

**Healthy Harrow and The Children and Young Peoples Integration Board  
Optivita (Early Years Project)  
[REF: HLCTPT0224]**

**Hyper Local Care Preventative Teams Specification**

Optivita is a new programme coming to Harrow which focuses on improving life chances for parents and babies who are living in some of the most disadvantaged areas of the borough.

Support in the first 1000 days of life is more likely to improve health and wellbeing in later years.

Its focus is very much on prevention and health promotion as early as possible.

For more information about the Optivita model and extra information to support your application, please refer to the Appendix.

This project will be working closely with and supported by the Central Integrated Neighbourhood Team (INT) and will include NHS clinical supervision for the frontline posts.

Enabling support (comms, training and business intelligence/data) will be offered through the INT.

**Specification**

We are looking for a provider to deliver the Hyper Local Preventative Care Team (HLPCT).

**Recruiting Community Health and Wellbeing Workers (CHWWs)**

CHWW is the main way in which families can be linked to a range of services in the Borough.

CHWWs will visit all households in a specific area every month to befriend and support those living there. The specific households are those registered with GP Direct and Shaftesbury Medical Centre. These generally cover the Central and South Harrow localities. The target households are those with pregnant people and/or children under 5.

Community Health and Wellbeing Workers (CHWW) will be a frontline primary care and public health worker employed by the local community.

The outreach work of a CHWW is essential in addressing the rising inequities in health and social care and in identifying unmet needs in the community. The CHWW performs a variety of duties to improve the health and wellbeing of the communities they serve.

They play a significant role in increasing health promotion, through a range of activities including outreach assessments, community education, signposting, informal counselling, and advocacy, visiting residents in their homes and building relationships. Their bridging role between health and social services and the community facilitates improved access and supports the provision of services that meet the needs of the local community.

Monthly household visits (or more frequent if the household need requires it) within a defined geographical area (around 120 households (WTE) within defined Lower-Level Super Output Areas) to assess the health and social needs of everyone within a household, adopting a proactive and holistic approach when supporting the local community.

The role involves delivering personalised health promotion and literacy support to families in both educational and clinical settings. The focus is on providing lifestyle advice, such as smoking cessation, alcohol moderation, healthy diet, and physical exercise, as well as basic health education on breastfeeding, immunization, and screening.

In the clinical aspect, the goal is to identify families and children discussing and identifying family needs, gaining consent for participation, and connecting them to existing resources in the community. The role also involves identifying and encouraging participation in childhood immunizations and other universal health interventions.

The navigational aspect requires supporting households in accessing health and social care services, proactively signposting to existing community services, and ensuring support is accessed. Building meaningful relationships with the local community and offering informal counselling, empathetic listening, health coaching, and motivational approaches are crucial elements of support.

Part of their role will be community engagement ensuring health services meet community needs, facilitating networks within communities, advocating for individual and community needs, and identifying local assets for a community-based prevention agenda. Overall, the role emphasises a holistic "make every contact count" approach to identify and support the full range of family needs. Working very closely with GP Direct and Shaftesbury Practice to identify and enter information into patient's records.

### **Recruiting the Parent/Carer, Baby and Children Link Worker (SPLW)**

The Parent and Babies and Children's Social Prescriber will work with professionals to support Parents, babies and children. The worker will support families for as long as needed but needs to be target-led and note the progression that has been made. Produce personalised support to babies, children and their families to enable them to have the best outcomes, including earlier ante-natal bookings, uptake of immunisations and breastfeeding post 6-8 weeks. Develop a knowledge base of health and support services within Harrow that can support parents, babies and children.

Proactively identify vulnerable, high-risk mothers/parents/carers who receive referrals from the INT members and secondary care maternity services, thus maximising the access points for parents/carers to receive support from the SPLW.

As a member HLPCT work collaboratively with wider health visitor and midwife teams to identify and work with high-risk families providing additional support and advocacy for families. Playing an integral role in the delivery of virtual and face-to-face group consultations and engagement, taking on the role of facilitator providing personalised care support planning, motivational interviewing health coaching approaches so parents can take greater control of their health and wellbeing.

Develop and maintain relationships with key partners in early years settings, schools and in the health environment to enable you to support the parents, babies and children referred to you.

Develop a green, social prescribing, community space to improve the health and wellbeing of new parents and their families by providing a space to connect, for social groups to meet, link with community assets and improve access to care by hosting patient engagement events, classes and group consultations.

The Parent, Babies and Children's Social Prescriber the first point of contact for the INT regarding support for children and young people. Helping health professionals gain the appropriate information required to make a referral to a service. This will include support for children with additional needs.

### **Recruiting the Operational Project Lead**

The Optivita Project Lead will play a crucial role in co-ordinating the intervention-based project aimed at enhancing healthcare services and outcomes for families and children. Leading collaboration with Stakeholders.

Undertake information/project analysis to identify new cases with unmet needs by locating families with inequality in:

- access to healthcare
- experience in healthcare
- outcomes of healthcare

The Optivita Project Lead will be instrumental in shaping the future of Harrow's CYP health and wellbeing. Effective communication and strong organisational skills will be essential in achieving the vision of improved health outcomes and reduced health inequalities for children and young people.

The role includes providing high-quality project, service, initiative and administrative support including information and analysis.

Supporting implementation of the project through timely and relevant information analysis and administrative support.

Implement and test improvements through co-production with communities.

### **Provide Monthly 4 hour Perinatal and Post-Natal Group Consultations**

Group consultations are an evidence-based intervention that complements a social prescribing approach. A group consultation is a 1:1 consultation delivered by the provider (involving SPLW) with GP clinical oversight, in a supportive group setting of 12 patients, lasting approx. 90 minutes. They will provide high-quality person-centred, multidisciplinary, and holistic care and evidence shows improved clinical outcomes for several conditions as they allow more time, motivate patients and encourage comradery with patients reporting improved experiences of care.

The lifestyle-focused, coaching approach with goal-setting, education and peer support promotes patient activation and healthier lifestyles through behaviour changes. Delivered in a community space to improve the health and wellbeing of parents and their families by providing a space to connect, for social groups to meet, link with community assets and improve access to care.

### Hyper Local Preventative Care Team

# Required at WTE	Role Title	NHS Band	Maximum allocation (including employee costs)
1x WTE	Community Health and Wellbeing Worker	3	£35,467
1x WTE	Community Health and Wellbeing Worker	3	£35,467
0.5x WTE	Community Health and Wellbeing Worker	3	£17,733
0.5x WTE	Parent and Babies and Children's Social Prescriber	3	£17,733
0.5x WTE	Operational Project Lead	5	£26,517

In summary, the team must consist of:

- 2.5x Community Health and Wellbeing Workers
- 0.5x Parent and Babies and Children's Social Prescriber
- 0.5x Operational Project Lead (NHS Band 5)

### Programme Outcomes

- Improved access to services which families will benefit from in the early years and especially during pregnancy and the first 1000 days.
- Improved uptake of routine antenatal and postnatal health and development reviews (Healthy Child Programme) and immunisations.
- Improved identification and support for families who need additional help especially where there are multiple needs requiring a co-ordinated, integrated response.
- Empowerment of individual families through parent training and access to small grants for community-initiated health and wellbeing projects.

### Programme Objectives

- Reduce health inequalities for children under 5 and their families
- Residents feel more in control and able to manage their health and wellbeing
- Residents are more connected and feel less isolated.
- Raise awareness of local assets and healthcare for parents and young children, addressing barriers to preventive healthcare

## Application Approach

Please note we are interested in applications for:

- the full programme
- part of the programme e.g. if your organisation would like to take on some but not all of the staff team
- or, partnership applications.

## Budget Available

The budget available for this whole specification is £148,719. This is inclusive of the salaries (including oncosts), resources for example mobile phones and laptops and the provision of the 12 perinatal and postnatal group consultations.

## Delivery Timeline

The programme should run for at least a year starting April 2024.

## Monitoring & Evaluation

The programme deliverers will be responsible for monitoring the programme effectively to demonstrate the activities, outputs and outcomes.

The monitoring framework is currently in development; however, the provider should have strong monitoring capabilities as NHS England expectations can be extensive.

The project will also be independently evaluated by an academic partner and a report written by the end of 2024 to support business case development for scaling in other areas, if successful and sustainable.

## Whole System Relationship

The service will be fully embedded within Harrow Borough Based Partnership and align with:

- Existing Voluntary & Community Sector networks
- Service alignment to the Borough Based Partnerships
- Central Harrow Integrated Neighbourhood (including the 2 PCN's)
- Existing social care and early support services
- Social prescriber link workers
- NWL ICB Communication and engagement team

## Programme Management & Funding

The programme is funded by NHS England as part of an initiative to improve early years health and development across England, and will be overseen by Harrow Together (Harrow Giving), Harrow Borough Based Partnership and North West London Integrated Care Partnership groups.

## Innovation Fund

A separate innovation will be established which will deliver early year intervention projects based on community needs. This grant scheme will be managed by Harrow Giving. The delivery partner would be expected to work alongside the innovation fund grantees.

## Eligibility

You need to be applying as:

- an incorporated and constituted not-for-profit organisation (company limited by guarantee, community interest company, registered charity, co-operative)
- with a minimum of 2 unrelated trustees / directors
- with a bank account in the name of the organisation

The activities which you are applying for need to be legally charitable and benefit Harrow residents.

We will only fund organisations that have a track record of working in Harrow.

## Deadline:

10am, 6<sup>th</sup> March 2024

## How To Apply

Please send:

- a completed application
- your most recent accounts

to: [grants@harrowgiving.org.uk](mailto:grants@harrowgiving.org.uk)

We will aim to inform you if you have been successful within two weeks of the deadline.

## Interested in Applying - Questions, Concerns & Queries

If you are interested in applying please do contact us at an early stage so we can keep you updated on any queries or questions that come from the procurement.

We are expecting draft role descriptions to be provided and we will be sending these out to those who have expressed an interest.

We understand this is quite a set specification, if there are any concerns regarding resourcing or any questions please contact us.

Please contact, Alex Buckmire at Voluntary Action Harrow  
([alexbuckmire@voluntaryactionharrow.org.uk](mailto:alexbuckmire@voluntaryactionharrow.org.uk))

## Application Support

If you need support with completing the application or have any questions, please email Voluntary Action Harrow - [contact@voluntaryactionharrow.org.uk](mailto:contact@voluntaryactionharrow.org.uk)

This could be discussing project ideas, helping with research and reviewing application forms.

## Other Funding Available

Voluntary Action Harrow has compiled a list of other funding available. This document will be updated on a regular basis so please keep the document link saved.

[Harrow Funding Update / Bulletin](#)

## About Us

Harrow Giving is a local charity that funds small local projects to make a positive difference in the lives of Harrow residents. Harrow Giving is a trading name of Harrow Together (registered charity no. 1167770) and is administered by Voluntary Action Harrow Co-operative.

[www.harrowgiving.org.uk](http://www.harrowgiving.org.uk)

## About Healthy Harrow [Fund Partner]

Healthy Harrow is a Community Champions programme which recruits members of the community to communicate health messages, share information to and from our communities, and raises awareness of health inequality issues.

[www.healthyharrow.org.uk](http://www.healthyharrow.org.uk)

## About Harrow Borough Based Partnership [Fund Partner]

Harrow Borough Based Partnership (BBP) brings together our NHS organisations, Harrow Council, our GPs, local Voluntary & Community Sector and our citizens

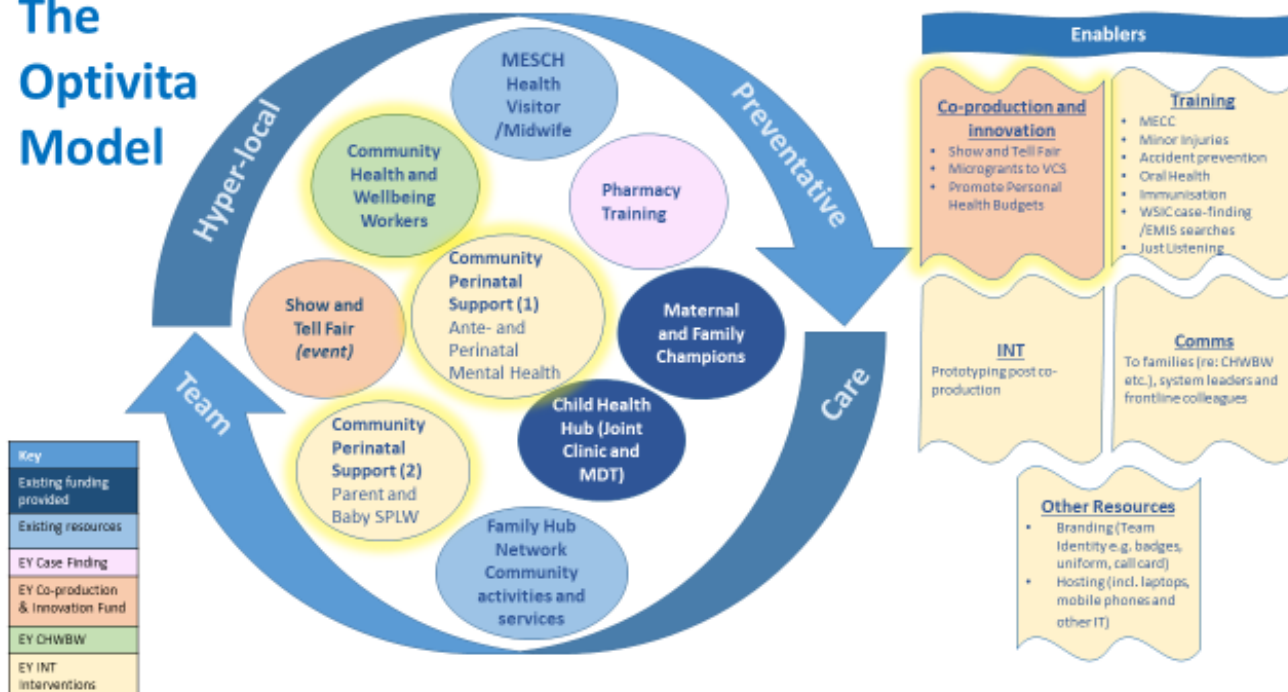
[www.harrowbbp.nhs.uk](http://www.harrowbbp.nhs.uk)

## Optivita Appendix Aims and Objectives

- Build the evidence-base for better preventative care for children at risk of health inequality.
- Support families in accessing healthcare services and raise awareness of local assets and healthcare for parents and young children, addressing barriers to preventive healthcare.
- Raise awareness of local assets and healthcare for parents and young children
- Address barriers to preventative healthcare
- Build trust and strong community relationships

## Model

### The Optivita Model



## Population Profile:

- Analysis identified new emerging priorities areas since the Covid pandemic including increasing child poverty, drug and alcohol issues among parents and young people, mental health among young people especially related to food poverty, young carers (key reasons of support: physical and mental health, SEND or addiction) and absenteeism at school.
- This analysis also identified a range of priority areas previously captured in the C&YP Needs Assessment in 2018, suggesting that the Covid pandemic might have exacerbated existing areas of concern and deepened inequalities. These areas include early years & health promotion (immunisation, oral health, healthy eating and parenting), life style behaviour (obesity & physical activity) and access to services across social care (especially children in need & children look after), special education needs and occupational therapy (children with EHCP), speech and language, mental health and NHS (dental referrals and A&E).



- There are inequalities for certain groups and gaps in care. These include variation to access services and outcomes across ethnicity and age and small geographical areas in Harrow within a wide range of cross cutting themes from social wider determinants (e.g. poverty, domestic violence, mental health and housing), social care, education and access to children and family sites (high utilisation under 5 but still lower uptake than older ages), community and NHS services.
- High utilisation of services at very young ages across social care, special educational needs, community, mental health and NHS might indicate a need for early interventions that provide a holistic approach to fully support children and parents socially, mentally, emotionally, physically and financially to prevent escalation of complex needs and poor outcomes in older ages. Evidence shows that support in early years for very young children maximised impact on child life and it also cost effective.

### **Harrow Central Integrated Neighbourhood Team:**

- There are 874 and 187 children aged 0-5 years old (total: 1,061 children) registered at the GP Direct and Shaftsbury Medical Centre respectively living in the most vulnerable cohort (HA2 0 and HA2 8 postcodes) as for August 2023. This represents a prevalence of 39% and 60% of all children (0-5) all children (0-5) registered in these GP practices which is higher than the Harrow's prevalence of children 0-5 (34%)
- Children aged 0-5 registered at GP Direct and living in the specific cohort (HA2 0 & HA2 8) account for the third highest proportion of babies (5%, 874 out of 19,008) registered at the Harrow's GP Practices (range between 6% - 1%).
- Proportionally there are more boys (51%, 1,326) than girls (49%, 1,254).
- Any Other White had the highest proportion of children (0-5) accounting for 17.5% (451) of all children (0-5) in Harrow, followed by Indian (16.4%, 424) and Any Other Asian and babies (15.9%, 409). Compared to all babies registered at all GP practices, White and Black Caribbean (75%), African (50%) and Any Other White (48%) represent a significantly higher prevalence compared to the Indian
- About 50% (1,302 out of 2,580) of all children aged 0-5 live in the most deprived areas (quintile 1 and 2) compared to 25% (609 out 2,580) in the most affluent areas (quintile 4 and 5).