

From: Peter Oakford, Cabinet Member for Specialist Children's Services  
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To: Education and Young People's Services Cabinet Committee –  
18 September 2015

Subject: **Early Help and Preventative Services Commissioning Intentions for 2016-17**

**Future Pathway of Paper:** Corporate Board - 28 September and Cabinet -12 October

**Electoral Division:** All

**Summary:** Early Help and Preventative Services hold a significant range of contractual and grant arrangements which are being re-assessed to ensure a flexible and integrated model of support is in place which achieves the best outcomes for children and young people and the most efficient use of resources.

The report outlines the proposals for future commissioning intentions, central to which is the alignment of approaches with Public Health to ensure the maximum utilisation of resources and integrated approaches to service delivery.

**Recommendation:**

The Cabinet Committee is asked to consider and endorse or make recommendations to the Cabinet Members for Specialist Children's Services on the proposed decision to proceed with the outlined commissioning intentions, and to re-commission Early Help services in 2016.

## **1. Introduction and background**

1.1 The role of Early Help and Preventative Services is to deliver effective early help and prevention to achieve improved outcomes for vulnerable children and families and reduce demand for social care services. The key outcomes we aim to address are listed in the Education and Young People's Services document *Vision and Priorities for Improvement*. They are to:

- Reduce the need for statutory social care and provide more effective support for children and young people on the edge of care so that there are fewer numbers of children in care, child protection cases and children in need
- Increase the numbers of children and young people who are stepped down safely from social care and who are not re-referred

- Increase the use of the Kent Family Support Framework (KFSF), formerly the CAF, and more successful outcomes as a result of KFSF interventions
- Reduce the days lost to education through exclusions and absence, and in the number of permanent exclusions and rates of persistent absence from school
- Reduce youth crime, re-offending and anti-social behaviour
- Reduce the number of young people who are NEET, (not in education, employment or training) and improve their participation in learning and training to age 18
- Improve the readiness for school by vulnerable children at age 5
- Improve participation in 14-19 vocational pathways including increased take up on employment with training, apprenticeships and traineeships by vulnerable groups
- Reduce substance misuse and teenage pregnancy
- Increase breast feeding and reductions in smoking by pregnant women and mothers
- Improve resilience and well-being for children and young people and reduce mental and behavioural problems and the high levels of demand for CAMHS services.

1.2 Early Help and Preventative Services (EHPS) currently hold approximately 100 contractual and grant agreements with external providers to deliver services to children, young people and their families, which include legacy arrangements with a range of organisations.

1.3 EHPS play an important part in the support and recovery of children, young people and families who have experienced adverse situations or who have needed to be within statutory social care provision but are ready to move on with their lives with support.

1.4 To ensure positive health, welfare and educational outcomes are achieved and efficiencies are realised there is now a need to re-assess commissioning arrangements. This will ensure a more flexible model of support, comprising both in-house provision and support from the voluntary sector providers, which will provide a holistic Early Help and Preventative Service offer to children and families in Kent. The list of KCC's strategic outcomes is available as Appendix 1.

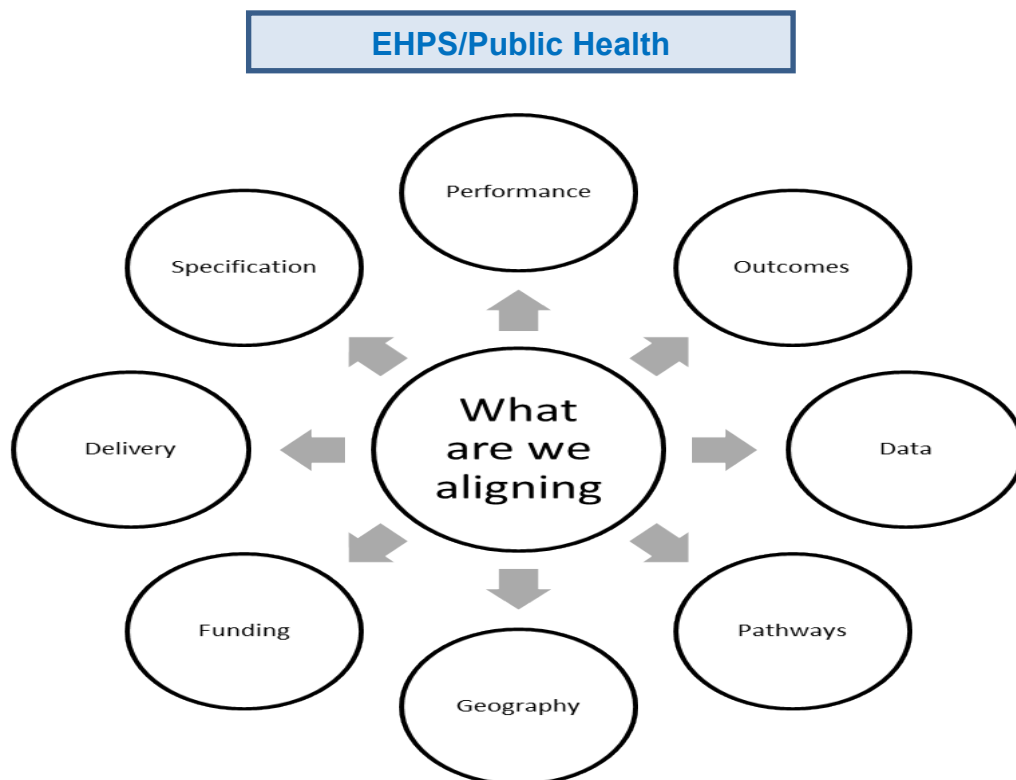
1.5 In order to inform future commissioning intentions a diagnostic report was produced which summarises the findings of the EHPS commissioning analysis phase. It includes needs analysis, the feedback from stakeholder workshops, consultation with young people and wider data analysis. The key findings from the diagnostic report underpin the recommendations for future commissioning intentions contained within this report.

1.6 EHPS have a clear role to play in ensuring the delivery of KCC's strategic objectives as outlined in the KCC Vision. It is important to recognise the strategic significance of the commissioning framework, the Care Act, the Emotional Health and Well-being Strategy and the Early Help Three Year Plan in achieving KCC's vision.

1.7 In order to respond to the challenge of how to efficiently and effectively commission for Kent's strategic outcomes for children, young people and families this report sets out proposals to align our commissioning approaches for EHPS

with Public Health. This is with a particular focus on Emotional Health and Wellbeing provision. The needs analysis for the Emotional Health and Wellbeing Strategy and the Early Help and Preventative Services diagnostic both highlighted a need for additional resources to improve emotional health and wellbeing. In addition, referral patterns indicate that Child and Family Emotional Health and Wellbeing issues are key reasons for referrals across internal and external services. Moreover, our current Emotional and Mental Health provision does not provide sufficient support and advice to schools to assist them to manage demand. In addition, children with higher level needs who do not have a diagnosed mental health condition are currently unable to access lower level support.

- 1.8 This report includes proposals for phased commissioning and outlines our current commissioning arrangements, the need for change and proposals for future commissioning.
- 1.9 There are no proposals to pool budgets with Public Health, but rather to align commissioning practice to ensure services and process are more joined up and able to work more efficiently to realise positive outcomes.



## **2. Early Help and Preventative Services – Current Commissioning Arrangements**

- 2.1 The majority of existing contractual and grant arrangements date from 2012-2013 and predate the formation of the EHPS division. As such a number of contracts duplicate each other, and duplicate with internal services, and were due to end at different times. The original specifications do not reflect new referral pathway

requirements and are over prescriptive about tiers of need rather than the needs of the child and the outcomes we expect.

2.2 Contracts and performance have been evaluated as part of the commissioning cycle. Where appropriate amendments have been made to ensure services are accessible across the continuum and contract end dates are coherently aligned. However, in order to better manage demand, whilst also supporting the families receiving statutory social care, there is a clear need to change the existing arrangements. We aim to ensure that we reach and support our most vulnerable communities, and that targeted and intensive services can also be delivered in universal settings, or the family home, and that a whole family approach is available to the right families. A table of existing externally commissioned services can be found in Appendix 2.

2.3 The proposed future commissioning intentions for Early Help and Preventative Services have been informed by a diagnostic report. This report follows the approach laid out in KCC's Commissioning Framework and comprises needs analysis, community profiling, feedback from stakeholder workshops, consultation with young people and wider data analysis.

2.4 The full diagnostic report is attached as Appendix 3; the key findings are summarised below:

**i. A large proportion of the overall need is concentrated in specific communities**

- Many high risk groups are concentrated within specific socially and economically deprived communities, both geographic and demographic. Analysis shows that many of these children and young people are known to more than one agency and often come from the same families.

**ii. The key issue identified is the need to address emotional health and well-being**

- Key characteristics of families requiring early help are (in no particular order) behavioural difficulties, educational and developmental issues (including school non-attendance), poor relationships within families, parenting issues, domestic abuse (including child perpetrators), housing and financial issues and substance misuse;
- A large number of families are affected by two or more of these factors with some co-occurring factors well evidenced (e.g. the "Toxic Trio" of domestic abuse, mental ill health and substance misuse);
- A holistic approach to identify underlying causal factors, not only the presenting symptomatic problems is key to improving outcomes; and
- Some parental factors (including substance misuse, mental illness or disabilities) can lead to children and young people becoming Young Carers.

These findings are consistent with a whole family approach to working with children, young people and their families.

**iii. There is support for better utilising localised family and community capacity in the wider preventative agenda, such as –:**

- Community assets such as people, places and organisations like clubs, arts, culture and sport;
- Social enterprises, the wider Voluntary and Community Sector (VCS) and local businesses (particularly to remove any perceived stigma attached to statutory services); and
- Engaging users in the provision of services e.g. expanding the use of volunteers and mentors within services, or enabling children to mentor at school.

This finding supports the current direction of travel to enable the role of communities in creating positive outcomes and by using local knowledge to inform local solutions. It suggests that local, smaller scale resources offering social value be considered in the commissioning of external services, such as through a localised commissioning approach.

### 3. Proposed future options – How we intend to do it

- 3.1 Building upon the findings from the diagnostic report we are proposing to change the model of services to enable KCC's vision and strategic outcomes to be realised.
- 3.2 The diagnostic report revealed that the most prevalent characteristic is the need to address emotional health and well-being needs. The commissioning model proposed will align commissioning approaches much more closely with Public Health to ensure an integrated approach to emotional health and well-being provision.
- 3.3 Building upon the findings of the diagnostic exercise, proposals have been developed to rationalise commissioning practice and commission services under three categories. The table below illustrates how the proposed commissioning model will differ to existing arrangements:

What will be different	
How it is now	How it will be
<ul style="list-style-type: none"> <li>• Similar services delivering a similar offer- e.g. Family Intervention Project workers and Intensive Family Support workers</li> <li>• Current model is not clear, with too many low level 'single' need services and therefore lots of changes and process for the child/family. This is also inefficient</li> <li>• Most are focused on 'intervention' as a first approach- which can encourage dependency</li> <li>• Not enough focus is on supporting engagement and retention to prevent our most vulnerable children and young people from disengaging</li> <li>• Micro and small VCS providers have little opportunities to play a role</li> <li>• There is not a strategic approach to local commissioning and local performance</li> </ul>	<ul style="list-style-type: none"> <li>• New services will focus on the whole child and whole family- recognising that issues don't occur in isolation</li> <li>• Expands approaches to building resilience and reducing dependency</li> <li>• Focuses on the child's need wherever they are in the continuum of support</li> <li>• Using intelligence data, proactively focus services around those families most at risk from the outset, using open access and community settings to deliver quality, targeted services</li> <li>• Will have expectations that all providers have the skills and experience to identify and manage issues such as CSE, NEET, DV, Substance misuse and EHWB</li> <li>• Prevent problems from escalating, provide support to recover or tackle early signs of relapse for those most vulnerable</li> </ul>

<ul style="list-style-type: none"> <li>• Model is not flexible enough to support all children regardless of status and across the continuum</li> <li>• Model is not responsive enough to changes in demand</li> <li>• Model does not encourage innovation</li> <li>• Does not have sufficient rigour around disengagement, relapse and recovery</li> </ul>	<ul style="list-style-type: none"> <li>• Adds value and capacity to existing and planned Preventative services both within KCC and the districts</li> <li>• Provides local commissioning opportunities to explore innovation and support the micro and small VCS</li> <li>• Ensures good information sharing, partnership work and a reduction in duplication and waiting lists</li> </ul>
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#### 4. The proposed model

4.1 The intention is to commission support aligned to the following four priorities:

**a) Youth Offer for vulnerable communities and Young Carers.** There is a clear requirement to meet the statutory requirements for support for young carers as outlined in the Care Act. It is also recognised that the youth offer has a critical role to play in strengthening universal services and support for young people in order to better manage demand and reduce escalation. Youth services deliver at a critical stage for young people as they develop. At their core, youth services address the complex personal and social needs for children and young people

**b) Emotional Health and Well-being.** The diagnostic report has revealed Emotional Health and Well-being as the key issue to be addressed and the impact of family emotional health issues upon the child is well evidenced. The intention is to commission holistic services that are able to provide EHWP support, whilst easing the increasing pressure for CAMHS resources. To do so, KCC will integrate Emotional Health and Wellbeing services with Early Help and Preventative Services to provide a coherent and collaborative approach

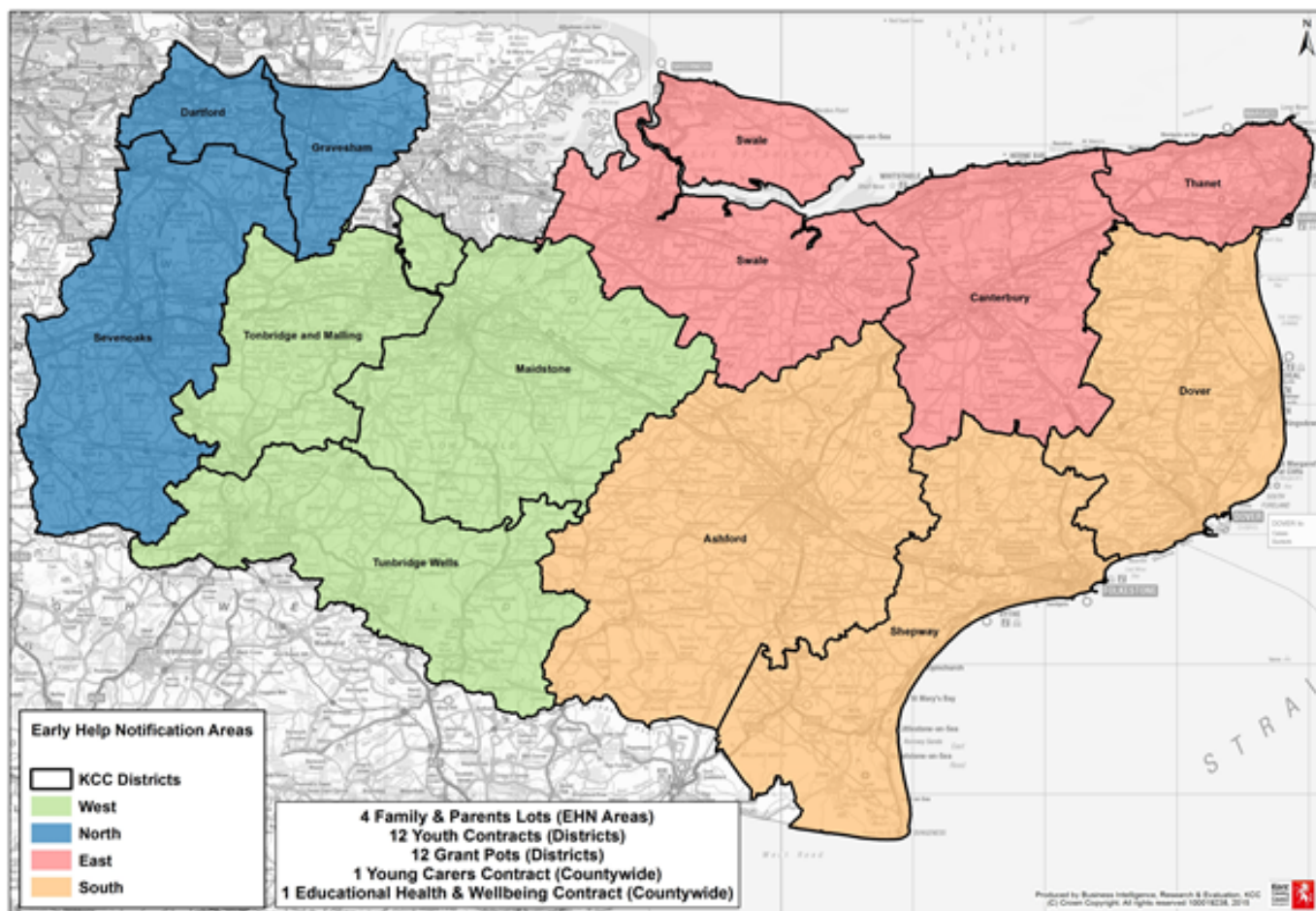
**c) Family Support and Parenting (to include vulnerable adolescents, NEET and Troubled Families).** Based on the diagnostic report the rationale is that flexible, innovative and holistic family focused responses will be required to ensure engagement and to prevent risks escalating. Services commissioned will be responsive to Domestic Abuse, CSE, Substance Misuse and NEETS. This category will support Phase two of Kent's Troubled Families offer and build on the existing Family Intervention models in place.

**d) Embedded within these categories is the creation of a Local Grants programme,** which will enable local, smaller scale providers offering social value to be procured via a local commissioning approach. It is hoped that these grants will be embedded within the District Local Children's partnership groups and aligned with key outcomes set out in the Children and Young People's plan. KCC is currently seeking to align existing Troubled Families grants within this proposal. This would result in a £1 million local grant offer. The implementation date proposed for this grant is **April 2016**.

4.2 The intention is to commission:

Service	Value	Number of separate arrangements	Start Date	Phase
Youth offer for vulnerable communities	£1.2m	12 district lots	April 2016	One
Young Carers	£400,000	1 county wide contract		

Emotional Health and Wellbeing service	£1.2m	1 county wide arrangement	October 2016	Two
FIP plus ( Family and Parenting)	£3.6m	4 area contracts totalling £3.6m	October 2016	Two
Local Grants Programme	£1m	12 grant programmes integrated with Troubled families	April 2016	One
<b>Total</b>	<b>£7.4m</b>			



- 4.3 The intention is that services would be commissioned for a three year period, with an option to extend for a further year, if desirable. Grants would be awarded on a yearly basis with opportunities throughout each year.



The rationale for this approach is shown in the table below:

Youth offer for vulnerable communities and Young Carers	Emotional Health and Well-being	Family Support and Parenting
<p>One contract to ensure consistent offer across county and to ensure compliance with the Care Act</p> <p>Twelve district contracts to enable youth support to be flexibly commissioned to meet district need</p>	<p>One contract to ensure consistent offer across county.</p> <p>This contract would form part of the new Emotional Health &amp; Wellbeing and CAMHS model from October 2016</p>	<p>Four contracts able to flex to meet varying need across areas</p> <p>Need to sustain commitment to Troubled Families</p>
Local Grant Programme		
<p>Provision of grant will enable support for micro and small voluntary sector organisations</p>		<p>Provision of grant will enable support to micro and small voluntary sector organisations</p>

- 4.4 An emphasis on a whole family approach is central to these proposals and will enable flexible use of resources to support emotional health and well-being and family support.
- 4.5 To ensure consistency and a seamless transition to new services a phased commissioning approach is being recommended. See appendix 4 for the proposed phase procurement timeline. Phase one will focus on the commissioning of Youth Services and Young Carers services and the grant process, Phase Two will focus on emotional health and well-being provision and family support and parenting. To enable this phased approach to commissioning to take place it will require some existing commissioned services to be extended for a further 6 months from April 2016 when their existing contracts expire.
- 4.6 The rationale for this is that Young Carers and Youth contracts are relatively discrete and therefore KCC will be able to move forward with market engagement and procurement within Phase one. A dynamic purchasing system is in place for commissioning Youth Services and can be utilised swiftly for this exercise. In addition there is a clear need to ensure compliance with the Care Act as this places a requirement on local authorities to identify young carers and provides young carers with an entitlement to a carer's assessment. It is critical that this is factored in to the development of new service specifications as soon as possible. In addition, a phased approach is likely to be welcomed by the market who will need sufficient time to respond to this new approach.
- 4.7 Approximately 20% of the caseload of externally commissioned services is comprised of step-down cases from social care. By adopting a phased approach to commissioning, with contracts being extended for a 6 month period, it would enable sufficient capacity to be in place to manage these levels of demand, while the new Early Help external offer was being commissioned.



## **5. Implications**

### **5.1 Financial Implications**

It is proposed that the budget will reduce from £8.5 million to £7.4 million for commissioning Early Help services for 2016-17. It is on this basis that we intend to move forward with 3 year commissioning, informed by a review of impact, outcomes and overall budget in 2016-17. A phased commissioning approach is likely to necessitate the extension of some existing EHPS contracts until the end of September 2016. This will incur financial costs which will need to be offset against the commissioning budget for 2016-17.

### **5.2 Impact on existing services**

Although grant funding is part of the overall framework and we are committed to ensuring that the micro and small VCS providers are able to access wider opportunities for local delivery, it is inevitable that some current arrangements may cease in March 2016.

- 5.3 There are potential legal implications associated with these proposals. TUPE may present as a factor to be addressed as part of the procurement process. Commissioning processes will be open, transparent and fair and will adhere to the KCC transparency code.
- 5.4 The 2008 Education and Skills Act (ESA 2008) gives local authorities the duty to promote participation in education, employment and training (EET) for young people. KCC intends to develop and strengthen the systemic response for young people who are not in education, employment and training (NEET). This is intended to ensure that there is 'no wrong door' for these vulnerable young people, and to improve and enhance the ability to identify the needs of young people, set realistic expectations and develop achievable goals. Research tells us that young people who are NEET are likely to have other significant issues that would require additional and intensive support as part of any participation work. Therefore, as part of these commissioning intentions, and with particular reference to our work with adolescents, we will expect that our new services have sufficient experience and trained staff to provide participation support as part of a wider package of support.
- 5.5 An equalities impact assessment has been undertaken on the proposed changes to externally commissioned EHPS services. As EHPS will be in place via the new "offer" it was considered that groups with protected characteristics would not be adversely disadvantaged by the proposals.
- 5.6 The proposals outlined in this report have been welcomed by Public Health, as it enables closer alignment between EHPS and Public Health to achieve shared outcomes for children, young people and families.
- 5.7 There are implications for the County's property portfolio within these intentions. A small number of our current external youth arrangements have contracts which link them to KCC property arrangements. These have been in place to provide a complimentary offer to the internal youth hubs and to ensure that there is good coverage of services. KCC envisions that some of these arrangements may need to continue.

- 5.8 It is likely that the Corporate Director for Education and Young People's Services and the Director for Early help and Preventative Services will inherit the main delegations via the Officer Scheme of Delegation.

## **6. Conclusions**

- 6.1 As current contractual and grant funding arrangements relating to existing externally commissioned Early Help services are nearing their end date, the opportunity has arisen to re-assess commissioning arrangements to ensure efficiencies are achieved and positive outcomes are delivered for children, young people and families.
- 6.2 The Early Help and Preventative Service commissioning intentions outlined within this report are intended to complement existing KCC Early Help Service provision and provide a holistic EHPS "offer" across the County. This will provide appropriate support which is accessible across the tiers of need from universal open access support, targeted support up to specialist support. Central to this is the need to strengthen targeted services within Universal settings, enabling additional, intensive and specialist services to be available at the right time and place for the right families. Central to the proposed commissioning approach is the closer alignment of Public Health and Early Help and Preventative Services to ensure shared outcomes are realised.
- 6.3 The proposals build upon the key findings from the EHPS diagnostic report.
- 6.4 The proposed budget for externally commissioned EHPS for 2016/17 is £7.4 million.
- 6.5 It is recommended that services be commissioned for three years, with the option to extend for a further year.
- 6.6 Services are to be commissioned within four categories:
- a) **Youth offer for vulnerable communities and Young Carers Service** - £1.8 million 2016/17 funding – 1 county wide young carers contract – 12 district youth service contracts and contribution to a Local Grants Programme.
  - b) **Emotional Health and Well-being** - £1.2 million 2016/17 – 1 county wide contract
  - c) **Family Support and Parenting** - £3.8 million 2016/17 – 4 area contracts and contribution to a Local Grants Programme.
  - d) Embedded within these categories is the creation of a **Local Grants programme** - £1m, which will enable local, smaller scale providers offering social value to be procured via a local commissioning approach. It is hoped that these grants will be embedded within the local children's partnership groups and aligned with key outcomes set out in the Children and Young People's plan.
- 6.7 A phased approach to commissioning is proposed; with Young Carers and Youth Service provision forming Phase one. The intention is that these new services and the local grant will be in place for April 2016

- 6.8 Family Support and Parenting and Emotional Health and Well-being services will form Phase two. The intention is that new services will be in place for October 2016.
- 6.9 As part of the phased approach permission is being sought to extend existing EHPS externally commissioned service contracts (with the exception of Youth and Young Carer contracts) for an additional 6 months until the end of September 2016. Permission is being sought to end existing grant funding arrangements at the end of March 2016.

## **7. Recommendation**

The Cabinet Committee is asked to consider and endorse or make recommendations to the Cabinet Members for Specialist Children's Services on the proposed decision to proceed with the outlined commissioning intentions, and to re-commission Early Help services in 2016.

## **8. Background Documents**

- 8.1 Education and Young People's Services Vision and Priorities for Improvement  
Early Help and Preventative Services Prospectus  
The way ahead-Kent's Emotional Wellbeing Strategy

### **Appendices**

KCC's strategic outcomes (Appendix 1)  
Existing EHPS contracts (Appendix 2)  
Diagnostic report (Appendix 3)  
Procurement timeline (Appendix 4)

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