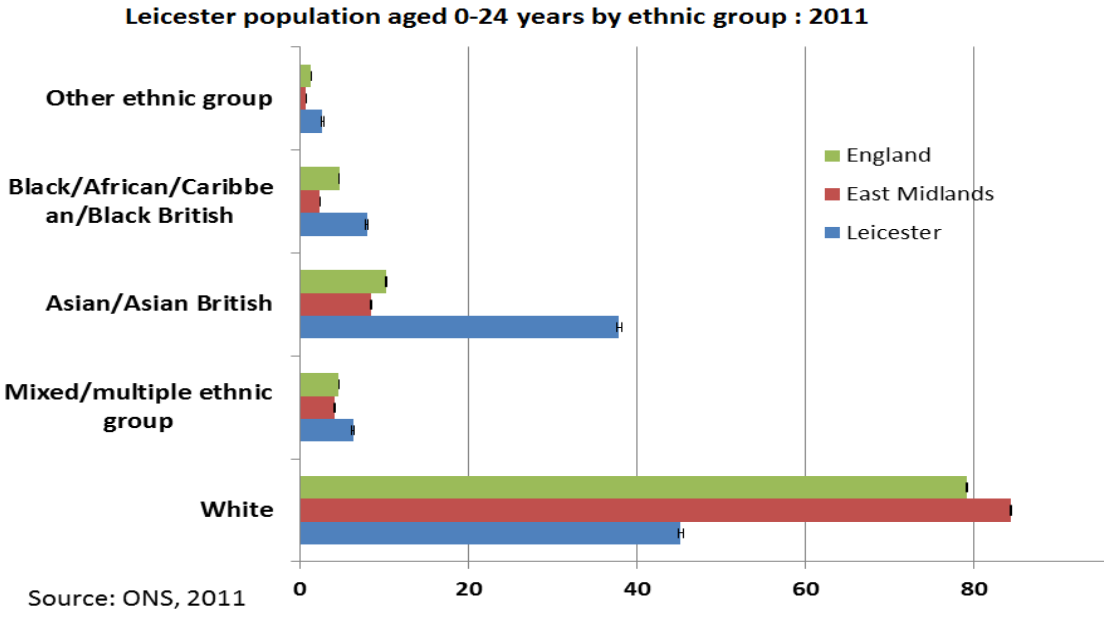
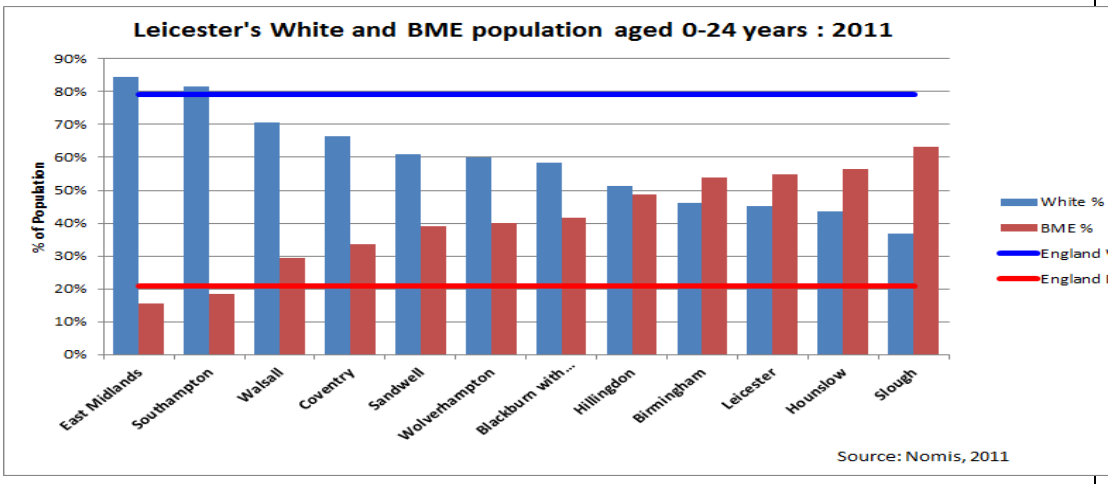


Figure 5 depicts the proportion of CYP classed as White or BME in Leicester against regional and England averages as well as peer comparators. It can be seen that Leicester has the third highest proportion of BME and the third lowest

proportion of White CYP amongst its children's peer comparators.

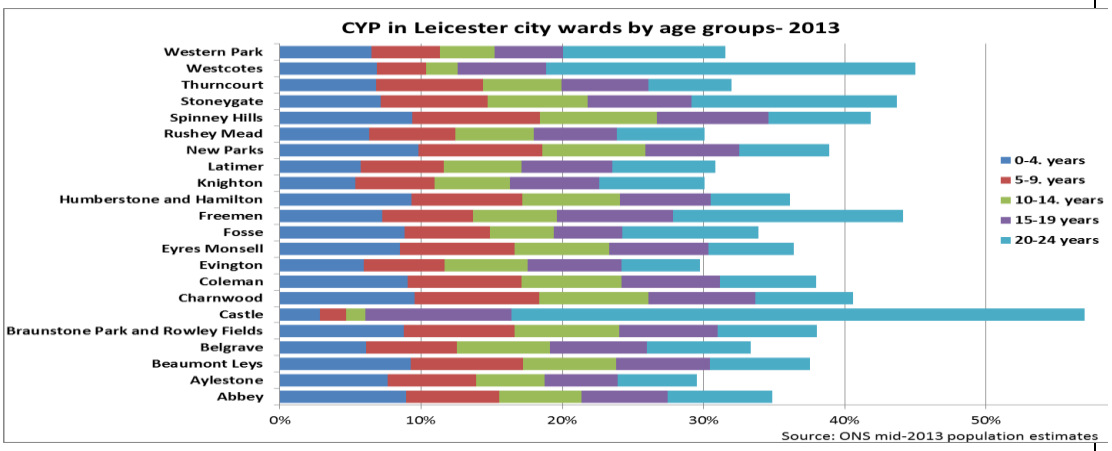
Figure 5: Ethnicity amongst CYP in Leicester and Children's Peer Comparators (2011)



5. CYP Population Groups by Ward Level

Figure 6 shows the proportion of CYP by age bands living in each electoral ward in Leicester. It illustrates that a high proportion of 20 – 24 year olds are located in Castle (n=9,975) and Westcotes wards (n=3,321). This is probably due to the student populations from the two city centre universities and to migrant populations settling in Leicester. Castle also has the smallest proportion of 0 – 14 year olds (n=1,484) living in the ward. The largest proportion of 0 – 4 year olds reside in Spinney Hills (n=2,357) and New Parks (n=1,685). Otherwise the distribution of ages appears to be proportionate across the city wards.

Figure 6: CYP in Leicester by Age Band (2013)



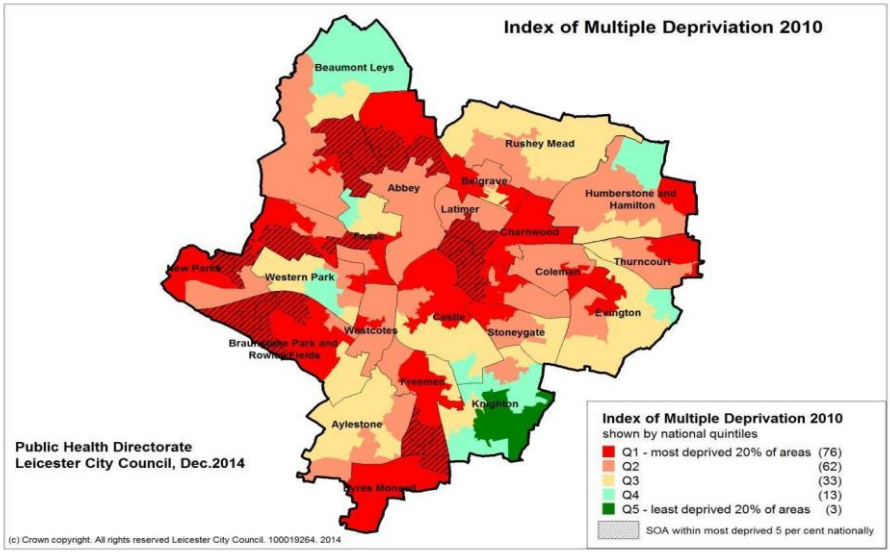
6. Deprivation

6.1. Index of Multiple Deprivation (IMD)

The IMD 2010 provides a relative measure of deprivation at small area level (lower super output areas (LSOA)) across England. Areas are ranked from least deprived to most deprived on seven different dimensions of deprivation and an overall composite measure of multiple deprivation (the domains used in the Indices of Deprivation 2010 are: income deprivation; employment deprivation; health deprivation and disability; education deprivation; crime deprivation; barriers to housing and services deprivation; and living environment deprivation. Each of these domains has its own scores and ranks, allowing users to focus on specific aspects of deprivation. Most of the data underlying the 2010 Indices are for the year 2008). The higher the IMD score, the more deprived an area (as with all the deprivation indices, it is important to note that not all deprived people live in deprived areas and conversely, not everyone living in a deprived area is deprived. Also, the indices highlight areas with high levels of deprivation, it should be noted that area of the city which are not classed as 'deprived' are not necessarily 'affluent' either, they fall somewhere between the two categories). All the scores for each (LSOA) have been ranked both in England and in Leicester. Ranking works in an opposite direction to the score, as the lower the rank, the more deprived an area.

The IMD 2010 indicates that Leicester has an average score of 33.7; this means that Leicester is ranked 25th out of 326 local authorities in England, with 1 indicating the most deprived.

Figure 7: IMD 2010 by Ward in Leicester



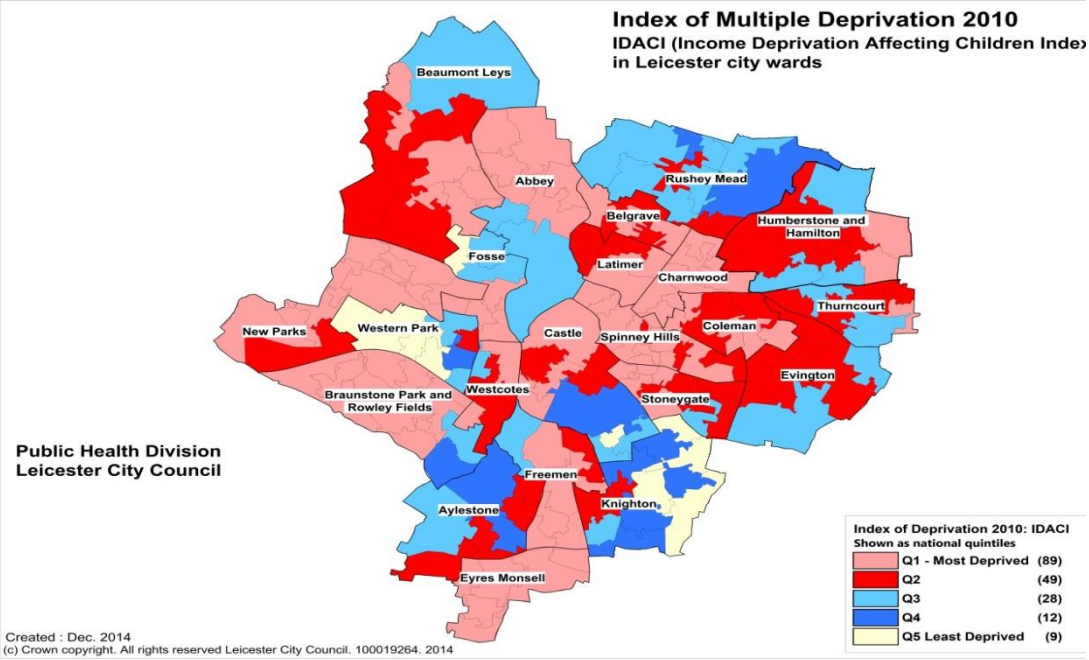
6.2. Income Deprivation Affecting Children Index (IDACI) 2010

The IDACI measure is part of the IMD 2010 which looks at the percentage of children aged under 16 living in income deprived households. This is based on

families receiving one of four means tested benefits – Income Support, Income Based Job Seekers Allowance, Pension Credit (Guarantee) or Child Tax Credit.

Figure 8 presents the distribution of income deprivation affecting children within Leicester. 89 of Leicester's LSOAs (the IMD 2010 reports on 187 LSOA's which predates the 2011 Census whereupon the number of LSOA's changed) were within the most deprived quintile in England for income deprivation affecting children. 55% of Leicester's population aged 0 – 15 years live within these 20% most deprived areas.

Figure 8: Distribution of Income Deprivation Affecting Children within Leicester (2010)



6.3. Child Wellbeing Index (CWI)

The CWI uses the methodology and approach applied to the Indices of Deprivation. Child wellbeing is generally represented by how children are doing in a number of different domains of their life, such as material wellbeing, health and education. With CWI, a low 'score' is good as the data gathered to create the domains include the proportion of children living in low income households, emergency hospital admissions, school absence rates, and road accidents involving children. Leicester children are worse off when compared against its children's peer comparators as illustrated in Figure 9 below.

Figure 9: CWI Average Score for Leicester and Children's Peer Comparators (2009)

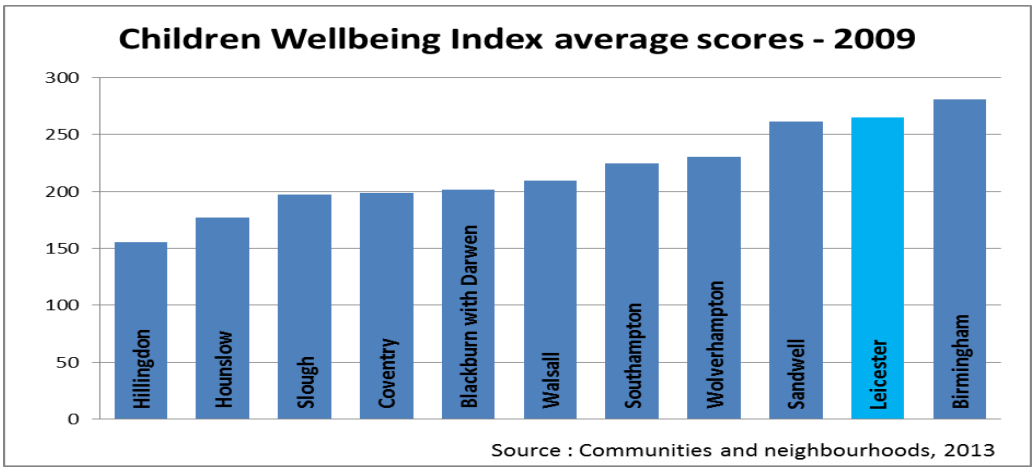
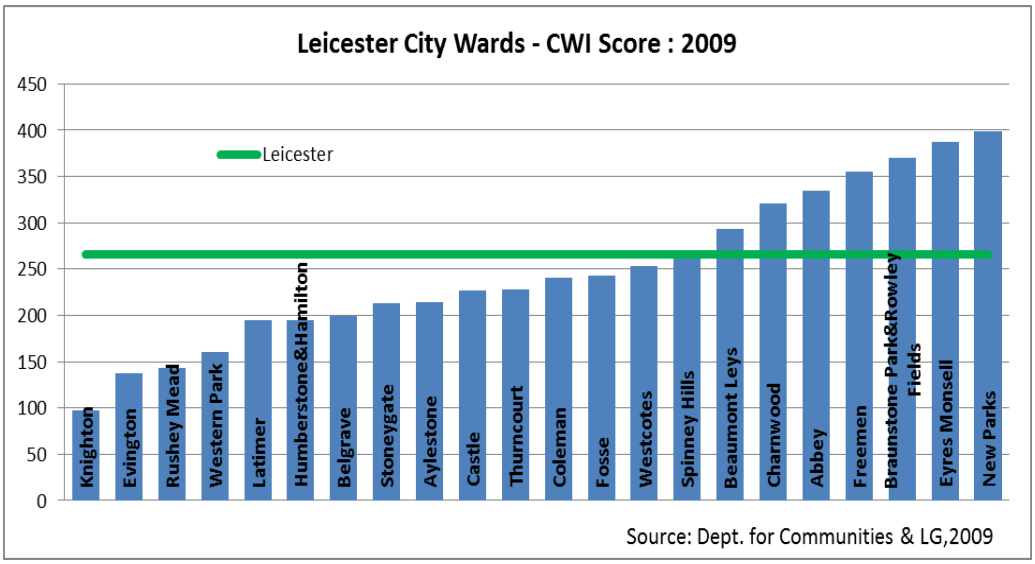


Figure 10 below illustrates CWI by ward level and it can be seen that children living in Beaumont Leys, Charnwood, Abbey, Freeman, Braunstone Park and Rowley Fields, Eyres Monsell and New Parks are experiencing worse wellbeing scores when compared against the Leicester average.

Figure 10: CWI Average Score by Ward in Leicester (2009)



6.4. Child Poverty

Child poverty is measured, using the following definition:

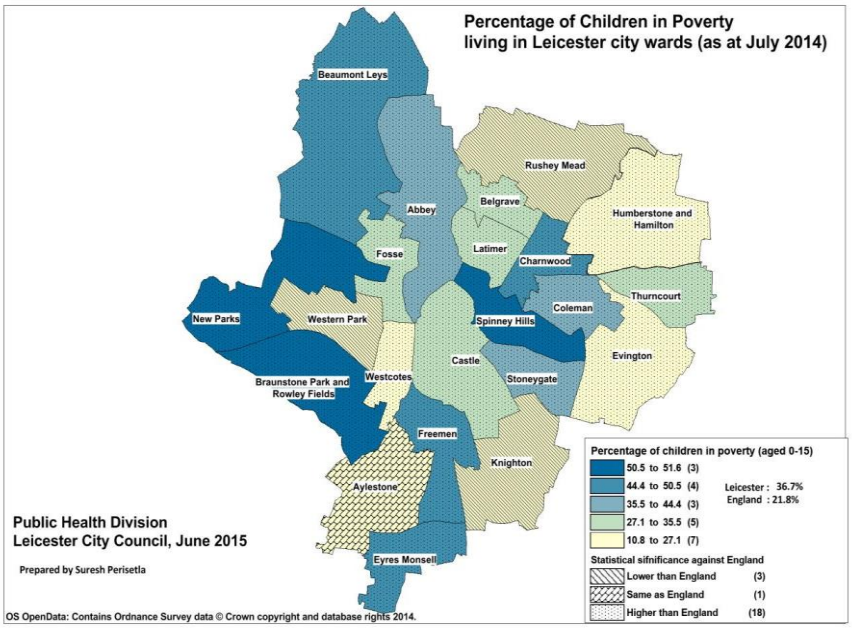
"The proportion of children living in families in receipt of out of work benefits or tax credits where their reported income is less than 60% median income."

Her Majesty's Revenue and Customs (HMRC) produces a high level outcome measure of child poverty, which attempts to recreate the relative child poverty measure at a local level as set out in the Child Poverty Act 2010 (however, as it

relies on administrative data it is not precisely equivalent in terms of the children captured (for example there may be children living with families in receipt of out-of-work benefits where income is above the 60% threshold) for the time period covered (the national measure is on a financial year basis). It is, however, the best measure of child poverty at a local level.). It indicates that 36.7% of children in 2014 were living in poverty, which is significantly higher than the England average of 21.8%.

The indicator also reveals a stark contrast between some areas of the city. Three wards are below the England average, 18 wards are above the England average and eight wards are above the Leicester city average. There are also eight wards in Leicester (Abbey, Beaumont Leys, Eyres Monsell, Freeman, Charnwood, Spinney Hills, Braunstone Park & Rowley Fields and New Parks) where over 41% of children are living in poverty.

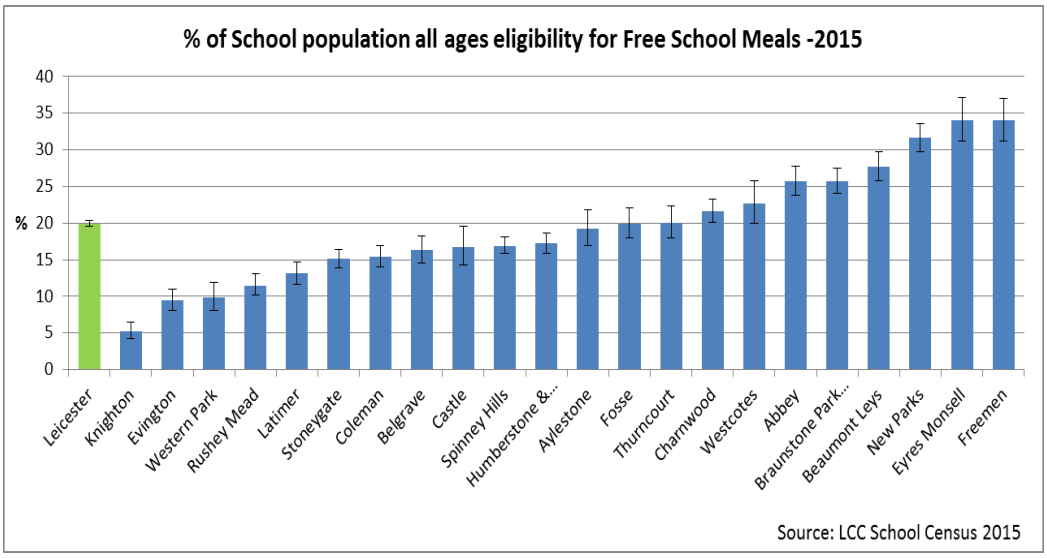
Figure 11: Map of Child Poverty by Ward in Leicester (2014)



6.5. Children Eligible for Free School Meals (FSM) in Leicester

Children (all children in years 1 and 2 in state schools in England now qualify for FSM regardless of family circumstances) whose parents are in receipt of certain welfare benefits are entitled to FSM and the proportion of such children in schools provides an indication of the extent of deprivation in the school age population. Leicester has a considerably higher percentage of pupils eligible for FSM than the England average.

Figure 12: Percentage of Primary and Secondary School Children Eligible for FSM



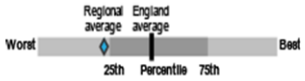
Appendix 3: Summary Health profile of CYP in Leicester

Leicester Children & Young People's Health Profile - 2015

Key:

- Significantly better than England average
- Not significantly different from England average
- Significantly worse than England average
- No significance can be calculated

Key:



		Indicator	Local Number	Local Value	Eng Avg	Eng Worst	England Range	Eng Best
Premature mortality	1	Infant mortality (under 1 year)	100	6.4	3.8	7.1		0.0
	2	Child mortality (1-17 years)	34	14.8	11.9	22.8		3.0
	3	Children killed or seriously injured in road traffic accidents	41	19.4	19.5	48.3		8.2
Health protection	4	Hepatitis B vaccination coverage (1 year old)	16	47.1	86.6	13.6		100.0
	5	Dtap / IPV/Hib vaccination coverage (1 year old)	4930	96.8	94.4	78.6		98.4
	6	PCV vaccination coverage (1 year old)	4893	96.1	94.2	78.2		98.3
	7	Hepatitis B vaccination coverage (2 years old)	16	88.9	84.8	9.6		100.0
	8	Dtap / IPV/Hib vaccination coverage (2years old)	5151	98.0	96.1	81.6		99.1
	9	Hib / MenC booster vaccination coverage (2 years old)	5035	95.8	92.7	76.6		98.1
	10	MMR (one dose) vaccination coverage (2 years old)	5034	95.8	92.9	78.3		98.3
	11	PCV booster vaccination coverage (2 years old)	5025	95.6	92.6	76.4		98.5
	12	Hib / Men C booster vaccination coverage (5 years old)	4673	92.2	91.9	72.7		98.1
	13	MMR (one dose) vaccination coverage (5 years old)	4847	95.6	94.1	74.8		98.6
	14	MMR (two doses) vaccination coverage (5 years old)	4691	92.5	88.4	63.8		97.4
	15	Children in care with up to date immunisations	340	90.7	87.2	27.3		100.0
	16	New sexually transmitted infectiosn (including chlamydia)	1801	3007.3	3612.5	8098.4		1899.8
	17	Chlamydia detection rate / 100,000 (15-24 year olds)	1048	1757.2	2094.7	944.9		4270.4
Wider determinanats of ill health	18	School readiness....	1872	41.2	59.8	41.2		75.3
	19	GCSE achieved....	1736	51.9	56.9	35.4		74.4
	20	Not in education, employment or training (16-18 year olds)	790	6.3	4.7	9.0		0.0
	21	First time entrants into the youth justice systme	183	572.9	417.1	808.6		132.9
	22	Children in poverty (under 16s)	19055	26.9	20.0	37.9		0.0
	23	Children in poverty (dependent.....)	21635	26.4	19.4	39.0		0.0
	24	Children in care	530	66.7	65.3	153.3		19.8
	25	Family homelessness	77	0.6	1.8	10.8		0.1
Health Improvement	26	Low birth weight rates	203	4.0	2.8	5.0		1.5
	27	Obese children aged 4-5 years	777	20.8	19.5	26.8		10.5
	28	Obese children aged 10-11 years	456	10.7	9.6	14.2		5.5
	29	Excess weight in children aged 4-5 years	895	22.0	22.7	29.5		15.9
	30	Excess weight in children aged 10-11 years	1250	35.5	34.0	43.8		24.4
	31	Children with 1 or more decayed.....	1250	35.5	34.0	43.8		24.4
	32	Tooth decay....	0	53.2	29.4	53.2		12.5
	33	Under 18 conceptions	177	29.7	25.1	43.9		9.2
Prevention of ill health	34	Smoking status...	662	13.1	12.5	27.5		1.9
	35	Breastfeeding initiation	3665	71.3	72.3	36.6		93.0
	36	Breastfeeding prevalence at 6-8 weeks after birth	2834	56.7	44.2	19.4		82.2
	37	A&E attendances 0-4 years	14356	570.1	557.6	1684.5		252.7
	38	Hospital admissions for injuries in children aged 0-4 years	235	93.3	144.8	316.4		0.0
	39	Hospital admissions for injuries in children aged 0-14 years	542	80.7	115.8	214.1		64.4
	40	Hospital admissions for injuries in young people 15-24 years	415	69.6	141.0	291.8		69.6
	41	Hospital admissions for mental health conditions	44	55.4	91.4	391.6		25.6
	42	Hospital admissions for self-harm	704	282.1	366.1	917.8		97.9

Appendix 4: Universal Offer Minimum Content

Antenatal Health Promoting Visits from 28 Weeks

To be carried out by a named and qualified Specialist Community Public Health Nurse at home:

- Promotional 1-2-1 narrative listening interview.
- Preparation for parenthood with a focus on infant feeding, promoting early attachment and education around postnatal depression signs, symptoms and how to access support if required.
- Support where there has been early identification of a disability and referral to the appropriate pathway.
- Provide overview of the Programme and the HCP team.
- Assess vulnerability including parental physical and mental health and make necessary referrals with appropriate consultation with midwifery team caring for the women.
- Promote flu vaccination and pertussis vaccination as per the NHS offer.
- Promote healthy eating and appropriate physical activity in pregnancy to avoid excessive weight gain.
- If the baby is to be born into a house were a smoker lives, refer smoker to the local smoking cessation service (this is an opt out approach) and discuss the importance of protecting the pregnant woman and baby from second-hand smoke.
- Promote and support uptake of Healthy Start vitamins.
- Promotion of Children, Young People and Family (CYPF) Centre activities, including Bumps to Babies.
- Provide advice on the importance of oral health and undertake risk assessment.
- Address any other area of parental or professional concern.
- Assessment of safeguarding concerns or other vulnerability and refer appropriately.
- Share information as appropriate with partners.
- Ensure that parents who do not speak English understand how to contact emergency services (including the appropriateness of 999 and 111).

New Baby Review by 14 Days

To be carried out by a named and qualified Specialist Community Public Health Nurse at home:

- Infant feeding, growth and general health.
- Attachment and sensitive parenting.
- Assessment of maternal physical and mental health.
- Promote the recognition of the unwell child and when it is important to seek medical help.
- Promote registration of the birth with the local authority.
- Promote registration with GP practice.
- SIDS prevention and safe sleep.

- Household safety assessment including addressing risks where parents smoke.
- If the baby is living in a house were a smoker lives, refer smoker to the local smoking cessation service (this is an opt out approach) and discuss the importance of protecting the baby from second-hand smoke.
- Promotion of immunisations and ensuring that the parent is aware of the childhood immunisation schedule in the Red Book / Personal Child Health Record
- Promotion of CYPF Centre activities and encourage parents to register the baby with the CYPF Centre programme.
- Ensure appointment is scheduled for BCG vaccination.
- Check the status of all screening results and taking prompt action to ensure appropriate referral and treatment pathways are followed in line with UK National Screening Committee (NSC) Standards, specifically: new born blood spot; ensuring results for all conditions are present, results of the 72 hour NIPE examinations, hearing screening outcome.
- Provide advice on the importance of oral health and undertake risk assessment.
- Promote the Programme.
- Address any other area of parental or professional concern.
- Assessment of safeguarding concerns or other vulnerability and refer appropriately.
- Share information as appropriate with partners.
- Ensure that parents who do not speak English understand how to contact emergency services (including the appropriateness of 999 and 111)

6 – 8 Weeks Assessment

May be carried out by a Specialist Community Public Health Nurse or delegated to appropriately trained and skilled staff with supervision support in place – assessment to be undertaken at home:

- On-going support with infant feeding involving both parents where possible and recording of breastfeeding status (none, partial or total).
- Continue general growth and health assessment.
- Assessment of maternal mental health using appropriate measures according to NICE guidance.
- Assessment of parental and child attachment.
- Include promotion of childhood immunisations ensuring that parents are aware of, and have the most up-to-date, childhood immunisation schedule in the child's Red Book / Personal Child Health Record.
- Check the status of all screening results and take prompt action to ensure appropriate referral and treatment pathways are followed in line with UK NSC Standards.
- If the baby is living in a house were a smoker lives, discuss smoking and the importance of protecting the baby from second-hand smoke.
- Promotion of CYPF Centre activities.
- Promote the Start Active, Stay Active UK physical activity guidance (updated 2016).
- Recommend weight management programmes for mothers who had a BMI >30

pre-pregnancy.
- Promote the Programme.
- Advice about starting solids at 6 months and encourage attendance to starting solids workshop at CYPF Centre when the child turns 4 months in preparation.
- Assessment of safeguarding concerns or other vulnerability and refer appropriately.
- Share information as appropriate with partners.
- Promote and encourage take up of the 6 – 8 week NIPE screen with GP, where appropriate. The baby's GP (or nominated Primary Care examiner) will have responsibility for ensuring the 6 – 8 week NIPE screen is completed for all registered babies as commissioned by NHS England.
- Provide advice on the importance of oral health, undertake risk assessment and distribute oral health promotion pack. Advice about starting tooth brushing as soon as teeth come through (approximately at 6 months) and encourage attendance at dental practice before first birthday.
- Promotion of immunisations and ensure that the parent is aware of the childhood immunisation schedule in the Red Book / Personal Child Health Record.
- Address any other area of parental or professional concern.
- Ensure that parents who do not speak English understand how to contact emergency services (including the appropriateness of 999 and 111).

4 Months Review

May be carried out by a Specialist Community Public Health Nurse or delegated to appropriately trained and skilled staff with supervision support in place – review to be undertaken in a group setting within a CYPF Centre:

- Provide advice on weaning.
- Advice about starting solids at 6 months and encourage attendance to starting solids workshop at CYPF Centre when the child turns 4 months in preparation.
- Advice about starting tooth brushing as soon as teeth come through (approximately at 6 months) and encourage attendance at dental practice before first birthday. Promote Lift the Lip and record pledges made.
- If the baby is living in a house were a smoker lives, discuss smoking and the importance of protecting the baby from second-hand smoke.
- Promote the Start Active, Stay Active UK physical activity guidance (updated 2016).
- Assess maternal mental health and attachment.
- Promote the Programme.
- Address any other area of parental or professional concern.
- Ensure that parents who do not speak English understand how to contact emergency services (including the appropriateness of 999 and 111).

9 – 12 Months Review

May be carried out by a Specialist Community Public Health Nurse or delegated to appropriately trained and skilled staff with supervision support in place:

- Assess the baby's physical, emotional and social development and needs in the context of their family using an appropriate Ages and Stages Questionnaire 3 tool (ASQ-3 or ASQ-3SE – to be adapted to incorporate appropriate oral health questions). Provider to determine standardised criteria for appropriate use of the ASQ-3 SE in place of the ASQ-3 where the child requires additional assessment of their social and emotional health.
- Assessment maternal mental health and attachment.
- Discuss the 2 year old Free Early Education Entitlement (FEEE) with parents who are likely to be eligible.
- Assessment of parental physical and mental health and wellbeing.
- Support parenting, provide parents with information about attachment and developmental and parenting issues including potty training, behaviour management and refer to available evidence-based parenting programmes where appropriate.
- Monitor and record growth and give appropriate advice, signposting or referral if the child is under / overweight.
- Health promotion, including the importance of healthy eating for the whole family, family mealtimes and physical activity requirements, injury and accident prevention relating to mobility, safety in cars, skin cancer prevention, alcohol and drug taking.
- Check new born blood spot status and arrange for urgent offer of screening if child is under 1 year.
- Ensure child has been offered BCG appointment and encourage uptake if under 1 year and have not yet had the vaccination.
- If the baby is living in a house were a smoker lives, discuss smoking and the importance of protecting the baby from second-hand smoke.
- Promote the Start Active, Stay Active UK physical activity guidance (updated 2016).
- Promotion of CYPF Centre activities.
- Promote oral health (including risk assessment), check tooth brushing and check on dental attendance. Promote Lift the Lip and record pledges made.
- Distribute Healthy Teeth, Happy Smiles! oral health pack.
- Promote the Programme.
- Address any other area of parental or professional concern.
- Assessment of safeguarding concerns or other vulnerability and refer appropriately.
- Share information as appropriate with partners.
- Ensure that parents who do not speak English understand how to contact emergency services (including the appropriateness of 999 and 111).

2 – 2½ Years Review

May be carried out by a Specialist Community Public Health Nurse or delegated to appropriately trained and skilled staff with supervision support in place. This review will be integrated with the Early Years Foundation Stage (EYFS) two-year-old summary as appropriate to the needs of children and families. The Provider will be required to operationalize this integration.

- Assess the child's physical, emotional and social development and needs in the context of their family using an appropriate Ages and Stages Questionnaire 3 tool (ASQ-3 or ASQ-3SE – to be adapted to incorporate appropriate oral health questions). Provider to determine standardised criteria for appropriate use of the ASQ-3 SE in place of the ASQ-3 where the child requires additional assessment of their social and emotional health.
- Respond to any parental concerns about physical health, growth, development, hearing and vision.
- Offer parents guidance on behaviour management and opportunity to share concerns.
- Brief assessment of parental physical and mental health.
- Offer parent information on what to do if worried about their child.
- Promote language development.
- Encourage and support to take up early years education.
- If the baby is living in a house were a smoker lives, discuss smoking and the importance of protecting the baby from second-hand smoke.
- Promote the Start Active, Stay Active UK physical activity guidance (updated 2016).
- Give health information and guidance.
- Review immunisation status.
- Offer advice on nutrition and physical activity for the family.
- Raise awareness of accident prevention, sleep management, toilet training and sources of parenting advice and family information.
- Promote oral health (including risk assessment), check tooth brushing and check on dental attendance. Promote Lift the Lip and record pledges made.
- Distribute Healthy Teeth, Happy Smiles! oral health pack.
- Promote the benefits of fluoride varnish from age 3.
- Promote the Programme.
- Address any other area of parental or professional concern.
- Assessment of safeguarding concerns or other vulnerability and refer appropriately.
- Share information as appropriate with partners.

Entry to Primary School (child aged 4-5 years)

The school entry assessment and school entry questionnaire can be (but does not have to be) a face-to-face contact. It must ensure:

- Completion of health and wellbeing questionnaire by parent / carer, including a standardised evidence-based assessment of emotional health and wellbeing, nutrition, physical activity, oral health, behaviour and immunisation history. Specifically, information on GP registration and recentness of dental attendance.
- Assessment of child behaviour plus assessment of safeguarding issues, health risks and potential additional needs in order to identify children who may need additional support at primary school.
- Parent and child have the opportunity to raise any issues of concern to them.
- Promote the importance of smoke free environments.
- Promote the Start Active, Stay Active UK physical activity guidance (updated

2016).
- Promote the Programme.
- Distribute Healthy Teeth, Happy Smiles! oral health pack and check dental attendance (including risk assessment).
- Check fluoride varnish up-take.
- Promotion of school-aged immunisation programme.
- Share information as appropriate with partners.

Reception / Foundation (child aged 4-5 years)

Weighed and measured in line with NCMP guidance.

Year 6 / 7 Transition to Secondary School (child aged 11-12 years)

Weighed and measured in line with NCMP guidance.

Year 6 / 7 Transition to Secondary School (child aged 11-12 years)

The assessment at transition from primary to secondary school can be (but does not have to be) a face-to-face contact. It must ensure:

- Completion of health and wellbeing questionnaire by parent / carer or child (as appropriate) including assessment of emotional health and wellbeing, nutrition, physical activity, behaviour and immunisation history. Specifically, information on GP registration and recentness of dental check-up will be requested.
- Assessment of child behaviour plus assessment of safeguarding issues, health risks and potential additional needs, in order to identify children who may need additional support at secondary school.
- Parent and / or child have the opportunity to raise any issues of concern to them.
- Follow-up with child as appropriate, potentially including use of Strengths and Difficulties Questionnaire (SDQ) or similar tool, with referral / signpost to appropriate services.
- Promote the importance of smoke free environments.
- Promote the Start Active, Stay Active UK physical activity guidance (updated 2016).
- Promotion of school-aged immunisation programme.
- Promote the Programme and how to access.
- Share information as appropriate with partners.

Year 9 (child aged 14 years)

This assessment can be (but does not have to be) a face-to-face contact. It must ensure:

- Completion of health and wellbeing questionnaire by child / young person, including assessment of emotional health and wellbeing (including resilience, self-esteem and confidence) nutrition, physical activity, risk taking behaviour and oral health.

- Assessment of safeguarding issues, health risks and potential additional needs, in order to identify children who may need additional support.
- Discuss any issues of concern with child / young person.
- Follow-up with child / young person as appropriate, potentially including use of SDQ or similar tool, with referral / signpost to appropriate services.
- Promote the importance of smoke free environments.
- Promote the Start Active, Stay Active UK physical activity guidance (updated 2016).
- Promotion of school-aged immunisation programme.
- Promote the Programme and how to access.
- Share information as appropriate with partners.

Year 11 Transition to Adulthood (child aged 16 years)

The assessment of preparedness for adulthood / transition can be (but does not have to be) a face-to-face contact. It must ensure:

- Completion of health and wellbeing questionnaire by child / young person, including assessment of emotional health and wellbeing (including resilience, self-esteem and confidence) nutrition, physical activity, risk taking behaviour and oral health.
- Check that all young people know how to access the Programme, GP and dental services.
- Assessment of safeguarding issues, health risks and potential additional needs in order to identify young people who may need additional support.
- Promote the importance of smoke free environments.
- Promote the Start Active, Stay Active UK physical activity guidance (updated 2016).
- Promotion of school-aged immunisation programme.
- Discuss any issues of concern with young person.
- Follow-up with child / young person as appropriate, potentially including use of SDQ or similar tool, with referral/signpost to appropriate services.
- Share information as appropriate with partners.

Appendix 5: Requirements for Oral Health Promotion (HTHS!) packs

The packs will be distributed at four key points under the Universal offer.

- Each brush will have a small head with medium bristles.
- Toothpaste will contain the required fluoride concentration for the target group and will come in a sealed tube.
- Toothpaste tubes, toothbrush handles free flow cup and drawstring bag will be branded with 'Healthy Teeth, Healthy Smiles!' logo.

6-8 Weeks Review

Pack contents includes:

- 0-3 year toothbrush
- 75ml 1,000ppm toothpaste
- Free flow cup
- Drawstring bag
- HTHS! leaflets
    - 'I love my new baby tooth' booklet
    - Baby bottles booklet
    - Leaflet 6 month – 3 years

9-12 Months Review

Pack contents includes:

- 0-3 year toothbrush
- 75ml 1,000ppm toothpaste
- Free flow cup
- Drawstring bag
- HTHS! leaflets
    - 'I love my new baby tooth' booklet
    - Baby bottles booklet
    - Leaflet 6 month-3 years
    - Tooth brushing chart
    - Lift the Lip

2-2½ Year Review

Pack contents includes:

- 0-3 year toothbrush
- 75ml 1,000ppm toothpaste
- Drawstring bag
- HTHS! leaflets
    - Leaflet 6 month-3 years
    - Tooth brushing chart

- Lift the Lip (HCP team to record pledges)

Reception Class at School

Pack contents includes:

- 3-6 year toothbrush
- 75ml 1,500ppm toothpaste
- 2min timer (with health and safety guidance)
- Drawstring bag
- HTHS! leaflets
  - Leaflet 3-6 years
  - Tooth brushing chart
  - Fluoride varnish leaflet
  - Water leaflet

Appendix 6: Key Performance Indicators (KPIs) and Information Monitoring Schedule

LCC HCP Dashboard.xlsx

There will be the option to discuss the KPIs during the negotiation sessions.

Appendix 7: Glossary

A&E	Accident and Emergency
ASQ	Ages and Stages Questionnaire
BCG	Bacillus Calmette-Guérin [vaccination]
BMI	Body Mass Index
CDOP	Child Death Overview Panel
CHAMS	Child and Adolescent Mental Health Services
CHIS	Child Health Information System
CONI	Care of Next Infant
CQC	Care Quality Commission
CSE	Child Sexual Exploitation
CYP	Children and Young People
CYPF	Children, Young People and Family
DBS	Disclosure and Barring Service
DfE	Department for Education
DH	Department of Health
DNA	Did Not Attend
EIRA	Equality Impact Risk Assessment
EYFS	Early Years Foundation Stage
FSM	Free School Meals
FGM	Female Genital Mutilation
HCP	Healthy Child Programme
HEE	Health Education England
HSCIC	Health and Social Care Information Centre
HTHS!	Health Teeth, Healthy Smiles!
IAPT	Increasing Access to Psychological Therapies
IHA	Initial Health Assessment
IMR	Individual Management Reviews
KPI	Key Performance Indicator
LAC	Looked-after Children

LCCCG	Leicester City Clinical Commissioning Group
LETB	Local Education Training Board
LETC	Local Education Training Committee
LLR	Leicester, Leicestershire and Rutland
LPT	Leicestershire Partnership NHS Trust
LSCB	Leicester Safeguarding Children's Board
MARAC	Multi-Agency Risk Assessment Conferences
NMC	Nursing and Midwifery Council
NCMP	National Childhood Measurement Programme
NEET	Not in Education, Employment or Training
NHSE	NHS England
NICE	National Institute for Health and Care Excellence
NIPE	Newborn and Infant Physical Examination
NSC	National Screening Committee
PCHR	Personal Child Health Record
PHE	Public Health England
PHSE	Personal, Health, Social and Economic
PIMH	Perinatal and Infant Mental Health
PRU	Pupil Referral Unit
QAF	Quality Assurance Framework
RCPCH	Royal College of Paediatrics and Child Health
RHA	Review Health Assessment
RSE	Relationship and Sex Education
SCPHN	Specialist Community Public Health Nurse
SDQ	Strengths and Difficulties Questionnaire
SLA	Service Level Agreement
SOG	Standard Operating Guidance
YOS	Youth Offending Service

4. CONDITIONS OF CONTRACT

Terms and conditions IHCP.docx