Lot Three (3)

HEALTHY CHILD PROGRAMME
Ages 0-19

- Health Visiting Service (0-5 years)
- Family Nurse Partnership (0-2 years)
- School Nursing Service (5-19 years)

Service Specification

1. INTRODUCTION

London Borough of Waltham Forest (the Authority) is committed to providing every child with the Best Start in Life as set out in the Authority's Best Start Strategy 2021 and in alignment with national recommendations set out in the 2021 Best Start for Life National Early Years Healthy Development Review.

The Healthy Child Programme is a universal programme which offers every family an evidence based programme of interventions which aims to ensure that every child gets the best start in laying the foundations of a healthy life. The London Borough of Waltham Forest is fully committed to this programme and recognises this as a key element in giving every child in Waltham Forest the best start in life.

A Healthy Child Programme was established in Waltham Forest in 2016 with providers working in partnership to deliver the programme and community support services through Children and Family Centre hubs. Our aim is to strengthen this model building on its success and increasing community engagement and outreach to deliver the Healthy Child Programme and wraparound support services to improve child health through supporting families through a seamless offer.

Recommissioning is providing an opportunity to modernise services and to respond positively to the changing needs and demography of Waltham Forest's children and families. Additionally, the recommissioning of the Healthy Child Programme services offers a unique opportunity to provide pro-active and positive response to the impact of the COVID 19 on children, young people and families and to ensure that no child gets left behind.

The programme is branded as 'Universal in Reach – Personalised in Response' and sees a shift in developing models of service provision with a range of stakeholders which reflect local circumstances, and provides a greater emphasis on the assessment of children, young people, reflecting family's needs and the skills mix required to respond.

The programme forms a core component of the Waltham Forest Children and Family Centre Model (Appendix One) , requiring partnership working across a range of commissioned providers and other stakeholders, who seek opportunities to integrate across provision and who can deliver services based on a place based approach.

This specification sets out the commissioning of three separate services into an integrated Healthy Child Programme service, consisting of a Health Visiting Service, a School Nursing Service, and a Family Nurse Partnership Service.

The specification has been heavily informed by a large evidence base from national guidelines and national specifications across the three elements of this service. Local strategies, needs assessment and local priorities have also been fundamental to shaping these specific service requirements.

1. COMMISSIONING INTENTIONS

The Authority is now recommissioning the Children and Family Centre services and Best Start Service together with the Healthy Child Programme for a period of three (3) years, beginning 1st July 2022, with a potential two (2) year extension.

This contract and specification is in respect the **Healthy Child Programme**. It will be supported by joined up commissioning arrangements in partnership with (i) NHS (North East London) CCG who commissions maternity and other specialist children's services for Waltham Forest, (ii) NHS England who commissions the Child Health Information Service, screening and immunisations and (iii)other departments of the local authority delivering children and family services.

Through this specification, the Authority seeks to commission Healthy Child Programme services as summarised below and as detailed more fully in this document. This includes:

1. Health Visiting
   Health visitors specialise in working with families with a child aged 0 – 5 to identify health needs as early as possible and improve health and wellbeing by promoting health, preventing ill health and reducing inequalities. Health Visitors visit families in their own home from the antenatal period up to school entry; the service is also delivered in other settings including families own homes, local community or primary care settings, and, increasingly, through digital platforms.
   The Health Visiting service must be registered with the Care Quality Commission (CQC)

2. School Nursing
   School nurses work with school aged children and their young families improve health and wellbeing by promoting health, preventing ill health and reducing inequalities. School Nursing services work both in and out of school settings, for example through digital and other virtual support
   The School Nursing Service must be registered with the Care Quality commission.

   Health visitors and school nurses are registered on Part 3 of the Nursing and Midwifery Council Register as specialist community public health nurses. Health Visitors lead the 0 to 5 and School Nurses lead the 5 to 19 element of the Healthy Child Programme.

3. Family Nurse Partnership (FNP)
   FNP a licensed programme offering strengths-based, personalised, intensive parenting support intervention for young parents under 24 which aims to:

- Improve pregnancy outcomes by enabling young women to improve their ante natal health and the health of their unborn baby,
- Improve childen's subsequent health and development by supporting parents to provide consistent, competent care for their children
- Improve women's life course by planning subsequent pregnancies and supporting access to education training and employment.

- Reduce inequalities and improve outcomes for young, vulnerable families whose children are most likely to fall behind their peers in the general population.

The activities and outcomes specific to these services are outlined in this service specification.

The Provider is NOT required to deliver:

- Specialist School Nursing services
- Occupational Health
- Physiotherapy Services
- Specialist Community Paediatrics
- Specialist Child and Adolescent Mental Health Services (therapeutic interventions)
- Child Health Information System
- Specialist Safeguarding Function (Designated Nurse/Doctor/CDOP)
- Specific community child health services for vulnerable groups such as looked after children other than what is provided to them in the contextoutlined in this specification

2. THE HEALTHY CHILD PROGRAMME

Ensuring every child has the best start in life is one of Public Health England's (PHE) key priorities. PHE Strategy 2020 to 2025 - GOV.UK (www.gov.uk)

Best Start in Life has been identified as a priority within PHE's 5-year strategy, which runs from 2020 to 2025. A major contribution to achieving these ambitions is the modernisation of the Healthy Child Programme

The national Healthy Child Programme was launched in 2009 and includes the following evidence:

Healthy Child Programme 0-5: Pregnancy and the first 5 years of life (2009)

Healthy Child Programme: From 5-19 years old (2009)

Healthy Child Programme rapid review to update evidence (2015)

The Healthy Child Programme is a universal programme, available to all children and aims to ensure that every child gets the good start they need to lay the foundations of a healthy life. All services and interventions need to be personalised to respond to families' needs across time. For most families most of this will be met by the universal offer.

This programme is led by health visitors and school nurses who work in partnership with a range of professionals and agencies to support children and families.

The overall Healthy Child Programme offer in Waltham Forest can be conceived of in the following model:

Geographical areas	**North – Chingford**. Wards: Chingford Green, Endlebury, Valley, Larkswood, Hatch Lane, Chapel End, Hale End & Highams **Central – Walthamstow**. Wards: Higham Hill, WilliamMorris, High Street, Hoe Street, Wood Street **South East – Leyton**. Wards: Markhouse, Lea Bridge, Leyton, Grove Green **South West** – Leytonstone Wards: Forest, Leytonstone, Cathall, Cann Hall
Levels of need	The Health Visiting Service and School Nursing Service will work across four levels of service, broadly as follows: **Community** : working to promote health and wellbeing for children and working with others to increase community participation in promoting and protecting health which will build local capacity to improve health outcomes **Universal** : leading, co-ordinating, promoting providing universal services to deliver the Health Child Programme to

	the 5 – 24 population, working with others to identify problems early **Targeted**: playing a key role in providing a swift response to ensure that children get extra help and support when they need it, offering early help, for example health support for children with additional needs, for emotional and mental health problems and sexual health advice) and by referring or signposting to other services **Specialist** : as part of teams providing ongoing additional services for vulnerable children who require longer term support for a range of special needs and as part of high intensity multi agency services for children where there are child protection or safeguarding concerns. Safeguarding is a core part of each level of service provision. *While FNP is considered part of the targeted offer, the service is expected to also work at universal level with all of their clients.*
Providers	Healthy Child Programme 0-24 service (this specification) Children and Family Centre Service (beingtendered) Best Start Service 0-5 (being tendered) Local authority (Early Help services at Level 2B+,Children's Social Care) Other partners (CAMHS provider; sexual health provider; targeted community children's services provider; primary care; early years settings, schools; maternity services and secondary care, Job CentrePlus; Adult Education Service; Community Welfare Advice provider; third sector providers)

Note: The specifications for the Children and Family Centres and the Best Start 0 to 5 services also outline elements of universal and targeted health activity for 0 to 5 year olds. It is expected that duplication of work with the Healthy Child Programme services will be kept to a minimum.

The utilisation of community-based assets is central to the universal offer where health visitors and school nurses are well placed to identify needs, provide evidence based public health interventions and signpost to local community support. Contact points or universal health and wellbeing reviews can be utilised to identify needs and to develop a support offer or signpost to specialist services if required.

The Healthy Child Programme offers every family an evidence-based programme of interventions, including screening tests, immunisations, developmental reviews, and information and guidance to support parenting and healthy choices. The programme

sets out a range of public health interventions which will build healthy communities for families and children, reducing vulnerabilities and inequalities.

The programme aims to enable parents and carers to be full and active partners in their children's health and to equip young people with the knowledge and information to take individual health responsibility.

The modernisation of the Healthy Child Programme has included new updated guidance to commissioners and a refresh of the **High Impact Areas** for health visiting and school nursing. These updates are intended to enable effective, focused services at a universal level, whilst additional needs are identified and supported effectively.

The **High Impact Areas** have been developed to improve outcomes for children, young people and families. They are based on evidence of where these services can have significant impact for all children, young people and families and especially those needing more support and impact of health inequalities. There are 12 high impact areas where health visitors and school nurses can make the biggest difference in terms of impact and improving outcomes for children and families. These are covered in more detail in the specific health visiting and school nursing sections below.

Service Delivery

The programme provides a framework to support collaborative work and more integrated delivery and should be delivered at an individual, community and population level.

<u>At an individual level</u>:

• contributing to Better Births and the Maternity Transformation Programme

• providing expert advice to provide a secure environment to lay down the foundations for emotional resilience and good physical and mental health

• ensuring early help and additional evidence-based preventive programmes will promote and protect health in an effort to reduce the risk of poor future health and wellbeing

• working with the Supporting Families programme, to ensure the health aspects meet the health needs of the whole family

• enabling children to be ready to learn at 2, ready for school by 5

• to achieve the best possible educational outcomes throughout their school years

<u>At a community level:</u>

• promoting optimal health and wellbeing and resilience through school aged years

• supporting families and young people to engage with their local community through education, training and employment opportunities

• supporting children, young people and families to navigate the health and social care services to ensure timely access and support

• working in partnership with local communities to build community capacity

• demonstrating population value best use of resources and outcomes

• ensuring effective use of community-based assets

At a population level:

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

• working in partnership with other professionals ensuring care and support helps to keep children and young people healthy and safe within their community

• providing seamless, high quality, accessible and comprehensive service, promoting social inclusion and equality and respecting diversity

Ongoing service development

This Healthy Child Programme Service Specification is based on 2021 national guidance documents and national FNP guidance with additions that recognise local needs, learning from current practice, user feedback and new and existing partnership arrangements. Where local needs emerge,national guidance or legislation changes, a new national guidance or example national specifications are published, or data collection requirements change, this specification will be reviewed and necessary changes made in consultation with the Provider.

During the lifetime of the contract, it is expected that the Provider will be pro-active and continue to develop the service, in agreement with the Authority. This is especially relevant for services and engagement delivered digitally. The Authority is constantly looking for innovation in delivering services to local residents in response to changing need & context. There may be opportunities to alter this specification during the life of this contract. For example, there may be opportunities to jointly commission new services or a rising need to adapt service delivery as a result of circumstances changing. Where these opportunities arise, any changes will be made by way of a contract variation in agreement with the Provider and commissioning partners.

Population covered

All families who are resident in the London Borough of Waltham Forest with children aged 0 – 4 years or those children and young people attending school in the London Borough of Waltham Forest aged 5-19 years (up to 24 years where noted) should receive the Healthy Child Programme. It is the intention of this programme to extend during the life of this contract to include pre-conceptual care and to include more young people aged up to 24 where the Authority has a statutory requirement to provide children's services.

Public Health outcomes indicators

It is expected that the following Public Health Outcome Framework (PHOF) indicators will be addressed by Waltham Forest's Healthy Child Programme 0-24 service:

- Improving School readiness

- Improving Pupil absence
- Reducing Under 18 conceptions
- Reducing incidence of low birth weight of term babies
- Increased take up of breastfeeding
- Smoking status at time of delivery
- Increasing numbers of new birth visits
- Recording of Child development at 2/2.5 years
- Reduction excess weight in 4 – 5 and 10 -11 year olds
- Reducing Smoking prevalence of 15 year olds
- Improving uptake of national screening programmes
- Improving children's population vaccination coverage
- Reducing children with dental decay
- Improving diagnosis rates for new STI
- Reducing hospital admissions caused by unintentional and deliberateinjuries in children and young people
- Improving emotional wellbeing of looked-after children
- Reduction in self harm

3. HEALTH VISITING

4.1 HEALTH VISITING SERVICE: GENERAL REQUIRMENTS

Setting the foundations for health and wellbeing during pregnancy and in the early years is crucial to ensure that every child has the very best start in life as possible.

The Provider shall deliver a high quality, multi-disciplinary, healthcare professional led health visiting service which has components that can be delivered with child health clinics with co-located components within the clinics and in community settings including Children and Family Centres in Waltham Forest. The Provider shall ensure the Health Visiting Service ("the Service") includes ante natal care through to children aged five (5).

4.1.1 Eligibility & access

The Service shall be delivered by the Provider to a defined geographical population in line with local authority boundaries. All families with a child aged 0 to 5 years and all pregnant women currently resident in the local authority area shall be offered the Healthy Child Programme ("HCP") by the Provider. If the intervention is refused the Provider shall record this and action as appropriate depending on the assessment made by the health visitor of any risks.

The Provider shall collect data to enable reports on activity for both the GP registered and the resident population.

The Provider shall ensure that any coverage/ boundary issues that may arise is dealt with proactively in collaboration with neighbouring providers. The Provider shall ensure the Service is delivered to meet the needs (including safeguarding needs) of the child or family and that it takes precedent over any boundary discrepancies or disagreements.

The Provider shall ensure equal access for all children up to school entry and their families, irrespective of age, disability, gender reassignment, marriage and civil partnership and race – this includes ethnic or national origins, colour or nationality, religion, lack of belief, sex or sexual orientation.

The Provider shall monitor and actively reduce inequalities in access and uptake by co-producing and facilitating sessions to suit the needs of the diverse population including using interpreters or via the use of community venues in specific /targeted locations and providing resources and communications in community languages

The Provider shall undertake an equality impact assessment where changes to the existing contract are proposed.

4.1.2 Working effectively with Partners

Children & Family Centre (CFC) partnership

The Provider shall develop an area-based geographical Health Visiting Service in alignment with Children and Family Centres across the four neighbourhood areas with a named lead and team for each area. While the Health Visiting service will lead on the Healthy Child Programme 0-5, the services of Children and Family Centres

and the Best Start 0-5 service have also been commissioned to support the Health Visiting Service and improve the health of children 0-5 and their families. The Provider shall ensure that the Health Visiting Service (and wider HCP 0-19) work effectively to mutually understand the roles and scope of partners commissioned services in order to coordinate care and deliver services that are efficient, with minimal duplication and that will enhance the care experience and health of young families in Waltham Forest. This shall extend to the co-location of the service within CFCs where capacity allows.

The Provider shall work to Increase the knowledge and skills of early years workforce through the delivery of information sessions and training in health visiting related issues, including infant feeding, oral health and healthy living. This shall include all Ofsted registered providers, children and family centre staff, health service providers and faith-based & community groups.

4.1.3 Wider Multiagency Working

The Provider shall ensure a named lead for each Primary Care Network to facilitate liaison, information sharing and joint working in the best interests of families. Details of the named Health Visitor shall be made available to the Authority's commissioners ("Commissioners") upon request, The Provider shall ensure that expectations around the Health Visiting service and named Health Visitor is communicated with GPs and Primary Care Networks on a quarterly basis or as required. Where Primary Care Network liaison meetings are established, a member of the Provider's Health Visiting team shall be expected to participate.

The Provider shall work closely in partnership with the Early Years Childcare and Business Development Service (EYCBD) to facilitate access to Early Years Foundation Stage (EYFS) and SEND Code of practice-based provision in order to support children's learning and development which prepares them to learn at two (2) and be ready for school at five (5) and to generate information which can be used to plan early education/learning services and contribute to the reduction of inequalities in children's outcomes.

The Provider shall ensure that health visitors are aware of the Free Early Education Entitlement (FEEE) and will support parents to understand the benefits to their child's learning and development of taking it up and are encouraged to do so, particularly low income, vulnerable, underrepresented, underperforming groups.

Eligibility for a 2 year old FEEE place shall be established by the Provider for all families whose child has a 2-2.5 year old development check undertaken, particularly for low income, vulnerable, underrepresented, underperforming groups.

To ensure effective operational working, the Provider shall facilitate and/or attend regular multiagency meetings which shall be held primarily at CFC premises.

The Provider shall ensure Health Visitors undertake joint visits or consultations with other professionals to maximise outcomes for children and families, particularly for those with more complex needs

The Provider shall work to develop, implement, monitor and review multi-agency care pathways for children and their families, ensuring clarity of roles and responsibilities, reducing duplication and eliminating gaps. These shall be in line with national pathways and guidance where available.

The Provider shall have referral pathways which enable timely access from universal to targeted and specialist services.

The Provider shall develop close links with all local private, voluntary and independent (PVI) providers of services to children, which shall include but not be limited to childminders, nurseries and children's charities as part of their commitment to delivering 'Community' level of support.

4.2 HEALTH VISITING SERVICE: OUTCOME REQUIREMENTS

The Provider shall ensure that

- The health and wellbeing of children under 5 years in Waltham Forest is improved and inequalities reduced

- There is a shared focus on prevention, health promotion, early identification of needs, early intervention and clear packages of joined-up support

- The service is delivered to all children and families, including partners,starting in the antenatal period

- Preparation for pregnancy (where service is aware of this circumstance) as referenced in new guidance

- Parents are aware of how to maximise the health of their child and how to access appropriate care, support and advice when their child is unwell

- Infants develop a secure attachment, positive parental skills are promoted and family mental health is supported.

- Breastfeeding, healthy nutrition and a healthy lifestyle is actively promoted to parents so that unhealthy behaviours are addressed and more children and families start well in developing healthy weight

- Maximum 'school readiness' is achieved for each child through work with commissioned speech and language therapy services and early years services; babies and toddlers develop good communication skills and parents are supported to improve the home learning environment and increase their child's independence in preparation for starting school

- Children entering school are provided with seamless transition, including a formal handover of care from the Health Visiting Service for children with identified health and/or social care needs

- Families who need additional support and targeted interventions, for example, mothers and partners with postnatal depressions or disabilities, receive fast

and holistic support from, and in joint working with, the partnership, and with the full range of available local public, private and third sector organisations

- Babies and children are kept safe through safe and effective practice in safeguarding and child protection. This shall include working with other agencies to intervene effectively in families where there are concerns about parenting capacity, adult mental health, alcohol or substance misuse, domestic abuse or child abuse

- Effective relationships and communication pathways are developed as part of a multi-agency team to provide holistic support where the family has complex needs which shall include but not be limited to a child with special educational needs, disability or safeguarding concerns.

- Services are adapted to increase access for marginalised and vulnerable children and families

- There is a continual focus on ensuring that the service is accessible to all groups, paying particular attention to issues of ethnicity, gender and sexuality and SEND needs, ensuring equality of access for all and mitigating against existing structural inequalities

- Children and families living in Waltham Forest experience improved services in their local communities through better integration of early education/learning, health services and family support services and through the ability of the Provider to meet identified and changing needs at individual, community and population level

4.3 HEALTH VISITING SERVICE: ACTIVITY REQUIREMENTS

4.3.1 Health and development reviews

The Provider shall ensure that the Health Visiting service delivers these five (5) mandated universal health reviews at five (5) key milestones:

- Antenatal health promotion review after 28 weeks of pregnancy
- New baby review at 10-14 days
- 6-8 week review
- 1 year review
- 2 to 2.5 year review

In addition, the Provider shall ensure that all children are formally handed over to the School Nursing Service in time to meet the needs of the child.

See Health Visiting Mandated Activity (Appendix Two) for the detail of activity required at each of the universal assessments.

The Provider shall ensure each review provides an assessment of the family strengths, needs and risks; providing parents with the opportunity to discuss their concerns and aspirations; assess child growth and development and detect

abnormalities, and at later reviews (1 year and 2/2.5 years) to discuss communication and language, social and emotional development.

The Provider Shall implement and adhere to the Named Health Visitor Model so that families have the opportunity to build trusting relationships with their Health Visitor. At a minimum, the Provider shall aim to have the same Health Visitor undertake the new birth review at 10-14 days and the 6-8 weeks review to ensure continuity of care within the first 6-8 weeks of parenthood.

The Provider shall ensure Health Visitors use evidence-based approaches and assessment tools for the reviews (e.g Ages and Stages Questionnaire ASQ) and provide expert advice and guidance as required and decide when signposting or referral for specialist intervention is needed.

The Provider shall aim to deliver each of the reviews universally. Where there are difficulties in delivering universally (e.g. workforce is below plan), the Provider shall ensure that more vulnerable groups are prioritised for delivery and outreach. Prioritisation shall be agreed by the Provider with the Authority's Commissioner (the "Commissioner").

The Provider shall ensure as far as possible to deliver each of the reviews on a face to face basis. However, when face to face is not achievable, and if the nature of the review allows, the Provider shall undertake reviews by utilising positively evaluated virtual methods. The Provider shall ensure equity of access for families who have limited data devices and ensure that a digital alternative is available where face to face is not achievable.

4.3.2 Child Health Clinics

The purpose of the child health clinics is to address parental concerns about child health, check ongrowth and development and deliver age-appropriate health advice, support, signposting and referral.

The number of child health clinics to be provided should be based on an average of 1 clinic hour per week per 400 population, which can broadly be calculated with the following data:-

	Chingford		Leyton		Leytonstone		Walthamstow	
Age 0 - 4	2021	2025	2021	2025	2021	2025	2021	2025
Total	4438	4296	4305	4577	2835	2836	5049	5092

However, an *eq*uitable geographical spread will also be required to ensure that all residents can reach clinic by public or active transport.

The Provider shall run child health clinics in Children and Family Centre's, health clinics, GP surgeries or other appropriate and accessible locations in the community ensuring that the availability of these clinics has a geographical spread which reflects

the location of families with young children. The Provider shall ensure that Children and Family Centres are priority venues in order to ensure integration of the centres' programmes, to increase the uptake of universal early education and health sessions and adding greater value to the outcome from these clinics. The Provider shall ensure that parents are able to access clinics by drop-in, invitation or appointment. The Provider shall establish a booking system for clinics in order to maximise the use of this resource and to respond to parental choice.

The Provider shall ensure that the delivery of child health clinics is demand-led and set up strategically in terms numbers of clinics, locations and times to ensure that the needs of families is met and in line with Waltham Forest fifteen (15) minutes neighbourhood principles.

The Provider shall ensure that a consistent team of Health Visitors and skill mix staff are allocated to each child health clinic to ensure that there is continuity of care when families visit the same clinic, and that the same team will be present at each child health clinic. The named Health Visitor that undertakes the new birth review and 6-8 week review shall ideally be allocated to the Child Health Clinic nearest to that family. Where this is not possible, the Health Visitor shall inform the family which child health clinic they are aligned to.

4.3.3 Integrated 2 – 2 1/2 years Review

An integrated health and early education review that provides an holistic approach to good health and development, and multi-agency or partnership working shall be undertaken by the Provider.

The Provider shall ensure the integrated review supports a collaborative approach to a child's developmental review, combining health and education information by sharing health's developmental check with the EYFS progress. By integrating this review, the Provider shall ensure practitioners can:

- identify the child's progress, strengths and needs at this age in order to promote positive outcomes in health and wellbeing, promote positive behaviour, make appropriate early education and learning plans, and to ensure that children are ready to make a smooth transition to their nursery provision or school
- facilitate appropriate early intervention in relation to health, early education/learning and family support for children and their families where developmental delay or additional needs are identified
- generate information which can be used to plan services and contribute to the reduction of inequalities in children's outcomes

The Provider shall ensure the review draws on the content of existing health and educational reviews, focussing on:

- speech, language and communication
- personal, social and emotional development
- physical development, including a review of growth and the promotion of healthy weight and physical activity
- learning or cognitive development

- physical health, including oral health and bladder and bowel health to prevent such problems as constipation and urinary tract infections

The Provider shall offer a 2 to 2.5 year review to all children in the borough, undertaking this using validated tools, including the Ages and Stages Questionnaire (ASQ) and, as piloting develops, the Early Language Identification Measure (ELIM – see below).

The Provider shall work with partners to develop referral criteria and pathways based on the outcomes of the ASQ and ELIM, ensuring that children are referred for appropriate and timely support, based on the needs identified by the tools. This shall as required include referral for speech, language and communication needs and also for health and developmental needs.

4.3.3.1 Data Sharing to deliver 1 year review and 2 – 2 ½ year review

In order to ensure best access to CFCs and Best Start service for one (1) year olds and to ensure an integrated pathway for the 2 to 2.5 year reviews the Provider shall enter into an Information Sharing Agreement with the Authority. The electronic data requirements are detailed in Appendix Three. The Provider shall ensure that robust plans are put in place to identify and support the child's development needs in line with EYFS and SEND Code of Practice requirements at the earliest opportunity, particularly those with known or suspected SEND and offer holistic family support as appropriate.

The Provider shall ensure that Health Visitors undertaking health reviews for one (1) year olds and 2 to 2.5 year olds shall endeavour to obtain consent from parents for their information to be shared with the Authority in order to register the parent on the Children and Family Centres database. This information can then be used to share information about Children and Family Centre services as well as Free Early Education Entitlement (FEEE) and childcare services.

The Provider shall also work pro-actively with the Authority to progress the Authority's restricted access to RIO/EMIS, or any other system commissioned by NHS England, for this reporting purpose, and which may, over time reduce the need for the above data reporting requirements.

The Provider shall work with partners, including the Early Years Area Sencos, to develop and maintain an integrated '0-5 learning and development delay pathway' in Waltham Forest for those that have identified learning and development delay, and participate in multi-disciplinary team (MDT) meetings to triage and assess children's progress and the support required. In the event that specialist support is required a referral which is supported by appropriate health and learning assessments and reports from the EYCBD Service and the Provider to evidence need and expedite decision making will be forwarded to relevant services for specialist intervention. Targeted support may be provided by the CFC as appropriate.

4.3.4 ELIM (Early Language Identification Measure)

Identifying and supporting children's early language needs

An early language identification measure and intervention tool (ELIM) for use with children aged 2 to 2 and a half years, have been produced for use by health visitors at the 2 to 2 and a half year review which aims to improve early identification of need and enable parents or carers to support their children's language development. This holistic assessment is designed to focus on a child's strengths and identify any barriers to a child's developmental progress. Information gathered from the review will inform discussions with parents about their child's progress, to identify any problems or delay and find solutions or make referrals to more specialist services. ELIM support parents by:

- providing information on ways to promote early language acquisition, such as the home learning environment
- providing early identification of children with signs of speech and language delay
- ensuring uptake of appropriate early intervention strategies or specialist support and referral

The Provider shall participate in work to scope and pilot the introduction of the ELIM tool with effect from the first year of this Contract and, based on the learning from this, fully implement this as part of the 2 to 2.5 year review by Year Two of the contract

4.3.5 Additional contacts

The Provider shall work in partnership with CFCs and the Best Start Service by providing support for additional contacts and input into training for parents at 3 to 4 months and 6 months in order to keep in touch with parents. This contact and support shall if required include information on immunisations, growth and development, physical and social development, maternal and parental mental health, promoting services that promote attachment, positive behaviour.

For families receiving targeted or specialist support, a telephone, clinic or home based contact shall be offered by the Provider to discuss the above issues via an enhanced health visiting pathway.

4.3.6 Screening

The Provider shall ensure that families are aware of and taking up maternal and new-born screening in line with the current National Screening Programme recommendations. (Testing is normally undertaken by midwifery services).

Newborn blood spot screening pathway requirements specification - GOV.UK (www.gov.uk)

All babies up to but not including their first birthday are eligible for New-born Bloodspot Screening (NBS), with the exception of cystic fibrosis testing which is considered unreliable after 8 weeks of age.

Babies who are new to the country or are yet to have a bloodspot test are eligible for testing up to one year old.

Specifically, the Provider shall ensure that effective local area new-born blood spot policies and pathways in partnership with local midwifery, CHIS and GP colleagues are in place. This shall include a mechanism for checking on the status of children transferred into an area and arrangements for urgent new-born blood spot screening if necessary. The Provider shall undertake bloodspot screening for older babies without screening results aged up to one year old.

As standard for all babies, the Health Visitor must check status of, and record all screening results including hearing, New-born Infant Physical Examination (NIPE) and HepB immunisations, and refer immediately for any follow up necessary.

The Provider shall support the Authority's Public Health team in local approaches to addressing and awareness raising about consanguinity.This shall include but not be limited to integrating screening into routine reviews, provision of information and raising awareness of available genetic counselling, supporting referrals where indicated. The Provider shall work in close partnership with Waltham Forest maternity services and develop partnership pathways in order to ensure families are properly informed and supported.

4.3.7 Immunisations

The Provider shall ensure that routine childhood immunisations are offered to all children and their parents as per the Green Book and in line with PHE's prevailing routine immunisation schedule.

Immunisation against infectious disease : the green book

Complete routine immunisation schedule

The Provider shall provide parents with tailored information and support and an opportunity to discuss any concerns.

The Provider shall ensure that each child's immunisation status is checked in their red book / e-red book during health reviews and at child health clinics with referral / signposting to their GP if unvaccinated. The Provider shall provide advice, signposting and referrals to other services if there are issues of concern linked to immunisations. The Provider shall promote the seasonal flu vaccination programme to children aged 2 and above.

The Provider shall ensure that parents are aware that children aged 6 months and over who have a long term health condition are also eligible for seasonal flu vaccination.

The Provider shall liaise with the BCG community provider to ensure that all children who are eligible for BCG vaccination and who have not been referred by maternity services e.g. if they are a mover in, are referred appropriately. The Provider shall note that NHS England are to issue a new BCG service specification in September 2021 which will include a revised pathway, including requirements for health visitors. Adherence to this new NHSE specification will form part of service requirements.

Through liaison with primary care and maternity services, the Provider shall ensure that they are familiar with the up to date and local pathways for women to receive vaccines in pregnancy.

Pregnant women are recommended to have the Pertussis vaccine between 16 and 32 weeks of pregnancy. The Provider shall promote Pertussis vaccination to women at 28 weeks of pregnancy.

During flu season, the Provider shall promote the flu vaccination to all pregnant women at the antenatal contact at 28 weeks of pregnancy.

The Provider shall promote COVID 19 vaccinations at 28 weeks of pregnancy and at any post-natal point.

4.3.8 Supporting Critical Transitions

The Provider shall maintain the safe and effective transitions of all children into 5-19 services through close partnership working with services meeting the needs of children and young people aged up to 19 (or 24 where appropriate). In particular, the Provider shall develop a local policy for transition to the school nursing service, in line with the DH published pathway for this transition, accessible via;

Pathways for supporting health visitors and school nurses interface

Where a child moves out of area the Provider shall ensure that the child's health records are transferred to CHIS for transfer to the receiving Health Visiting Service in the new area within two (2) weeks of notification. The Provider shall ensure they are able to trace and risk-assess missing children and those whose address is not known.

The Provider shall ensure that whether being transferred between services or out of the borough, children being supported at specialist level are formally identified to the receiving services and direct, written contact is made to handover all child protection cases to ensure safe and seamless care.

4.3.9 Children with additional or special needs

The Provider shall ensure that the named health visitor coordinates or participates in multi-agency care planning and provides on-going support for babies and children up to school entry with disabilities, long term conditions, behavioural concerns or other health or developmental issues. This includes families with children with special educational needs (SEN).

The Children and Families Act (2014) (Part 3, Section 23) established that health visitors have a statutory duty to bring to the attention of the Authority any child that resides in Waltham Forest who is under compulsory school age where, in the course of undertaking assessments or other functions in relation to a child, the health visitor forms the opinion that the child has (or probably has) special educational needs or a disability (S23 duty). and includes their responsibility under the HCP to facilitate access to EYFS based learning opportunities. The pathway for this notification is described in Appendix Four. The duty also extends to working in an integrated way to

assist the Authority in meeting its duties (S.25 duty) and extends to attendance at multi agency meetings to consistently review the service being provided (S27 duty).

In partnership with other services, the Provider shall ensure that Health Visitors support the assessment process and development of EHC plans for children between 0-5. This involves sharing information about the child's and family's needs and reviewing in collaboration with other services what support can be put in place to deliver these plans.

4.3.10 Care Continuity Between Midwifery and Health Visiting Services

Care continuity between midwifery and health visiting enables safe, high quality, personalised care to be delivered in a timely manner. Care continuity can take different forms and be via joint working, sharing information and postnatal handover, and helps with providing consistent information, in line with the 'making every contact count' agenda.

In order to deliver best outcomes for women and families the Provider shall:

1. Retain up to date details of local midwifery teams

2. Share relevant information in a timely manner and establish protocols regarding when, how and with whom to share information

3. Have knowledge of midwifery services role and remit and understand informational needs

4. Build opportunities for joint case discussion and provide joint care for those women who need it

5. Develop and continuously improve service pathways, standard operating procedures and information sharing documents with midwifery services

6. Share the same resources with women to ensure consistency in information provided

7. Encourage and support parents and carers to use the Personal Child Health Record (PCHR) or 'eRed Book' proactively, as their own complete record of key information regarding their child's health, reviews, screening and immunisation status.

4.3.11 High Impact Areas (0 – 5)

The Provider shall support the six 0 to 5 years high impact areas as follows:

4.3.11.1 High Impact Area One: Supporting the transition to parenthood and providing parenting support

- develop effective relationships with parents, starting in the antenatal period, providing health promotion, support and advice.
- work with parents,using well evidenced, strengths-based approaches e.g. motivational interviewing, Family Partnership Model and other trauma

informed strength based approaches to promote positive lifestyle choices and support positive parenting practices.
- lead on or support the Children and Family Centres, Early Help Service & Best Start service providers, in co-operation with externally funded services of the Authority, in the delivery of evidence based antenatal and postnatal parenting groups.
- actively work to engage partners in their support approaches

4.3.11.2 High Impact Area Two: Supporting maternal and family mental health

- promote good parent and infant mental health and secure attachment, both through educating and supporting parents to develop a close loving bond with their child from conception or as early as possible. The Provider shall work in partnership with Children and Family Centres to understand measurement of maternal mood and outcomes from EPDS measurements.
- have a designated perinatal and infant mental health specialist health visitor who should be aligned with the perinatal mental health team due to the complexity of high risk cases, as well having identified leads for perinatal and mental health within each locality team.
- ensure that staff are adequately trained to detect, assess and provide support for low mood and postnatal depression and incorporate robust awareness raising and evidence-based screening methods into the service provision at key points – namely the antenatal health promoting visit, New Baby and 6-8 week visit.

Where there are concerns around maternal mental health or parent-infant attachment, the Provider shall use evidence-based tools recommended by NICE guidance inform support required which may include referral for specialist support to the Perinatal Infant Mental Health Team or IAPT. This support shall also be provided to partners, providing referrals and signposting to specialist support where required.

4.3.11.3 High Impact Area Three: Supporting breastfeeding

The Provider shall be aware that the Infant Feeding lead for breastfeeding support sits within the Authority ‘s Public Health team and breastfeeding support is delivered through the Best Start (0 – 5) service.

The Provider shall ensure that health visitors are effective in enabling mothers to continue breastfeeding and can support those mothers who are unable or do not wish to continue to breastfeed whilst continuing to promote responsive feeding, bonding and secure attachments between mother and infant. Health visitors shall be trained, through a separately commissioned training service, to provide advice to mothers on feeding positioning and latch when seeing women at health reviews or in child health clinics, and signpost / refer onwards for further support, where needed.

The Provider shall:

- work in partnership with the Best Start 0-5 Service to ensure that parents are aware of the infant feeding service and are informed of how to access support. The Provider shall work in collaboration with the Best Start 0-5 service to

deliver their child health clinics and other services, where appropriate, alongside the infant feeding offer to improve access for families.
- collect data on breastfeeding status at the new birth review and 6-8 week reviews, which will include recording of ethnicity and share this data with the Best Start Service provider (Lot 2)
- work with the Best Start Service and Children and Family Centre partners to attain Level 2 (if not achieved) and Level 3 UNICEF Baby Friendly accreditation.

4.3.11.4 High Impact Area Four: Supporting healthy weight and nutrition

The Provider shall make every contact with the family a health promoting contact. Staff will identify and draw on the strengths within the family in providing support and advice, recognising that families have the solutions within themselves to make positive lifestyle changes. Key areas of health promotion and behaviour change that the Provider shall address:

- Smoking cessation – both parents
- Healthy Weight – increasing intake of nutritious foods and physicalactivity levels for the whole family
- General home health and hygiene and health protection
- Substance Misuse including alcohol
- Promoting good mental health
- Safe sleeping and accident prevention
- Promoting Oral Health

The Provider shall work with commissioners, food banks and community groups to develop innovative pathways to mitigate the health impacts of food poverty on families with young children including promoting and facilitating access to Healthy Start vouchers and providing information about better nutrition at lower cost

4.3.11.4a. Healthy Start Scheme

The Provider shall note that parents who are pregnant or have children under the age of 4 may be eligible for free vouchers for food and milk.

The Provider shall promote the Healthy Start scheme by identifying if families are eligible and supporting those who are eligible to apply for the scheme and will distribute information through the first health visitor visit and through Children and Family Centres. This shall as required be during pregnancy or any time later.

4.3.11.4b. Healthy Start vitamins

The purpose of ‘Healthy Start Vitamins’ is to tackle Vitamin D deficiency by delivering pathways for universal provision of Healthy Start vitamins to pregnant women and new-born infants (Healthy Start Vitamins for Women Pathway and Healthy Start Vitamins for Children Pathway respectively). As well as directly providing supplements to needy mothers and children, this will encourage eligible families to join the national Healthy Start scheme and provide an opportunity to promote the importance of vitamin D supplementation to all.

Women can have Healthy Start vitamins while they pregnant and up to their baby's first birthday. Children can have Healthy Start vitamin drops from the age of 4 weeks until their 4th birthday.

The Provider shall be the lead organisation in the delivery of Healthy Start vitamins for infants and children – the infant component of the programme. The Provider shall distribute initial vitamins at the new birth visit and thereafter two (2) subsequent bottles to be provided at child health clinics and recorded in the e-red book.

Barts Health NHS Trust is responsible for the maternity component of the programme. The relationship between Barts Health NHS Trust and the health visiting service is currently described thus:

Barts Health NHS Trust	Health visiting service
Ordering of vitamins and supply to maternity and to CFCs	Training health visitors in HS vitamins Training of all CFC providers in HS vitamins
Distribution of maternal vitamins in pregnancy	Distribution of infant vitamins at new birth visit and subsequently via child health clinics (in health centres and CFC locations)
Distribution of vitamins to CFCs	Data monitoring and performance reporting
Training midwives in HS vitamins	

The Provider shall ensure that the Healthy Start Vitamins scheme is widely available, specifically in promoting and working with CFCs and the Best Start service provider to maximise take up of the programme.

4.3.11.5 High Impact Area Five: Improving health literacy, managing minor illnesses and reducing accidents

The Provider shall ensure that health visitors have a key role to play in promoting and educating the public on the importance of self-care and sign posting them to resources and local services. This shall include but not be limited to helping children young people and families to make daily choices to adopt a healthier lifestyle. In addition, health visitors are in a position to respond to common health concerns, improve parental health literacy and self-management of minor illnesses and injuries, discuss treatment options and wider management of conditions and then to prescribe as part of a holistic approach if indicated.

The Provider shall ensure the Health Visiting team prevent unnecessary primary care and hospital admissions by supporting parents to know what to do when their child is ill and promoting self-care and the appropriate use of wider services such as pharmacies. The Provider shall promote the local CCGs 'Parent's Guide to Child

Health and Illness' PDF and App to all parents at each review and give additional opportunistic advice and support to parents on managing childhood illnesses and preventing unintentional injuries.

4.3.11.5a Nurse prescribing

The Provider shall ensure that nurse prescribing enhances the health visitor ability to support families to manage minor illnesses and reduce hospital admissions. This shall include but not be limited to managing symptoms and providing medication knowledge to enhance advice and support. It shall also support increasing compliance to reduced hospital and GP attendances and reducing school absences.

The Provider shall respond to common health concerns, discuss treatment options and wider management of conditions and then, as necessary, prescribe medication in accordance with current legislation as part of a holistic approach : RCN Guidance on Medicine Management Where Health Visitors have not undertaken a prescribing module in training, the Provider shall ensure that it is completed within the first two (2) years of practice in accordance with CPD requirements.

The Provider shall implement an information sharing protocol with GPs regarding medicines prescribed to ensure effective and safe care.

To reduce repeated hospital admissions, the Provider shall develop a protocol for exchange of information from A&E departments and will develop criteria on following up on A&E discharges. This shall be agreed between the Provider and the Authority in line with local integrated care workstreams, and shall as required include follow-up for all discharged children;

- who are under 1 year of age
- were discharged with a fever of unknown origin
- were admitted due to an accident
- who have attended A&E on a previous occasion within the last 6 months
- where the A&E liaison nurse or other staff have expressly asked for Health Visitor follow-up

4.3.11.5b Wrap around support

The Provider shall work with partner agencies to familiarise themselves with pathways and services available which enable them to provide support, signposting information, make referrals and seek to identify 'service champions' in respect of:

Sexual health, particularly in connection with reducing unintended future pregnancies, postnatal sexual health advice.

Smoking, particularly optimising opportunities to address smoking in pregnancy at antenatal visit, detecting smoking in the households, particularly in instances where a partner is smoking, when undertaking NBV and other checks in the home.

Drugs and alcohol – particularly optimising key substance misuse and harm reduction messaging, including a focus on reducing stigma and promoting Drinkcoach to parents and families

4.3.11.6 High Impact Area Six: Ready to learn and narrowing the word gap

PHE's ambition, 'ready to learn at 2, ready for school by 5', means that by school entry, every child will have reached a level of holistic development which enables them to:

- communicate their needs with a good vocabulary and understand others. It is important that any deficits in language development are identified early and that support is available for children to reach their full potential.
- get dressed and go to the toilet independently
- eat independently
- take turns, sit still, listen and play
- socialise with peers, form friendships and separate from parent(s)
- enjoy good physical health or have disabilities and complex health needs identified and managed appropriately to maximise access to education
- have a healthy weight for height range and be well nourished and physically active
- attend the dentist regularly and have good oral health
- benefit from protection against infectious illness, having received all childhood immunisations

The Provider shall ensure that health visitors lead the 2 to 2 and a half year health and development review as part of the Healthy Child Programme (see above) This review shall enable health visiting teams to assess a child's progress, aiming to optimise child development and emotional wellbeing, reduce health inequalities and promote school readiness, working in partnership with other members of the multi-disciplinary team to support children with a learning disability or complex health care needs.

4.3.12 Maternity high impact areas

The Provider shall be aware of the six (6) maternity high impact areas and ensure co-operation and collaboration with maternity services to ensure opportunities are exploited to deliver maximum impact for parents and children.

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4.3.13 Access and Timetabling

The Provider shall ensure that the core service operates standard hours of 9am – 5pm Monday to Friday but with flexibility from 8am – 8pm to meet the needs of families. This shall be delivered through a range of workforce planning options such as flexible shift times. Other working hours shall as required be considered by local agreement with the Authority to meet the needs of families which shall include but not be limited to child health clinics run on a weekend.

The Provider shall ensure parents/carers and professionals are able to easily contact the Health Visiting Service during and outside of service hours. These routes shall as a minimum include telephone contact, including a duty call system, direct mail and electronic routes, and a dedicated website.

4.3.14 Children Moving Out of Area

Where a child moves out-of-area the Provider shall ensure that the child's health records are transferred to the Health Visiting Service in the new area within two (2) weeks of notification of a move.

Direct contact shall be made to the child's new local authority child protection team to handover all child protection cases and systems should be in place to assess the risk to children whose whereabouts are unknown.

4.3.15 Responding To / Receiving Referrals

The Provider shall ensure that all referrals from whatever source (including families transferring in) will receive a response to the referrer within five (5) working days, with contact made with the child, young person or family within ten (10) working days. Urgent referrals, including all safeguarding referrals, must receive a same day or next working day response to the referrer and contact within two working days.

Referrals shall be triaged by a trained individual to ensure that issues are prioritised based on clinical and/or social need. Referrals shall be managed appropriately and acknowledgement of referral and written feedback shall be provided to the referrer following a service being provided to the child or young person (excluding self-referrals).

4.4 RISK ASSESSMENT AND SAFEGUARDING (See Section 15)

The Provider shall have in place systems to identify and refer at-risk children so that appropriate support can be given. The risk assessment shall include protective factors as well as risks and be non-stigmatising in its approach. There shall be explicit assessment of safeguarding risks for the child as necessary.

4.5 HEALTH VISITING SERVICE: WORKFORCE

The Providers Health Visitors shall be registered nurses or midwives with additional specialist community public health nurse training (SCPHN)

The Health Visiting Service shall allocate a specific role for the purpose of leading on infant feeding i.e. Specialist Health Visitor: Infant Feeding Lead.

The Health Visiting Service shall allocate a specific role for the purpose of leading on perinatal and infant mental health i.e. Specialist Health Visitor: Perinatal and Infant Mental Health Lead.

4.5.1 Workforce Capacity

The Provider shall agree the overall workforce capacity in respect of staff numbers and roles with the Authority on an annual basis.

As a minimum the Provider shall ensure a named Health Visitor for every family with a child up to 1 year of age and for all children 0-5 identified as having needs at the targeted and specialist levels of need.

In addition, the Provider shall consider the leadership roles and designated specialist roles referred to in the Service Specification when determining workforce capacity (See 4.4 above)

4.5.2 Minimum Staffing Requirements

The Provider shall ensure the minimum requirements of staff and expertise for the delivery of a safe and quality service, including the designation of specialist posts and leadership posts as required. In view of the recognised national health visiting workforce shortage, it is expected that beyond this, the Provider shall be innovative in generating maximum capacity within the service using an appropriate skill mix which provides a focus on good outcomes. Details of the Provider's staffing intentions and a workforce development plan shall be agreed with the Authority at the outset of the Contract and annually thereafter.

4.5.3 Health Visitor role in training outside of the service

In working with the wider health and social care economy, the Provider shall identify key training needs and to provide training on a regular basis in formal and informal ways, which shall include but not be limited to attending partners' network meetings or holding topic-specific workshops. The Provider shall ensure that the specialist posts within the service will lead on training staff in their area of expertise.

4. SCHOOL NURSING

5.1 SCHOOL NURSING: GENERAL REQUIREMENTS

4.1.1 Access and Eligibility

The Provider shall provide support and access to effective health interventions throughout the school age years.

The Provider shall note that all references to children is to include:

- children aged 4 that have started school or some other form of full-time education, and
- young people aged up to 19, or up to 24 for young people, specifically those attending Waltham Forest College with:
  - special educational needs and/or disabilities (SEND)
  - physical health needs, and/or
  - care leavers

The Provider shall deliver a high quality, multi-disciplinary, healthcare professional led service which has co-located components within primary and secondary schools, and in community settings including Children and Family Centres and youth settings in Waltham Forest. The service shall be delivered by the Provider to those within local schools, colleges, and alternative provisions including those outside of mainstream education in the borough.

The School Nursing Service extends to children and young people attending:

- maintained schools and academies,
- those who are home educated or who are not attending school for other reasons,
- those attending further education settings and youth settings and those attending pupil referral units (PRUs) in the borough of Waltham Forest.

School nursing arrangements for those attending independent schools are not included within the scope of this service.

Children who are resident in Waltham Forest but educated outside of Waltham Forest are not eligible for the service.

The Provider shall ensure equal access for all children and their families, regardless of disability, gender reassignment, marriage and civil partnership, sex or sexual orientation, race - this includes ethnic or national origins, colour, nationality, religion, belief or lack of belief.

5.1.2 Named/lead nurses

The Provider shall ensure the School Nursing Service has an appropriate protocol in place to work with children and young people educated in settings other than at school and allocate a specific role for this purpose i.e. Educated Outside of School

(EOTAS) Nurse. This role shall extend to working with the Authority's Youth Offending Service to support and follow up health assessments as appropriate.

The Provider shall have a named school nurse linked to each school in Waltham Forest.

The Provider shall have a named school nurse linked to each Primary Care Network (PCN) in Waltham Forest

The Provider shall have a named school nurse who will be a point of enquiries concerning Young Carers.

The Provider shall allocate a named school nurse who will be a point of contact for enquiries concerning young people with SEND aged 19+, young people with physical health needs aged 19 + and care leavers aged 18 + who transition from a Waltham Forest school (excluding special schools) into Waltham Forest College.

The Provider shall ensure partners and stakeholders are aware of the named or lead school nurse who is relevant to their discipline and will know how to contact that person. The Provider shall share this information with the Authority's Contract Manager on a termly basis.

5.1.3 Personalisation

The Provider shall ensure all services and interventions are personalised to respond to children's needs across time. The majority of these needs shall be met by the universal offer whilst more targeted and specialised evidence-based support shall be provided as early as possible. The Provider shall ensure that school nurses use their specialist public health skills and clinical judgement to work with the child to determine and assess needs. This shall be based on an approach of identifying and meeting perceived, expressed and assessed need.

The Provider shall ensure school nurses undertake joint visits or consultations with other professionals in order to improve outcomes for children and families

The Provider shall work closely with the NHS (North East London) CCG's commissioned Looked After Children's Nurse to support and follow up health assessments as appropriate.

5.1.4 Transitions

The Provider shall ensure that there are documented protocols which provide for a seamless transition, including a formal handover of care from the Health Visiting service for children with identified health or social care needs

Pathways for supporting health visitors and school nurses interface

The Provide shall ensure support for young people who are transitioning into adult health and social care services which shall include but not be limited to mental health services or who are care leavers.

In the provision of services to children with special needs or where English is not spoken, the Provider shall ensure there is access to appropriate health education materials and that where required translation support is provided.

5.2 SCHOOL NURSING SERVICE: OUTCOME REQUIREMENTS

The Provider shall ensure that evidence of the following outcomes being achieved are supported by both quantitative and qualitative data which will form part of contract performance monitoring.

- Schools are supported to identify, and take action on, their health priorities
- Schools have a named school nurse, who will act as the school's key link into children's health care. This information is to be made available to commissioners as requested.
- Schools are aware of who the named school nurse is and be aware of how they can be contacted and accessed.
- Young people at the school are aware of who the named school nurse is and how to contact and access them
- Young people who are not attending school-based education provision are aware of who the named school nurse is and how to contact and access them
- School nurses establish close links with the Youth Health Champions in the school (as applicable) to promote the service and strengthen health and wellbeing messages. Schools have school nurses as a visible presence, understand the 'core offer' of the school nursing service, and work in partnership with the school nursing service to receive advice, training and support to staff onhealth and well-being of their pupils
- Children entering school are provided with a seamless transition, including a formal handover of care from the Health Visiting service for children with identified health or social care needs
- Children will also be supported with seamless transition into adulthood and appropriate services
- Children with health needs that impact upon their ability to learn will be identified and supported through health assessment and reviews. This will help manage their health condition so they can be given every chance to thrive in school
- School children involved with another specialist health service will have their school nurse respond by completing a holistic health review when appropriate and liaising with the school and specialist agency
- The service is actively promoted to young people through a variety of channels to make them aware of the school nursing service, know how to access and report a high level of satisfaction and clinical effectiveness with school nursing service
- Young people are aware of and understand how to access inter-related services e.g. mental health, sexual health, drug & alcohol
- A reduced number of children require formal safeguarding arrangements – achieved through early identification and intervention
- Increased uptake from children, young people and families of preventative services, and evidence-based interventions tailored to their needs through the Healthy Child Programme,
- There is a clear pathway for contact and access to the service for those not attending schools, e.g. electively home education, on school exclusions
- There is a continual focus on ensuring that the service is accessible to all groups, paying particular attention to issues of ethnicity, gender and sexuality and SEND needs, ensuring equality of access for all young people and

mitigating against existing structural inequalities
- A reduction in school absence due to poor health and / or additionalhealth needs or complex needs
- Improved mental health and emotional wellbeing amongst school-age children,including reduced bullying and increased resilience
- Reduced childhood obesity by promoting healthy eating and physical activity, and continued good coverage of the NCMP
- Children and young people feel supported and able to make positive changes to their health and wellbeing
- Reduction in proportion of young people who frequently use illicit drugs or alcohol, or that smoke.
- Children, young people and their families are partners in service development, review and evaluation
- Provision of services that continually reflect best practice, innovation and strategic policy direction and are responsive to emerging legislation and structures and changes on the ground.
- Ongoing building of potential for a inclusive and multi disciplinary approach in supporting children and families

5.3 SCHOOL NURSING SERVICE: ACTIVITY REQUIREMENTS

5.3.1 Health Reviews

The Provider shall provide structured standardised health and development reviews for all children in Reception Year, Year 6 and Year 10. The model of these reviews, including tools used and questionnaire formats, shall be signed off with the Authority's Commissioner prior to the start of each academic year. An example model is The Lancaster Model

At a minimum the 3 reviews will cover the following:

5.3.1.1 Reception Year (child aged 4-5yrs) School entry assessment and school entry questionnaire.

The Provider shall

1. Ensure parent/carer completes health and wellbeing questionnaire, including a standardised evidence based assessment of mental wellbeing, nutritional, physical activity, behaviour and immunisation history. Specifically, information on GP registration, access to dental care, immunisation status and recentness of dental check-up shall be requested

2. Undertake measurement of the height and weight in line with National Child Measurement Programme (NCMP) standard collection (see Appendix Five). Whilst NCMP is a separate programme, the measurements shall be undertaken wherever possible at the Reception Year Review.

3. Undertake hearing and sight screening in line with National Screening Guidelines
    i. Screening for hearing defects
    ii. Screening for vision defects

4. Undertake assessment of each child's behaviour plus assessment of safeguarding issues, health risks and potential additional needs. This assessment shall be made in collaborative discussion with parents and not solely reflect parent's self-assessment.

5. Ensure parent and child have the opportunity to raise any issues of concern to them.

6. Follow up with parent and child, as appropriate

5.3.1.2 Year 6 (child aged 10-11years) Assessment at transition from primary to secondary school

The Provider shall:

Ensure parent/carer completes health and wellbeing questionnaire, including assessment of mental wellbeing, nutritional and physical activity behaviour, immunisation history and access to primary care and dentalcare. Specifically, information on GP registration, access to dental care, immunisation status and recentness of dental check-up will be requested

Undertake measurement of the height and weight in line with National Child Measurement Programme standard collection. (see Appendix Five)

Undertake assessment of each child's behaviour plus assessment of safeguardingissues, health risks and potential additional needs

Undertake assessment of each child's speech, language and communication

Ensure parent and child have the opportunity to raise any issues of concern to them. Follow-up with child as appropriate, potentially including use of SDQ or similar tool, with referral/signpost to appropriate services.

5.3.1.3 Year 10 (young persons aged 14/15 years) Assessment of preparedness for adulthood/transition

The Provider shall:

Provide all young persons with opportunity to complete health and wellbeing questionnaire, including assessment of mental wellbeing, nutritional and physical activity behaviour, risky behaviours (e.g. smoking, alcohol, drugs, sexual and reproductive health), registered access to primary care and dental care, and potential safeguarding issues, health risks and additional needs; highlighting areas where the young person would like more information. The Provider shall work collaboratively with schools to maximise the responses to this questionnaire which includes using time allocated within the school for PHSE sessions.

The Provider shall note that the purpose of this year 10 review is to follow up individual concerns and the questionnaire cannot therefore be anonymised. A follow up assessment shall be undertaken by the Provider for those who indicate needs in two (2) or more of the assessed domains. The Provider shall include assessment of mental wellbeing (using SDQ or alternative standardised questionnaire), assessment of risky behaviours (which shall include DUST tool or equivalent, looking at smoking, alcohol, drugs, sexual and reproductive health), assessment of safeguarding issues, health risks and additional needs

Where responses to questionnaires have been provided predominantly by female students, the Provider shall provide small groups sessions targeted at male pupils to promote the benefits of completion of questionnaires.

Where responses to questionnaires from pupils from black and ethnic minorities (BME) have been low in relation to those numbers within the individual school population the Provider shall deliver small groups sessions targeted at BME pupils to promote the benefits of completion of questionnaires..

Data on completion of questionnaires and follow up activity will form part of contract monitoring activity.

5.3.1.4 Follow-up after reviews:

The Provider shall ensure that parents/carers receive a standardised report of the assessments for Reception and Year 6 within one (1) month of the assessment being undertaken, unless there are any urgent issues, which need to be followed up immediately. Where issues are identified, the report shall include signposting to relevant services.

The Provider shall provide a standardised report of the assessments for Year 10 subject to consent from the pupil for the information to be shared and based on assessment of the young person's competence and safeguarding guidelines (see below).

The Provider shall provide an offer of information sessions within schools for parents as a follow up to these reports and offer signposting and access to appropriate workshops. This shall include but not be limited to healthy lifestyle workshops, which can be offered either face to face or digitally. The Provider shall provide an option for one-to-one support as required. (See 5.3 Drop-in Sessions: Access for Parents and Young People below)

The Provider shall ensure GPs receive a standardised report of the assessments within one (1) month of the assessment being undertaken where health needs for Reception, Year 6 and Year 10 have been identified unless there are any urgent issues, which need to be followed up immediately. This shall include pupils identified as being overweight or very overweight from the National Child Measurement Programme. Data on onward referrals of assessments will form part of contract performance monitoring.

The Provider shall ensure where there has been a face-to-face drop-in consultation or Year 10 review follow-up with a young person, there will be explicit discussion

regarding confidentiality, and potential sharing with other parties such as parents, GPs or other professionals based on assessment of the young person's competence and safeguarding guidelines. The Provider shall ensure that staff are aware of Gillick competence and Fraser guidelines for this purpose.

The Provider shall ensure the school nurse works in partnership with the externally commissioned learning disability nurse to support vulnerable children and those with additional needs,

5.3.1.5 Support for different year groups

In order to provide a good level of overall support, the Provider shall undertake to provide school assemblies, including an offer of follow up one to one support if required, which focus on (but are not limited to):

Year 3 (7 to 8 years old): healthy life styles and healthy relationships

Year 6 (10 to 11 years old): transition into secondary school

Year 8 (12 to 13 years old): mental health, sexual health, and healthy relationships, body image and self-care

Year 11 and Year 13: School leavers: relationships, sexual health, self-care, resilience

5.3.2 Drop-In Sessions: Access for Parents, Children and Young People

In order to take the learning from Waltham Forests School Health Survey 2021 which identified that only 25% of respondents knew how to contact the school nursing service, the Provider shall adopt a programme of visibility and accessibility for schools.

As part of the offer to schools, the Provider shall offer schools drop-in sessions for their pupils and parents, run primarily out of the school building:

- On a weekly basis, for secondary schools
- On a weekly basis, for colleges
- On a monthly basis, for primary schools
- On a half termly basis for special schools

The Provider shall as required consider the use of non-formal community venues for the purpose of drop ins if this is appropriate to extend the reach of the service. This shall include but not be limited to use of GP surgeries and use of the Outset Centre (youth centre).

The Provider shall ensure that provision to home-schooled children and children not in education, employment or training is via domiciliary visits or a community-based site which shall be arranged by the Provider and be accessible for the children and their families

The Provider shall regularly feedback to the Authority's Commissioner about collaborative working with schools as part of the regular reporting routine detailing any issues arising with regard to engagement or facilitation of working which shall

include if schools are providing inappropriate premises for health reviews; if schools are not enabling drop-in sessions to occur).

The availability of the drop-in sessions shall be regularly communicated by the Provider to parents and young people via a variety of methods, including school newsletters, email and social media.

5.3.3 Virtual clinics support

The Provider shall provide facilities to provide interactive virtual clinics as an alternative option to face to face consultations. This offer shall be provided through a range of digital platforms and include, but not be limited to,

- 'e' clinics, as an alternative to face to face drop ins, health assessments and brief interventions
- Health education/promotion lessons, videos and resources ranging from hand/respiratory hygiene to puberty, school transitions and food poverty
- Training for school staff regarding medical conditions in schools
- Safeguarding meetings

The Provider shall work in consultation with young people to provide access to a digital offer which provides confidential messaging and enables young people (age 11 – 19) to contact the School Nursing team, e.g. ChatHealth. Data on use of this facility will form part of contract monitoring

The Provider shall regularly feedback to the Authority's commissioners about their use of virtual activity as part of the regular reporting routine, detailing any issues arising, and how they maintain a balance between virtual interaction and face to face activity.

The availability of the 'virtual offer' shall be regularly communicated by the Provider to parents and young people via a variety of methods, including school newsletters, email and social media.

The Provider shall actively promote a single point of access (SPA) which operates during the service core hours and which enables booking of appointments (including virtual appointments) as well as offering advice and support to parents and professionals, including support for children with long term conditions.

5.3.4 National Child Measurement Programme

The Provider shall deliver the National Child Measurement Programme (NCMP) in line with national guidance, including obtaining parental feedback, and uploading information to the national dataset, for all children in Reception and Year 6 classes. This data will be shared with the Authority. The Provider shall ensure that pupil measurement can be incorporated into the Reception and Year 6 health reviews described above. Full details of requirements for delivery of the NCMP are in Appendix Five. This includes requirement that the Provider shall inform GPs of a child's result when they are found to be overweight or very overweight.

5.3.5 Immunisations and Screening

5.3.5.1 Screening: hearing and vision

In addition to the delivery of the NCMP the Provider shall provide hearing and vision screening to all reception aged children. This may be undertaken simultaneously with the reception aged health review (see above).

This Provider shall deliver the service in line with national guidance as provided by the National Screening Committee (see above) and the Provider shall work to ensure a seamless approach with local health partners in adopting a clear referral pathway for those identified as requiring specialist support.

5.3.5.2 Immunisations

NHS England commissions the school aged immunisation programme. The School Nursing Service is not required to deliver immunisations as a part of the 0-19 Healthy Child Programme service. However, the Provider shall monitor and promote the take up of immunisations in line with their health promotion responsibilities.

The NHS England Immunisation Schedule is updated annually.

https://www.gov.uk/government/publications/the-complete-routine-immunisation-schedule

The Provider shall use every opportunity when in contact with parents or young people to check immunisation status and discuss the importance of vaccination.

The Provider shall be familiar with the routine immunisation schedule, promote this wherever possible and, where required, broker relationships between schools and the school aged immunisation provider.

5.3.6 High Impact Areas (5 – 19)

The Provider shall work with wrap around services to deliver joint workshops which support the health and wellbeing of children, which shall include delivering workshops on personal hygiene, menstruation, ‘C’ card condom scheme, long lasting reversible contraception. A timetable for delivering workshops shall be agreed by the Provider with partners and with the Authority’s commissioners on an annual basis.

In order to ensure the service makes every contact count, the Provider shall ensure school nurses undertake training which enables them to equip themselves with knowledge of key issues, understand interventions, be in a position to promote through routine conversations, and support and make onwards referral to, wrap around services including (but not limited to) Waltham Forest’s

- Substance mis-use service (delivered by CGL)
- Young people’s sexual health outreach service,
- Specialist sexual health service (All East : delivered by Barts Health NHS Trust)
- Smoking Cessation Service (delivered by QM University of London)

The Provider shall ensure school nurses attend training sessions provided by Waltham Forest Safer Partnership to equip themselves with knowledge relating to

issues of local community focus such as impact of gangs and gang culture with a view to providing supportive health related advice and support.

The Provider shall work with partner agencies to seek opportunities for the co-location of services to increase the extent of service uptake.

The Provider shall offer a reciprocal service to these external providers in order to support partnership working and improve holistic outcomes for children.

Information on the number of trainings attended and referrals to linked services will form part of contract performance monitoring.

Information on delivery of health promotion sessions to linked services will also form part of contract performance monitoring.

The Provider shall support the six (6) school age years high impact areas by:

1. Supporting resilience and wellbeing

- Working in partnership with Mental Health Support Teams and Mental Health Champions (staff) in schools and with CAMHS, with an understanding of local services and pathways
- Signposting to locally commissioned wellbeing support provision which shall include KOOTH
- Encouraging schools to sign up to Waltham Forest's Mental Health Charter and support schools to fulfil their pledges, in particular Pledge 3 "Provide Lessons, assemblies and activities on mental health throughout the year" and Pledge 4 "Engage with mental health professionals".
- Promoting information and develop channels to enable children to access the EOTAS nurse and fulfil the School and EOTAS nursing pledge "Make sure that everyone knows us and how we can help".
- Support schools to take a whole school approach to improving wellbeing by helping them to apply for Healthy Schools London awards.
- Work with Youth Health Champions or other groups of young people within the school to deliver health promotion messages.

2. Improving health behaviours, keeping safe and reducing risk taking

- Working with children and young people with particular behaviour/lifestyle risks. This will include those not in education, employment or training (NEETs), and/or those exhibiting or at increased risk of risk-taking behaviour such as gangs and violence, substance misuse, alcohol and unsafe or exploitative sex.
- Delivering gender inclusive health promotion sessions on these key topics ensuring that young people know where to go for support with these issues
- Linking to local services, including knowledge of the local services, pathways and how to signpost and refer young people

3. Supporting healthy lifestyles

The Provider shall provide information, advice, signposting, referral and training which ensures coverage which includes parents/carers and school staff, on (but not restricted to) the following:

Delivering drug and alcohol related workshops, including awareness training, awareness of hidden harm in low level of usage, access to and availability of treatment for substance abuse and awareness of parental substance abuse.

Sexual and Reproductive Health Support

- Providing access for secondary school children, including those with SEND and in special schools, in colleges and alternative provisions, to non-judgemental, equitable, factual sexual and reproductive health advice, support, guidance and signposting to outside agencies, including access to condoms where appropriate and in line with school policies.
- Registering young people onto 'C Card' Condom Distribution Scheme. Once registered, provide condoms to young people (Training and condoms supplied by the council's Sexual Health Outreach service)
- Offering Chlamydia screening (delivered by PreventX) to young people aged 13+ (Training to be provided by the council's Sexual Health Outreach service)
- Be aware of and follow local processes for safeguarding young people at risk of or subject to FGM and any form of Child Sexual Exploitation
- Providing access for secondary school children to Level One smoking cessation advice and support where needed, including onward referral to specialist smoking cessation support.

The Provider shall note that new standards and toolkits to support young people's sexual health are in the course of development both nationally and locally and these standards may be referenced during the lifetime of the Contract

4.Supporting vulnerable young people and improving health inequalities

- Provide support and signpost to service, with identifiable leads, for specific groups of vulnerable children, for example:
  - Young carers
  - Children living with chronic diseases e.g. sickle cell disease, diabetes
  - Lesbian, gay, bisexual and trans identifying youth
  - Young mothers in education
  - Youth offenders in education
  - Looked After Children
  - Sexually active young people
  - Traveller communities
  - ESOL
  - Children and young people whose family/home background puts them at risk.

5.**Supporting complex and additional health and wellbeing needs**

- Provide support and training for schools in managing pupils with long-term conditions. Support provided will be as appropriate, in line with ongoing local discussions around integrated care. This is likely to include, at a minimum, support to schools to develop health related policies,(e.g. pupil medicine management, asthma, epilepsy and anaphylaxis management), and in understanding relevant devices such as spacer devices or epi pens (Epinephrine Injectors). This may be achieved by the service regularly

attending Waltham Forest's SENCO forum in order to deliver general training to the group on issues such as diabetes management, weight management and exercise.

- Developing or adopting and following care pathways and targeted support available for children and young people with complex or enhanced needs, including but not limited to children and young people who are ill, disabled, have complex or long-term health needs, have statement of special educational need (SEN) or have mental health problems.

- Supporting schools in signposting and accessing SEN related health services

In partnership with other services, school nurses shall support the assessment process and development of EHC plans for children between up to age 19 (24 years if appropriate). This shall include sharing information about the child's and family's needs and reviewing in collaboration with other services whatsupport can be put in place to deliver these plans.

The Provider shall be aware of changing dynamics in children's health needs which includes an increase in those with diabetes, and an increase in children needing continence management support and the Provider shall develop flexibility within the service to respond to changing needs as appropriate.

6.Promoting self-care and improving health literacy

The Provider shall work with services which provide support for children with long term conditions to contribute to self-care programmes supporting children with chronic disease conditions such as asthma, diabetes and epilepsy

5.3.7 Special Educational Needs and/or Disabilities (SEND)

The Provider shall ensure the school nurse provides advice to schools of onward referrals required to identify SEND or bringing directly to the Authority's attention any child not already known to a school who may have SEND which includes those new to the country or removals into the country.

5.3.8 Asthma Friendly Schools

The Provider shall support schools to achieve the Asthma Friendly Schools status.

This shall include, but not be limited to, highlighting the project to schools, signposting them to the resources available, and offering any support required. Schools shall be encouraged by the Provider to link this to the Healthy Schools London programme.

The Healthy London Partnership (HLP) programme sets out six clear standards that need to be met and maintained in order to achieve the AFS Status:-

- Asthma policy, or similar i,e, medicines in school policy that includes asthma
- Asthma register
- Emergency kits and procedures
- Individual Health Care Plans/Asthma Action plans for each pupil
- Asthma training for school staff with an asthma lead

- A system in school for identifying children who are absent from school due to asthma

5.3.9 Enuresis Referrals

The Provider shall ensure that school nurses accept direct referrals for enuresis assessments as a Level One service. As part of assessment the Provider shall ensure that school nurses provide basic advice to parent and make onward referrals as appropriate.

The Provider shall deliver training in managing toileting issues to schools as part of their health support to schools.

5.3.10 Whole School Approach

The London Borough of Waltham Forest ensures it takes a whole school approach to improving the health and wellbeing of school aged children. A whole-school approach involves all parts of the school working together and being committed. It needs partnership working between senior leaders, teachers and all school staff, as well as parents, carers and the wider community and services. The Provider shall ensure that the School Nursing service contributes to this, by:

- Encouraging schools to register for the Healthy Schools London programme and supporting schools to meet the requirements of a Bronze, Silver or Gold award.
- Working with the Youth Health Champions to ensure that the service, including information on access to the service, is publicised and that key health promotion messages are made available to pupils.
- Promoting and supporting Asthma Friendly schools
- Promoting and supporting schools to sign up to the Mental Health Charter
- Promoting and supporting future health related projects and initiatives in schools

5.3.11 Access and Timetabling

The Provider shall produce an annual plan, ahead of the start of each academic year, indicating when during the school year activities (e.g. health reviews, NCMP) are expected to be completed.

The Provider shall provide access to healthcare advice and professional support over fifty two (52) weeks, from 08:00 to 17:00, five (5) days a week, in a range of accessible community venues, including in schools during school term time and in response to user demand.

The Provider shall ensure parents/carers, children and young people and professionals are able to easily contact the School Nursing Service during and outside of core service hours. These routes shall include telephone, direct mail and electronic routes, including a website and social media.

5.3.12 Children Moving Out of Area

Where a child moves out-of-area the Provider shall ensure that the child's health records are transferred to the school nursing service in the new area within 2 weeks of notification of a move. Direct contact must be made to handover all child protection cases. Systems should be in place to assess the risk to children whose whereabouts are unknown

5.3.13 Responding To / Receiving Referrals

The Provider shall ensure that all referrals from whatever source (including children, young people and families transferring in) shall receive a response to the referrer within 5 working days, with contact made with the child, young person or family within 10 working days. Urgent referrals, including all safeguarding referrals, must receive a same day or next working day response to the referrer and contact within two working days.

Referrals shall be triaged by a trained (school nurse level) individual to ensure that issues are prioritised based on clinical and/or social need. Referrals shall be managed appropriately and acknowledgement of referral and written feedback shall be provided to the referrer following a service being provided to the child or young person (excluding self-referrals).

5.4 RISK ASSESSMENT AND SAFEGUARDING (See Section 15)

The Provider shall have in place systems to identify and refer at-risk children and young people, so that appropriate support can be given. The identification process will be refreshed at key transition points over the child's life, taking advantage of the minimum three health and developmental review stages stated above, as appropriate. This shall involve children and young people and their families. The risk assessment shall include protective factors as well as risks and be non-stigmatising in its approach. There shall be explicit assessment of safeguarding risks for the child and young person where necessary.

5.5 SCHOOL NURSING SERVICE: WORKFORCE

The Provider's School Nurses shall be registered nurses or midwives with additional specialist community public health nurse training (SCPHN).

The School Nursing Service shall have an appropriate protocol in place to work with children and young people educated in settings other than at school and should allocate a specific role for this purpose i.e. EOTAS (Educated Outside of School) Nurse. This role shall extend to working with the Authority's Youth Offending Service to support and follow up health assessments as appropriate.

5.5.1 Minimum Staffing requirements

The Provider shall agree the overall workforce capacity in respect of staff numbers and roles with the authority on an annual basis.

It is broadly expected that there will be a maximum average of 4000 school-age pupils in Waltham Forest per WTE school nurse across the academic year, based on the 5 – 16 population (see Appendix 10b)

In addition, the Provider shall consider the leadership roles and designated specialist roles referred to in the Service Specification when determining workforce capacity (see School Nursing: General Requirements above)

The skill mix in the service shall reflect local needs, maximise skills and strengthen capacity.

The Provider shall ensure the minimum requirements of staff and expertise for the delivery of a safe and quality service, including the designation of specialist posts and leadership posts as required. In view of the recognised national workforce shortage, the Provider shall be innovative in generating maximum capacity within the service using an appropriate skill mix. Details of the Provider's staffing intentions and a workforce development plan shall be agreed with the Authority's commissioner at the outset of the contract and annually thereafter.

5. FAMILY NURSE PARTNERSHIP

6.1 FAMILY NURSE PARTNERSHIP (FNP): SERVICE DESCRIPTION

FNP is a licensed programme. PHE is authorised to enter into a sub licence agreement with the Provider and the cost of the licence is borne by PHE. The key features of the programme that the Provider must reproduce are referred to as Core Model Elements (CME). Licensing Core Model and Elements

Young mothers and those at sixteen (16) weeks plus gestation aged up to nineteen (19) (age 24 + for those with additional risk factors) are partnered with a specially trained family nurse who visits then regularly from early pregnancy until their child is up to 2 years of age. In addition to delivering all the elements of the Healthy Child Programme, FNP provides a structured and personalised response to the specific strengths and need of each client and the programme can be collaboratively shaped to meet these needs.

Family nurses receive training and engage in ongoing learning provided by the FNP National Unit, together with regular supervision from the Provider.

The National Unit supports the delivery of FNP locally and provides strategic direction for the programme in England. The Unit captures and analyses data from Providers to monitor the impact of the programme.

FNP is integrated into the Authority's health and social care system and works in partnership across the system.

6.2 SPECIFIC PROGRAMME FIDELITY REQUIREMENTS:

The Provider shall deliver the FNP Programme as a minimum with fidelity to the Family Nurse Partnership model and in accordance with the Core Model Elements which are summarised in further detail below.

6.3 FAMILY NURSE PARTNERSHIP OUTCOME REQUIREMENTS

6.3.1 Specific Outcome Requirements

The Provider shall ensure

- All eligible young people are aware of FNP and receive appropriate information and opportunity to enrol on the programme. Young parents build positive relationships with their baby and understand their baby's needs
- All clients on the programme receive adequate support and seamless care or transitions between services
- Clients have improved outcomes in pregnancy by helping young and vulnerable women improve attendance to antenatal care, improve their ante-natal health and engage in good preventive health practices to improve the health of their baby.
- Children in the programme have improved health and development as a result

of their parents receiving support to provide responsible and competent care.
- Early identification of safeguarding issues where children's social care intervention is needed.
- Clients and their families are economically self-sufficient as a result of support received to help develop a vision for their own future, including planning future pregnancies, and continuing to develop their current and future training, education and employment opportunities

6.3.2 Specific public health outcomes measured for the programme that the Provider shall be expected to impact on include:

- Immunisation rates
- A&E attendances / admissions
- Low birth weight of term babies
- Breastfeeding initiation and duration
- Learning and development e.g ASQ-3 scores at 4 months, 9-12 months, 2 years) and otherchild development measures e.g ELIM at 2 years
- Maternal mental health (HADs score)
- Maternal smoking
- Maternal contraception use

6.3.3 HIGH IMPACT AREAS

The Provider shall ensure FNP contributes to achieving the six (6) early years High Impact Areas set out above (see Health visiting) namely:

- Supporting transition to parenthood and the early years
- Supporting maternal and infant mental health
- Supporting breastfeeding (initiation and duration)
- Supporting health weight and health nutrition
- Improving health literacy, reducing accidents and minor illnesses
- Supporting health, wellbeing and development – ready to learn narrowing the 'word gap'

6.4 FAMILY NURSE PARTNERSHIP ACTIVITY REQUIREMENTS

The Provider shall deliver the implementation and delivery requirements for the FNP programme as set out in the FNP Sub-licensing Agreement for Providers and the PHE Guidance to Support Commissioning of the Family Nurse Partnership Programme (2021) national FNP guidance

Specifically, the Provider shall:

1. Identify a lead person for FNP who will jointly provide senior local strategic leadership within and across the local system, sit on the FNP Advisory Board (or equivalent), be a key advocate for and supporter of FNP across the local strategic system, be responsible for overseeing local quality and license fidelity in line with the FNP Quality Improvement Process which is made available to FNP sites

2. Recruit an FNP supervisor to lead the clinical implementation of the FNP programme with families in collaboration with the FNP NU. The FNP supervisor is responsible for the quality of programme delivery,using the FNP Information System to support their assessment and improvement of implementation quality

3. Ensure clinical and support staff are appointed in line with licensing expectations and replace staff that leave in a timely and efficient manner

4. Ensure family nurses adopt a personalised approach in working in partnership with parents using the licensed FNP guidelines, other programme materials and methods to enable mothers and fathers/partners to increase their knowledge and understanding, set goals, make behaviour changes and develop their reflective capacity. This include the use of the New Mum Outcomes Star approach which enables family nurses to provide personalised approaches without a set dosage requirement.

5. Ensure appropriate safeguarding arrangements are in place for the FNP team, in line with local protocols and guidance issued by the FNP National Unit; (See below Safeguarding below)

6. Have effective systems in place for early recruitment of young women (before 16 weeks gestation) to maximise the enrolment of eligible clients in early pregnancy

7. Maximise access and uptake of the programme, through the development of innovative ways of communicating the service to potential users – e.g. by using FNP service user champions / developing promotional material

8. Co-produce the service with young people to ensure the service is appealing and appropriate. This may include the use of apps, social media and other new technologies

9. Provide facilities for interactive virtual support as an alternative option to face to face support, to be used as appropriate and where it is suitable for the client. The service will provide feedback to commissioners about their use of virtual activity, including detail on issues arising and how they maintain a balance between virtual activity and face to face activity

10. Work with the Authority and other partners including maternity staff in the development of a local pathway for eligible clients not wishing to take up the programme

11. Have clear operational standards in place, in relation to how the FNP interfaces with, and relates to, maternity services and all of the agencies supporting the delivery of the HCP and other children and family health and social care services

12. Have processes in place to identify how and when individual families might receive a tailored approach to graduate from the programme after the child's first birthday

13. Have pathways in place for families moving from FNP to universal HCPand children's services, including where a child graduates from the programme at 2 years or where the client leaves the programme

14. Follow the FNP National Unit's guidance and local guidance regarding clients who do not attend appointments or cannot be traced and act to safeguard the child or other family members where risks are identified requiring further actions

15. Use existing provider systems, in addition to the FNP Information System, to record data about their clients and use this to inform how they deliver the programme..

16. Deliver home visiting using the New Mums Outcomes Star assessment tool which facilitates structured and collaborative decision making between clients and nurses about flexing the FNP programme content and adjusting visit intensity and, where appropriate, graduating clients early

17. Deliver the same universal elements of the HCP 0-5 years as the Health Visiting service for their clients. This includes but is not limited to the activity schedule set out in Appendix Two as well as ensuring access to the physical examination, new-born hearing screening, blood spot screening and immunisations (see Health Visiting above)

18. If an FNP client has a second or subsequent child while she is enrolled on the FNP programme, the family nurse will also deliver the Healthy Child Programme in relation to that subsequent child, until the first child reaches the age of two.

6.5 PERFORMANCE INDICATORS

Clinical and performance activity is supported by a real time information system, Turas FNP England, which is funded by the NU. Commissioners and providers have access to local delivery data reports from Turas which informs contract management activity.

Performance indicators for the Family Nurse Partnership service are in line with those of the programme nationally. In addition, there is a requirement to provide more complete information, including qualitative elements as part of an annual report.

For full details of performance indicators for the Family Nurse Partnership service are noted in Appendix Six.

The Provider shall note that indicators include, but are not limited to:

- Caseloads and enrolment
- Attrition/graduation from the service
- Safeguarding measures
- Adherence to workforce plan

Family Nurse Partnership Advisory Board (or equivalent)

The Provider shall set up an Advisory Board (or equivalent) who will meet quarterly immediately before the contract monitoring meeting, to be chaired by a member of the Authority's Public Health team. The principles and ethos of the FNP Advisory Board and Quality Improvement process is outlined at Appendix Seven

6.6 ELIGIBILITY AND ACCESS

FNP is a voluntary programme for first time mothers aged 19 (up to 24 for those with additional risk factors) and under (at last menstrual period).

The Provider shall ensure equal access for all first-time mothers regardless of disability, gender reassignment, marriage and civil partnership, sex or sexual orientation, race - this includes ethnic or national origins, colour or nationality, religion, belief or lack of belief.

The Provider shall provide the service to all clients who meet the eligibility criteria up to age 24 including:

- All first-time pregnant clients **up to** 28 weeks (and 6 days) gestation
- All first-time pregnant clients **under** 16 years old (at last menstrual period)
- All first-time pregnant clients who are in the care system as Looked After, on a Child Protection Plan, Child in Need or who have **ever** been in care
- Living in the agreed commissioned area
- Eligible if previous pregnancy ended in stillbirth, miscarriage or termination
- Eligible if previous pregnancy resulted in removal at birth (parent did not have an opportunity to parent)
- Clients who are 20 to 24 (at last menstrual period) and deemed as having additional vulnerabilities. Additional vulnerabilities may include the following:

Category of Vulnerability	**Description of Specific Vulnerability Factors**
History of Abuse	Ever known to children's social care services (including LAC, CIN, or on a CPP plan) History or suspicion of being victim of abuse (physical, sexual and/or emotional, or victim of grooming) History or suspicion of being a victim of neglect (physical and/or emotional)
Low Educational Attainment/ Adolescence	Aged ≤16 years old Has not achieved any formal academic or vocational qualifications Learning disability or other condition affecting client's ability to care for herself or her baby
Mental Health	Currently taking medication or under treatment for a mental health condition Existing clinically diagnosed mental health condition, requiring acute psychiatric services Previous clinically diagnosed mental health condition, requiring acute psychiatric services (e.g. previously sectioned, previous suicide attempt, self-harm etc.)

	Existing mild to moderate depression or anxiety, in receipt of community mental health services
Client Substance Use	Substance use by client alcohol drugs smoking in pregnancy
Domestic Abuse	History of being exposed to domestic abuse as a child Currently experiencing domestic abuse/IPV Currently a perpetrator of abuse High conflict relationship with current or ex-partner
Family Dysfunction/ Chaotic home environment	Unstable relationships within the home, and/or presence of transient members in the household Frequent change of partners by the client No emotional or financial support from immediate family Unstable home address or inadequate housing Client, partner or family member in household ever incarcerated or known to the justice system or associated services, including gang affiliation, county lines activity etc. Partner or household member(s) engaging in substance misuse High conflict environment in household currently
Other	Any other vulnerabilities not covered in the boxes above that represent risk for your client or are a high pRio, or any other system commissioned by NHS Englandrity in your local system

The Provider shall work towards 100% coverage of the offer to the eligible population, regardless of their personal situation and existing support networks. To achieve this, the Provider shall work with GPs, Maternity Units and the wider health and social care economy to maximize awareness of and referrals to the service

The Provider shall work with fathers/partners as far as possible supporting them to be effective co-parents, and with the young person's family or carers as appropriate and work in partnership to promote and engage fathers in the CFC Fathers Group.

This eligibility criteria set out in this specification may be reviewed from time to time in light of any changes to licensing arrangements and in line with best practice.

6.6.1 Leaving FNP Early

The Provider shall have a clear protocol in place for when a child and family leave the area to ensure continuity of services for the family. This shall as required include the client continuing to access FNP from another FNP.

The Provider shall put into place local protocols to manage clients who are not accessing the programme to ensure that the children continue to receive the HCP and any other services required.

6.7 TIMETABLING

Hours of operation and nurses' working hours need to fit around the needs of mothers and fathers/partners. The Provider shall support family nurses to work flexibly and 'out of hours'.

6.8 PREMISES

It is expected that the majority of the delivery of the FNP programme will be delivered in the home, or in a choice of other community settings appropriate for the young person and her family. The Provider shall work in partnership within GP practices, maternity units, colleges, health clinics and other community settings such as libraries, children and family centres and private nurseries to make arrangements for using facilities to conduct visits where it is not appropriate to meet the woman in the home.

Alternatively, the Provider shall provide facilities for interactive virtual support as an alternative option to face to face support, to be used as appropriate and where it is suitable for the client. Co-location with the other aspects of the Healthy Child Programme (School Nursing, Health Visiting) is encouraged.

6.9 WORKFORCE AND TRAINING

The Provider shall ensure that FNP nurses have a valid Nursing & Midwifery Council (NMC) registration, degree level education and the desired skills, knowledge and abilities to successfully deliver the FNP programme.

The Provider shall ensure that staffing levels of the local FNP team are as recommended within the FNP sub licence agreement. NU current recommendations allow for one (1) x Whole Time Equivalent (WTE) supervisor of eight (8) WTE family nurses

The Provider family nurse would typically carry a caseload of twenty five (25) young families. The supervisor is also expected to carry a small caseload.

The Provider shall ensure the teams comprise specially trained staff in the following roles:

- Supervisor (AfC Band 8a) to lead and manage team, bringing knowledge and skill in public health early intervention work with vulnerable clients
- Family Nurses (AfC Band 7) who have undergone additional training to deliver the programme
- Quality Support Officer (AFC band 4): administrative and data support

The Provider shall ensure that there will be sufficient family nurses to provide the current maximum expected caseload at any one time of one hundred (100) parents.

6.9.1 Key Skills and Knowledge Exchange programme

The Provider shall ensure that Family Nurses have access to learning packages which have been developed by FNP NU, namely:

- attachment,
- communication skills,

- teenage brain and
- working with marginalised clients

The Provider shall integrate and support the wider workforce to embed this training widely and to support the wider workforce using their clinical expertise in working with vulnerable parents and families. In addition, all new nurses recruited are expected to undertake training delivered by the NU

6.9.2 Workforce Capacity: Support and Training for the Health Visiting Service

Where there is spare capacity in the service, for instance where family nurses have smaller caseloads than specified by the license, the Provider shall proactively use spare capacity to support the Health Visiting Service to deliver more of the Universal Healthy Child Programme

The Provider shall support the Health Visiting Service to deliver an enhanced Health Visiting pathway for those families requiring support at targeted and specialist levels, but do not meet the criteria for Family Nurse Partnership.

6.9.3 Support and training for the wider system

The Provider shall ensure that all families that they work with are informed about and supported to register with Children and Family Centres. Where appropriate, the Provider will support the client to introduce them to and attend Children and Family Centre sessions. The Provider shall where required accompany the client for initial visits to the Children and Family Centres and work with the CFC provider to remove barriers to accessing provision,

The Provider shall work in partnership with Early Help and CFCs to support young parents and those with young vulnerable families to attend universal and targeted sessions in CFCs and may use the CFCs for meeting clients in order to normalise attendance.

The Provider shall in addition support Early Help and CFCs by providing relevant training as appropriate.

6. COMMUNICATIONS AND ENGAGEMENT

7.1 General Requirements

The Provider shall work with the Authority's Communications Team, Public Health, Children & Family Centres, Healthy Child – Best Start Programme and wraparound support providers to engage and communicate with resident families. This includes regular and clear communication of the integrated early years offer, leading campaigns around specific topics, amplifying partners campaigns, developing parent/carer feedback and co-production opportunities and having an effective complaint resolution process.

7.2 Specific Requirements

The Provider shall:

1. Collaborate across the integrated partnership and maintain details of the Healthy Child Programme on the Authority's website and Providers own website

2. Create opportunities for children/young people and parent/carers to feedback, co-produce and guide communications strategies to ensure they are relevant, appealing and engaging through appropriate channels for the target audience

3. Contribute to developing and promoting local branding for the Waltham Forest Children and Family Centre integrated offer and promote this in all communications alongside service specific branding

4. Promote and share information from communication campaigns relevant to families with children aged 0-19 led by Children and Family Centres partners and London Borough of Waltham Forest.

5. Actively promote the Healthy Child Programme, the Children and Family Centre Service and Best Start Service offer and other relevant community activities (i.e. leisure centres and 'our parks' exercise offers) through a range of channels including social media, print media and partnership / community locations

6. Use a range of methods to engage with both children, young people, parents/carers and school staff including attending parent's evenings and school events, organising in-school or community events (e.g. coffee mornings) use social media, and internet to raise the profile of the service and provide opportunistic advice and support.

Inclusion

1. Develop lines of communication with voluntary sector community groups/networks to engage with families, to include nut not be limited to via faith based groups, connecting communities forum and other avenues to communicate support offer

2. Explore and expand use of innovative communication techniques such as

direct SMS and peer to peer messaging to increase reach of communications to underserved communities.

Accessibility

1. Maximise the benefit of various digital communication channels including eRedbook and social media whilst preventing exclusion of families due to limited access to wifi/data or devices

2. Consider the needs of residents who may speak languages other than English, have differing sensory or learning abilities and benefit from communications in a variety of formats e.g. translatable, easy read, audio format etc

Engagement and Evaluation:

1. Initiate, develop and embed opportunities for families' feedback and evaluation as an integral aspect of service evaluation to inform action on improvement

2. Explore and expand opportunities for co-production in service design and improvement to create services that meet families self-determined needs and are delivered in accordance with their preferences

3. Source & share available data to evaluate reach & potential impact of communications with comms team e.g. website/social media metrics, service user feedback/surveys, attendance/uptake/referrals

7. QUALITY ASSURANCE PRINCIPLES AND MONITORING

The Authority is committed to the principle of continuous improvement and will work with the Provider to look at ways of improving performance with emphasis on the service provided being person centred and outcomes focused.

Involvement of people and their views is critical to providing an 'inside out' assessment of the Provider. Any conversations will be honest, open and transparent with the needs of the person using the service central to any discussion. The Authority reserves the right to undertake or commission any research, evaluation, monitoring or auditing on any activity that it funds.

Quality will be assessed through regular contract meetings, service reviews, planned or unannounced visits or through any other appropriate method the Authority decides. As part of such monitoring, the Provider shall as required submit to the Authority copies of up-to-date records of all staff employed by them, including DBS checks and training undertaken.

The Authority will at its discretion make enquiries regarding issues relevant to the performance of the contract. The Provider shall as required collect and submit information through the use of surveys and/or forms or any other digital system which may be developed and notified to the Provider.

The Provider shall comply with any review or external audit, including data requests, or monitoring visits as arranged by the Authority.

The Authority shall have the right at any time to inspect the premises, equipment and documentation related to the Contract and to inspect any associated area of activity forming part of the Contract.

For the purpose of monitoring the Provider's performance, the Authority will have power to carry out surveys, questionnaires or sampling of service users without prior notification to the Provider. In addition to this, the Authority will at its discretion carry out robust exit interviews (service user satisfaction surveys) with those leaving the service to establish their views on the Service they have received. Additionally, the Authority will undertake audits of complaints and compliments logs and audits of policies and procedures.

The Provider shall inform the Authority at the earliest opportunity of any safeguarding alert, concern or complaint it becomes aware of by following the Authority's safeguarding procedure.

The Authority will discuss any issue of concern with the Provider in a clear and transparent manner, offering guidance as and when required, while setting clear expectations and timescales to remedy any issue of concern.

If as a result of such assessment and monitoring the Provider fails to achieve the desired levels of quality they shall be required to submit a Specific, Measurable, Achievable, Realistic and Timely (SMART) action plan within one (1) month of being notified and to report on achievement of the action plan against agreed timescales.

8. REPORTING ACTIVITY AND PERFORMANCE MANAGEMENT

9.1 Reporting activity: general

The Provider shall undertake self-monitoring to ensure compliance with the specification.

With respect to performance management, the Provider shall develop a set of acceptable exception reporting criteria and agree these with the Authority's commissioners. The Provider shall develop IT and data systems to adequately report the agreed exception criteria.

9.2 Reporting activity: quarterly reporting

The Provider shall meet with the Authority's Contract Manager for the purpose of jointly monitoring and evaluation of the service on a quarterly basis to ensure that the service is being provided. There will be one (1) quarterly meeting for the HCP which combines discussion of all three services. The Provider shall ensure that a report is presented at each meeting in the format provided by the Authority (with qualitative and quantitative data as appropriate).

The submission dates for quarterly reporting are listed below:

Year One: 1 July 2022 – 30 June 2023	
Quarter One	1.11.22
Quarter Two	1.2.23
Quarter Three	1.5.23
Quarter Four	1.8.23
Year Two : 1 July 2023 – 30 June 2024	
Quarter One	1.11.23
Quarter Two	1.2.24
Quarter Three	1.5.24
Quarter Four	1.8.24
Year Three : 1 July 2024 – 30 June 2025	
Quarter One	1.11.24
Quarter Two	1.2.25
Quarter Three	1.5.25
Quarter Four	1.8.25

These reports shall be provided to the Contract Manager by the Provider no less than five (5) working days ahead of the scheduled time for the quarterly meetings.

9.3 Reporting activity: annual reporting

The Provider shall produce an annual report in August, following the end of each contract year. The template for this annual report shall be agreed with the Authority's commissioner ahead of time.

The Provider shall ensure the report details how use of the service differs by protected characteristics and geography. In addition, the report shall include case studies and qualitative information from staff, service users and other stakeholders.

The Provider shall ensure the report includes:

- how the service has evaluated and measured impact
- reflection on current practices
- forward planning for service development

The Provider shall ensure the report records clinical governance activity and includes measurement of both corporate and local objectives.

The Provider shall attend an annual review meeting to consider the Healthy Child Programme's evaluation and impact assessment, within the agreed priorities set out in this Contract.

If the assessment shows that the Healthy Child Programme is failing to meet its agreed outcomes, an Improvement Notice will be issued and an Improvement Plan will be put in place.

To support the development of the Healthy Child Programme, the Authority's Public Health team will offer guidance and support as and when required.

9.4 PERFORMANCE MANAGEMENT

Key Performance indicators (KPIs)

The performance indicators are designed to monitor overall activity, outcomes and progress, particularly in relation to inequalities.

Specific performance measures for the first year of the contract will be agreed by the Authority with the Provider during the contract mobilisation period. Indicative performance levels of where those targets are expected to be are included within Appendix Eight. However, the Provider may wish to consider and propose alternative measures comprising a mix of outputs and outcome measures for this purpose

The exact annual targets to be achieved by the Provider shall be agreed between the Contract Manager and the Provider each year, two (2) months prior to the annual contract anniversary date. If no agreement is reached, the targets will be set by default to the levels agreed in the previous contract year.

If quarterly and annual reports are not provided in a timely fashion, the set targets will be considered to be missed.

It is expected that all of these targets will be met on an ongoing basis. Consistent failure to achieve targets may result in an Improvement Notice being issued as above, even if 100% of incentive is achieved. Failure to achieve at least 6 of the KPIs would indicate the specification is not being delivered in a meaningful fashion, and remedial action will be taken.

9.5 Payment by results

An annual amount of 5% of the annual contract value will be based on Payment by Results (PbR) measures.

This amount will be retained from quarterly invoices as reliant on performance and will be returned at the end of each contract year, following production of the annual report, and agreement between commissioner and provider as to which targets have been met.

To allow for mobilisation the KPIs will be considered to be met for incentive purposes in the first two (2) quarters that the service is in operation.

The Provider shall submit the quarterly invoices for the value of 25% of the total Annual Contract Sum, minus the 5% in respect of PbR

For the purposes of incentives, 15 KPIs are selected. Some of the KPIs are reviewed on a quarterly basis; in those cases, each quarter where the target is met is considered to count for 0.25 toward the annual total.

Of the agreed amount set aside for incentives, the table below indicates what proportion will be received, dependent on the number of KPIs met:

Level of incentive payment received	**Number of KPIs met**
0%	Less than 6*
25%	6-7.75
50%	8-9.75
75%	10-12.75
100%	13 or more (out of 15)

The KPI’s linked to PbR will be reviewed at the end of each year of the Contract and may be amended based on outcomes achieved to date.

If the Contract continues beyond 30 June 2025 the operation of PbR shall continue during the extended period.

For the purpose of Year One of the Contract these KPIs may be linked to:

Service area	Indicator Ref	Key performance indicator	Targets	Frequency
Health Visiting		<u>5 mandated checks</u>		Quarterly
	1	Antenatal checks (can only be undertaken if information received from maternity services)	95% of referrals received	
	2	New birth reviews10 – 14 days (to include reporting on breastfeeding status)	95%	
	3	6 – 8 weeks reviews (to include reporting on breastfeeding status and maternal mood scores)	75%	
	4	One year old reviews	75%	
	5	2 – 2.5 years olds reviews: learning and development status using ASQ3 (to include reporting on information shared with partners). NB. Reporting will extend to ELIM status when mobilised	75%	
		<u>Other</u>		
	6	Delivery of planned CHCs: including hours of delivered clinic time and geographical spread	Achieved minimum expectation	
School Nursing		<u>School health reviews**</u>		Annually
	7	Reception: to include report on hearing and vision delivery and screening outcomes	75%	
	8	Year Six	75%	
	9	Year Ten 10	50%	
		**Counted against 'eligible' children, based on pupil numbers in schools where schools participate.		

		Exception reporting required to identify non-participating schools		
	10	Delivery of planned health promotion sessions in secondary schools	Achieved minimum expectation	
	11	No. contacts by young people to online health messaging service.	Baseline to be agreed	
	12	Percentage of eligible population measured for NCMP, with data submitted to NHSE and letters sent to parents and GPs	95%	
Family Nurse Partnership	13	Number of young women who are offered and enrol on the programme annually	40	Annually
Safeguarding indicators	14	Percentage of conferences where HV/SN report provided ahead of time and shared with parents	90%	
Other: Ethnicity	15	Contract Year One: Ethnicity recording across all mandated health visiting checks and school nursing checks	90%	Annually

KPI measurement criteria is a noted in Appendix Eight

9. GOVERNANCE

10.1 Corporate Governance

The Provider shall have an identified senior manager who is responsible for the Healthy Child Programme.

The Provider shall undertake regular training audits to ensure that all staff are compliant with professional mandatory and statutory training.

The Provider shall ensure the provision is undertaken in accordance with best practice in health care and shall comply in all respects with the standards and recommendations:

- Issued by the National Institute of Clinical Excellence (NICE);
- Issued by any relevant professional body;
- Set out in Patient Safety Alerts from the National Patient Safety Agency;
- From any audit and Adverse Incident Reporting;
- Set out in national and local child protection guidance

10.2 Clinical Governance

The Provider shall have an identified clinical governance lead and a programme of clinical audit to maintain quality and improve service.

The Provider shall ensure all clinical staff have regular clinical supervision in line with their nationalprofessional guidelines and safeguarding and child protection frameworks (see Safeguarding section)

The Provider shall adhere to national Clinical Governance guidance, policies,setting out the framework and monitoring systems for clinical governance.

10.3 Medication

The Provider shall:

- Have in place an appropriate and relevant medication procedure
- Ensure all employees are made aware of, understand and receive the appropriate training in relation to in medication management and the Provider's procedure in relation to their role and responsibilities
- Ensure the nature and extent of medication support is agreed with the Service User (where possible) and their parent(s) / carer(s) and is clearly stated in writing
- Ensure all medication is locked away, when not required
- Ensure all medication prompted, assisted or administered is recorded in a Medication Logbook.
- Ensure all cases of medication mismanagement are promptly reported to the commissioner and the service user's parent(s) / carer(s).

10. POLICIES AND PROCEDURES

The Provider shall have, as a minimum, the following policies and procedures by which the service is governed and the Provider shall have a mechanism in place to ensure that all relevant individuals have read, understood and are applying those policies or procedures. These policies and procedures shall include, but not be limited to:

- Health and Safety: risk assessment, emergency planning, safe working, including lone working
- Risk Management
- Equality and Diversity (staff and service delivery)
- Disability Policy
- Confidentiality and Data Protection Policy
- Adverse/ Untoward Incident Reporting
- Complaints and Grievances
- Safeguarding Adults and Children
- Quality Assurance System
- Service User Choice
- Whistle Blowing Policy
- Volunteering Protocol
- Recruitment and Selection (including vetting and barring policy);
- Business continuity and emergency planning
- Serious Incidents
- Induction and Training
- Peer support and volunteering (including handling of expenses for service users and carers; and
- Professional boundaries
- Sustainability

10. PARTNERSHIP WORKING: A WHOLE SYSTEM APPROACH

A whole system approach to provide safer, personalised, accessible support and individualised care with vision and shared goals is central to improving outcomes for children, young people and families. Delivering such an approach is reliant on professionals and services working together and making efficient use of information to ensure and deliver high quality services.

Key partners and stakeholders

The Provider shall deliver the HCP 0-19 across a range of settings and communities and therefore will need to work in an engaged way with a series of key strategic partners across Waltham Forest, including, but not limited to:

- Private, Voluntary & Independent Nurseries, Childminders and Pre-Schools
- Children & Family Centre universal and targeted providers
- Health Visiting and Family Nurse Partnership
- School Nursing service
- Schools and Alternative Provisions/Pupil Referral Units
- Colleges
- Youth service Providers
- Voluntary and community groups working with families and young people
- NHS (North East London) CCG
- HealthWatch
- Healthy Early Years London Leads
- GPs and primary care
- Allied therapies for children and young people e.g. speech and language services
- Community Dietetics
- Acute Hospital Providers (including community midwife and maternity services teams at multiple trusts)
- Child Development Team
- Safeguarding and Child Protection Teams
- Child Health Information System (CHIS) Record Team
- School aged immunisation provider
- Smoking cessation services
- Sexual and reproductive health services, including the Young Persons Sexual Health Outreach team
- Child and Adolescent Mental Health (CAMHS) services
- Adult Mental Health services including IAPT and Perinatal Mental Health Service (PIMHS)
- Drug and alcohol (substance mis-use) services

The Authority's services (predominantly LBWF) including:

- Integrated Commissioning
- Education Services
- Early Years Childcare and Business Development
- Children's Social Care

- Adult Social Care
- Early Help
- Public Health team
- Public Health Breastfeeding Inequalities Lead
- Corporate teams including Digital, Communications, IT, where appropriate

Additionally:

- Voluntary and Community Sector working with families and children and young people
- Public Health England
- NHS England
- Department of Health and Social Care

Parents/carers, children, young people and their families shall be considered as central to all aspects of partnership working

Local wider Children and Family Centre Model

As detailed within the model shown in Appendix One, delivery of the Healthy Child Programme 0-5 will involve close collaboration between the providers of Children and Family Centre services and the Best Start 0-5 service.

In the event that these providers are from different organisation and are not already in a formalised partnership or consortium, it is required that formalised joint working arrangements be agreed between the partners where appropriate.

This is expected to take the form of a Service Level Agreements (SLAs) or Memorandum of Understanding (MoUs), to be developed prior to commencement of the contract.

These formalised arrangements should include, at a minimum:

- Agreement on information sharing and data collection
- Agreement of shared roles and responsibilities
- Agreement of pathways where health needs are identified
- Agreement on role and timescales in organising the health aspects ofthe CFC programme
- Agreement around volume of use of category A and B premises,integration into CFC programme
- Agreement around expectations of reception and other support for health activities taking place on CFC premises
- Agreement on responsibility for failure to adhere to the agreed programme (e.g. planned child health clinic not taking place)
- Agreement on shared / complementary branding, digital methods forcontacting parents / communicating the entire 0-5 offer
- Agreement on mutual promotion of services
- Agreement on use of best practice guidance and consistent messaging concerning key health messages
- Agreement on shared outcomes and how best to maximise these in a partnership

11. PREMISES AND EQUIPMENT

13.1 General

The Provider shall ensure services are available and accessible at times and locations that meet the needs of children and young people and their families.

The Provider shall deliver and coordinate the full range of activities as detailed in the Service Specification across the borough through different types of premises, including those shown below in Section 13.2. This list is not intended to be an exhaustive list of all available premises, and the Providers should endeavour to explore other options available.

Co-location of service provision with other elements of the Children and Family Centre and Healthy Child Programme is encouraged. Consideration should also be given to hot-desking which enables agile working and greater efficiency in movement of staff throughout the working day (i.e. negating a requirement to return to a central office base).

13.2 Types of Premises

The Authority has defined the Children and Family service points under three Categories A, B, and C. The Authority, at its discretion, will amend the portfolio of buildings made available for these services (under Categories A and B). (see Appendix Nine)

The categories within the list are as follows,with full definitions within the appendix:

- Category A: Buildings owned by the Authority

- Category B: Buildings where there has been Sure Start Capital investment or which are established service points, but the premises are managed by a third party. However, arrangement for use of these buildings will be between the Provider and the Authority

- Category C: Buildings which are owned or managed by a third party and hired for Children and Family Centre sessions

The Authority will lead on the management of premises in categories A and B and will cover the costs connected with the use of these buildings for the delivery of services. The Provider shall ensure that they do not incur anyadditional costs outside the agreed use of the buildings without the agreement of the Authority.

The provider of Children and Family Centres service will take lead responsibility for the delivery and design of the approved Children and Family Centre programme in accordance with safe and defined use of the premises.The Authority will take lead responsibility in negotiating and maintaining access to partnership buildings such as libraries, schools and community owned buildings (with the exception of provision of the School Nursing Service)

The Provider's staff accessing these premises shall be required to maintain good professional relationships with partners providing these premises. Access to Category A and B premises will be managed by the Authority and be will be available to the Provider to meet service delivery requirements, in line with the Children and Family Centre programme.

13.3 Accommodations for the Provider

The Provider's staff shall be able to use allocated hot-desk office space in Category A and B premises for the purposes of delivering services as required by this Service Specification. The Provider shall follow the Authority's 'hot desk' policies and procedures and usage policies.

Additional office consumables such as printing costs will be recharged to the Provider. The Provider shall note that there is no access to the Authority's printing systems in these premises

The Provider shall ensure that the staff utilise this desk space on a regular basis in order to build working relationships, improve communication and collaboration with Children and Family Centre providers.

13.4 Contact Details

The Provider shall direct all enquiries concerning Category A and B premises to the Authority's designated premises lead which is the Children and Family Centre Partnership Manager (except in the case of School Nursing which is provided on school sites)

13.5 Premises Managed by the Provider

The Provider shall lead on the sourcing and management of any other premises used which shall include potentially those in Category C or any others identified) for the delivery of services and will cover any costs connected with the use of these premises

13.6 Health and Safety

The Authority will provide the health and safety building risk assessments for Category A and B premises to the Provider. The Provider shall ensure all health and safety requirement for other buildings are provided by the building owners or that health and safety assessments are covered within any service or hire agreements. The Provider shall undertake and implement all risk assessments in relation to services and activities provided, including daily risk assessment checks before the start of each session.

Premises Costs: The Provider shall allow for premises costs (outside of Category A and B) within the contract value.

Where Provider's services held outside of category A and B sites receive support from the Best Start 0-5 service, all premises costs shall be covered by the Provider (e.g. if an infant feeding support worker attends a Child Health Clinic in support of the Health Visiting team, no costs are imposed on the Best Start Service for doing so)

13.7 School Nursing Service only

The primary location for delivery of the School Nursing Service will be outreach within school or education settings, including infant,primary and secondary schools, special schools, pupil referral units and colleges and in community settings, including youth settings where this is deemed more appropriate.

A full list of Waltham Forest schools and colleges including primary, secondary, maintained, academies, free, independent, and special schools and alternative provision such as pupil referral units is included at Appendix Ten. The Provider shall be required to verify this list on commencement of the contract with help from the Authority and ensure that the service is responsive to changes to this list over time and seek to pro-actively negotiate accommodation within school premises.

The Provider shall allow for these premises costs within the contract value

The Provider shall ensure that provision to home-schooled children and children not in education, employment or training is via domiciliary visits, or a community based site arranged by the Provider

13.8 15 Minute Neighbourhoods (excluding School Nursing Service)

The Provider shall ensure that all families are within fifteen (15) minutes access to service provision in line with the Authority's commitment to fifteen (15) minute neighbourhoods.

However, available Children's and Family Centre locations will not be sufficient to ensure good coverage across Waltham Forest and to meet the borough's fifteen (15) minute neighbourhood principle. The Provider shall still source and arrange a significant proportion of their own premises. The Provider may, or may not, choose to use or explore the use of Category C premises.

Specific locations shall be agreed by the Provider locally following engagement with relevant interested parties and feedback from users. Reviews shall be taken periodically by the Provider to ensure the locations are suitable to local needs.

13.9 Home Visits

The Provider shall undertake a large element of some services, which shall include Health Visiting and Family Nurse Partnership, directly delivered within the home of the family. This includes all new birth visits and 6-8 week reviews, and follow-up work, or work with children at the targeted and specialist level.

13.10 Equipment

The Provider shall procure, use, and maintain, the appropriate equipment and resources required by the service including, but not limited to clinical equipment, measurement equipment within the contract envelope value.

The Provider shall be responsible for the safety and suitability of all equipment used in service delivery.

The Provider shall source and pay any service specific IT costs, for instance an N3 connection (an NHS secure broadband network, through which NHS information systems are delivered and accessed),

12. RECORD KEEPING, INFORMATION SHARING and DATA COLLECTION

14.1 Core Requirements

In line with contractual requirements, the Provider shall ensure that robust technical and organisational measures are in place to meet the legal requirements of the Data Protection Act 2018 and the UK-GDPR so as to ensure the safeguarding of personal data at all times.

The Provider shall comply with the Accessible Information Standards for public health services. This includes the identification and recording of service users' information and communication needs at the first interaction and on an on-going basis throughout contact with the service. For more information about the standards see https://www.england.nhs.uk/ourwork/accessibleinfo/

In line with the above and following good practice guidance, the Provider will be required to sign up to the Authority's Overarching Information Sharing Protocol (Tier 1) and work in partnership with the Authority to develop and agree Service Specific Information Sharing Agreements (Tier 2). This will include any partner organisations the Provider commissions. Through this, and following good practice guidance, the Provider will have agreed data sharing protocols with partner agencies, including healthcare providers, children's social care and the police to enable effective holistic services to be provided to children and their families. This will improve the co-ordination and communication between services and safeguard & protect children.

It is expected that as a minimum the Provider shall share data on new births and outcomes from the one year and 2 – 2 1/2 year review with the Authority's Early Years Service and with the Authority's Children and Family Centre provider and shall share data on new births with the Authority's Best Start Service provider.

The Provider shall ensure that all staff have access to information sharing guidance including information sharing of safeguarding and protection of children. The Provider shall ensure Information Governance policies and procedures are in place and understood. Where the Provider is accessing the Authority's network or systems, the Provider and all staff shall adhere to all of the Authority's Information Governance and IT Security policies and procedures.

The Provider shall ensure that all records and data entry is accurate to enable high quality data collection to support the delivery, review and performance management of services.

The Provider shall adhere to the Authority's Technical and Security standards where they provide their own IT hardware and applications.

14.2 Staff training

The Provider shall ensure that staff are using and trained to use all required systems, applications and electronic equipment such as Apps, secure emailand secure messaging. This includes, the use, where necessary, to meet needs and make the

service accessible through remote access. This includes but is not limited to laptops and tablets, mobilephones, teleconference facilities, video conferencing facilities.

14.3 Data submission to NHS Digital

The Provider shall ensure patient level data is recorded in Rio (or alternative secure Electronic Patient Record (EPR) system) which will be used to record information and activity delivered by the service. Currently NHS England has the responsibility for commissioning Child Health Information Services (CHIS) and the Provider shall share information from their EPR in accordance with CHIS requirements. Data and information shall be recorded by the Provider in an easily extractable method to allow reporting and monitoring of services being delivered.

The Provider shall ensure that all performance indicators required will be reported on, and considerations on recording and extraction of data be made in light of this. The Authority's nominated officers may request anonymous data for audit purposes which the Provider shall make available on request.

The Provider shall submit monthly data to the Community Services Data Set (CSDS) at NHS Digital and have a development plan in place to improve data quality & completeness as required. CSDS Monthly Data Submission Dates

FTE Health Visiting workforce numbers are reported using data from the Electronic Staff Record (ESR) and non ESR sources, in line with agreed definitionsof the Health Visiting Minimum Data Set (HV MDS). The Provider shall ensure ESR records are updated, including ensuring correct coding of all HVs, on a monthly basis, based on the health and social care information centre workforce data collection and in line with the definition on HSCIC website

To demonstrate that the Government's workforce commitment has been met, accurate workforce data, service delivery and outcomes measures will need to be collated. The Provider shall support NHS England in the collection and reporting of health visiting workforce and outcomes data as required.

14.4 Data submission for FNP

Access to NHS IT systems is required for recording of interventions and outcomes in local clinical records systems, CHIS and Turas FNP England Information System

14.5 Red book and e-red book

The Provider shall encourage and support parents and carers to use the Personal Child Health Record (PCHR) or 'Red Book' proactively, as their own complete record of key information regarding their child's health, reviews, screening and immunisation status. The Provider shall record key information in the 'red book' to enable practical and inclusive sharing of information between the Providers and parents.

13. SAFEGUARDING

Safeguarding is a core part of the Children and Family Centre and Healthy Child Programme. The Provider shall provide appropriate and effective safeguarding services and adhere to relevant national and local requirements and guidance and implement wherever necessary. Reference shall be made to the revised supporting guidance to utilise the safeguarding professional guidance Children Act 1989, Children Act 2014 and Working Together to Safeguard Children.

Working together to safeguard children - GOV.UK (www.gov.uk)

15.1 Role in safeguarding

Safeguarding children, which includes child protection and prevention of harm to babies and children is everyone's responsibility and is a public health and Authority's priority. In safeguarding children, the Provider shall:

1. Work within the London Child Protection Procedures and Working Together to Safeguard Children guidance, as well as locally agreed Local Safeguarding Children's Board (LSCB) protocols.
2. Identify vulnerable babies and children where additional on-going support is required to promote their safety and health and development e.g., CONI, providing interventions to improve maternal mental health; Ensure cases are stepped up via MASH Safeguarding hub using the Request for Help Support and Protection where the concerns are above level 2b of the London Continuum of Help and Support.
3. Ensure early intervention, for example, parenting support and early referral to targeted and specialist support. This includes utilising the Early Help Assessment Our Family Journey tool (formally the Common Assessment Framework) and undertake the role of lead professional/key worker where appropriate.
4. Ensure appropriate safeguards and interventions are in place to reduce risks and improve health and wellbeing of children for who there are safeguarding and/or child protection concerns This includes maintaining accountability for babies and children for whom there are safeguarding concerns and working in partnership with other agencies to ensure the best outcomes for these children.
5. Work with other agencies as part of a multi-agency intensive care package for children and families requiring intensive support, particularly children for whom there are safeguarding or child protection concerns.
6. As part of this, fulfil the statutory duty to share information and communicate with other professionals including but not limited to health and agencies where there are safeguarding concerns
7. Engage in multi-agency working e.g., through weekly multi-disciplinary meetings within CFC hub, Team Around the Family meetings, child in need meetings, core groups and child protection conferences as well as the MASH and MARAC
8. Participate in safeguarding and child protection procedures where related to their direct caseload. In circumstances where individuals are not available for this participation, the Provider will ensure participation is covered by a team member only where the child is also known to that substitute team member or

submit relevant information which will support those procedures. The Provider will enter into a Memorandum of Understanding with the Authority in respect of attendance at child protection and safeguarding meetings for this purpose.

9. Communicate effectively with other agencies including contributing to initial and review case conferences and other safeguarding meetings asappropriate to the needs of the children
10. Work closely with Children's Social Care to ensure that clear escalation procedures are in place in order to escalate concerns about a child or to escalate difficulties in communication or partnership working between services that may ultimately impact on safeguarding.
11. Work with the Looked After Children (LAC) nurse to contribute to and support assessments of Looked After babies and children with timescales in line with national requirements and contribute to ensuring any action plans are carried out. Ensure provision of the HCP and additional services to meet their health needs.

In order to carry out the safeguarding role set out in this specification the Provider's staff shall require.

- Knowledge around domestic abuse, neglect, child and adult mentalhealth issues, substance and alcohol misuse, physical, sexual and emotional abuse, female genital mutilation, fabricated and induced illness in a child;
- Key skills and qualities including high levels of communication and interpersonal relating, self-awareness, ability to challenge and to be challenged, understanding of barriers to safe practice which shall include but not be limited to collusion,adult focus, fear and burn-out.

15.2 Referrals

Urgent safeguarding referrals shall be made by the Provider via the Authority's Request for Help and Support or Protection form in full via the Authority's Guide to Thresholds and Practice web link from the Authority's Families Information System which will be triaged by the MASH Team. Where a response to a Safeguarding referral is required from the Provider this shall be completed within one (1) working day. Responses required from the Provider for other referrals or request for information shall be completed by the Provider within five (5) working days (see section on Responding to/Receiving Referrals above)

Early Help Assessments / Plan Intervene & Review: Where appropriate, the Provider shall as required contribute to an Early Help Assessment, Plan and Reviews utilising the family's information system.

15.3 Safeguarding supervision

The Provider shall ensure that all frontline staff receive a minimum of monthly safeguarding supervisions of their work with their most vulnerable children and young people. These shall include but not be limited to children and young people on a child protection plan, those who are 'looked after' and others for whom the staff member has a high level of concern. The Provider shall ensure that safeguarding supervision is provided by colleagues with expert knowledge of child protection to minimise risk.

15.4 Multiagency Safeguarding Hub (MASH)

The NHS (North East London) Clinical Commissioning Group (CCG) commissions health posts as part of the MASH.

14. WORKFORCE & TRAINING

16.1 Workforce General Requirements

The Provider shall recruit staff for the Healthy Child Programme to fully meet the requirements of the service specification. A workforce development plan shall be agreed by the Provider with the Authority's commissioners on an annual basis. This includes ensuring that staff within the service are appropriately qualified, trained, knowledgeable and experienced with the competencies to deliver the service to ensure that outcomes are met, levels of quality are achieved and that the services remains safe and effective for everyone involved.

The Provider shall note the following guidance:

Supporting the Health Visiting and School Nursing Workforce

In line with the Equality Act 2021 the Provider shall recruit to staff roles using the principles of positive action in order to secure a workforce representative of the diverse local community.

Positive Action for Recruitment

16.2 Training Requirement and Competencies

The Provider shall ensure that all specialist staff hold appropriate qualifications with a UK registered professional body

Additionally, and as a minimum, the Provider shall ensure that all staff and volunteers (where appropriate):

- have an enhanced Disclosure and Barring Service ("DBS") check.
- be engaged on employment contracts commensurate with their position, current employment legislation and good practice
- have complete and up-to date statutory and mandatory training in place
- have completed all tiers of child protection training appropriateto their role
- have access to mental health first aid training
- have access to ongoing professional development to support their own career development
- have completed equality and diversity training and are aware of their responsibilities to ensure equitable access for all service users
- ensure that staff are experienced and culturally competent in and responsive to providing services that are sensitive to the wider issues for under-represented groups
- be able to respectfully and professionally communicate with children and their families from a wide cultural diversity, by accessing appropriate interpretation services as required
- are capable and confident in working with the range of other providers services

The Provider shall ensure that:

- All staff working directly with children and families have sufficient knowledge, training and support to promote the physical and psychological well-being of children and their families and to identify early indicators of issues and vulnerability
- All staff have annual performance management and appraisals toidentify skills or training needs to help improve outcomes.
- Training needs assessments are carried out for all staff working within the service and a plan is developed to deliver the core learning and development requirements identified. Resources allocated for the CPD requirements should be identified in the plan and opportunities to access multi-agency training should be maximised.
- Staff are supervised and provided with access to appropriate induction, training, appraisal, supervision and professional development opportunities. The breadth, depth and nature of training shall be appropriate to meet the needs of the people engaged with by the service
- An appropriately publicised disciplinary and grievance procedure is in place for all employed staff
- All employed staff and volunteers clearly understand their roles and responsibilities by providing clear job descriptions and by receiving adequate induction and on-going training / one to one supervision etc. commensurate with their role
- The diversity and skills of staff reflect the needs and profile of people in Waltham Forest, with a particular focus on recruiting male employees into the service
- Opportunistic opportunities are exploited to enhance and develop the skill set and wider knowledge of the Provider's workforce, particularly in relation to working in partnership with other service providers.

The Provider shall work with NHS England, HEE and Local Education Training Boards (LETBs) to ensure effective support for trainees and newly qualified HVs, SNs, Family Nurses and other frontline clinical staff. This shall be delivered by ensuring the provision of: sufficient practice teachers; support through mentoring and supervision for students and newly qualifiedstaff; in line with NMC and HEE requirements.

The Provider shall develop and maintain a supervision policy and ensure that all staff across the service access supervision in line with the framework below.

The Provider shall ensure that staff have key competencies as outlined below:

- Excellent communication and engagement skills
- A positive attitude to supporting people with complex lives
- An empathic / non-judgmental approach
- Working in person centred ways, using a supportive and empowering approach
- Ability to build credibility, and inspire trust and confidence

The Provider is encouraged to take on local secondary students on work experience and professionals in training on placement.

16.3 Supervision

Regardless of the type, the Provider shall ensure that supervision has an emotionally restorative function and will be provided by individuals with the ability to;

- Create a learning environment within which staff in the various teams can develop clinical knowledge, skills and strategies to support vulnerable families
- Use strengths-based, solution-focused strategies and motivational interviewing skills to enable the teams to work in a consistently safe way utilising the full scope of their authority
- Provide constructive feedback and challenge to the teams using advanced communication skills to facilitate reflective supervision
- Manage strong emotions, sensitive issues and undertake courageous conversations
- Provide guidance on the interpretation of policies and guidance

The Provider shall develop and maintain a supervision policy and ensure that all staff across the service access supervision in line with the framework below:

16.4 Professional Clinical supervision:

The Provider shall ensure all staff have clinical supervision according to their needs using emotionally restorative supervision techniques on a regular planned basis.

As per the National Specifications, The Provider shall ensure Family Nurses have one to one supervision on a weekly (or pro rata for part time staff) basis from the FNP supervisor – either by phone or face to face. The Provider shall ensure that Family Nurses use patient database reports to inform supervision sessions and that the supervisor makes a minimum of one (1) home visit every four (4) months with each Family Nurse for field supervision purposes

16.5 Management supervision:

The Provider shall ensure all staff with a requirement to line manage staff such as team leaders have access to a senior manager or professional lead to provide one-to-one professional management supervision of their work, case load, personal & professional learning and development issues.

The Provider shall note the code for Professional Standard for Public Health Nursing Workforce

16.6 Health Visitor Practice Teacher Supervision

The Provider shall ensure Health Visitor Practice Teachers have access to high quality supervision according to the requirements of their role.

16.7 FNP Workforce

The Provider shall ensure the FNP team have access to psychological consultancy on a monthly basis with an additional requirement for the supervisor to receive monthly one to one sessions as per FNP national Unit guidance. In addition, supervisors shall undertake DANCE proficiency as per the FNP licensing agreement.

16.8 Workforce Capacity

The Provider shall make provision for capacity in the case of staff absence, turnover, hours worked, as well as levels of client vulnerability and/or additional needs of clients that includes but is not limited to safeguarding, English as a second language, Looked After Children.

The Provider shall ensure staff contracts are flexible enough to accommodate changes to the operating times of the services which will be shaped by the needs of the service users and agreed with the Contract Manager

16.9 Sustainability

Over the period of this contract, the Provider shall develop a Workforce Travel Plan to support Waltham Forest's ambition to develop a sustainable environment including exploring opportunities to promote or encourage staff delivering these services to travel via sustainable modes of transport including consideration of encouraging pool car usage,

The Provider is reminded that the new ULEZ (Ultra Low Emissions Zone) is coming into place in October 2021, covering the whole of the borough south of the A406 / North Circular Road https://tfl.gov.uk/modes/driving/ultra-low-emission-zone/ulez-expansion. which may impact on service planning.

The Provider shall endeavour to develop staff awareness knowledge in fuel poverty which, if undertaking home visits may provide families with guidance on what support is available to help make homes more energy efficient and comfortable and more affordable to run.

16.10 London Healthy Workplace

The Provider shall endeavour to seek accreditation for the London Healthy Workplace Award which is intended to enable organisations to design and/or enhance their employee wellbeing strategy

16.11 Workforce Reporting

The Provider shall provide a report on the current workforce on a quarterly basis.

Where the Provider is unable to meet / fulfil agreed workforce requirements, the Provider shall develop and share a detailed recruitment / retention plan with the Authority's commissioner, which will be reviewed quarterly.

The Provider shall develop robust workforce analyses and plans to achieve set trajectories, recruitment/retention plans; numbers of retirees; potential leavers; expectations of agency and bank staff to substantive contracts

The Provider shall have in place target and development plans to support workforce development and retention, mobilisation of expanded services, service transformation and service monitoring.

15. FINANCE

The Provider shall manage and monitor the Contract finances and ensure adherence to financial regulations (see Terms and Conditions).

The Provider shall work in partnership with the Public Health Team to ensure that expenditure for the year remains within the allocated budget and will inform the Public Health Team of any financial or sustainability concerns asthey arise.

The Provider shall submit quarterly financial reports on its budget spend in a format determined by the Authority.

16. SUPPORTING LOCAL PUBLIC HEALTH STRATEGY DEVELOPMENT AND WIDER PUBLIC HEALTH PROTECTION

Through collection of population health data and the development of expert qualitative intelligence about the communities' assets and health needs the Provider shall provide support to inform the Waltham Forest Joint Strategic Needs Assessment (JSNA). The Provider shall be able to advise on current best practice in health promotion for children and young people and support appropriate Waltham Forest strategies for this purpose. The Provider management or a senior member of staff shall attend the Children's Health and Wellbeing Board Sub-Committee and other relevant forums as requested and agreed.

Health protection activities

The Provider shall respond to a Public Health crisis as required, following emergency planning procedures, and promoting Public Health actions as appropriate to the need. The Provider shall assist with implementing public health control measures (including vaccination and mass prophylaxis) in children's health clinics, school and community settings.

Where there has been a communicable disease exposure of children and young people in any setting, as directed by the Authority's Public Health Team or by PHE, the Provider shall respond appropriately and support the Authority and/or Public Health England (PHE) with the risk assessment process.

17. Appendices

Appendix Number	Title
One	Waltham Forest Children and Family Centre Model
Two	Health Visiting Mandated Activity
Three	Electronic Data Requirements for Sharing with Early Years
Four	Health Visiting Section 23 Pathway
Five	National Child Measurement Programme (NCMP) overview
Six	FNP: Indicative Performance Indicators
Seven	FNP: Advisory Board
Eight	Health Visiting and School Nursing Indicative Performance Indicators
Nine	Premises Categories A, B & C
Ten A	Waltham Forest Schools: Maximum Pupil Numbers
B	Waltham Forest Schools: Actual Numbers by Ethnicity

Appendix One

WALTHAM FOREST'S WIDER CHILDREN AND FAMILY CENTRE MODEL

Children and Family Centre community, universal and targeted early childhood services Children aged 0-4	One borough-wide contract, with hubs in four neighbourhoods Provision of 1. EYFS focussed early education sessions for children aged 0-4 2. A range of health themed sessions 3. Information and advice: signposting to services and hosting of a formally appointed advice provider 4. Adult Education and Job centre plus services (delivered by partners) 5. Family Support (universal plus only)
Health Visiting & Family Nurse Partnership Children aged 0-5	One borough wide contract delivering the core components of the Healthy Child Programme 0-19 including the mandated checks for health visiting and the Family Nurse Partnership. A greater emphasis on integration with Children's Centres is being sought and this will mean the delivery of some Health Visiting services from Children and Family Centre settings
Best Start 0-5 service	One contract covering infant feeding, healthy lifestyles for families and oral health, integrated into the children and family centre settings. This contract will deliver on key aspects of the high impact areas in the Healthy Child Programme.
Targeted Family Support / Early Help services Children aged 0-11	Early Help service delivered by LB Waltham Forest for families where children are aged 0-11. Includes formal accredited parenting programmes and 1:1 casework with families following an Early Help assessment. Level 2B (Targeted) and above
School Nursing	One service within the Healthy Child Programme contract delivering the core components of the programme from 5 – 19 (up to 24 to support local education transition). A greater emphasis in linking with wrap around services

Appendix Two

UNIVERSAL HEALTH VISITNG MANDATED ACTIVITY

The table below outlines the minimum requirements for each of the five (5) Universal Reviews delivered by the health visiting service. Within this framework, the Provider shall develop and share with the Authority's commissioners a more detailed operating procedure for delivering each of the reviews which takes into account considerations around premises, skill mix and levels of vulnerability. The Provider shall provide evidence of best practice in the use of guidance and evidence-based tools for assessments and interventions.

Universal Review	Description
Antenatal health promoting visits at 28/40 weeks	• Promotional 1-2-1 narrative listening interview, conducted face to face or via virtual method in a confidential setting (may be home or clinic/ children's centre) • Includes preparation for parenthood with a focus on infant feeding, promoting early attachment and education around postnatal depression signs, symptoms and how to access support if required • Provide overview of the Healthy Child Programme and the Health Visitor, Best Start service 0-5 and Children and Family Centre offer from 0-5 years • Assess vulnerability and make necessary referrals with appropriate consultation with midwife team caring for the women
New Baby Review by 14 days	Face-to-face review in the home by 14 days with mother and where possible, the father/partner to include assessment andsupport with: • Infant feeding, growth and general health • Attachment and Sensitive parenting • Assessing maternal physical and mental health • SIDS prevention and safe sleep • Household safety assessment including addressing risks where parents smoke • Assessment of safeguarding concerns or other vulnerability and refer appropriately • Include promotion of immunisations and ensuring that the parent is aware of the childhood immunisation schedule in the 'Red Book'. Specifically, adherence to vaccination schedule for babies born to women who are hepatitis B positive

	• Ensure appointment is scheduled for BCG vaccination • Assess maternal rubella status and follow up of two MMR vaccinations (to protect future pregnancies). • Checking of the status of all screening results and take prompt action to ensure appropriate referral and treatment pathways are followed in line with UK NSC Standards, specifically: New born blood spot; ensuring results for all conditions are present, results of the 72 hour NIPE examinations, hearing screening outcome • Promoting the Parent's Guide to Child Health and Common Illnesses PDF download or app http://waltham-forest.sensecds.com and other places where parents can access self-help support and advice (telephone helplines, websites, NHS Direct, etc.) • Provide information about the Healthy Child Programme and the 0-5 offer from Health Visitors, Best Start service and Children and Family Centres • Anything else where there are parental or professional concerns
6-8 Week Assessment	This assessment may be face-to-face at home or may be made by phone, depending on criteria to be agreed between the provider and commissioner (e.g. for women that have received both antenatal and new birth visit, with no identified vulnerabilities, phone call may be sufficient) • On-going support with infant feeding involving both parents where possible and recording of breastfeeding status (none, partial or total) • Continue general growth and health assessment • Assessing maternal mental health using appropriate measures according to NICE guidance • Include promotion of childhood immunisations ensuring that parents are aware of and have the most up to date childhood immunisation schedule in the child's 'Red Book' / Personal Child Health Record. Specifically: a. Adherence to vaccination schedule for babies born to women who are hepatitis B positive b. Assess maternal rubella status and follow up of two MMR vaccinations (to protect future pregnancies) c. Ensure appointment is scheduled for BCG vaccination • Check the status of all screening results and take prompt action to ensure appropriate referral and treatment pathways are followed in line with UK NSC Standards as above in initial check. • Promoting the Parent's Guide to Child Health and Common Illnesses booklet, PDF download or app http://waltham-forest.sensecds.com and other places where parents can access self-help support and advice (telephone helplines, websites, NHS Direct, etc.)

	• Provide information about the Healthy Child Programme and the 0-5 offer from Health Visitors, the Healthy Child High Impact Team and Children and Family Centres • In particular, give advice about starting solids at 6 months and encourage attendance to starting solids workshop at local children's centres when the child turns 4 months in preparation • Assessment of safeguarding concerns or other vulnerability and refer appropriately • Share information as required with family GP • Promoting attendance at 6-8 week NIPE screen with GP, where appropriate *The baby's GP (or nominated Primary Care examiner) will have responsibility for ensuring the 6-8 week NIPE screen is completed for all registered babies as commissioned by NHS England*
9-12 Months	• Assess the baby's physical, emotional and social development and needs in the context of their family using an appropriate Ages and Stages Questionnaire 3 tool (ASQ-3 or ASQ-3SE). *Provider to determine standardised criteria for appropriate use of the ASQ-3 SE in place of the ASQ-3 where the child requires additional assessment of their Social and Emotional health.* • Support parenting, provide parents with information about attachment and developmental and parenting issues including potty training, behaviour management and refer to available evidence-based parenting programmes where appropriate • Monitor and record growth and give appropriate advice, signposting or referral if the child is under / overweight (i.e. to fussy eaters course or dietician drop-in sessions in children's centres) • Health promotion, including; a. Raise awareness of dental health, tooth brushing, healthy eating and registration and check up with a dentist b. Importance of healthy eating for the whole family, family mealtimes and physical activity requirements c. Injury and accident prevention relating to mobility, safety in cars and skin cancer prevention • Check new born blood spot status and arrange for urgent offer of screening if child is under 1 year • Ensure child has been offered BCG appointment and encourage uptake if under 1 year and have not yet had the vaccination • Adherence to vaccination schedule and final serology results for babies born to women who are hepatitis B positive; status of MMR vaccination for women non-immune to rubella.
2-2½ Year Review	Working in partnership with Early Years to ensure an integrated review, assess the baby's physical, emotional and social development and needs in the context of their family using an appropriate Ages and Stages Questionnaire 3 tool (ASQ-3 or ASQ-3SE). *Provider to determine standardised criteriafor appropriate use of the ASQ-3 SE in place of the*

	ASQ-3 where the child requires additional assessment of their Social and Emotional health. *Undertake Early Language Identification Measure (ELIM) for early identification of early language development needs* On the basis of the review: • Respond to any parental concerns about physical health, growth, development, hearing and vision • Offer parents guidance on behaviour management and opportunity to share concerns • Offer parent information on what to do if worried about their child • Promote language development • Encourage and support to take up early years education • Give health information and guidance • Review immunisation status • Offer advice on nutrition and physical activity for the family • Raise awareness of dental care, accident prevention, sleep management, toilet training and sources of parenting advice and family information *This review should be integrated with the Early Years Foundation Stage two-year-old summary as appropriate to the needs of children and families. The Provider will be required to operationalize this integration*
By 4½ years	This is not a review, however it will be a universal requirement that all children are formally handed over to the School Nursing Service in time to meet the needs of the child - e.g. if the HV is lead professional the handover may be delayed where this will improve outcomes for the child Children on targeted or specialist offer must have a written handover.

Appendix Three

Electronically Shared Data Requirement

All ASQ3 data (within spreadsheet) for one year olds and two year olds where:

a) an ASQ3 has completed and there are no concerns

b) an ASQ3 has been completed and concerns have been identified regarding the child's development

The following data will be provided:

- Client ID
- Childs First name
- Childs Surname
- Child's Date of Birth
- Child's Age in years and months
- Child's Gender
- Child's Ethnicity
- Child/Clients Address
- Home Phone Number
- Mobile Phone Number
- E-mail Address
- Mothers First Name
- Mother's Surname
- Mothers Ethnicity
- Languages spoken by parents
- Which school or PVI sector childcare provider child currently attends
- Consent to share status
- Assessment Date
- Assessment score for Communication
- Assessment score for Fine Motor
- Assessment score for Gross Motor
- Assessment Score for Problem Solving
- Assessment Score for Personal Social
- Under or Over Result for Communication
- Under or Over Result for Fine Motor
- Under or Over Result for Gross Motor
- Under or Over Result for Problem Solving
- Under or Over Result for Personal Social
- HV Team that completed review
- Referral date
- Onward referrals to specialist services

A summary report providing quantitative information regarding all of the data above plus:

- information regarding the total number of ASQ's completed during the

reporting period where consent has not be give to share with the Authority

- A copy of the ASQ3 for all children where a health review has been completed, concerns have been identified regarding the child's development

Actions required regarding consent to register with the Children and Family Centre for the purposes outline above:

All parents of one (1) year old and two (2) year old children to be verbally asked (either face to face or via telephone) for consent to register with the Children and Family Centre as part of:

- Universal one year health check
- Universal ASQ3 appointment arrangements
- 3 months after ASQ3 appointment arrangements (regardless of whether parent attended an appointment or not) parents who have not consented to share are sent an e-mail or an SMS message to seek their consent to register (text to be agreed with Waltham Forest).
  All parents of one and two year old children to be verbally asked (face to face) for consent to share their ASQ3 assessment documentation and details of any school or childcare setting that the child is currently attending, where development concerns are identified

- ASQ3 24 Month review
- 3 months after the ASQ3 has been completed for parents who have not consented are telephoned consent to share their ASQ3 assessment documentation

Reporting requirements

These lists will be provided on a monthly basis, and no later than the 16th day of the month following the review being completed. e.g. reviews completed in September 2022 would be provided by 16th October 2022.m plus data in respect of children who are 2 years old who have not given consent to register under 4a and 4b but subsequently have given consent under 4c and 4d above

Appendix Four

Health Visiting Section 23 Pathway

Draft text re Section 23 *Awaiting ratification October 2021*

1. What is a Section 23 notification?

Health bodies have a statutory duty under Section 23 of the Children and Family Act 2014 to bring to the attention of the Local Authority any child that resides in Waltham Forest who is under compulsory school age where, in the course of exercising functions in relation to a child, they form the opinion that the child has (or probably has) special educational needs or a disability.

They must:

a. inform the child's parent of their opinion and of their duty, and
b. give the child's parent an opportunity to discuss their opinion with an officer of the group or trust.
c. If the group or trust think a particular voluntary organisation is likely to be able to give the parent advice or assistance in connection with any special educational needs or disability the child may have, they must inform the parent of that.

As part of this duty health professionals will share information about your child. The local authority will respond to the notification, and act upon the shared information to ensure appropriate learning and development/education support is put in place for your family, and integrate this with support provided by health and other services/professionals as appropriate.

We anticipate that the learning and development needs of your child, prior to them taking up their Reception Class or year 1 place in a school, would be met as part of the multi-agency support that is provided via the Early Years Inclusion Pathway. (see separate EY inclusion pathway proposal doc) Support provided as part of this pathway will support your child's learning and development and ensure that robust transition and support arrangements are in place for when your child starts school/nursery. We would expect requests by health professionals to the local authority for learning and development support for your child would be made via the Early Years Inclusion Pathway in the first instance. For some children, where it is appropriate, an EHC needs assessment is started.

If in addition to your child's Learning and development needs there are other family/social issues that your family would like support with, a separate referral will need to be made to MASH for support from Early Help or Social Care. You can make this referral yourself or you can speak to any professional supporting your family e.g. a health professional or staff at your child's school/nursery who can make this referral on your behalf. You can also access a range of support and information from Waltham Forest Children and Family Centre Services

2. What happens when the LA receive an EY Inclusion Pathway referral?

The majority of children with medium or high-level learning and developmental delay who are either known to, or have been notified to the LA by a health professional will be able to access the support they need via the multi-agency EY Inclusion Pathway. As part of the EY Inclusion Pathway an assessment will be completed to establish your child's the learning & development needs. Once your child's learning a development needs have been established these will be supported by providing a range of free support to your child and family. This may include support from Health Visitors, Speech and Language Therapists, Home Visiting Services, Educational Psychologists or Specialist Teachers, who may be able to identify effective learning and development strategies, equipment, programmes or other interventions. Your child's learning & development support plan would form part of a wider holistic support plan which would include information and advice from SENDIAS, Citizens Advice (benefits and childcare tax-credits),

Waltham Forest Parent Forum and support from family/social care support from Children & Family Centres / Early Help /Children's Social Care as appropriate.

If despite having taken relevant and purposeful action via the EY Inclusion Pathway to identify, assess and meet the learning and development needs of your child, your child has not made expected progress the local authority will work with other professionals supporting the family to determine whether it may be necessary for an EHC needs assessment to be commenced.

3. Financial Support for the education of children with SEND/L&D Delay

Reception age children and 2,3 &4 year olds that have a statutory entitlement to a Free Early Education Entitlement (FEEE) place

DfE Registered schools or an LA approved Ofsted Registered Childcare provider (Full Daycare, Preschool or Childminder) may be eligible to receive funding in order to provide additional support which enables your child to access their statutory entitlement to their free early education place. We would anticipate that most schools and childcare providers would be able to meet your child's needs using SEN inclusion funding (SENIF) but in for some children, where it is appropriate, this would be met via Education Health and Care Plan (EHCP) funding. These payments would be made if:

- your child is entitled to a 2 year old free early education entitlement place and
- when your child is entitled to a place 3-4 year old free early education entitlement

SENIF or EHCP funding will be paid to the school or Ofsted registered childcare provider your child attends where your child:

- Is taking up a Reception Class place in a DfE Registered school (please note: SENIF payments cannot be made if your child is in a Reception Class).
- Is a 3-4 year old taking up their Universal Free Early Education Entitlement (FEEE) place at a DfE Registered school or an LA approved Ofsted Registered Childcare provider (Full Daycare, Preschool or Childminder). Any SENIF or EHCP funding agreed will be paid in respect of hours attended as part of your child's FEEE place (up to a maximum of 15 hours per week Term Time or 11 hours per week of stretched over 50 weeks per annum) only
- Is a 3-4 year old taking up their Working Family Free Early Education Entitlement (FEEE) place at a DfE Registered school or an LA approved Ofsted Registered Childcare provider (Full Daycare, Preschool or Childminder). Any SENIF or EHCP funding agreed will be paid in respect of hours attended as part of your child's FEEE place (up to a maximum of 30 hours per week Term Time or 11 hours per week of stretched over 50 weeks per annum) only.
- Is a 2 year old taking up their Free Early Education Entitlement (FEEE) place at a DfE Registered school or an LA approved Ofsted Registered Childcare provider (Full Daycare, Preschool or Childminder). Any SENIF or EHCP funding agreed will be paid in respect of hours attended as part of your child's FEEE place (up to a maximum of 15 hours per week Term Time or 11 hours per week of stretched over 50 weeks per annum) only.

If you choose to take up a chargeable childcare hours, which are in addition to your child's FEEE hours, the local authority and/or Citizens Advice will be able to provide information and advice with regards to benefits, childcare tax-credits etc that may be available to support with these childcare costs .

Where a child is under 2, or a 2 year old who does not a have statutory entitlement to a Free Early Education Entitlement (FEEE) place

DfE Registered schools or an LA approved Ofsted Registered Childcare providers (Full Daycare, Preschool or Childminder) may become eligible to receive SEN inclusion funding or Education Health and Care Plan (EHCP) funding in order to provide additional support which enables for your child to access their statutory entitlement to free education place if:

- your child is entitled to a 2 year old free early education entitlement place and
- when your child is entitled to a place 3-4 year old free early education entitlement.

If you choose to take up a chargeable/fee paying childcare place before your child is eligible for a free early education place, the local authority and/or Citizens Advice will be able to provide information and advice with regards to benefits, childcare tax-credits etc that may be available to support with childcare costs and checking eligibility for Free Early Education Entitlement (FEEE) places.

4. What happens when the LA receive a Request for an EHCP assessment for an under 5?

Once the Authority receives a request for an EHCP assessment for a child under 5 they will then determine whether it may be necessary for special educational provision to be made for the child and in what form. You can find more details about applying for an EHCP assessment here.

Appendix Five

NATIONAL CHILD MEASUREMENT PROGRAMME (NCMP) OVERVIEW

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

The National Child Measurement Programme will be delivered according to national Public Health England (PHE) guidelines as set out in '*National Child Measurement Programme (Operational guidance 2020)* and updated versions each year. Additionally, the following will be adhered to in the delivery of the programme in Waltham Forest:

1. Provide a timetable and plan to the Authority Public Health team by 31st October each academic year
2. Sending out letters to head teachers to sign up for the programme, and follow-up as appropriate (e.g. if school does not respond)
3. School Nursing Team will book measurement sessions with the school to enable the school to plan in advance.
4. Sending out letters to Parents/Guardians to obtain consent (approximately 6-7,000 letters). The letters should be agreed with the Authority's Public Health team beforehand. When sending out pre-measurement letters, leaflets requested by the commissioner will be included (e.g. the national 'Why your child's weight matters' leaflet and the locally developed leaflet 'Leisure activities and healthy lifestyle programmes near you'). The confirmation of contact details form should be included with the consent letter to parents.
5. Obtaining consent from parents to share child's measurement results with their GP. Request for consent to be included with the parents' initial invitation letter to participate in the programme
6. Obtaining Child's NHS number and home phone number, and any information required to ensure that each child's GP practice can be identified for sending NCMP results.
7. School Nursing Team will conduct 'mop up' sessions i.e. follow up children who have missed the schedule measurement date andmeasure in order to achieve a high coverage rate
8. The NCMP measurements (including mop-up sessions) must be completed before 30th June each academic year
9. For children in special schools, those able to stand on the scale unaided

should participate. Parents should be contacted prior to letters being sent and given the appropriate support

10. NCMP data clerks will clarify any issues or anomalies before school closure and upload the information on the required date to the NCMP IT system and report completion to the Contract Officer

11. School Nursing Team to routinely feedback to all parents/carers of all children who have participated in the NCMP. If NCMP is incorporated into annual health reviews, then this can be as part of the report sent to parents/carers.

12. Parents will receive feedback letters within 6 weeks of children being measured, including information about how to access local healthy lifestyle programmes & physical activity in Waltham Forest and how to contact the School Nursing service for discussing further. These letters should be posted rather than using pupil post. The letters should be agreed with the Local Authority Public Health team beforehand. When sending out leaflets requested by the commissioner will be included (e.g. the 'Top Tips' for Kids leaflet' from the HSCIC Publications Order Line, the locally developed leaflet Leisure activities and healthy lifestyle programmes near you')

13. When producing the feedback letters, one out of every 100 letters printed should be checked against the information entered intothe IT system to ensure that the information has come through as expected e.g. checking that the height, weight and assigned weight status category are correct and the correct date of birth and address for the child are shown.

14. Providing feedback to GP Practices with results of NCMP for children registered with them, that are identified as overweight orobese. If NCMP is incorporated into annual health reviews, then this can be as part of the report sent to GPs.

15. Uploading the data on the NCMP IT system website by the deadline date as stated in the PHE National Child Measurement Programme Operational Guidance for each school year

16. Responding to any queries/complaints from families, including opportunistically signposting families to lifestyle interventions (e.g.Go For it, Our Parks, free swimming, cooking sessions)

17. Share feedback with schools via letter, using the PHE Obesity Knowledge and Intelligence Team NCMP school feedback tool, or equivalent agreed with the council's Public Health team.

18. From the start of the measurement programme, School Nursing Service will provide monthly progress report to the Authority's Public

Health team

19. Provide the Authority's Public Health team with any NCMP data as requested, to facilitate analysis.

Appendix Six

FAMILY NURSE PARTNERSHIP PERFORMANCE INDICATORS

Below is an initial summary of the performance data that shall be used to monitor service requirements and outcomes. Specific performance measures shall be agreed between the Provider and the Authority during the contract mobilisation period. Indicative performance levels of where those targets are expected to be are included within this document. However, the Provider may wish to consider and propose alternative measures comprising a mix of outputs and outcome measures for this purpose. Note that it is not exhaustive and exception criteria is to be agreed.

The Provider shall submit reports in a format to be advised the Authority.

Ref	Indicator	Data Definition	Period
1	Workforce Progress toward FNP team development	At the outset of the contract the Provider will be required to develop a *Workforce Development Plan* which includes: • Recruitment • Caseloads • Training The indicators to assess progress toward delivery of this plan will be developed with the Provider and commissioner Performance target to be agreed	Quarterly
2	Clinical Quality: Caseloads and Enrolment *(it is expected that all clients enrolled are living in Waltham Forest and are first time teenage mothers who are 24 years or under at the time of their last menstrual period)*	Total no. clients on the programme for the quarter (including leavers)	Quarterly
		No. clients (caseload) per Family Nurse	
		Total no. referrals received (Programme goal of 75% clients taking up FNP if offered it)	
		Average gestation at referral (Programme stretch goal of recruiting clients before 16 weeks gestation and it is expected that all clients are enrolled by 28 weeks except for clients who have concealed pregnancy or clients who move in later and have not been known to health services).	

		Percentage of eligible young mothers who are offered the programme who enrol (programme goal is 75%)	
		No. enrolled by 16 weeks (target 60%) (this is a stretch goal)	
		No. enrolled before 28 weeks, including those enrolled by 16 weeks (target 100% - see above))	
3	Clinical Quality: Attrition / Graduation Cumulative programme attrition targets • Pregnancy phase *(target 10% or less)* • Infancy phase *(target 20% or less)* • Toddlerhood *(target 10% or less)* Through to the child's second birthday *(target 40% or less)*	Number of premature leavers in Pregnancy phase (expected attrition rate is not more than10%)	Quarterly
		Number of premature leavers in the Infancy phase (expected attrition rate is not more than 20%)	
		Number of premature leavers in the Toddlerhood (before graduation) (expected attrition rate is not more than 10%)	
		Reasons for leaving – e.g. moved out of area *(full list from drop down menu to be agreed)*	
		Case study or qualitative analysis of reported or perceived reasons for leaving the programme	
		Number of Graduations	
4	Clinical Quality: Programme Content	Number of New Mum Stars assessments completed, inc breakdown of activity areas of the New Mum Star Target 100%	Quarterly
5	Case Studies	Family Nurse client case studies (1-2 per quarter) highlighting qualitative experiences in delivering the programme – achievements and challenges Target minimum 1 case per quarter	Quarterly
6	**Ethnicity and gender** *The only allowable exception criteria for 'ethnicity and gender not known' is where the client refused to state*	**Baseline to be agreed** Breakdown of type of contact by age, gender and ethnicity: parent and child	Quarterly
7	Governance Processes	Evidence of: Quarterly Advisory Board (or equivalent) meeting is held Each Advisory Board has client / baby representation CFC neighbourhood meetings attended by FNP supervisor	Quarterly
8	Safeguarding	% of staff who have received weekly supervision – % staff up to date with safeguarding training	Quarterly
		Number of clients who are LAC	
		Number of clients who are on a CP or a CIN Plan	

		Number of babies of clients who are on a CP or a CIN Plan	
		Multiagency meetings:	
		Number of CP conferences invited to / % attended Number of core groups invited to / % attended Number of CIN review meetings invited to / % attended *(allowable exception criteria includes where there was less than 5 days' notice prior to the meeting)*	Quarterly
		Target: Percentage of conferences where report provided ahead of time and shared with parents 90%	

FNP QUARTERLY WORKFORCE REPORT						
	Band	Agency (WTE)	Staff Establishment (WTE)	WTE in post	WTE vacancies	Comments
FNP Supervisor	8a					
Family Nurses	7					
Quality support/Admin officer	3					

FNP ANNUAL REPORT *In line with FNP National Unit Template, the Provider and Commissioner to agree full annual report requirements in the quarter before the annualreport is due.*
This will include summary of the above KPIs as well as key maternal and child outcomes for clients such as but not limited to; • Immunisations • A&E attendances / admissions • Breastfeeding initiation and duration • ASQ-3 scores (e.g. at 4 months, 9-12 months, 2 years) and other child development measures • Maternal life-course development – those in education and employment • Maternal mental health (HADs score) • Maternal smoking and contraception use

Appendix Seven

FNP Advisory Board

Providers to note that this is no longer a mandatory requirement but Providers are expected to ensure either an advisory board or suitable alternative which reflect similar principles

Ethos

The Advisory Board is an integral part of the FNP programme and as such should reflect the approach and ethos of the members of the nursing team and the originators of the programme.

This approach can be described as collaborative, strengths based, nurturing but with positive challenge. Family nurses role model this approach to their clients with the intention of this then being mirrored by these parents with their babies.

When this approach is reinforced by the relevant managerial structures, the programme's expected outcomes are more likely to be delivered. When this collaborative approach is not present, there are increases in attrition to the programme and a consequent negative effect on outcomes for babies and theirfamilies.

Principles

The Quality Improvement process should mirror the FNP theories, ethos and models of behaviour change in the clinical element of programme. This means that the principles of the FNP QI process are as follows:

Strengths-based approach:

- Start with the assumption that everyone wants to do their best and wants to be better and improve
- This approach does not ignore risk but identifies and builds on individualsand organisational strengths to overcome challenges and improve quality.
- Trust the programme:
- The programme has evidence based outcomes
- Approach to replication is key to success of the programme
- Trusting relationships are vital at all levels of the work

Motivation:

- Continually focus on the reason we all do the work we do – better outcomes for families and children
- Returning to these principles helps when it is proving difficult to find a solution

Appreciative inquiry approach:

- Be curious and seek to understand
- Be a learning group who is curious about the delivery of the programme andits integration with other services
- Identify strengths
- Be impartial
- Be positive and inspiring to others

Relational approach

- Critical to the whole process
- Building the relationship requires meeting face-to-face
- Be empathetic and interested in others and their role
- Seek to understand others motivation, wishes and aspirations.
- Relationships should enable supportive challenge
- Promote self-efficacy within sites and empower others

The Advisory Board member's relationship with each other should be:

- Consistent
- Appreciative
- Consultative/ collaborative
- Genuine
- Open and honest
- Trusting and respectful

Use the expertise and experience of members of National Unit involved in quality improvement at a site level

Appendix Eight

Performance Indicators

HEALTH VISITING PERFORMANCE INDICATORS

The performance indicators are designed to monitor overall activity, outcomes and progress, particularly in relation to addressing inequalities across service provision.

Quarterly performance indicators for the Health Visiting service include those in the Public Health England Commissioning Guidance for the Healthy Child Programme as well as indicators of local activity.

Below is an initial summary of the performance data that shall be used to monitor service requirements and outcomes. Specific performance measures shall be agreed between the Provider and the Authority during the contract mobilisation period. Indicative performance levels of where those targets are expected to be are included within this document. However, the Provider may wish to consider and propose alternative measures comprising a mix of outputs and outcome measures for this purpose. Note that it is not exhaustive and exception criteria is to be agreed.

The Provider shall submit reports in a format to be advised the Authority.

Provider Performance Monitoring Framework – Core Requirements

Indicators	**Data definitions**	**Period**
Number of mothers who received a <u>first</u> face-to-face antenatal contact with a Health Visitor. Plus %, and Number of mothers who received a remote ante natal contact with a Health visitor Exception criteria: can only be undertaken	Count of mothers who received a first contact with a health visitor when they were 28 weeks pregnant or greater, before they gave birth. Based on: No. of notifications of mother in ante natal period (who had reached 28 weeks of pregnancy during the period) (To differentiate between f2f and virtual)	Quarterly

if information received from maternity services)	**Target 95%**	
Information required for 14 day visit	A) Total number of infants who turned 30 days in the quarter who received a face-to-face New Birth Visit (NBV) **within 14 days from birth**, by a Health Visitor with mother (and ideally father)	Quarterly
	B) Total number of infants who turned 30 days in the quarter who received a face-to-face New Birth Visit (NBV) **after** 14 days after birth, by a Health Visitor with mother (and ideally father)	Quarterly
	C) Total number of infants who turned 30 days within the quarter eligible for new birth visit D) Total number of infants who turned 30 days within the quarter	Quarterly
Percentage of births that receive a face to face NBV within 14 days by a Health Visitor	= A/C % calculated from numbers above. **Target 95%**	Quarterly
Percentage of face-to-face NBVs undertaken after 14 days, by a Health Visitor	= B/C % calculated from numbers above.	Quarterly
	Target 100%	
Percentage of children who received a 6-8 week HV review by the time they were 8 weeks.	A. Total number of children due a 6-8 weeks review by the end of the quarter	Quarterly
	B. Total number of children who received a 6-8 weeks review by the time they turned 8 weeks	
	C. A/B%	Quarterly

	Target 75%	
Percentage of infants being breastfed at 6 -8wks To note that this monitoring will be undertaking in partnership with Best Start Service provider	Ai) Number of infants recorded as being totally breastfed at6-8 wks.	Quarterly
	Aii) Number of infants recorded as being partially breastfedat 6-8 wks.	Quarterly
	B) Number of infants recorded as being not at all breastfedat 6-8 weeks.	Quarterly
	D) Total number of infants due a 6-8wk review by the end ofthe quarter.	Quarterly
	= (Ai+Aii)/D % calculated from numbers above.	Quarterly
Percentage of children who received a 12 month review by the age of 12 months	A. Total number of children who turned 12 months in the quarter, who received a 12 month review	Quarterly
	B. Total number of children turning 12 months in the appropriate quarter.	Quarterly
	C. Percentage of children who received 12 month review by the time they were 12 months (A/B %)	Quarterly
	Target 75%	
Percentage of children who received a 12 month review after the age of 12 months	A. Total number of children who turned 15 months in the quarter, who received a 12 month review, by the age of 15 months	Quarterly
	B. Total number of children turning 15 months in the appropriate quarter	Quarterly
	C. Percentage of children who received 12 month review by the time they were 15 months (A/B %)	Quarterly
	Target 80%	

Percentage of children who received a 2-2½ year review	A. Total number of children due a review by the end of the quarter, who received a 2-2½ year review, by the age of 2½years.	Quarterly
	B. Total number of children aged 2½ years, in the appropriate quarter.	Quarterly
	C.% **Target 85%**	Quarterly
Percentage of children who received a 2-2½ year review using ASQ 3	A. Total number of children due a 2-2½ year review by the endof the quarter for whom the ASQ-3 is completed as part of their 2-2½ year review	Quarterly
	B. Total number of children who received a 2-2½ year review by the end of the quarter	Quarterly
	C. % **Target 80%**	Quarterly
Percentage of children who received a 2-2½ year review using ASQ 3 AND who had their review as an integrated review with EYFS	A. Total number of children due a 2- 2½ by the end of the quarter for whom the ASQ-3 is completed as part of their 2-2½ year review AND who had this this review as part of an integrated review with EYFS	Quarterly
	B. Total number of children due a 2- 2½ by the end of the quarter for whom the ASQ-3 is completed as part of their 2-2½ year review	Quarterly
	C. % **C = Target 75%**	Quarterly
Onwards referrals to specific services to specific service from 2 – 2 ½ year reviews	Total number of referrals to specialist services, including detail of the referred service	Quarterly

Attendance at Early Years multi-disciplinary meetings	Total number of Children and Family Centre Management /Advisory Board meetings which occur within the defined quarter	Quarterly
	Total number of Early Years multi-disciplinary meetings attended by a Health Visitor.	
	Target 80%	
Number of Children and Family Centre Management / Advisory Boards with a HV presence	Total number of Children and Family Centre Management /Advisory Board meetings which occur within the defined quarter	Quarterly
	Total number of Children and Family Centre Management /Advisory Board meetings attended by a Health Visitor	Quarterly
	Target 80%	
Child Health Clinics (CHCs)	Total number of CHCs held per neighbourhood (North,Central, South East, South West) planned/delivered	Quarterly
	Total number of CHCs specifically held in CFCs per neighbourhood: planned /delivered	
	Total number of clinics provided outside of core hours (inc weekends) per neighbourhood	
	Total attendance (children) at CHCs per each neighbourhood (North,Central, South East, South West) (face to face)/virtual	
	Total attendance (children) to CHCs specifically held in CFCs per neighbourhood: planned /delivered	
	Target: achieved minimum expectation as per delivery plan	
Bloodspot testing	A. No. bloodspot notifications in quarter B. No. bloodspot tests completed in quarter C. Offer and declined bloodspot	Quarterly

	D. Moved out of area Bloodspot not offered % bloodspot notifications delivered	
	Target **A-C-D /B% = 100%**	
Healthy vitamin distribution	No. new birth visits No. women receiving HS vitamins at new birth visit No. child health clinics where HS vitamins distributed No. women receiving HS vitamins at child health clinics	Quarterly
Health Visitor Duty System	Number of calls to Health Visitor duty system *(include only those calls to the general duty number)*	Quarterly
Health Visitor Caseload	Number of wte health visitors with a caseload as at last day of quarter Total no. of children on caseload as at last day of quarter Caseload per WTE Total no. children at targeted Total no. children at specialist	Quarterly
Urgent referrals / A&E Discharge Notifications	A. Number urgent referrals received	Quarterly
	B. % responded to within 2 days *(family contacted and referrer contacted)*	
	Number of A&E discharges requiring followed-up *(criteria tobe agreed)* and reason for follow up based on criteria	

	categories *(drop down)* **Target A/B = 100%**	
Ethnicity and gender *The only allowable exception criteria for 'ethnicity and gender not known' is where the client refused to state*	**Baseline to be agreed** Breakdown of type of contact by age, gender and ethnicity: parent and child	Quarterly
Complaints	Number of and nature of complaints received	Quarterly
Serious Incidents	Number of Serious Untowards Incidents (SUIs) relating to service. SIUs must be reported to the Authority within 2 working days of the incident	Quarterly
Safeguarding *Allowable exception criteria include;* • *<5 days' notice given prior to conference* • *Conference attended by School Nurse instead* • *Health Visitor not involved in care but has ensured that other appropriate health representative will be attending in case of need for health input*	% Staff who have received appropriate safeguarding training and supervision **Multiagency Meetings**: Number of CP conferences invited to / % attended Number of core groups invited to / % attended Number of CIN review meetings invited to / % attended *(see allowable exception criteria* % of conferences held for children on a caseload where a report was provided ahead of time and shared with parents *(including conferences not attended by the School Nurse – e.g. where Health Visitor attends instead)* **Target: Percentage of conferences where HV report provided ahead of time and shared with parents 90%**	Quarterly

HEALTH VISITING QUARTERLY WORKFORCE REPORT

- At the outset of the contract, the Provider will be required to produce a workforce development plan which provides evidence of workforce planning which models both current and future workforce requirements in line with local priorities and includes innovative solutions to ensure adequate staffing coverage to deliver the contract requirements.

	Band	Agency (WTE)	Staff Establishment (WTE)	WTE in post	WTE vacancies	Comments
Head of Service	8b					
Operational Lead	8a					
Health Visitors inc. specialist post holders & team leads	7					
Health Visitors	6					
Community nurses	5					
Healthcare Assistants						
Admin/Business Support	4					
Admin/Business Support	3					

SCHOOL NURSE PERFORMANCE INDICATORS

The performance indicators are designed to monitor overall activity, outcomes and progress, particularly in relation to addressing inequalities across service provision.

Quarterly performance indicators for the School Nursing service include those in the Public Health England Commissioning Guidance for the Healthy Child Programme as well as indicators of local activity.

Specific performance measures shall be agreed between the Authority and the Provider during the contract mobilisation period. Indicative performance levels of where those targets are expected to be are included within this document. This is not exhaustive and exception criteria are to be agreed. However, the Provider may wish to consider and propose alternative measures comprising a mix of outputs and outcome measures for this purpose.

The Provider shall submit reports in a format to be advised the Authority.

Ref	Indicator	Data Definitions	Period
1	**Health reviews** (provide separately for Reception, Year 6, Year 10) ** Eligible children may be defined as those on school role with exceptions for those on reduced timetables and long term absences.. *Exception reporting may include schools which do not facilitate service delivery. The names of schools not participating and stated reason for non participation stated will need to be provided*	**Baseline** : Number of eligible children** on school role at time of planned reviews, inc. % gender and ethnicity Year R Year 6 Year 10	Quarterly
		Number of eligible children** offered health review **Target:** **Year R 100%** **Year 6 100%** **Year 10 100%**	
		Number of eligible children where health reviews undertaken **Target** **Year R 75%** **Year 6 75%** Data to include ethnicity and gender reporting for each group	

		No. children needing an onwards referral to GPs post health review Year R Year 6 Data to include ethnicity and gender reporting for each group	
		No. onward referrals to GPs post health checks and timescale **Target** **Year R 100%** **Year 6 100%** Target timescale , within one (1) month from date of check	
		Year 10 No. young people completing health assessment questionnaire **Target 50%**	
		Year 10 No. young people needing an onwards referred to GP post health assessment questionnaire	
		Year 10 No. onward referral to GPs post health checks and timescale **Target 100% inc. timescale of referral within one (1) month from date of check**	
		Year 10 only Gender of young people completing health review questionnaires **Target m/f/o – % calculation of how representative this is of Year 10 school specific school population** **Gender breakdown by school to be provided by the Authority**	
		Year 10 only Ethnicity of young people completing questionnaires **Target % calculation of how representative this is of Year 10 school specific school population** **Ethnicity breakdown by school to be provided by the Authority**	
		Baseline : Number of eligible children, **officially not attending school only** , e.g. EHE, PRU Age 4 -5 Age 10 -11	

		Age 14 - 15	
		Number of children offered health review who are **officially not attending school**, e.g. EHE, PRU **Target** **Age 4 -5 100%** **Age 10 -11 100%** **Age 14 – 15 100%**	
		Number of children completing health review who **are officially not attending school**, e.g. EHE, PRU **Target** **Age 4 -5 75%** **Age 10 -11 75%**	
		No. children who are **officially not attending school** needing an onwards referral to GPs post health review Age 4 -5 Age 10 -11	
		No. onward referral to GPs post health checks for children are **officially not attending school** and timescale for referrals Target Age 4 -5 100% Age 10 -11 100% **Target inc. timescale of referral within one (1) month from date of check**	
		Follow up sessions from health reviews, inc. NCMP check, for parents/young people **Target** : One per term per school	
2	**Drop in sessions** (provide separately primary, secondary, special schools/colleges and other)	Number of drop-in sessions planned **Target**: One per week for all participating secondary schools One per month for all participating primary schools during term time	Quarterly

	Exception reporting is allowed, where drop-in sessions are not planned or do not occur as a result of the school not facilitating delivery ***The names of schools not participating and reason stated will need to be provided*	One per month for further education colleges One per half term for special schools One per half term for community based	
		Number of drop-in sessions delivered (face to face)	
		Attendance numbers at drop in sessions (by school)	
		Details of schools where drop in sessions are declined (no target against this measure **)	
3.	**Communication**	Survey of young people which includes questions on evidence of knowledge of and (where appropriate) satisfaction with service, **Target : evidence of knowledge of service : 75% of those surveyed** **Target : evidence of satisfaction with service : 75% of those using service**	Annual
		No. school assemblies/ health promotion sessions for Years 3,,6,8 & 11 **Target** One per term for all schools	
		Promotion and use of online messaging service No. contacts by young people **Baseline and incremental target to be agreed**	
		Annual Comms Plan detailing schedule for informing pupils and parents of drop in sessions **Target : 80% delivery on planned sessions**	
4	**Staffing**	Details (names) of individual school nurses attached to all schools	Quarterly
		Details of school nurses attached to GP practices in Waltham Forest	
		Named EOTAS	
		Trainings attended by staff which are delivered by linked services. Data to inc. by staff no. ,band and type of training	
		Referrals to linked services by no. and service referred into	
		Health Promotion sessions delivered to linked services by numbers and type of training	
5	**NCMP**	Baseline : Number of eligible children (see Health Review above)	Annual

	(for both reception and Year 6) As seen in Appendix 6, while NCMP is on-going,monthly progress reports should be provided	Year R Year 6	
		Number of children offered check **Target:** **Year R 95%** **Year 6 95%**	
		Number of children from population measures classified as overweight and very overweight, broken down by gender & ethnicity	
		Number of children classified as overweight and very overweight whose GP has been informed (see target above 'follow up sessions from health reviews re parent information) **Target** **100%**	
6	**Ethnicity and gender** *The only allowable exception criteria for 'ethnicity and gender not known' is where the client refused to state*	**Baseline for target to be agreed** Number of unique (by person) contacts face to face or phone or digital contacts in period (including health reviews, drop-ins and other contacts) by age, gender and ethnicity	Quarterly
		Breakdown of type of contact by age, gender and ethnicity	
7	**Health promotion**	Number of sessions for parents/carers Number of sessions for school staff Number of sessions with School Senco Forum or other fora	Quarterly
8	**Safeguarding** *Allowable exception criteria include;* • *<5 days' notice given prior to conference* • *Conference attended by Health Visitor instead* • *School nurse not involved in care but has ensured that other appropriate health representative will be attending in case of need for health input*	% Staff who have received appropriate safeguarding training and supervision	Quarterly
		Multiagency Meetings; Number of CP conferences invited to / % attended Number of core groups invited to / % attended	

		Number of CIN review meetings invited to / % attended *(see allowable exception criteria)*	
		% of conferences held for children on a caseload where a report was provided ahead of time and shared with parents *(including conferences not attended by the School Nurse – e.g. where Health Visitor attends instead)*	
		Target: Percentage of conferences where SN report provided ahead of time and shared with parents 90%	
9	**Complaints**	Number and nature of complaints received	Quarterly

SCHOOL NURSING QUARTERLY WORKFORCE REPORT

- At the outset of the contract, the Provider will be required to produce a workforce development plan which provides evidence of workforce planning which models both current and future workforce requirements in line with local priorities, and includes innovative solutions to ensure adequate staffing coverage to deliver the contract requirements.

Band	Band	Agency (WTE)	Staff Establishment (WTE)	WTE in post	WTE vacancies	Comments
Head of Service	8b					
Operational Lead	8a					
School nurses inc. specialist post holders & team leads	7					
School nurses	6					
Nurses	5					
Healthcare Assistants						
Admin/Business Support	4					
Admin/Business Support	3					

HEALTHY CHILD PRPOGRAMME ANNUAL REPORT

These items will be required at a minimum, but further information may be requested by the commissioners. A template should be agreed in the quarter before the annual report is due.

The report is expected to include case studies and qualitative information from staff, service users and other stakeholders.

The report should identify how the Provider :-

- is ensuring consistency in delivery of the service
- is increasing capacity building, for example by partnership with Best Start and CFCs and supporting healthy schools
- is contributing to year on year improvements and measuring outcomes in areas identified as high impact
- has used performance indicators to inform practice
- has used technology to develop leaner working practices
- is building a multi disciplinary approach to service delivery
- is addressing health inequalities, esp. in BAME groups
- is addressing needs of those with ESOL
- is addressing digital exclusion
- is addressing 15 minute neighbourhood requirement

The report should include a focus on parent/carer involvement in decisions made about their child's care, or in the case of young people, their involvement in their own care.

Data and supporting narrative to include:

- Summary of all activity for each of the quarterly indicators
- Summary of quarterly case studies presented and additional case studies as requested by the commissioner

- Audit of digital contact system - reasons for contacts by broad category (drop-down options) for one-month snapshot and including qualitative feedback
- Number of referrals received from other providers and source (from drop down) and evidence of timely follow-up
- Summary of service user views using validated measuring tools
- Evidence of staff leadership training, clinical supervision and safeguarding competence
- Evidence of a workforce plan which models both current and future workforce requirements in line with local priorities.
- Summary of any relevant recruitment / retention issues

Health Visiting and FNP (see Appendix 8) specific:

- Evidence of continuity of health visitor at new birth and 6/8 review
- Evidence of co-ordinating care with Best Start and CFC partners
- Evidence of delivering training sessions to, and with, wider early years workforce
- Evidence of partnership working with Primary care Networks
- Evidence of recent Health Visitor, Family Nurse and other staff training needs analysis and action plan for on-going professional development. Specifically, outline plans to ensure staff are adequately trained regarding nurse prescribing, Free Early Years Entitlement, SEND code of Practice Requirements

School Nursing specific:

- Summary of children missing from reporting, e.g. school exclusions/long term absence when services were being provided, and report on management action to reduce these

- Summary of NCMP ‘mop up’ activity
- Evidence of support for vulnerable young people, inc. EHE and known to YOS
- Evidence that service is building links to support young people transitioning from school to Waltham Forest College
- Evidence of effective partnership working with the wider health economy – e.g. CAMHS, GPs, Speech and Language Therapy
- Summary of main health needs being captured from Year 10 reviews
- Evidence of recent School Nursing staff training needs analysis and action plan for on-going professional development. Specifically, outline plans to ensure staff are adequately trained regarding pupil mental health, sexual health and relationships and management of long-term conditions such as asthma, diabetes and epilepsy

Appendix Nine

Premises Categories A, B & C

CATEGORY A

Venue	Address	ICT : Wifi WF public	* Current Description of Space and Use *Note that this may change after awards of Lots 1, 2 & 3
Chingford C&FC	5 Oak Grove, Chingford, E4	Yes	Hub housing Early Help staff, C&FC Staff, Hot desking for:- health visitors, midwifery Lloyds Park Children's Charity, HENRY, student Social workers, LBWF Domestic Violence 'one stop shop' (DV) & Citizens Advice (CA) 1 x health room accommodating HV and midwifery appointments Large hall with rooms off hall for C&FC activities Small offices for staff and partners, meeting room and kitchen
Walthamstow C&FC	313 Billet Road, E17 5PX	Yes	Hub housing Early Help staff, C&FC Staff, Hot desking for: health visitors, midwifery Lloyds Park Children's Charity, HENRY, student Social workers, DV & CA Large hall which can be divided into 2 with kitchen Garden area accessed through hall with play area for children's activities 6 offices for staff and partners 2 x dedicated health rooms for HV, midwifery and baby hearing appointments Large meeting room
HENRY Offices	313 Billet Road, Walthamstow E17 5PX	Yes	3 offices
Leyton C&FC	Queens Road Community Centre, 215 Queens Road, E17 8PJ	Yes	Hub housing Early Help staff, C&FC Staff, Hot desking for:- health visitors, midwifery Lloyds Park Children's Charity, HENRY, student Social workers, DV & CA Ground floor: large hall which can be divided into 2 with kitchen, 2 large offices for staff and partners with 4 smaller offices, 1 x which is dedicated midwifery room for ante natal appointments First floor (accessible by lift & stairs): 2 offices 2 training rooms, available for public hire at weekends and evenings after 7.00pm (regular church group meetings on a Sunday)

Leytonstone C&FC	The Junction, 2 – 9 Cathall Road, E11	Yes	Early Help and C&FC hub jointly located with Adult Learning Service (ALS) C&FC space on ground floor 2 large offices for staff and partners Hot desking for HVs, midwifery, Lloyds Park Children's Charity, HENRY, student Social workers, DV & CA 1 x small HV & midwifery room for appointments Kitchenette leading off back office with a smaller office Hall for C&FC activities and large outside play are with garden Reception is jointly located with ALS on ground floor
Health hub/CA and Baby Bank	51 Beaumont Road, E10	Yes	Council 'Cyberlink' provides space for Whipps Cross midwives (one office), CA and Lloyd's Park Children's Charity 'baby bank' (resources for families) 4 offices and a kitchen

CATEGORY B and C:

Venue	Address	Type	Category
Lloyd Park Centre	Winns Avenue, E17 5JW	Community Centre	B
Comely Bank Community Clinic (Walthamstow Toy Library)	46 Ravenswood Road, E17 9LY	Health Clinic	C
Walthamstow Library	High Street, E17 7JN	Library	C
Priory Court Community Centre	11 Priory Court, E17 5NB	Community Centre	B
North			
Paradox Centre	3 Chingford Way, E4 6EY	Community Centre	C
Hale End Library	Castle Avenue, E4 9QD	Library	C
North Chingford Library	The Green, E4 7EN	Library	C
South East			
Acacia Nursery	Cecil Road, E11 3HE	School	B
Leytonstone Library	6 Church Lane, E11 1HG	Library	B
South West			
Seddon Centre	Clyde Place, E10 5AS	Community Centre	B
Leyton Green Health Centre	34 – 36 Leyton Green Road, E10 6DG	Health Centre	C
St Joseph Primary School	March Lane, E10 7BL	School	B

Key:

Category A premises are buildings owned by the Council and are Children and Family Centres which have published opening hours and will be lead service points. Premises will be managed by the Council and the cost will be retained in Council budget. The Provider will be required to programme services in these buildings.

Category B premises are buildings where there has been Sure Start capital investment or are established service points, but the premises are managed by a third party therefore continuing access is dependent upon partnership agreements. Premises will be managed by a third party (voluntary sector, schools etc) and the cost (mainly contribution to running costs) to access these buildings will be managed by the Council. The Provider will be required to maintain or develop partnerships with the owners of the building and will be required to programme services in these buildings.

Category C premises are buildings which are owned or managed by a third party (voluntary sector, schools etc) and hired for sessions or provided free by supportive partners. They are optional service points and will consist of places where access may be free, subject to partnership working and agreements. The Provider will be required to fund these premises from the contract price and will have the option to find alternative premises in the same ward if they so wish.

Appendix 10 a

Waltham Forest Schools: Maximum Pupil Numbers

School Name	Phase	Postcode	PAN	Total max children in school
Handsworth Primary School	Primary	E4 9PJ	60	420
Longshaw Primary School	Primary	E4 6LH	60	420
Whitehall Primary School	Primary	E4 6ES	60	420
Woodford Green Primary School	Primary	IG8 0ST	30	210
Heathcote School & Science College	Secondary	E4 6ES	180	1260
Highams Park School	Secondary	E4 9PJ	240	1680
Chingford CofE Primary School	Primary	E4 7EY	60	420
Parkside Primary School	Primary	E4 6RE	60	420
St Mary's Catholic Primary School	Primary	E4 7BJ	30	210
Yardley Primary School	Primary	E4 7PH	60	420
Chingford Foundation School	Secondary	E4 7LT	270	1890
Ainslie Wood Primary School	Primary	E4 9DD	60	420
Chase Lane Primary School	Primary	E4 8LA	90	630
Chingford Hall Primary School	Primary	E4 8YJ	60	420
Larkswood Primary School	Primary	E4 8ET	90	630
South Chingford Foundation School	Secondary	E4 8SG	180	1260
Barclay Primary School	Primary	E10 6EJ	180	1260
Davies Lane Primary School	Primary	E11 3DR	120	840
George Tomlinson Primary School	Primary	E11 4QU	90	630
Gwyn Jones Primary School	Primary	E11 1EU	60	420
Connaught School for Girls	Secondary	E11 4AB	120	840
Leytonstone School	Secondary	E11 1JD	180	1260
Buxton School (Pri)	All Through	E11 3NN	60	420
Buxton School (Sec)	All Through	E11 3NN	180	1260
Dawlish Primary School	Primary	E10 6NN	30	210
Downsell Primary School	Primary	E15 2BS	90	630
Jenny Hammond Primary School	Primary	E11 3JN	60	420
Mayville Primary School	Primary	E11 4PZ	90	630
Newport School	Primary	E10 6PJ	120	840
Norlington School and 6th Form	Secondary	E10 6JZ	120	840
George Mitchell School (Pri)	All Through	E10 5DN	60	420
George Mitchell School (Sec)	All Through	E10 5DN	120	840
Riverley Primary School	Primary	E10 7BZ	60	420
St Joseph's Catholic Infant School	Primary	E10 7BL	60	420
St Joseph's Catholic Junior School	Primary	E10 5DX	60	420
Sybourn Primary School	Primary	E17 8HA	90	630
Willow Brook Primary School Academy	Primary	E10 7BH	90	630

Lammas School and Sixth Form	Secondary	E10 7LX	180	1260
Emmanuel Community School	Primary	E17 3BN	30	210
Henry Maynard Primary School	Primary	E17 9JE	120	840
Our Lady and St George's Catholic Primary School	Primary	E17 3EA	60	420
St Mary's Walthamstow CofE Voluntary Aided Primary School	Primary	E17 9HJ	90	630
The Woodside Primary Academy	Primary	E17 3JX	180	1260
Holy Family Catholic School	Secondary	E17 3EA	180	1260
Walthamstow School for Girls	Secondary	E17 9RZ	180	1260
Chapel End Infant School and Early Years Centre	Primary	E17 4LN	90	630
Chapel End Junior Academy	Primary	E17 4LS	90	630
Oakhill Primary School	Primary	IG8 9PY	30	210
Selwyn Primary School	Primary	E4 9NG	90	630
Thorpe Hall Primary School	Primary	E17 4DP	90	630
Frederick Bremer School	Secondary	E17 4EY	180	1260
Walthamstow Academy	Secondary	E17 5DP	180	1260
Greenleaf Primary School	Primary	E17 6QW	60	420
Hillyfield Primary Academy	Primary	E17 6ED	210	1470
Roger Ascham Primary School	Primary	E17 5HU	60	420
The Winns Primary School	Primary	E17 5ET	120	840
Walthamstow Primary Academy	Primary	E17 5DP	30	210
Whittingham Primary Academy	Primary	E17 5QX	60	420
Eden Girls' School Waltham Forest	Secondary	E17 5SD	100	700
Barn Croft Primary School	Primary	E17 8SB	30	210
Coppermill Primary School	Primary	E17 6PB	30	210
Edinburgh Primary School	Primary	E17 8QR	90	630
Mission Grove Primary School	Primary	E17 7EJ	120	840
South Grove Primary School	Primary	E17 8PW	60	420
St Patrick's Catholic Primary School	Primary	E17 7DP	60	420
St Saviour's Church of England Primary School	Primary	E17 8ER	60	420
Stoneydown Park School	Primary	E17 6JY	90	630
Thomas Gamuel Primary School	Primary	E17 8LG	60	420
Kelmscott School	Secondary	E17 8DN	180	1260
Willowfield Humanities College	Secondary	E17 6ND	180	1260

Appendix 10 b

Waltham Forest Schools: Actual Pupil Numbers by Ethnicity

Taken from 2020 school census

School	Asian	Black	Chinese	Mixed	Other	White	Total
Acacia Nursery	15	24	0	9	1	39	**88**
Ainslie Wood Primary School	78	41	2	87	29	223	**460**
Barclay Primary	627	152	31	119	45	322	**1296**
Barn Croft Primary	37	21	0	27	7	118	**210**
Belmont Park School	4	20	0	14	0	20	**58**
Burnside Secondary PRU	4	9	0	6	1	12	**32**
Buxton School	224	354	6	118	83	444	**1229**
Chapel End Infants	70	37	3	57	10	145	**322**
Chapel End Junior Academy	93	52	2	56	14	109	**326**
Chase Lane Primary	132	68	9	96	34	349	**688**
Chingford C of E Primary School	16	17	1	58	7	307	**406**
Chingford Foundation School	238	211	5	209	45	834	**1542**
Church Hill Nursery School	23	16	2	16	3	47	**107**
Connaught School for Girls	343	96	11	61	40	77	**628**
Coppermill Primary School	42	22	1	33	6	142	**246**
Davies Lane Primary School	290	125	7	95	31	353	**901**
Dawlish Primary School	65	22	0	29	21	57	**194**
Downsell Primary School	172	66	7	59	18	194	**516**
Eden Girls' School Waltham Forest	320	114	0	77	50	23	**584**
Edinburgh Primary	160	36	4	26	45	130	**401**
Emmanuel Community School	22	60	2	32	5	53	**174**
Frederick Bremer School	171	166	1	113	25	379	**855**
George Mitchell School	266	221	9	101	62	319	**978**
George Tomlinson Primary	97	39	2	55	31	232	**456**
Greenleaf Primary School	187	41	5	75	9	150	**467**
Gwyn Jones Primary	128	36	1	56	15	211	**447**
Handsworth Primary School	59	41	1	65	17	261	**444**
Hawkswood Primary PRU	0	4	0	1	0	7	**12**
Hawkswood School	1	3	0	0	0	19	**23**
Heathcote School & Science College	136	191	9	148	79	527	**1090**
Henry Maynard Primary School	158	44	1	127	29	489	**848**
Highams Park School	270	238	4	221	61	758	**1552**
Hillyfield Primary Academy	287	236	14	174	58	555	**1324**
Holy Family Catholic School	166	596	8	138	33	331	**1272**
Hornbeam Academy	99	62	4	26	16	69	**276**
Joseph Clarke School	28	19	0	11	7	34	**99**
Kelmscott Secondary School	348	123	14	57	57	275	**874**

Lammas School and Sixth Form	164	218	2	58	31	292	**765**
Leytonstone School	204	148	26	113	24	404	**919**
Lime Academy Larkswood	71	94	5	122	35	375	**702**
Longshaw Primary Academy	40	64	3	33	18	158	**316**
Low Hall Nursery School	12	9	0	7	1	30	**59**
Mayville Primary School	98	92	3	52	16	122	**383**
Mission Grove Primary School	333	92	5	109	48	216	**803**
Newport School	299	81	17	75	53	304	**829**
Norlington Boys	478	86	5	40	39	77	**725**
Oakhill Primary	22	20	0	42	3	128	**215**
Our Lady and St George's Catholic Primary School	57	213	0	65	13	62	**410**
Parkside Primary School	99	74	7	114	29	325	**648**
Riverley Primary School	138	85	5	80	31	114	**453**
Roger Ascham Primary	106	80	0	60	22	179	**447**
Salisbury Manor Primary School	65	81	8	33	20	104	**311**
Selwyn Primary School	105	106	3	72	26	373	**685**
South Chingford Foundation School	87	97	0	65	22	252	**523**
South Grove Primary	178	78	11	34	22	146	**469**
St Joseph's Catholic Infants	5	39	0	32	4	70	**150**
St Mary's Catholic Primary School	10	20	1	28	6	146	**211**
St Mary's CofE Primary School	32	110	0	81	60	274	**557**
St Saviour's Primary School	22	111	16	57	33	95	**334**
St. Joseph's Catholic Junior	13	74	0	15	10	68	**180**
St. Patricks Catholic Primary	49	148	2	55	16	165	**435**
Stoneydown Park Primary	112	40	5	71	19	316	**563**
Sybourn Primary School	199	89	3	52	33	196	**572**
The Jenny Hammond Pri. School	40	52	1	63	21	177	**354**
The Winns Primary	119	72	5	100	30	303	**629**
The Woodside Primary Academy	262	279	5	162	47	428	**1183**
Thomas Gamuel Primary	169	34	10	26	12	85	**336**
Thorpe Hall Primary	110	62	0	35	17	205	**429**
Walthamstow Academy	260	257	5	128	86	319	**1055**
Walthamstow Primary Academy	49	39	0	23	9	33	**153**
Walthamstow School for Girls	359	125	8	90	33	271	**886**
Whitefield Schools & Centre	99	97	2	31	48	81	**358**
Whitehall Primary School	40	56	2	60	8	292	**458**
Whittingham Primary Academy	109	54	7	48	12	181	**411**
Willow Brook Primary Academy	151	81	2	83	17	267	**601**
Willowfield School	228	149	10	86	47	351	**871**
Woodford Green Primary	22	26	3	41	6	139	**237**
Yardley Primary	30	47	4	56	23	314	**474**
Total	**10421**	**7402**	**357**	**5249**	**2044**	**17051**	**42524**