

## 0- 19 Specification Briefing Paper

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## 1 Introduction

This briefing paper aims to give a condensed overview of what is contained in the full specification. The specification we are proposing is an evolution of the previous tender following the revised guidance and has been created to allow flexibility as the needs of Rotherham change over a potential 10-year contract length. The specification will not dictate a service delivery. It will allow the bidders to use their expertise and knowledge to submit a service delivery model that will meet the specification and the changing needs of Rotherham families and children and provides space for innovation.

## 2 0-19 Children's Public Health Nursing Service: Best start and beyond

Rotherham Metropolitan Borough Council (RMBC) is looking to engage with the market for the provision of the Children's Public Health Nursing Service.

The 0-19 Children's Public Health Nursing Service: Best start and beyond will lead, coordinate, and deliver the Healthy Child Programme in Rotherham.

The overarching aim of this Service is to give families and children in Rotherham the best start in life and beyond through improving public health outcomes whilst reducing inequalities in such outcomes. The service specification will be based upon the revised [Health visiting and school nursing service delivery model](#), which supersedes the old 4-5-6 model. It has been localised and enhanced to align with our local strategic priorities.

- All children get the best start in life and go on to achieve their potential.
- All Rotherham people enjoy the best possible mental health and wellbeing and have a good quality of life.
- All Rotherham people live well for longer.
- All Rotherham people live in healthy, safe and resilient communities

The Service forms a part of the children and young people's (C&YP) system and will be universal in reach and personalised in its response.

In addition to this, [The best start for life: a vision for the 1,001 critical days](#) is being developed as part of the early year's healthy development review, which may have an impact on the services of the future. The service provider would be expected to transition to any new standards/guidance as they emerge.

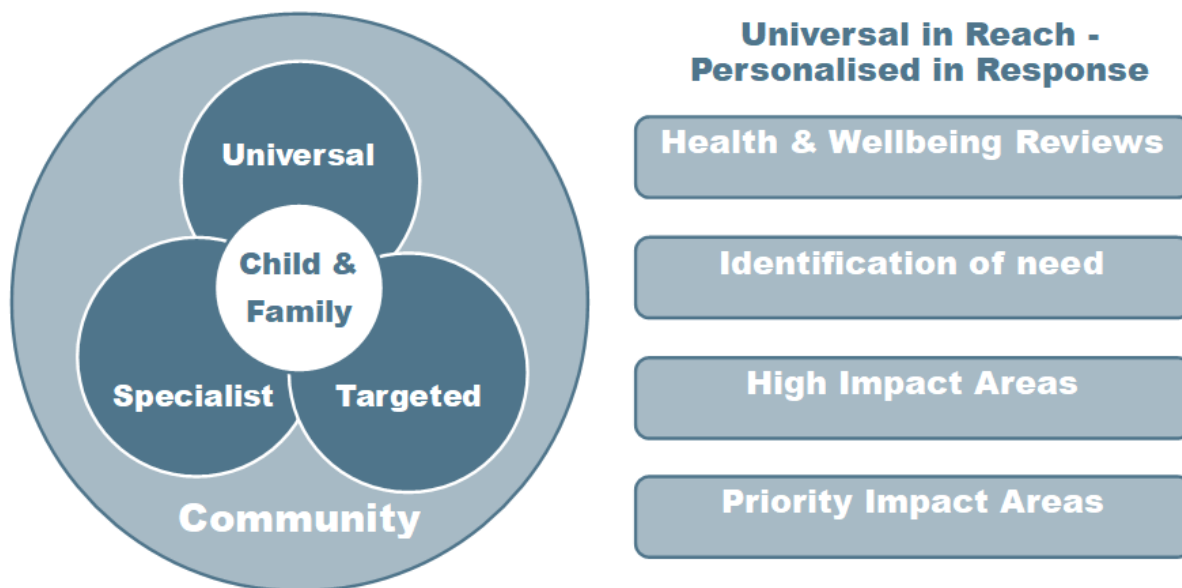


Figure 1 Health visiting and school nursing delivery model

This briefing aims to give an overview of some of the areas covered in the final specification. RMBC will be asking providers to submit a service model as part of the tender process that meets the specification that brings together health, education, and other key partners to deliver an effective programme for prevention and support in Rotherham.

When bidding for the tender, the final specification will:

- Describe the health visiting and school nursing priority impact areas and high impact areas and related outcomes
- Provide a template for the bidder to use and adapt to meet local needs as local priorities impact areas change
- Offer quality and standardisation of service delivery requirement of the Healthy Child Programme

### 3 Procurement

The proposal for the new contract will be to recommission for five years with annual extension options after that, on year by year basis, for up to a further five years, making the total potential contract length ten years. This will provide greater market stability and acknowledge that the new model needs sufficient time to embed and deliver.

Detailed below is the indicative high-level timetable for this procurement	
Tender Issued	April 2022
Procurement Concluded	September 2022
Mobilisation	October 2022 – March 2023
Contract Commencement	01 April 2023

The expected contract value will be around £5 million per year, subject to final budget approval.

## 4 Proposed specification

The Service will be expected to work across the whole 0-19 population (up to 24 years for young people with special needs). As part of a whole system approach that is universal in reach and personalised in its response, the Service shall deliver the following core elements:

- Integrated Health Visiting Service age 0-5 Services
- Integrated Health Service age 5-19 (up to 24 years for young people with special needs).

Using strength-based approaches to:

- Provide evidence-based interventions and motivational interviewing
- Assess child development & undertake holistic assessments
- Provide advice and promote health and wellbeing to children and families
- Promote health protection and keep children safe

Including providing services or ways of working identified under the **high impact areas** and the additional locally identified **priority impact areas**.

The service model will need to be based on 4 levels of service – **community, universal, targeted and specialist** –



Figure 2 Model

depending on individual and family need. The utilisation of community-based assets is central to the universal offer where health visitors and school nurses are well placed to identify needs, provide evidence-based public health interventions with proactive signposting to local community support.

The [12 high impact areas](#) that sit alongside the additional **priority impact areas** that cover where health visitors and school nurses can make the biggest difference in terms of impact and improving outcomes for Rotherham's children and families

The Service provided will need to have a needs-led approach, offering both universal and targeted specialist expertise. The provider will need to deliver a flexible, accessible service. With additional targeted support for those children, young people and families who have greater needs or are at greater risk of poorer health and wellbeing outcomes. All children should feel and be safe and be able to thrive and reach their potential in line with their peers, narrowing the gap in health inequality and educational attainment.

## 4.1 Service description

The 0-19 Children's Public Health Nursing Service: Best start and beyond proposed service models will need to achieve this:

### At an individual level:

- undertaking joint visits or consultations with other professionals in response to contact from children, young people and families, where appropriate
- building resilience, strength and protective factors to improve autonomy and self-efficacy based on the best evidence of child and adolescent development, family context and support
- building personal and family responsibility, laying the foundation for an independent life

### At a community level:

- providing an integrated public health nursing service linked to primary and secondary care, early years, childcare and educational settings by having locality teams and nominated leads known to the stakeholders, including a named health visiting team or school nursing team for every setting
- delivering the universal Healthy Child Programme through assessment of need by appropriately qualified staff; health promotion; screening, immunisation and surveillance; engagement in health education programmes; involvement in key public health priority interventions and communities; interventions as specified within the Healthy Child Programme

### At a population level:

- leading local delivery requirements, including focusing on the [High Impact Areas](#)
- delivering public health interventions using an asset-based approach to all children and young people
- ensuring services are responsive to local needs and delivered in a way that is accessible to all families
- keep children and families safe
- work with the community, stakeholders and local Providers to identify population health needs
- working with local authority and NHS Providers to ensure that clear care pathways exist between health visiting and school nursing teams and key services that parents and young people access such as mental health and wellbeing services, substance misuse and sexual or reproductive health services, Child Sexual Exploitation or Abuse, teenage pregnancy or substance misuse prevention, or oral health services
- ensuring there is a clear protocol for addressing the health needs of priority groups
- where the Service will be maintained and preventing inconsistency
- ensuring and be able to evidence that the experience and involvement of families, carers, children and young people will be taken into account to inform service delivery and improvement
- championing and advocating culturally sensitive and non-discriminatory services that promote social inclusion, dignity and respect

- demonstrating the impact of the Service provided through improved outcomes, reduced inequalities and service user feedback

Health visiting and school nursing are in a unique position to influence and work with the whole family in the interests of children on social, psychological and health choices and behaviours. School nurses are also well placed to affect health behaviour change when young people are developing independence, self-determination and autonomy. Health visitors and school nurses have a specialist skillset to promote healthy behaviours and improve health literacy.

## 4.2 Aims and objectives of the overall 0-19 service

The Service will need to ensure that all children and young people receive the full-service offer of the Healthy Child Programme 0 to 19. This includes universal reach for all children and offering services that are personalised to meet individual needs and the early identification of additional and/or complex needs.

This supports the specialist public health nursing contribution to improve Rotherham's outcomes and reduce health inequalities for children and young people.

The proposed service models will need to achieve this:

### At an individual level:

- contributing to [Better Births](#) and the [Maternity Transformation Programme](#)
- current evidence of 1001 Critical Days: [The Importance of the Conception to Age Two Period](#)
- providing expert advice to provide a secure environment to lay down the foundations for emotional resilience and good physical and mental health
- ensuring early help and additional evidence-based preventive programmes will promote and protect health in an effort to reduce the risk of poor future health and wellbeing
- working with the [Families for Change programme](#), to ensure the health aspects meet the health needs of the whole family
- enabling children to be ready to learn at 2, ready for school by 5
- to achieve the best possible educational outcomes throughout their school years

### At a community level:

- promoting optimal health and wellbeing and resilience through school aged years
- supporting families and young people to engage with their local community through education, training and employment opportunities
- supporting children, young people and families to navigate the health and social care services to ensure timely access and support
- working in partnership with local communities to build community capacity
- demonstrating population value best use of resources and outcomes
- ensuring effective use of community-based assets

### At a population level:

- developing effective partnerships and acting as advocate to support improvements in health and wellbeing of all children and families

- working in partnership with other professionals ensuring care and support helps to keep children and young people healthy and safe within their community
- providing seamless, high quality, accessible and comprehensive service, promoting social inclusion and equality and respecting diversity

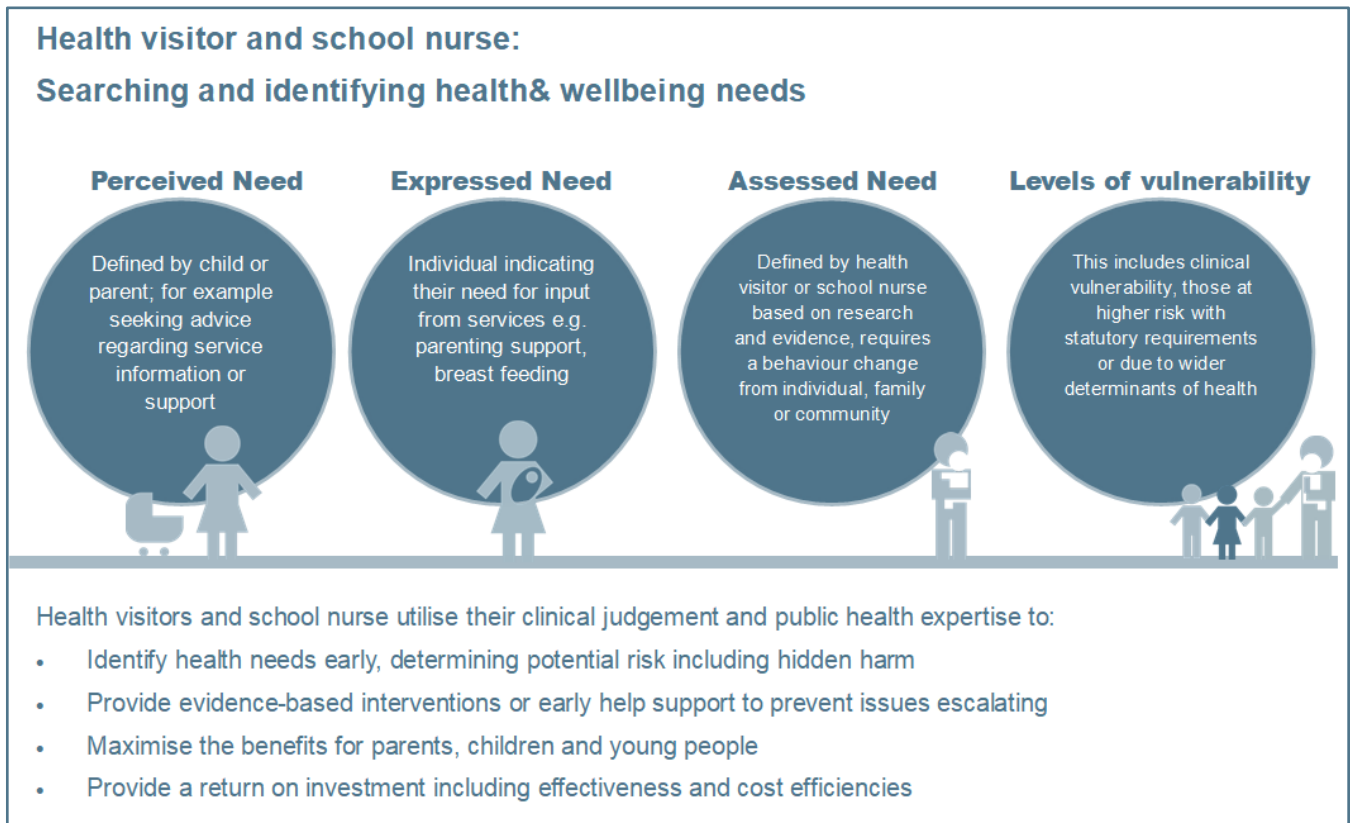


Figure 3 An approach to identify and meet 'perceived, expressed and assessed need' to improve outcome

## 5 Health visiting and school nursing services

Health visiting services lead the 0 to 5 elements of the Healthy Child Programme, and school nursing services lead the 5 to 19 elements.

Together they will provide place-based services and work in partnership with education and other providers where needed. The universal reach of the Healthy Child Programme provides an invaluable opportunity from early in a child's life to identify families that may need additional support and children who are at risk of poor outcomes.

### 5.1 0 to 5 Services

For ages 0 to 5, this includes all infants and children resident in Rotherham. The scope of the specification will cover child health surveillance, health promotion, health protection, health improvement, support outlined in the Healthy Child



Programme 0 to 5, the health visiting service model and includes the role of the health visitor in:

- leading and delivering the 5 mandated health reviews
- delivering against the 6 high impact areas for early years
- continuity of family public healthcare from maternity to health visiting services
- contributing to safeguarding
- identifying and supporting vulnerable children and families
- addressing inequalities and contributing to the, Supporting Families Programme (previously named) [Troubled Families Programme](#) and is called [Families for Change in Rotherham](#) and wider children and young people's (C&YP) system

#### Universal, Targeted or Specialist Health and wellbeing reviews and contacts for 0-5

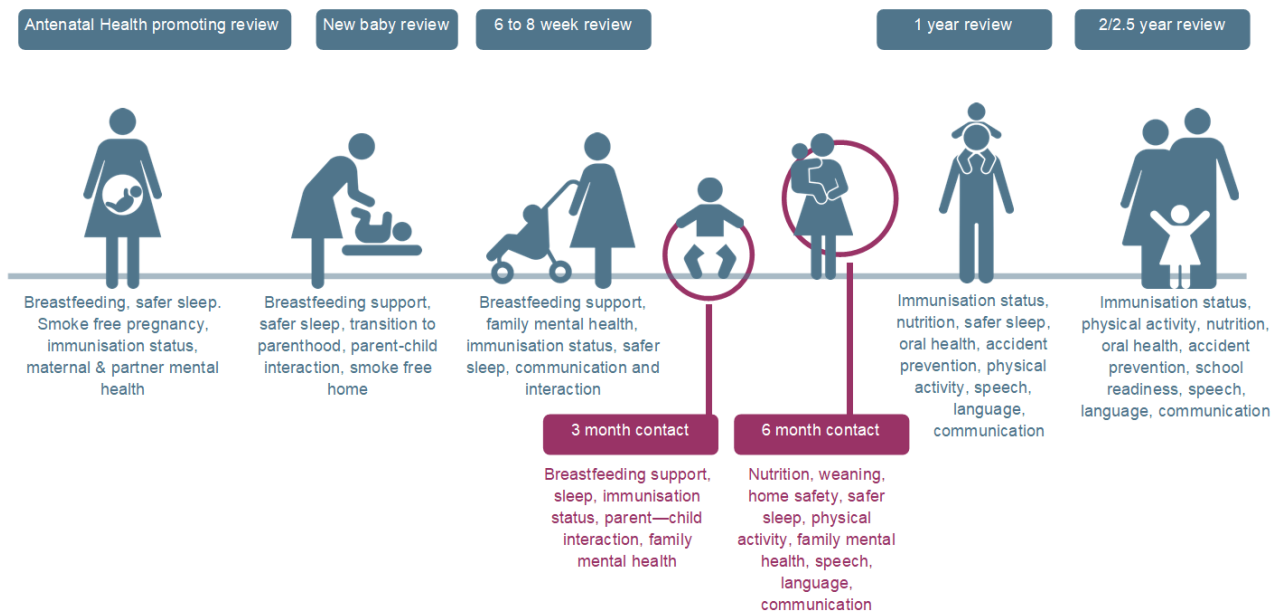


Figure 4 Universal, and additional targeted or specialist health and wellbeing reviews and mandated contacts as part of overall support 0 to 5 years

Figure 5 describes universal health and wellbeing reviews and suggested contacts as part of overall support 0 to 5 years, detailing key aspects at the following stages (dependant on need):

- antenatal health-promoting review
- new baby review
- 6 to 8 week review
- 3-month contact
- 6-month contact
- 1-year review
- 2 to 2 and a half year review

There are 5 mandated **Universal** reviews for early years, which are offered to all families. These will be expected to be face to face, delivered by a health visitor, or



under their supervision. Health visitors will be expected use their clinical judgement to identify whether virtual, other digital or blended approaches can be used to support the needs of a child or family.

Mandated reviews are not the full extent of the health visiting service offer where families may require additional contact and support, for example, a nursery nurse providing parenting support.

An additional 2 contacts will be required where health visitors, or a member of their team, could respond to a family's identified needs or where the family has been referred to **Targeted** or **Specialist** support. For example, at 3 months with support for the continuation of breastfeeding or advice on safer sleep; at 6 months with support for nutrition and accident prevention or managing minor illness advice.

## 5.2 5 to 19 (or 24) services

For ages 5 to 19, the specification will cover the provision in maintained schools and academies, includes child health surveillance, health promotion, health protection, health improvement and support outlined in the Healthy Child Programme 5 to 19 and includes the role of school nurses in:

- delivering against the 6 high impact areas for school-aged years
- supporting the transition for school-aged children, for example transition between healthvisiting and school nursing, and into adult services
- supporting vulnerable children and those not in school, for example, children in care, young carers or young offenders
- supporting children who are home educated
- providing the support offered as part of the [Families for Change in Rotherham](#) and wider children and young people's (C&YP) system
- contributing to safeguarding

### Targeted or Specialist Health and wellbeing reviews and contacts for 5-24

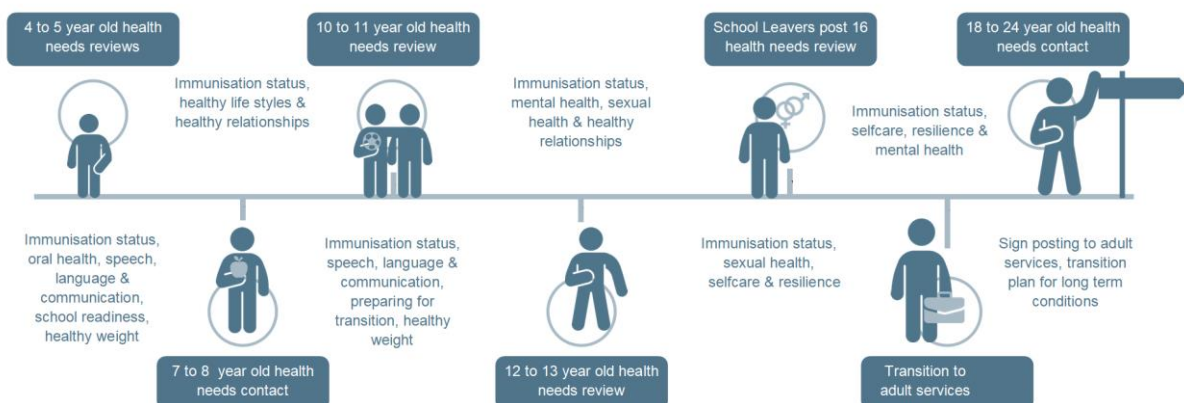


Figure 6 describes universal health and wellbeing reviews and contacts as part of overall support 5 to 19, or 24, if appropriate, including (dependant on need):

- 4- to 5-year-old health needs review

- 7- to 8-year-old health needs contact
- 10- to 11-year-old health needs review
- 12- to 13-year-old health needs review
- school leavers post-16 health needs review
- transition to adult services
- 18- to 24-year-old health needs review

### 5.3 Priority impact areas

The providers will be required to describe how their delivery models will meet the Priority impact areas using a use a place-based approach, with a focus on:

- individual and family
- community
- population

The Priority impact areas have been identified as areas of need from:

- Needs assessment
- Consultation especially in respect of performance for key related PHOF outcomes.

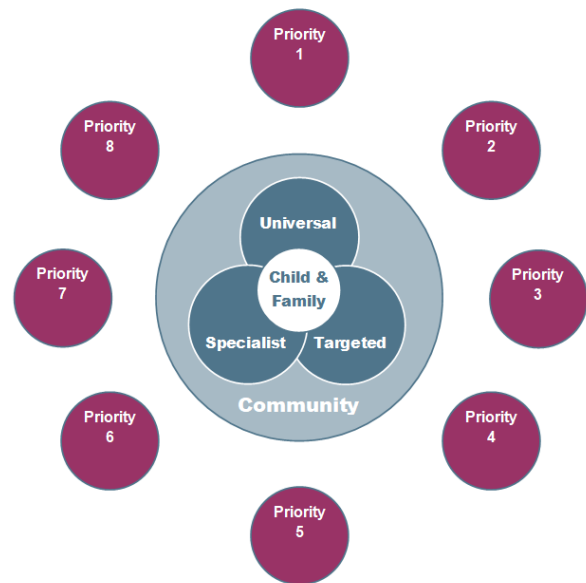


Figure 7 Priority Impact Areas

Several the priorities are part of the mandatory offer, but consideration needs to be given to whether a wider offer of support embedding a pro-active approach would improve the prevention agenda and help to reduce inequalities. E.g., School readiness is a core part of 0-19 work, but data shows Rotherham has low outcomes compared to our statistical neighbours, so looking at how best to improve this and how the Service, with partners, can improve our support for children and their families, would be vital.

The Priority impact areas may change year on year dependant on need, whereas the high impact areas will remain constant unless the national guidance changes.

Many of the Priority impact areas are linked to the High impact areas.

**Outlined below are the current priorities for to improve:**

- School Readiness
- Care continuity, handovers
- Access for underserved/vulnerable populations
- Breast Feeding/Infant Feeding rates
- Lifestyle prevention work, using a behavioural change model/motivational interviewing
- Healthy Weight, access to eating disorder support and reduced obesity

- Secondary Schools, presence/provision with a focus on early intervention/prevention
- Mental Health support
- Oral Health
- Parenthood, with a particular focus on young parents, reduce teenage pregnancy
- Infant mortality rates

## 5.4 High impact areas

The providers will be required to describe how their delivery models will meet the high impact areas using a use a place-based approach, with a focus on:

- individual and family
- community
- population

The [high impact areas](#) have been developed to improve outcomes for children, young people and families in Rotherham. They are based on evidence of where these services can have a significant impact on all children, young people, and families, especially those needing more support and the impact of health inequalities.

With additional information for maternity, the high impact areas provide an evidence-based framework for those delivering maternal and child public health services from preconception onwards. They are central to the health visitor and school nurse delivery model. These have been refreshed and contain new evidence, policy and suggested additional material to support implementation.

### High Impact Areas for early years

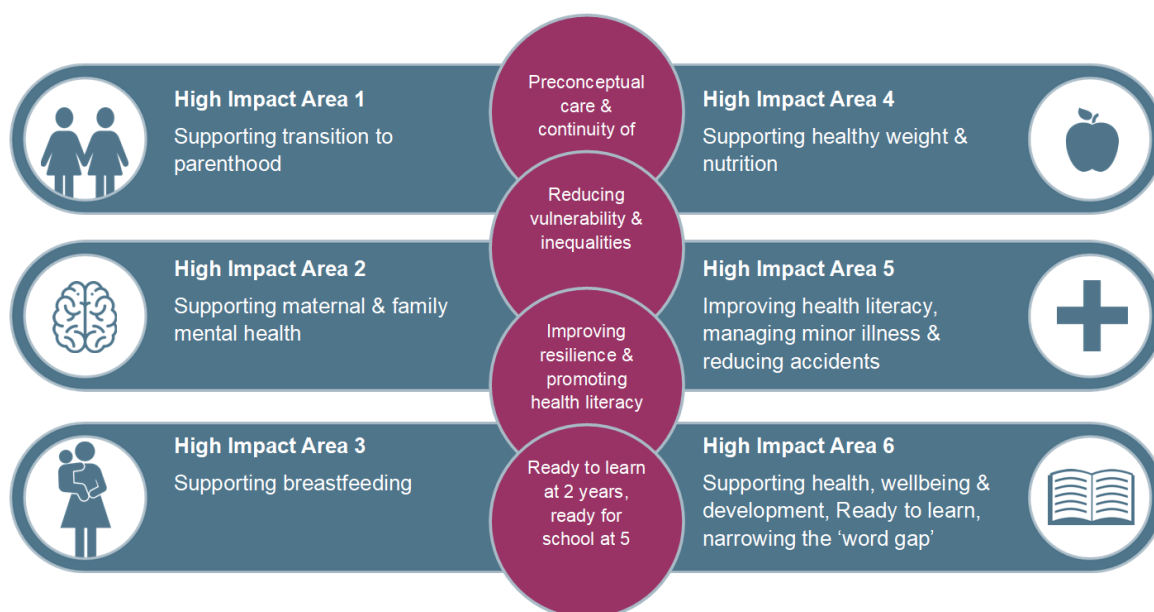


Figure 8 High impact areas for early years

## 5.5 High impact areas: 0 to 5 services

Health visitors lead the Healthy Child Programme 0 to 5 and the 6 early years high impact areas:

- supporting the transition to parenthood
- supporting maternal and family mental health
- supporting breastfeeding
- supporting healthy Weight, healthy nutrition
- improving health literacy; reducing accidents and minor illnesses
- supporting health, wellbeing and development: Ready to learn, narrowing the 'word gap'

Figure 9 lists the 6 high impact areas for early years and how they relate to the 4 overarching aims for early years:

- focusing on pre-conceptual care and continuity of carer
- reducing vulnerability and inequalities
- improving resilience and promoting health literacy
- ensuring children are ready to learn at 2 and ready for school at 5

### High Impact Areas for school age years



Figure 10 High impact areas for school age years

## 5.6 High impact areas: 5 to 19 (up to 24) services

School nurses lead the Healthy Child Programme 5 to 19 (up to 24) and the 6 school age years high impact areas:

- supporting resilience and wellbeing
- improving health behaviours and reducing risk taking

- supporting healthy lifestyles
- supporting vulnerable young people and improving health inequalities
- supporting complex and additional health and wellbeing needs
- promoting self-care and improving health literacy

Figure 11 lists the 6 high impact areas and how they relate to the 4 aims for school age children and young people, namely to:

- reduce inequalities and risk
- ensure readiness for school at 5 and for life from 11 to 24
- support autonomy and independence
- increase life chances and opportunity

### **5.7 High impact: maternity services.**

The specification will also include an addition to the 12 high impact areas above there 6 additional high impact areas that cover maternity services.

- Improving planning and preparation for pregnancy
- Supporting good parental mental health
- Supporting healthy Weight before and between pregnancies
- Reducing the incidence of harms caused by alcohol in pregnancy
- Supporting parents to have a smoke free pregnancy
- Reducing the inequality of outcomes for women from Black, Asian and Minority Ethnic (BAME) communities and their babies

## 6 Additional areas covered in the specification

The full specification is available upon request; below is the table of contents which list all of the areas covered in the specification.

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