

		AGENDA ITEM 5
		CYP/31/11
Committee:	Children and Young People Policy and Scrutiny Committee	
Date:	3 November 2011	
<u>Prevention and Early Help Strategy for Children, Young People and Families</u>		
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Briefing Paper for CYP Policy & Scrutiny Committee

1. Purpose of Paper

At the CYP Policy and Scrutiny Committee in October, a paper was presented giving an overview of the future vision for children's services in Essex. Over the coming months, officers will develop a series of briefing papers and policy documents to underpin this vision, explaining the strategies and activities that will deliver it in more detail.

This briefing paper provides members with information on the Prevention and Early Help Strategy for Children, Young People and Families. It provides the overarching context for the accompanying scrutiny paper on Children's Centres.

2. Background

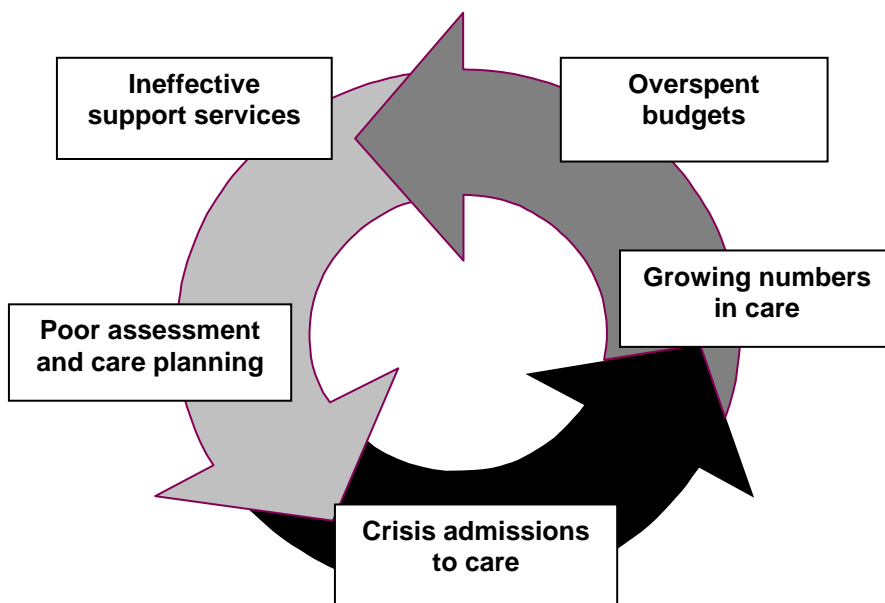
Historically in Essex, there has been a lack of robust and sustainable service alternatives to care – and the balance between family based placements and residential care has been wrong. This has resulted in too many children and young people in expensive in-house and out of county residential care and too few in foster care, supported at home or other alternatives to care such as Special Guardianship Orders or Residence Orders.

This poor service mix has been in part both caused and compounded by poor assessment and care planning in children's social care services leading to poor and sparse direct intervention work and inappropriate case and placement decisions. This had been further compounded by findings from local Serious Case Reviews that have placed increased pressure on the system around managing reasonable risk. The levels of young people in care have continued to grow out of line with our statistical and

comparator councils over numbers of years while preventative and early help services have remained considerably under developed.

The Vicious Circle

The circumstances in Essex had led to a vicious circle where high in care numbers predominately in higher cost placements have established a financially unsustainable cycle leading to overspends and a severely limited scope for investment to address the causes and break the vicious circle.



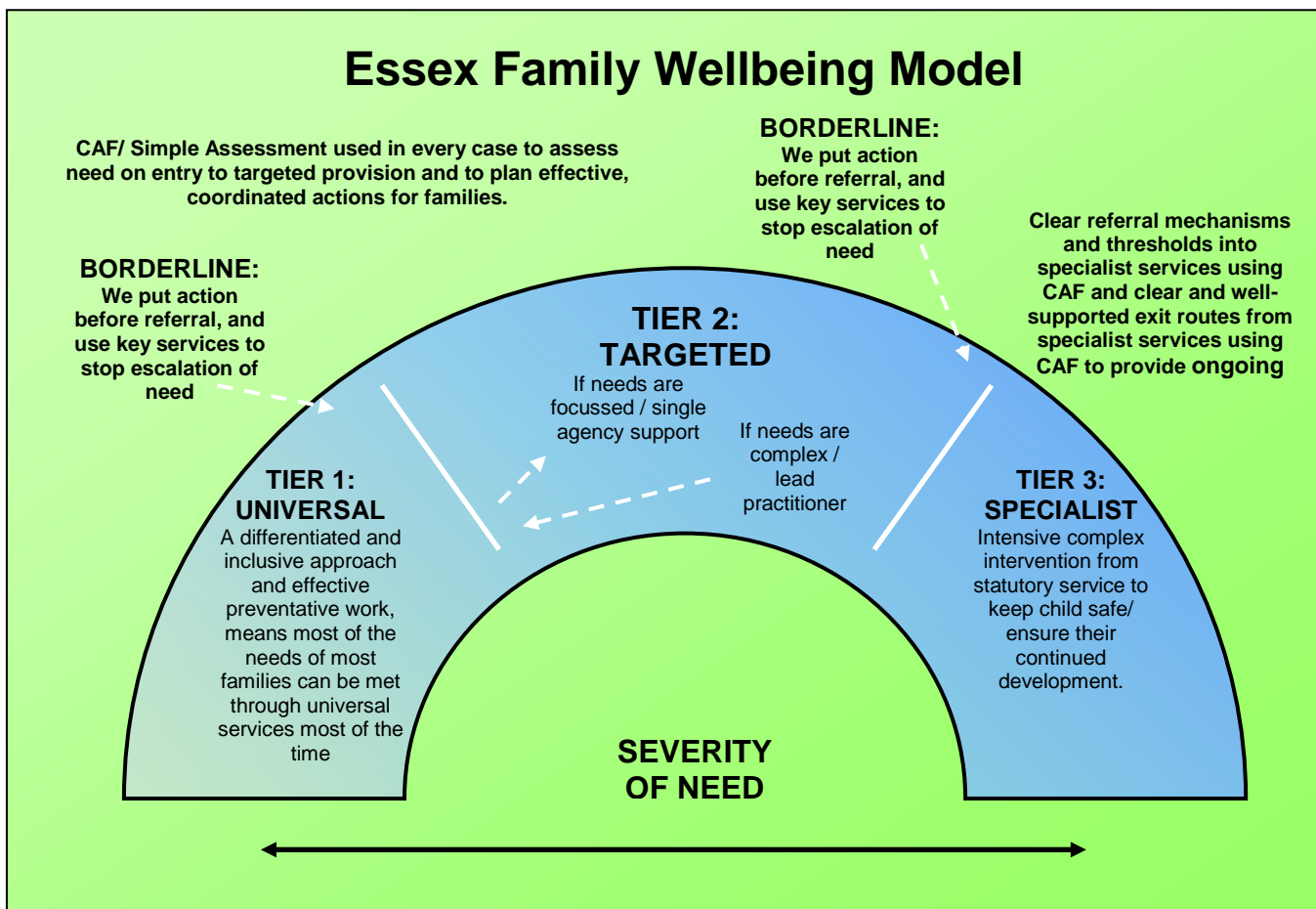
An increasingly sophisticated and accurate picture of the risks and vulnerabilities of children, young people and families, at individual, local area and pan-Essex levels and at all of levels of need will be used to enable the joint commissioning of evidence-based interventions that prevent escalation to specialist, high-cost services. We are working with the Strategic Services directorate to specify our future requirements for needs analysis and a robust evidence base.

3. A Family Well-being model for Essex

The Family and Wellbeing Model introduced in our previous vision paper will provide a framework to support everyone who works with children, young people and families to provide the most effective support.

Its purpose is to enable and support children, young people and families to achieve their full potential by setting out in one place a shared approach to delivering services for families across every level of need. This will include health, early years, education, youth, social care, youth justice, probation and police and allied services such as housing and other services impacting on the child, young person, parent or carer and wider family.

The Family and Wellbeing Model will support our vision for families as the foundation and centre for strong and healthy communities and as the main contributor to a child's and young person's safety, education, health and wellbeing. A Munro planning group comprised of lead officers and cabinet members has been set up and part of its role will be to support the development of the Essex Family Wellbeing model.



A Mix of Services

Through the Partnership Children's Plan we will focus on ensuring we deliver a mix of services that address the three levels of need defined within the above model, with a focus on driving delivery towards prevention and early help. This is achieved through identifying emerging risks and vulnerabilities as soon as they appear through good quality assessment and efficient access to effective and evidence based interventions that prevent escalation to more specialist and costly services, including the need for Local Authority protection and care.

This mix of services would include interventions that support de-escalation from residential into specialist fostering, a continued development of in-house fostering placements and a full and sustainable range of evidence based prevention and early support services as soon as signs of risk and vulnerability emerge. A well researched and strategic approach to market development is required to address gaps in current service provision.

3. The Development of Integrated, Universal Pathways

In order to understand the journey of children and families through universal services and, in particular, the points at which emerging additional needs and vulnerabilities could be picked up, assessed and acted upon, a new approach to the development of integrated care pathways has been developed.

This approach has been taken forward by a number of task and finish groups, bringing together commissioners and providers of child health and maternity services, Public Health and colleagues from Learning and Adult Services.

The approach starts from the child and family's view, focusing on their journey through the universal services that (should be) available and accessible to all. Starting from the integrated pathway through maternity to the age of five years, the pathway development work has progressed into statutory school age and beyond to the age of 19 and, recently, into adulthood to the end of life – a lifelong integrated pathway.

Several points to note emerge as the child and family's journey is followed:

- The majority of contacts with parents, families and children in the earliest years is with primary healthcare
- The number of points on the pathway at which the vast majority of children and families will make contact with and access services is very limited
- If these limited opportunities are missed to pick up early signs of potential need, risk and/or vulnerability, undertake a holistic assessment and (refer for) support, there may be no further opportunity for many months or even years, losing the chance for the earliest intervention and potentially leading to more specialist, prolonged and costly services and poorer outcomes in the longer term

- The importance of integrated workforce development and training, to enable all those in contact with young children, parents and families to see beyond their immediate function, feel confident in assessing need using the Common Assessment Framework (CAF), 'hold' and support children and families within universal services and, if necessary, support access and referral to more targeted support as the Lead Professional.

The development of integrated pathways is creating a shared a whole system view but is more than just a conceptual model. It is a precursor to the commissioning, joint design and specification of key universal services.

The intention is that the pathways will also be developed as an interactive tool for communication with children, young people, families, the children's workforce and the wider community, showing what can be expected along the journey and linking to more detailed pathways and other sources of information, for example on sources of childcare and information on benefits.

Progress to date

-9 months – 5 years integrated pathway

The -9 months – 5 years integrated pathway has been used as the basis for the review and redesign of interventions for children and families, the re-specification and procurement of children's centres from April 2012 and has had some influence on the commissioning of community health services. This has produced not only a county-wide specification but also locality-specific elements produced by the five Local Children's Commissioning and Delivery Boards, ensuring that key components of their 'mix of services' are delivered via children's centre re-commissioning. Details of the re-commissioning of Children's Centres are provided in the accompanying scrutiny report.

The revised service design for children's centres focuses on prioritising earlier intervention and/or support for families during pregnancy. The revised specification for children's centre services will ensure that a family will have access to quality information and support earlier, enabling parents to understand how and where to access services. The specification also prioritises taking services to the family rather than expecting the family to attend a centre to access support. This community resource will be developed to ensure it is able to be responsive to local requirements with a focus on outreach work, specifically home visiting where required.

From April 2012, the children's centre Lead Body(ies) will be commissioned to deliver a community resource for prospective parents ante-natally, children aged up five years and their families with a focus on vulnerable / disadvantaged families in the area to provide:

Detailed maternity pathway

A detailed maternity pathway sits behind the -9 months – 5 years integrated care pathway. The intention is that this will be used by all commissioners of maternity services as the basis for service (re)design, (re)specification and commissioning to ensure alignment with the -9 months – 5 years integrated pathway, integrated delivery (aligning with the re-commissioning of children's centres for example) and consistency across Essex.

5 – 19 years integrated pathway

The development of this section of the integrated pathway began with the creation of a universal learning pathway, representing the single most significant universal, statutory provision for this age group. In the course of this development, the task and finish group encountered major issues and questions relating to new legislation covering schools and the Local Authority's role in school improvement and the commissioning of learning.

Further development of the 5 – 19 years integrated pathway is on hold until:

- The School, Education and Strategy service is in place and the future commissioning of learning clear and understood.
- A strategic approach to the (joint) commissioning of health improvement in schools is developed and agreed.
- The strategic commissioning approach for young people's services is developed.

Recent developments on the strategic approach to health improvement in schools and commissioning of young people's services means that work on these elements of the pathway can proceed.

Special learning pathway

The special learning pathway, for those receiving education wholly or partly outside mainstream learning provision, has been developed to sit alongside the 5 – 19 years integrated pathway.

Further work is required to transfer this into the standard pathway format and ensure that it is developed, if required, and used to inform the future commissioning of special and alternative learning provision.

Whole life pathway

Significant progress has been made to extend the integrated pathway beyond the age of 19 years into adulthood and to the end of life. Working with Adult Services and Public Health, the draft model has been developed.

The development of the lifelong pathway has exposed and is beginning to deliver on the need and opportunity for a more coherent, joined up approach to assessment and referral processes and how services and interventions are designed, specified and commissioned for families, rather than for individual children, young people or adults.

Further work is required to embed this approach within the *Essex Family* project and ensure that pathway development is supported by the information and intelligence emerging from the creation of *Essex Family* prototype projects.

Essex Family

Further development of integrated pathways and their use as an engagement and communication tool with children, young people and families in particular, is embedded within the element of the *Essex Family* (Community Based Budget) project working to shift the mainstream system to deliver more effective early intervention to families everywhere in Essex.

The *Essex Family* project is led by a Strategic Steering Group, chaired by the Executive Director – Schools, Children and Families, and a project team. The initial focus has been on the development in five identified areas (Harlow, Tendring, Colchester, Basildon and Castle Point and Rochford) of innovative approaches to transform the lives of families with complex needs.

Integrated workforce strategy

The development of the Integrated Workforce Strategy will ensure each member of the children's workforce has the understanding and skills needed to pick up the early signs of risk, need or vulnerability, undertake a holistic assessment using the Common Assessment Framework (CAF), support within their own service and/or refer for multi-agency support or into specialist pathways as appropriate. This is being taken forward by the One Children's Workforce Group. Excellent progress has been made to embed the requirements emerging from pathway development (-9 months – 5 years in particular) within plans for the public health workforce in Essex.

GP consortia

The use of the integrated pathways as the basis for the commissioning of services by Primary Care Trusts (PCTs) and GP Consortia as they develop has been made, ensuring contracts with providers of community health services, public health nursing and midwifery services are being brought into line with the integrated pathways, due mainly to the pathway's focus on the national Healthy Child Programme. In addition, the North East Essex GP Consortium lead has expressed an interest in using the -9 month – 5 years integrated care pathways as a basis for:

- Wider engagement of GPs in understanding the breadth of services for children and families]

- Exploration of future joint commissioning opportunities through the Local Children's Commissioning and Delivery Board.

4. Proposed review of integrated working

The Essex policy of requiring referrals to be supported by a holistic assessment of need using CAF has been in place for over two years. This was embedded in the assessment and referral process and operation of the Multi Agency Allocation Groups (MAAG), which rolled out across Essex in April 2010. Although agreed by all partners at a strategic level through the former Essex Children's Trust Partnership Board, this policy was not fully understood, accepted and embedded throughout all partner agencies (including Essex County Council).

The Localities Commissioning Service, which has lead responsibility for integrated working have worked to find solutions to issues raised and support partners to develop the skills and confidence to conduct good quality assessments and follow agreed referral processes. This has seen significant improvement in the number of CAFs registered on CAFPoint and the quality of CAFs supporting requests to MAAGs (no comment can be made on the quality of CAFs submitted in support of single agency referrals as no system exists to enable this currently).

The Integrated Working training programme has improved the understanding of CAF as a tool to capture the needs and capabilities of children, young people and families in order to enable earlier access to an appropriate service or packages of services. However, some continue to view CAF as an overtly bureaucratic box-ticking exercise or as a referral form. In addition, many practitioners fail to fully capture the wider family's needs and capabilities and, less commonly, fail to seek consent to share information.

A number of recent developments would support a review of assessment and referral processes and routes to access services across the partnerships. The scope and methodology of this review has yet to be determined and agreed. However, meaningful engagement with partners, children, young people and families would be an essential element.

5. Local Children's Commissioning

Local commissioning of the Early Intervention Fund (formerly known as Local Priority Fund) is proceeding. Provider events were held in each quadrant during July.

The Early Intervention Fund process is running alongside LCCDB commissioning of emotional health and wellbeing services (using devolved Local Authority Tier 2 CAMHS funding). The specifications for the delivery of services have been developed around the following areas:

- Substance misuse
- Early intervention family support
- Holistic family support focusing on those who have experienced domestic abuse
- Building emotional resilience
- Supporting young people

Board members have been invited to participate in the review of bids submitted as part of the re-commissioning of children's centres during August 2011.

6. Early Years and Childcare

Our Early Years and Childcare Service will provide a key platform for our approach to early intervention and prevention along the pre-birth to 19 pathway described in the section above. The current and future alignment of resources and a sharpening of targeting to improve outcomes in the earliest years of a child's life are key aspects of this approach.

The service has always maintained a commensurately smaller central resource than other Local Authorities and has used a commissioning framework to drive improved efficiency and effectiveness:

- children's centres delivery via the voluntary sector
- sufficiency assessment and management in the private, voluntary and independent (PVI) sector and from 2011 including nursery schools and classes
- quality improvement work for the PVI early years and childcare sectors and for schools
- early education places which are commissioned from the PVI sector; each relevant setting is contracted to deliver the free entitlement under the national code of practice (schools must also have regard to the code of practice)
- Training to support the PVI sector in raising the skills and qualification of staff within settings.

All research both nationally and internationally affirms the importance of a child's earliest experiences and environment in shaping his or her future potential. This applies from before birth, through the first year of life (brain development, attachment etc) and onwards, with some key thresholds commonly (arguably) recognised in terms of predicting outcomes and future attainment (e.g. 22 months).

Good quality childcare provision can have a mitigating effect for the most disadvantaged children, but parents are key, in terms of maternal health, early attachment, speech and language development and ability to provide love, security, boundaries, empathy, consistency and healthy physical development – healthy eating, exercise etc. Poverty is also a key factor in determining well being and outcomes but not in itself a determinant of good quality of parenting.

High quality early years and childcare services (including children's centres and childcare) are those which are able to support the development of children appropriately, alongside and with parents, and with a clear focus on the needs of every child.

From 2011 onwards the resources available to ECC for commissioning in this area are:

- DSG to commission the 3 and 4 year old free entitlement to nursery education and aspects of the SENCAN offer (Early Support)
- The elements within the Early Intervention Grant predicated on what were the Sure Start Grant and the Two Year Old Funding including proposed increase.

Early Years and Childcare has already identified approximately 30% savings over three years in relation to the aspects predicated within the EIG (based on the 2010-11 SSG) and will continue to seek further opportunities to streamline and yield savings whilst protecting service delivery

7. Essex Children's Centre Re-Commissioning Update

See accompanying agenda item

8. Invest to Save Proposal / Social Impact Bond

Work is currently underway to develop a business case exploring options for an "invest to save" approach to reduce the overall numbers of children in care by investing in alternative, edge of care services. Two financing options are being explored to support this – one which would see ECC fund the investment, the other seeing a combination of funding provided via ECC and a Social Impact Bond established.

The Social Impact Bond option would involve a mixture of council and private investment with the risk for the privately invested element being offset via a return to investors on the invested sum. The private investment would fund a Social Impact Bond that would fund the creation of a special purpose vehicle that would commission targeted interventions for young people on the edge of care or custody.

The targeted 'Invest to Save' approach would involve a forensic approach to the identification of those areas across all levels of need where additional investment would bring the dual return of impact in terms of longer term improved outcomes for children and young people and yield significant and cashable savings.

Aligned to this approach would be the targeted deployment of a range of evidenced based services at each tier of need on the Essex Family Wellbeing Model that have a proven track record of success.

A central outcome of this proposal would be over the next three to five years the significant reduction of numbers of children and young people in care from the high levels historically and currently seen in Essex and associated costs.

An important principle would be that projected savings would exceed the invested sum and that they would continue into the longer term as children, young people and families with a greater resilience have less need for high level services over numbers of years.

Interventions would include two council funded Multi-Systemic Therapy Teams that would be commissioned to operate alongside our mainstream children's social work services. A range of other interventions that address need at each tier of the Child Wellbeing Model would be commissioned to create a mix of services that will both address the most challenging and complex of needs while reducing demand and escalation through the system by preventative work.

The use of a payment by results mechanism as either a whole or partial element in any related contracts for commissioned interventions would support an 'invest to save' approach. Such a mechanism would link and delay payment to the achievement of a range of specified outcomes.

(Further details of this proposal will be brought to a future meeting of the CYP scrutiny committee once financial modelling and options appraisal is complete)