

Child House: Health and Wellbeing Services & Lead Provider Contract

Welcome and overview

Patricia Cadden – Head of Health in the Justice System (London), NHS England
Lynne Abrams – Senior Programme Manager, MOPAC

Revised Version – 13/10/17; to align with advertised contract

What will be covered today

- Background to Child House pilot
- Overview of services and role of lead provider
- Opportunity to contribute to service specification
- Procurement process and contract details
- Information about the estates and IT infrastructure projects supporting the pilot
- An opportunity for provider networking
- Q&As

- 1 in 20 children experience sexual abuse
- Only 1 in 8 abused children identified by authorities
- Limited therapeutic provision
- Up to 2 year wait for cases to reach court
- Urgent need for holistic, child-centred support

NHS England (London) review of childhood sexual abuse pathways

Low levels of young people identified/ supported

Lack of long-term support for children and families

No clear pathway and isolated agency working



Only 1 in 4 children offered medical support

Re-traumatisation of young people through criminal justice process

High thresholds and long waits for therapy

Non-recent sexual abuse

CSA 'hubs'

First step towards the Child House
Best of the existing services
Clear pathway



Child House

NEW multi-agency support for children
and families

Medical + sexual health

Criminal justice process inc. ABE with
clinical psychologist

Long-term therapeutic support

Recent sexual abuse (forensic window)

Children and Young People's Haven

Equitable to adults

Forensic medical examination

Mental health + ISVA support for
up to one year

Pilot ABE interviews with
clinical psychologists

Child Advocacy Centres – North America M O P A C Barnahus – European/Nordic countries



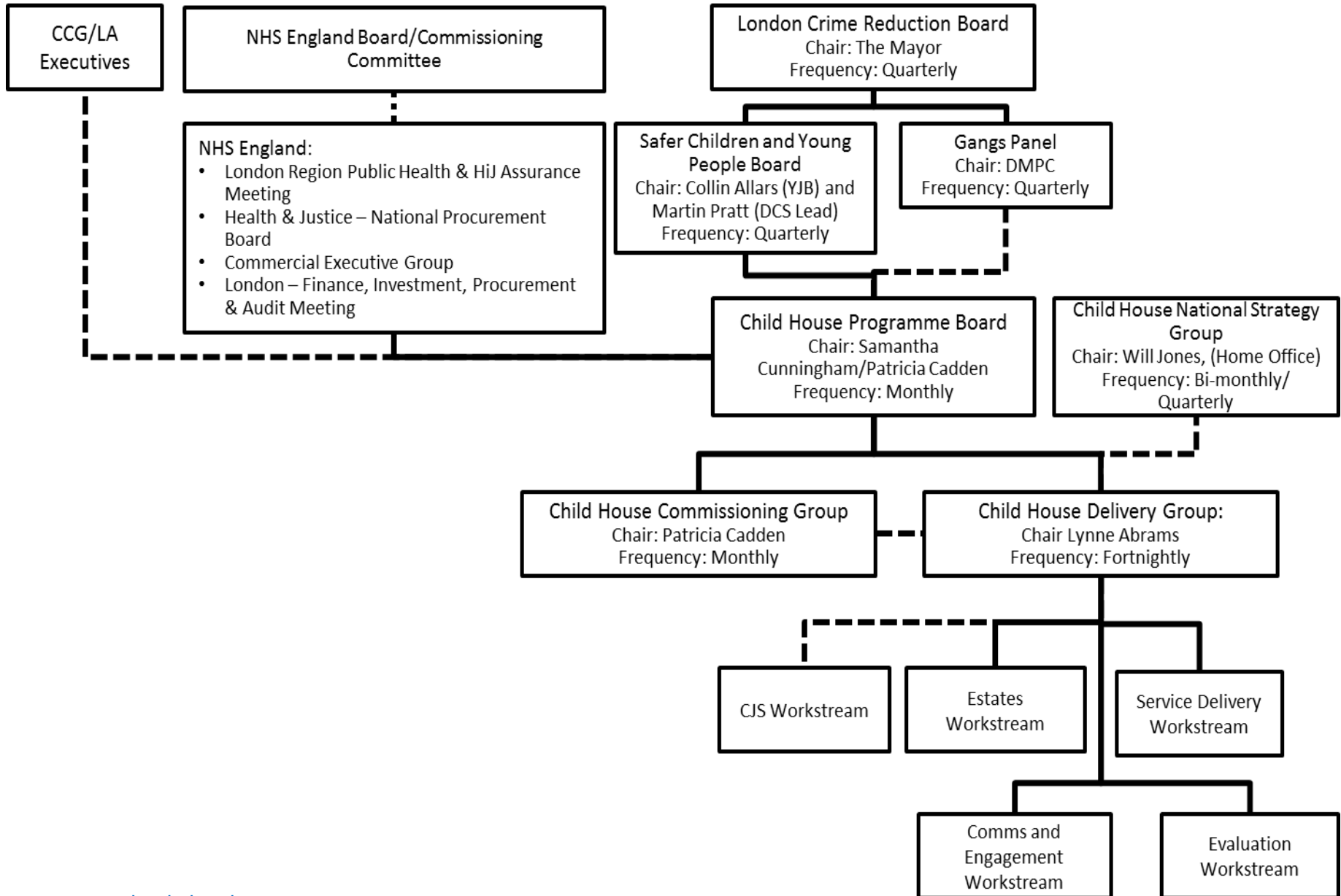
- MOPAC and NHS England (London) committed to piloting Child House in London.
- Child-friendly, multi-disciplinary service for victims of child sexual abuse:
 - Reduce risk of re-traumatisation
 - Improve criminal justice outcomes
 - Ensure timely access to medical and therapeutic support

- Original agreement was to work with key health services in the pilot boroughs to expedite the move from model to delivery due to funding conditions
- NHSE and MOPAC entered into discussion with University College London Hospitals and Croydon Health Services to deliver the healthcare element of model
- When the funding conditions changed, NHS England were then able to embark on a competitive procurement exercise
- All documentation will be made available to all bidders on the portal on request in order to minimise unfair advantage
- Schedule of information is included in your packs- further information will be published on request

Child House Programme Governance

M O P A C

MAYOR OF LONDON
OFFICE FOR POLICING AND CRIME



Child House: Health and Wellbeing Services & Lead Provider Contract

Introduction to service specification and wider service model

Mary Crawford & Leanda Richardson, independent consultants
working on the service delivery model for the Child House

- Launched in 2015
- All children subject to abuse and violence have the right to be protected and be safe
- Promotes the Child House or Barnahus model
- Places the child / young person at the centre
- Brings health, care and justice systems together under one roof
- Proof of concept established, with proven results e.g. in Iceland convictions have doubled



PROMISE

EU PROMISE: Barnahus Quality Standards



- Published in June 2017
- 10 quality standards
- Cover underlying principles, specific activities, interagency arrangements



What we want in London

- A two year pilot to adopt and adapt Barnahus model to English (London) health and care system
- A single pilot in North Central London, based in Camden.
- Child House is attempting to build on work done to date in local systems
- Supporting continuous development and improvement across the whole of London
- Learn and evaluate with view to achieve a sustainable model which could be applied across London.

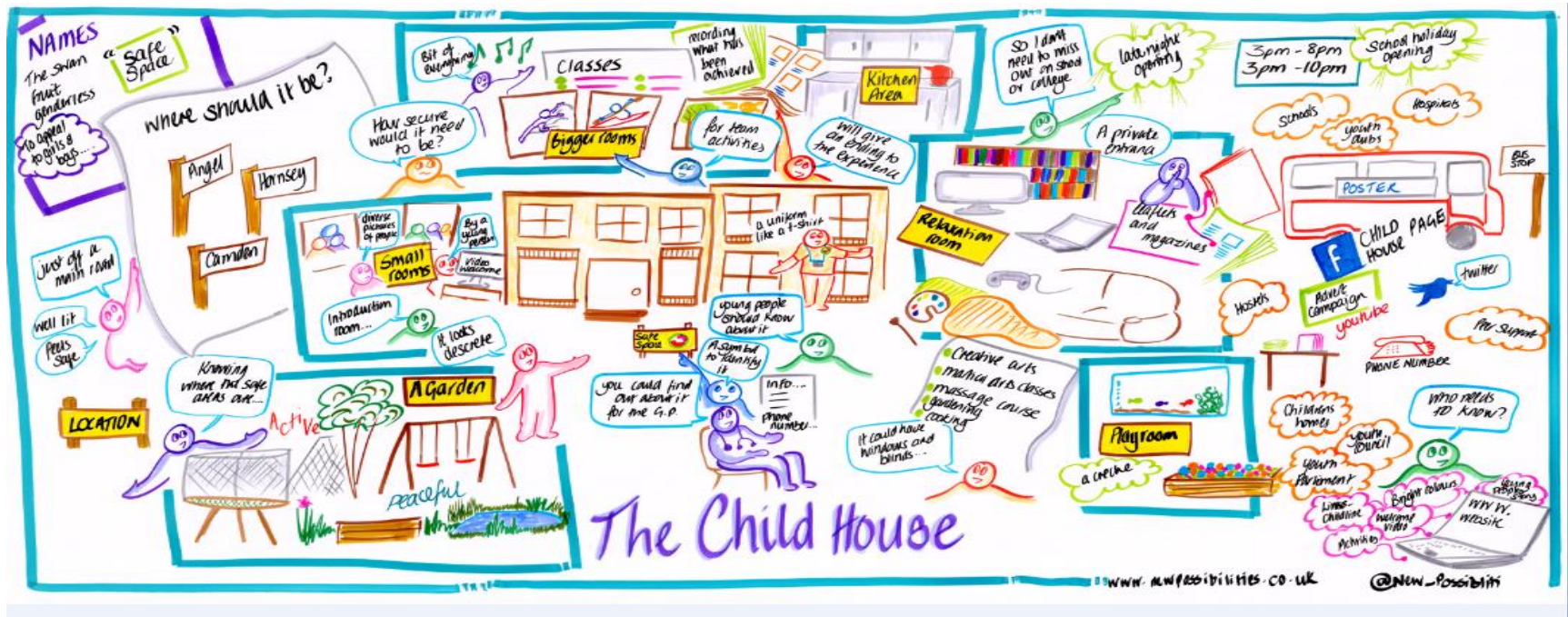


Journey so far: stakeholder engagement

- CSA steering groups – arising from CSA review
- CSA hubs
- Sector workshops – spring 2016
- NCL and SWL design workshops – Nov 2016
- NCL & SWL cross sector meeting – January 2017
- Engagement work with young people and adult survivors
- Practitioner advisory group – during the early development of the specification
- Decision to take forward one Child House Pilot – September 2017

Key features of the specification: the provider has a dual role

- **“Lead Provider”** – Co-ordination and local leadership of whole Child House offer and links into local pathways
- **“Health & Wellbeing Service Provider”** – Over-arching provider of health & wellbeing services



Key features of the specification: Lead provider - coordinator & local leader

Police

Social care and Child Protection

Psychological and counselling support

Victim support navigators



Paediatricians

Research and evaluation

Play workers

Crown Prosecutors

Key features of the specification: Lead provider - coordinator & local leader

Tasks

- Systems and sector leadership at operational and strategic level, including:
 - Operational leadership of criminal justice activity taking place within the Child House
 - Coordinating with local social services department to ensure there is a joined up safeguarding and child protection response.
- Governance across a multiplicity of stakeholders
- Lead the day to day operations under a clear care pathway; taking overall responsibility for the delivery of the pilot site.
- Lead the business management arrangements – including an element of premises management (see later slides)
- Support the evaluation of the pilot

Attributes

- Experience in specialist services for children and young people, of leading strategic partnerships and delivering services in complex environments
- Understands child protection and safeguarding in broadest sense
- Able to share and disseminate learning and experience with a wide range of stakeholders
- Able to contribute to the sustainable development of services for Children and Young People who are victims of Childhood Sexual abuse.

Key features of the specification: overarching features

Who is the service for?

- Service for children and young people aged up to 18 years plus their non-offending family members / carers.
- For those resident within or under the care of the Local Authorities within the sector

Key operating principles

- Support and intervention will be available for up to the 2 year duration of the pilot
- Extended opening hours but not an acute or crisis service – Forensic Medical Examination will continue to be delivered in the Children’s and Young People’s Haven.
- Open to self referrals as well as referrals by professionals in health, social care, criminal justice and the voluntary sector.
- Provides wrap around health and wellbeing support to children and young people

Key features of the specification: the health and wellbeing service

Headline elements of provision:

- Clinical leadership
- Paediatric services
- Mental Health & wellbeing services
- Advocacy, including child advocates & young person's advocates
- Play work

The provider will develop clinical leadership of the service which delivers an individual or leadership team capable of being:

- A local champion of the Child House ethos and model
- Holding an overview of the whole service and play a key role in both strategic and operational review
- Developing and applying the Child House clinical governance processes
- And, through their recognised professional competence –
 - ensure that the service operates in the best interests of the child
 - address and shows leadership in the resolution of professional and personal challenges and ethical dilemmas across the whole service
 - ensure that appropriate clinical/care pathways are in place to support the child and their family during and after their time in the Child House.

- Provide specialist consultation on child abuse cases
- Undertake medical examinations:
 - to assess the child’s health and wellbeing/development
 - identify and document injuries and/or areas of concern that may indicate other forms of child abuse or neglect.
- Undertake medical and sexual health treatments at the Child House in conjunction with the local services
- Provide reports and attendance at court as needed
- Undertaking joint case planning and reviews with multidisciplinary colleagues
- Training / peer review to create a network of local expertise and to help grow new expert paediatric examiners
- Support creation of centre of expertise in CSA/CSE including involvement in audit and research and publishing findings in academic journals
- Undertaking individual case management responsibilities where appropriate

Health and wellbeing service: mental health and wellbeing services

This element of the service could be provided by a team consisting of a range of professionals with clinical leadership and supervision, and with access to psychiatric support. This team would be able to:

- Undertake initial assessments, develop treatment plans and provide bespoke therapeutic interventions
- Undertake individual case management responsibilities where appropriate
- Coordinate referrals onto local or specialist services outside of the Child House
- Provide reports and attendance at court as needed
- Establish links with local support networks including voluntary and community sector (VCS) specialists
- Provide clinical supervision and training to enable local support networks to assist the child/young person outside of the Child House creating a ‘team around the worker’ including, for example:
 - Voluntary and community sector agencies
 - IAPT Services
 - Youth Offending Team (YOT) officers
 - School nurses and school counsellors
 - Youth workers
- Provide trained clinical psychologists who can lead the Achieving Best Evidence (ABE) interviewing of children and young people as agreed with the MPS and other CJS partners
- Provide support for all children, young people and their non-offending families after ABE interviews – by a different professional

Advocacy services would be based on the Independent Sexual Violence Advisor model to:

- Create a welcoming environment for children and young people, and their non-offending families, from the first time they engage with the service until they leave the service
- Proactively solve issues for the child, young person and their non-offending family
- Ensure that there is continuous access to information about what to expect, especially about the criminal justice and social care systems
- Help ensure the child/young person, and their non-offending family, are able to stay safe
- Assist the child/young person, and their family, in accessing services both in and out of the Child House
- Contribute to the wider multi-disciplinary team within the Child House
- Assist with community education and professional training on child abuse prevention.

Play work elements of the service will:

- Use play to help a child understand and prepare for physical examination
- Provide general support to children to help reduce traumatisation especially for those aged up to 12
- Support /play with siblings to enable a parent to be seen alone or accompany a child who has been abused.

Criminal Justice and Social Care services within the Child House

Criminal Justice Services

The role lead provider will be responsible for operationally managing and coordinating the criminal justice functions within the Child House. These include:

- Achieving Best Evidence (ABE) interviews – undertaken on site by trained clinical psychologists
- Pre-trial cross examination interviews (s.28) and/or live links to court to be undertaken at Child House

To support this, a dedicated and embedded Police Liaison officer will provide advice ABE supervision and help co-ordinate with the Metropolitan Police Service and other criminal justice partners.

Social Care Services

Social care responsibilities, such as Safeguarding and Child Protection, remain the responsibility of the relevant local authorities. The service will have a role in supporting the safeguarding response by coordinating the input of health and criminal justice partners into social care processes and information sharing systems. To support this a dedicated social care liaison post will be provided to work within the service.

Specification: areas we are keen to get your feedback on

- The overarching features of the service – are these right?
- Case management – establishing a common understanding / definition of what case management within the child house will mean in practice
- Advocacy model – defining what appropriate caseloads are
- How the clinical leadership function can be best provided in the Child House model
- What is the appropriate make up of paediatric team?
- Developing the role of the play worker / support worker
- Which elements of the service might be best delivered in partnership with VCS providers?
- What are the specific links with sexual health services the Child House will need?
- Premises management arrangements - what would work best?

Child House: Health and Wellbeing Services & Lead Provider Contract The Procurement Process

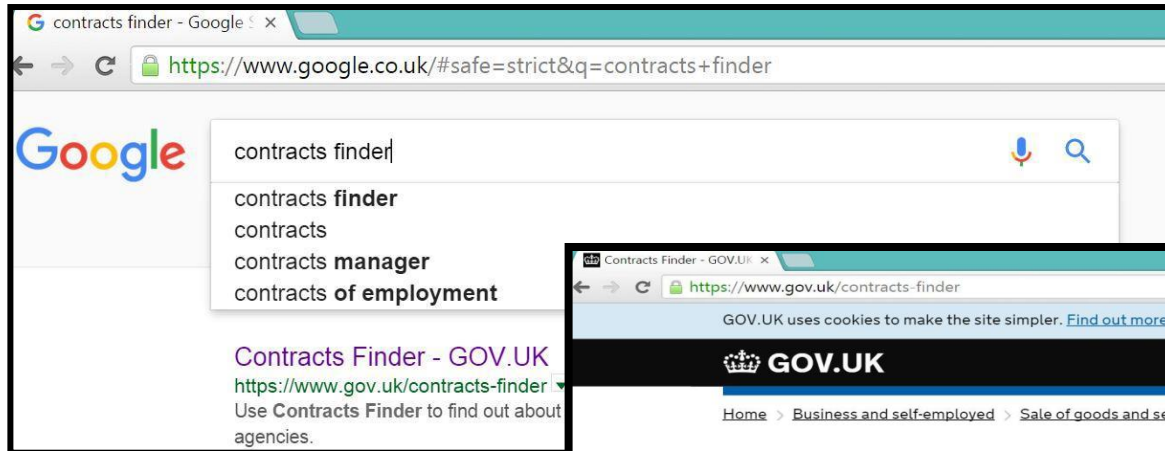
David Singleton – Senior Procurement Manager, North East London Commissioning Support Unit

What procurement process will be used?

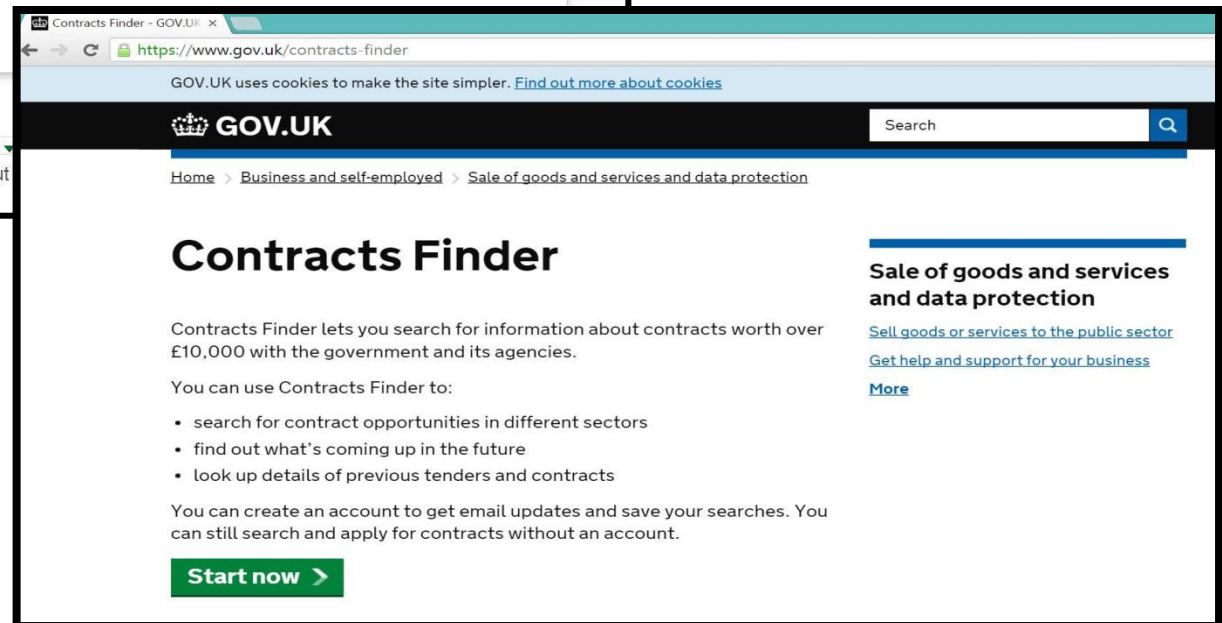
- We will be using **The Open Route** (Advert, EOI, ITT)
- Advert – Advertising the procurement
- ITT – Invitation to Tender
- Our decision has considered the amount of bidders interested
- Our decision has considered Commissioners time to evaluate responses

Where to find our advert

- The advert will be published 13 October 2017
- Go to: www.gov.uk/contracts-finder



- Once on the gov.uk site search for: Child House



Where to find our ITT

- The ITT is only accessible via the tendering portal 13 October 2017
<https://procontract.due-north.com/register>
- Once accessed the project, there will be a number of questionnaires to complete and there will be a specific questionnaire about how you will deliver the service

The screenshot shows a web browser window with the URL <https://procontract.due-north.com/register>. The page header features the PROACTIS logo (The Spend Control Company) and the ProContract text. The main content area is titled "Register free with ProContract" and includes a "Minimum requirements" link. Below the title, there is a form with two input fields: "Organisation name" and "Email address". A green button labeled "Continue registration" is positioned below the form. To the right of the form, there is a light blue informational box with three sections: "Why should I register with ProContract?", "What happens next?", and "Do I receive opportunity alerts?". At the bottom of the page, there is a "Recently added opportunities" section with a search bar and a "Find opportunities" button, and a "Useful links" section with links for "Log in", "National contracts register", and "PROACTIS supplier support".

- All major procurements are conducted online using:
<https://procontract.due-north.com/register>
- We advertise all procurements on Contracts Finder and OJEU
<https://www.gov.uk/contracts-finder>
<http://www.ojeu.com/>
- If you are interested in participating in any NHS England tender process, it would be good to register on both free sites as soon as possible.
- NHS England (London Region) uses the Pro Contract procurement portal for this project and if you wish to bid –so must you!
- The portal is a web based product, there is nothing to download but you do need to register
- All the links and instruction can be found as part of the Contracts finder advert along with how to register.

Clarification and Communication Process

- You must use the clarification question template that is provided as part of the tender documentation to ask any questions during the procurement.
- You will need to complete the template and upload it as an attachment to a message on the e-tendering portal. Clarifications will not be answered any other way.
- You must adhere to the deadline for clarification questions. This allows us as commissioners to process your questions and respond to you and it allows you time to assimilate the answers into your bid as required.
- Anonymised clarification questions and the answers provided will be published to all Bidders via the e-tendering portal.

Bullets

- If there are bullet points in a question use them as headers to help write your response.

Clarity

- Waffle is your enemy. Evaluators will switch off if you prevaricate and procrastinate, which will affect your score.
- Ensure you answer the question that is asked, read the question fully.

Format

- Keep to the correct format.
- Ensure each attachment is labelled with the correct reference number.
- Do not cross reference an answer with another answer:
e.g. “Please see question xx for more information”

Plan

- Ensure you leave enough time to upload your submission on the e-tendering portal.

Checklist of Documents

- Many bids have failed because people have forgotten to upload all the correct documentation –there will be a document checklist, use it.

Credibility (internal consistency of bids)

- Ensure the proposals you make in the quality sections are credible in light of the financial model you have submitted

Words

- Read the signpost words in the questions – i.e. *Describe, Give detail, Explain, Briefly Describe, Attach.*

Word Limits

- Take notice of the word limits; the more words, the more detail expected.
- When copying from MS WORD, spaces and page breaks take up your word count.

Ask Questions

- Don't be afraid to ask questions to clarify your understanding.

Complacency

- Do not assume that the evaluators will have prior knowledge of your organisation or past experience.
- Demonstrate in your answer that you have understood, and are able to expertly address, that question's subject matter.
- Do not cross reference questions within your response as the Evaluators may not see ALL of your response

Experience or Proposal

- Pay attention to whether the question is asking for you to detail your past experience/technical competencies or to outline your proposals for the service being tendered for.

Using Examples

- Examples are powerful tools for illustrating your answers. However, when describing your proposals for the service being tendered for you must ensure you tell evaluators about why the example you are using is relevant to your proposals

Child House: Health and Wellbeing Services & Lead Provider Contract

Key features of this tender

Martin White – Senior Commissioning Manager, NHS England (London), Health in the Justice System

- This is a jointly commissioned service by NHS England and MOPAC
- Bidders will enter into a contract with NHS England. This will be the NHS Standard Contract.
- Bidders may bid to provide the service for a single site or across both sites.
- The proposed contract is for 28 months, with an optional extension of 12 months (a total therefore of 40 months)
This includes an 'in-contract' implementation period from March 2018 ahead of the formal opening of the service in July 2018.
- The indicative financial envelope for this service is: £1.625m p.a. Any bids received above this threshold will be disqualified
 - Additionally we can provide up to £100k to support implementation post contract commencement but ahead of the service commencement
 - Commissioners are providing or separately funding many elements of usual capital costs and overheads within the service (explained in later slides) which is reflected in the financial envelope.

Indicative timetable

Please refer to the ITT pack

Commissioners intend to utilise the following Evaluation Criteria and weightings:

1. Cost – 20%
2. Quality – 80%

Quality will be further broken down into a number of weighted sub-criteria, these may include areas such as:

- Service Model
- Governance
- Experience
- Collaboration & partnerships
- Workforce
- Mobilisation
- Evaluation & Sustainability
- Scored interviews/presentations

- The Commissioners have no specific requirements about providers' bidding model. However, we are particularly keen to receive prime/lead provider or partnership model bids.
- Partnerships are a particularly important feature of this service – as well as those which may form part of the contract within the Health and Wellbeing Services there will be key relationships which the provider will need to develop and manage in their role as Lead Provider for the Child House. These will be with:
 - **Criminal Justice Services** – the Metropolitan Police, CPS and Courts Service will all have a direct role in delivering the overall Child House Model
 - **Local Authorities** – Children's Social Services, Safeguarding Teams, Youth Offending Teams, Public Health (including substance misuse & sexual health commissioning functions). The integration of the Child House into local social services and public health pathways is an integral part of the overall Child House model.
 - **CCGs** – as commissioners of local CAMHS services and paediatric services
 - **Other NHS Trusts & Community Health Providers** – as the providers of relevant local services
 - **Local Voluntary and Community Sector (VCS) providers** – as providers of relevant local services, key stakeholders and subject matter experts
 - **Commissioners** – both NHS England and MOPAC

Child House Health and Wellbeing Services & Lead Provider Contract

Estates and IT Infrastructure

Gareth Linington – Programme Manager, MOPAC

- During summer 2016 a comprehensive search was conducted to identify suitable properties to lease.
- Drawing on the help of Knight Frank and MPS and NHS property leads, a long-list of premises was identified.
- A number of criteria were used to focus the search, including size, current usage, availability, and location.
- A short-list of properties was produced for site inspection and subsequent consideration by the Child House Programme Board.

- Building owned by NSPCC, currently occupied and in use.
- Located 2 minutes from Camden Town tube, no on site parking.
- Shared use of building for the Child House.
- Building is 5 floors in total, with Child House to spread across 3 floors.
- Exclusive use of first and fourth floors with a shared ground floor.

- Building design and refurbishment is being project managed by Atkins.
- Feasibility reports and floor plans agreed.
- Currently out to tender to appoint contractors for refurb.
- Estimated building completion dates end of June 2018 (Camden Town).

- Look and feel of the Child House incredibly important.
- The Child House should provide a welcoming environment for children and young people.
- Initial designs have been produced in consultation with practitioners, children, young people and adult survivors.
- Mood boards were used to inform the design work.

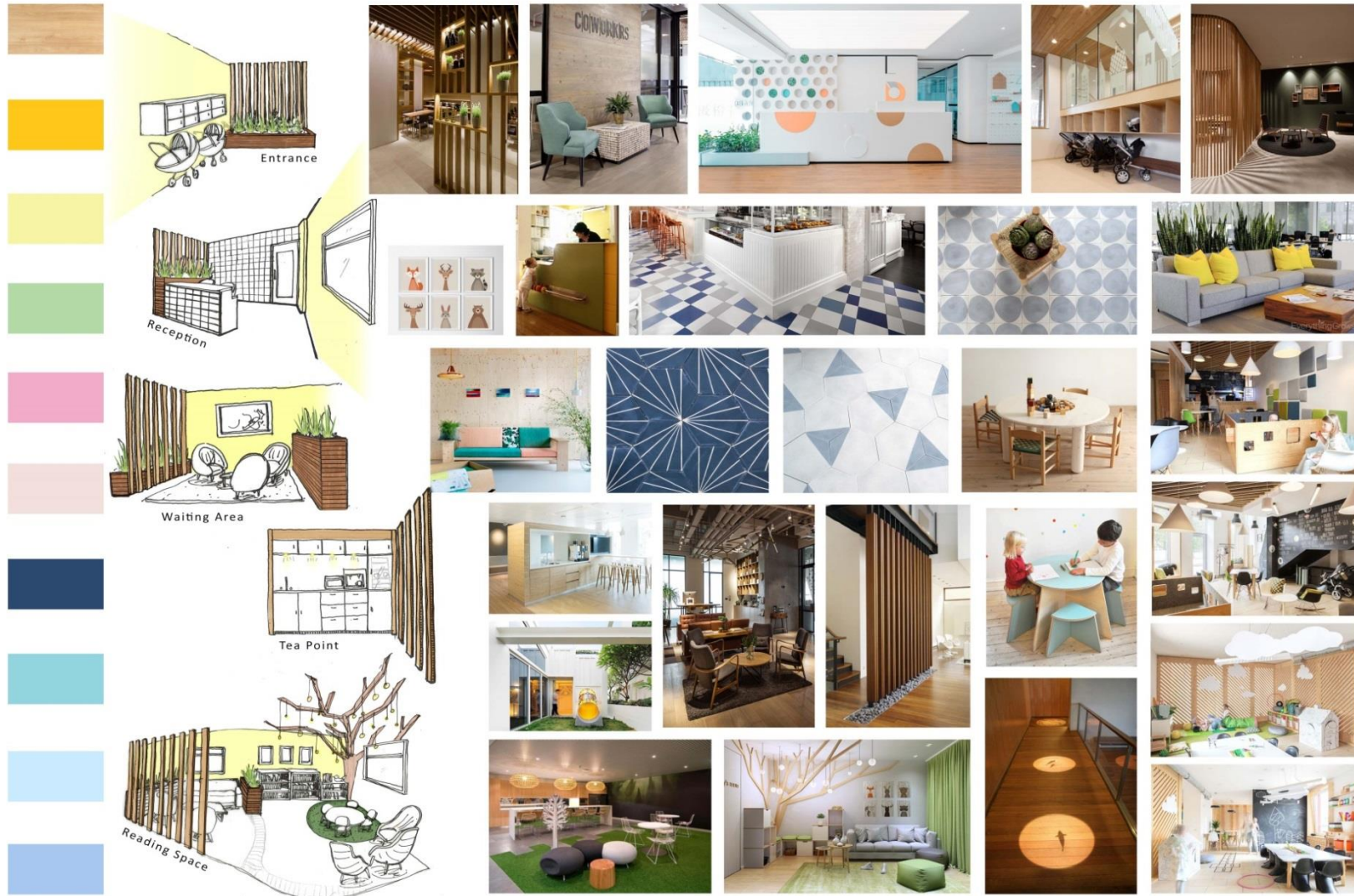
Mood board: reception & waiting area

M O P A C

MAYOR OF LONDON
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NHS
England

RECEPTION & WAITING AREA



Mood board: clinical rooms

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England

CLINICAL ROOMS



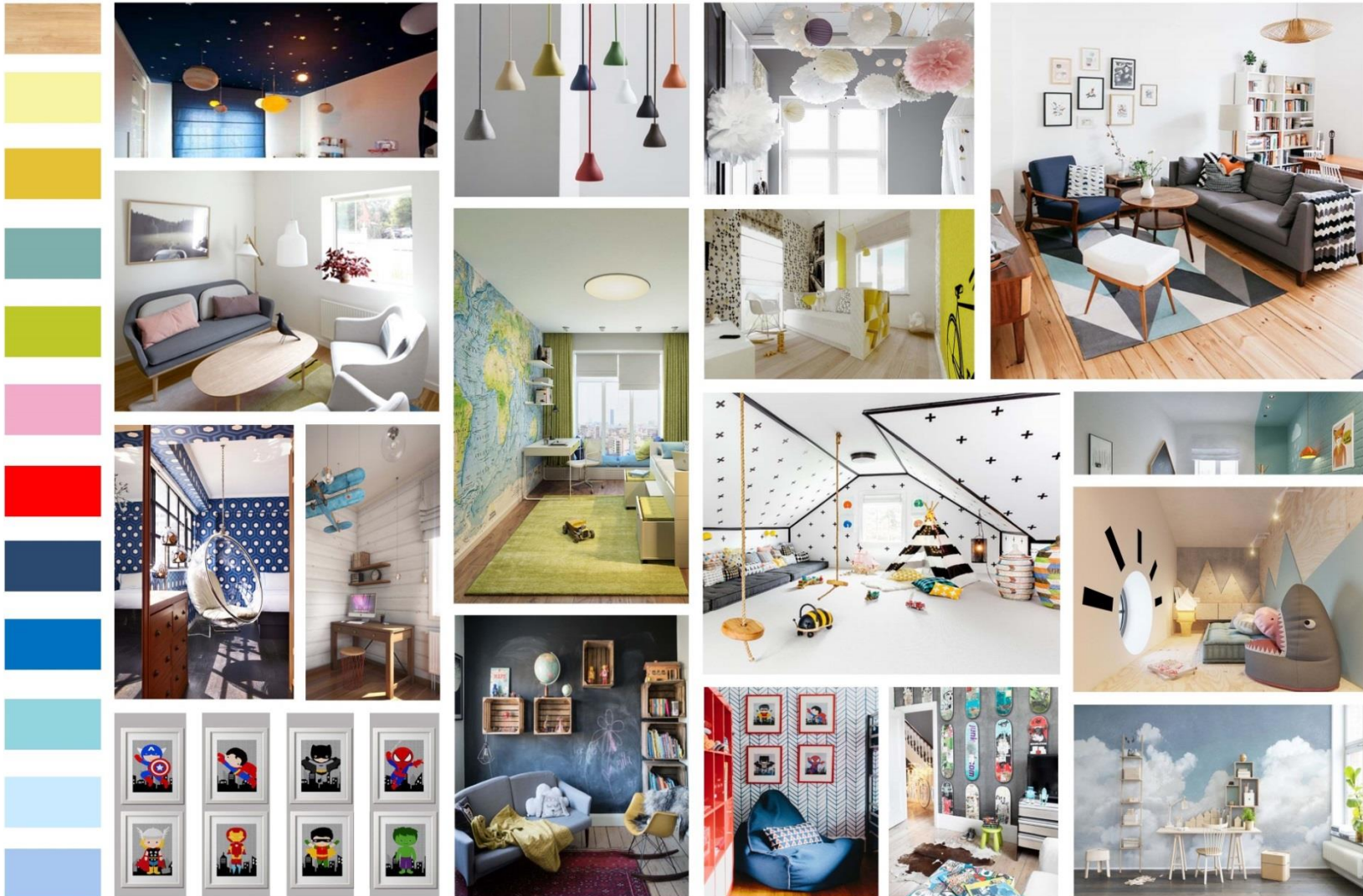
Mood board: consultation rooms

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England

CONSULTATION ROOMS



- IT set-up and pilot running costs to be covered by commissioners through a separate process
- Project manager appointed to plan and deliver hardware and software

Hardware

- Requirements of all agencies operating in Child House gathered
- Atkins incorporated into final building designs
- All professionals will access existing systems via secure Wi-Fi

Software

- Options appraisal to identify case management/data collection system
- All professionals in Child House will be able to view and edit shared summary case records
- Information entered into Child House system will be used to manage individual cases, monitor KPIs and contribute to evaluation

Commissioner & lead provider responsibilities

- Commissioners will pay rent, building service charges and business rates during the pilot period.
- Commissioners will fund IT equipment with the expectation that these assets will remain attached to the service rather than the provider.
- Commissioners will supply other clinical and office equipment and furniture.
- Provider will be responsible for utilities, waste etc. costs.

We expect to see the above reflected in providers' overhead charges within bids.

- Arrangements for premises management are to be confirmed but the provider should be prepared to have some responsibility for this function, at least in part.

This will be finalised by the time the ITT is published