

Start Well Greenwich

Children and Young People's
Health and Wellbeing Services 2020

School-aged years
and Integration



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David Pinson
Head of Commissioning &
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Agenda

- 12.30 – 13.00 – Refreshments / Registration
- 13.00 – 13.05 – Welcome
- 13:05 – 13.45 – Presentation
- Break
- 14.15 – 14.25 – Presentation
- 14:25 – 15.30 – Table Discussions
- 15.30 – 16.00 – Networking



Children and Young People's Health and Wellbeing Services 2020

- We believe that all children in Greenwich, regardless of their background or circumstances, should have a happy and fulfilled childhood where they belong, grow and succeed so that they enter adulthood ready, willing and able to achieve their highest potential.
- Royal Greenwich currently commissions a number of individual services that support children and their families. We believe we can harness and further strengthen the work of these services by bringing them together within a new model.



Children and Young People's Health and Wellbeing Services 2020

- Through integration, partnership and alignment, we believe we will be able to offer seamless, modern, tailor-made services to children, young people and their families, and identify any issues and offer support at the earliest possible time before they escalate.
- Our future services will need to fully embrace digital technology, data collection and communication in order to meet the challenges of our communities and match their expectations
- Today is part of the consultation programme to develop these services for 2020
- The session today will be focusing on School-aged years and Integration



Start Well Greenwich



- Start Well Greenwich is the commissioning programme that will develop the arm of the Greenwich Prevention System (Live Well Greenwich) to support children, young people and their families
- Prevention needs to be delivered at a larger scale and systematically in order to achieve population level impact.
- Improve health & wellbeing through a whole system approach and an integrated system delivery model
- Prevention or early detection and turning the tap down on future demand
- Services working in partnership to deliver shared outcomes
- Outcomes tracked across the services



Our Vision

- Evidence-based innovation – transforming our services for the 21st century
- Service modernisation including service delivery partnerships that share the delivery of outcomes
- Detection and support as early as possible
- Embracing community and peer development opportunities
- Consistent offer across the borough and diversity in provision and take-up.
- Getting the best out of our physical assets



Population – Children and Young People



c.73,000

0 to 18 years old live in RBG (as of 2018*, CYP)



This is 24% of the total population in Royal Greenwich

Children and Young People from BME groups account for over half of all children living in the area; this compares with 22% in the country as a whole

c.43,000 pupils attend a RBG school

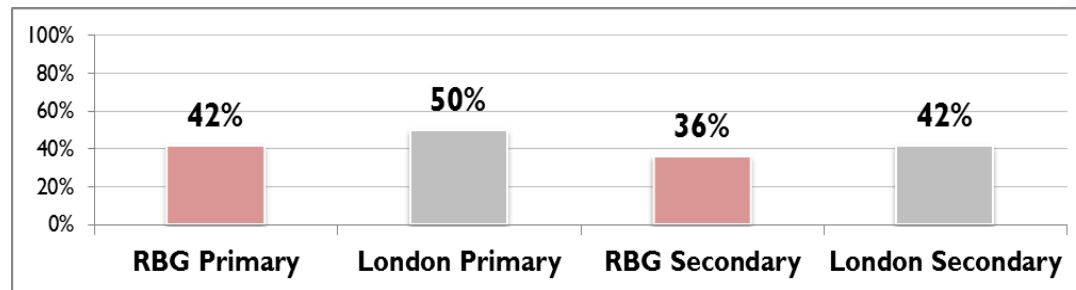
c.4,000 2,3 and 4 years olds access funded childcare places

c.15% of pupils have special educational needs

150+ languages
are spoken**

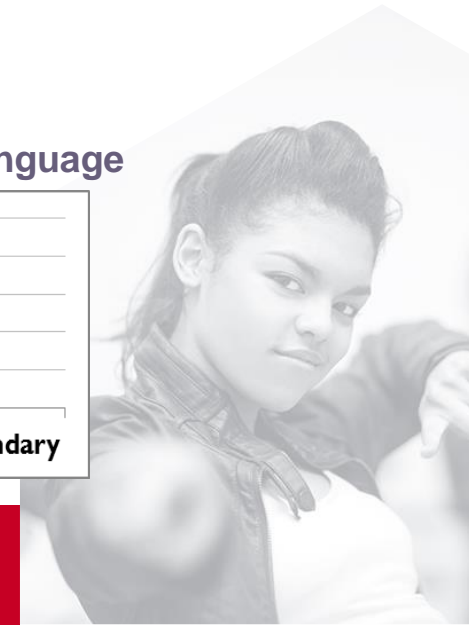


The proportion of pupils with English as an additional language



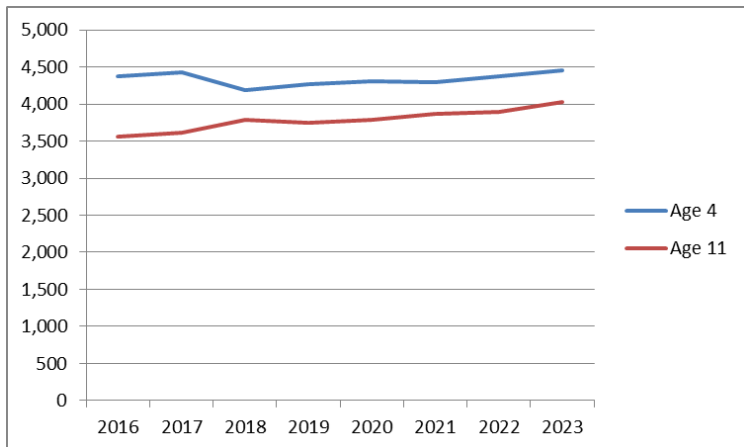
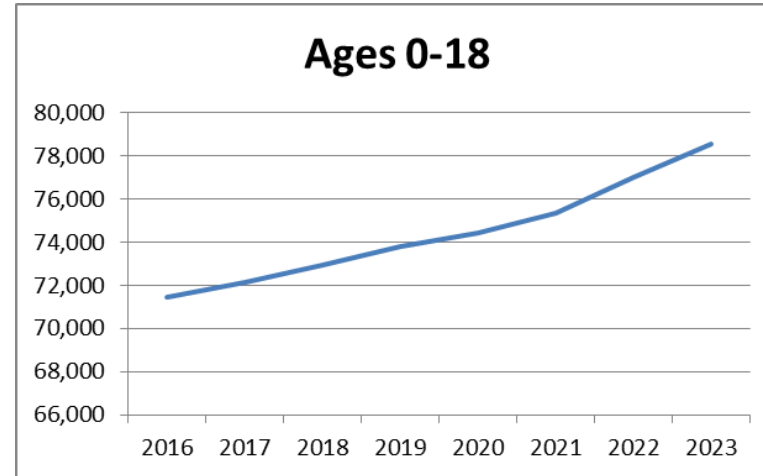
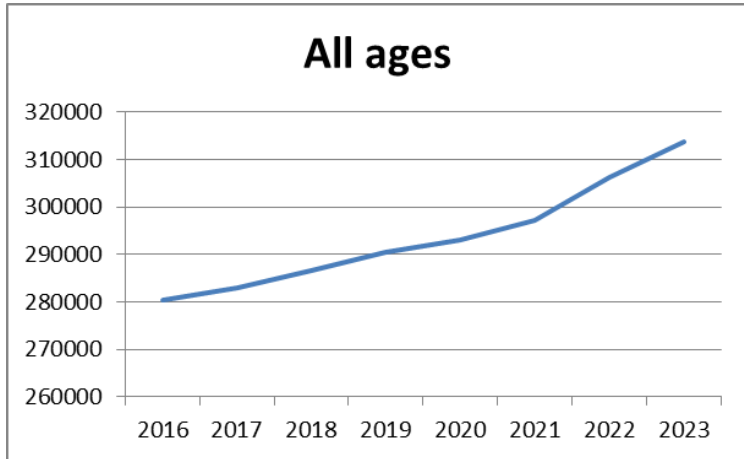
*GLA BPO based projections (June 2018)

**+150 languages are spoken by at least one RBG pupil, the main one after English being Yoruba (c.2,600 speakers; 6% of pupils)



Population projections

The population of Greenwich has seen unprecedented growth in recent years and is projected to continue to grow



% change 2016 to 2023:

All ages: +12%

0 to 18: +10%

4 year olds: +2%

11 year olds: +13%

4 and 11 year old projections feed into school roll projections in terms of planning for current and future pressures



In Greenwich, between
2014 and 2016

63

*babies
died in their
first year of life.*



(4.6 per 1,000 live births
compared to 3.2 per 1,000 in
London and 3.9 per 1,000 across
England)

Infant mortality
has increased since
2012-14 and is now
significantly worse
than London.

In Greenwich, between
2014 and 2016

27

***children and
young people
(aged 1-17 years) died
prematurely.***

(15 per 100,000) which is higher
than both London and England
(11.5 and 11.9 per 100,000
respectively).



Child mortality has
also increased since
2012-14 and is now
significantly worse
than London.

High levels
of teenage
pregnancy

High levels
of smoking
in
pregnancy

Low levels of
breastfeeding
in young
mothers

High
hospital
admissions

High levels
of
childhood
obesity

What are our challenges?

Domestic
and peer
violence

Poor
mental
health and
wellbeing

Youth
violence and
exploitation

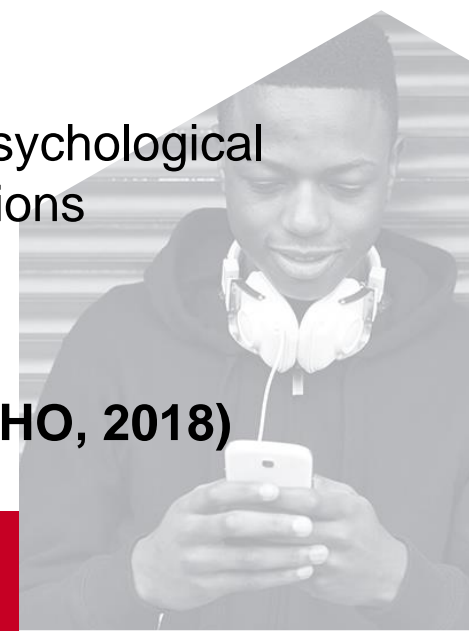
Gap in
educational
attainment

Increasing
secondary
school age
population

Recognising and Responding to ACEs

- Adverse Childhood Experiences (ACEs) include abuse, neglect or environmental stressors such as substance misuse, domestic violence, mental ill health, poverty.
- ≥ 4 ACEs in childhood (compared to none) confers in adults:
 - 30x** greater likelihood of **suicide attempt**
 - 6x** greater likelihood of **sexually transmitted infection**
 - 4x** greater likelihood of **teenage pregnancy**
 - 3x** greater likelihood of **respiratory disease**
 - 2x** greater likelihood of **cancer and heart disease**
- Reducing ACEs is thus central to promoting good biological, psychological and social health through the life-course and between generations
- The detection of ACEs should be central to service provision

European Status Report on Preventing Child Maltreatment (WHO, 2018)



What are the key outcomes to achieve?

Best start in life

- Reduced smoking rates in pregnancy
- Improved breastfeeding by young mothers
- Reduced risk of injury and preventable illness

Healthy childhood

- Increased proportion of children with healthy weight
- Good oral health
- Improved mental health and wellbeing
- Reduction in hospital admissions

Achieve potential

- Reduced risky behaviours
- Ensuring all children, particularly vulnerable groups achieve full potential at educational key stages
- Increased ambition
- Increased employment, education and training

Strong parenting

- Increased skills, confidence and quality of parenting – particularly new and young parents and parents of adolescents
- Fewer families are in chaotic environments
- Reduced isolation and strengthening supportive communities



Dave Borland Head of Joint Commissioning. Children's Services



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The new model – which services are in scope?

- Health Visiting (0-4 years)
- Children's Centres (0-4 years)
- School Nursing (5-19 years) including YOS Nursing
- Universal Youth Service (10-18/25 years)
- Universal Youth Summer Programme (10-18/25 years)



The new model

- The new model will encompass significant system change with robust stakeholder engagement – with half-day sessions, focusing on key areas and participation of children and young people and families in the design of services.
- Establishment of Start Well Greenwich, a new prevention system for children and young people, aligned with Live Well Greenwich
- Universal services that encourage access, allows for relationships to be developed, needs to be identified and additional support to provided / accessed at the earliest possible time



The new model

- The delivery of outcomes - shared and tracked between providers
- Maintain our commitment to 1001 Days, but in addition, expand provision across all age ranges from childhood to employment and strengthen adolescent support
- Services based on robust evidence
- Digital technology and communication to be incorporated across all services



What is proposed?

- Integration of Health Visiting and Children's Centres
- Integration of School Nursing and Universal Youth
- Investment in new adolescent services to address key priorities (in and out of school settings)
- Development of social prescribing for children and young people
- New service to be aligned with Early Help and NHS networks
- Interactive, borough-wide digital offer, including a new Digital Passport at the start of secondary school



Digital Passport

- All children starting secondary school offered a digital 'passport'
- Provided a login to create an online profile ('passport') on a web based platform (e.g. web-portal)
- Identify needs of the young person through questionnaires and information the child shares with us
- Provide them with tailored information and support ('social prescribing') about school services, community activities and opportunities, health services etc.
- Build a 'digital relationship' with young people, and profile risk



Use of Digital Technologies

- Broader use of digital technology in service delivery beyond a digital passport.
- Digital Technology is a key element of delivery of services, need to link into existing technology and use technology more broadly as part of service delivery.
- Automated administration (e.g. if you need to book an appointment there must be a facility to do this online)
- Recognition that we will be learning together. We want partners to work with us to make Greenwich a model borough for digital delivery for these services.
- Evidence an understanding of the GDPR implications and how to maximise take up and use in line with data protection legislation.



Quality Assurance

- A quality assurance programme for Start Well Greenwich
- Strengthen the voice of children, young people, parents and carers in service review and development
- Systematic feedback opportunities after receiving services
- Providing an independent avenue for parents/carers and young people to feedback.
- Digital solutions
- Engaging online for themes in relation to service delivery (e.g. twitter, facebook etc.)
- Mystery shopping



School Aged Years and Integration

Proposals

- Integration will mean one contract to deliver both Health Visiting and Children's Centre services
- Integration will mean one contract to deliver both School Nursing and Universal Youth services
- The Children's Centre and Health Visiting will be broken down into **multiple integrated contracts by geographical area**. E.g. 1 contract for the South of the Borough for an Integrated Children's Centre and Health Visiting Service.
- It is proposed the School Nursing and Universal Youth Services are delivered through a **single borough wide contract**.
- It is up to providers who you partner with to bid for services.
- Wherever possible services need to be co-located
- Bids will need to demonstrate how the service is integrated and delivered by multi-disciplinary teams
- Partners under the same contract will need to have a data-sharing agreement in place



New Adolescent Services

- Development of new services for adolescent children
- In and out of school settings
- Exploring delivery models such as Peer to Peer, Buddying Schemes
- Innovation balanced with established evidence base
- Includes development of a support offer for parents/carers of adolescent children
- Mixed method approach (face-to-face, digital)
- Focus on 4 key areas
 - Healthy food / healthy weight/ Physical activity
 - Educational attendance and attainment
 - Mental health and wellbeing
 - Risk (drugs and alcohol, exploitation, sexual health, violence)



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**Head of Commissioning &
Health Protection**
**Public Health Lead -
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School Aged Years and Integration - Proposals

Integrated multi-disciplinary team, could include:

- Youth Workers
- Mentors
- School Nurses
- Well-being coaches
- Volunteers
- Representatives from specialist community organisations

There is a need to demonstrate how youth workers can be utilised within school settings and school nurses through youth services

The team will need to have a strong partnership with General Practice and Schools



Royal Society for Public Health- Level 2 Award for Young Health Champions

- It is proposed that this Award be incorporated into the School-aged Integrated Service
- This qualification is for individuals who want to take on the role of a health champion helping young people to improve their health
- This qualification will enable learners to provide peer support through an understanding of the individual and social drivers of healthy and unhealthy behaviours as well as signpost local health services. It will also provide knowledge of a health and wellbeing issue relevant to the learner and develop skills to deliver positive health messages.
- <https://www.rsph.org.uk/qualification/level-2-award-for-young-health-champions.html>



School Aged Years and Integration - Proposals

- There will need to be a ring-fenced budget for the Service to commission positive activities for specific areas of underrepresentation (geographically and demographically). This can be done on an annual basis. The Provider/s and RBG will work together to review areas of underrepresentation. An annual review of funding would facilitate the release funding where improvements are made and address any new areas.
- Programme of work to support parents of school-aged and adolescent children
- Drop-in sessions for parents to support on improving parenting skills including psycho-education. Consider how to incentivise parents identified by schools as benefiting most.
- National Child Measurement Programme



School Aged Years and Integration – Core Outcomes

Educational Achievement: Achievement at Educational Key Stages and closing the gap

Education Engagement: Attendance at school and going missing

Income and Management: Financial disadvantage including benefits and financial management.

EET: Employment, Education, Training and Volunteering

Family Attachment: Strong parent/child attachment and family relationships

Behaviour Management: Anger and behaviour difficulties

Emotional Mental Health: Depression, anxiety, stress, self-harm and suicide ideation

Isolation: Reducing isolation and developing and strengthening supportive communities



School Aged Years and Integration – Core Outcomes

Healthy Relationships: Increasing the understanding and proportion of healthy relationships

Mental Health Parenting: Increasing the skills, confidence and ability of parents to support mental health in children

Behavioural Parenting: Increasing the skills, confidence and ability of parents to manage behaviour that challenges

Safeguarding: Prevention of child abuse, sexual/radicalisation/criminal exploitation, FGM and neglect.

Boys and Men: Improving the attainment of boys

SEND: Identifying and supporting the outcomes for those with special educational needs and disability

Aspiration: Increasing children and young people's aspirations



School Aged Years and Integration – Core Outcomes

Physical Activity: Physical activity advice (including active play) for babies

Diet: Healthy weight and diet with clients and their babies

Immunisation: Uptake of routine childhood vaccinations

Pre-conception: Planning of future pregnancies, including contraception

Substance Misuse: Brief intervention for alcohol and substances, including new and emerging drug misuse such as ‘legal highs’

Smoking: Smoking (household) and smoking in pregnancy

Oral Health: Good oral health and reduced admissions due to oral health

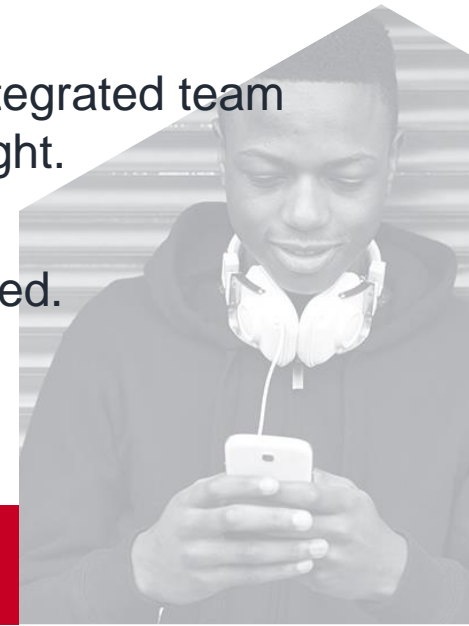
Sexual Health: sexual ill health and STIs



School Aged Years and Integration – Well-being reviews

Proposals - Integrated Service (School Nursing and Universal Youth) Well-being Annual Reviews

- Well-being annual reviews starting around 9-10 years olds
- These brief reviews may be undertaken using a variety of methods, including online
- In the new contract, we expect the bidders to outline how as an integrated team they will deliver these checks with appropriate professional oversight.
- Follow-ups have been undertaken where issues have been detected.



Break for 20 minutes



David Pinson
**Head of Commissioning &
Health Protection**
**Public Health Lead -
C&YP**



Answering questions

Are IT infrastructure costs built into the indicative finance for the integrated services contracts?

Yes. We will require bidders to outline the following:

- The IT system they will be utilising to deliver the service
- The cost of the system
- How the system and the users will capture data efficiently (mobile working, reducing data entry/ double recording)
- How the system will record outputs and outcomes and report against them
- How the system will be linked to automated administration (e.g. self service – booking appointments online, etc.)
- Integrated feedback loops and follow-up
- Integrated quality assurance, linked to reporting
- How the system is linked to national reporting requirements



Answering questions

Tracking is a challenge due to confidentiality. Clarity is required on how it is done and who data is shared with.

- While tracking will take place on an individual level for services, outcome reporting will predominately occur on an aggregate/anonymised basis.
- Providers will be required to submit case studies in line with consent agreements
- We would like to explore sharing of data to inform tracking of risk and outcomes in line with GDPR



Answering questions

Is it ok for organisations to be part of more than one bid?

Yes. Bidders will need to explicit if the whole bid is dependent on another being awarded.

Contract management- how much of this can be devolved to providers?

In respect to lead contractor arrangements / sub-contracting the lead provider would be responsible for the contract monitoring of these arrangements.

Will RBG work with the partnerships regarding branding?

We will be confirming the branding arrangements.

We are proposing to call the integrated Children's Centre and Health Visiting Service - Start Well Greenwich Children's Centres.

We are proposing to call the new Integrated School Nursing and Universal Youth Service – Young Greenwich



Answering questions

Will LAC Nursing be included?

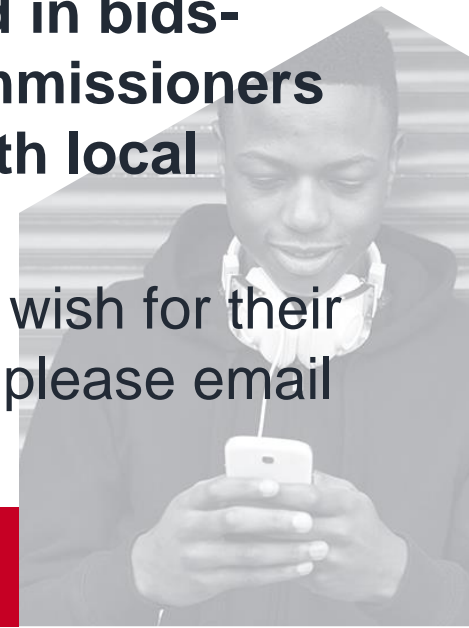
Greenwich Clinical Commissioning Group will be commissioning this service separately from 1 April 2020.

What are the lower-level indicators?

We will aim to include the majority of KPIs as part of the draft specification.

How will providers who are out of borough be involved in bids- may get left out by local providers. How will we as commissioners help new and out of borough organisations to work with local organisations?

A pro-forma has been sent out to interested providers who wish for their details to be shared. If you have not received a pro-forma please email childrens-commissioning@royalgreenwich.gov.uk



Answering questions

Can a draft specification be made available ahead of the tender submission date?

RBG will aim to release draft specifications in March prior to the Invitation To Tender in May.

How does the Maternity Service and GP fit in? How does this link?

Maternity Services are a critical partner to the Integrated model. Bids will need to demonstrate how they will develop and strengthen pathways and relationships with Midwifery and GPs.

Will RBG be breaking down the allocated budget per area?

RBG will include indicative funding amounts per area as part of the draft specification to be released in March.



Answering questions

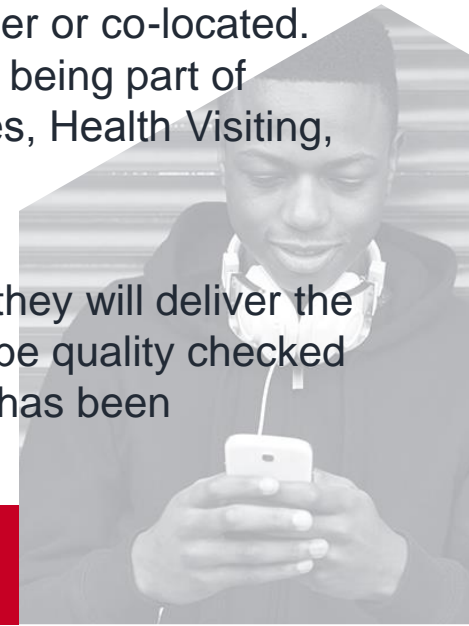
What is meant by Integration?

Integration can mean multiple things to different individuals/organisations. When we discuss integration and/or integrated teams we mean that individuals within that team feel part of one group/organisation. Their employment contract may not all be with the same organisation but for all intents and purposes they work, operate and feel part of the same organisation and team.

Bidders will need to demonstrate how Integrated Teams achieve this, examples include unified supervision/management arrangements, shared training, co-location.

We make a distinction between integration and partnership working. Partnership working could be seen as two different teams sharing good practice, making referrals to one another or co-located. However, there in partnership working there would still remain a distinct sense of being part of separate organisations. This is currently the case in respect of Children's Centres, Health Visiting, School Nursing and Universal Youth.

In the new contract, we expect the bidders to outline how as an integrated team they will deliver the well-being reviews with appropriate professional oversight. Reviews will need to be quality checked and signed off, ensuring that the checks have been delivered fully and follow-up has been undertaken where issues have been detected.



Dave Borland
Head of Joint
Commissioning.
Children's
Services



Finance

Service	Indicative per annum budget for service area
Children's Centres, integrating Health Visiting	9,500,000
Universal Youth Service, integrating School Nursing	2,300,000
New adolescent services, incorporating current sexual health outreach and weight management services	1,200,000
Digital Passport and quality assurance	500,000

We are currently not in a position to confirm final allocations, therefore, these figures are indicative

Timetable

Action	Start Date	End Date
Stakeholder Engagement Process (Pre-tender)		28/02/2019
Publish Tender	01/05/2019	
Tender Period	01/05/2019	30/06/2019
Award of Contract	01/09/2019	30/10/2019
Mobilisation Starts	01/10/2019	31/03/2020
Start of New Contracts	01/04/2020	

Further engagement

26th Feb 12.30-4pm

Adolescent Services

One-to-one sessions

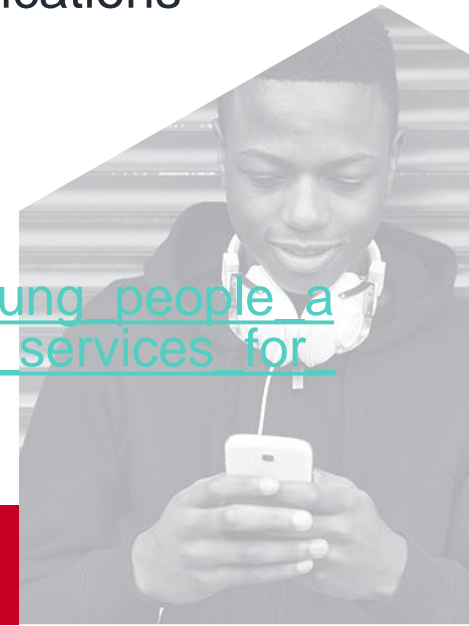


Start Well Greenwich webpage

- The Royal Borough of Greenwich has just launched a new webpage where interested parties and members of the public can find out more on Start Well Greenwich, including our vision, plans, engagement events and the procurement timetable. You can also download the presentations about the proposals.
- Organisations interested in bidding to deliver the Start Well Greenwich 2020 services will need to register on the Royal Borough of Greenwich e-tendering site to ensure that they receive all future communications regarding the engagement and tendering process;

Start Well Greenwich webpage

- https://www.royalgreenwich.gov.uk/info/200234/children_young_people_and_families/2092/developing_future_health_and_wellbeing_services_for_children_and_young_people



Where to send your questions and comments

Feedback to Joint Commissioning Team email:
childrens-commissioning@royalgreenwich.gov.uk

- Ideas for innovative services and models
- Ideas for how to measure the success of the service
- Ideas of effective use of digital platforms
- Ideas on integrated models of service delivery

We will post our responses to questions at:
<https://royalgreenwich.proactishosting.com/>
(You will need to register or login)



Facilitated Table discussions

- Each Table has a Facilitator and Scribe
- Questions on each of your tables to discuss
- Your views and ideas will inform development of the specification and tender along with further feedback from engagement sessions, children and young people and their families
- We're capturing your questions
- Don't worry – No volunteers to feedback



Table discussions

- How will the integrated service work with schools?
- How can ACEs be utilised to identify and address vulnerable children and young people?
- How will the service assure that young people are being identified and accessing support?
- What parent support initiatives should the service use to help parents of school-aged and adolescent children?
- How can we measure the impact against the proposed outcomes?
- How will young people and parents shape services and make decisions about delivery and the service offer?
- How can the service utilise digital communication and engagement to support the delivery of the core requirements of the service?

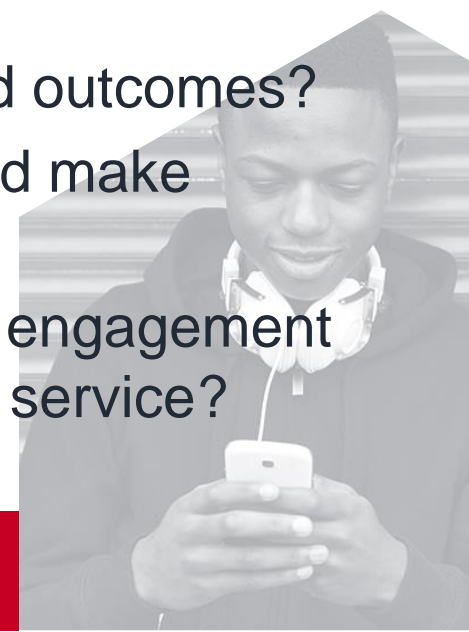


Table discussions

