

CABINET

26th October 2021

0-19 Healthy Child Programme Re-Procurement

Report of the Portfolio Holder for Education and Children's Services and the
Portfolio Holder for Health, Wellbeing and Adult Care

Strategic Aim:	Vibrant Communities and Protecting the Vulnerable	
Key Decision: Yes	Forward Plan Reference: 090721	
Reason for Urgency:	N/A	
Exempt Information	No	
Cabinet Member(s) Responsible:	Cllr Alan Walters, Portfolio Holder for Health, Wellbeing and Adult Care Cllr David Wilby, Portfolio Holder for Education and Children Services	
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Ward Councillors	N/A	

DECISION RECOMMENDATIONS

That Cabinet agrees to:

- 1) Approve the proposed service model, the joint procurement with Leicestershire County Council and the proposed Awards Criteria
- 2) Delegate authority to the Director for Public Health, in consultation with the relevant Portfolio Holder for Health, Wellbeing and Adult Care and Portfolio Holder for Education and Children's Services, to award the contract(s) resulting from this procurement in line with the Award Criteria.
- 3) Delegate authority to the Strategic Director for Children's Services and Director of Public Health to determine the service model for the 11 plus age group, in consultation with the Portfolio Holder for Health, Wellbeing and Adult Care and the Cabinet Member with Portfolio Holder for Education and Children Services.

1 PURPOSE OF THE REPORT

- 1.1 The purpose of this report is to advise the Cabinet of the outcome of the consultation on the proposed 0-19 Healthy Child Programme (HCP) Service Model and gain its endorsement for the procurement of the HCP 0-11 service for Rutland and seek delegated authority to determine the service options for 11 plus age group.
- 1.2 This report sets out the process and proposed award criteria for the procurement of the HCP, along with recommendations for approval and delegation of final award.

2 BACKGROUND AND MAIN CONSIDERATIONS

- 2.1 The local authority has a statutory responsibility to provide a range of mandated universal health assessments and to deliver the National Child Weight Management Programme. The service includes the delivery of the programme for children, young people and their families (aged 0-19 years) currently delivered by health visitors and school nurses. The delivery model is one of 'proportionate universalism' i.e. support is offered to all families, targeting those in greater need
- 2.2 Every child deserves the best possible start in life and the support that enables them to fulfil their potential. The HCP was launched 11 years ago and is still the national evidence-based universal public health programme for children and young people aged 0-19 years, and up to 25 years who have special educational needs and disability (SEND) or who have left care at 18 years. The programme provides preventative health improvement, and early intervention programmes to support families.
- 2.3 The HCP is the early intervention and prevention public health programme which focuses on a universal preventative service for children and families. It provides an invaluable opportunity to identify families that are in need of additional support and children who are at risk of poor outcomes. It provides families with a programme of health and development reviews, supplemented by advice around health, wellbeing and parenting.
- 2.4 The National commissioning guidance for the 0-19 Healthy Child programme: delivering maternal and children's public health services from preconception onwards has been refreshed and contains new evidence and suggested additional material to support implementation. The proposed Rutland model reflects changes to how services are commissioned and provided locally.
- 2.5 The current service is structured on an evidence-based model for both health visiting and school nursing with additional emphasis on identified local needs. This is based on 4 levels of service, 5 contact points with children and young people, and 6 high impact areas.
- 2.6 The 4-5-6 Model includes:
- Five mandated checks
1. Antenatal review
 2. New Birth Visit
 3. 6-8 week check
 4. 10-12 months check

5. 2 and 2 ½ year review

Six High Impact Areas for Maternity and Early Years:

1. Transition to parenthood
2. Maternal mental health
3. Breastfeeding
4. Healthy weight
5. Managing minor illness and accident prevention
6. Healthy 2-year olds and school readiness.

Six High impact Areas for school aged children

1. Supporting resilience and wellbeing
2. Improving health behaviours and reducing risk taking
3. Supporting healthy lifestyles
4. Supporting vulnerable young people and improving health inequalities
5. Supporting complex and additional health and wellbeing needs
6. Promoting self-care and improving health literacy prevention

2.7 These high impact areas listed above have been recommended following a national review in March 2021. The service will focus in on the six high impact areas of need and put in place support to enable children and young people to achieve their full potential and be physically and emotionally healthy which leads to a productive adulthood.

2.8 The service is funded from the Public Health Grant. The total contract value is £513,000 for the whole 0-19 Healthy Child programme.

2.9 The current contract is due to expire 31 August 2022 and cannot be extended.

Proposed Service Model

2.10 Following review of the existing service provision and consultation feedback received, the County Council has a revised service model covering 0-11 aged children and their families and 11-19 (up to 25 for children with SEND) aged children and young people on the pathway to ensure improved health and wellbeing. It was recognised these services need to work together for the best interest of the family and ensure smooth transition from primary to secondary school.

2.11 The proposed service model will enable improvements to integrate universal health services with early years and other education and social care services to improve the health and wellbeing of children and young people through health and development reviews, health improvement and parenting support. The proposed model is appended to this report. See Appendix A for further information.

2.12 The service model focuses on the statutory elements of the HCP and has targeted support to encompass a focus on a whole family approach to public health nursing. It was noted in the consultation and engagement feedback that family's needs do not stop at age 5 and need to consider the whole family unit.

2.13 As a result of the survey and wider engagement with schools and professionals, additional local priorities were identified which align with the above high impact areas but with a particular focus as follows:

0-11 priorities

- Emotional wellbeing; self-esteem and body-image
- Healthy lifestyles: addressing inactivity and increases in obesity
- Delayed communication, i.e. speech and language development
- Improving Oral Health
- Sleep

11+ priorities

- Mental Health & Emotional Wellbeing: body image, self-esteem and resilience
- Healthy relationships (including domestic violence, peer to peer violence/consent norms)
- Healthy Lifestyles: Physical activity and nutrition
- Substance Misuse: namely alcohol,
- Child Exploitation

- 2.14 The 1001 Critical Days review in March 2021 recommended best practice across the health system to ensure babies, children and their parents get the best possible start in life by adding two additional touch points (3-4 months contact and 3-3 ½ years review) for Health Visiting. This has been added to the consultation views were sought on how best to deliver these contacts. The 3-4 months check is offered digitally by the current provider. The additional check at 3–3 ½ year point before a child starts school to be offered face to face. This will allow most vulnerable children to receive additional support where needed to pick up development delays such as speech, language and communication.
- 2.15 Overall, the 0-11 service age group is likely to remain the same and change isn't expected because many services in this area are statutory. Instead, there is intention to look for ways to achieve more consistent practice and an improved offer to families and professionals.
- 2.16 For children in the older age category (11+) services will be targeted to support children and young people transition into school and ensure appropriate support is available focussing on the six high impact areas and defined local priorities as a result of the consultation. Service improvement is needed for secondary school aged children and we seek delegated authority for this service to determine how best we can support to improve the health and wellbeing of children.
- 2.17 It is essential to have a universal element to the model that is prevention focused so that every child/ family can access support if needed to meet their needs as early as possible. This will help prevent escalation through to higher costs services.
- 2.18 There is also new commissioning guidance for those delivering maternal and children's public health services from preconception onwards. This guidance has been refreshed and contains new evidence, policy and suggested additional material to support implementation. This revised model reflects changes to how services are commissioned and provided locally.

3 CURRENT PROVISION OF 0-19 HEALTHY CHILD PROGRAMME

- 3.1 The Healthy Child Programme is provided by Leicestershire Partnership Trust (LPT) known as 'Healthy Together'. Provision includes health visiting and school nursing services with a range of digital services including Chat Health texting service for

parents and young people, Health for Under 5's, Health for Kids and Health for Teens Websites and web-based resources.

3.2 The current service is due to end August 31st, 2022. An extension was agreed at Cabinet on 16 March 2021 for a further 5 months due to tight timescales and the impact of covid. Contract end notice has been issued as 12 months' notice is required.

4 PROCUREMENT MODEL

4.1 Discussions have previously taken place around options for a future service. The option agreed was to jointly procure with Leicestershire County Council. The procurement would include a separate service specification for Rutland.

4.2 A 0-11 offer includes all the mandated elements of the 0-19 service and is to be commissioned as a separate lot, covering Leicestershire and Rutland counties.

4.3 The 11plus offer is discretionary and will allow more options and opportunities to align with the priorities in Rutland's Children's Services Offer.

- For 11-19 (up to 25 for children with SEND) service we are seeking authority to be delegated to Director of Children's Services and Director of Public Health to determine best use of the funding based on an options appraisal. It is proposed that
 - there is alignment with Children and Family services;
 - have a trauma informed and a team around the family approach to address national and locally identified priorities.
 - transitions to adult services are seamless for those who need them.

4.4 The proposed contract length is 3 years with the option to extend incrementally on an annual basis for a further 3 years. Maximum contract period is 6 years.

4.5 Procurement Process

4.5.1 The procurement process will fall under the Light Touch Regime of the UK Public Contract Regulations 2015 and broadly follow Open procedure, in line with the Council's Contract Procedure Rules.

4.5.2 The value of the contract is £513,000 which is below the relevant threshold for a procurement in line with UK Public Contract Regulation 2015, but combined with Leicestershire County Council's contract, the joint procurement will be above the relevant thresholds.

4.5.3 The timetable for the process is set out in Appendix B and the award criteria are set out in Appendix C.

5 CONSULTATION

5.1 In May/early June this year the council engaged with local communities to get feedback on the current HCP and how it could be improved. There were over 117 responses collated from the online survey from a wide range of people including parents and carers, professionals working within the children and families service, Youth Justice, Health Services including Maternity services and professionals

working within the current 0-19 service. (Summary engagement and consultation feedback set out in Appendix D).

- 5.2 The feedback from initial engagement also included that some women do not feel supported postnatally and concerns about the reduced availability of face to face support services were raised. These included missed checks, particularly as the two lockdown periods were approximately a year apart leading to some families not being seen at all by Health since the 6-8 weeks check. This represents a lost opportunity to check for any developmental issues or safeguarding concerns as the focus was on most vulnerable known to services.
- 5.3 The consultation has sought views on the proposed model; separating the mandated elements of the HCP with the school nursing service to allow a more targeted approach for children and young people of secondary school age. The 0-11 service will incorporate transition into secondary school.
- 5.4 Workshops were held with schools and other professionals to hear their views. The questions used in the online survey were mirrored in the workshop activity to enable a broad basis of comparison.

Consultation Feedback for the 0-11 Service

- 5.5 Participants suggested that the service would benefit from:
- more face to face contact and support groups for new mums to be re-established.
 - support with referrals for children with additional needs or complex needs
 - a named Health Visitor
 - a named lead with access to Health records to work with schools
 - support for staff in schools who work with most vulnerable children
 - a focus on mental health, especially anxiety.
 - a focus on fine and gross motor skills
- 5.6 Feedback has welcomed the two additional checks to support children's development, particularly on the additional check before a child starts school. Some concern has been noted around the management of the additional 3-3 ½ year check in terms of staffing due to current staff workload is substantial.

Consultation Feedback for the 11+ service

- 5.7 On the 11+ service for Rutland, participants suggested that the service would benefit from:
- a named health lead with access to health records
 - a telephone/online support to seek advice
 - specialists to talk to for specific areas of concern such as mental health and emotional wellbeing and special needs and disabilities
 - contributions from Health to Education and Health Care plans (EHCP)
 - a focus on mental health and emotional wellbeing, sleep, self-harm, eating disorders alongside locally identified priorities such as oral health and achieving and maintaining healthy weight.
- 5.8 For the purposes of wider engagement, and the fact that children, young people and

families have been overwhelmed with surveys during covid to capture health needs and views of how they would like services to be offered to them, Future Rutland Conversation feedback is included to inform the service model. This includes individual school surveys completed by young people themselves and school head teachers.

5.9 Future Rutland Conversation gathered the views of children and families through online surveys, live discussions and direct engagement with local schools and youth groups. Children and young people were asked what they enjoy most about Rutland, what they find frustrating about living here, and what they would like to change. An in-depth review of this feedback has highlighted a number key areas where children and young people have strong views and opinions. These include:

- Living in Rutland including transport
- Activities and free time
- The environment
- Making Rutland a better place to live

5.10 Additionally, the 3 secondary schools, children and school Principals in Rutland were approached to ascertain their views on the Healthy Child Programme. This has been included in the summary appended to this report.

5.11 A short Children and Young People Snap Survey was also carried out with secondary aged children to understand what health issues are important to them and how best they would like to access to support. Over 140 responses were received. The findings have been included in the summary and are reflective of the priorities identified above. Particularly support around anxiety and depression has been identified as a key priority and will be considered by the individual school as part of their school health and wellbeing plans and to ensure services are targeted.

Soft Market Testing

5.12 A Prior Information Notice (PIN) was published in August on the council's procurement portal 'Find a Tender' for following purposes:

- Alert the market of the upcoming opportunity which helps to reduce timescales needed to complete the procurement exercise,
- To look at potential solutions to having an improved more accessible digital service.
- To enable interested parties to engage with the council to discuss the services currently available on the market.

5.13 There was a lot of interest from potential providers and engagement sessions were held between 23rd August – 10th September to better understand any potential solutions or options for the councils and how views on how the HCP might be best delivered in the county.

5.14 Feedback from potential providers included:

- Framework commissioning will support smaller contracts and meet needs of children and can build in flexibility.
- Lead Provider model has pros and cons and need to ensure subcontractors are considered.

- Working in Further Education to support children with SEND to access services.
- Trained CBT Wellbeing Practitioners to support trauma in schools for older aged children.
- Digital solutions such as Apps to help address mental health and emotional wellbeing as a potential solution in making digital services more accessible
- Working closely with community-based organisations can enhance the schoolwork.
- Art Therapy for addressing Trauma / adverse childhood experiences.
- Addressing Mental health and emotional wellbeing through gaming.
- Considerations for a separate Digital Specification.
- Enhance commissioning by schools for short crisis interventions
- Working with Social Investors and payment on outcomes achieved (Social Impact Bonds)
- Working closely with Children's Services; edge of care support; targeting support to those most vulnerable; 121 and groupwork.
- Implement MECSH¹ parenting programme to support and help families through the transition to parenthood from pregnancy to child age 2 years. Train all staff to enable better prevention and early intervention to improve outcomes for some of the most vulnerable families.
- Have a Trauma Informed Workforce
- Better integration with Children Centres.

6 ALTERNATIVE OPTIONS

- 6.1 The 11plus service model and award of the contract(s) could be brought back to Cabinet for approval rather than delegated to the Director of Public Health and Director for Children's Services in collaboration with the Portfolio Holders. However, the funding allocation for the 11plus is less than the threshold that require Cabinet approval and therefore the decision for this service can be made by Director of Public Health and Director of children's Services in consultation with the relevant Portfolio holders. The award will be made in line with the award criteria that Cabinet approve and therefore the only alternative to not approving the award would be if there were reasonable grounds to not award at all. In addition, given the tight timetable, there is a risk that requesting Cabinet approval for the award of contract(s) could lead to delays depending on the Cabinet dates, and therefore this is not recommended.

7 FINANCIAL IMPLICATIONS

- 7.1 Total combined value of the Healthy Child Programme per annum is £513,000. This is an increase from the previous contract of £6000 to manage additional checks and potential growth.
- 7.2 Based on population breakdown, Health Visitor caseload and the mandatory elements of the 0-11 service the budget breakdown for the two services are on an 83:17% split. The budget for 0-11 service is £424,662.80

This figure includes the cost of the 0.6 Healthy Practitioner post to conduct the additional 3 ½ year check. The remainder £88,337.20 will be used for the 11+ service, which we are seeking delegated authority to determine how best to support

¹ <https://www.earlychildhoodconnect.edu.au/home-visiting-programs/mecsh-public/about-mecsh>

the older aged children and young people as outlined above.

- 7.3 There are no cash savings identified for this contract, however, the new provider will be expected to manage predicted growth within the financial envelope. The initial contract period is three years with option to extend incrementally on an annual basis for a further 3 years. The contract is to commence from 1 September 2022 and expires 31 August 2025 with option to extend incrementally on an annual basis until 31 August 2028.

8 LEGAL AND GOVERNANCE CONSIDERATIONS

- 8.1 Leicestershire County Council Commissioning Support Unit has drawn up the 0-19 Healthy Child Programme procurement process, in line with the requirements of the Public Contracts Regulations 2015 and the Council's Contract Procedure Rules.
- 8.2 The Healthy Child Programme contains statutory executive functions that the Council has to commission or provide. This includes five universal health visiting checks for families and delivery of the national child measurement programme (NCMP) in schools. The current contract is due to expire 31 August 2022 and cannot be extended.

9 EQUALITY IMPACT ASSESSMENT

- 9.1 The 0-19 Health Child Programme is a universal service and so will affect all children and the carers in Leicestershire. In addition, the service is already available digitally to children up to the age of 25 who have SEND.
- 9.2 The new service will meet the Equality Act 2010 requirements to have due regard to the need to meet any of the following aspects
- eliminating unlawful discrimination, harassment and victimisation;
 - advancing equality of opportunity between different groups; and
 - fostering good relations between different groups

The initial Health Needs Assessment included extensive stakeholder engagement with wider professionals, current service staff, families and children. Individual views were received via using online surveys. Further engagement included reaching out to special schools and headteachers. There were 17 responses to the Public Consultation. A total of 142 children responded to the SNAP survey of which 15% of children responded to say they had disabilities or additional educational needs and 11% responded to say they had family in the Army and these comments have been used to help design the new service.

- 9.3 The Equalities and Human Rights Impact Assessment (EHRIA) screening concludes:
- There is no evidence that the new service model could have a different affect or adverse impact on any section of the community.
 - There will be a positive impact on individuals or community groups who identify with any of the 'protected characteristics'.
 - There are likely to be positive effects for children from earlier identification of development needs, but the main benefits are likely to be over the lifetime of the

child. Preventing and addressing problems in maternity and childhood lays the groundwork for a healthy and wellbeing and can help stop poor health being passed down generations, reduce inequalities and improve infant, maternal and child health.

9.4 There is therefore no requirement for a full EHRIA report.

10 COMMUNITY SAFETY IMPLICATIONS

10.1 The council is required by Section 17 of the Crime & Disorder Act 1998 to take into account community safety implications. The commissioning of high-quality services should contribute to the safety and reduction of risk of vulnerable people.

10.2 The 0-19 services will be accessible and offered where children and young people feel safe and comfortable in health and wellbeing services.

11 HEALTH AND WELLBEING IMPLICATIONS

11.1 The procurement will develop more coherent and higher quality services which support the good health and well-being of Rutland residents.

12 ORGANISATIONAL IMPLICATIONS

12.1 TUPE (Transfer of Undertakings (Protection of Employment) Regulations 2006) and subsequent amendments is likely to apply to the 0-19 Healthy Child procurement as a number of staff currently delivering services which fall under the scope of this procurement.

12.2 The advantages of this approach are:

- Greater economies of scale in undertaking the procurement exercise
- Greater economies of scale for the service provision creating better value for money with regard to back office functions and professional support
- Greater service resilience for example in dealing with staff sickness / absence, and fluctuations in service needs.

13 SOCIAL VALUE IMPLICATIONS

13.1 Under the provisions of the Public Services (Social Value) Act 2012 local authorities are required to consider how economic, social, and environmental well-being may be improved by services that are to be procured, and how procurement may secure those improvements.

13.2 The award criteria include specific reference to Social Value; a requirement to consider impact on improving health, reducing inequalities and thereby benefitting the community.

14 CONCLUSION AND SUMMARY OF REASONS FOR THE RECOMMENDATIONS

14.1 In order for the procurement process to commence the award criteria needs to be approved by Cabinet. The criteria have been carefully considered to ensure that providers successful in the process are capable of meeting the requirements and can deliver appropriate quality services in Rutland.

- 14.2 It is recommended that once the award criteria are approved and approval of the award of contract(s) is delegated to the Director for Public Health and Strategic Director of Children's Services in consultation with the Portfolio Holder for Health, Wellbeing and Adult Care and the Portfolio Holder for Education and Children's Services. Decisions will only be taken in line with Cabinet approved criteria.
- 14.3 It is recommended that the 11plus service delivery is delegated to Director of Public Health and Strategic Director of Children Services in consultation with Portfolio Holder for Education and Children's Services and the Portfolio Holder for Health, Wellbeing and Adult Care

15 BACKGROUND PAPERS

- 15.1 Healthy Child Programme: Pregnancy and the first five years - <https://bit.ly/3hgV5tt>
- 15.2 Universal Health Visiting service: mandation review - <https://www.gov.uk/government/publications/universal-health-visiting-service-mandation-review>
- 15.3 Giving Every Child The Best Start in Life - <https://ukhsa.blog.gov.uk/2021/03/17/giving-every-child-the-best-start-in-life/>
- 15.4 Best Start in Life and Beyond - <https://www.gov.uk/government/publications/best-start-in-life-and-beyond>
- 15.5 Rapid review to update evidence for Healthy Child Programme - <https://bit.ly/3hgJNFs>
- 15.6 Joint Strategic Needs Assessment - <https://www.rutland.gov.uk/my-services/health-and-family/health-and-nhs/joint-strategic-needs-assessment/>

16 APPENDICES

- 16.1 Appendix A – Proposed Service Model
- 16.2 Appendix B – Procurement Timetable
- 16.3 Appendix C - Award Criteria
- 16.4 Appendix D – Summary engagement and consultation feedback

A Large Print or Braille Version of this Report is available upon request – Contact 01572 722577.

Appendix A. Proposed 0-11 Healthy Child Service Model

Supporting Children and Young People to be Healthy

This document details the proposed approach to the future Rutland 0-19 Healthy Child Programme.

The Healthy Child Programme (HCP) provides a universal service for children and families in Leicestershire and Rutland to improve their physical and mental health. It is available to all children and young people aged 0-19 and young people up to age 25 who have SEND (special educational needs and disabilities) or who have left care at 18 years.

The service is split into two areas, 0-11 years and 11+ age groups.

0-11 years of age Public Health Nursing Service for Rutland

Revised: From 0-10 to 11 years of age include transition into secondary school

Core elements of the 0-11 Public Health Nursing Service include:

- ❖ Five mandated checks:
 - Antenatal contact at 28 weeks
 - New birth visit at 10-14 days
 - 6-8 week check
 - 10-12 review
 - 2 – 2 and half year check
- ❖ Additional two checks – 3-4 months & 3- 3 ½ year check
- ❖ Delivery of National Childhood Measurement Programme (NCMP)

Six High Impact Areas for Maternity and Early Years:

1. Transition to parenthood
2. Maternal mental health
3. Breastfeeding
4. Healthy weight
5. Managing minor illness and accident prevention
6. Healthy 2-year olds and school readiness.

Six High impact Areas for school aged children

1. Supporting resilience and wellbeing
2. Improving health behaviours and reducing risk taking
3. Supporting healthy lifestyles
4. Supporting vulnerable young people and improving health inequalities
5. Supporting complex and additional health and wellbeing needs
6. Promoting self-care and improving health literacy prevention

The service will focus in on the six high impact areas of need and put in place support to enable children and young people to achieve their full potential and be physically and emotionally healthy leading to a productive adulthood.

The service proposals have taken into account the key recommendations from the government's national review; 1001 Critical Days.

<https://www.gov.uk/government/publications/the-best-start-for-life-a-vision-for-the-1001-critical-days> .

The key recommendations are:

Ensuring families have access to the services they need

1. Seamless support for families: a coherent joined up Start for Life offer available to all families.
2. A welcoming hub for families: Family Hubs as a place for families to access Start for Life services.
3. The information families need when they need it: designing digital, virtual and telephone offers around the needs of the family.

Ensuring the Start for Life (i) system is working together to give families the support they need

4. An empowered Start for Life workforce: developing a modern skilled workforce to meet the changing needs of families.
5. Continually improving the Start for Life offer: improving data, evaluation, outcomes and proportionate inspection.
6. Leadership for change: ensuring local and national accountability and building the economic case.

Local Priorities include:

Conception to birth

- Transition to parenthood
- Smoking cessation in early pregnancy
- Maternal mental health and harmful drug and alcohol use
- Intimate partner violence.
- Maternal Healthy Weight

Birth to 12 months

- Low-birthweight infants
- Breastfeeding uptake and continuation
- Exposure to second-hand smoke
- Sudden Infant Death Syndrome (SIDS)
- Safe sleeping
- Attachment security
- Early language development
- Maternal/Perinatal mental health
- Preventing unintentional injury
- Reducing child abuse and neglect.

Post 12 months

- Achieving healthy maternal weight

- Improving oral health
- Achieving and maintaining healthy child weight
- Emotional wellbeing; anxiety, low mood and self-esteem

Different ways of working with children, young people and families include:

- Face to face support (at home, at clinics, at educational settings or other venues)
- Telephone support
- Text support
- Signposting to online resources
- Social media
- Video conferencing
- Apps
- Automated messaging
- Attendance at multi-agency meetings with the family
- Alignment with partners who work with the same families (e.g. children and family centres)

On the 0-11 Service for Rutland, consultation feedback suggested that the service would benefit from:

- more face to face contact
- support with referrals for children with additional needs or complex needs
- a named Health Visitor
- a named lead with access to Health records to work with schools
- support for staff in schools who work with most vulnerable children
- support for women postnatally

There will not be significant changes for the 0-11 service age group because many services in this area are statutory. Instead, the council intends to look for ways to achieve more consistent practice and an improved offer to families and professionals.

Table 1: 0-11 Service

Element of the existing 0-11 Service	The current level of service delivery	Feedback from the engagement activity	Proposals for adjusting the existing service delivery
Five mandated checks	Currently provided	Not full-service offer Face to Face to continue Missed checks (impact of covid)	Provided but with an additional check between age 3-4 months (digitally) and 2-2 ½ and school age as recommended in the national review.

<p>Six High Impact Areas - Parenthood and early weeks</p> <ol style="list-style-type: none"> 1. Maternal mental health; 2. Breastfeeding; 3. transition to parenthood; 4. Healthy weight; 5. Minor illnesses and accidents; 6. Healthy 2 year old and getting ready for school. 	<p>Provided plus one on oral health as a local priority</p>	<p>Additional support around speech, language and communication needs and those with special needs.</p> <p>Support for women with postnatal depression</p>	<p>The 6 high impact areas were reviewed nationally and are now as follows:</p> <ol style="list-style-type: none"> 1. Supporting Maternal and Family mental health (New) 2. Supporting the transition to parenthood (current) 3. Supporting breastfeeding (Current) 4. Supporting healthy weight and Nutrition (New) 5. Improving health literacy; reducing accidents and minor illnesses (New) 6. Supporting health, wellbeing and development: Ready to learn, narrowing the 'word gap' (New) <p>Local priorities are Oral Health and Achieving and maintaining healthy weight</p>
<p>Early prevention and intervention support (Early Help)</p>	<p>Provided</p>	<p>More engagement with:</p> <ul style="list-style-type: none"> - Early years settings - Children's & Families Wellbeing service 0-2 pathway - Maternity Services 	<p>Better joined up working with Early years settings and Children and Families Wellbeing services to deliver a holistic offer; to include 0-2 pathway and 2 to school pathway</p> <p>Integrated reviews with Early Years Settings</p>
<p>Safeguarding</p>	<p>Provided</p>	<p>Missed or delayed checks impact on most vulnerable as potential opportunities not picked up.</p>	<p>To continue providing safeguarding Clarity around roles and responsibilities.</p>
<p>Support to Rutland Families</p>	<p>Not provided or limited provision</p>	<p>Engagement and partnership working to</p>	<p>More joined up work with Children and Families</p>

		improve offer to families.	Services, e.g. closer working between early years settings and Health Visitors.
Joined Up Offer (prenatal)	Provided through work with maternity and midwifery	Better communication with Maternity services and Children and Families Wellbeing service	Improved working as per 1001 Critical Days recommendations
Joined Up Offer (postnatal)	Provided through work with Children's Centres	Mental health support – low level anxiety and breastfeeding support.	Improved working with Children's Centres and 0-2 Pathway 1001 Critical Days review recommendations
Digital offer	Chat Health Health for Under 5s, health for kids; Health for Teens webpages	Face to Face to continue Additional 3-4 months check to be provided digitally.	Improved digital communication for both children, parents and carers and support to school professionals
NCMP (ii)	Provided		To continue

11 – 19 age group Service for Rutland (up to 25 for CYP with SEND)

On the 11+ service for Rutland, participants suggested that the service would benefit from:

- a named health lead with access to health records
- a telephone/online support to seek advice
- specialists to talk to for specific areas of concern such as mental health and emotional wellbeing and special needs and disabilities
- contributions from Health to Education and Health Care plans (EHCP)

Local Priorities

As a result of the survey and wider engagement with schools and professionals, additional local priorities were identified as follows:

- Mental Health & Emotional Wellbeing: anxiety, body image, self-esteem, resilience and eating disorders
- Healthy relationships (including building healthy relationships, challenging social norms especially around domestic violence, peer to peer violence and consent)
- Healthy Lifestyles: maintaining and achieving healthy weight
- Substance Misuse: cannabis and alcohol abuse.
- Sleep

Proposed Changes to Service Delivery

The tables below give an indication of how the council proposes to use the suggestions from the engagement activity and the recommendations from the national review to develop proposals for the council's 0-19 universal health provision. The table is intended to give an indication of the broad direction of travel, based on current feedback.

The vision for this service is to create an accessible, universal and targeted service to improve and health and wellbeing and reduce health inequalities within Rutland communities.

The 11+ age group services will build on the universal provision offered through the Public Health delivery arm. The 11 plus service will be targeted to support children and young people transition into secondary school and ensure appropriate support is available focussing on the six high impact areas and defined local priorities as a result of the consultation. The aim is to look for ways to achieve more consistent approach to practice and an improved offer to families and professionals.

Table 2: 11+ Service

Element of the existing 11+ Service	The current level of service delivery	Feedback from the engagement activity	Potential proposals for adjusting the existing service delivery
Transition into secondary school and appropriate adult services	Transition into secondary schools and into adult services through health needs assessments	Ongoing support Support with Education Health Care Plans	Service continues at a universal level but with strengthened provision to investigate and then address gaps resulting from Covid Services have a universal reach for all children and young people. Services are targeted to meet individual needs and the early identification of additional needs. Work with 0-11 service to ensure a smooth transition into secondary school. Transition into appropriate adult service is smooth and seamless.

<p>Current Six High Impact Areas</p> <ol style="list-style-type: none"> 1. Resilience and wellbeing 2. Keeping Safe 3. Healthy Lifestyles 4. Maximising learning & achievement 5. Supporting complex and additional health & wellbeing needs 6. Transitions 	<p>Provided service, somewhat limited.</p>	<p>Feedback included that local priorities should include:</p> <ul style="list-style-type: none"> • Mental Health and Emotional Wellbeing (building resilience) • body image/self - esteem, • Healthy Relationships • Healthy Lifestyles (physical activity and Nutrition) • Substance misuse/Alcohol • Sleep • Peer on peer violence • Eating disorders 	<p>The 6 high impact areas were reviewed nationally and are now as follows:</p> <ol style="list-style-type: none"> 1. Supporting resilience and wellbeing (Current) 2. Improving health behaviours and reducing risk taking (New) 3. Supporting healthy lifestyles (Current) 4. Supporting vulnerable young people and improving health inequalities (New) 5. Supporting complex and additional health and wellbeing needs (Current) 6. Promoting self-care and improving health literacy (New) <p>We will also address the local priorities identified through the engagement</p>
<p>Training of school staff</p>	<p>Training provided online but limited to epilepsy and asthma</p>	<p>Supervision for school pastoral support staff. Supporting needs of children with complex needs.</p>	<p>A programme of training based on school health profiles which is specific to each school</p>
<p>Provision to children and YP excluded from school or home schooled</p>	<p>Not provided or limited service</p>	<p>Health offer for children who are home educated or excluded from school.</p>	<p>The same level of support will be provided but in the place of learning</p>
<p>Provision to Looked After Children</p>	<p>Not provided - Health offer for children in care is the same universal offer.</p>	<p>Understand the needs of children on EHCP and contribute to plans to ensure Health input.</p>	<p>Ensure staff undertaking IHA and RHA know what the offer from Public Health is so that they can then signpost children and YP to appropriate services</p>

Digital offer	ChatHealth and Health for Teens webpages.	ChatHealth not widely used by children and young people would prefer fact to face or an app as current follow up is often a call that parents can listen to. Understand the varying needs of those most vulnerable and appropriate support in place.	Promote Rise Above website (PHE) through vehicles YP access First Contact (MECC+ training) C&FWBs: Schools Telephone Support line which is now expanded to cover whole county Work with Healthy Schools Website – local services offer for CYP. Widen scope of Healthy schools current Website.
Support to children and young people with Special Needs aged 19 and over	Currently digital offer only.	Supporting needs of children with complex needs.	Children and young people to receive the same public Health universal offer to reflect the place of learning
Healthy child programme offer in Special Schools	Limited service provided.	Supporting needs of children with complex needs.	Children and young people to receive the same public Health universal offer but to reflect the place of learning
Roles providing support are dedicated to 11+ age group	School nursing provided as part of overall contract for 0-19 services	Recruitment and retention concerns Named lead for schools Skill mix	11+ children and YP will receive support from a range of professionals based on need. Some of this will be universal and some through targeted specialists, e.g. low level mental health and emotional wellbeing counselling

Additionally, local priorities should include:

- Mental Health and Emotional Wellbeing (building resilience) body image/self-esteem,
- Healthy Relationships
- Healthy Lifestyles (physical activity and Nutrition)
- Substance misuse/Alcohol

- Sleep
- Peer on peer violence
- Eating disorders

These priorities will be considered as part of the review and options appraisal for this service. Delegated authority will be sought for the Director of Public Health and Director of Children's Services to determine how best the allocated budget can deliver an 11+ service.

Transitions into school and adult services

Supporting transition for school aged children is a key element of the Healthy child programme, for example there is a focus on children ready to learn at the age of two and ready for school at age 5. The services will work to ensure smooth transition into secondary school.

It is expected the service provider will work with adult services to ensure smooth transition for more vulnerable children (that are in mainstream schools), those who are in care or have additional needs and require adult services.

Commissioning clinical support for children with additional health needs or long-term conditions and disabilities, including clinical support for example incontinence or diabetes, lies with NHS England and clinical commissioning groups, to ensure co-ordinated support across the life course -therefore not included within this service model

- i. Start for Life or Start4Life is a government campaign to support a better **start in life** for infants from birth, by providing healthcare professionals with accessible, concise information about the recommendations on breastfeeding, appropriate introduction of solid foods and active play.
- ii. The National Child Measurement **Programme (NCMP)** measures the height and weight of children in Reception class (aged 4 to 5) and year 6 (aged 10 to 11), to assess overweight and obesity levels in children within primary schools. This programme will continue in line with government guidance.

Appendix B. Procurement Timetable

Action	By When
Cabinet Approval for Award Criteria	26/10/21
[OJEU Notice published /PIN published]	7/10/21
Invitation to Tender published	7/10/21
Deadline for questions from bidders	14/01/22
Deadline for responses to questions	18/01/22
Tender submissions deadline	25/01/22
Evaluation of Tenders	10/02/22-16-03/22
Clarification meetings (if required)	01/04/22
Approval of Contract Awards	19/4/22
Notification of award/start of standstill	20/4/22
End of standstill	29/04/22
Contract award	30/04/22
Contract start date	01/09/22

**Please note that these dates are approximate with some contingency built in.*

Appendix C: Award Criteria

Criteria	Weighting*
Quality	80%
1. Service model	2%
2. Service delivery	25%
3. Staffing	5%
4. Access (will include geographic, people getting to the service, Physical access ensure Equality and Equity, vulnerability)	5%
5. Clinical Governance	10%
6. Information Management	4%
7. Quality and Performance	7%
8. Relationship management and partnership working	5%
9. Mobilisation Plan	10%
10. Sustainable Recovery	3%
11. Innovation	2%
12. Social Value	2%
Pricing criteria: Contract Pricing - Staffing, training, accommodation, management, overheads, prescribing, other Pricing / Financial questions - Financial robustness, sustainability and cost control	20%
Total	100%

*PLEASE NOTE: These weightings may be slightly revised during process of developing detailed questions