

Start Well Greenwich

Children and Young People's
Health and Wellbeing Services 2020

Adolescent Services



www.royalgreenwich.gov.uk

David Pinson
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Agenda

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



Children and Young People's Health and Wellbeing Services 2020

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



Children and Young People's Health and Wellbeing Services 2020

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



Start Well Greenwich



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



Our Vision

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



Population – Children and Young People



c.73,000

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



This is 24% of the total population in Royal Greenwich

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

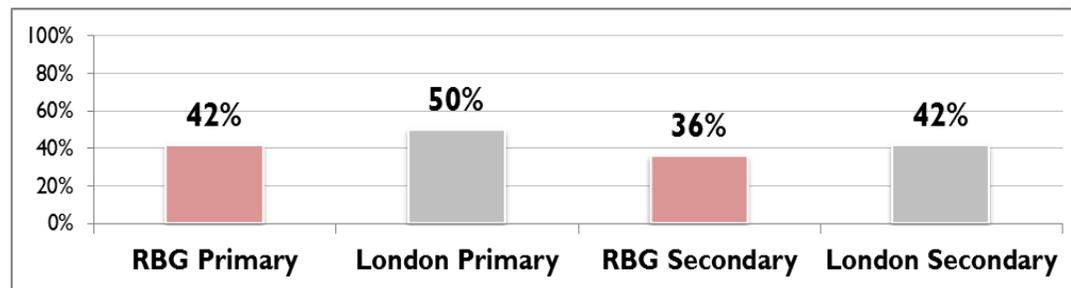
c.43,000 pupils attend a RBG school

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

c.15% of pupils have special educational needs



The proportion of pupils with English as an additional language



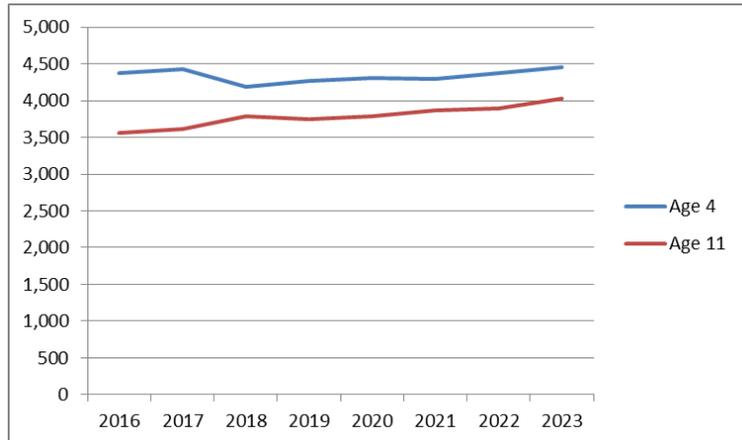
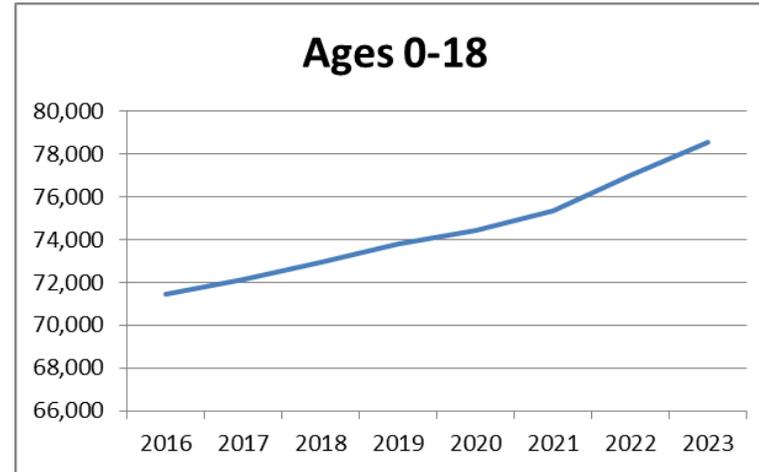
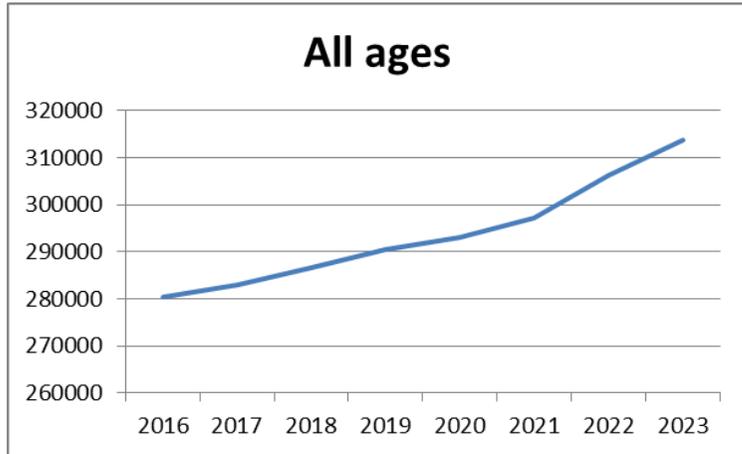
*GLA BPO based projections (June 2018)

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



Population projections

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



% change 2016 to 2023:

All ages: +12%

0 to 18: +10%

4 year olds: +2%

11 year olds: +13%

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



In Greenwich, between
2014 and 2016

63

babies
died in their
first year of life.



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

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

In Greenwich, between
2014 and 2016

27

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

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



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

High levels
of teenage
pregnancy

High levels
of smoking
in
pregnancy

Low levels of
breastfeeding
in young
mothers

High
hospital
admissions

High levels
of
childhood
obesity

What are our challenges?

Domestic
and peer
violence

Poor
mental
health and
wellbeing

Youth
violence and
exploitation

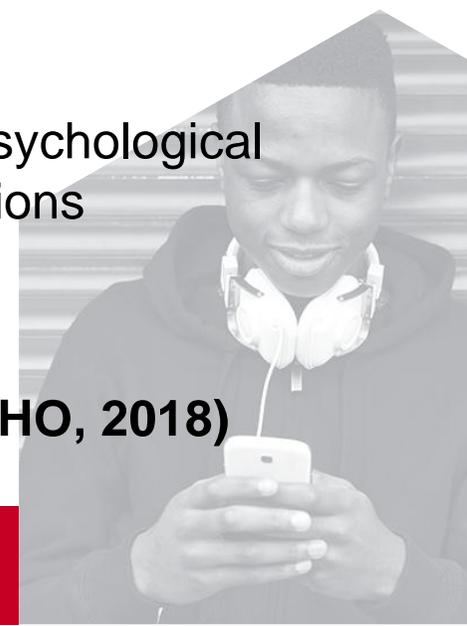
Gap in
educational
attainment

Increasing
secondary
school age
population

Recognising and Responding to ACEs

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

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



ACEs

Further information and research on ACEs:

National Institute for Health and Care Excellence - ACEs

<https://tinyurl.com/ACESNICE>

Adverse Childhood Experiences International Questionnaire (ACE-IQ)

<https://tinyurl.com/ACESWHO>

Adverse Childhood Experiences (ACEs): interventions in education

<https://tinyurl.com/EVIDENCEACES>



What are the key outcomes to achieve?

Best start in life

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

Healthy childhood

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

Achieve potential

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

Strong parenting

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



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The new model – which services are in scope?

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

NEW – Adolescent Services



The new model

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



The new model

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



What is proposed?

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



Digital Passport

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



Use of Digital Technologies

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



Quality Assurance

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



School Aged Years and Integration

Proposals

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



New Adolescent Services

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



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New Adolescent Services

- 1. Healthy food / healthy weight/ Physical activity**
- 2. Educational attendance and attainment**
- 3. Mental health and wellbeing**
- 4. Risk (drugs and alcohol, exploitation, sexual health, violence)**

- It is proposed that these are four separate contracts
- Innovative, evidence based approaches
- Digital engagement
- Intelligence-led targeting, not solely geographic
- Contracts may be delivered by multiple specialist providers
- Bidders will need to demonstrate a track record in the specialist area
- Services may be a combination of child facing services, but could a combination, including professional / parent / carer facing services



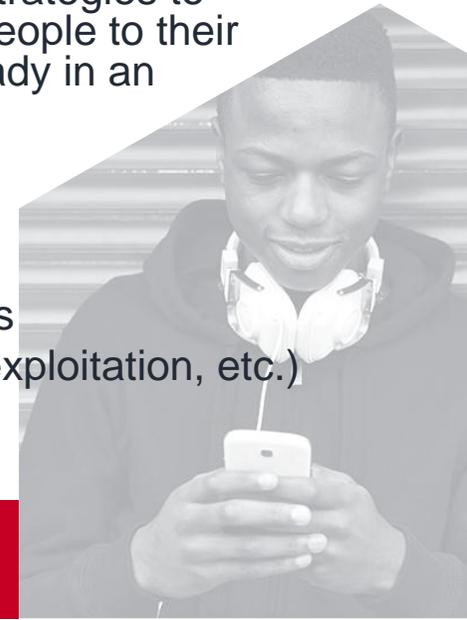
New Adolescent Services - Focus

Primary prevention

- Primary prevention aims to prevent disadvantages, disease, harm or injury before it ever occurs. This is done by **preventing exposures** to hazards that cause disease, disadvantage, injury or harm, **altering unhealthy or unsafe behaviours** that can lead to harm or injury, abuse, disease and **increasing resistance** to disease, harm or injury should exposure occur. Examples include: support about healthy and safe habits (e.g. healthy food, physical activity, not smoking)

Secondary prevention

- Secondary prevention aims to **reduce the impact** of disease, disadvantages, harm or injury **that has already occurred**. This is done by **detecting and treating** disease, harm or injury as soon as possible to **halt or slow its progress**, encouraging personal strategies to prevent re-injury or recurrence, and implementing programmes to return people to their original health and function to prevent long-term problems. (e.g. child already in an unhealthy relationships that could lead to significant harm)
- The majority of the service offer should be focus on secondary prevention
- Detection as earlier as possible
- Risk assessment tools and predictive analysis to shape and target services
- Supporting children and young people to recognise risk (lifestyle, weight, exploitation, etc.)



Adolescent Services – delivery proposals

Multi-disciplinary team delivering the services – could include:

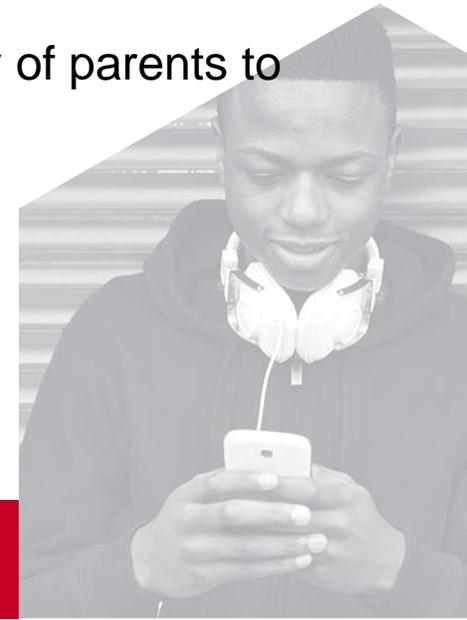
- Youth Workers
- Specialist practitioners (physical activity, sexual health, nutrition, etc.)
- Peer supporters
- Mentors
- Well-being coaches
- Family support worker
- Volunteers
- Specialist digital providers (including app. solutions)



Adolescent Services – Core Outcomes

Mental Health and Wellbeing

- **Behaviour Management:** Anger and behaviour difficulties
- **Emotional Mental Health:** Depression, anxiety, stress, self-harm and suicide ideation
- **Mental Health Parenting:** Increasing the skills, confidence and ability of parents to support mental health in children
- **Behavioural Parenting:** Increasing the skills, confidence and ability of parents to manage behaviour that challenges



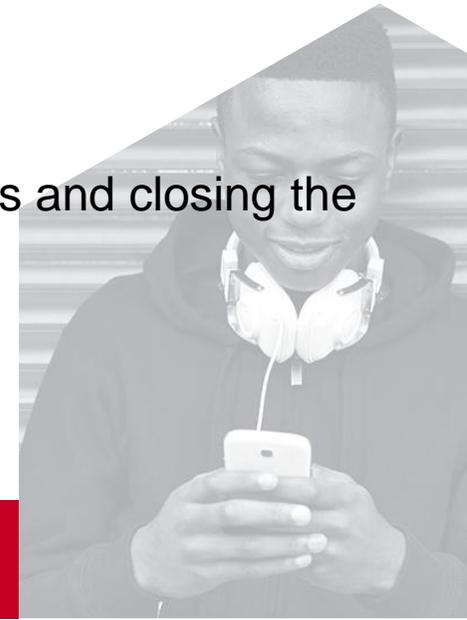
Adolescent Services– Core Outcomes

Healthy food / healthy weight/ Physical activity

- **Physical Activity:** Physical activity advice and support
- **Diet:** Healthy weight and diet with clients
- **Oral Health:** Good oral health and reduced admissions due to oral health

Educational attendance and attainment

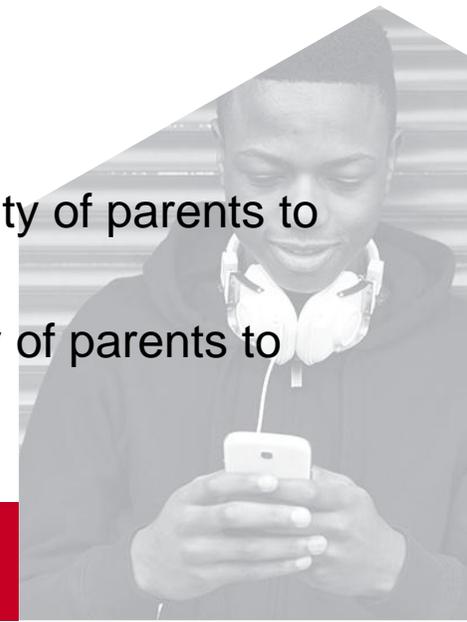
- **Educational Achievement:** Achievement at Educational Key Stages and closing the gap
- **Education Engagement:** Attendance at school and going missing
- **EET:** Employment, Education, Training and Volunteering



Adolescent Services– Core Outcomes

Risk (drugs and alcohol, exploitation, sexual health, violence)

- **Substance Misuse:** Brief intervention for alcohol and substances, including new and emerging drug misuse such as synthetics
- **Smoking:** Smoking (household) and individual
- **Sexual Health:** sexual ill health and STIs
- **Healthy Relationships:** Increasing the understanding and proportion of healthy relationships
- **Behaviour Management:** Anger and behaviour difficulties
- **Emotional Mental Health:** Depression, anxiety, stress
- **Mental Health Parenting:** Increasing the skills, confidence and ability of parents to support mental health in children
- **Behavioural Parenting:** Increasing the skills, confidence and ability of parents to manage behaviour that challenges



Break for 20 minutes



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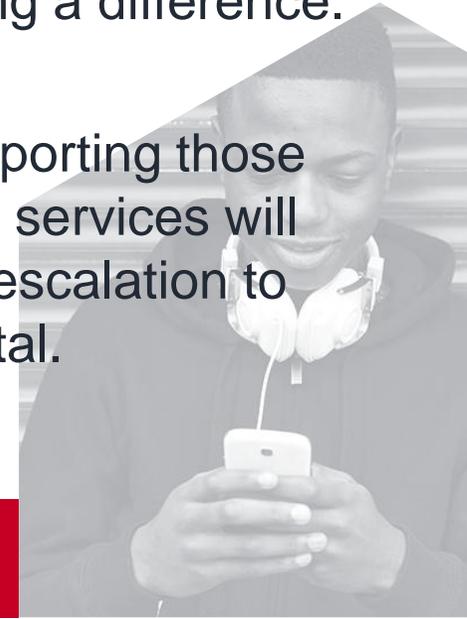


Answering questions

How can we ensure services are reaching those who truly need it?

The Integrated Services will be critical in assessing and identifying those who need additional support. A key part of the identification will be through the Wellbeing Reviews. The support required may then be delivered through the service itself or through established pathways to more appropriate services. However, we will want Services to develop systems to know whether users are accessing these appropriate services and that they're making a difference.

The Adolescent Services will be focusing on identifying and supporting those with a need (secondary prevention) in the four areas. While the services will not be specialist themselves they will support in preventing the escalation to more specialist services such as Social Care, CAMHS or Hospital.



Answering questions

Can you inform us of the services currently running in the borough?

Within the Tender documentation we will include information and signpost providers to further information on local services.

In respect of the Adolescent Services, below is further information that will assist:

- Mental Health Symptoms and Services Guide - <https://tinyurl.com/SWGMH>
- School Information - <https://tinyurl.com/RBGSchools>
- Greenwich Sexual Health - <https://www.greenwichsexualhealth.org/>
- Greenwich Get Active - <https://www.greenwichgetactive.com/>



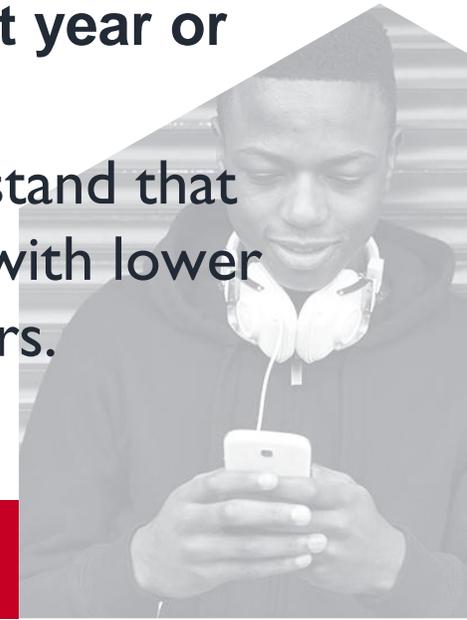
Answering questions

Could the payment by results part recognise that first year progress/outcomes will be different to subsequent years?

Yes, we recognise that the first year will be focused on mobilisation and embedding new systems and teams.

Will the money be spread evenly across the 5 years or can it allow a set-up, which will cost more money in the first year or so?

In respect of digital technology and IT systems we understand that this will likely require higher investment in the first year with lower support, maintenance and development costs in later years.



Answering questions

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

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

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

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

Will RBG work with the partnerships regarding branding?

The Adolescent Services will come under the Start Well Greenwich Partnership.

We will be confirming any further branding arrangements.



Answering questions

Will LAC Nursing be included?

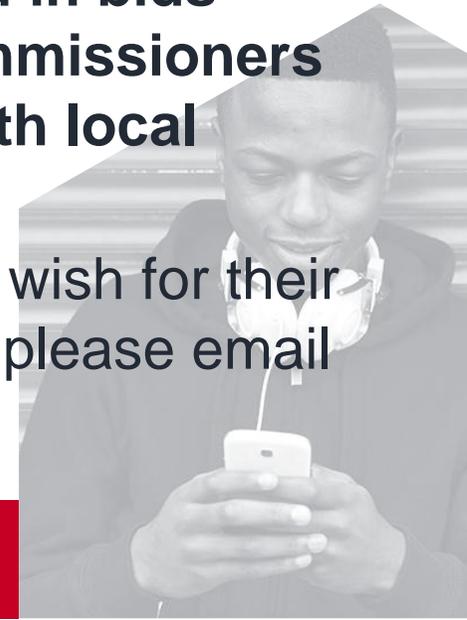
Greenwich Clinical Commissioning Group will be commissioning this service separately from 1 April 2020.

What are the lower-level indicators?

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

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

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



Answering questions

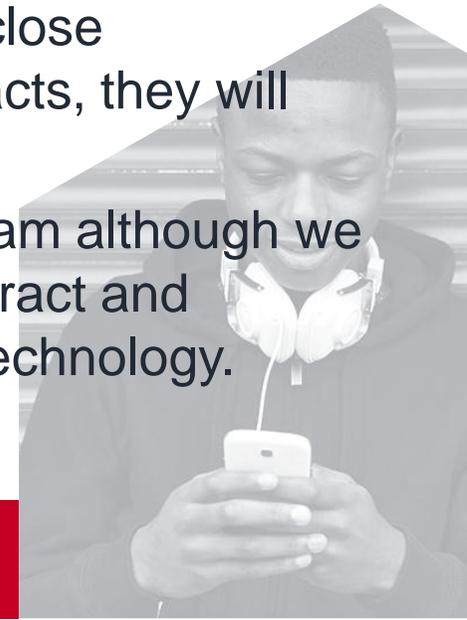
Can a draft specification be made available ahead of the tender submission date?

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

Can the service be delivered through an Outreach Team or an extension of the Integrated Youth and School Nursing Contract?

While it will be important that these programmes are working in close partnership with the Integrated Youth and School Nursing Contracts, they will remain distinct.

Providers can bid to deliver programmes through an outreach team although we are particularly interested in bids that utilise multiple ways to interact and support young people e.g. programmes of peer support, digital technology.



Answering questions

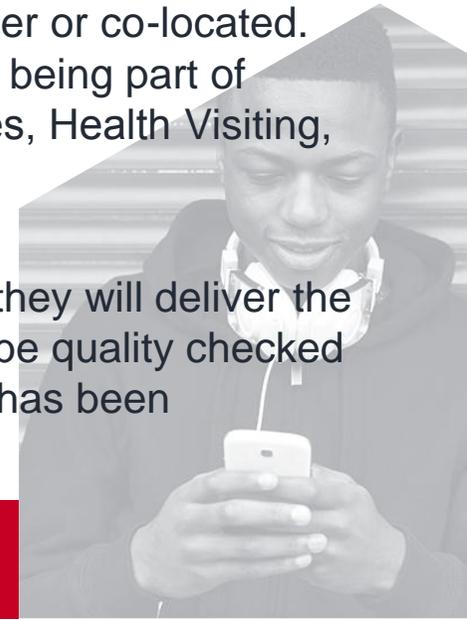
What is meant by Integration?

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

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

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

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



Answering questions

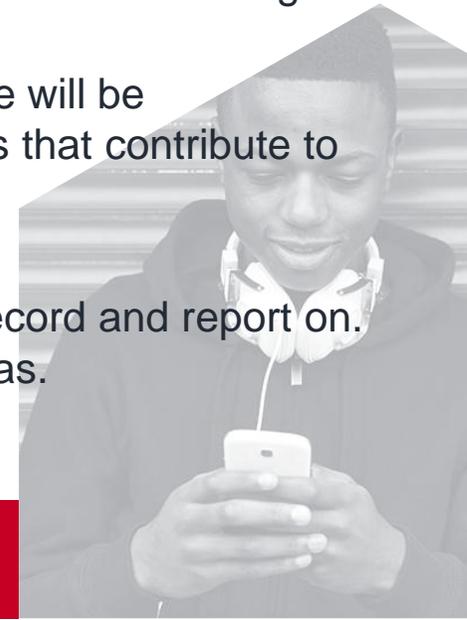
How will you measure the impact to services?

At events we have been asking stakeholders on their views on how we should measure the impact of these services. These will be fed into the final set of indicators.

The final set of indicators will have a core set of output indicators but the focus will be on indicators around Outcomes. We will distinguish the outcome indicators into two separate areas:

- **Service Level Outcomes** – these will be indicators that the Service can reasonably be expected to have a significant impact on and therefore performance can be assessed in large part against these outcomes (e.g. service user feedback)
- **Overall Outcomes** – these indicators are broader outcomes that the Service will be contributing toward but that there will be a significant number of other factors that contribute to the performance (e.g. teenage pregnancies)

The Specification will set out which indicators the providers will be expected to record and report on. Discussions between Commissioners and Providers will cover both outcome areas.



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Finance

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

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

Finance – Adolescent services

Service	Indicative per annum budget for service area
Healthy food / healthy weight/ Physical activity (including weight management programme)	350,000
Educational attendance and attainment	250,000
Mental health and wellbeing	250,000
Risk (drugs and alcohol, exploitation, sexual health, violence) – including Chlamydia Screening Programme	350,000

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

Timetable

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

Further engagement

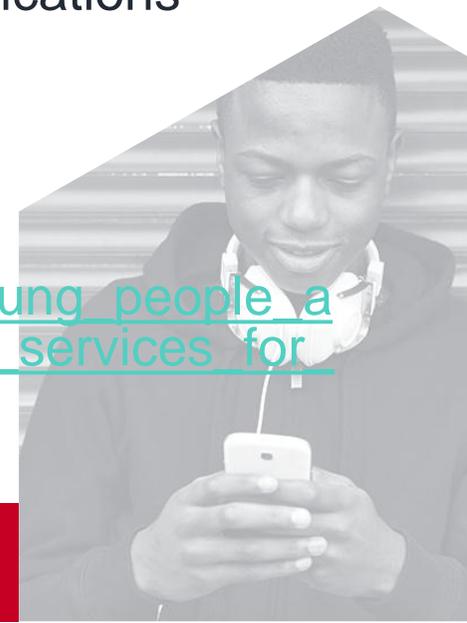
- One-to-one sessions

Start Well Greenwich webpage

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

Start Well Greenwich webpage

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



Where to send your questions and comments

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

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

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



Facilitated Table discussions

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



Table discussions

- Should the Education and Attainment programme focus on direct delivery to children/young people, parents/carers, practitioners or a combination?
- How can we encourage providers to develop new and innovative ways to address the key Adolescent priorities?
- How can these services be delivered?
- Are there models of peer support / buddying schemes that we should promote within these Services?
- How should these services work with key partners such as the Integrated Youth Service & School Nursing, Schools, CAMHS, Social Care and Early Help?
- How can we measure the impact of these services?
- How can ACEs be utilised to identify and address vulnerable children and young people?
- What parent support initiatives should the services use to help parents of adolescent children?
- How will young people and parents shape services and make decisions about delivery and the service offer?



Table discussions

