

Tender reference : CE/IO/TC203

Tender Title: Children & Young People's Health and Wellbeing  
Service

Date: April 2015

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## SPECIFICATION



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## **1. INTRODUCTION**

- 1.1 The Borough Council of Bolton (the "Authority") requires the delivery of the Children and Young People's Health and Wellbeing Service, incorporating key aspects of the Healthy Child Programme, as more particularly described in this specification.
- 1.2 The Authority requires one service provider (the "Provider") to deliver the Services during the Agreement Period:
  - (a) The Children and Young People's Health and Wellbeing Service;
  - (b) Sexual Health Service;
  - (c) Looked after Children Service;
  - (d) Substance Misuse Service;
  - (e) National Child Measurement Programme;
  - (f) Weight Management Service;
  - (g) Emotional Wellbeing Service;
  - (h) Oral Health Promotion;
  - (i) Healthy Schools Programme;
  - (j) Immunisation and Vaccination Programme;
  - (k) Health Protection Service;
  - (l) Special Schools Provision for Vulnerable Children and Young People;
  - (m) Assertive Outreach Services.
- 1.3 It is acknowledged that the Provider may sub-contract the delivery of part of the Services during the Agreement Period. In the event that the Provider intends to sub-contract any element of the Agreement, the provisions of clause 26 of the Agreement will apply.
- 1.4 The overarching aim of the Services is to provide Children and Young People (resident or attending schools in Bolton) with holistic health and Wellbeing services that support them to lead healthy and positive lives. The Services also aim to provide timely, easily accessible, clinically appropriate, safe and confidential health services that improves outcomes for Children and Young People.
- 1.5 The overarching Healthy Child Programme, which sets out the best practice framework for prevention and early intervention services for Children and Young People recommends how health, education and other Partners working together across a range of settings can significantly enhance a Child's or Young Person's life opportunities.

- 1.6 The Services shall be made available to Children and Young People who attend Educational Settings and to those Children and Young People who are home educated.
- 1.7 The aim of the Healthy Child Programme is to provide a framework to support collaborative work and more integrated delivery of healthcare services to Children and Young People and:
  - 1.7.1 Help the Families/Carers of Children and Young People develop and sustain a strong bond with Children and Young People;
  - 1.7.2 Encourage care that keeps Children and Young People healthy and safe;
  - 1.7.3 Protect Children and Young People from serious disease, through screening and immunisation;
  - 1.7.4 Reduce childhood obesity by promoting healthy eating and physical activity;
  - 1.7.5 Identify health issues early, so support can be provided in a timely manner;
  - 1.7.6 Make sure Children and Young People are prepared for and supported in Educational Settings;
  - 1.7.7 Identify and help Children and Young People and their Families/Carers with problems that might affect their opportunities later in life.
- 1.8 The core ambition of the Healthy Child Programme is that it results in healthier, happier Children and Young People who are ready to take advantage of positive opportunities and are able to reach their full potential. This should be made possible for all Children and Young People, regardless of health status or home background. Effective delivery of the Healthy Child Programme, may contribute to improvements in:
  - 1.8.1 the quality and experience of health services;
  - 1.8.2 health and Wellbeing outcomes (such as increased immunisation uptake, improved management of chronic conditions and reduced bullying);
  - 1.8.3 broader health and Wellbeing outcomes (such as higher life satisfaction, participation in positive activities);
  - 1.8.4 educational outcomes;
  - 1.8.5 targeting of and support for particularly Vulnerable Children and Young People;
  - 1.8.6 data capture and analysis.
- 1.9 Key components of the Healthy Child Programme shall include:
  - 1.9.1 prevention and early intervention;
  - 1.9.2 Safeguarding;

- 1.9.3 health and development reviews;
  - 1.9.4 screening programmes;
  - 1.9.5 immunisation programmes;
  - 1.9.6 signposting services;
  - 1.9.7 environments that promote health;
  - 1.9.8 support for Families and Carers (including those whose Children have additional health needs)
- 1.10 The Services to be delivered by the Provider, encompassing the Healthy Child Programme shall include:
- 1.10.1 Public health;
  - 1.10.2 Health promotion and prevention by a multi-disciplinary team;
  - 1.10.3 Defined support for Children and Young People with additional and complex health needs;
- 1.11 The Provider will deliver the Services using Evidence Based, family centred service delivery model that focuses on identifying health and Wellbeing needs and vulnerability within the Family and the Community. The Provider will make the Services available 52 weeks per year and it will operate flexibly and responsively to meet the needs of Children and Young People and their Families/Carers in terms of delivery venues and operating hours; for example, the Provider shall be required to deliver the Services outside of usual office/school hours including evenings and weekends, according to need.

## 2. DEFINITIONS AND INTERPRETATION

In addition to those terms defined in the Agreement, the following terms shall have the following meanings:

**“Assertive Outreach”** shall mean a flexible, creative and proactive approach to working with Vulnerable Children and Young People with or without Complex Needs

**“Advanced Practitioner”** shall mean a registered nurse who has gained the additional qualification of Advanced Practitioner as recognised by the Nursing and Midwifery Council (NMC) which is the regulatory body for nurses and midwives

**“Brief Interventions”** shall mean making the most of an opportunity to raise awareness, share knowledge and get Children and Young People thinking about making changes to improve their health and behaviours. The intervention can be brief and opportunistic, lasting as little as 30 seconds, or extending over a few sessions lasting 5-60 minutes. Brief Interventions often consist of informal counselling and information on certain types of harms and risks associated with drug use and/or risky behaviours. The aims of Brief Interventions are to:

- (a) engage with those Children and Young People who are not yet ready for change
- (b) Increase the Child and Young Persons perception of real and potential risks and problems
- (c) Encourage change by helping Children and Young People to consider the reasons for change and the risks of not changing.

**"Bolton Vision"** shall mean the Bolton Vision Partnership which has the following 2 aims:

- (1) To achieve economic prosperity and maximise the local benefit; and
- (2) To narrow the gap in outcomes between the least and most well off

and which seeks to deliver Bolton's Community Strategy, Bolton: Our Vision 2012 – 2015 (or any replacement strategy). More information of the Bolton Vision can be found at:

<http://www.boltonvision.org.uk/holdingsite/index.html>

**"Caldicott Guardian"** shall mean the senior officer or Staff member who is responsible for safeguarding the confidentiality of information relating to Children and Young People and the Services

**"CAMHS"** shall mean the Child and Adolescent Mental Health Service

**"Carer(s)"** shall mean a family member or friend of the Child or Young Person who provides day to day support to the Child or Young Person without which, they could not manage

**"Care Pathways"** shall mean a multidisciplinary outline of anticipated care, based on Evidence Based practice, for a specific Child or Young Person in which the different interventions by those delivering the interventions are defined, optimised and sequenced

**"Children"** shall mean those aged between 5 – 19 who may or may not have the maturity and understanding to make important decisions for themselves and who are under the school leaving age

**"CHIS"** shall mean the national Child Health Information System which is a patient administration system that provides a clinical record for Children and Young People to support a variety of child health and related activities and statutory functions

**"Community"** shall mean a group of people who reside in a specific locality, who often have a common cultural and historical heritage

**"Complex Needs"** shall mean the array of problems confronting a Child or Young Person that frequently span social, economic and health issues

**"Core Hours"** shall mean 9am – 5pm Monday to Friday

**“Demographic Data”** shall mean the following data, which will be collected by the Provider and shared with the Authority:

(a) Type of contact: Face to face / telephone / text / email / other;

(b) Demographic data: age / gender / ethnicity / disability / sexual orientation / first 3 characters of postcode

**“Educational Setting”** shall mean maintained schools, academies, free schools, special schools, sixth form colleges, pupil referral units and other vocational and further education establishments located within the Bolton borough, a list of which is attached to this specification at Schedule 1

**“Evidence Based”** shall mean the conscientious, explicit and judicious use of current best available evidence to make decisions about planning services

**“Phoenix EXIT”** shall mean the Authority's multi agency team made up of Authority staff, representatives from Greater Manchester Police and relevant health services together with representatives from the Provider to deal with the problems of Child Sexual Exploitation in the Bolton borough

**“Family/Families”** shall mean any group of persons closely related such as parents, siblings, uncles, aunts and cousins who are joined together by bonds of sharing and emotional closeness and who identify themselves as being part of a family

**“FGM”** means female genital mutilation and procedures that intentionally alter or cause injury to the female genital organs for non-medical reasons

**“Good Clinical Practice”** shall mean using standards, practices, methods and procedures conforming to the law and using that degree of skill and care, diligence, prudence and foresight which would reasonably and ordinarily be expected from a skilled, efficient and experienced clinical services provider, or a person providing services the same as or similar to the Services, at the time the Services are provided

**“Health Care Plan”** shall mean a plan of care for an individual Child or Young Person or group of Children or Young People that meets identified needs

**“Healthy Child Programme”** shall mean the recommended framework of universal and progressive services for Children and Young People to promote optimal health and Wellbeing

**“Healthy Schools+”** shall mean those Educational Settings which have achieved the basic Healthy Schools award and are aiming to further improve the health of the relevant setting by implementing more locally focussed work on identified themes for the setting

**“In-reach”** shall mean the provision of the Services for Vulnerable Children and Young People with Complex Needs who are accessing other services, which are delivered in the venue and services context most suitable to them, safe in the knowledge that the level and quality of care will be maintained which provision shall cover teams including but not limited to YOT, Phoenix EXIT, Leaving Care Services, those supporting teenage parents, and those Children and Young People identified through the Bolton Family First (Troubled Families), particularly those with poor attendance in an Educational Setting



**“Looked after Children”** shall mean a Child or Young Person who is looked after by a local authority, or in the care of a local authority or is provided with accommodation by a local authority under the Children Act 1989

**“Out of Hours”** shall mean the flexible delivery of the Services outside of the Core Hours, including all hours of operation for the Children and Young People's open access health provision (as more particularly detailed in paragraph 8.7)

**“Outreach”** shall mean the provision of the Services in locations and at times which are required to meet the Children and Young People's needs or specific specialist needs including but not limited to enhanced drop ins for Educational Settings and Community settings in the most deprived areas of the Bolton borough or where there are high needs

**“Partners/Partnership”** shall mean those organisations identified by either the Authority or the Provider which include but are not limited to relevant professional bodies include the police, Educational Settings, GP's or other health services providers

**“Quarter”** shall mean each consecutive 3 month period during the Agreement Period. There are 4 quarters in each year of the Agreement Period with Quarter 1 commencing on the Commencement Date (or the anniversary of the Commencement Date)

**“Safeguarding”** shall mean protecting Children and Young People's health, Wellbeing and human rights and enabling them to live free from harm, abuse and neglect

**“Safeguarding Policies”** shall mean the Provider's written policies for Safeguarding Children and Young People as amended from time to time

**“School Health Profiles”** shall mean an individual profile for each Educational Setting which identifies the health needs and the potential health needs of the population of that Educational Setting. The School Health Profile shall include but not be limited to information identifying the inequalities in health and wellbeing of those attending the Educational Setting, prioritising those Children and Young People in greatest need.

**“Services”** shall mean a health and wellbeing service delivered to Children and Young People and their Families/Carers which incorporates the Healthy Child Programme and the following services/programmes:

- (a) The Children and Young People's Health and Wellbeing Service;
- (b) Sexual Health Service;
- (c) Looked after Children Service;
- (d) Substance Misuse Service;
- (e) National Child Measurement Programme;
- (f) Weight Management Service;

- (g) Emotional Wellbeing Service;
- (h) Oral Health Promotion;
- (i) Healthy Schools Programme;
- (j) Immunisation and Vaccination Programme;
- (k) Health Protection Service;
- (l) Special Schools Provision for Vulnerable Children and Young People;
- (m) Assertive Outreach Services

**“School Health Programme”** shall mean an integrated set of planned, sequential, school-affiliated strategies, activities, and services designed to promote the optimal physical, emotional, social, and educational development of those attending the Educational Setting

**“Serious Incident”** shall mean an incident or accident or near-miss where a Child or Young Person, member of Staff, or member of the public suffers serious injury, major permanent harm or unexpected death on any premises used by the Provider when delivering the Services or where the actions of the Provider, any Staff or the Authority are likely to be of significant public concern, The Authority reserves the right to update this definition on written notice to the Provider.

**“Specialist Nurse”** shall mean a Registered Nurse with specialist qualifications and/or skills such as Public Health Nursing for school aged children, Health Visiting, Paediatric or Mental Health Nursing who specialises in working with Children and Young People and often focuses on delivering services to those who are most vulnerable

**“Staff”** shall mean employees, volunteers and agency staff engaged by the Provider to perform its obligations including management, supervision and provision of the Services

**“Sub-Contractor”** shall mean the contractors or suppliers engaged by the Provider to provide goods, services or works to, for or on behalf of the Provider for the purposes of providing the Services to the Authority

**“Vulnerable Children and Young People”** shall mean Children and Young People aged 5-19 who are at risk of harm to their Wellbeing now and/or in the future. It shall also mean those Children and Young People who are known to other services and have been referred by their key worker or identified as such by the Provider. Environmental factors that influence vulnerability include not having their basic emotional, physical, social, developmental and/or cultural needs met at home or in their wider Community

**“Wellbeing”** shall mean a concept that is about avoiding more than just mental health problems, it means feeling good and functioning well

**“Young People”** shall mean those aged between 5 – 19 who are more likely to be able to make decisions for themselves

**“Young People’s Workforce”** shall mean any individual or organisation who works with Children and Young People in the Bolton borough

**“YOT”** shall mean the Youth Offending Team which works with those Children and Young People aged 10-17 and their Families/Carers, with the aim of preventing and reducing the offending rates of Children and Young People

### **3. OVERARCHING AIMS, OBJECTIVES AND BACKGROUND**

#### **3.1 Background**

3.1.1 Local Authorities are key commissioners and hold an array of statutory duties for Children and Young People, including:

3.1.1.1 improving educational achievement;

3.1.1.2 improving the Wellbeing of Children and Young People;

3.1.1.3 reducing child poverty; and

3.1.1.4 protecting Children, Young People and their Families/Carers.

3.1.2 The Healthy Child Programme was developed nationally and full details can be found within:

3.1.2.1 Healthy Child Programme – 5-19 years (DH, 2009 – amended August 2010)

3.1.2.2 Healthy Child Programme – The two year review (DH, 2009-2011)

3.1.3 Delivery of the Healthy Child Programme is underpinned by a robust Joint Strategic Needs Assessment, which identifies vulnerable and at risk groups, including young carers, Looked after Children, young offenders, those not in education, employment or training (“NEET”) and children with disabilities. The Joint Strategic Needs Assessment is available at <http://www.boltonshealthmatters.org>

3.1.4 Children and Young People face a range of transition stages, namely from primary to secondary school and the beginning of adolescence through to adulthood. The needs of Children and Young People in this wide age range vary greatly as it is a period of rapid growth and development. Many of the health problems that Children and Young People develop as they grow older are rooted in their experiences of childhood and adolescence. Importantly a sense of aspiration, achievement and security are intrinsically linked to Children and Young People’s life opportunities and their long-term Wellbeing.

#### **3.2 National / Local Context and Evidence Base**

3.2.1 Since April 2013 local authorities have been responsible for commissioning public health services for Children and Young People. This presents new opportunities for bringing together a robust approach for improving

outcomes for Children and Young People across both health and local authority led services. The local authority's key responsibilities include:

- 3.2.1.1 Improving the health and Wellbeing of Children and Young People;
- 3.2.1.2 Bringing together holistic approaches to health and Wellbeing across the full range of their responsibilities;
- 3.2.1.3 Optimising the ring-fenced public health budget to improve outcomes for Children and Young People;
- 3.2.1.4 Leading the commissioning of public health services, for example, health improvement, drugs, and sexual health;
- 3.2.1.5 Responding to emergency planning, including outbreak response in schools.
- 3.2.2 Health services use research evidence and the National Institute of Clinical Excellence (NICE) provides guidance which has been formulated by analysing all the latest evidence and research on a particular topic. It is important that services are developed in line with this best evidence and guidance.
- 3.2.3 There is strong evidence both locally and nationally about the health needs of Children and Young People which indicate the need for a comprehensive, coordinated high quality health service to support Children and Young People in their local area.
- 3.2.4 In the Bolton borough, the Public Health Intelligence Team (being a team within the Children's and Adult Services Department of the Authority) review evidence and analyse population level data in order to inform planning and commissioning of services.
- 3.2.5 The importance of giving every Child and Young Person the best start in life and reducing health inequalities throughout life has been highlighted by Marmot and the Chief Medical Officer (CMO). The Healthy Child Programme is available to all Children and Young People and aims to ensure that every Child and Young Person gets the good start they need to lay the foundations of a healthy life. The Healthy Child Programme is a key component of the Children and Young People Health and Wellbeing Services and supports Children and Young People to achieve the best possible health outcomes.
- 3.2.6 Marmot and the CMO both recognised the importance of building on the support in the early years and sustaining this across the life course for Children and Young People to improve outcomes and reduce inequalities through targeted support. There will be challenges within a Child's or Young Person's life and times when they need additional support. Universal and targeted public health services provided by Children and Young People's health and wellbeing teams are crucial to improving the health and Wellbeing of Children and Young People.

- 3.2.7 Public health nurses have a significant role in leading and co-ordinating delivery of public health interventions to address individual and population needs. The school nursing workforce is relatively small and cannot deliver the extensive Healthy Child Programme agenda in isolation. Therefore, this holistic specification has been developed to ensure that key aspects of the Healthy Child Programme will be incorporated within the Services.
- 3.2.8 The responsibility for commissioning immunisation and vaccinations, together with clinical support for Children and Young People with additional health needs for long terms conditions and disabilities, lies with NHS England. However, the Local Authority Commissioner and NHS England Commissioner have agreed this will form part of the Services but will be funded from NHS England.
- 3.2.9 In addition, the responsibility for commissioning special school nursing services to provide specialist clinical input for Children and Young People with specific health needs lies with Bolton Clinical Commissioning Group (Bolton CCG). However the Local Authority and the Bolton CCG have agreed that special school nursing will form part of the Services but will be funded by the Bolton CCG.

### **3.3 The Population within the Bolton Borough**

- 3.3.1 The proportion of Children and Young People living in poverty in Bolton is currently 22.7%, down from a peak of 25.2% in 2001. This is higher than the England average of 20.1%, but in line with similar areas to Bolton. There are wide variations in levels of child poverty across the borough indicating a need for a targeted approach to tackling and mitigating child poverty in the borough, rather than a 'one-size-fits-all' response.
- 3.3.2 Bolton has a growing Black and Minority Ethnic Group (BME) population from 12.8% in 2001 to 20.6% in 2011. The proportion of BME Children and Young People aged 5-19 has increased 16.9% in 2001 to 27.5%.
- 3.3.3 The Thomas Coram Research Unit (TCRU) estimates that the number of disabled children in England is between 288,000 and 513,000. The mean percentage of disabled Children in English Local Authorities has been estimated to be between 3.0% and 5.4%. If applied to the population of the Bolton borough this would equate to between 1,822 and 3,280 Children experiencing some form of disability.
- 3.3.4 All Children and Young People and their Families/Carers who are resident or attend an Educational Setting in the Bolton borough shall be entitled to receive the Healthy Child Programme. This includes Children and Young People educated at home. In addition all Children and Young People attending Educational Settings within the Bolton borough shall be entitle to receive immunisation services.
- 3.3.5 At risk and Vulnerable Children and Young People in the Bolton borough include those Children and Young People who:
  - 3.3.5.1 are aged under 16 years who are sexually active

- 3.3.5.2 are misusing alcohol and/or other substances
- 3.3.5.3 are or have been subject to the early onset of sexual activity/evidence of exploitation/abuse
- 3.3.5.4 are in contact with other health and social care services (including but not limited to Youth Offending Team (YOT), Pupil Referral Unit (PRU))
- 3.3.5.5 are Looked after Children and/or Children leaving care
- 3.3.5.6 have low educational attainment and/or exclusion from mainstream schools
- 3.3.5.7 are not in education, training or employment
- 3.3.5.8 are young women who are pregnant and already mothers
- 3.3.5.9 are young women who have already had two or more pregnancies prior to their 18th birthday
- 3.3.5.10 are from marginalised groups including but not limited to migrants, asylum seekers, refugees, sex workers, Black, Minority and Ethnic communities, travellers
- 3.3.5.11 have physical or learning disabilities
- 3.3.5.12 have mental health problems
- 3.3.5.13 are living in areas with high Index of Multiple Deprivation score

#### **3.4 The Key Needs of the 5 – 11 Population within the Bolton Borough**

- 3.4.1 There are higher than average rates of emergency hospital admissions for asthma and lower respiratory tract infections in this age group compared to older children.
- 3.4.2 Promisingly, the number of reception children (4-5 year olds) who are overweight and very overweight is falling, however this remains a key issue as overweight and obesity doubles by Year 6 (10-11 year old) in Bolton.
- 3.4.3 Safeguarding issues remain for this age group, with 33.3 children per 10,000 under 18s in Bolton subject to child protection plans. Children and Young People need protecting from harm by early intervention. Safeguarding and child protection procedures need to be in place, there is a need for preventative programmes such as immunisation and vaccinations and accident prevention.
- 3.4.4 The effects of parental substance and alcohol misuse also can impact significantly on this age group and there is a major transition for this group from primary to secondary school which they need support with.

#### **3.5 The Key Needs of the 11 – 16 Population within the Bolton Borough**



- 3.5.1 Whilst most indicators relating to emotional Wellbeing have shown positively better outcomes for Children and Young People within the Bolton borough, there will inevitably be inequalities in such aspects of health across the borough. School nurse drop-in data also indicates a higher incidence of self-harm in this age group. Young People aged 11 -16 are also more likely than 5-10 year olds to experience mental health problems. It is estimated that there are approximately 1,500 5-10 year olds and 2,500 11-16 year olds in Bolton with mental health disorders.
- 3.5.2 Children and Young People with long-term conditions need early support to ensure they receive the right treatments and can comply with programmes in order to prevent deterioration of their condition. This is particularly relevant in adolescent years when Young People may not take treatments as they do not want to appear different from their peers.
- 3.5.3 Teenage pregnancy rates for under 16s are starting to show a decrease in Bolton but these Young People are often from complex Families with multiple needs. The rate of legal abortions in teenagers in Bolton is similar to the regional average and but below the national average. Bolton tends to have a lower percentage of repeat abortions in teenagers than seen elsewhere in the country.

### **3.6 The Key Needs of the 16 – 19 Population within the Bolton Borough**

- 3.6.1 Emotional health issues can be serious in this group with suicide in young men being a particular issue. Prevalence of mental health disorders varies by age and gender with boys more likely to have experienced or be experiencing a mental health problem than girls.
- 3.6.2 Young People unable to complete their education are more at risk of living in poverty and suffering the ill health consequences that it brings. The Safeguarding issues remain in this age group but are more likely to be in relation to risk taking behaviours. Serious sexual assaults on girls who are between 15-19 years of age are high in Bolton, these occur in the town centre and are linked to alcohol consumption of both victims and perpetrators. Substance misuse patterns in the borough for this group are changing with alcohol becoming more prevalent alongside poly drug use and 'party drugs'.
- 3.6.3 Teenage parents largely fall within this age group and support for these parents will reduce the poor outcome for both mothers and their babies, as more particularly detailed in the National Teenage Pregnancy Strategy.
- 3.6.4 Sexually transmitted infection rates are highest in 15-24 year olds than in the rest of the population alongside higher conception rates than the national average, particularly in deprived areas of the borough.
- 3.6.5 It is a time of transition to adulthood for children aged 16 – 19 years, they are moving from specialist paediatric and adolescent health services to adults.

### **3.7 The Authority's Key Health & Wellbeing Priorities**

3.7.1 Health and Wellbeing is a key priority identified in the Bolton Vision and there is a clear ambition to continue to narrow the gap and improve the quality of life for the most vulnerable. This strategy has two clear elements:

3.7.1.1 Improve health in Bolton overall so that outcomes are at or above the national average;

3.7.1.2 Improve health outcomes in Bolton's most deprived areas to narrow the gap in outcomes with the more prosperous areas.

#### **4. OVERARCHING OUTCOMES AND PERFORMANCE STANDARDS ACROSS THE SERVICES**

##### **4.1 National Key Service Outcomes**

4.1.1 In delivering the Services the Provider shall provide all reasonable assistance to the Authority in order to contribute to the delivery of the most recent Public Health Outcomes Framework and the NHS Outcomes Framework, which clearly define a range of outcome measures that are significant to Children and Young People.

4.1.2 In particular the Provider shall contribute to delivering the following outcomes from the Public Health Outcomes Framework

###### **4.1.2.1 Wider Determinants of Health**

- (a) 1.01i - Children in poverty (all dependent children under 20)
- (b) 1.01ii - Children in poverty (under 16s)
- (c) 1.03 - Pupil absence
- (d) 1.04 - First time entrants to the youth justice system
- (e) 1.05 - 16-18 year olds not in education employment or training

###### **4.1.2.2 Health Improvements**

- (a) 2.04 - Under 18 conceptions
- (b) 2.04 - Under 18 conceptions: conceptions in those aged under 16
- (c) 2.06i - Excess weight in 4-5 and 10-11 year olds - 4-5 year olds
- (d) 2.06ii - Excess weight in 4-5 and 10-11 year olds - 10-11 year olds
- (e) 2.07i - Hospital admissions caused by unintentional and deliberate injuries in children (aged 0-14 years)



- (f) 2.07ii - Hospital admissions caused by unintentional and deliberate injuries in young people (aged 15-24)
    - (g) 2.08 - Emotional well-being of looked after children
    - (h) 2.18 – Alcohol related hospital admissions
  - 4.1.2.3 **Health Protection**
    - (a) 3.02ii - Chlamydia diagnoses (15-24 year olds) - CTAD (Persons)
    - (b) 3.03 - Population vaccination coverage – (all school aged vaccinations)
  - 4.1.2.4 **Health Care and Premature Mortality**
    - (a) 4.02 - Tooth decay in children aged 5
- 4.1.3 the Provider shall also contribute to delivering the following outcomes from the NHS Outcomes Framework
  - 4.1.3.1 **Domain 1: Preventing people from dying prematurely**
    - (a) 1.6.iii - Five year survival from all cancers in children
  - 4.1.3.2 **Domain 2: Enhancing quality of life for people with long term conditions**
    - (a) 2 - Health related quality of life for people with long-term conditions
    - (b) 2.1 - Proportion of people feeling supported to manage their condition
    - (c) 2.4 - Health related quality of life for carers
  - 4.1.3.3 **Domain 4: Ensuring that people have a positive experience of care**
    - (a) 4.8 - Improving children and young people's experience of healthcare
- 4.1.4 In delivering the Services the Provider shall give due consideration to the following relevant Evidence Based and key national policies:
  - 4.1.4.1 Allen, G. (2011a) Early Intervention: The Next Steps. HM Government: London
  - 4.1.4.2 Allen, G. (2011b) Early Intervention: Smart Investment, Massive Savings. HM Government: London

- 4.1.4.3 Department for Education (2014) Supporting pupils at school with medical conditions; statutory guidance for governing bodies of maintained schools and proprietors of academies in England
- 4.1.4.4 Department of Health (2013) Getting it right for children and young people : Overcoming cultural barriers in the NHS so as to meet their needs
- 4.1.4.5 Department of Health (2012) The Children and young people's Health Outcomes Strategy
- 4.1.4.6 Department of Health (2012) Improving outcomes and supporting transparency, Part 1: A public health outcomes framework for England, 2013-2016
- 4.1.4.7 Department of Health (2012) Improving outcomes and supporting transparency, Part 2: Summary technical specifications of public health indicators)
- 4.1.4.8 Department of Health (2011) Healthy lives, healthy people: our strategy for public health in England
- 4.1.4.9 Department of Health (2011) Healthy lives, healthy people: update and way forward (DH, 2011)
- 4.1.4.10 Department of Health (2011) Healthy lives, healthy people: a call to action on obesity in England
- 4.1.4.11 Department of Health (2011) National Child Measurement Programme
- 4.1.4.12 Department of Health (2011) You're welcome: quality criteria for young people friendly health services
- 4.1.4.13 Department of Health (2010) Achieving equity and excellence for children. How liberating the NHS will help us meet the needs of children and young people
- 4.1.4.14 Department of Health (2010) Equity and excellence: Liberating the NHS and Liberating the NHS: Legislative framework and next steps
- 4.1.4.15 Field, F. (2010) The Foundation Years: preventing poor children becoming poor adults. HM Government: London.
- 4.1.4.16 Hall, D. and Elliman, D. (2006) Health for All Children (revised 4th edition). Oxford: Oxford University Press.
- 4.1.4.17 HM Government (2013) Working together to safeguard children: a guide to inter-agency working to safeguard and promote the welfare of children (HM Government,

4.1.4.18 Marmot (2010) The Marmot Review Strategic Review of Health Inequalities in England, post-2010 (Available at <http://www.instituteofhealthequity.org/projects>)

4.1.5 In delivering the Services the Provider shall give due consideration to the following relevant key NICE Public Health Guidance

4.1.5.1 PH3 – Prevention of sexually transmitted infections and under 18 conceptions (February 2007)

4.1.5.2 PH4 – Interventions to reduce substance misuse amongst vulnerable young people (March 2007)

4.1.5.3 PH6 - Behaviour change at population, community and individual level (Oct 2007)

4.1.5.4 PH7 – School based interventions on alcohol (November 2007)

4.1.5.5 PH8 – Physical activity and the environment (January 2008)

4.1.5.6 PH9 - Community engagement (July 2010)

4.1.5.7 PH11 - Maternal and child nutrition (March 2008)

4.1.5.8 PH12 - Social and emotional wellbeing in primary education (March 2008)

4.1.5.9 PH14 – Preventing the uptake of smoking by children and young people (July 2008)

4.1.5.10 PH17 - Promoting physical activity for children and young people (Jan 2009)

4.1.5.11 PH20 – Social and emotional wellbeing in secondary education (September 2009)

4.1.5.12 PH21 - Differences in uptake in immunisations (Sept 2009)

4.1.5.13 PH23 – School based interventions to prevent smoking (February 2010)

4.1.5.14 PH28 - Looked-after children and young people: Promoting the quality of life of looked-after children and young people (October 2010)

4.1.5.15 PH29 - Strategies to prevent unintentional injuries among under-15s in the home

## 4.2 Local Key Service Outcomes

4.2.1 The Provider shall comply with the following Authority policies, a copy of which will be made available to the Provider on request:

- 4.2.1.1 Bolton Health and Well Being Strategy
- 4.2.1.2 Bolton Children's Trust Plans
- 4.2.1.3 Starting Well and developing Well sub group work plans
- 4.2.1.4 Bolton Sexual Health and Teenage Pregnancy work plans and priorities
- 4.2.1.5 Bolton Mental Health Community Strategy (currently under development)
- 4.2.1.6 Any other relevant policies which are provided from time to time to the Provider during the Agreement Period.

4.2.2 In delivering the Services, the Provider shall provide all reasonable assistance to the Authority in order to help the Authority to meet the key needs of Children and Young People in the Bolton borough and the Authority's key health and Wellbeing priorities, as more particularly detailed at paragraphs 3.4 – 3.7 inclusive.

#### 4.3 Performance Standards

4.3.1 The Provider shall at all times during the Agreement Period comply with the most recent Special Educational Needs (SEN) Code of Practice, which can be found at <https://www.gov.uk/government/publications/send-code-of-practice-0-to-25>. A summary of recent changes to the said code of practice are:

- 4.3.1.1 Extending the SEN system from birth to 25 years
- 4.3.1.2 Ensuring that Children and Young People and their Families/Carers are given greater input, control and choice over decisions made.
- 4.3.1.3 Replacing statements of SEN and Learning Difficulty Assessments with a new 0-25 Education, Health and Care plan.
- 4.3.1.4 New mandatory responsibilities for schools to ensure appropriate medicines management
- 4.3.1.5 Offering Families/Carers personal budgets
- 4.3.1.6 Joint commissioning of education, health and social care services for Children and Young People with SEN.
- 4.3.1.7 A much greater focus on preparing Young People who have SEN for adulthood.
- 4.3.1.8 The publication of a local offer outlining what provision is available for Children and Young People who have SEN. The Local Offer website is currently in its infancy and can be found at <http://www.localdirectory.bolton.gov.uk/send.aspx>

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**5. THE CHILDREN AND YOUNG PEOPLE HEALTH AND WELLBEING SERVICE**

- 5.1 The Provider will provide timely, easily accessible, clinically appropriate, confidential and child/young person friendly health services to Children and Young People. The Provider will be sensitive and flexible enough to respond to the varied needs of the Children and Young People, including those who the Authority or the Provider considers to be most vulnerable.
- 5.2 In delivering the Services flexibly, the Provider shall, where required by the Authority, provide the Services to young people aged 19 and over where the individual is considered to be vulnerable by the Authority; for example, an individual accessing the Leaving Care service.
- 5.3 The Services have been designed to deliver holistic interventions to Children and Young People in a safe and confidential environment. This will assist in reducing health inequalities by empowering Children and Young People to make healthier choices and helping them understand that risk taking behaviour may have adverse impacts on their health and Wellbeing. The Provider will have service level agreements in place with those of the Provider's partners who have made settings available to the Provider, from which the Services will or may be delivered including those settings where the Provider may hold clinics (all secondary schools as a minimum) to ensure the Services are delivered in an appropriate setting.
- 5.4 The Provider shall deliver the Services in accordance with the progressive universalism model detailed at Schedule 2 to this specification. The diagram at Schedule 2 shows a working example of how the model can be applied to school nursing.
- 5.5 As a minimum, the Provider shall provide a named school nurse for every Educational Setting identified as having needs for Universal/Universal Plus/ Partnership Plus.
- 5.6 As a minimum the Provider shall provide a named team member linked to each GP practice and to facilitate an agreed schedule of regular contact meetings for referrals and collaborative service delivery.
- 5.7 As a minimum the Provider shall provide an appropriate level of service which shall be maintained throughout the year, including during school holidays. The Provider will need to be responsive and flexible; for example, early mornings, lunchtimes, after school, evening and weekends and the Provider shall use innovative practice and technology and innovation to ensure that they reach Children and Young People.
- 5.8 The Provider will:
- 5.8.1 Assess the Children and Young Person and their Families/Carers strengths, needs and risks using the localised early help / Common Assessment Framework (CAF) process, when appropriate;
  - 5.8.2 Assess the Children and Young Person's physical health, growth and development and immunisation status;
  - 5.8.3 Provide support to all Educational Settings to effectively deliver the Physical Education and Personal, Social, Health and Economic education ("PSHE") curricula

- 5.8.4 Develop a School Health Profile for each Educational Setting and work with school health improvement services to address needs;
- 5.8.5 Identify Children and Young People's health needs by carrying out an individual health needs assessment and put in place any action plans to address any identified needs;
- 5.8.6 Provide Children and Young People and their Families/Carers sufficient opportunity to discuss their health concerns and aspirations and keep a written record of all contact and resulting action;
- 5.8.7 Identify any mental or emotional health issues and develop appropriate Brief Interventions and onward referral as necessary;
- 5.8.8 Ensure that appropriate support is available to meet health needs such as speech, language and communication;
- 5.8.9 Carry out a health review in respect of each Child and Young Person at reception age and Year 7 age in the Bolton borough and provide enhanced support where appropriate. Involvement of Families and Carers may be age and stage dependant.
- 5.8.10 Mid-teen reviews will be carried out, when Young People are embarking on the next transition stage;
- 5.8.11 Work with Educational Settings to identify support for Children and Young People with additional health needs
- 5.8.12 Lead and co-ordinate local delivery of the Healthy Child Programme (aged 5 – 19)
- 5.8.13 Deliver the Healthy Child Programme through assessment of need by appropriately qualified staff, health promotion advice, screening and surveillance, engagement in health education programmes, involvement in key public health priority interventions for adults and communities, interventions as specified within the Healthy Child Programme;
- 5.8.14 Provide a holistic Children and Young People's adolescent health service based in a suitable setting to be agreed with the Authority which is not specifically designed for paediatric or adult services, for example a Young People's health centre. Such a service shall include:
  - 5.8.14.1 Holistic health assessment
  - 5.8.14.2 Outstanding immunisations
  - 5.8.14.3 Preventative work and Brief Interventions, including but not limited to smoking, alcohol, substance misuse, emotional Wellbeing and accident prevention
  - 5.8.14.4 Provide Assertive Outreach services to the most Vulnerable Children and Young People and services, as identified by the Authority , the Provider or other relevant professional bodies

including but not limited to the police, Educational Settings, GP's and other health care providers

5.8.14.5 Provide comprehensive sexual health services including contraception

5.8.14.6 Provide a holistic substance misuse service including support for Children and Young People at risk of harm from parental/sibling substance misuse via therapeutic Family support

5.8.14.7 Consult with and involve Young People in the development and review of the Services

5.8.15 Provide hearing and vision screening

5.8.16 Deliver Public Health interventions to Children and Young People

5.8.17 Undertake joint visits with other professionals in response to contact from Families, where appropriate, including but not limited to Family First Service (Troubled Families Programme);

5.8.18 Ensure there is a clear protocol for addressing the health needs of priority groups.

5.8.19 Ensure there are clear protocols in place to support consistency in the Delivery of the Services across all areas of the borough and no matter which member of the team delivers the Services.

5.8.20 To provide evidence that the experience and involvement of Children and Young People and their Families/Carers has been taken into account and that this will inform delivery and improvement of the Services;

5.8.21 Champion and advocate culturally sensitive and non-discriminatory services which promote social inclusion, dignity and respect;

5.8.22 Build on resilience, strengths and protective factors to improve autonomy and self-efficacy based on best evidence of child and adolescent development, recognizing the context of family life and how to influence the Family to support the outcomes for Children and Young People;

5.8.23 Build personal and family responsibility, laying the foundation for an independent life;

5.8.24 Demonstrate the impact of the Service provided through improved outcomes and feedback from the Children and Young People.

5.9 The Provider shall:

5.9.1 Work in partnership with other professionals, including for example, leaders of Educational Settings, teachers, family first key workers and youth services to support Children and Young People to become healthy decision-makers in lifestyle choices, particularly in relation to: physical



activity and healthy eating, emotional well-being, smoking, sexual health, alcohol and substance misuse.

- 5.9.2 Build capacity in Educational Settings to ensure they become and maintain “Healthy Schools” and “Healthy Schools+” status. Particular attention shall be paid to the Vulnerable Children and Young People who experience worst health outcomes, such as Looked After Children, NEET, young offenders, Children and Young People with disabilities and Young People who are carers;
- 5.9.3 Deliver the Services, which are underpinned by strong evidence and standards, with regular reviews to determine impact and by systematic assessment of population needs.
- 5.9.4 Deliver the priorities for the Services which will be set locally in response to assessed need and national health priorities.
- 5.9.5 Champion and advocate culturally sensitive and non-discriminatory services which promote social inclusion, dignity and respect;
- 5.9.6 Support Children and Young People and their Families/Carers to navigate the health and social care services to ensure timely access and support;
- 5.9.7 Ensure timely action that focuses services so that the outcomes of the disadvantaged or most Vulnerable Children and Young People and their Families/Carers are not compromised by poor early experiences and environment;
- 5.9.8 Ensure the Provider takes a whole system approach to delivery of child centred Evidence Based practice, prevention and incorporating early intervention and prevention to achieve shared health and social Wellbeing outcomes for Children and Young People and their Families/Carers;
- 5.9.9 Promote emotional Wellbeing through the school-aged years working alongside Children and Young People to identify and support those with emotional and mental health difficulties and referring to CAMHS where appropriate;
- 5.9.10 Ensure 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;
- 5.9.11 Ensure early identification of Children and Young People and their Families/Carers where additional Evidence Based preventive programmes will promote and protect health in an effort to reduce the risk of poor future health and Wellbeing;
- 5.9.12 Work in partnership with primary and secondary care colleagues to support Children and Young People with long term conditions or Complex Needs and facilitate appropriate management of health conditions to ensure hospital admissions are kept to a minimum by jointly developing care plans



- 5.9.13 Ensure the delivery of the Services is based upon a holistic full service offer of care in line with "Getting it Right for Children and Families; the School Nursing Development Programme" (DH March 2011).
- 5.9.14 Ensure the Services are delivered in the appropriate environment which are child-friendly and conform to the national "You're Welcome criteria"
- 5.9.15 Ensure Children and Young People and their Families/Carers are engaged in service design, delivery and evaluation.
- 5.9.16 Ensure all Children and Young People will have access to and receive the relevant part of the Services and that additional services are delivered to meet identified needs, particularly for the most Vulnerable Children and Young People including all Children and Young People who are subject to a child protection plan. The Provider shall ensure that such Children and Young People have a health assessment and, where health needs are identified, a care plan is put in place.
- 5.9.17 Ensure an appropriate quality management system is in place as part of good clinical governance.
- 5.10 The Provider shall work in collaboration with the Authority throughout the Agreement Period to:
  - 5.10.1 support the Authority's effective performance management of the Provider's delivery of the Services;
  - 5.10.2 negotiate corrections and amendments to the Services in response to:
    - (a) changes required in respect of Children and Young People and Community needs; and / or
    - (b) shifts in national focus or resource allocation.
  - 5.10.3 contribute to improving the health and Wellbeing of the Children and Young People in Bolton and as a result all necessary agreed changes and updates shall be documented in writing and be deemed to form part of the Services. Ultimate responsibility for delivery of the Services shall at all times remain with the Provider.
- 5.11 The Provider shall:
  - 5.11.1 Use its clinical skills and professional judgement to improve the health and Wellbeing of Children and Young People and reduce health inequalities thus ensuring all Children and Young People receive all relevant Services;
  - 5.11.2 Lead, deliver and evaluate all of the 4 levels of the Services identified in the vision and model diagram attached to this specification at Schedule 2 within both Educational Settings and appropriate Community settings with swift clear pathways into appropriate specialist and other services and treatment where clinically indicated;

- 5.11.3 Provide a strong, coordinated delivery of the Services which focuses on health promotion, prevention and early identification of needs and help them provide the relevant help and intervention. The Provider will develop, deliver and evaluate a range of health promotion programmes as agreed with the Authority covering: nutrition and healthy weight, smoking cessation, oral health, sexual health, alcohol and substance misuse and emotional health and wellbeing, accident prevention and personal safety;
- 5.11.4 Take the lead in developing effective Partnerships and acting as advocate to deliver change to support improvements in the health and Wellbeing of Children and Young People;
- 5.11.5 Deliver the Healthy Schools and Healthy Schools+ programmes to support the Schools to effectively address the health and Wellbeing of Children and Young People. Support provided will build the capacity of Schools to deliver effective and sustainable interventions for all Children and Young People;
- 5.11.6 Ensure Children and Young People have a smooth transition into their chosen Educational Setting and throughout all transition phases in life, building on the early years support to continue to lay down the foundations for healthy lifestyles which will prepare them for adulthood and to ensure they are ready to learn;
- 5.11.7 Ensure synergy between services provided by the NHS' health visiting team and recognising the contribution of key Partners, for example, the Children's and Adult Services Department of the Authority's and within an Educational Setting to support school readiness and reducing school absences through health related issues;
- 5.11.8 Work in partnership with local communities to build Community capacity to support itself, demonstrating added value, utilising asset-based approaches and best use of resources and outcomes;
- 5.11.9 Coordinate, develop and deliver health promotion training for Staff to support delivery of the Health Care Plan and in particular the sexual health training for the Young People's Workforce and improving access to psychological therapies (step 1);

**6. ADDITIONAL OBLIGATIONS IN RESPECT OF THE CHILDREN AND YOUNG PEOPLE HEALTH AND WELLBEING SERVICE**

**6.1 Sexual Health**

- 6.1.1 The Provider shall deliver a comprehensive sexual health service to Children and Young People including but not limited to:
  - 6.1.1.1 Ensuring that Children and Young People are treated with respect and are empowered to make appropriate decisions about their sexual health care

- 6.1.1.2 Pregnancy testing and appropriate onward referral for positive tests, support for decision making and onward referral and follow up for ante natal care or termination of pregnancy
- 6.1.1.3 Sexually Transmitted Infection ("STI") screening and treatment
- 6.1.1.4 Supporting onward referral for the diagnosis, treatment and management of more complex STIs, including HIV
- 6.1.1.5 Providing "fast track" intervention, support and onward referral for those who are deemed to be particularly Vulnerable Children and Young People or at risk
- 6.1.1.6 Offering the full range of contraceptive methods including emergency contraception and long acting reversible contraception
- 6.1.1.7 Actively promoting the use of condoms by delivery and management of the Children and Young People's condom distribution scheme (C-card scheme)
- 6.1.1.8 Providing contraceptive advice and interventions aimed at preventing second conceptions
- 6.1.1.9 Providing a contraceptive plan and support for young women following birth, termination or miscarriage
- 6.1.1.10 Providing Brief Interventions to reduce risk taking behaviour and/or improved contraception use by motivational behaviour change techniques, including support to Children and Young People on delaying early sex (where appropriate) and keeping safe.
- 6.1.1.11 Leading and developing high quality comprehensive Evidence Based relationships and sexual health education (RSE) to be delivered in no less than eight targeted high schools and primary schools in the most deprived areas of the borough and four further educational settings, such settings to be agreed in writing with the Authority.
- 6.1.1.12 Provide training for education staff to support their delivery of RSE including developing skills and knowledge to support behaviour change methods and understand better Children and Young People possible gender and identity issues
- 6.1.1.13 Include training for Staff working with Vulnerable Children and Young People and those with learning difficulties/special needs/disabilities
- 6.1.1.14 Act as an expert resource to provide advice to other (generic) health, wellbeing and social care professionals to enable them to also deliver consistent sexual health improvement

interventions and advice (pharmacists engaged in emergency hormonal contraception provision- EHC)

- 6.1.1.15 Deliver appropriately designed and targeted sexual health campaigns at such times as agreed with the Authority or set nationally or locally.
- 6.1.1.16 Provide publicity and information materials that are easily understood by Children and Young People including those with learning disabilities and those from other vulnerable groups. These materials must make it clear that this is a confidential service.
- 6.1.1.17 Lead, manage and develop an appropriately designed and targeted sexual health training programme which shall be offered to all the Children and Young People's Workforce in the Bolton borough. The number of courses and training delivered annually shall be agreed with the Authority in writing.

## 6.2 Looked After Children

### 6.2.1 The Provider shall:

- 6.2.1.1 Provide a named health professional for each Looked After Child or Young Person;
- 6.2.1.2 Undertake annual health assessments/reviews and develop health care plans in partnership with education providers in order to ensure the joint health and education plan is comprehensive
- 6.2.1.3 Develop individual health care plans and ensure they are implemented where appropriate;
- 6.2.1.4 Attend at care planning and statutory review meetings;
- 6.2.1.5 Ensure that all Looked after Children and Young People have completed their immunisation schedule by the age of 16 years.

## 6.3 Substance Misuse

- 6.3.1 The Provider shall deliver a holistic substance misuse service with a focus on prevention, early intervention, Family support, harm reduction and integrated substance misuse treatment including:-

### 6.3.1.1 Training

- 6.3.1.1.1 Delivery of a comprehensive training package on substance misuse to support capacity development for the Children and Young People's Workforce including staff in all Educational Settings, youth and Community settings, and health services. This package

must be agreed in writing with the Authority before it is delivered;

6.3.1.1.2 Provide Schools with support to develop appropriate policies and procedures with regards to substance misuse;

6.3.1.1.3 Provide Schools with support regarding the PHSE curriculum in regard to substance misuse;

6.3.1.2 Support/Treatment

6.3.1.2.1 Provide treatment services which may include detoxification, stabilisation and harm reduction programmes following comprehensive assessment and where appropriate;

6.3.1.2.2 Provide vaccinations against Hepatitis B where there is a clinically indicated requirement;

6.3.1.2.3 Provide support regarding Hepatitis C, overdose prevention services, and methadone and other prescribing interactions, where there is a clinically indicated requirement;

6.3.1.2.4 Provide Brief Interventions, information, advice and support in relation to drug and alcohol misuse to Children and Young People and their Families/Carers working together with other Partners as appropriate;

6.3.1.2.5 Provide specialist one to one support and/or treatment programmes for Children and Young People with high levels of need with regard to substance misuse;

6.3.1.2.6 Provide a needle exchange service when appropriate and on an ad hoc basis. This may be in relation to performance or image enhancing drugs;

6.3.1.2.7 Provide emotional health and support to Children and Young People, helping them to develop resilience and self-efficacy;

6.3.1.2.8 Provide specialist therapeutic Family support for Families/Carers with a focus on supporting Children and Young People where there is parental/carer or sibling substance misuse;

6.3.1.2.9 Provide support to foster carers, kinship carers, potential adoptive parents and parents

including awareness raising of issues, including but not limited to foetal alcohol spectrum disorder;

6.3.1.2.10 Provide easily accessible care including home visits, on site and Outreach according to need

6.3.1.3 Partnership Work

6.3.1.3.1 Develop integrated Care Pathways and referral mechanisms with other Partners;

6.3.1.3.2 Provide a responsive service when a Child and Young Person's attendance at the Royal Bolton Hospital's Accident and Emergency department has links with alcohol or drug misuse. Follow up on brief screening reports received and offer services according to identified need;

6.3.1.3.3 Provide a consultation and advice service to other professionals or Families/Carers;

6.3.1.3.4 Work in partnership with other services to support Children and Young People to continue to engage and access school education;

6.3.1.3.5 Provide age appropriate smoking cessation advice and support; including signposting to services available for treatment including Nicotine Replacement Therapy;

6.3.1.3.6 Support Children and Young People and their Families/Carers to access appropriate services and promote partnership programmes such as 'smoke free homes' and safe sleeping initiatives

6.3.1.3.7 Support Educational Settings to develop and implement a suitable smoking policy and create smoke free settings.

6.3.1.3.8 Support those Children and Young People who are Carers with health needs and in particular their emotional health and Wellbeing by completing health assessment and care plans, where needs are identified.

6.3.2 The Provider shall also make substance misuse services a priority for Looked After Children and Children leaving care and Children who are the subject of child protection plans and child sexual exploitation plans.

6.3.3 The Provider shall liaise with the Bolton Integrated Drug and Alcohol Service (BiDAS) when working with Children, Young People and their

Families/Carers to ensure that appropriate Care Pathways are in place and there is no duplication or gaps in the delivery of the Services. The Provider shall develop joint working care plans to ensure the smooth transition for Children and Young People accessing the Services and moving towards accessing available adult services.

#### 6.4 National Child Measure Programme (NCMP)

##### 6.4.1 The Provider shall:

6.4.1.1 Lead, co-ordinate and deliver the NCMP and associated interventions where a referral to the Services has been made;

6.4.1.2 The Provider shall comply with the operational guidance for child measurement programme which incorporates the national standards:

<https://www.gov.uk/government/publications/national-child-measurement-programme-operational-guidance>

The operational guidance includes the provision of information and support which shall be delivered to Families/Carers to manage overweight and very overweight Children and Young People via the weight management element under this Agreement;

6.4.1.3 Routinely offer height and weight screening to those children in reception and Year 6 together with the provision of administrative support including the uploading of the class lists to effectively deliver and support the NCMP. All the data collected will be shared with the Authority to inform needs assessments.

#### 6.5 Weight Management

##### 6.5.1 The Provider shall:

6.5.1.1 Lead and deliver a service including a comprehensive innovative programme of activities to support Children and Young People and their Families/Carers to best manage their weight for those overweight and very overweight;

6.5.1.2 Ensure access to all Children and Young People including those Vulnerable Children and Young People for example those with learning disabilities or Looked after Children. This shall be in line with best evidence and practice and follow the appropriate national guidance;

6.5.1.3 Provide a link between the Weight Management Service and the Healthy Schools Programme to ensure support for Children and Young People and their Families/Carers and Educational Settings on tackling obesity in more general terms by promoting



- healthy eating, breastfeeding, healthy school meals and lunch boxes;
- 6.5.1.4 Provide an appropriate weight management programme with a family focus;
  - 6.5.1.5 Provide expert guidance and support on nutrition and healthy weight to other professionals, Families and Carers;
  - 6.5.1.6 Provide both group programmes and individual clinic-based appointments to those Children and Young People who are identified as overweight or very overweight. The group programmes will be family-based, multi-component, age-appropriate interventions and may need to be delivered outside of the Core Hours to improve access. Programmes will be in line with NICE guidance and include nutrition, activity and behaviour change elements. Individual clinic-based appointments will be available to Children and Young People of all ages for whom a group programme is not appropriate;
  - 6.5.1.7 Following participation in the family-based programmes, provide a comprehensive support package to enable sustained weight loss improvements, including monthly healthy growth check clinics and weekly activities. In total the Children and Young People will be offered a 2 year package of support that is tailored to individual needs;
  - 6.5.1.8 Use the NCMP to identify Children and Young People above a healthy weight and it shall increase referrals to the relevant element of the Services. The Provider will work with the Authority and Partners, particularly Educational Settings, to test-bed innovative ideas around increasing referrals, predominantly in targeted areas with higher rates of overweight and very overweight (including but not limited to Farnworth/Little Lever Schools);
  - 6.5.1.9 Work with the clinical dietetics service to ensure those Children and Young People who are severely obese (BMI $\geq$ 98) with physical and/or mental health conditions or learning difficulties or complex safeguarding cases are supported appropriately and where appropriate referred onwards to specialist weight management services

## 6.6 Emotional Wellbeing

### 6.6.1 The Provider shall

- 6.6.1.1 Deliver Evidenced Based behaviour change programmes;
- 6.6.1.2 Lead and deliver Improved Access to Psychological Therapies ("IAPT") services, using the IAPT's 'stepped-care' model and ensure that those services which are included under 'step 1' are



delivered to all Children and Young People under the Agreement;

6.6.1.3 Develop and lead on training and awareness tailored for school staff, staff in Child and Young People's settings, Families and Carers focusing on:

6.6.1.3.1 Talking to Children and Young People about Wellbeing;

6.6.1.3.2 Recognising and responding appropriately to mental health problems and risk of suicide

6.6.1.3.3 Taking care of own safety and Wellbeing when dealing with emotional health and Wellbeing of Children and Young People

6.6.1.4 Develop and lead on training for Children and Young People focusing on improving emotional Wellbeing, resilience and survival of life events and access to appropriate emotional/mental health support

6.6.1.5 Provide follow-up training, supervision and refresher training where appropriate including development of a train the trainer model of delivery

6.6.1.6 Provide emotional/mental health support in Educational Settings for those Children and Young People identified under the Agreement as requiring 'step 2' services within the IAPT's stepped-care model but not requiring a referral to the CAMHS service

6.6.1.7 Develop systems and provision to ensure that standardised and Evidence Based emotional/mental health support is provided in Schools, assessing Children and Young People identified as in need of emotional support

6.6.1.8 Facilitate effective access to the CAMHS service for those Children and Young People identified as requiring 'step 2' services within the IAPT's stepped-care model but who require specialist support

6.6.1.9 Develop Care Pathways and referral routes for mental health services, including CAMHS

## 6.7 Oral Health Promotion

6.7.1 The Provider shall develop, deliver and evaluate an oral health promotion programmes for Schools including for Families/Carers and other appropriate community settings including methods to improve access to topical fluoride.

- 6.7.2 To reduce the prevalence of incidence of dental caries and periodontal disease in the targeted population, the Provider shall deliver an effective and Evidence Based oral health improvement programme targeting those populations most at risk to reduce health inequalities as identified by the Authority or the Provider.
- 6.7.3 The Provider shall provide a curriculum linked Year 3 programme for children aged 7-8 years, to support the Educational Settings which have an identified (oral health) issue according to data collected as part of the Healthy Schools+ programme. All Educational Settings will be offered an oral health session if they contact the Provider directly. Educational Settings in areas of higher need will be targeted by the Provider using data from NCMP and Decayed, Missing and Filled Teeth data. All the Children and Young People shall be given a toothbrush, toothpaste and leaflet to take home after the session.
- 6.7.4 The Provider shall deliver to secondary schools an oral health improvement programme, to support those Educational Settings undertaking the Healthy Schools+ programme as part of PSHE sessions.

## 6.8 Healthy Schools Programme

- 6.8.1 The Healthy Schools Programme enables and supports Educational Settings to plan and implement health and Wellbeing improvements for Children and Young People. A healthy Educational Setting promotes physical and emotional health by providing accessible and relevant information and equips Children and Young People and Staff of the Educational Setting with the understanding, skills and attitudes to make informed decisions about their health.
- 6.8.2 The Provider shall deliver the Healthy Schools Programme which shall be available in all Educational Settings, validating the achievement by the Provider of the local Healthy Schools Programme standards and later re-validating according to progress of individual Educational Settings.
- 6.8.3 The Provider shall build capacity within Educational Settings to support key health and Wellbeing behaviours, by supporting needs assessment, data provision and analysis, setting improvement outcomes, monitoring progress, staff training and continuous professional development, policy development, promoting pupil voice, working with parents and pupils on key projects.
- 6.8.4 The Provider shall provide support to Educational Settings which targets four key themes:
  - 6.8.4.1 Emotional health and Wellbeing;
  - 6.8.4.2 Health eating;
  - 6.8.4.3 Physical activity;
  - 6.8.4.4 PHSE covering, in particular, substance misuse and relationships and sexual health education

- 6.8.5 The Provider shall ensure that the minimum offer (as detailed at paragraphs 6.8.2 to 6.8.4) provided to all Educational Settings includes:
- 6.8.5.1 3 contacts annually to engage or re-engage Educational Settings on the programme. This contact shall be made, initially, by telephone, letter or emails to arrange a visit. Following the first visit, contact shall be made via an agreed method with each Educational Setting and according to the need identified;
  - 6.8.5.2 The provision of a Healthy Schools website and other social appropriate media support, including but not limited to twitter:  
  
[www.boltonhealthyschools.co.uk](http://www.boltonhealthyschools.co.uk)  
  
[www.twitter.com@boltonhs](http://www.twitter.com@boltonhs)
  - 6.8.5.3 The organisation and operation of the Bolton PSHE network with a meeting being held each school term;
  - 6.8.5.4 The supply of monthly updates/briefings to Educational Settings on the Healthy Schools Programme via email or the Healthy Schools website
  - 6.8.5.5 The provision of sessions with suitable resources and training in relation to sexual health, alcohol, substance misuse and emotional health and accident prevention. This may include using Staff from other areas of the Provider's organisation
- 6.8.6 The Provider shall provide the following support for action in respect of those themes identified at paragraph 6.8.4 together with any locally identified themes as part of Healthy Schools+ (enhanced Healthy Schools):
- 6.8.6.1 Schools
    - 6.8.6.1.1 Learning walk/sense check of themed action plans;
    - 6.8.6.1.2 Policy review (of appropriate policies);
    - 6.8.6.1.3 Review of curriculum delivery of priority area, identify areas for additional/different input, cross curricular opportunities
  - 6.8.6.2 Staff
    - 6.8.6.2.1 Health of Bolton Presentation to include an overview of the health needs of the Bolton population;
    - 6.8.6.2.2 Presentation on their topic area ( additional locally identified themes);

- 6.8.6.2.3 Staff training session if appropriate/able e.g. sexual health otherwise direct or signpost to an appropriate Partner or agency
- 6.8.6.3 Governors/parents
  - 6.8.6.3.1 One information session
- 6.8.6.4 Pupils
  - 6.8.6.4.1 One assembly on health and priority area;
  - 6.8.6.4.2 Possible: co-teaching of session, support for health days for 10% most deprived schools
- 6.8.6.5 Partners
  - 6.8.6.5.1 Support with specific projects (for example, I Can Make It Happen Aspirations project) by arrangement and where it meets an identified Healthy Schools priority
  - 6.8.6.5.2 Training on topic areas to support Healthy Schools priority delivery
  - 6.8.6.5.3 Attendance/representation on key priority groups

## 6.9 Immunisations and Vaccinations

### 6.9.1 The Provider shall:

- 6.9.1.1 Deliver the national immunisation programme to Children and Young People including but not limited to the provision of non-routine and catch up immunisations, funded by NHS England;
- 6.9.1.2 Deliver School based immunisations which are commissioned by NHS England's Greater Manchester Area Team alongside the Authority. HPV and Men C (adolescent dose) will be allocated and paid by NHS England, Greater Manchester Area Team and will be reviewed and confirmed in writing with the Provider annually.
- 6.9.1.3 Liaise with the relevant Partners including but not limited to the Child Health Information Service (CHIS), Schools and the Authority to ensure current school roll lists are used and immunisation schedules are generated as part of the Provider's planning process. Provider's will send confirmation of complete/ DNA status to the CHIS to be entered on the CHIS to enable complete immunisation of children is tracked and to ensure the immunisation status of Children and Young People can be checked at key points. The Provider will liaise with CHIS to check that all Children and Young People's immunisations are up to date and where not, proactively

(where appropriate), deliver any catch up adolescent immunisations (teenage booster (-Td/IPV), MMR, Meningitis C and any other outstanding immunisations, to be delivered during school year 9.

6.9.1.4 The immunisation status of each Child and Young Person will be checked as a minimum at the following points:

- 6.9.1.4.1 at the start of primary school;
- 6.9.1.4.2 at transition from primary to secondary school;
- 6.9.1.4.3 at the point which a Child or Young Person transfers to a new Educational Setting;
- 6.9.1.4.4 at times of routine immunisations for Children and Young People

6.9.1.5 The Provider will:

- 6.9.1.5.1 Ensure that special and specific immunisations arrangements are in place for Children and Young People who are educated at home, do not attend at an Educational Setting or are at risk of not being fully immunised (including but not limited to travellers, chaotic Families, Looked after Children)
- 6.9.1.5.2 Proactively lead the delivery of HPV immunisation to girls aged 12-13 years (year 8 cohort) in line with the national immunisation programme.
- 6.9.1.5.3 In consultation with the Authority, lead on the delivery of any pilot or new vaccination programme such as childhood seasonal influenza as a contract variation.
- 6.9.1.5.4 Ensure competent and trained clinical staff are fully compliant with the relevant training and briefing sessions to ensure knowledge and skills are up to date and compliant with the Green Book and follow Good Clinical Practice at all times.

## 6.10 Health Protection Service

6.10.1 The Provider will:

- 6.10.1.1 Identify and reduce barriers to high coverage for all childhood immunisations in order to prevent serious communicable diseases, particularly for Vulnerable Children and Young People and those Children and Young People with additional

health needs who would be particularly vulnerable to getting and/or having a severe reaction an infection/disease.

- 6.10.1.2 Increase the uptake of immunisations and appropriate screening programmes in new and emerging Communities
- 6.10.1.3 Lead, coordinate and deliver hearing and eyesight screening programmes
- 6.10.1.4 Deliver chlamydia screening from a variety of appropriate Community based settings;
- 6.10.1.5 Deliver preventative advice and interventions that will positively impact on the incidence and prevalence of sexually transmitted infections and blood borne viruses
- 6.10.1.6 Contribute to reinforcing infection control measures/messages such as effective hand washing, especially when outbreaks of infectious diseases occur in appropriate Community and Educational Settings
- 6.10.1.7 Contribute to reinforcing infection prevention measures/messages by promoting/delivering vaccination uptake and by providing accurate information about the benefits of immunisation
- 6.10.1.8 Contribute to reinforcing infection prevention and control measures/messages in relation to the most common communicable disease such as flu, norovirus
- 6.10.1.9 Support infection prevention and control, and public health professionals in delivering consistent advice about the importance of communicable disease control for example the importance of completing treatment for TB

## **6.11 Special Schools Provision for Vulnerable Children and Young People**

6.11.1 The Provider will:

- 6.11.1.1 Lead the planning, delivery and evaluation of primary health care and the Health Care Programme for Children with disabilities and Complex Needs;
- 6.11.1.2 Make school nurses in special schools the first point of contact for health related issues and work with Partners to facilitate access to specialist care and support with health, social care and other services.
- 6.11.1.3 Deliver clinical interventions as appropriate including, gastrostomy feeding and intermittent catheterisation.
- 6.11.1.4 Provide up to date Evidence Based training regularly to others working within Educational Settings regarding, managing

common medical problems, epilepsy, diabetes, asthma, anaphylaxis and emergency medications.

- 6.11.1.5 Deliver care including the administration of medication for individual Children and Young People with very complex medication needs where Staff at the Educational Setting are unable to deliver this safely.
- 6.11.1.6 Develop individual care plans for the relevant Children and Young People in consultation with Families/Carers Educational Setting staff and the Child and Young Person which is to be reviewed annually.
- 6.11.1.7 Provide up to date evidence training programme to those Staff which are employed by the Educational Settings on the administration of regular medication and assess them for competence using the appropriate and relevant national templates and guidance documents.

## 6.12 Assertive Outreach Services

### 6.12.1 The Provider will:

- 6.12.1.1 Provide Assertive Outreach services to Vulnerable Children and Young People using skilled and Specialist Nurses and led by an Advanced Practitioner;
- 6.12.1.2 Provide Assertive Outreach services in innovative settings and ways, including enhanced drop in services to include sexual health in areas of greatest need and as agreed with the Authority.
- 6.12.1.3 Provide both In-reach and Outreach services to Vulnerable Children and Young People. For those Children and Young People with the most Complex Needs, there will be case coordination to ensure the Children and Young Person only have to 'tell their story once' and are supported by a named person or small team.
- 6.12.1.4 The In-reach provision shall mean the provision of the Services for Vulnerable Children and Young People with Complex Needs who are accessing other services, including but not limited to those listed in 6.12.1.6 below, which are delivered in the venue and services context most suitable to them, safe in the knowledge that the level and quality of care will be maintained particularly those Children and Young People with poor attendance in an Educational Setting;
- 6.12.1.5 The Outreach provision shall mean the provision of the Services in locations and at times which are required to meet the Children and Young People's needs or specific specialist needs including but not limited to enhanced drop-ins for Educational Settings and Community settings in the most



deprived areas of the Bolton borough or where there are high needs;

6.12.1.6 ensure that Vulnerable Children and Young People are proactively followed up to make sure healthcare is accessed, especially if they are living difficult and complex lives. In some cases this will mean taking services to the individual.

6.12.1.7 be required to deliver In-reach services via a named nurse to Children and Young People who are accessing a range of other services including:

- (a) Youth Offending services;
- (b) EXIT (Child sexual exploitation team)
- (c) Leaving Care Services
- (d) Those supporting teenage parents
- (e) Identified through Bolton Family First (Troubled Families), particularly those with poor school attendance

6.12.2 provide high visibility and presence in those services/teams listed above, working in collaboration in the best interest of those Children and Young People accessing the In-reach and Outreach Services. The Provider will proactively build relationships and develop appropriate pathways between services. Each of the above services will have a named Specialist Nurse to liaise with and, where possible, and Children and Young People shall be cared for by either one Specialist Nurse or a small team to ensure continuity of care and enable trusting relationships to be built.

## **7. PERFORMANCE MONITORING AND MANAGEMENT**

### **Performance Monitoring**

- 7.1 Performance Monitoring is an integral part of the Agreement, which is needed to monitor the success with which the Agreement is being delivered and provide a supportive and collaborative environment to ensure the Authority's aims and objectives are met. Failure to comply with monitoring and performance requirements as set out in the Agreement, including this Specification will be seen as a breach of contract.
- 7.2 During the Agreement Period, the Provider will be continually seek to improve its performance of the Agreement and adopt a proactive and cooperative approach to achieving and maintaining targets.
- 7.3 Formal monitoring meetings will be held quarterly as specified by the Authority, however, the frequency during year one of the Agreement Period may be increased in order to further support the implementation of the Services. In addition to this, the Authority may also establish more frequent meetings throughout the Agreement



Period should there be issues of concern in relation to the performance of the Provider.

- 7.4 As a minimum the monitoring meetings will consist of the Authority, the Authority's Agreement Manager, the public health specialist from the Authority's public health team, an Authority finance officer, suitably qualified representatives of the Provider who have sufficient authority to take all necessary decisions and all such other people as appropriate. Minutes of the monitoring meetings will be taken by the Authority.
- 7.5 Attendance at all monitoring meetings is a key part of the delivery of the Services. Should designated Staff of either the Authority or the Provider be unable to attend an appropriately qualified deputy shall be present.
- 7.6 The monitoring meetings will consider the overall delivery of the Services against all aspects of this Specification including but not limited to:
  - 7.6.1 The effectiveness of delivery for all elements of the Services, as set out in this Specification;
  - 7.6.2 Performance against the "Outcomes" and "Targets" set out in Schedule 3, Part 1 to this Specification;
  - 7.6.3 Serious Incidents, which must be reported to the Authority;
  - 7.6.4 Future development of the Services;
  - 7.6.5 Improvement plans and measures, if required;
  - 7.6.6 Staff development;
  - 7.6.7 The development and implementation of a marketing and communication strategy and other obligations as contained in paragraph 15 of this Specification;
  - 7.6.8 A breakdown of how the Charges received by the Provider under the Agreement are expended in delivering the Services or any part thereof;
  - 7.6.9 Updates, changes and implementation of both the Provider's and the Authority's policies together with any relevant procedures and protocols;
  - 7.6.10 Clear Pathway development.
- 7.7 Performance monitoring information and data for the quarterly monitoring meetings will be made available to the Authority at least 2 weeks prior to each meeting.
- 7.8 The Provider will shall complete and submit to the Authority a quarterly monitoring return in the form supplied by the Authority. The monitoring report will be submitted electronically by the 7th of each month following the month to which it relates.
- 7.9 The Provider will comply with any monitoring requirements that may be set:
  - 7.9.1 nationally by Central Government or its agencies (for example, Public Health England or the National Information Centre); or

7.9.2 locally by the Authority, acting reasonably.

### Performance Management

- 7.10 The Provider shall, no later than the Commencement Date, deliver to the Authority a Service Delivery Plan, which plan shall cover all those matters detailed in Schedule 3, Part 1 to this Specification. The Provider shall thereafter maintain the Service Delivery Plan in consultation with the Authority and, as a minimum, update it annually. The Provider shall supply to the Authority a copy of all updated versions of the Service Delivery Plan. No amendments shall be made to the Service Delivery Plan without the Authority's written consent.
- 7.11 In particular and as more particularly detailed in Schedule 3, Part 1, the Service Delivery Plan shall detail:
- 7.11.1 How the "Outcomes" will be achieved during the Agreement Period;
  - 7.11.2 How the Provider will meet the measurement requirements of the Authority;
  - 7.11.3 How the Provider will meet those of the Authority's targets set at the Commencement Date;
  - 7.11.4 How the Provider shall agree with the Authority and meet those targets which have not been set at the Commencement Date;
  - 7.11.5 The Provider's Staff structure and skillset;
  - 7.11.6 How the Services fit into the business plan of the Provider;
  - 7.11.7 The Provider's improvement, development and innovation plans including how the Provider intends to make ongoing improvements to the Services, how the Provider will develop the Services and deliver innovation, how the Provider will demonstrate quality and how the Provider is striving (and will continue to strive) towards excellence;
  - 7.11.8 A description of the Provider's quality management ICT system;
  - 7.11.9 Expected activity by month / quarter (i.e. how many Children and Young People the Provider expects to deliver Services to);
  - 7.11.10 National and local performance indicators as more particularly detailed in paragraphs 4.1 and 4.2 of this Specification;
  - 7.11.11 Planned communications activity in accordance with paragraph 15 of this Specification;
- 7.12 The Provider shall develop and maintain a written "Assurance Framework" being a written framework which documents the way in which the Provider will operate in order to assure the Authority that it will:

- 7.12.1 effectively deliver all aspects of the Services (clinical and non-clinical);
  - 7.12.2 effectively manage risk;
  - 7.12.3 deliver high quality standards of care.
- 7.13 The Provider will notify the Authority of all complaints, comments and compliments received in respect of the Services. The Provider shall produce a quarterly summary report providing full details of all complaints, comments and compliments including a detailed breakdown of how complaints were resolved for the contract monitoring meetings. Each report shall be delivered to the Authority no later than 2 weeks prior to each monitoring meeting.
- 7.14 The Provider shall deliver to the Authority a quarterly Service Quality Performance report in the form detailed at Schedule 4 to this Specification.
- 7.15 The Provider shall process complaints in accordance with any appropriate legislative requirements and national standards and using the Provider's internal processes. The outcome of complaints shall be reported to the Authority, including an outline of any remedial actions taken within 3 Working Days.
- 7.16 The Provider will as soon as reasonably practicable in all the circumstances:
- 7.16.1 Facilitate reasonable access to the Provider to enable inspection / audit of the Services
  - 7.16.2 Facilitate discussions with relevant management and / or Staff as requested by the Authority.
- 7.17 The Provider shall supply to the Authority such management information as detailed in Schedule 3, Part 2 to this Specification at such intervals as specified therein and the Authority will monitor the Provider's achievement of the prescribed "Targets".

### **Managerial Requirements**

- 7.18 The Provider must have, use and be able to demonstrate if requested appropriate management arrangements for meeting its obligations under the Agreement.
- 7.19 The Provider shall closely monitor the delivery of the Services to ensure that quality standards are maintained and that the required outcomes are delivered.
- 7.20 The Provider will inform the Authority at the earliest opportunity of:
- 7.20.1 any significant variances in performance of the Services; and
  - 7.20.2 excess demand which puts unprecedented pressure on the Provider to be able to deliver the Services (or any part) safely (for example, an infectious disease outbreak requiring mass immunisation).
- 7.21 The Provider will provide to the Authority a written explanation for any variations in performance of the Services. Measures and timescales for remedial action will be agreed between the Authority and the Provider in writing.

- 7.22 The Provider shall comply with all relevant legislation and national policy guidance together with any relevant local policies and guidance, in particular the Public Health Safeguarding and Commissioning document at Schedule 6 and those key Authority policies are detailed in the Agreement and via the following web page:

<http://www.bolton.gov.uk/website/pages/Childprotection.aspx>

- 7.23 The Provider shall thoroughly investigate any suspected gross misconduct, misconduct, dishonesty or behaviour, which is detrimental or may be detrimental to the welfare or Wellbeing of a Child or Young Person or to the delivery of the Services. The Provider shall at all times have regard to the Authority's Safeguarding of Vulnerable Adults policy.

## **8. AVAILABILITY & ACCESS TO THE SERVICES**

- 8.1 The Provider will ensure that there are no barriers in respect of access to the Services and it will ensure equality of access for all Children and Young People in a manner which is non-judgemental, non-discriminatory and inclusive.
- 8.2 The Provider will ensure that any coverage / boundary issues that may arise will be dealt with proactively in collaboration with the relevant neighbouring local authority or service provider. Delivery of the Services to Children and Young People and their Families/Carers must take precedence over any boundary discrepancies or disagreements.
- 8.3 The Provider shall ensure that Children and Young People who are not in an Educational Setting shall be entitled to access the Services.
- 8.4 The Provider will deliver the Services 52 weeks a year using appropriately qualified and experienced Staff in a range of settings including Educational Settings, other appropriate Community settings and the Child's or Young Person's home when necessary.
- 8.5 The Provider must be contactable by telephone, as a minimum, during the Core Hours and respond to any queries or issues raised by the Authority in this time.
- 8.6 The operating times in respect of the Services must be sufficiently flexible to meet demand, which is why the Core Hours have been defined to allow delivery of the Services to extend beyond the hours for education attendance, including provision at evenings and weekends as required and to ensure the Authority can effectively communicate with its Partners;
- 8.7 The Provider will also operate a Children and Young People's open access health provision (possibly a health centre or similar just for young people aged 11 to 19 years) at such a location as agreed in writing with the Authority. It is expected this provision will largely be provided outside of standard school hours including evenings and weekends and for a minimum of 18 hours clinic time per week. Additional time for case follow up, administration and referrals must be in addition to clinic opening times. Availability during school hours will be required on an appointment basis and for when 'fast track' access is needed for those most Vulnerable Children and Young People.

8.8 Access to and communication with the Provider shall be via a range of methods including face to face, by telephone and also through digital and web based means. The Provider shall make itself available by all methods of communication during the Core Hours and Out of Hours.

8.9 The Provider shall take all reasonable steps to ensure that all Children and Young People and their Families/Carers, together with other Partners are informed of the Services available.

## **9. LOCATION OF SERVICES**

9.1 The Services will be delivered within the Bolton borough and will operate from appropriate premises as agreed with the Authority.

9.2 The Provider shall deliver the Services in a range of settings and locations that are aligned to the needs of the Children and Young People and their Families/Carers. Locations and settings shall be appropriate in all the circumstances, Children and Young People friendly and, where required, available outside of term times. In the event that an agreed location/setting is not available outside of term times, the Provider shall deliver the Services in an alternative setting or location to an Educational Setting. All locations shall be agreed with the Authority in writing.

9.3 The Services being delivered to the 11 – 19 age group, shall be delivered in settings which are separate from other paediatric and adult service settings.

9.4 The Provider shall operate a “drop in” centre at each of the high schools located in the Bolton borough.

9.5 The Provider shall operate an “enhanced drop in” centre at 9 locations across the Bolton borough, particularly in areas with high needs such as teenage pregnancy hot spots. The location of the enhanced drop in centres shall be agreed in writing with the Authority.

9.6 In the event that the Provider wishes to change a setting at any time during the Agreement Period, the Provider shall submit details of the proposed change in location to the Authority. No changes shall be made in respect of location unless and until agreed in writing with the Authority. Under no circumstances shall the Provider make a request to remove a drop in centre from a high school location.

9.7 In identifying suitable locations, the Provider shall consider the following, as a minimum:

9.7.1 Non clinical and clinical settings;

9.7.2 Educational Settings or Young People's Community provision (no less than 6 locations in schools and 3 locations in colleges in Bolton);

9.7.3 Demographic and geographical coverage that includes other healthcare service providers (including GPs) to avoid duplication

9.7.4 Accessible by public transport and ideally close to a main bus route.

- 9.8 The Provider will proactively work with Partners to utilise a variety of appropriate Community based settings and demonstrate innovation in developing a range of delivery options, particularly for hard to reach Children and Young People.
- 9.9 The Services delivered by the Provider must be of the same high quality regardless of the location ensuring a welcoming environment.
- 9.10 In the event of Serious Incident, the Provider shall arrange for a senior manager of the Provider with sufficient authority to effectively manage the incident to attend at a location within the Bolton borough, as specified by the Authority, within 30 minutes of a request. The Provider shall have an administrative base for the Services located within such proximity to the Bolton town centre to enable the Provider to comply with this obligation.
- 9.11 The Provider shall ensure that the Services shall be delivered in an area-based manner, mirroring the way which other services are delivered by or on behalf of the Authority in the Bolton borough, working together to deliver integrated services for Children and Young People and their Families/Carers, with a focus on prevention, promotion and early intervention. Accordingly, the Services shall be delivered across 3 districts, namely the North, South and West. The Provider shall note that Schools are also clustered according to these areas with three secondary school clusters – North, South and West – and 10 primary school clusters that sit within these. The boundaries of these zones run along ward boundaries which mean that all of the nationally available data that is organised on super-output areas and wards is readily accessible.

## **10. THE REFERRAL PROCESS AND ACCESS TO THE SERVICES**

- 10.1 Children and Young People shall be able to access the Services by self-referral or by a referral made by any other professionals and Partners or Families/Carers. The Provider shall make use of technologies to improve and facilitate access to the Services for example texting service, phone applications and web based information.
- 10.2 The Provider must ensure equal access for all Children and Young People and their Families/Carers, regardless of disability, gender reassignment, marriage and civil partnership, sex or sexual orientation, race including ethnic or national origins, colour or nationality, religion, belief or lack of belief;
- 10.3 The Provider shall provide the four levels of delivery of the Services and Care Pathways in full a diagram of which is attached at Schedule 5 to this Specification;
- 10.4 The Provider shall make contact with each and every Child or Young Person and their Families/Carers within 5 Working Days of a referral from any source or an identification of need by the Provider. The Provider shall offer to carry out an assessment of need for Services as soon as reasonable practicable thereafter.
- 10.5 The Provider shall respond to all referrals deemed by the referrer or the Provider to be urgent, including all Safeguarding referrals, on the same day or next Working Day and make direct contact with the Child, Young Person or their Family/Carer and then feedback to the referrer what action has been taken within two working days;



- 10.6 As a Child approaches school entry, transition to the Services provides an opportunity for any issues to be passed from the Health Visiting Service to the Services in order to ensure continuity of care.
- 10.7 The Provider is required to develop a number of pathways both within the Services and also with Partners to enable Children and Young People have swift and easy access to the Services so that any identified needs can be met.
- 10.8 The Provider shall comply with the Department of Health's suite of professional guidance and pathways to support delivery locally and offer clarity around roles and responsibilities for school nursing teams and Partners (<http://vivbenett.dh.gov.uk/products/>). The published pathways are:
- (a) Safeguarding
  - (b) Transition from health visiting to school nursing
  - (c) Youth Justice
  - (d) Domestic abuse
  - (e) Emotional Health and Wellbeing
  - (f) Young Carers
  - (g) Sexual Health
  - (h) Supporting children with complex and additional health needs
  - (i) Child Sexual Exploitation
  - (j) The Health Needs of Looked After Children
  - (k) Healthy Lifestyles and Physical Activity
  - (l) Transition across the life course (0-19)

## **11. SAFEGUARDING**

### **General**

- 11.1 The Provider shall at all times ensure robust safeguarding measures are in place at all levels of delivery of the Services.
- 11.2 The Provider must comply with all elements of the Public Health Safeguarding commissioning guidance document which are included at Schedule 6 and:
- 11.2.1 provide universal public health interventions and preventative measures to reduce risk;
  - 11.2.2 In consultation with all relevant Partners, safeguard and protect Children and Young People in accordance with Bolton's Framework for Action which can be accessed at:



<http://boltonsafeguardingchildren.org.uk/documents/2013/10/framework-for-action-2.pdf>

- 11.2.3 Where there are identified health needs, work collaboratively with Partners to support Children and Young People throughout all levels of the Child concern continuum (as detailed in Bolton's Framework for Action), providing therapeutic public health interventions for each Child or Young Person and their Family/Carer and referring them to specialist medical support where appropriate;
  - 11.2.4 Work together with Partners to provide support for Children and Young People, including Looked After Children, young carers, children with disabilities, those not in education, employment or training (NEET) and young offenders;
  - 11.2.5 Work collaboratively with Partners to ensure there is clarity regarding respective roles and responsibilities of appropriate health input as identified within local protocols and policies (as identified by the Authority) in line with Working Together to Safeguard Children ([https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/281368/Working\\_together\\_to\\_safeguard\\_children.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/281368/Working_together_to_safeguard_children.pdf)); and
  - 11.2.6 Shall provide to the Authority on no less than an annual basis on a date to be agreed in writing with the Authority such safeguarding audit information as required in the template audit tool document which is included at Schedule 7 and which sets out the Providers compliance with national and local safeguarding policies and key documents.
- 11.3 The Provider shall follow the Authority's safeguarding policies and processes (for children and adults) and maintain a working knowledge of all local policies on the Bolton Safeguarding Children Website (Bolton Multi Agency Partnership Safeguarding Procedures).

#### **Incidents and Serious Incidents**

- 11.4 The Provider will, as soon as reasonably possible and within no more than 5 Working Days for general incidents and 1 Working Day for Serious Incidents, notify the Authority of any enquiries from the media in relation to the function or delivery of the Services. The Provider shall also notify the Authority and provide a copy of any press releases / publicity in relation to the Services at least one week prior to publication. Notifications shall be made within 5 Working Days save in respect of Serious Incidents where notifications shall be made as soon as reasonably possible.
- 11.5 The Provider must have a system and protocol in place for reporting, recording and monitoring Serious Incidents. This shall include the collection and management of information on the incident and prevalence of Serious Incidents and also identify good practice, lessons learnt and improvements to be made to the policy or protocol as a result.
- 11.6 If the event of an infectious disease outbreak the Provider will respond to the changing needs and manage the emerging situation. The Provider will inform the Authority by telephone and in writing as soon as an outbreak occurs and liaise with the Authority when formulating and implementing a plan of action.

- 11.7 If there is an increase in incidence of infectious diseases (beyond the usual pattern for the Services or time of year) the Provider will inform the Authority and submit a clinical governance report as required.
- 11.8 The Provider shall, within one (1) month of a notification, supply to the Authority a copy of any notification it gives to the relevant government regulator or Monitor regarding Serious Incidents and Patient Safety Incidents (unintended or unexpected incidents which could have or did lead to harm to one or more Child or Young Person), where that notification directly or indirectly concerns any Child or Young Person.
- 11.9 The Provider shall notify the Authority of any other Serious Incidents / changes in relation to the Services within 3 Working Days, pursuant to the procedures detailed in this Specification which relate to reporting, investigating and implementing and sharing lessons learned, and in particular:
  - 11.9.1 Serious Incidents
  - 11.9.2 Children and Young People safety incidents / Reportable patient safety incidents
  - 11.9.3 Breaks in service provision
  - 11.9.4 Any improper conduct by Staff of the Provider
  - 11.9.5 Non Children and Young People related incidents
  - 11.9.6 Safeguarding issues concerning Children and / or Young People;
  - 11.9.7 Deaths, injuries, attempted suicide and untoward/serious incidents in relation to both Children and Young People and Staff members
  - 11.9.8 Enquiries and investigations from the Health and Safety Executive
  - 11.9.9 Any inspections (planned or unplanned)
  - 11.9.10 Proposed changes to the Provider's organisational structure
  - 11.9.11 Staff vacancies causing or potentially causing disruption to the Services

**Child Sexual Exploitation ("CSE")**

- 11.10 The sexual exploitation of Children and Young People involves exploitative situations, contexts and relationships where young people (or a third person or persons) receive 'something' (including but not limited to, food, accommodation, drugs, alcohol, cigarettes, affection, gifts, money) as a result of performing, and/or others performing on them, sexual activities.
- 11.11 In all cases those exploiting the Child or Young Person have power over them by any of the following reasons; their age, gender, intellect, physical strength, economic or other resources.

- 11.12 In order to improve the effectiveness of Safeguarding and protecting Children and Young People from this form of abuse it is necessary to follow the Greater Manchester Sexual Health (SH) CSE guidelines in identifying and reporting CSE. The Greater Manchester SH CSE checklist must be used as a prompt to ensure a series of key questions are asked during the general consultation process with all Children and Young People. The Greater Manchester SH pathway for CSE must be adhered to alongside Bolton local Safeguarding Policies procedures. It is vital that all Staff (including non-clinical and reception Staff) have access to and complete CSE training to ensure they are fully able to recognise the signs of CSE and act according to the relevant pathways and procedures.

### **Female Genital Mutilation**

- 11.13 Female genital mutilation (FGM) is any procedure which involves the partial or complete removal of the external female genitalia, or other injury to the female genital organs for no medical reason.
- 11.14 Some cultures believe that FGM is necessary to ensure acceptance by their community, however this custom is against the law in the UK. All four types of FGM are illegal in the UK. Furthermore, it is an offence to take a female out of the UK for FGM or for anyone to circumcise women or children for cultural or non-medical reasons here in the UK.
- 11.15 The Provider shall be aware of the indicators of females at risk of FGM and indicators where FGM has taken place. The Provider shall follow their internal local safeguarding policy and procedures and make referrals to the Authority as appropriate to safeguard Children and Young People and protect women as and when required.
- 11.16 The Provider shall use the FGM assessment tool detailed at Schedule 8 and deliver an appropriate response to any identified need.
- 11.17 In the event that a health professional identifies that FGM has taken place or potentially could take place, the Provider shall ensure that the identified need is appropriately responded to, and that the Child and Young Person is referred to the relevant services to provide them support.

## **12. MANAGEMENT INFORMATION AND GOVERNANCE**

- 12.1 The Provider shall at all times be registered with the Care Quality Commission (CQC) and shall have a strong governance structure in place to ensure compliance with appropriate legal requirements and standards of quality and safety. During the Agreement Period the Provider will provide to the Authority a copy of the Provider's registration with the CQC.
- 12.2 The Provider shall develop and maintain an Assurance Framework that will deliver effective assurances for all aspects of delivering the Services, clinical and non-clinical, to ensure effective management of risk and high quality standards of care.
- 12.3 The Provider shall set clear lines of accountability which must be set out within the Provider's Service Delivery Plan (relating to the Services) and be provided to Authority on request. Appropriate systems must be developed and agreed with the Authority for recording and reporting of incidents, complaints and compliments.

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- 12.4 The Provider must demonstrate compliance with all current and future NICE Guidance including published evidence, best practice guidelines and quality standards as appropriate.
- 12.5 The Provider shall at all times have appropriate policies and protocols in place, which the Provider shall adhere to. The Provider will share policies and protocols with the Authority on request and the Provider shall routinely review the same to ensure effective governance. Children and Young People, their Families/Carers and Partners must be made aware of the range of policies and protocols as appropriate, particularly those which may impact on care delivered. All policies and protocols must have accompanying procedures where relevant and be made available to the Authority on request.
- 12.6 The Provider shall ensure that all policies and protocols are compliant with any relevant current legislation such as the Equality Act 2010.
- 12.7 The Provider shall put appropriate clinical governance policies and protocols in place and adhere to the same during the Agreement Period. The Provider shall routinely review all policies and protocols to ensure continuing effective governance. The Provider shall, on request, provide a copy of all policies and protocols to the Authority. As a minimum the Provider shall develop and maintain policies relating to:
- 12.7.1 Equality and Diversity;
  - 12.7.2 Safeguarding;
  - 12.7.3 Health and Safety (for both Staff, Children and Young People);
  - 12.7.4 Lone Worker;
  - 12.7.5 Anti-discriminatory Practice;
  - 12.7.6 Clinical and Non-clinical Governance;
  - 12.7.7 Children and Young People Involvement (including their Families/Carers);
  - 12.7.8 Information Governance (to include data sharing protocols, records management and information security and confidentiality);
  - 12.7.9 Complaints and Compliments;
  - 12.7.10 Risk Management and Incident Reporting (including a Serious Incident reporting to the Authority);
  - 12.7.11 Infection control;
  - 12.7.12 Health protection and emergency planning;
  - 12.7.13 Business Continuity and Sustainability;

12.7.14 Emergency Planning in response to a Serious Incident or emergency (including events such as severe weather, fuel shortage or disruption to power supplies)

12.8 The Provider will actively monitor the implementation and impact of relevant policies and protocols and provide the Authority with written reports as requested.

### **13. INTERDEPENDENCIES**

13.1 The Provider will establish good working relationships with Partners outlined in the diagram interdependences – a whole system approach, shown at Schedule 9 to this specification.

13.2 The Provider will develop and maintain efficient working relationships with Partners to enhance the quality of the Services delivered in line with the holistic model of the service delivery. The Provider cannot operate in isolation and so is required to work with Partners to holistically address the needs of Children and Young People and increase the opportunity for the optimum health and Wellbeing outcomes for Children and Young People to be achieved.

13.3 The Provider will actively participate in local, regional and national networks (including clinical networks), training, research and audit programmes where appropriate.

13.4 The Provider shall establish good working relationships with all Partners.

### **14. RECORD KEEPING, DATA COLLECTION AND INFORMATION SHARING**

14.1 The Provider will use a single electronic health record for each Child and Young Person and will operate a suitable caseload management system for those with Complex Needs and ongoing care issues. All health records must contain copies of recovery plans, risk assessments, information on health requirements, interventions delivered, the name of the case coordinator and details of obtained consent.

14.2 The Provider shall ensure that all health records include the Child or Young Person's NHS number and that Demographic Data is collected and aggregated for reporting all contacts with Children and Young People and their Parents/Carers.

14.3 The Provider shall ensure that all Children and Young People, their Families/Carers (as appropriate) will be made aware of their rights and responsibilities at the point of contact and engagement with the Services, specifically in relation to information sharing and consent.

14.4 The Provider will nominate a Senior Information Risk Owner (SIRO) and a Caldicott Guardian and inform the Authority of his or her name from time to time.

14.5 The Provider shall manage any data which is capable of identifying Children and Young People and their Families/Carers in accordance with the Law, Good Clinical Practice and Good Health and/or Social Care Practice.

14.6 The Provider will ensure it has a suitable IT system which can deliver secure electronic data transfer to the Authority in accordance with all relevant data protection legislation and guidance.

- 14.7 For the purposes of this Agreement, the Provider is deemed to be the Data Owner and Controller and must be fully compliant with the most up to date Information Governance Toolkit level 2 requirements.
- 14.8 The Provider will ensure that robust systems are in place to meet the legal requirements of the Data Protection Act 1998 and safeguarding of personal data at all times.
- 14.9 The Provider will have appropriate technical and organisational measures in place to prevent unauthorised or unlawful processing of personal information and to prevent accidental loss, destruction or damage to any information they hold or process, applicable to both manual and electronic records. The Provider is required to have robust arrangements and backup arrangements for the secure storage of records and data.
- 14.10 In line with the above and following good practice guidance, the Provider will have agreed data sharing protocols with Partners to enable safe, effective holistic services to be provided to Children and Young People and their Families/Carers.
- 14.11 Appropriate electronic records will support the updating of the CHIS to enable data collection to support the delivery, review and performance management of the Services.
- 14.12 The Provider will ensure that all its members of Staff have access to information sharing guidance and training including sharing information to safeguard or protect Children and Young People, improve co-ordination and communication between the Services and Partners.
- 14.13 The Provider will be responsible in ensuring that the minimum data set for the Services is fully compliant with the requirements of the Authority.

## **15. COMMUNICATION**

- 15.1 The Provider shall at all times comply with The Privacy and Electronic Communications (EC Directive) Regulations 2003.
- 15.2 The Provider shall make full use of existing branding which Children and Young People know and trust when promoting or delivering the Services. Any overarching service brand shall be agreed in writing with the Authority.
- 15.3 The Provider shall actively promote and market the Services to Children and Young People, any Partners and the general public through the development and implementation of a marketing strategy, which strategy shall be made available to the Authority on request. The Provider shall fully consult with the Children and Young People in the development of the marketing strategy and any promotion materials. The Provider's strategy shall include but not be limited to:
  - 15.3.1 Branding and promotion of the Services;
  - 15.3.2 Developing and implementing a process for dealing with media and press enquiries, incorporating a duty to inform the Authority if media or press enquiries are received;



- 15.3.3 The use of relevant and appropriate technologies in the delivery of the Services;
- 15.3.4 Ensuring that the Provider is included in "The Directory of Children's Services".
- 15.4 The Provider shall maximise the use of technologies and social media to reach a wide range of Children and Young People through marketing and as a tool to deliver the Services through a variety of means. This shall include but not be limited to:
  - 15.4.1 Internet and emails access for the Provider's Staff (including secure emails where appropriate);
  - 15.4.2 The use of electronic record/case management systems;
  - 15.4.3 The secure electronic transfer of health information by secure email including referrals to the Services;
  - 15.4.4 The use of CHIS to record and access information;
  - 15.4.5 Online information and resources for Children and Young People and their Families/Carers and Partners
  - 15.4.6 The use of phone applications and texting
- 15.5 The Provider shall deliver digitally based interventions and have suitable and relevant policies in place in order to safeguard Children and Young People and the Provider's Staff.
- 16. ASSETS**
  - 16.1 The Provider is responsible for the purchase and upkeep of all of the equipment that is needed in order to deliver the Services. All of the equipment shall be fit for purpose, of satisfactory quality and compliant with all national and local health service standards and regulatory requirements.
  - 16.2 The Provider shall develop and maintain a full written asset register, which shall be made to the Authority on request.
  - 16.3 The Provider shall utilise the Department of Health professional pathways and facts sheets to support delivery of the Services, which can be accessed at <http://vivbenett.dh.gov.uk/products>.
  - 16.4 The Provider shall ensure that school nurses and their teams will have access to:
    - 16.4.1 Validated tools for assessing development and identifying health needs;
    - 16.4.2 Suitable IT systems and mobile technology for recording interventions and outcomes in the CHIS;
    - 16.4.3 Suitable equipment to support agile working (including but not limited to mobile phones and tablets).



- 16.4.4 Suitable equipment for measuring children's weight and height;
- 16.4.5 Use of social networking and other web based tools to enable workforce training, professional networking and information and support for Children, Young People and their Families/Carers;
- 16.4.6 Suitable health promotion materials.

## **17. STAFF**

- 17.1 In order to support the delivery of the Services, the Provider shall make workforce development and training a priority. The Provider shall ensure that all its Staff delivering the Services (or any part) have the knowledge, skills, competencies, values and, where appropriate, qualifications in order that they are able to appropriately respond to the needs of Children, Young People and their Families/Carers.
- 17.2 The Provider will ensure it uses suitably trained, qualified and experienced Staff at appropriate levels in order to undertake the care required, deliver the requirements of this specification. The Provider shall also provide sufficient support to its Staff to enable them to maintain appropriate professional registration, where applicable. The Provider shall ensure that all clinical governance is led by medical practitioners (i.e. doctors).
- 17.3 The Provider shall support its Staff to maintain knowledge and competencies through a structured continuing professional development programme in line with relevant professional standards and it shall ensure an ongoing programme of workforce training for all members of its Staff, including motivational interview and behaviour change techniques..
- 17.4 The Provider shall ensure that the skill mix amongst its Staff reflects the local need and is underpinned by a robust workforce plan which takes into account workload capacity and population health needs. The Provider shall agree its written workforce plan with the Authority.
- 17.5 The Provider shall meet the recommended core competencies for the Services, as outlined below:
  - 17.5.1 Leadership
    - 17.5.1.1 The Services shall be delivered by health professionals with the appropriate competencies to oversee delivery of the Services to a defined population
    - 17.5.1.2 The Provider shall have sufficient skill and provide appropriate management to lead multiagency teams and operate effective caseload management
  - 17.5.2 Identifying needs
    - 17.5.2.1 Staff that understand the implications of the health needs assessment which underpins the configuration of the Services;

- 17.5.2.2 Staff with the necessary skills to identify particularly Vulnerable Children and Young People, assess and respond effectively to their needs early and demonstrate a commitment to reducing health inequalities

17.5.3 Skills and Knowledge

- 17.5.3.1 Teams where all practitioners are able to demonstrate a basic level of competence in the six areas of The Common Core of Skills and Knowledge for the Children's Workforce (HM Government, 2005a). These are effective communication and engagement with Children, Young People, their Families/Carers; Child and Young Person development; safeguarding and promoting the welfare of the Child (CQC, 2009); supporting transitions; multi-agency working; and sharing information (HM Government, 2008d).

- 17.5.3.2 A team with appropriate qualifications and training – allowing progression, continuing professional development and mobility across the Children's and Young People's workforce. Examples include all doctors, nurses, allied health professionals, social workers, youth workers, family support workers, emotional health workers and teachers receiving appropriate training:

- 17.5.3.2.1 Safeguarding;

- 17.5.3.2.2 Working and communicating with Children and Young People;

- 17.5.3.3 Facilitation of groups/classes;

- 17.5.3.4 Working with and effectively communicating with a wide range of services and including the Provider's Staff and staff in Educational Settings and Families/Carers of Children and Young People;

- 17.5.3.5 Use of Fraser guidelines (mandatory for this service) compliant with DH Best Practice Guidance Gateway Reference 3382, applying Fraser Guidelines, duty of confidentiality as enshrined in professional codes and being cognisant of locally agreed Safeguarding Children protocols

- 17.5.3.3 All Staff of the Provider shall be up to date with national advice, guidance and effective practice.

- 17.5.3.4 All frontline Staff of the Provider shall be trained in Brief Interventions and motivational interviewing techniques and be confident in delivering person centred approaches.

- 17.6 The Services must be delivered by experienced Staff of the Provider who hold unique and specialist qualifications to enable them to effectively work using an Evidence Based approach. The Provider shall at all times retain high levels of specialist knowledge to maximise outcomes for Children and Young People and use Staff with the necessary skills to identify particularly Vulnerable Children and Young People, assess and respond effectively to their needs early and demonstrate a commitment to reducing health inequalities.
- 17.7 Specialist areas
- 17.7.1 The Provider's Staff shall be clinically skilled in providing holistic, individualised and population health; assessment, with a broad range of skills at Tier 1 and Tier 2 health interventions (as more particularly detailed in the Stepped Care Model attached at Schedule 10 to this Specification);
  - 17.7.2 The Provider shall provide School Public Health Nurses who shall be qualified nurses who hold an additional specialist public health qualification, which is recordable with the Nursing and Midwifery Council. School nurses, with their Healthy Child Programme teams, shall co-ordinate and deliver public health interventions for school-aged Children and Young People;
  - 17.7.3 The Provider's Staff used to deliver the Services shall include at least one advanced practitioner with the appropriate masters level qualification;
  - 17.7.4 All sexual health Staff of the Provider shall be trained to competencies expected for the Diploma in Family Planning of the Faculty for Sexual and Reproductive Health (FFPRHC) or equivalent qualification and work to either protocols based on the FFPRHC recommendations for Good Clinical Practice or locally agreed Patient Group Directions (PGDs);
  - 17.7.5 All Staff undertaking nursing duties (including mental health) shall be qualified nurses registered with the Nursing and Midwifery Council. This includes immunisations, clinical procedures, sexual health, specialist health advice and support, Looked After Children and all health assessments, substance misuse, all In-reach and Outreach clinical provision such as drop in services;
  - 17.7.6 All social workers provided by the Provider must be qualified to nationally recognised standards and registered with the appropriate professional body;
  - 17.7.7 All family support Staff of the Provider shall have social work or suitable parenting qualifications and experience;
  - 17.7.8 Mental Health/Emotional health practitioner Staff shall hold appropriate qualifications (for example, Cognitive Behavioural Therapy qualifications);
  - 17.7.9 The Provider shall provide specialist qualified Staff to provide eyesight and hearing screening;
  - 17.7.10 Healthy Schools Practitioners provided by the Provider shall be qualified and experienced teachers who have also worked within the health arena

with an understanding of the challenges and constraints of working in Educational Settings to promote health;

17.7.11 Staff working in specialist areas such as oral health promotion, weight management and emotional wellbeing will possess a range of appropriate qualifications, specialist knowledge and practical experience

17.8 The Provider may use volunteers to contribute to the delivery of the Services provided always that the Provider shall have appropriate policies in place to enable this which shall be made available to the Authority on request. Volunteers may supplement service delivery by supporting the delivery of the Services but the Provider shall not use volunteers to deliver those elements of the Services which must be delivered by suitably qualified and experience Staff.

17.9 The Provider must use safe recruitment procedures including Disclosure and Barring checks which apply to all levels of Staff, including volunteers.

17.10 Volunteers must be appropriately trained, supported and supervised in all cases.

## **18. STAFF MANAGEMENT & SUPERVISION**

18.1 The Provider shall ensure that its Staff participate in Individual Performance Reviews undertake further training as required. The Provider shall develop and maintain training plans for its Staff and put all relevant arrangements in place to enable the Provider to effectively performance manage Staff.

18.2 The Provider shall ensure that all members of its Staff receive regular individual supervision and team meetings together with an annual appraisal and a personal development plan. The Provider shall keep a written record of all supervisions, briefings and appraisals and the Authority reserves the right to audit the training and developments plans.

18.3 The Provider shall actively promote Staff health and Wellbeing to minimise absences through sickness.

18.4 The Provider shall ensure that all members of its Staff receive appropriate induction and training on child protection.

18.5 The Provider must ensure that there is an efficient management structure in place with clear lines of responsibility, adequate for the nature and level of the Services being provided.

18.6 The Provider must have sufficient supervisory arrangements to ensure that all members of its Staff are adequately supervised, supported and directed in order to properly perform their duties in connection with the provision of the Services.

18.7 The Provider must follow safe recruitment practices, and robustly examine the identity, right to work, competence, experience, references, full employment history, qualifications and attitudes of all potential Staff.

18.8 The Provider must have clear programmes of induction and training relevant to the Services. All training due and received shall be fully and clearly recorded for every member of Staff.

- 18.9 The Provider shall establish and maintain an open and honest approach to communication and collaborative working with all Children and Young People, their Families/Carers and Partners.
- 18.10 The Provider shall develop and maintain effective communication systems between its Staff to ensure the needs of the Children and Young People and their Families/Carers are met.
- 18.11 The Provider shall periodically consult with its Staff to ascertain their views and ideas regarding the delivery of the Services in order to inform service improvement. The Provider shall share the outcomes of Staff surveys with the Authority annually.
- 18.12 The Provider will develop and maintain a supervision policy for its Staff and ensure that all school nurses and other team members access clinical and safeguarding supervision as appropriate to their role.
- 18.13 The Provider shall ensure that supervision is provided by individuals with the ability to:
- 18.13.1 Create a learning environment within which the Staff members can develop clinical skills and strategies to support Children and Young People (including Vulnerable Children and Young People) and their Families/Carers. This will include experiential and active learning methods;
  - 18.13.2 Use strength based, solution focused strategies and motivational interviewing skills to enable school public health nurses and their teams to work in a consistently safe way utilising the full scope of their authority;
  - 18.13.3 Provide constructive feedback to school nurses and their teams using advanced communication skills to facilitate reflective supervision;
  - 18.13.4 Manage strong emotions, sensitive issues and undertake courageous conversations, particularly in circumstances where school nurse support in the Universal Partnership Plus Offer is not able to address concerns for Vulnerable Children and Young People and their Families/Carers;
  - 18.13.5 Provide guidance on the interpretation of principles and policies to school nursing teams.
- 18.14 All Staff of the Provider involved in safeguarding shall receive a minimum of three-monthly safeguarding supervision of their most vulnerable caseload. This will include Children and Young People on a child protection plan, those who are 'looked-after' at home and those Children and Young People where there is significant concern. The Provider shall ensure that safeguarding supervision is provided by individuals with expert knowledge of child protection.

## **19. CHILDREN AND YOUNG PEOPLE'S VOICE**

- 19.1 The Provider shall develop and supply to the Authority a written action plan within 3 months of the Commencement Date, which details the ways in which the Provider will engage with Children and Young People to obtain their views on the Services being delivered, the way in which the Services are being delivered and ways in which the Services can be developed and improved. All engagement shall be

designed to ensure that Children and Young People feel suitably involved in the development and delivery of the Services.

- 19.2 The action plan produced by the Provider in year 2 of the Agreement Period shall summarise the findings of the Provider's engagement under paragraph 19.1 above and, in particular, service / organisational learning and resulting actions from complaints/ concerns / suggestions and comments received. It shall also include how Children and Young People are being involved in the development, monitoring and evaluation of the Services on an ongoing basis.
- 19.3 The Provider shall gather all relevant information required to produce an effective action plan on an annual basis. The information gathering exercise shall capture any complaints, concerns, comments or suggestions received from Children, Young People and their Families/Carers.
- 19.4 As a minimum, the action plan produced by the Provider shall include data relating to access, relationships, information, environment and quality of care.
- 19.4.1 **Access** would cover but is not limited to issues such as waiting times, accessibility, Services being denied, opening times and location;
- 19.4.2 **Relationships** would cover but is not limited to issues such as interaction with all reception Staff, behaviour, attitude and respect from Staff or other Children and Young People and compliments to Staff;
- 19.4.3 **Information** would cover but is not limited to issues such as communication to Children and Young People, confidentiality, consent, records, advice and information on treatment options;
- 19.4.4 **Environment** would cover but is not limited to issues such as cleanliness, noise, waiting areas, privacy, safety and smoke; and
- 19.4.5 **Quality of care** would cover but is not limited to issues such as clinical care and treatment, diagnosis, aftercare arrangements, lost misplaced tests results, medication and referral.
- 19.5 The Provider will ensure that it engages with Children and Young People in appropriate ways for each relevant age group; for example, using digital media, interactive sessions in Educational and Outreach settings and other innovative ways of engaging Children and Young People.



Tender reference : CE/IO/TC203

Tender Title: Children & Young People's Health and Wellbeing Service

Date: April 2015



## Schedule 1

### List of Educational Settings in the Borough

Primary Schools			
Number	School	Type	Control
1	All Saints (Farnworth) C E P School	Primary	Maintained
2	Beaumont C P School	Primary	Maintained
3	Bishop Bridgeman C E P School	Primary	Maintained
4	Blackrod Anglican Methodist P School	Primary	Maintained
5	Blackrod C P School	Primary	Maintained
6	Blackshaw C P School	Primary	Maintained
7	Bolton Parish C E P School	Primary	Maintained
8	Bowness C P School	Primary	Maintained
9	Brandwood C P School	Primary	Maintained
10	Brownlow Fold C P School	Primary	Maintained
11	Castle Hill C P School	Primary	Maintained
12	Cherry Tree C P School (Federation)	Primary	Maintained
13	Chorley New Road C P School	Primary	Maintained
14	Church Road C P School	Primary	Maintained
15	Clarendon Street C P School	Primary	Maintained
16	Claypool C P School	Primary	Maintained
17	Devonshire Road C P School	Primary	Maintained
18	Eagley Infant Academy	Primary	Academy
19	Eagley Junior Academy	Primary	Academy
20	Eatock C P School	Primary	Maintained
21	Egerton C P School	Primary	Maintained
22	Essa Primary School	Primary	Free School
23	Gaskell C P School	Primary	Maintained
24	Gilnow C P School	Primary	Maintained
25	Hardy Mill C P School	Primary	Maintained
26	Harwood Meadows C P School	Primary	Academy
27	Haslam Park C P School	Primary	Maintained
28	Heathfield C P School	Primary	Maintained
29	High Lawn C P School	Primary	Maintained
30	Highfield C P School	Primary	Maintained
31	Holy Infant R C P School	Primary	Maintained
32	Horwich Parish CEP School	Primary	Maintained
33	Johnson Fold C P School	Primary	Maintained
34	Kearsley West C P School	Primary	Maintained



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35	Ladybridge C P School	Primary	Maintained
36	Lever Edge Primary Academy	Primary	Academy
37	Leverhulme C P School	Primary	Maintained
38	Lord Street C P School	Primary	Maintained
39	Lostock C P School	Primary	Maintained
40	Markland Hill C P School	Primary	Maintained
41	Masefield C P School	Primary	Maintained
42	Moorgate C P School	Primary	Maintained
43	Mytham C P School	Primary	Maintained
44	Our Lady of Lourdes R C P School	Primary	Maintained
45	Oxford Grove C P School	Primary	Maintained
46	Pikes Lane C P School	Primary	Maintained
47	The Ferns Academy	Primary	Academy
48	Prestolee C P School	Primary	Maintained
49	Queensbridge C P School	Primary	Maintained
50	Red Lane C P School	Primary	Maintained
51	S S Osmund & Andrews R C P School	Primary	Maintained
52	S S Peter & Paul R C P School	Primary	Maintained
53	S S Simon & Jude C E P School	Primary	Academy
54	Sacred Heart R C P School	Primary	Maintained
55	Sharples C P School	Primary	Maintained
56	Spindle Point C P School	Primary	Maintained
57	St Andrew (Over Hulton) CEP School	Primary	Maintained
58	St Bartholomew CE Primary	Primary	Maintained
59	St Bedes C E P School	Primary	Academy
60	St Bernard R C P School	Primary	Maintained
61	St Brendan R C P School	Primary	Maintained
62	St Catherine C E P School	Primary	Maintained
63	St Columba R C P School	Primary	Maintained
64	St Ethelbert R C P School	Primary	Maintained
65	St Georges C E P School	Primary	Maintained
66	St Gregory R C P School	Primary	Maintained
67	St James (Daisy Hill) C E P School	Primary	Maintained
68	St James (Farnworth) C E P School	Primary	Maintained
69	St John (Bromley Cross) RCP School	Primary	Maintained
70	St Johns (Kearsley) C E P School	Primary	Maintained
71	St Joseph R C P School	Primary	Maintained
72	St Mary C E P School (Deane)	Primary	Maintained
73	St Mary R C P School (Horwich)	Primary	Maintained
74	St Matthew (Bolton) C E P School	Primary	Maintained
75	St Matthew Little Lever CEP School	Primary	Maintained
76	St Maxentius C E P School	Primary	Maintained
77	St Michael C E P School	Primary	Maintained

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78	St Paul (Astley Bridge) CEP School	Primary	Academy
79	St Peter (Farnworth) C E P School	Primary	Maintained
80	St Peter Smithills Dean CEP School	Primary	Maintained
81	St Saviour C E P School	Primary	Maintained
82	St Stephen & All Martyrs CEP School	Primary	Maintained
83	St Stephen Kearsley Moor CEP School	Primary	Maintained
84	St Teresa R C P School	Primary	Maintained
85	St Thomas (Chequerbent) C E School	Primary	Maintained
86	St Thomas (Halliwell) C E P School	Primary	Maintained
87	St Thomas Of Canterbury RCP School	Primary	Maintained
88	St Williams R C P School	Primary	Maintained
89	Sunning Hill C P School	Primary	Maintained
90	The Gates C P School	Primary	Maintained
91	The Oaks C P School	Primary	Maintained
92	The Olive Tree	Primary	Free School
93	The Valley C P School	Primary	Maintained
94	Tonge Moor C P School	Primary	Maintained
95	Walmsley C E P School	Primary	Maintained
96	Washacre C P School	Primary	Maintained

### Special Schools

Number	School	Type	Control
1	Firwood Special School	Special	Maintained
2	Green Fold Special School (Federation)	Special	Maintained
3	Ladywood Special School	Special	Maintained
4	Lever Park Special School	Special	Maintained
5	Rumworth Special School	Special	Maintained
6	Thomasson Memorial Special School	Special	Maintained

### Secondary Schools

Number	School	Type	Control
1	Bolton Muslim Girls School	Secondary	Maintained
2	Bolton St Catherine Secondary Academy School	Secondary	Academy
3	Canon Slade Secondary School	Secondary	Maintained
4	Essa Academy School	Secondary	Academy
5	Harper Green Secondary School	Secondary	Maintained
6	Kearsley Academy	Secondary	Academy
7	Ladybridge High School	Secondary	Maintained
8	Little Lever Secondary School	Secondary	Maintained
9	Mount St Joseph RC Secondary School	Secondary	Maintained

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Service

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10	Rivington & Blackrod High School	Secondary	Maintained
11	Sharples Secondary School	Secondary	Maintained
12	Smithills Secondary School	Secondary	Maintained
13	St James CE Secondary School	Secondary	Maintained
14	St Josephs R C Secondary School	Secondary	Maintained
15	Thornleigh Salesian College	Secondary	Maintained
16	Turton High School	Secondary	Maintained
17	Westhoughton High School	Secondary	Maintained

### **Pupil Referral Units**

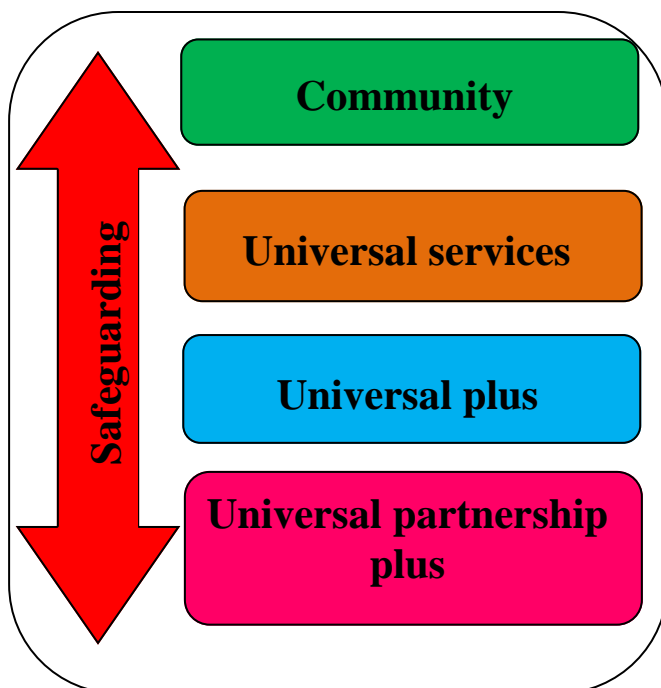
<b>Number</b>	<b>School</b>	<b>Type</b>	<b>Control</b>
1	Park School	PRU	Maintained
2	Young Mums	PRU	Maintained
3	Starting Point	PRU	Maintained
4	Youth Challenge	PRU	Maintained

## Schedule 2

### Progressive Universalism Model

**Figure 1 The vision and model for school nursing**

An opportunity for school nurses to reclaim their role as leaders and deliverers of public health to school aged children.



**Community** describes a range of health services (including GP and community services) for children and young people and their families. School nurses will be involved in developing and providing these and making sure children and young people know about them.

**Universal Services**, from the school nurse team, provide the Healthy Child Programme (5-19) to ensure a healthy start for every child. This includes promoting good health, for example through education and health checks; protecting health e.g. by immunisation; and identifying problems early.

**Universal Plus** provides a swift response from the school nurse service when children and young people need specific expert help which might be identified through a health check or through providing accessible services where children and young people can go with concerns. This could include managing long term health needs and additional health needs, reassurance about a health worry, advice on sexual health, and support for emotional and mental wellbeing.

**Level 1 community offer:** to provide advice to all school-aged children and their families with the local community (5-19yrs), through maximising family support and the development of community resources with the involvement of community and voluntary resources.

**Level 2 universal offer:** Working in partnership with children, young people and families to lead and deliver the healthy child programme (5-19) working with health visitors to programme a seamless transition upon school entry.

**Level 3 universal plus offer:** to identify vulnerable children, young people and families, provide and co-ordinate tailored packages of support, including emotional health and wellbeing, safeguarding, children and young people at risk with poor outcomes and with additional or complex health needs.

**Level 4 universal partnership plus offer:** to work in partnership with partner agencies in the provision of intensive and multi-agency targeted packages of support where additional health needs are identified.

### Schedule 3: Part 1

#### Outcomes and Targets

SPEC REF	SERVICE SPEC REF	SERVICE SPEC PAGE	KEY INFORMATION	TARGET / MEASUREMENT	MEASUREMENT METHOD	FREQUENCY	TYPE OF KEY INFORMATION
1.1	5.5	page 20	Named school nurse identified for each Educational Establishment	100%	% reported to Authority	Annually (in Quarter 1)	Quality
1.2	5.8.4	page 20	No. of school Health Profiles completed for secondary schools (% of total)	Threshold 80% in Quarter 4 of year 1 to increase to 100% in year 2	Complete Health Profile of need for each school with action plan. Must be made available should audit be required.	Annually reported in Quarter 4	Quality
1.3		page 19	Number of secondary schools with a service Level agreement in place	Threshold 80% to increase to 100% in year 2	% reported to Authority	Annually in Quarter 4 of year 1 of the Agreement Period	Quality
1.4	5.8.1	page 20	Number of Early Help / CAFs that have been authored or co-authored, link to universal plus, and partnership plus	Actual Numbers	Data to be extracted via electronic database.	Quarterly	Quality

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1.5	11.2.3	page 45	Numbers of Children and Young People supported who are within each level of need on the Framework for Action	Actual Numbers	Data to be extracted via electronic database.	Quarterly	Service Planning
1.6	9.4	page 42	Percentage of secondary schools where a weekly school nurse drop in service is provided.	100%	Produce list of schools and sessions in Quarter 1.	Quarterly report of sessions cancelled and reason why	Quality
1.7	9.4	page 42	Number of Children and Young People attending weekly drop-in sessions, by advice provided	Actual Number	Data to be extracted via electronic database.	Quarterly	Performance
1.8	5.8.15	page 22	Number and percentage Children and Young People receiving vision screening	100% of all eligible Children and Young People	Data to be extracted via electronic database.	Annually in Quarter 4	Performance
1.8.1	5.8.15	page 22	Number and percentage Children and Young People receiving hearing screening	100% of all eligible Children and Young People	Data to be extracted via electronic database.	Annually in Quarter 4	Performance

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2.1	6.4	page 29	NCMP – Overall percentage of eligible Children and Young People who participate in the NCMP	Not to fall below 90%.	Data to be extracted via electronic database. % of Children and Young People measured in reception and % measured in year 6	Annually in Quarter 4	Quality / Performance
2.2	6.4.1.2	page 29	NCMP - Number and Percentage of Children and Young People measured as overweight or very overweight	Actual Number	Data to be extracted via electronic database. % of Children and Young People measured in reception and % measured in year 6	Report separately for reception and year 6 age groups - annually in Quarter 4	Quality / Management Information
2.3	6.4.1.3	page 29	Number and Percentage of Children and Young People measured as overweight or very overweight that are proactively followed up and provided with an appropriate intervention within the service on a weight management pathway. E.g. Family based or 1:1 support	100% offered Uptake increased year on year (Threshold set in Year 1 following negotiation with the Authority and further to be set for year 2 and subsequent extensions if appropriate)	Data to be extracted via electronic database. % of Children and Young People measured in reception and % measured in year 6	Annually in Quarter 4	Quality / Performance



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2.4	7.6 and subsequent paras	page 38	Development of Quality Indicators in partnership with the Authority to demonstrate the effectiveness of interventions	Indicators developed by Quarter 2 of Year 1 of the Contract and agreed with The Authority	Indicators developed by Quarter 2 of the Year 1 of the Contract	Report to be delivered to the Authority by End of Quarter 2	Quality / Performance
2.5	6.5.1.9	page 30	Number of Children and Young People proactively referred to specialist weight management services	Actual Number	Data to be extracted via electronic database	Quarterly	Quality / Management Information
3.1	6.8.2	page 32	% of schools revalidating Healthy Schools Status	100%	Report on Progress against the annual Service Delivery Plan	Annually	Quality / Performance
3.2	6.8.6	page 33	% of schools achieving Healthy Schools Plus	50% Year 1, 75% Year 2, 95% Year 3	Report on Progress against the annual Service Delivery Plan	Annually	Quality / Performance

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3.3	6.8.3	page 32	Number of Healthy Schools relevant policy updates and guidelines issued to schools.	N/A	The Authority to be provided with updates supplied to schools	As soon as reasonably possible following the issue of relevant policy updates and guidelines issued to schools	Quality
3.4	6.8.5.2	page 33	Maintain Healthy Schools website and develop regular communications with schools extranet.	N/A	The Authority to be provided with updates supplied to schools	As soon as reasonably possible following the issue of relevant policy updates and guidelines issued to schools	Quality
3.5	6.1.1.17	page 26	To develop and implement a core public health training programme for the Children and Young People's Workforce in Bolton to include - sexual health , substance Misuse, Emotional Health & Wellbeing, Physical Health and Nutrition.	Annual Service Delivery Plan to be developed and agreed with the Authority before the end of Quarter 1.	Report on progress against the annual Service Delivery Plan	Quarterly reports regarding progress against the Provider's Service Delivery Plan.	Quality / Performance

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4.1	6.6.1.7	page 31	Number of Emotional Health and Wellbeing assessments carried out on Children and Young People	Actual Number	Data to be extracted from electronic database	Quarterly	Quality
4.2	6.6.1.9	page 31	Number of Children and Young People supported through the Provider's Care Pathways	Actual Number	Exception reporting in relation to waiting times	Quarterly	Performance
4.3	5.9.9 and 6.6.1.9	page 23 and page 31	Active referral and monitoring to and from CAMHS	Actual Number referred to CAMHS. Actual Number referred to Stepdown Service	Data to be extracted from electronic database	Quarterly	Quality
4.4	6.6.1.3	page 31	% of educational establishments in receipt of staff training with regard to wellbeing and mental health within the previous 12 months.	Baseline to be established from those already and in need of top up training - demonstrate targeting of Educational Establishments with greatest need	Annual Report	Annually in Quarter 4	Performance

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4.5	6.6.1.3	page 31	% of trained staff (From Educational Establishments and the Children and Young People's Workforce) who feel confident talking to young people about emotional wellbeing, recognising and responding appropriately to mental health problems and risk of suicide and taking care of own safety and wellbeing when dealing with emotional health and wellbeing of young people (as measured in evaluation of training)	85% of those who have had the training who report on evaluation forms positive outcomes as per the key information box	Annual Report	Annually in Quarter 4	Performance
4.6	6.6.1.7	page 31	% Secondary schools/colleges where Children and Young People have received education/awareness on improving emotional wellbeing, resilience and survival of life events and access to appropriate emotional/mental health support	25% of schools each Quarter	Report by school and/or college	Annually in Quarter 4	Performance
5.1	6.2.1.2	page 26	Percentage of health reviews completed for Looked After Children (LAC) in mainstream education.	Cumulative 95% annually	Data to be extracted from electronic database	Annually	Performance

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5.4	11.12	page 46	Number of Children and Young people being reported, in line with local safeguarding procedures, as being exposed to child sexual exploitation (CSE)	100% of those suspected of being exposed to child sexual exploitation	Data to be extracted from electronic database	Quarterly	Quality
6.1	10.6 & 10.8 (b)	page 44	% of Children and Young People identified as requiring additional support following formal handover that have an action plan developed at transition from health visiting to school nursing	100% of those identified have action plans	Data to be extracted from electronic database	Annually	Performance
6.2	5.8.5	page 21	Number of year 6/7 Children and Young People identified with additional needs with an action plan developed	100% of those identified have action plans	Data to be extracted from electronic database	As required in writing by the Authority	Quality
6.3	5.9.16	page 23	Number of Children and Young People on child protection plans having received a health assessment and actions required.	100%	Data to be extracted from electronic database	Annually	Quality
7.1	6.3.1.3.4	page 28	Number of persistent health related absentees identified by schools and other agencies and referred for follow up action	100% follow up and action	Data to be extracted from electronic database. Possibility of use of health care questionnaire during the NCMP review, with follow up by school nurse for	As required in writing by the Authority, a school or a Partner (where applicable)	Quality

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					those that do not meet threshold identified		
7.2	5.9.12 and 6.11.1.1	page 23 and page 36	Number of health plans completed for Children and Young People with long term conditions and/or complex needs	Establish baseline	Record number split by specific health need or condition	As required in writing by the Authority, a school or a Partner (where applicable)	Quality
7.3	6.3.1.3.7	page 29	Number of health assessments completed for young carers	100% of identified young carers have had a health assessment	Data to be extracted from electronic database	Quarterly reporting of statistics.	Performance
8.1	5.8.3	page 20	Number of PSHE sessions delivered by; Educational Establishment, academic year, topic linked to school health profile and Healthy Schools plan where they exist.	Baseline established	Quarterly report on numbers delivered.	Six monthly summary of evaluations undertaken	Quality
9.1	6.7 and 6.8.4.2	page 31 and page 32	Support the development whole school approach to healthy eating and drinking	Work to 100% of schools in 3 years	Provider to determine method of measurement in agreement with the Authority	Annually	Quality
9.2	6.7.3 / 6.7.4	page 32	Number of Children and Young People and location by school taking part in the oral health sessions	70% of sessions targeted at the most deprived areas in Bolton	Provider to determine method of measurement in agreement with the Authority	Annually	Performance and quality

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9.3	6.7.1	page 31	Number and location of school based parent sessions on oral health	70% of sessions targeted at the most deprived areas in Bolton	Provider to determine method of measurement in agreement with the Authority	Annually	Performance and quality
10.1	6.3.1.3.2	Page 27	Number of referrals to the service following A&E attendances that are followed up.	100%	Annual Audit to include summary of issues	Annually	Performance
10.2	6.8.5.5	page 33	Number of accident prevention sessions delivered to school staff, children, parents	70% in the most deprived areas	Include in Annual report to the Authority	Annually	Performance/quality
11.1	6.8.5.5	page 33	Puberty sessions delivered in the schools in the top 30% of deprived areas.	100% of top 30% of schools	Include in Annual report to the Authority	Annually	Quality
11.2	6.8.5.5	Page 33	Number of primary and secondary schools where training has been delivered to support Staff to deliver sessions on puberty	Actual number and locations	Include in Annual report to the Authority	Annually	Quality



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11.3	6.1.1.11	Page 26	Percentage of secondary schools with sexual and reproductive education (SRE) sessions delivered	Establish baseline in agreement with the Authority	Include in Annual report to the Authority	Annually	Quality
11.4	6.1.1.17	Page 26	Number of SRE training sessions delivered to support professionals	Establish baseline in agreement with the Authority	Include in Annual report to the Authority	Annually	Quality
11.5	6.1.1.10	page 26	Number of Children and Young people requesting and receiving relationships and sexual health advice via drop-in sessions	Actual Number	Number to be extracted from Electronic Database. By Educational Setting type i.e. school, college, clinic or outreach	Annually	Quality
11.6	No specific line in spec		Number of young women requesting and receiving prescribed Emergency Hormonal Contraception (EHC)	Actual Number	Number to be extracted from Electronic Database. By Educational Setting type i.e. school, college, clinic or outreach	Quarterly	Quality
11.7	No specific line in spec		% of eligible Children and Young people attending the service accepting Chlamydia screening	70% (to be agreed with the Authority)	Number to be extracted from Electronic Database.	Quarterly	Performance

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11.8	No specific line in spec		Number of Implants and IUD/IUS inserted and removed	Establish Baseline (to be agreed with the Authority)	Number to be extracted from Electronic Database.	Quarterly	Quality
11.9	No specific line in spec		Number and settings for condom distribution	Establish Baseline (to be agreed with the Authority)	Included in annual report to The Authority	Annually	Quality
11.9.1	6.1.1.7 and 6.1.1.17	page 25 and page 26	Total number, type and location of condom promotion training sessions provided for professionals	Establish Baseline (to be agreed with the Authority)	Included in annual report to The Authority	Annually	Quality
11.9.2	6.1.1.17	page 25	Development of Sexual Health Training Pool Annual Programme	Content to be agreed with the Authority by end of quarter two of the contract	Sexual Health Training Pool Evaluation to be included in Annual Report	Annual	Performance
12.1	6.3.1.3.7	page 29	Support Educational Establishments in partnership to develop whole setting approach to tobacco control; Number and location of Educational Establishments supported in developing smoking policy and implementation.	70% of education settings in 3 years	Yearly audit of number of Educational Establishments which have been supported to develop whole setting approach.	Annually	Quality

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12.2	6.3.1.3.5	page 28	Number of Children and Young people given smoking cessation brief interventions	Baseline established to increase year on year	Data to be extracted from electronic database	Quarterly	Performance and quality
12.3	6.3.1.3.5	page 28	Number of Children and Young People referred to smoking Cessation Services	Baseline established	Data to be extracted from electronic database	Quarterly	Quality
13.1	6.3.1.2.1	page 28	Number of age-specific screens completed using a validated tool.	Baseline established	Data to be extracted from electronic database	Quarterly monitoring report	Quality
13.2	6.3.1.2.4	page 27	Number of brief interventions provided	Baseline established	Data to be extracted from electronic database	Quarterly monitoring report	Quality
13.3	6.3	page 27	Number of Children and Young People and Families/Carers receiving substance misuse treatment and support	Baseline established	Data to be extracted from electronic database	Quarterly monitoring report	Performance and quality

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14.1	5.8.5 and 5.8.16 and 5.8.13	page 21 and page 22	Continence: Number of Children and Young People identified and supported with continence problems	Actual Number	Identified through school readiness process and assessments, and referral from the school	Annually	Quality
14.2	6.11.1.4 and 6.11.1.7	page 36 and 37	Number of Educational Establishments offered awareness raising sessions around managing anaphylaxis, epilepsy and asthma	Offered to 100% of Educational Establishments with identified need at each annual intake.	Included in annual report to The Authority	Annually	Performance
14.3	6.11.1.4	page 36	Number of educational establishments with a training plan on managing medical conditions (including development and implementation of policy)	40% end of year 1, 70% end of year 2, and 100% by end of year3	Included in annual report to The Authority	Annually	Performance
14.4	6.2.1.3	page 27	Support Educational Establishments in the implementation of care plans for identified individual Children and Young People	70% by end of year 2	Included in annual report to The Authority	Annually	Performance
15.3	14.4 and 14.5	Page 49	Comply with all statutory regulations regarding patient information	100%	Reported on an annual basis	Annually	Performance and Quality

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15.4	14.1	page 49	Delivery of Single Electronic Record for all Children and Young People	Procured. operational and in use by Quarter 3 of year 1	Production of project plan within 1 month of award of contract	Monthly update on progress	Performance and quality
16.1	6.9.1.5.2	page 35	% uptake of HPV Vaccine in eligible population (Dose1)	90% of individuals scheduled quarterly	Data to be extracted from electronic database	Quarterly	Performance
16.2	6.9.1.5.2	page 35	% uptake of HPV completed dose (Dose2)				Performance
16.3	6.9.1.3	page 34	% uptake of Meningitis C Vaccine in eligible population	95% of individuals scheduled quarterly	Data to be extracted from electronic database	Quarterly	Performance
16.4	6.9.1.3	page 34	% of MMR catch-up vaccines delivered	95% of individuals scheduled quarterly	Data to be extracted from electronic database	Quarterly	Performance
16.5	Diphtheria / Tetanus / Polio not mentioned in Spec		% uptake of Diphtheria / Tetanus / Polio Vaccine in eligible population	95% of individuals scheduled quarterly	Data to be extracted from electronic database	Quarterly	Performance

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16.6	6.2.1.5 and 6.9 section	page 27 and page 34	Inequalities are reduced by the achievement of high levels of uptake for vulnerable groups	95% LAC aged 16 years have completed their immunisation schedule	Numerator: number of LAC aged 16 years who have completed the full immunisation schedule in the quarter they reach their 16th Birthday. Denominator: Number of LAC reaching their 16th birthday in the Quarter	Quarterly	Performance
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### Schedule 3: Part 2

#### Management Information

Management Information	Target
<b>Outreach and brief Interventions</b>	
The number of Children and Young people receiving interventions under the Services	
The number of Children and Young People contacted by the Provider through targeted outreach	
<b>Entry to Services</b>	
<b>Number of Referrals made to the Services</b>	
95% of referrals are offered a triage / initial assessment within 2 working days	95%
<b>In Service</b>	
95% have care plans in place within 2 weeks of the Child / Young Person's intervention start date and key worker assigned	95%
<b>Care Pathways</b>	
Provide evidence of Care Pathway development with other services. For example case studies of effective practice such as transition between levels of service.	90%
<b>Management Information</b>	
Number of new referrals who received comprehensive assessment	Quarterly
Number new referrals accessing treatment service	Quarterly
Referral source for referrals	Quarterly
Breakdown by age (of referrals and attending service)	Quarterly
Gender breakdown of YP (of referrals and attending the service)	Quarterly
Ethnicity of Young People (of referrals and attending the Service)	Quarterly
Ethnicity of Young People (of referrals and attending the Service)	Quarterly



## Schedule 4

### Service Quality Performance Report

1. **Performance / Activity** (Issues arising from monitoring returns – expect excel return of Indicators listed in Service Specification)

Exceptions	Reason	Improvement

2. **Comments, Compliments – outline broad issues raised**

--

3. **Progress in relation to plans for service improvement / development in Annual Service Plan**

	Progress
Q 1	
Q 2	
Q 3	
Q 4	

4. **Complaints - Number on a quarterly basis**

Q1	Q2	Q3	Q4

5. **Number of Reportable Incidents (including Safeguarding)**

Q1	Q2	Q3	Q4

6. **Sickness absence %**

Q1	Q2	Q3	Q4

7. **Any other Staffing Related Issues - adequate staffing / long term vacancies**

Issue	Date

**Schedule 5**  
**Four Levels of Delivery**  
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## Schedule 6

### Public Health Safeguarding and Commissioning

#### Guidance

#### Contents

#### 1. Introduction

#### 2. Purpose

##### 2.1 Scope

#### 3. Principles

##### 3.1 Definitions

#### 4. Roles and Responsibilities of Public Health commissioners

#### **1. Introduction**

Bolton Council has statutory responsibilities for safeguarding children, young people and adults at risk of harm. The principle philosophy is that safeguarding is everybody's business and all staff respond and act to raise safeguarding awareness and address emerging issues. This includes all commissioning intentions, services commissioned and contractual arrangements. The organisation will hold to account all provider organisations contracting with Bolton Council regarding their safeguarding responsibilities and processes as outlined in The NHS Safeguarding Assurance Framework (DOH 2013)

In discharging these duties/responsibilities, account must be taken of the following legislative frameworks:

- *Statutory guidance on making arrangements to safeguard and promote the welfare of children under section 11 of the Children Act 2004* (HM Government 2007)
- *Working Together to Safeguard Children* (HM Government 2013)
- *Statutory Guidance on promoting the Health and well-being of Looked After Children* (DH 2009)
- *No Secrets* (DH and Home Office 2000)
- *Mental Capacity Act 2005: Code of Practice* (Department for Constitutional Affairs 2007)
- *Safeguarding Adults: The Role of Health Services* (DH 2011)
- The policies and procedures of the Local Safeguarding Children Board (LSCB) and the Local Safeguarding Adults Board (LSAB).
- NHS Safeguarding Assurance Framework (DH )2013

As commissioners in Bolton Council there is a duty to ensure that all health providers, from whom it commissions services, have robust single and multi-agency policies and procedures in place to safeguard and promote the welfare of children and protect vulnerable adults from abuse or the risk

of abuse. Health providers must be linked to local Safeguarding Children and Adult Boards and contribute to multi-agency working.

## **2. Purpose**

This guidance applies to Bolton Council as a commissioning organisation and forms part of its contractual arrangements with commissioned healthcare providers. As such the policy sets clear standards against which all healthcare providers, commissioned must comply. Compliance standards can be found in the Greater Manchester Designated Professionals Standards Audit which is conducted on an annual basis

### **2.1 Scope**

This guidance aims to ensure that no act of commission or omission on behalf of the Bolton Council as a commissioning group or by the health care it commissions puts a service user at risk and that robust systems are in place to safeguard and promote the welfare of children and protect vulnerable adults from the risk of harm.

## **3. Principles**

Safeguarding and promoting the welfare of children is everyone's responsibility and each worker, volunteer and agency should understand their role and responsibility across the continuum of need identified in Bolton's Framework for Action; this should be reflected in internal guidance and policy documents. In order to achieve effective joint working there must be constructive relationships at all levels, promoted and supported by :-

- the commitment of senior managers and board members to safeguarding children and vulnerable adults;
- clear lines of accountability within the organisation for work on safeguarding;
- service developments that take account of the need to safeguard all service users, and is informed, where appropriate, by the views of service users;
- staff training and continuing professional development so that staff have an understanding of their roles and responsibilities, and those of other professionals and organisations in relation to safeguarding children and vulnerable adults.
- safe recruitment and working practices including disclosure and Barring functions.
- Effective interagency working, including effective information sharing.

### **3.1 Definitions**

For the purposes of this paper the following definitions provide clarity of terms.

**Commissioning** - The process of arranging continuously improving services which deliver the best quality outcomes for residents/patients, meet the populations health needs

**Children** - As defined in the Children Act 1989 and 2004, a child is anyone who has not yet reached their **18th** birthday. 'Children' therefore means children and young people throughout.

**Safeguarding children** is defined in the Joint chief Inspectors' report *Safeguarding Children* (2002) as:

- All agencies working with children, young people and their families take all reasonable measures to ensure that the risks of harm to children's welfare is minimised; and
- Where there are concerns about children and young people's welfare all agencies take all appropriate actions to address those concerns, working to agreed local policies and procedures in partnership with other agencies.

### **Vulnerable adult**

Whilst there is no formal definition of vulnerability within health care, some people receiving health care may be at greater risk from harm than others, sometimes as a complication of their presenting condition and their individual circumstances. The risks that increase a person's vulnerability should be appropriately assessed and identified by the health care professional/VCFS/Care Home provider at the first contact and continue throughout the care pathway (DH 2010).

Under Section 59 Supporting Vulnerable Groups Act 2006 a person aged 18 years or over is also defined as a vulnerable adult where they are 'receiving any form of health care' and 'who needs to be able to trust the people caring for them, supporting them and/or providing them with services'.

### **Adult Safeguarding**

The Principles for Adult Safeguarding are as follows (DH, 2011):

- **Empowerment** - Presumption of person led decisions and informed consent.
- **Protection** - Support and representation for those in greatest need.
- **Prevention** - It is better to take action before harm occurs.
- **Proportionality** – Proportionate and least intrusive response appropriate to the risk presented.
- **Partnership** - Local solutions through services working with their communities. Communities have a part to play in preventing, detecting and reporting neglect and abuse.
- **Accountability** - Accountability and transparency in delivering safeguarding

### **Adult at risk**

A person aged 18 or over and who:

- is eligible for or receives any adult social care service (including carers' services) provided or arranged by a local authority;
- receives direct payments in lieu of adult social care services;
- funds their own care and has social care needs;
- otherwise has social care needs that are low, moderate, substantial or critical;
- falls within any other categories prescribed by the Secretary of State;
- is or may be in need of community care services by reason of mental or other disability, age or illness;
- who is or may be unable to take care of him or herself, or unable to protect him or herself against significant harm or exploitation and is at risk of *significant harm*, where harm is defined as ill-treatment or the impairment of health or development or unlawful conduct

which appropriates or adversely affects property, rights or interests (for example theft, fraud, embezzlement or extortion).

*Note: definition suggested by Law Commission and under review. For the purpose of this guidance the term adult at risk can be used interchangeably with vulnerable adult.*

#### **4. Roles and Responsibilities of Bolton Council Public health department as Commissioners**

- Any failure to have systems and processes in place to protect children and vulnerable adults in the commissioning process, or by providers of health care that the Council commissions, would result in failure to meet statutory and non-statutory constitutional and governance requirements.
- The council must demonstrate robust arrangements are in place to demonstrate compliance with safeguarding responsibilities. NHS England Commissioning Board will monitor compliance with safeguarding as required in the NHS Assurance Framework (DOH 2013).

#### **3. The council should:**

- Adhere to the requirements of the NHS England Commissioning Board Policy.
- Monitor provider compliance against the standards of delivery detailed in The Greater Manchester Designated Professionals Standards Audit for the services that the council commissions.
- Have Proper Constitutional and Governance arrangements with capacity and capability to deliver safeguarding duties and responsibilities, as well as effectively commission services ensuring that all service users are protected from abuse and neglect.
- Ensure that service specifications drawn up by the council as a commissioning organisation include clear service standards for safeguarding children and vulnerable adults; these service standards are monitored thereby providing assurance that safeguarding standards are met
- Clear lines of accountability for safeguarding are reflected in governance arrangements
- Arrangements are in place to co-operate with the Local Safeguarding Children and safeguarding Adults Board, supporting the development and delivery of multi-agency safeguarding policies and procedures.
- Training plans are in place to train all staff in contact with children, adults who are parents/carers and vulnerable adults in the course of their normal duties are trained and competent to be alert to the potential indicators of abuse or neglect for children and vulnerable adults, know how to act on those concerns in line with local guidance.
- Appropriate systems and processes are in place to fulfil specific duties of cooperation and partnership.

This guidance must be followed. Where it is not possible to comply with guidance or a decision is taken to depart from it, this must be notified to the PH commissioner.

## SAFEGUARDING INFORMATION PROVISION




Policy	Seen	Expiry date
Safeguarding Adults policy		
Safeguarding children policy Including guidance on : <ul style="list-style-type: none"> <li>• Fabricated Illness</li> <li>• Forced marriage</li> <li>• Disabled Children</li> <li>• Sexually Exploited Children</li> <li>• Female genital mutilations</li> <li>• Working with sexually Active young people under the age of 18</li> <li>• Domestic Abuse</li> </ul>		
<b>Whistle blowing</b>		
Managing allegations of abuse against a person who works with children or vulnerable adults		
<b>Information sharing</b>		
Safe Recruitment, including CRB checks where required and taking up of references		
Appropriate Behaviour by staff towards vulnerable adults and children		



## Schedule 7

### Audit Template

#### RAG rating Key:

Green		Fully compliant (remains subject to continuous quality improvement)
Amber		Action plans in place to ensure full compliance and progress is being made within agreed timescales
Red		Non-compliance against standards and actions have not been completed within agreed timescales

	Standard	Examples of Components of the standard	Evidence	RAG
1	There is a board lead for safeguarding children and vulnerable adults	Their job description clearly identifies their safeguarding responsibilities		
2	The organisation is linked into the Local Safeguarding Children Board (LSCB) and Local Safeguarding Adult Board (LSAB)	There is representation at a senior level  The organisation contributes to the work of the Safeguarding Boards, including that of its sub groups		
3	There is a named lead for safeguarding children and a named lead for vulnerable adults.	In line with Working Together 2010 and the Guidance to Health in respect of adults at risk by DH ( Feb 2011)		

4	The Provider Board regularly reviews safeguarding across the organisation.	The board should receive regular reports on their arrangements for safeguarding. At a minimum an annual report should be presented at board level with the expectation that this will be made public.		
5	An adverse incident reporting system is in place which identifies circumstances/incidents which have compromised the safety and welfare of children and or vulnerable adults	Commissioners provided with a quarterly report of key themes/learning from SUIs that involve safeguarding children and vulnerable adults.  All complaints that refer to the safety of children and vulnerable adults are referred and investigated thoroughly		
6	A programme of internal audit and review is in place that enables the organisation to evidence the learning from review, incidents and inspections	Audits of safeguarding arrangements to include progress on action to implement recommendations from:  Serious Case Reviews Internal management reviews as a consequence of SUI's compromising the safety/welfare of service users Reports from national bodies e.g. Ofsted, Care Quality Commission. A Quarterly audit report is required by Bolton Council		
7	Staff at all levels, have easy access to safeguarding policies and procedures. These policies and procedures must be consistent with statutory, national and local	5. Policies and procedures are updated regularly to reflect any structural, departmental and legal changes  Evidence of engagement with Early Help processes.		

	guidance.	<p>Number of health led CAFs and numbers of health lead professionals in quarterly report to Bolton Council policies take account of the Mental Capacity Act.</p> <p>6. LSCB and LSAB policies can be accessed at:  <a href="http://boltonsafeguardingchildren.org.uk/">http://boltonsafeguardingchildren.org.uk/</a></p>		
8	There is clear guidance on managing allegations against staff and volunteers working with children and or vulnerable adults in line with those of the LSCB and LSAB.	<p>All substantiated cases to be reported to the organisations SNO and discussed with Associate Director Safeguarding at Bolton CCG and the Local Authority Designated Officer</p> <p>in addition to other regulatory bodies, including professional bodies.</p>		
9	There is a process for ensuring that patients are routinely asked about dependents such as children, or about any caring responsibilities			
10	There is a process for following up children who do not attend health appointments.	<p>7. This will ensure the clinician and referrer are aware that the child has not attended and can take any follow up action considered appropriate to ensure the child's needs are being met.</p> <p>8. This process must be audited on a regular basis (at least annually) to ensure that it is working</p>		
11	There is a system for flagging children for whom there are safeguarding concerns	9. Consideration should be given to Looked After Children.		

12	When it is known that a child is not accessing education a referral will be made to the Local Authority in which the child lives.	Where it is discovered a child is not receiving any form of education the Children Missing Education Officer is to be notified. Information on missing education is available at: <a href="http://boltonsafeguardingchildren.org.uk/">http://boltonsafeguardingchildren.org.uk/</a>		
13	There are clear procedures on the implementation and management of Deprivation of Liberty Safeguards in line with the Code of Practice to supplement the main Mental Capacity Act 2005 Code of Practice	All staff have access to clear policy, procedures and documentation to support implementation of the Mental Capacity Act (2005) which incorporate, when appropriate, the management of patients under The Deprivation of Liberty Safeguards (2009)'	Number of capacity assessments and best interest meetings undertaken provided in the quarterly safeguarding report. Random sample of anonymised capacity assessments and best interest meeting minutes for quality assurance purposes	
14	There are agreed systems, standards and protocols for sharing information within the service and between agencies in accordance with national and local guidance			
15	The organisation works with partners to protect children and vulnerable adults and participates in reviews as set out in statutory, national and local guidance	10. Staff to provide, when requested, information on their involvement with a child and or family to inform the case discussion in relation to Serious Case Reviews; Child Death Overview Processes; MARAC; MAPPA and Child Sexual Exploitation meetings		
16	Safeguarding responsibilities are reflected in all job descriptions relevant to role and responsibilities			

17	<p>Staff working directly with children and vulnerable adults have access to advice support and supervision. This includes clinical and safeguarding supervision as per the organisations safeguarding supervision policy</p> <p>Named professionals seek advice and access regular formal supervision from designated professionals for complex issues or where concerns may have to be escalated.</p>	<p>The contract target for statutory safeguarding supervision is 90% and should be reported on quarterly.</p>		
18	<p>There is a training strategy for safeguarding</p>	<p>The training strategy should include training on safeguarding children; safeguarding vulnerable adults; the interagency process that support safeguarding practices</p> <p>A training needs analysis should be undertaken and training programmes should be tailored to address the identified needs of staff at different levels in the organisation and stages of professional development. Training must reflect statutory and local guidance such as Working Together to Safeguard Children; <i>Intercollegiate Document Safeguarding Children and Young People: Roles and Competencies for Health Care Staff</i> (2010) and the LSCB /LSAB training strategies</p> <p>Training must be audited to ensure its effectiveness and quality assured. Training target is 85% and compliance should be reported to the</p>		

		<p>council quarterly as per safeguarding policy.</p> <p>Training takes account of emerging messages from national and local reviews of safeguarding</p> <p>Training includes Prevent training for appropriate groups as defined by the Dept of Health</p>		
19	Staff required to use restrictive physical interventions have received specialist training. Specialist training should include the legal duties enshrined in the Mental Capacity Act 2005 (including the law relating to assault against a person) and national guidance on consent for examination or treatment.	<p>16. Staff understand when different types of restraint are or are not appropriate, prioritizing de-escalation or positive behavior support over restraint where possible</p> <p>17. Know whether and what type of restraint should be used in a way that respects dignity and protects human rights where possible</p> <p>18. Understand that restraint should only be used as a last resort where it is necessary and proportionate, and that restraint used should be the least restrictive and for the minimum amount of time to ensure that harm is prevented and that the person, and others around them are safe</p>		
20	There is clear guidance as to the discharge of children for whom there are child protection or safeguarding concerns.	<p>19. No child about whom there are child protection concerns is discharged from hospital without a documented plan for the future care of the child. This plan must include follow up arrangements and involve partner agencies as required.</p> <p>20. The need to safeguard a child should always</p>		

		inform the timing of their discharge, so that the likelihood of harm can be assessed while he or she is in hospital.		
21	The child's GP and health visitor/school nurse is notified of admissions/discharges	21. Where a child is not registered with a GP the parent/carer should be advised to register the child with a local GP practice.		
22	<p>All attendances for children under 18 years to A&amp;E, ambulatory care units, walk in centres and minor injury units should be notified to the child's GP.</p> <p>Attendances at A&amp;E will also be copied to the health visitor and or school nurse depending on the age of the child.</p>	<p>22. Where a child is not registered with a GP the parent/carer should be advised to register the child with a local GP practice.</p> <p>23. Where the child has no parents in attendance and the child is not registered with a GP, it is the provider's responsibility to contact the CCG to inform them so that a GP can be allocated.</p>		
<b>Applies only to community providers offering services to children / families and adults</b>				
23	Community health practitioners should have a clear means of identifying in records those children (together with their parents and siblings) who are subject to a child protection plan			
24	There is good communication between GPs, community nursing services (i.e. health visiting, school nursing and community midwifery	24. Each GP practice should be informed of who their 'named' health visitor / school nurse / community midwife is and how they can be contacted.		



	services) in respect of children for whom there are concerns.	25.	Community Nursing Staff should informed the GP practice if they have information regarding domestic abuse incidents.		
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## Schedule 8

### Female Genital Mutilation Assessment Tool

Family details – (DOB, Address including if residing elsewhere, Adults with Parental Responsibility))

Adults

Children (including if unborn EDD)

Communication -Interpreter used including ID /Language

Details of those present

Reason for completing assessment

Has an assessment been carried out previously in Bolton—please give known details date/outcome/professional completing the assessment

Questions

Are you aware of FGM in country of origin?

Do you know or think this has happened to you?

When do you think this was done?

How old were you?

Who do you think arranged this?

Do you have any associated health problems

Difficulty - in passing urine  
infections  
menstruation  
fertility  
when having sex

Has anyone in your family been circumcised?  
e.g. daughter, sibling, other female family members

What are your views about this procedure for your daughter?

Views of others  
family members  
members of extended family  
wider community

Are you aware that FGM is illegal in the UK –even if it is carried out abroad?

Are there any circumstances where you would consider this procedure for your daughter/family member  
For example –puberty, marriage, specific age, pressure from others

Risk identified

Plan/Actions required

Information shared (health/other agencies)  
Referral to Head of Service Child Protection Unit or Children's Social Care  
date

Referral to other service/agency –e.g. counselling/health referrals  
date

Next contact with the family  
date

Have family been informed about outcome of the assessment and action taken?

Information recorded in the following –e.g. hospital records

Outcome of action taken

**Tender reference : CE/IO/TC203**  
**Tender Title: Children & Young People's Health and Wellbeing Service**  
**Date: January 2015**

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Review of risk assessment required yes/no
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If yes identified review date
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Who will complete this?
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Date
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Signature
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CONTACT SAFEGUARDING CHILDREN TEAM TO DISCUSS ALL ASSESSMENTS /SEND COPY TO SAFEGUARDING CHILDREN TEAM

## Schedule 9

### Good Working Relationships Interdependency

#### A whole system approach

The Provider must establish good working relationships with all local key partners outlined below:



## Schedule 10 Stepped Care Model

### The stepped care model

The recommendations in this guideline are presented within a stepped care framework that aims to match the needs of people with depression to the most appropriate services, depending on the characteristics of their illness and their personal and social circumstances. Each step represents increased complexity of intervention, with higher steps assuming interventions in previous steps.

**Step 1:** Recognition in primary care and general hospital settings

**Step 2:** Treatment of mild depression in primary care

**Step 3:** Treatment of moderate to severe depression in primary care

**Step 4:** Treatment of depression by mental health specialists

**Step 5:** Inpatient treatment for depression

	Who is responsible for care?	What is the focus?	What do they do?
<b>Step 5:</b>	Inpatient care, crisis teams	Risk to life, severe self-neglect	Medication, combined treatments, ECT
<b>Step 4:</b>	Mental health specialists, including crisis teams	Treatment-resistant, recurrent, atypical and psychotic depression, and those at significant risk	Medication, complex psychological interventions, combined treatments
<b>Step 3:</b>	Primary care team, primary care mental health worker	Moderate or severe depression	Medication, psychological interventions, social support
<b>Step 2:</b>	Primary care team, primary care mental health worker	Mild depression	Watchful waiting, guided self-help, computerised CBT, exercise, brief psychological interventions
<b>Step 1:</b>	GP, practice nurse	Recognition	Assessment