

**The ROYAL Borough of Greenwich**

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**DRAFT DOCUMENT A1.3**  
**SERVICE SPECIFICATION**

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**Contract SPS XXXX**

**Start Well Greenwich Children's Centres 2020 - 2025**

**APRIL 2019**

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# ROYAL GREENWICH CHILDREN'S SERVICES

## Service specification

### Start Well Greenwich Children's Centres 2020 - 2025

#### **1. INTRODUCTION AND VISION**

- 1.1 Reducing inequalities, improving the outcomes and life chances for children aged 0-4 and their families is the core purpose for this contract and all work should explicitly inform this and drive success. A comprehensive and innovative approach to engaging families who are less likely to access universal services is key to this work along with early identification of additional needs and support with family pressures and issues.
- 1.2 Royal Greenwich has a rich history and good track record of delivering positive outcomes for families through ambitious strategic partnership plans which focus resources and expertise. The current Children and Young People Plan (2017-20) and the Social Mobility Delivery Plan (2019) both include objectives to support those at risk of poor outcomes based on known and potential factors.
- 1.3 Prevention and intervening as early as possible in the life of the child or at the point an issue is emerging is more likely to achieve good outcomes and work to enable this has consistently been prioritised in Royal Greenwich. Understanding of the impact of Adverse Childhood Experiences (ACEs) should inform all work and as well as knowledge of the communities served to make sure their needs are met; tenacity to sustained engagement is essential and recognised as the cornerstone of this commissioned work.

#### **2 POPULATION AND NEEDS**

- 2.1 Please see Children's Centre area profile and needs analysis at appendix A

#### **3 START WELL GREENWICH AREAS**

##### **3.1 East / West / Central / South**

- 3.1.1 Please see proposed area map below:



Start Well CC  
Map.jpg

##### **3.2 Population Covered**

- 3.2.1 The Royal Borough of Greenwich, for the purposes of Start Well Greenwich Children's Centre service delivery has been divided into four areas. Whilst contracts are specific to areas, made up of super output areas, families can access Children's Centre services

anywhere in the borough irrespective of their postcode, complemented by collaboration and data sharing between contract areas

3.2.2 Area map and list of relevant super output areas are at Appendix B

## **4 SERVICE OUTCOMES**

4.1 This section sets out the outcomes that the Service will be expected to achieve. It includes as a minimum all elements of the Core Purpose of Children's Centres and the Healthy Child Programme. These will be delivered in a wholly integrated way and resources will be used to achieve these outcomes to meet the needs of families and children, delivering the maximum possible impact in the most effective and efficient ways.

4.2 The core purpose:

- Understand the needs of the local population – this will require undertaking regular assessment of need and assets across the local community with a service offer to reflect those needs and tap into local assets
- Involving parents and children in service planning, delivery and review
- Deliver timely and proportionate services to families based on the Royal Greenwich Early Help principles
- Provide parents with the information, advice and guidance they need to access employment and training
- Provide access to universal early years services in the local area that support early learning and school readiness including processing / brokerage of Together for Twos placements
- Delivery of the Children's Centre Core Purpose and the Healthy Child Programme using skills, talents and professional input by an integrated team and partnerships
- Provide attractive and engaging universal services to all families with additional and intensive support where needs are identified
- Support for parents to engage in their own learning, training, volunteering and employment
- Deliver the Bookstart programme
- Act as a hub for the local community, building social capital and cohesion

4.3 A list of key outcomes and expected measures are at Appendix C.

4.4 A theory of change approach is required in order to illustrate how the outcomes required will be met.

## **5 SERVICE MODEL**

5.1 Central to the delivery of this contract is focussed, innovative and intelligence led practice via an integrated multi-disciplinary team. As a minimum this team will include:

- Child and Family Practitioners
- Designated volunteer lead
- Digital communication/engagement support
- Early Years Foundation Stage experts

- Family Engagement / Support Workers (with specialisms including work with young parents, supporting parental employment, parenting programme / group work facilitation, etc.)
- Health Visitors
- Nursery Nurses
- Service leaders and managers
- Support staff (administrators, receptionists, premises managers etc.)

5.2 Interventions will need to be evidence based where evidence exists, carefully and insightfully balanced with innovative and creative solutions to tackle the challenges faced by families locally. All interventions will need to be evaluated on a programme of continuous quality improvement.

5.3 Universal services are essential for primary prevention, early identification of need and early intervention to support families and reduce risk of issues escalating or becoming entrenched. Families requiring more than a universal offer will be provided with the following levels of support:

- Additional Support Offer – the provision of additional, timely, expert and evidence-based advice and support to families when they need it on specific issues such as postnatal depression, breastfeeding and infant nutrition (introducing solids, etc.), sleepless children, continence, parenting support, early communication, domestic violence, healthy diet, physical activity including active play, smoking, substance misuse, alcohol, sexual health and contraception. Interventions will be planned and will include regular reviews to assess progress, measure outcomes achieved or escalate for intensive support.
- Intensive Support Offer - on-going support as part of a range of services working together with families with more complex needs over a longer period of time. The Provider may use an early help assessment (EHA) to identify strengths and needs and work with a range of partners to develop appropriate support packages. Where children are the subject of a child protection plan the offer will be delivered in keeping with the plan. Areas identified may cover maternal mental health, loss or death of a child, parenting support, baby/toddler sleep problems, physical development (e.g. immature development of physical abilities) speech and language problems, behaviour management, emotional health and wellbeing – where the service may provide directly or refer of specialist support.
- Intensive Support Offer for Young Parents - provide intensive support, as listed above, to young parents

5.4 All offers will receive, as a minimum, a series of key touch points. These checks are intended to review health and development, identify additional health, social and well-being needs and implement appropriate interventions/referrals to address need. The information gathered from the key touch points will be recorded and monitored, and be reviewed during the contract and subject to change with agreement between the commissioner and the Provider to reflect priorities and changes to the nationally mandated checks.

5.5 The touch points are:

<b>Touch point</b>	<b>Type / venue</b>
Pre-birth well-being assessment (between 28th week of pregnancy and birth)	face-to-face in the home
7 day check-in	by phone/ video call
New baby well-being assessment (10 to 14 days)	face-to-face in the home
21 days check-in	by phone/ video call
28 days check-in	by phone/ video call
6-8 weeks well-being assessment	face-to-face in the home or centre
10 week check-in	by phone/ video call
3- 4 months well-being assessment	face-to-face in the home or centre
1 year well-being assessment (between 9 and 12 months)	face-to-face in the home or centre
2 – 2.5 year integrated health, early learning and development review	face-to-face in the home, centre or childcare provision
Pre-entry to Primary School (3-4 years)	face-to-face in the home, centre or childcare provision

- 5.6 Pre-birth and new baby home visits will be carried out by a Health Visitor and a Family Engagement / Support Worker; other visits and checks will have Health Visitor oversight but not necessarily carried out by a Health Visitor (in line with NHS guidance; the provider will be required to adapt to any change in NHS guidance during the life of the contract).
- 5.7 A comprehensive volunteering programme to support service delivery must be in place to support a range of additional opportunities for parents and service delivery.
- 5.8 Contractors will relentlessly engage in fundraising activities through applications to a range of funders as well as seeking out in-kind donations from local and national organisations / businesses and other income generation initiatives. Providers are permitted to request reasonable voluntary contributions from parents towards appropriate activities as long as this does not create a barrier to engagement.
- 5.9 The details of what is expected to be included in the touch-points contacts is included in appendix D

## **6 SERVICE REQUIREMENTS**

### **6.1 Service Requirements**

- 6.1.1 To maintain UNICEF Baby Friendly accreditation
- 6.1.2 To work towards and achieve Unicef Baby Friendly Initiative (BFI) Gold standard
- 6.1.3 Sign up to the Sugar Smart campaign
- 6.1.4 Engage in and achieve Healthy Early Years London accreditation
- 6.1.5 Onsite childcare to secure good or outstanding Ofsted inspection grades
- 6.1.6 Sign up to the Healthy Work Charter (Greater London Assembly)
- 6.1.7 Maintain You're Welcome accreditation
- 6.1.8 Website and social media platform/s to support the delivery of services and engagement
- 6.1.9 Staff employed through this contract must be paid London Living Wage and zero hour contracts should not be used
- 6.1.10 Develop and implement a comprehensive staff development and training programme
- 6.1.11 Develop and implement a Workforce development and communication strategy to ensure integration of staff
- 6.1.12 Aim to register 100% of children aged under 5 resident in the borough. RBG will provide a registration form that must be used for all services funded under this contract. There will be an opportunity for the Service to help shape this form with the Local Authority.

## **7 PARTNERSHIPS AND USER INVOLVEMENT**

### **7.1 Service User involvement**

- 7.1.1 The views of children, parents and carers, including those who do not use the service, will directly inform the service offer and delivery.
- 7.1.2 Compliments and complaints will be recorded and responded to with learning reflected in the service offer
- 7.1.3 Parents and carers will be regularly involved in evaluation of services and the outcomes of that involvement will impact service delivery
- 7.1.4 Feedback from children must feature in service evaluation and feedback
- 7.1.5 An annual satisfaction survey, led by the Local Authority, will be delivered and providers are required to support engagement of a minimum % of the 0-4 parent population
- 7.1.6 Opportunities for parents and carers to volunteer are available and encouraged

### **7.2 Partnership Working and Pathways**

- 7.2.1 Each area will have a simple referral process in place
- 7.2.2 The heart of any process must demonstrate partnership working with families and include transparency and reduced burden on families to re-tell their story to multiple professionals / agencies
- 7.2.3 Good working relationships with Safeguarding and Social Care are essential and referrals, attendance at child protection case conferences and joint working practice is prioritised
- 7.2.4 Good working relationships with the Royal Greenwich Early Help Service are essential and there will be support for families going into / in / coming out of Core and Connect services
- 7.2.5 Good working relationships with maternity services are essential and such services will be delivered in Children's Centres as part of the offer to expectant and new parents
- 7.2.6 Partnership working with Public Health to deliver key messages and support with local and national initiatives as they arise

### **7.3 Partnerships between Children Centre Areas**



- 7.3.1 Providers will work with each other to support engagement in services particularly by families with a child protection plan
- 7.3.2 Providers will share information and support transitions for families moving within the borough
- 7.3.3 Opportunities for accessing funding and joint commissioning will be explored as and when appropriate
- 7.3.4 Information sharing between areas will not be a barrier to families accessing services and receiving universal, additional and intensive support

#### **7.4 Partnership with Integrated School Nursing and Universal Youth Service**

- 7.4.1 Families receiving additional support and where continued support is identified as a need will move into school and Young Greenwich seamlessly via handover / referral routes.
- 7.4.2 Where there are additional needs, e.g. medical, there will be a handover to the Start Well school age provider

#### **7.5 Alignment with Quality Assurance Provision (Lot X)**

- 7.4.3 Providers will shape the delivery of this provision and support all activity as required
- 7.4.4 Local quality assurance processes and use of available support, e.g. Early Years Improvement Partners will be used to make sure the best possible service delivery is consistently available

#### **7.6 e-Redbook**

- 7.6.1 Validation of accounts and promotion of the e-Redbook is required to make best use of this facility for families, maximising the features to support healthy lifestyles

#### **7.7 Key Settings**

- 7.7.1 Services will be delivered in homes and a range of community settings within the reach area
- 7.7.2 A person centred approach will make sure that services are delivered in settings where users feel comfortable and able to make the most out of any activity offered
- 7.7.3 The benefits of co-locating some activities, e.g. pre-nursery groups in schools, will be understood and explored
- 7.7.4 Settings could include:
  - Community centres and halls
  - Early years settings
  - GP practices
  - Leisure centres
  - Parks and open spaces
  - Places of worship
  - Schools

#### **7.8 Multi-agency Groups**

- 7.8.1 An Early Help group, involving key agencies working in the area, will be facilitated and led by the provider

- 7.8.2 Active participation and hosting of Health and Early Learning Partnerships (currently in development) is required
- 7.8.3 Local and / or thematic working groups / networks will be participated in to support service development and understanding of the local area

## **7.9 Early Learning and Childcare Providers**

- 7.9.1 Contractors will support the Local Authority in driving quality in the sector through Early Learning and Health Partnerships
- 7.9.2 Areas will engage in the Local Authority Early Learning Monitoring Meeting process when a provider receives an inadequate Ofsted outcome
- 7.9.3 EYFS experts from the area will work directly with providers to support teaching and learning where needs are identified by Ofsted

## **7.10 Sub-Contractors**

- 7.10.1 Sub-contractors to deliver specialist or specific services are to be used
- 7.10.2 Consideration must be given to using local, smaller voluntary organisations where appropriate and practicable
- 7.10.3 Robust service level agreements / contracts and mechanisms for quality assuring which include user feedback must be in place
- 7.10.4 The provider will make sure data sharing arrangements and agreements are in place before agreeing any arrangement

## **7.11 Working with Other Commissioned Services**

- 7.11.1 Providers will engage with and support work delivered by specialist Speech and Language Therapy
- 7.11.2 Providers will engage with and support work delivered by the CAMHS, Maternity and other aspects of the Integrated Therapies contracts
- 7.11.3 Providers will engage with and support work with peri-natal mental health service providers; this will include promoting the service and building confidence of parents to attend
- 7.11.4 Providers will work with services commissioned to support weight management as appropriate

# **8 APPLICABLE SERVICE STANDARDS**

## **8.1 Applicable national standards**

- 8.1.1 The provider will ensure they comply with the National Institute for Clinical Excellence (NICE) guidelines and requirements

## **8.2 Applicable statutory requirements**

- 8.2.1 Delivery of early childhood services and core purpose of Children's Centres as defined in legislation
- 8.2.2 The age applicable requirements of the Healthy Child Programme will be delivered and respond to any changes within the life of the contract
- 8.2.3 All childcare and / or early learning will be registered and comply with the requirements as set out in the relevant frameworks

### 8.3 **Clinical Governance**

7.1.1 The Provider will demonstrate a robust clinical governance framework including:

- Mechanisms to ensure that treatment is safe, effective and evidence based.
- Compliance with all relevant national standards for service quality and clinical governance including compliance with the NHS Standards for Better Health Framework and relevant NICE guidelines.
- The principle of 'best value' through continuous improvement taking into account a combination of effectiveness (successful outcomes), efficiency (high productivity) and economy (costs).
- Designated clinical leadership and accountability, and clear clinical protocols for clinical staff. Including named, accountable officers.
- Ensure staff are appropriately supported and supervised, including clinical supervision for clinical staff.
- Ensure staff are appropriately qualified and experienced for their role and there are sufficient staff to effectively deliver the service and meet the specification
- Implementation of a clinical audit process to review performance and provide a framework to enable improvements to be made.
- Ensure 'Did Not Attend'/'Child not brought' are monitored and actively followed up.

7.1.2 There is a requirement for the system to report against a quality schedule developed by Commissioner to demonstrate compliance with patient safety, clinical effectiveness and patient experience. This includes compliance with core mandatory functions such as:

- Infection prevention and control
- Safeguarding children, young people and adults
- Comprehensive complaints process
- Comprehensive incident and serious incident reporting
- Improvements in patient experience
- Other quality criteria such as Care Quality Commission registration criteria and professional standards relevant to the system.

### 8.4 **Entry into service**

8.4.1 The provider/s will use a single referral form that will be developed in partnership and agreed with the provider/s and commissioners. The Service should allow stakeholders to complete the form and refer to the Service at a minimum through:

- Online (e.g. webpage/webform)
- Single Area Email Address

8.4.2 The provider will pro-actively promote how to refer to a range of practitioners, professionals, parents/carers and children.

## 8.5 Response times

8.5.1 All requests and referrals for support should be assessed as soon as practicable and within at least 5 working days

8.5.2 Contacts at key touch points to be delivered as set out

8.5.3 All safeguarding and Early Help referrals shall be made as set out in pan London Child Protection and Greenwich Safeguarding Children Board Procedure and local procedures.

## 8.6 Equality and Equity

8.6.1 The Provider will demonstrate a commitment to promote equality, value diversity and human rights in all activities

8.6.2 Activities to promote Fundamental British Values will inform strategic planning and operational management and delivery of all work

8.6.3 It is the responsibility of the Provider to comply with all current equality legislation and ensure it implements any new equality legislation as it becomes statute and actively meet the requirements of the Equality Duties:

- Eliminate unlawful discrimination, harassment and victimisation and other conduct prohibited by the Equality Act
- Advance equality of opportunity between people who share a protected characteristic and those who do not
- Foster good relations between people who share a protected characteristic and those who do not

8.6.4 Active promotion and awareness raising of equality issues will be threaded through the service offer and there will be robust challenge of any discriminatory behaviour

8.6.5 Service users will be supported to feel included in services

8.6.6 Individual needs will be met through conversation and understanding and not assumption

## 8.7 Social Value<sup>1</sup>

8.7.1 The Royal Borough is utilising the Public Services (Social Value) Act 2012 to deliver on its commitment to making the most out of every 'Greenwich Pound' spent and also, improve the wellbeing of its residents. As such, we are embedding a social value approach to our commissioning and procurement activities. Social value can mean different things/outcomes to many organisations, but here in Greenwich, our definition of social value is- outcomes offered by a contractor as additional benefits over and above the core requirements. This means a social value offer from a potential supplier should not add cost to the tender price. To ensure the social value delivered through our commissioning and procurement

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<sup>1</sup> Social Value Act: Information and Resources <https://www.gov.uk/government/publications/social-value-act-information-and-resources/social-value-act-information-and-resources>

[https://www.royalgreenwich.gov.uk/info/200222/policies\\_and\\_plans/748/corporate\\_plan\\_-\\_our\\_vision\\_and\\_priorities](https://www.royalgreenwich.gov.uk/info/200222/policies_and_plans/748/corporate_plan_-_our_vision_and_priorities)

activities addresses the real economic, social and environmental wellbeing needs of the residents, the social value outcomes sought in contracts are intrinsically linked to the 8 corporate themes of the council as listed below:

1. a healthier Greenwich
2. a safer Greenwich
3. a great place to grow up
4. delivering homes through economic growth
5. a cleaner, greener Greenwich
6. economic prosperity for all
7. a great place to be
8. a strong, vibrant and well-run borough.

## **8.8 Risk Management**

8.8.1 The Provider will ensure that there are robust processes, working practices and systematic activities that prevent or reduce the risk of harm to service users and staff. The Provider will, as a minimum, ensure that:

- They adhere to the Greenwich Safeguarding Children Board procedures for the Reporting and Management of Serious Incidents and have robust processes in place to support the reporting and review of all incidents at the earliest opportunity. This will include the documentation, investigation and follow up with appropriate action of all incidents.
- There are robust policies, processes, working practices and systematic activities that prevent or reduce the risk of harm to clients and staff.
- There is a robust risk assessment process in place for clients which is regularly reviewed and updated. Any identified risk will inform risk management plans which will contain clear and appropriate actions to minimise risk.
- Processes are in place for any staff member to raise concerns in a confidential and structured way
- That an effective complaints procedure for service users is in place, in line with the current Complaints Procedure guidance, to deal with any complaints in relation to the provision of the system, which is available for audit.
- The system participates in any multi agency investigations into incidents and/ or serious case reviews and develops the service to incorporate lessons from serious case reviews in Royal Greenwich and other areas

8.8.2 Self-audit around internal risk management and safeguarding processes are performed at least annually

8.8.3 Lone working policies are in place and regularly reviewed, involving key staff to make sure they are experience led and support the workforce

## **8.9 Safeguarding**

8.9.1 The provider will be required to have in place safeguarding arrangements that reflect the importance of safeguarding and promote the welfare of children and vulnerable adults, including:

- A clear line of accountability for the provision of services designed to safeguard and promote the welfare of children.
- A culture of listening to children and parents taking account of their wishes and feelings, both in individual decisions and the development of services.
- Clear whistleblowing procedures which are regularly reviewed as well as a culture that enables issues about safeguarding and promoting the welfare of children and vulnerable adults to be addressed.
- Arrangements which set out clearly the processes for sharing information, with other professionals in compliance with Working Together and Greenwich Safeguarding Children Board (GSCB) guidance and procedures.
- A designated named person / s for safeguarding. Their role is to support other professionals in the service to recognise the needs of children and they should be given sufficient time, supervision and support to fulfil their responsibilities effectively.
- Safe recruitment practices for individuals whom the organisation will permit to work regularly with children and vulnerable adults.
- New staff should receive a comprehensive induction to the service which has a safeguarding focus and all staff to take part in safeguarding training that is appropriate to their role, this include volunteers.
- The provider will make sure that their staff are competent to carry out their responsibilities for safeguarding and promoting the welfare of children.
- The Provider will have in place Did Not Attend Guidelines / Contact Policies and Procedures to help staff follow up those children and families who do not attend appointments or fail to engage.
- Clear policies, in line with those from the GSCB for dealing with allegations against people who work with children, must be in place and regularly reviewed. Such policies should make a clear distinction between an allegation, a concern about the quality of care or practice or a complaint. An allegation may relate to a person who works with children who has:
  - behaved in a way that has harmed a child, or may have harmed a child;
  - possibly committed a criminal offence against or related to a child; or
  - behaved towards a child or children in a way that indicates they may pose a risk of harm to children.

8.9.2 The Provider will ensure that all staff are aware of their responsibilities to take action to keep children and adults safe. This includes carrying out their duties in a way that is consistent with legislation, national guidance and the Greenwich Safeguarding Children Board and Safeguarding Adults Board Procedures.

8.9.3 The Provider will ensure all relevant staff are able to participate fully in safeguarding meetings, protection planning and core groups.

8.9.4 The Provider will ensure all staff are kept informed of the outcomes of Serious Case Reviews and Learning Reviews and will implement recommendations as required.

8.9.5 The Provider will undertake yearly safeguarding audits to demonstrate that they comply with the arrangements set out above.

## 8.10 **Workforce**

8.10.1 Staff working in this contract will be paid at least the London Living Wage and will not be engaged on zero hour contracts

8.10.2 Staff will hold appropriate contracts based on their job role

8.10.3 Use of bank staff contracts must be discussed with the Local Authority

8.10.4 The Provider must develop an integrated management and staffing structure, with strong professional and strategic leadership for children. This structure should clearly demonstrate how all elements of the contract will work together.

8.10.5 The Provider will develop and implement a healthy workforce strategy to enable a workforce that promotes good health using the workplace to promote and support good health and wellbeing of employees.

8.10.6 The Provider must be committed to achieving the London Healthy Workplace Charter<sup>2</sup>

8.10.7 The Provider must support mothers returning to work in terms of enabling breastfeeding

8.10.8 The Provider should also review its workforce to ensure that it is representative of the demographics of the population it serves and work to address any gaps in underrepresented groups.

8.10.9 The commitment to supporting and developing the volunteer workforce should be in keeping with the above

## 8.11 **Workforce Competence**

- All staff involved in the delivery of the service have the skills, knowledge, experience and relevant professional qualifications to undertake their duties and are competent to provide the aspects of the service for which they are responsible for.
- All staff, as appropriate will be trained and supported to deliver the requirements as set out in section 6.1 – Service Requirements
- Appropriate arrangements are in place for reviewing, maintaining and updating workforce skills and knowledge.
- Staff are compliant with all relevant legislation.
- Where relevant, all staff will have up to date professional registration and that they work within their respective Codes of Professional Conduct and professional standards of their appropriate Royal College or Professional Association at all times.
- All staff will receive regular line management supervision and clinical supervision where appropriate from a competent supervisor.

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<sup>2</sup> <https://www.london.gov.uk/what-we-do/health/priority-areas/healthy-workplace-charter>

- All staff will receive mandatory training on safeguarding children and adults, information governance, health and safety, risk management, equality and diversity.
- All staff will receive an annual performance review/appraisal and will be able to demonstrate mechanisms to address under-performance.
- The provider will ensure that Nurses are appropriately trained i.e. Health Visitor (SCPHN Health Visiting)
- All staff working with children and young people are trained to deliver brief oral health messages (provided by the Oral Health Promotion Team on a rolling basis)
- All staff working with children and young people are adequately trained to be able to offer clear and concise LGBT guidance
- All staff are trained and competent to deliver brief advice to parents and children (where appropriate) on healthy living (including stopping smoking, healthy eating/weight, physical activity and alcohol consumption)
- All staff receive disability awareness training or disability specific training.

## 8.12 Workforce Development

8.12.1 The transition to a fully integrated service will require a focus on change management, positive communication and a comprehensive review in the knowledge and skill-set of the workforce.

8.12.2 The Provider will demonstrate investment in the training and development of the workforce and develop a workforce development strategy that will ensure staff and management working within the service work as an efficient team.

8.12.3 The workforce development strategy will include:

- Whole service team building and development
- Annual staff training needs analysis.
- Annual staff well-being survey
- Development programmes including on-going training, peer review and bespoke programmes based on needs of the service
- Updates on new legislation and best practice.
- Workforce induction.

## 8.13 Record Keeping

8.13.1 In line with contractual requirements, the Provider will ensure that robust systems are in place to meet the legal requirements of the General Data Protection Regulation 2018 and the safeguarding of personal data at all times.

8.13.2 In line with the above and following good practice guidance, the provider will have agreed data sharing protocols with partner agencies including other health care providers to enable effective services to be provided to children and their families.



- 8.13.3 The Personal Child Health Record (PCHR) – red book/ e-Redbook will be completed routinely by professionals supporting parents and carers to use proactively.
- 8.13.4 The provider will use an appropriate system to enable high quality data collection to support the delivery, review and performance management of the service and to undertake regular needs assessments of the population accessing the service. Data returns will be made as appropriate to HSCIC.
- 8.13.5 Records should be consistent with NHS and Local Authority requirements.
- 8.13.6 Children Centre registration and activity information (including attendance at mandated checks and any other activity delivered as part of the contract) will be collected on a central database provided by the Local Authority
- 8.13.7 Details of family support casework will be recorded on the system which records the child's health record

#### 8.14 **Data Collection**

- 8.14.1 Commissioners will have direct access to all data collected by the provider in line with GDPR, service user consent and any other relevant data protection legislation to allow discussions regarding service developments and performance.
- 8.14.2 Data pertaining to demographics (ethnicity, age, gender, post code, religion) and protected characteristics will be collected and shared with the commissioner.
- 8.14.3 The provider should ensure that all necessary consent forms are completed in order to share information with the commissioner.
- 8.14.4 The Provider will have an integrated approach to data systems allowing access to all staff involved in the delivery of services so that service users need only 'tell their story once'.
- 8.14.5 The Commissioner shall act reasonably in requesting additional or ad hoc information. The Provider shall provide requested additional or ad hoc information as soon as practicable.

#### 8.15 **Information Governance**

- 8.15.1 Data will be obtained, stored, shared and processed in accordance with the General Data Protection Regulation 2018.
- 8.15.2 Information sharing protocols are consistent with guidance from the local Caldicott Guardian.
- 8.15.3 The Provider will have a clear confidentiality/data handling policy, which is understood by all members of staff. The policy should be presented and clearly explained to all clients both verbally and in writing.

8.15.4 The Provider will develop clear information sharing protocols with partner agencies and robust case management and information management tools to enable the wide sharing of information. The Provider will ensure that data which is collected is accurate, reliable and able to support performance management and the assessment of need in the borough.

8.15.5 The Provider will ensure that all processes and systems for information processing and sharing are informed by the NHS information governance requirements.

## 8.16 Health and Safety

8.16.1 The Provider will ensure that all premises and equipment used for the provision of the service are at all times suitable for its delivery and sufficient to meet the reasonable needs of clients

## 9 LOCATION OF PROVIDER PREMISES / HOURS OF OPERATION

### 9.1 Premises

9.1.1 A schedule of properties the provider will be responsible for and operate from is at Appendix E

9.1.2 Where premises are shared, local arrangements will be made between contractor and other parties in relation to shared costs and any other operational issues

9.1.3 Services should be delivered in additional local venues particularly to support the engagement of families less likely to attend a children's centre.

### 9.2 Operating hours

9.2.1 The service should be available for a minimum of 50 weeks a year

9.2.2 The service should be built around the needs and views of those accessing the service. This includes ensuring that provision is available to access outside non-core hours (including weekends and evenings) where this best meets the needs of children and families.

9.2.3 Planned closures for more than 3 consecutive working days must be approved by the Local Authority

9.2.4 The Local Authority, commissioners and the Families Information Service, must be advised of any emergency closures.

## 10 TENDER TIMELINE AND TUPE

### 10.1 TUPE and Staffing

- 10.1.1 Information on current staff working within the Services will be provided as part of the tender documents. The Provider/s will be responsible for ensuring any relevant liaising with existing providers on determining those staff included within the transferring group.
- 10.1.2 For further information please see ACAS TUPE guidance - [www.acas.org.uk/tupe](http://www.acas.org.uk/tupe).

## 11 SERVICE COST

### 11.1 Area Budgets

- 11.1.1 The breakdown of the Area Budgets are set out below:

Area	Annual Budget
East	£ 1,692,808
South	£ 2,329,476
Central	£ 3,162,253
West	£ 2,029,323

- 11.1.2 The above figures are indicative and subject to change.
- 11.1.3 The allocations don't currently factor in variations in buildings costs between areas. The figures above may change within the final specification on the basis of variations in the cost of supporting properties.
- ### 11.2 Performance Payments
- 11.2.1 No performance payment will be applied in year one of the contract to support focus on mobilisation. In subsequent years, 95% of the annual contract value will be issued with and the remaining 5% subject to the achievement of performance payment indicators.
- 11.2.2 The performance payment indicators will be the same across the Local Authority and will be established based on discussions between commissioners and contractors
- 11.2.3 The performance payment indicators may change year to year

## 12 PERFORMANCE MANAGEMENT

### 12.1 Performance Management

- 12.1.1 Providers will be expected to use outcomes measurement tools/frameworks for their services, staff and sub-contractors. They must demonstrate how the voice of the child and the voice of the parent and carer inform their quality improvement
- 12.1.2 Providers will be expected to submit:
- Quarterly reports on finance and outputs

- Quarterly returns on complaints, compliments, suggestions for changes in services from service users and responses made to these
- Quarterly returns on outcomes achieved
- Case studies to evidence the impact of services on children and families
- Quarterly returns on premises management activities including compliance with Health and Safety Executive requirement as well as repairs and other maintenance

12.1.3 The Local Authority will conduct at least 1 site visit a year. Commissioners will undertake case audits and safeguarding audits during the life of the contract.

12.1.4 Early Years Improvement Partners will provide support and challenge to the contractor with specific areas of focus relating the quality of services

## 12.2 **National reporting**

12.2.1 TBC

# 13 **APPENDICES**

## **Appendix A - TBC**