

## REPORT FOR PAF SCRUTINY COMMITTEE 11 January 2023 UPDATE ON THE HCRG CONTRACT FOR THE ESSEX CHILD AND FAMILY WELLBEING SERVICE

### 1) BACKGROUND CONTEXT

This contract combines the 0-19 years public health services and the 0-5 years children's centres services which Essex County Council (ECC) previously commissioned separately. Also included within the contract are the NHS commissioned children's therapy services which ECC and the Hertfordshire and West Essex Integrated Care Board (formally the West Essex CCG) jointly commission under section 75 of the National Health Service Act 2006.

Bringing these services together into a pre-birth to 19 family hub model was a direct result of intensive research into children and families' experiences of the support system across Essex, which highlighted a need for better join up between services, for families to tell their story only once, to reduce social isolation of families, to support the opportunities for effective parent peer to peer support / contact and to have access to a consistent practitioner who could help them navigate a complex system of services.

The intention was to create a "service without walls" enabling services to be taken out into the community to deliver local support in either family homes or local venues that parents were already accessing, rather than relying on parents to travel to buildings that were either not necessarily convenient for them to travel to or were a barrier in them accessing support. The contract commissions a main Family Hub building in each of the twelve districts, each with linked local delivery site venues too, so families can also choose to access support in local buildings.

Following a collaboration of working with partners across the Essex Early Years system to create an outcomes-based specification, a robust procurement process was undertaken, and the contract was awarded to Virgin Care (now known as HCRG Care Group) and the Essex Child and Family Wellbeing Service, which includes the Family Hubs offer, commenced on 1 April 2017.

The contract was awarded for 7 years, with an option to extend for a further 3 years duration and is currently in year 6. During these 6 years, the provider has performed well against the commissioned outcomes and for that reason ECC officers are recommending continuation of the remaining 3 years of the contract from 2024 - 2027 with the same provider. ECC governance is underway to seek consent to implement this extension. The contract requires ECC to give 12 months' notice of its intentions and HCRG Care Group needs to be informed of these by 31 March 2023.

Through this paper, the contract is referred to as both HCRG Care Group, as the provider, and the Essex Child and Family Wellbeing Service, as the service name.

### 2) HOW HAS THE SERVICE PERFORMED?

In summary, over the past 6 years the service has performed well, as follows:

- a) **Operationalising and delivering a new integrated model**, bringing together the health and family support workforce from each of the previously separately commissioned services to blend the full skills and experience into integrated teams for each district around each Family Hub. This has resulted in genuinely multidisciplinary teams, focused on service user outcomes across a geographical area, holistically supporting the whole family rather than previous organisational specific identities.

The effectiveness of this workforce model has been nationally independently validated through the Department for Education commissioned consultants, Ecorys, with the following extract from the published report:

*“One Local Authority (Essex via the Essex Child & Family Wellbeing Service) had a mature hub model, an embedded measurement outcomes framework, shared case management data system, and importantly a dedicated data team to process, analyse and report on data. This LA takes a data-driven approach to identifying needs and measuring outcomes at the individual, area and systems levels”. Importantly HCRG have invested heavily in the brand of a single “Essex Child and Family Wellbeing Service” to drive a shared workforce culture which transcends previous organisation specific identities in each of the constituent workforces and organisations which were combined under this contract.*

*A key component of the new integrated workforce is families themselves and harnessing the resources of families to support other families in Essex. In areas such as breastfeeding, support for children with disabilities, children with challenging behaviour and generic child and toddler groups, to name but a few the service has produced powerful examples that show that parents really value the support of other parents, in part to normalise their circumstances and feel that they are not alone. Another key learning point has been that social support for families is just as essential and useful as input from professionals, particularly where there is a perception amongst service users that a formal professionally led pathway is the only or main way to get help.”*

- b) **Strong consistent performance in the mandated health visitor checks compared with other Local Authorities** – this refers to the 5 checks that is a function mandated for all Local Authorities to commission by the Department of Health for children aged 0 to 5. These include ante natal and 2-year-old checks undertaken during the first 2-3 years of child’s life and are traditionally delivered by health visitors. However, in Essex, these are delivered via the multi-disciplinary teams ensuring the best blended health and family support skills mix to provide the service. In all mandated measures, Essex performs well compared with other England Local Authorities
- c) **Successfully delivering on Outcome Measures** – as set out above, all Local Authorities are mandated to deliver health visitor checks and are measured on the number of health visitor checks which happen. Essex is the only Local Authority in the country which contractually holds itself to account by measuring the impact of service delivery on children and their families through a number of agreed outcome measures, rather than just focusing on the number of visits that have been undertaken.

An integral part of this contract is the 22 Outcome Measures that have been identified to ensure that once a child or family’s needs have been identified, there is a clear framework to measure progress to improve their outcomes. Examples of the Outcome Measures include:

- all children and young people have strong attachment to at least one adult or other person in their life
- all parents have good mental health during the peri-natal period
- all children are ready for school.

Whilst the Council commissions the outcomes, ECC has designed an outcomes-based specification that allows the provider, HCRG Care Group, the flexibility to decide the most effective way to deliver against these. This has proved to be effective, as it enables collective working with other parts of the children & family system to work together to achieve outcomes across organisational boundaries, as well as allowing HCRG Care Group the flexibility to divert more resource to those at greater risk of not achieving outcomes, as needed.

This outcomes-based contract is unique to Essex, and as such there is no national benchmark against which to judge Essex’s outcomes performance. However, through the setting of targets for each outcome since the beginning of this contract, performance has been measured year on year and HCRG Care Group have consistently achieved these.

HCRG Care Group have also been proactive in proposing to ECC commissioners' refinements to these to ensure the most appropriate and sensitive measures of outcomes are focused on.

There is a shared expectation that all children and families who need support will be identified through the universal touch points that the service delivers, primarily using ante natal and new birth visits for early identification of need, with a priority to focus more resource on those who are at greatest risk of not achieving outcomes and relatively less resource on those who are likely to achieve outcomes themselves without support from other agencies.

As part of the monthly contract management process, HCRG Care Group regularly produces reports for each quadrant highlighting the families that have been identified as most needing support setting out which outcomes are being focused on and what support is being given to them by the Essex Child and Family Wellbeing Service and other partners involved in their care. This has a real focus on those families that typically do not access services, and how these families have been identified via community mapping exercises and reached through outreach services. Commissioners also hear from service users' experiences via a Family Voice section of the contract meeting process. Examples of these will be shared to the PAF Scrutiny Committee as part of the presentation on the day.

Essex is seen as a national exemplar in this area of work and has received contact from around 25 other Local Authorities keen to learn from Essex's experience, some of whom Essex is now advising / supporting to implement a similar outcome based integrated system model in their area.

HCRG Care Group have worked hard to develop relationships with other parts of the children and family system to ensure that whilst they hold accountability for delivering outcomes, they use these relationships with a range of partners to provide a range of support to suit what service users' needs are.

The Essex Child and Family Wellbeing Service has also hosted visits from:

- Nadim Zahawi MP in his previous Children's Minister role
- Baroness Dido Harding, as previous Chairwoman of NHS Improvement, to see join up between LA and West Essex NHS services
- Justine Greening, previous MP and founder of National Social Mobility Pledge, to see social mobility examples of the ECFWS workforce,

On top of this Essex is a trusted national advisor to the national Family Hubs Network and regular speaker at national Family Hub National events. Essex is also in the process of arranging to host a National Family Hub Conference in March 2023.

- d) **Delivery of a joined-up care pathway with West Essex NHS** – to help achieve the join up across services that families told us they wanted, offers were made, prior to the initial procurement, to all the 5 Essex Clinical Commissioning Groups (CCGs) in place at that time, to co-contract with ECC, in support of shared accountability for outcomes across a care pathway. At this point, only West Essex CCG felt able to commit to be part of this and commissioned their speech and language therapy, physiotherapy, occupational therapy and allergy and dietetic services as part of this contract.

Evidence from both the data and service user feedback for West Essex highlights the benefits of the join up and shared accountability for outcomes to which both the ECC and West Essex CCG commissioners and HCRG Care Group remain committed to in discussions with other parts of the system. Some examples of the benefits are:

- An integrated care record across different organisations for information to be available / directly shared between services saving families from needing to re-tell their story and

- removing any duplication in service delivery
- Aligned communication and consistent messages for families from across the Essex Child and Family Wellbeing Service system
- Integrated multi-disciplinary teams working across a wider skill set providing an improved service to families
- Enhanced joint working supporting safeguarding process and practice.

A notable specific output of this approach has been the Journey of Autism Diagnosis and Early Support (JADES) integrated pathway. This pathway enables a holistic care plan maximising support available to families based on individual family need and circumstances to be offered pre-diagnosis, meaning support can be offered earlier as opposed to relying on clinical diagnosis as the gateway to other support for the child and their family.

A strong working relationship has been established with NHS staff in West Essex during the contract, and the reconfiguration of the NHS into Integrated Care Systems in the past 2 years has not impacted on the delivery of this integrated approach in West Essex.

e) **Strong performance and maintenance of activity during the covid pandemic, and other caseload pressures** – during the covid pandemic, the Essex Child and Family Wellbeing Service response was exemplary, both in:

- terms of being proactive in implementing a 4-stage phased plan of escalation, in line with national and local public health recommendations in place during this period, and
- maintaining support for families during a time when face to face contact was either prohibited or where families were worried about and disengaging with the face-to-face offer by creating virtual and telephone support offers
- the outcomes-based nature of the contract enabled HCRG Care Group to make rapid changes to their delivery model to respond quickly to the impact of the pandemic

It is worth noting that a number of ECFWS staff volunteered in their own time as Covid vaccinators and associated functions, on top of an already demanding day job.

The service has also responded quickly and efficiently to the urgent challenges and additional complex caseload requirements of families who are asylum seekers, refugees and complex families placed in Essex by other Local Authorities under Permitted Development Rights, whereby buildings not designed for residential dwelling can be converted to housing a number of potentially vulnerable residents.

In addition to the specific areas above, the following points describe only a few of many achievements in the transformation journey for the Essex Child and Family Wellbeing Service:

- Consolidation of existing estates footprint giving better value for money– not just co-location but integration
- Technical system integration across organisations to single shared record for new outcomes-based model recorded and reported across multidisciplinary teams with shared outcome Considerable effort invested in building a culture of multidisciplinary team integration across previously separate teams – (ongoing effort for contract duration)
- Pilot test new outcome measures and benchmark results to establish targets. ECFWS has been performance-managed against these outcome measures since 1st April 2019.
- Essex Child and family Wellbeing Service rated “Good” by the Care Quality Commission (CQC) in July 2019
- Flexible and dedicated response to COVID response. HCRG Care Group exceeded their KPI targets throughout the pandemic: for example, reaching 99% of Universal new birth checks conducted (target of 96%). Staff availability remained stable between 89% and

94%, which was higher than comparable workforces in other Local Authorities

- f) **How are children faring post pandemic?** - a real challenge for the whole children and family system is emotional wellbeing, partly as result of covid but also cost of living crisis and other adverse world events. HCRG Care Group are a part of this overall response and are being proactive in building capacity for emotional wellbeing support, which is not reliant purely on mental health professionals or school nurses (who are already stretched to capacity).

Options being looked at include recruiting volunteers with mental health first aid training who can provide first line emotional support and escalate to more specialist services if necessary. Implications of this, including safeguarding are being considered through the multi-agency Emotional Wellbeing Board chaired by ECCs Director of Education.

Other impacts include some children struggling with early language delays, lack of social interactions and poor independence. The Essex Child and Family Wellbeing Service are working with early years settings and schools to provide support to these children and their families.

- g) **What is the support offer to schools?** - the role of the Essex Child and Family Wellbeing Service is to support schools in developing a healthy school plan, focusing on areas which each individual school needs, and using a range of different providers of services to support these needs. There are numerous services available to schools, from Central Government as well as the local health and care system, but the overall offer is not consistent across Essex, and the offer is, in the words of one Essex head teacher, "bewildering". HCRG Care Group, as a provider held to account for outcomes for children and young people in the Essex system, helps schools to navigate this total system offer through the mechanism of the Healthy Schools programme.

- h) **HCRG Care Group Relationship with Integrated Care Systems and Boards** - having three Integrated Care Systems and Boards in Essex creates challenges, but HCRG Care Group have Heads of Service in each of the North, West, Mid and South quadrants across Essex who are well linked into operational pathways which cross Local Authority and NHS commissioning responsibilities. From the start of the formation of Integrated Care Systems these staff have been influencing discussion about how to collectively commission services to ensure the same type of service and pathway join up can be achieved as is already achieved in West Essex, where NHS children's services have been co-contracted between the NHS and ECC since day 1 of this contract. The outcomes focus of this contract has been instrumental in driving discussion with the Integrated Care Boards on which outcomes do we want, which children and families are at greatest risk of not achieving those outcomes and who is best placed to do what to support outcomes for those families. It is still early days, but HCRG Care Group will continue to be involved in these discussions and developments.

- 3) **AREAS OF CHALLENGE** - the areas of challenge described below are issues everywhere in England, but Essex is working proactively with HCRG Care Group to address these, including working with Central Government for Essex to be a potential pilot site to deliver the mandated checks differently, given Essex's national reputation as a leader in the field of outcomes and integrated working:

- a) **Staff recruitment** – health visitors and school nurses in particular are in very high demand nationally and similar to general practice, it will be difficult to replace the considerable number of staff who are towards the end of their professional careers. However, under the Essex Child and Family Wellbeing Service, HCRG Care Group have been able to take the opportunity to review the whole skill mix and competencies available across the workforce and used this to develop new roles to complement and support the

existing health visitors and school nurses to bring capacity to the system

The Essex Child and Family Wellbeing Service are also working directly with Anglia Ruskin University to develop a pipeline of new practitioners who can gain employment with HCRG Care Group following the necessary course of academic study.

- b) **National mandation of health visitor checks** - there is a national mandate by the Department for Health that every child and family should receive 5 health visitor checks between the ante natal period and when the child is 2.5 to 3 years old. There is growing opinion amongst children and family professionals nationally that these 5 universal checks are too blunt an instrument. Essex is in discussion with Central Government about the potential to be a pilot site where this mandation is relaxed, to allow better strategic alignment to allow more resource to be prioritised where it is needed and less to where it is not. Essex is well placed to have this discussion with Central Government because of its focus on measuring outcomes, particularly those at risk of not achieving them, and the 6 years of experience in more systemically about who needs more or less support based on measurement and surveillance of outcomes across a whole service population.
- c) **Getting outcomes shared across the wider system not just the Essex Child and Family Wellbeing Service contract** – across Essex people and organisations are increasingly aware that achieving outcomes is not down to anyone person or organisation, but highly dependent upon a number of circumstances which require alignment of effort across organisational boundaries. For example, giving children the best start in life is as dependent upon parents having good jobs, the state of the house, income, and the quality of family and friends' relationships, as it is about checking that children are growing correctly and are free from health problems. The Essex Child and Family Wellbeing Service are playing their part in this. The challenge now is to get the rest of the child and family system to commit to outcomes and identify target people and places where concerted effort across a range of different areas of work is essential to achieve sustainable outcomes.
- d) **Caseload complexity challenges post pandemic** – whilst Covid is currently at manageable levels and we are out of pandemic response, there continues to be growing complexity of caseload for front line services such as the Essex Child and Family Wellbeing Service. This is being caused in part by the cost-of-living crisis and increasing numbers of families seeking refuge from abroad being accommodated across Essex. The Essex Child and Family Wellbeing Services are a first line of response service, along with other organisations, schools and early years settings, but there is insufficient capacity for the Essex Child and Family Wellbeing Service alone, or any other organisation on their own, to, deliver a supportive response at the scale needed to achieve an improvement in circumstances which have become much more of a problem in the past four years, such as emotional wellbeing. There is a need for the whole commissioning and delivery system, of which the Essex Child and Family Wellbeing Service is a part, to develop more support than is available through referral to traditional services, for example by harnessing the supportive assets within communities to help each other. This needs to be a continued focus for the Essex Child and Family Wellbeing Service the remaining contract years.