

From: Peter Oakford, Cabinet Member for Specialist Children's Services
and
Mike Hill, Cabinet Member for Community Services

To: Cabinet – 12 October 2015

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

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 and seeks agreement to progress as set out.

Recommendation(s):

Cabinet is asked to agree:

1. to proceed with the outlined commissioning intentions as set out in the report, having particular regard to the intention to cease grant funding at the end of March 2016 and to delegate to the Corporate Director, in consultation with the relevant Cabinet Member, the decision to extend some external contracts for 3 months where necessary to align services effectively;
and
2. 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 in order to achieve improved outcomes for vulnerable children and families as well as reducing demand for social care services. The key outcomes we aim to address are listed in the *Vision and Priorities for Improvement* document:

- Reduced need for statutory social care and more effective support for children and young people on the edge of care so that there are reduced numbers of children in care, child protection cases and children in need
- Increased numbers of children and young people who are stepped down safely from social care and who are not re-referred
- Increased use of the Kent Family Support Framework (KFSF), and more successful outcomes as a result of KFSF interventions
- Reductions in days lost to education through exclusions and absence, and in the number of permanent exclusions and rates of persistent absence from school

- Reduction in youth crime, re-offending and anti-social behaviour
- Reduced NEETs and improved participation in learning and training to age 18
- Improved readiness for school by vulnerable children at age 5
- Improved participation in 14-19 vocational pathways including increased take up on employment with training, apprenticeships and traineeships by vulnerable groups
- Reductions in substance misuse and teenage pregnancy
- Increased breast feeding and reductions in smoking by pregnant women and mothers
- Improved resilience and well-being for children and young people with reduced mental and behavioural problems and less demand for CAMHS services

1.2 Early Help and Preventative Services (EHPS) currently hold approximately 150 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 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 flexible model of support to be in place, 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.

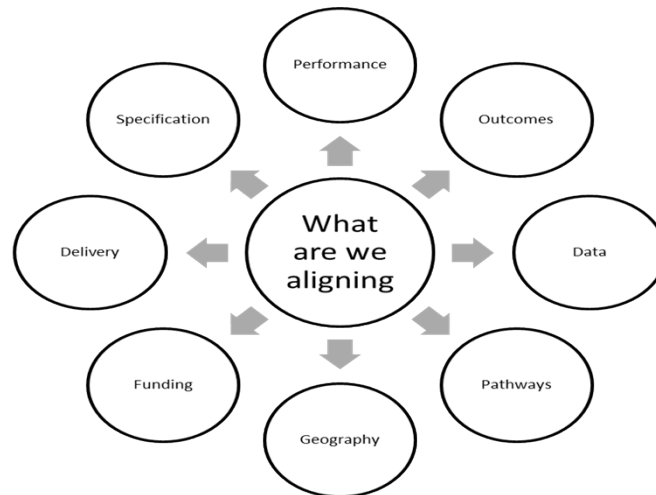
1.5 In order to inform future commissioning intentions a diagnostic report was produced which summarises the findings of the EHPS commissioning analysis phase. It includes needs analysis, feedback from stakeholder workshops, consultation with young people and wider data analysis. The key findings from 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 3 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 commissioning approaches for EHPS with Public Health. It will include proposals for phased commissioning and will outline our current commissioning arrangements, the need for change and proposals for future commissioning.

1.8 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.

EHPS/Public Health



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 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 families receiving statutory social care, there is a clear need to move away from existing arrangements. We aim to ensure that we reach and support our most vulnerable communities, and that targeted and intensive services are 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 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.

The findings also suggest that over the medium term, a partnership approach is considered in commissioning external services, particularly with Public Health and Adult Social Care – for example, Emotional Wellbeing and Mental Health services.

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

- 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 emotional health and well-being support, health visitors and the school nursing service are able to align more effectively to meet needs moving forward

3.3 Building upon the findings of the diagnostic, proposals have been developed to rationalise commissioning practice and commission services under three categories. A phased approach to commissioning is being suggested with young carers and youth services being commissioned with phase 1 and family support and parenting and emotional health and well-being services being commissioned in phase 2, in alignment with Public Health commissioning. The table below illustrates how the proposed commissioning model will differ to existing arrangements:

What will be different?

How it is now

- Similar services delivering a similar offer- e.g. FIP and IFSS
- 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
- Most are focused on 'intervention' as a first approach- which can encourage dependency
- Not enough focus is on supporting engagement and retention to prevent our most vulnerable children and young people from disengaging
- Micro and small VCS providers have little opportunities to play a role
- There is an insufficient approach to local commissioning
- Model is not flexible enough to support all children regardless of status and across the continuum
- Model is not responsive enough to changes in demand
- Model does not encourage innovation
- Does not have sufficient rigour around disengagement, relapse and recovery

How it will be

- New services will focus on the whole child and whole family- recognising that issues don't occur in isolation
- Expands approaches to building resilience and reducing dependency
- Focuses on the child's need wherever they are in the continuum of support
- 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
- Will have expectations that all providers have the skills and experience to identify and manage issues such as CSE, NEET, DV, Substance misuse and EHWP
- Prevent problems from escalating, provide support to recover or tackle early signs of relapse for those most vulnerable
- Adds value and capacity to existing and planned Preventative services both within KCC and the districts
- Provides local commissioning opportunities to explore innovation and support the micro and small VCS
- Ensures good information sharing, partnership work and a reduction in duplication and waiting lists

4. The proposed model

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

- 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 parental mental health issues upon the child is well evidenced. The intention is to commission holistic services that are able to provide EHWB support, whilst easing the increasing pressure for CAMHS resources
- 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 and Substance Misuse
- Young Carers and Youth Offer. 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 the youth offer has a critical role to play in strengthening universal services and support in order to better manage demand and reduce escalation

4.2 The intention is to commission:

- One county wide contract to provide emotional health and well-being support. The contract value is £1.2 million annually.
- Four area based contracts to provide family support and parenting. The total contract value is £3.8 million annually.
- Twelve district based youth service contracts and;
- One county-wide young carer's service. The combined value of Young Carers support and the youth offer is £1.8 million annually.

The intention is that services would be commissioned for a three year period, with an option to extend for a further year, if desirable.

In addition a funding stream is proposed to enable local, smaller scale resources offering social value to be accessed via a local commissioning approach. This will provide innovative solutions to local emerging issues.

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

Emotional Health and Well-being	Family Support and Parenting	Youth offer and Young Carers
£1.2 million 16/17 funding	£3.8 million 16/17 funding	£1.8 million 16/17 funding
One County wide contract	Four Area based contracts	One County wide Young Carers service contract Twelve district based Youth Service contracts
Rationale		
One contract to ensure consistent offer across	Four contracts able to flex to meet varying need	One contract to ensure consistent offer across

county. This contract would form part of the new Emotional Health & Wellbeing system from September 2016	across areas	county and to ensure compliance with the Care Act Twelve district contracts to enable youth support to be flexible commissioned to meet district need
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4.3 Central to the approach is the emphasis on the whole family approach which will be central to the support commissioned and will enable flexible use of resources to support emotional health and well-being and family support. In addition, and to add flexibility, it is intended that a local commissioning thread will run through each service model, to enable localised commissioning to take place to respond to identified localised need and enable smaller scale providers to feature within the compliment of support available to children and families.

4.4 To ensure consistency and a seamless transition to new services a phased commissioning approach is being recommended. See appendix 4 for the proposed phased procurement timeline.

Phase one will focus on the commissioning of Youth Support and Young Carers services, with phase two focusing on emotional health and well-being and family support and parenting. The timeline for the phased approach is shown below. The intention is that the Young Carer's Service and Youth Services can be commissioned and able to commence operations for April 2016. Phase two services, comprising emotional health and well-being and family support and parenting will be aligned with the end date for existing emotional health and wellbeing contracts and will be commissioned in 2016 with a view to services becoming operational in October 2016. To enable this phased approach to commissioning to take place it will require existing commissioned services to support vulnerable families and adolescents being extended for a further 6 months from April 2016 when their existing contracts expire.

4.5 The rationale for this is that Young Carers and Youth contracts are relatively discreet and therefore we are able to move forward with market engagement and procurement within phase 1. 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 the development of new service specifications as soon as possible and therefore should be addressed in phase one commissioning.

4.6 By suggesting a phased approach it will enable an aligned commissioning approach to be adopted for emotional health and well-being and family support and parenting provision, ensuring appropriate coverage across the continuum of need and avoiding the clustering of services around specific tiers that we are currently experiencing. It will enable a prolonged period for market engagement to take place to ensure market readiness.

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 £7.2 million to £6.8 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 which aligns contract end dates relating to emotional health and well-being and family support and parenting provision, in order to align commissioning with Public Health, 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

It is proposed that existing grant funding arrangements will cease at the end of March 2016. This has implications for the following organisations currently in receipt of grant funding: Home-Start, BeChange, Lifeways, Choices, the Thanet Play and Learn Service (PALS), Waterside Family Centre and Relate. An impact assessment has been undertaken on these organisations and has identified that some (PALS, Waterside, Home-Start South West Kent) would likely to be vulnerable to closure. In part, and to mitigate this impact, the more localised commissioning thread is intended to form part of the commissioning model. This would permit smaller scale local providers offering significant social value to engage with the commissioning process.

It should be noted the organisations mentioned above have been in receipt of grant funding from KCC for a period of time. Current grant arrangements date back to 2012, when they were only ever intended as short term funding arrangements. The non- competitive nature of these funding extensions should be noted, and this practice is not advised. By ending these grant funding arrangements, which have been extended on multiple occasions, we will be complying with the KCC transparency code.

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 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.

5.5 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.

5.6 No implications for the Council's property portfolio have been identified as arising out of the proposals.

5.7 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. Cabinet Committee consultation

6.1 The Education and Young People's Cabinet Committee considered and endorsed the proposed decision at its meeting held on 18th September 2015.

7. Conclusions

7.1 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 delivered for children young people and families.

7.2 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 universal services, enabling additional and specialist services to be available at the right time 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.

7.3 The proposals build upon the key findings from the EHPS diagnostic report.

7.4 The proposed budget for externally commissioned EHPS for 2016/17 is £6.8 million.

7.5 It is recommended that services be commissioned for 3 years, with the option to extend for a further year.

7.6 Services are to be commissioned within 3 categories:

- **Emotional Health and Well-being - £1.2 million 2016/17 – 1 county wide contract**

Support commissioned will address the wide ranging issues affecting the emotional health and well-being of children, young people and families with the intention of providing effective Early Help support to ease the pressure for CAMHS resources. A holistic family focused approach is required.

- **Family Support and Parenting - £3.8 million 2016/17 – 4 area contracts**

This includes support for vulnerable adolescents, NEETs, and Troubled Families and will be targeted at vulnerable groups at greatest risk of poor outcomes. Innovative, family focused, and flexible responses are required to maintain engagement and to prevent escalation. Services will be required to provide family support and address parenting, behaviour, attendance and exclusion, domestic violence, child sexual exploitation and substance misuse.

- **Youth Support and Young Carers Service - £1.8 million 2016/17 funding – 1 county wide young carers contract – 12 district youth service contracts**

Support for Young Carers will be compliant with the requirements of the Care Act and will be flexible and responsive to the needs of individual young carers. Youth support will strengthen existing universal open access in-house provision to better manage demand and reduce escalation. Twelve district contracts to acknowledge the need for local commissioning arrangements to respond to differing local need.

- Embedded within this approach is the creation of a funding stream to enable local, smaller scale providers offering social value to be procured via a local commissioning approach.

7.7 A phased approach to commissioning is proposed, with Young Carers and Youth Service provision forming phase one. The intention is that new services will be in place for April 2016.

7.8 Family Support and Parenting and Emotional Health and Well-being services will form phase 2. The intention is that new services will be in place for October 2016.

7.9 As part of the phased approach it is proposed that authority be delegated to the Corporate Director in consultation with the relevant Cabinet Member to determine that where it is desirable or necessary existing EHPS externally commissioned service contracts (with the exception of Youth and Young Carer contracts) are extended for an additional 3 months until the end of September 2016. In addition existing grant funding arrangements would cease at the end of March 2016.

8. Recommendation(s)

Cabinet is asked to agree:

1. to proceed with the outlined commissioning intentions as set out in the report, having particular regard to the intention to cease grant funding at the end of March 2016 and to delegate to the corporate director, in consultation with the relevant Cabinet Member, the decision to extend some external contracts for 3 months where necessary to align services effectively;

And

2. to re-commission Early Help services in 2016

9. Background Documents

- 9.1 KCC's strategic outcomes (Appendix 1)
 Existing EHPS contracts (Appendix 2)
 Diagnostic report (Appendix 3)
 Procurement timeline (Appendix 4)
 Grant funding arrangements (Appendix 5)

10. Contact details

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