

<b>CHILDREN AND YOUNG PEOPLE SELECT COMMITTEE</b>			
<b>Report Title</b>	Lewisham's Early Help Approach: Priorities and Timescales		
<b>Key Decision</b>	No	Item No.	5
<b>Ward</b>	All		
<b>Contributors</b>	CYP Joint Commissioning		
<b>Class</b>	Part 1	<b>Date</b>	11 July 2019

## **1 Purpose**

- 1.1 The purpose of this report is to provide CYP select committee with the rationale behind priorities and decision making relating to services that support our Early Help approach, together with activity planned for 19/20 - including key milestones that inform our short and medium term activities.

## **2 Recommendations**

- 2.1 It is recommended that CYP Select Committee note the content of the report.

## **3 Policy Context**

### National Policy Context

- 3.1 The Early Help review and our developing approach takes places in a context of national uncertainty, with the withdrawal of the UK's membership of the European Union still not finalised and changing dynamics in Parliament, a lack of confirmation on the continuation of the Government's Troubled Families programme, and the lasting impact of a decade of austerity, with future funding to local authorities – such as the public health grant- uncertain.

### Local Policy Context

- 3.2 An effective Early Help approach supports the Council's Corporate Strategy 2018-2022, specifically the following priorities:
- Giving children and young people the best start in life
  - Delivering and defending: health, social care and support
  - Building Safer Communities
- 3.3 Early Help additionally supports the delivery of the following commitments in Lewisham Mayor's manifesto:
- Giving children and young people the best start in life: *Protect our Sure Start Centres, help every family access their entitlement to free childcare, and continue to provide high quality early years education so that parents and*

*children can get the support they need; Work with parents and schools to reduce exclusions as they impact disproportionately on black pupils. We will review the strategies in place to narrow the achievement gaps that affect minority communities and poorer pupils; and Promote more high-quality mentoring by working with community and voluntary groups, and businesses to help our young people increase their resilience and open access up to employment opportunities.*

- *Protecting our NHS and social care: Do our utmost to defend health and social care services that protect the most vulnerable communities in our borough; Promote healthy lifestyles by.....supporting 'The Daily Mile' initiative for all our school children and sign up more local businesses to reducing sugar in their meals; We need genuine parity of esteem for mental health services. Inspired by the Black Thrive model we will ensure that Black, Asian and minority ethnic groups gain appropriate access to mental health services and we will campaign for fair funding of mental health services for all; and Make our sexual health services easier to access, offering choice and quality throughout the borough. And we will work with schools and other providers to encourage accessible relationship advice and support for our young people.*
- *Building Safer Communities: Develop a public health approach to youth violence and knife crime that looks at tackling the root causes. We will ensure all agencies – social services, schools, police and our NHS work together while involving parents and local communities; Seek funding from The Mayor of London's £45 million 'Young Londoners Fund' to support youth services that turn children away from crime and provide early intervention; Further our work to combat sexual violence and domestic abuse; and Continue with efforts to combat child sexual exploitation and peer-on-peer abuse.*

3.4 Our Early Help approach is the delivery model by which we will deliver the vision as set out in our Children and Young People's Strategic Partnership (CYPSP) Children and Young People's Plan: *Together with families we will improve the lives and life chances of the children and young people in Lewisham.*

#### **4 Needs Analysis**

4.1 To deliver an effective Early Help offer, we need to be clear on what our population needs are. This is not a one-off exercise, but is an ongoing process that supports a flexible and responsive offer that is able to meet changing needs in the borough.

4.2 To build our understanding of need, four sources of information are being collated and analysed:

- Population Need – statistical analysis of data and indicators in the Lewisham population relevant to outcomes for children and young people.
- Population Views – what do our children, young people and families experience – working with families, communities, providers and the voluntary sector to understand what needs most often arise, how might these needs be met and what assets are available within the borough to help meet those needs.
- Evidence Base – a review of existing evidence (research findings, practice guidelines, professional expertise) on interventions to understand what works and deliver lasting impact for the needs identified
- Current provision – mapping of support currently available to Lewisham children and families to understand pathways and any gaps.

4.3 Work undertaken to date includes a review of publically available data, performance data from our services delivering support to young people and families, and events with our partners. This information has been used to draft an Early Help needs analysis.

## **5 Planned activity in 19/20**

5.1 The development of Lewisham's Early Help approach is an incremental one: rather than following a time-limited linear process, our offer is being improved and developed with smaller shifts in activity, process or design across key programmes of activity.

5.2 From our review work to date, we know that there are key things we can do to make immediate improvements to the experience of children and families. Whilst we have ambitions for further improvements, and there are wider redesign options to be assessed, these don't prevent us from implementing some changes now. We also want to ensure we implement achievable changes – and so we seek to deliver improvements by making incremental changes rather than whole system redesign in short, challenging timescales which place higher risks on success.

5.3 There are several factors that can be taken into account when planning which activities are undertaken first, and in what order:

- *What we must do, and what we could 'not do'*: for example, understanding dependencies and false dependencies, meeting fixed timescales, delivering statutory duties
- *Resources available*: officer time, financial envelope (now and in the future)
- *Considering the size of the opportunity and/or risk*: which activities can deliver the most impact within the shortest time/least cost or what is the cost of delay

5.4 The activities outlined below are influenced by these factors, ensuring that we focus our available resources on those activities which we must do, and that have the greatest impact for children and families first (providing a more responsive offer of support, responding to recommendations from our Ofsted inspections in 2015 and 2018, ensuring service continuity post March 2020), whilst continuing to strengthen the infrastructure of Lewisham's Early Help offer. This means that we can implement immediate changes to our Early Help offer and test their effectiveness, and that medium term actions are informed by continual learning.

### *A clear understanding of need*

5.5 There is further work to do to develop our Early Help Needs Analysis, to further understand where we can most effectively provide support across all outcomes areas – either to tackle the risk factors that impact on children's development and wellbeing in Lewisham, or to intervene to stop identified problems escalating.

5.6 We want to continue to collect and analyse our data, supplementing what we have with data and information from services, families and communities so that by the time our new Early Help Strategy is published in Autumn:

- We have coproduced a needs analysis where families, communities and partners have a shared understanding of the outcomes we want to achieve, the risks we need to target and the protective factors we need to strengthen to achieve these outcomes. Also, that there is a collective responsibility for achieving outcomes. This will mean a series of engagement events and work with providers.
- We have completed an Equalities Act Assessment for Early Help in Lewisham.

- We have indicators and benchmarks for the outcomes we want to improve on, demonstrating our theory of change and enabling us to track our progress and impact.
- We have identified gaps in our information and data and have plans to fill these gaps where appropriate in order that future, and longer term service design and delivery is informed by an improved understanding of need.
- What the projections of children and families needing support might be based on current provision, trends in referrals and needs, and projected population increases.
- We have been able to focus our review of the evidence base on those interventions that target needs, risks and protective factors specific to Lewisham.

5.7 It is important to do this alongside changes to services so that we continue to be responsive to new learning, changing needs in the borough, and any impact our early help offer is having. Whilst we know there are gaps in our data, it is important not to wait until these are more complete before making changes where the evidence is sufficient to indicate where improvements can be made. Equally, it is important that any changes that are made are proportionate and that we don't seek to make long term, larger changes where the evidence is weaker.

5.8 For example, we know from our needs analysis that we have a growing demand for 'family support' at a targeted level, but that not all of this demand would be best met by the existing evidenced based parenting programme (Triple P). Whilst we do not have enough readily available data at this stage on the breakdown of needs presented, or to know exactly what interventions and support would meet these needs, we do have enough to know that by working with our provider of targeted family support to provide a more flexible offer of support, more of these families will receive the level of support that they need. Once this flexibility is provided, we will also be able to measure the breakdown of needs and level of support required more effectively to make further changes to the delivery of support to children and families across the Children's Strategic Partnership.

#### *Designing our offer and implementing the change*

5.9 We will continue to develop our model for Early Help in Lewisham, informed by our needs analysis to date, the recommendations coming out of our Early Help Peer Review in June 2019 and benchmarking with best practice boroughs.

5.10 A number of current services that directly contribute to Early Help for children and families are contracted to external providers, ending in March 2020. In order to ensure service continuity, decisions must be made and actions taken in advance of this date. These services are, and options available to the Council in relation to those services include:

- Youth Services: bring in house or tender
- Children and Family Centres: bring in house or tender
- Targeted Family Support Services: bring in house or tender
- Health Visiting: extend or tender
- School Health Service: extend or tender
- Young People's Health and Wellbeing Service (ends May 2020): extend or tender

5.11 The assessment for recommending delivery options for each service line will be made following the Council's Options Appraisal Framework, which is summarised below.

- 5.11.1 *Assessment of the current service delivery model and objectives*: what are our statutory obligations; how does the service contribute to achieving Council priorities; and is there evidence that someone other than the current provider could deliver it better. This includes consideration of the cost effectiveness of the existing service delivery model and alternative funding possibilities, any alternative approaches to delivery (such as integration with similar service lines).
- 5.11.2 *Assessment of current service performance*: qualitative information regarding the strength, weakness, opportunities and threat to the service, the perception of key stakeholders, service user feedback and the culture fit; and quantitative information including performance measures and impact, costs and benchmarking
- 5.11.3 *Identification of available options*: as a minimum this includes the current model of delivery and insourcing, but could cover the service being outsourced, insourced, shared service or a wholly owned Council company. Options will be shortlisted as appropriate.

Criteria to evaluate shortlisted options is weighted as follows:

- Surety of delivery (delivery risk, and risk management) – 10%
- Barriers to entry into the marketplace - 10%
- Responsiveness and control – 10%
- Commercial potential – 10%
- Social Value – 10%
- Cost factors – 50%

- 5.12 Any potential delivery models, and any changes to service delivery must also include an Equalities Act Assessment, which will inform decision making.

5.13 Following the assessments and agreement of service delivery options, the timeline for service redesign and delivery is provided in the table below:

Timeline:	July 2019	Aug 2019	Sept 2019	Oct 2019	Nov 2019	Dec 2019	Jan 2019	Feb 2019	Mar 2019
<b>Decision Making</b>	<p><b>Service specifications developed</b> to deliver improved provision and better impact measurements</p> <p>Full insourcing assessment completed for all services</p> <p>ITT documents developed in preparation for any procurement undertaken.</p>		<p><b>CYP Select Committee</b> 17<sup>th</sup> Sept</p> <p><b>Mayor and Cabinet</b> 18<sup>th</sup> Sept – Reports for individual service lines</p>	<p><b>Overview and Scrutiny Business Panel</b> 1<sup>st</sup> Oct</p>		<p><b>Mayor and Cabinet</b> 11<sup>th</sup> Dec</p> <p><b>Overview and Scrutiny Business Panel</b> 17<sup>th</sup> Dec</p>			<p><b>Current contracts end</b></p>
<b>For services where decision is for LBL delivery</b>				<b>Transition and mobilisation</b> – manage TUPE arrangements for staff, transfer of caseloads and information, and recruitment as necessary.					
<b>For services where decision is extension of contract</b>				<b>Transition and mobilisation</b> – contract variations issued and agreed, new delivery models and processes implemented.					
<b>For services where decision is to procure</b>				<p><b>Invitation to Tender published</b> - must be published for 30 days minimum</p> <p>Evaluation of bids and recommendations report to M&amp;C (dispatch 3<sup>rd</sup> Dec)</p>		<p><b>Award of contract</b> 31<sup>st</sup> Dec</p>	<p><b>Transition and mobilisation</b> – any new service provider will need time to manage the TUPE arrangements for staff, the transfer of caseloads and information, and recruitment necessary.</p>		

- 5.14 Whether services are delivered in house, or by external providers, the development of service specifications will be completed over the summer to ensure that future delivery allows services to be more flexible and responsive to individual children, young people and family needs; that there is greater consistency in the experience of families receiving support from Lewisham; and that pathways to support and services are clearer and more seamless – including reviewing the information and training/development available to children, young people and their families, and to professionals to build resilience in the system and ensure access to the right level of support.
- 5.15 Further development of Lewisham’s Early Help model will be done in partnership with children, families and communities, and the services and providers who work with our children and families. We want to establish governance and operational mechanisms to ensure embedded and ongoing co-production, co-design and co-ownership, and work with communities to develop neighbourhood level implementation of our Early Help offer.
- 5.16 We will push ahead with the work to reconfigure relevant council teams to provide a strengthened ‘hub’ of intelligence and to better understand ‘what works’, and to give strategic leadership, ownership and oversight of our early help offer to improve co-ordination and signposting, and support the partnership in its ability to meet new and emerging needs in the borough.
- 5.17 We will publish a new CYPSP Early Help Strategy in autumn 2019. Lewisham’s existing Early Help Strategy expires this year and, following our review, a new coproduced strategy will be launched, with a shared language and understanding of Early Help, to support new ways of working, including a workforce strategy.

*Evidence our impact*

- 5.18 We will improve data collection and systems to ensure commonality in reporting across services and that we are able to track families and measure the success and impact of both individual interventions and our Early Help approach as a whole. We also want to be able to access ‘live’ information that supports our understanding of demand, changing needs and delivery.
- 5.19 We will also develop a Lewisham cost/benefit model for Early Help, which provides a clearer expectation for the impact of Early Help on improved outcomes for children and young people, and provides a financial case for investment in Early Help to avoid cost pressures later on.

**6 Financial Implications**

- 6.1 The development of our Early Help approach takes places in a challenging financial context. With reducing budgets across local authorities, and our key partners, the case for change is imperative.
- 6.2 Our review of Early Help began in 2018/19, with the proposal to deliver savings of £800,000 in the redesign of current contracts for services that deliver support for children, young people and their families; namely, youth services, children and family centres and our family and parenting support services. The decision was not taken, with Mayor and Cabinet requesting further information following the review of Early Help.
- 6.3 Together with the savings proposal above, additional financial pressures are presented by the uncertainty over the Troubled Families grant, which funds the Lewisham Safer,

Stronger Families service. The grant is currently in phase 2 of the national initiative, with 2019/20 being the final year of the allocated funding. At the time of writing it is not clear if there will be a phase 3, that decision is subject to the comprehensive spending review for the next Government spending round.

## 7 Legal implications

7.1 Legal implications are as set out in the report. To the extent that the matters raised in the report result in any substantial service change and/or procurement or variation of contracts, decisions on those matters will need to be made in accordance with the Council's constitution and on the basis of full reports.

## 8 Equalities implications

8.1 EAAs have been previously undertaken for the services outlined in this report. The Council's Equalities objectives are also addressed in contract documentation and formed part of the criteria used in tender evaluation for the current suite of services.

8.2 The EAA for the mutualisation of the Youth Service found that the impact of the proposals was likely to be largely positive as the mutualisation protected provision and increase opportunities for all young people and staff to participate in the decision-making process. Following the mutualisation of the Youth Service, Youth First have increased their delivery sites and have demonstrated an increase in the total number of young people accessing services.

8.3 Recorded equalities data from Youth First is shown below:

Individuals Accessing Universal Provision	Baseline (2015/16)	(2016/17)	2017/18				Total
			Q1 (Sept-Nov)	Q2 (Dec-Feb)	Q3 (Mar-May)	Q4 (Jun-Aug)	
Gender	Number of males	915	976	1,099	1,312	1,809	2,821
	Number of females	748	622	746	920	1,333	2,116
	Currently Unknown				122	141	171
Age	Between 8-11	693	581	533	747	1,325	1,799
	Between 12-15	699	680	632	743	1,020	1,566
	Between 16-18	182	204	199	235	307	477
	Over 18	89	329	481	64	65	141
Disability	Physical impairment	n/a	n/a	n/a	16	20	27
	Sensory impairment	n/a	n/a	n/a	8	10	17
	Mental health condition	n/a	n/a	n/a	12	25	33
	Learning disability/difficulty	n/a	n/a	n/a	43	71	88
Ethnicity	White	504	537	467	587	798	1,267
	Black African/Black Caribbean/Black British	721	629	644	742	1,168	1,664
	Asian/Asian British	38	63	62	64	83	138
	Mixed/multiple ethnic	300	298	286	290	435	637
	Prefer not to say / unknown	100	72	413	671	799	1,402

Individuals Accessing Universal Provision	Baseline (2015/16)	(2017/18)	Q1 (Sept-Nov)
Gender	Number of males	2,821	1,256
	Number of females	2,116	791
	Currently Unknown	171	24
Age	Between 8-11	1,799	759
	Between 12-15	1,566	780
	Between 16-18	477	261
	Over 18	141	77
Disability	Physical impairment	27	16
	Sensory impairment	17	13
	Mental health condition	33	14
	Learning disability/difficulty	88	49
Ethnicity	White	1,267	565
	Black African/Black Caribbean/Black British	1,664	841
	Asian/Asian British	138	67
	Mixed/multiple ethnic groups	637	306
	Prefer not to say / unknown	1,402	235

- More males access Youth First services than females.
- 8-15 year olds access Youth First provision the most.
- There has been an increase in attendance across all age ranges
- Black African/ Black Caribbean/Black British are the most commonly recorded ethnicities accessing provision.
- Since Q3 17/18 Youth First have been capturing disability data where given. It's too soon to compare this to a baseline in terms of reach.

- 8.4 The EAA for Health Visiting, School Health and Children's Centres was undertaken on the proposed changes to public health nursing services presented to Mayor & Cabinet on 28 September 2016, which found that they did not discriminate or have an adverse impact on different protected characteristics within the local community, though recognised that women were more likely to be the users of Health Visiting services and Children's Centres. Further work was completed for Health Visiting in 2018, relating to the delivery of the cut to the Public Health Grant at that time. This is summarised below.
- 8.5 Equalities data was provided from the service provider, Lewisham and Greenwich Trust, for the period April 2017 (Quarter 1 2017-18) to September 2018 (Quarter 2 2018-19), broken down by quarters. The total number of recorded Health Visiting appointments in this time period was 172,892, giving an average quarterly caseload of 24,699.
- 8.6 The caseload is predominantly female. The gender breakdown of the child caseload aligns to population data with an approximate 50/50 split. Additionally there are a small percentage of cases where genders were not identified.
- 8.7 A quarter of the caseload identify as British, with a further 15% identified from another white background, 47% from BME origins and 12% not identified. This aligns with Lewisham population data. Participation in the consultation showed a much higher proportion of people identifying as "white": 79% online and 73% at engagement sessions, this is not representative of Lewisham population data and we recognise that this is therefore an area where consultation methods need to be stronger.
- 8.8 Any change or impact on the Health Visiting service is likely to be felt more by women than men, and by children as the main service users.

## **9 Environmental Implications**

- 9.1 There are no environmental implications arising from this report.