

Healthier Communities Select Committee			
Report Title	Lewisham's Early Help Approach: Update relating to Public Health in 2019/20		
Ward	All		
Contributors	Service Manager, CYP Joint Commissioning		
Class	Part 1	Date	25/06/19

1 Purpose

- 1.1 The purpose of this report is to provide Healthier Communities select committee with an update on the development of Lewisham's Early Help Approach as it relates to the council's public health functions.
- 1.2 This report summarises the context in which our review of Early Help takes place and the drivers for this. It sets out the definition and scope of Early Help, together with the key programmes of activity being undertaken to improve and strengthen our approach in 2019/20.

2 Recommendations

- 2.1 It is recommended that Healthier Communities Select Committee notes 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 Drivers to the Early Help Review

4.1 The drivers behind the current review of Lewisham's Children and Young People's Strategic Partnership Early Help strategy and approach are:

- The existing Early Help Strategy expires this year, there has been lots of learning and change since its launch in 2017, including a better understanding of the nature and volume of demand for services below the threshold for statutory interventions
- In view of the council's wider budget challenges, 2018/19 savings proposals for the CYP directorate included £800,000 related to a number of commissioned services that are integral to our provision and offer of universal and targeted support for children, young people and their families. This proposal was not taken, pending the outcome of the review.
- NHSE and a local, Councillor-led review of mental health and emotional wellbeing for children and young people
- Lewisham's developing Public Health Approach to Violence
- Growing evidence around the importance and value of contextual safeguarding approaches
- Ofsted inspections 2015 and 2018, our CSC improvement programme and our re-launched LSCB thresholds

- 4.2 The initial review is part of a longer term vision and plan to ensure that an early help approach is embedded across Lewisham.
- 4.3 The review is closely aligned with the work arising from the NHSE and Councillor-led reviews of mental health and emotional wellbeing for children and young people, and the subsequent actions plans to strengthen Lewisham’s Early Help offer for mental health and emotional wellbeing outcomes, and to improve access and pathways to provision.

5 What is “Early Help”?

- 5.1 Early Help:
- is an approach, not a team or a service
 - is all support available to children up to the level of a formal statutory intervention and therefore includes universal services accessible to all children – e.g. health visiting and GPs, as well as ‘early intervention’ and targeted or more intensive support for those identified as being need of extra support and/or with a clear need for a coordinated, multi-agency plan.
 - is for all children and young people, from 0-19 (25)
- 5.2 The terms ‘early help’ and ‘early intervention’ are used in different ways in different local areas, and sometimes interchangeably, but there are differences between the two with early intervention being an aspect of early help. Early Intervention is support provided to children *identified as being at risk of poor outcomes* (e.g. poor mental health, poor academic attainment, or involvement in crime) to help them avoid these poor outcomes and/or *targets specific, identified issues* to prevent problems from occurring, or prevent problems from getting worse.
- 5.3 Effective Early Help works to reduce the risk factors and increase the protective factors in a child or young person’s life. Risk factors can threaten a child’s development, limit their future social and economic opportunities, and increase the likelihood of poor outcomes in later life. Protective factors are the characteristics and conditions that can mitigate risk factors.
- 5.4 An early help approach empowers children, young people and their families and encompasses communities and a range of services and partners working together. It is a system level programme of work.
- 5.5 More work will be undertaken, as part of our development of Lewisham’s Early Help offer, to increase understanding of the language of early help and its cross cutting importance, value and impact across all outcomes.
- 5.6 Lewisham’s emerging model for the delivery of our Early Help approach:

Lewisham's Early Help approach sets out how we will work together - children, families, communities, and all services across our Partnership - to achieve the vision of our CYPP. The key purpose of the approach is to maximise positive outcomes for all our children and young people by preventing needs from arising, and where needs are identified, by intervening early and preventing those needs from escalating.

Our aim for Early Help in Lewisham is for children and young people to be resilient, knowing when and where to go for help and support when faced with challenges and adversities as they arise.

We will achieve this by working together to build that resilience – not only of children and young people, but crucially of their families, and of the communities and neighbourhoods in which they live.

Predict and Prevent (universal/primary prevention)

CYP, their parents and carers, communities and the workforce are equipped to:

- Identify risks to wellbeing and development and mitigate them
- Identify protective factors in Lewisham and strengthen them

Target & Respond (targeted/secondary prevention/early intervention)

CYP, their parents and carers, communities and the workforce are equipped to:

- Identify and respond to needs that aren't being met
- Target the children, young people and families who need us the most
- Provide timely access and clearer pathways to evidence based support

So that children, young people and their families receive:

- The right support
- At the right time
- In the right place

6 Early Help as it relates to the council's public health functions

- 6.1 The vision for a strong and effective Early Help approach is that children and young people in Lewisham are resilient, knowing when and where to go for help and support when faced with challenges and adversities as they arise. Parents, carers and families will be empowered to make the decisions that make the difference for their children. They will be part of active, participative and skilled communities that clearly understand the role they play in helping children to lead healthy and happy lives.
- 6.2 More confident parents, more capable communities and more appropriate support from peers as well as from statutory agencies, will mean that a greater number of children and families will have their needs identified and met earlier and more effectively, with fewer children escalating to the point where statutory services are required, and with a lasting positive impact for children and their families.
- 6.3 In order to achieve this vision, the following services delivered as part of the council's public health functions are key:
- Health Visiting
 - School Health Service
 - Young People's Health and Wellbeing Service
- 6.4 **Lewisham Health Visiting service** delivers a universal home visiting service for all families from pregnancy up until the child is 5 years old. They also offer targeted interventions with additional support available to the most vulnerable families through the MECSH and FNP offer.
- 6.5 In 2019/20, officers will work with Lewisham and Greenwich Trust to deliver and evaluate the pilot 'Family Health Nurse Team' for children aged 3.5-7 years old that have a Child In Need (CIN) status or are on a CP Plan. This team would provide a continuous, intensive home-visiting service to improve child health outcomes during this important transition period.

- 6.6 This will inform longer term planning for service delivery, in the context of the available Public Health Grant.
- 6.7 The current contract for the Health Visiting Service ends in March 2020, with an option to extend for up to two years.
- 6.7.1 **Lewisham's School Health Service** is focused on ensuring the completion of school health entry checks and national child measurement programme, and school age vaccinations. It works closely with partners to ensure the health needs of school aged children are met.
- 6.7.2 **The Young People's Health and Wellbeing Service** works with young people aged 10-19 (up to 25 with additional needs) offering support to any young person in Lewisham needing help or advice with emotional wellbeing, sexual health and/or substance misuse. The service provides outreach and short term support at tier 1 and tier 2 (up to tier 3 for substance misuse). Their offer is a universal one and Early Help referrals form a small percentage of their case load. The current contract is jointly funded by Public Health and the CCG and ends in May 2020 with an option to extend for up to two years on an annual basis.
- 6.8 Lewisham and Greenwich Trust are members of Lewisham's Early Help Board, responsible for the oversight and delivery of Lewisham's Early Help approach.
- 6.9 Officers have made contact with the Save Lewisham Hospital Campaign as part of our commitment to coproduction in the development of our Early Help approach. We want to ensure that the development of services and pathways to support are co-produced by children, families and the communities in which they live. These specific discussions will seek to address concerns previously raised by the Campaign regarding Health Visitor ratios and the role of Health Visitor Assistants.

7 Financial Implications

- 7.1 Expenditure on public health in Lewisham is funded through the ring-fenced Public Health Grant. In 2019/20 this grant reduced by £0.642m.
- 7.1 The Health Visiting budget was subject to a proposed cut of £196,306 in 19/20 against a budget of £6,096,224, giving a 19/20 budget for Health Visiting of £5,899,918. This is £154,058 lower than the original contract value with LGT for 19/20.
- 7.2 Following consultation, Lewisham and Greenwich NHS Trust confirmed that this cut could be taken without being put against the Health Visitor establishment, with the Trust accommodating the cut from overheads in 19/20.
- 7.3 With this reassurance, the cut to the Health Visiting budget was agreed at Mayor and Cabinet on 13th February 2019.
- 7.4 Any future year changes to the public health budgets once announced, will need to be the subject of further officer proposals to ensure expenditure on services matches the available grant.

8 Legal implications

- 8.1 Matters raised in this report that resulted in a variation to the Health Visiting contract with Lewisham and Greenwich NHS Trust, decisions on those matters were made in accordance with the Council's constitution and in accordance with that contract. There are no other legal implications arising from this report.
- 8.2 The Council has statutory duties in relation to improvement and protection of public health. These a duty to take appropriate steps to improve and protect the health of people who live in their area (Health and Social Care Act 2012); a duty to deliver 'mandated functions' being the weighing and measuring of children, provision of health checks for eligible people, open access sexual health services, public health advisor services, and information and advice about local health issues (Local Authorities (Public Health Functions ...) Regulations 2013); and requirements in relation to drug and alcohol and age 1-19 services ('conditions of public health grant').
- 8.3 The Council has a public sector equality duty (the equality duty or the duty - The Equality Act 2010, or the Act). It covers the following protected characteristics: age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex and sexual orientation. In summary, the Council must, in the exercise of its functions, have due regard to the need to:
- eliminate unlawful discrimination, harassment and victimisation and other conduct prohibited by the Act.
 - advance equality of opportunity between people who share a protected characteristic and those who do not.
 - foster good relations between people who share a protected characteristic and those who do not.
- 8.4 It is not an absolute requirement to eliminate unlawful discrimination, harassment, victimisation or other prohibited conduct, or to promote equality of opportunity or foster good relations between persons who share a protected characteristic and those who do not. It is a duty to have due regard to the need to achieve the goals listed above. The weight to be attached to the duty will be dependent on the nature of the decision and the circumstances in which it is made. This is a matter for Mayor and Cabinet, bearing in mind the issues of relevance and proportionality. Mayor and Cabinet must understand the impact or likely impact of the decision on those with protected characteristics who are potentially affected by the decision. The extent of the duty will necessarily vary from case to case and due regard is such regard as is appropriate in all the circumstances.
- 8.5 The Equality and Human Rights Commission (EHRC) has issued Technical Guidance on the Public Sector Equality Duty and statutory guidance. The Council must have regard to the statutory code in so far as it relates to the duty. The Technical Guidance also covers what public authorities should do to meet the duty. This includes steps that are legally required, as well as recommended actions. The guidance does not have statutory force but nonetheless regard should be had to it, as failure to do so without compelling reason would be of evidential value. The statutory code and the technical guidance can be found on the EHRC website.
- 8.6 The EHRC has issued five guides for public authorities in England giving advice on the equality duty. The 'Essential' guide provides an overview of the equality duty requirements including the general equality duty, the specific duties and who they apply to. It covers what public authorities should do to meet the duty including steps that are legally required, as well as recommended actions. The other four documents provide more detailed guidance on key areas and advice on good practice.

9 Equalities implications

- 9.1 A full Equalities Act Assessment is planned as part of the Early Help Strategy. In addition, a full Equalities Analysis Assessment (EAA) 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.
- 9.2 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.
- 9.3 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 as part of the development of proposals to deliver the cuts to the Public Health Grant in 19/20. The total number of recorded Health Visiting appointments in this time period was 172,892, giving an average quarterly caseload of 24,699.
- 9.4 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. Both the online consultation and the engagement sessions were accessed predominately by females: 72% online and 91% at on-site visits.
- 9.5 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.
- 9.6 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.

10 Environmental Implications

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