

CHILDREN AND EDUCATION SCRUTINY COMMITTEE	AGENDA ITEM No. 7
9 NOVEMBER 2020	PUBLIC REPORT

Report of:	Wendi Ogle-Welbourn, Executive Director, People and Communities	
Cabinet Member(s) responsible:	Cllr Lynne Ayres - Cabinet Member for Children's Services, Education, Skills and the University	
Contact Officer(s):	Nicola Curley, Assistant Director, Children's Services Helen Gregg, Partnership Manager	Tel. 863618

UPDATE ON EARLY HELP, OLDER CHILDREN AND VULNERABLE ADOLESCENTS STRATEGY DEVELOPMENT AND THE BEST START IN LIFE (BSIL) PROGRAMME

RECOMMENDATIONS	
FROM: Assistant Director, Children's Services	Deadline date: N/A
It is recommended that Children and Education Scrutiny Committee note and comment on the continued development the Early Help / Older Children and Vulnerable Adolescent / Mental Health Strategy and Best Start in Life Programme.	

1. ORIGIN OF REPORT

1.1 This report is submitted to Children and Education Scrutiny Committee at the request of Wendi Ogle-Welbourn, Executive Director, People and Communities.

2. PURPOSE AND REASON FOR REPORT

2.1 This report is being presented to update Children and Education Scrutiny Committee members on progress of the Early Help / Older Children and Vulnerable Adolescent / Mental Health Strategy and the Best Start in Life Programme.

2.2 This report is for the Children and Education Scrutiny Committee to consider under its Terms of Reference Part 3, Section 4 - Overview and Scrutiny Functions, paragraph No. 2.1 Functions determined by Council:

1. Children's Services including

- a) Social Care of Children;
- b) Safeguarding; and
- c) Children's Health.

2.3 This report relates to the corporate priorities relating to the safeguarding of vulnerable people.

3. TIMESCALES

Is this a Major Policy Item/Statutory Plan?	NO
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4. BACKGROUND AND KEY ISSUES

4.1 **Early Help, Older Children and Vulnerable Adolescent and Mental Health Strategy Development**

ISOS Partnership, an independent research and consulting organisation, has been jointly commissioned by Cambridgeshire and Peterborough local authorities, the CCG and the Police to support them in reshaping their current model of Early Help and offer of support for older children and at-risk adolescents. The ambition is that, following this review, there will be a clear plan of action for Early Help agreed across the partnership.

4.2 The review has three phases of work – an initial evidence gathering phase followed by two rounds of workshops to co-produce the future plan. Central to the review is one overarching strategic question, and then three specific sub questions:

4.3 Overarching question: How well is the offer of Early Help meeting the needs of children and families in Peterborough and Cambridgeshire and how can we build on existing strengths to optimise the offer of Early Help going forwards?

Sub questions:

- Does the fact that Cambridgeshire and Peterborough operate different models of Early Help cause difficulties?
- Within the overall envelope of Early Help, do the support and services provided prevent an escalation of concerning issues?
- How well are the mental health needs of children and young people in Cambridgeshire and Peterborough being addressed?

4.4 **Phase 1 – information Gathering**

A significant evidence gathering process was completed in January and February 2020, collating views on Early Help from key staff within children’s services, housing, health partners, the Police, YOS, schools, colleges, and the voluntary and community sector. The findings identified:

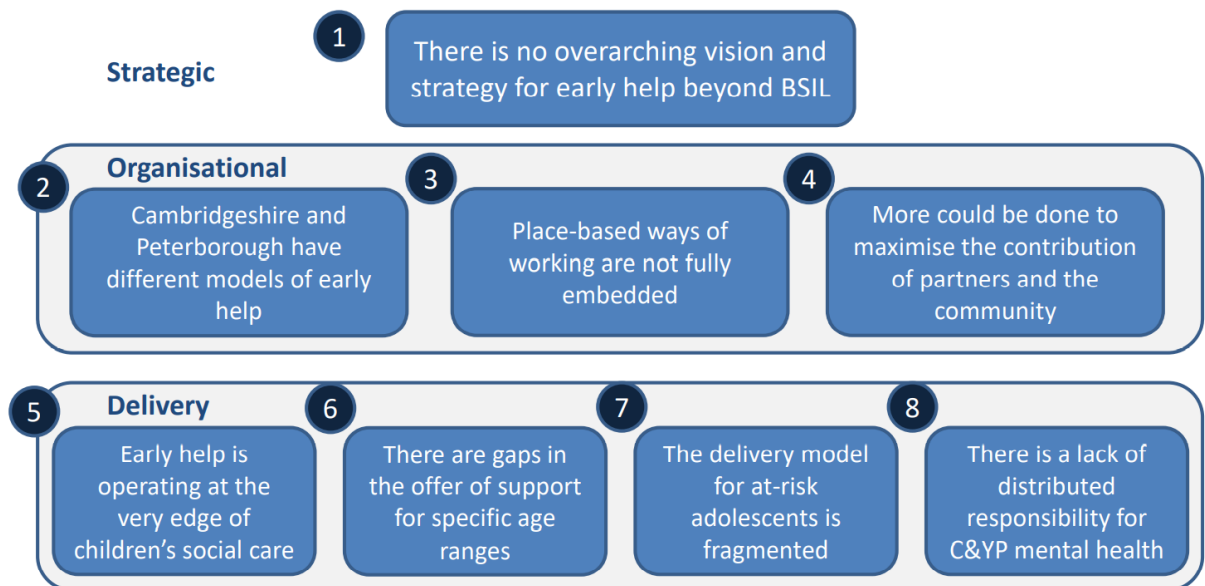
- Across both Peterborough and Cambridgeshire there are currently around 5,800 individual children receiving support through the Early Help offer. This equates to between 200 and 500 children per 10,000 population (0-19).
- Over a 12 month period around 1000 Early Help cases (families) were closed in Peterborough and around 3,300 were closed in Cambridgeshire. In both areas positive progress was recorded in around 75% of cases being closed.
- In both Peterborough and Cambridgeshire less than 20% of cases closed to Early Help were escalated to children’s social care. This suggests that the offer may be having an impact in diverting families from higher levels of intervention.

4.5 However, it is not possible to tell from this data whether the right families are being targeted and whether, without the input of Early Help, needs would have escalated and more specialist interventions would have been needed.

4.6 Phase 1 also identified the following key strengths:

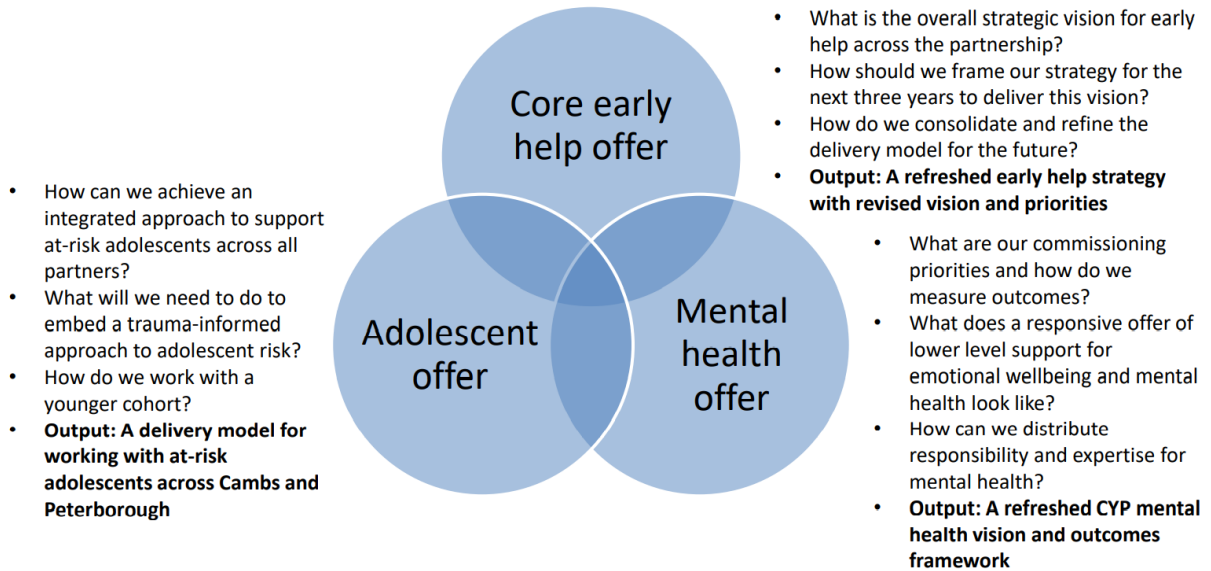
Leadership	There is strong and purposeful leadership of early help which has continued to prioritise this area of work in the face of significant budgetary pressures.
Partner engagement	Despite some tensions, partners contribute significantly to the early help offer both strategically and in practice, as lead professionals and through team around the family arrangements. There has been significant support put in place to enable this day to day engagement.
Front door to early help	The integrated front door to early help across Peterborough and Cambridge is providing a robust and reliable system for considering the need for early help and allocating cases appropriately.
Relationship with CSC	Working relationships between children’s social care and early help are well developed and step up and step down between the two generally occurs smoothly.
Innovation	Both Cambridgeshire and Peterborough have demonstrated the ability to innovate in response to emerging needs, for example the development of the SAFE programme and the multi-agency arrangements for Targeted Youth Support in Peterborough.
Management information	Both services have moved onto a single management information system that both supports the tracking of children and families, facilitates joined up working and generates regular performance reports.

4.7 Phase 1 identified the following key challenges to be addressed:



4.8 **Phase 2 – Development proposals to bring together key challenges and opportunities for working differently in future (September – December 2020)**

A series of virtual workshops will be held focused on the three key areas, below:



4.9 **Best Start in Life Programme**

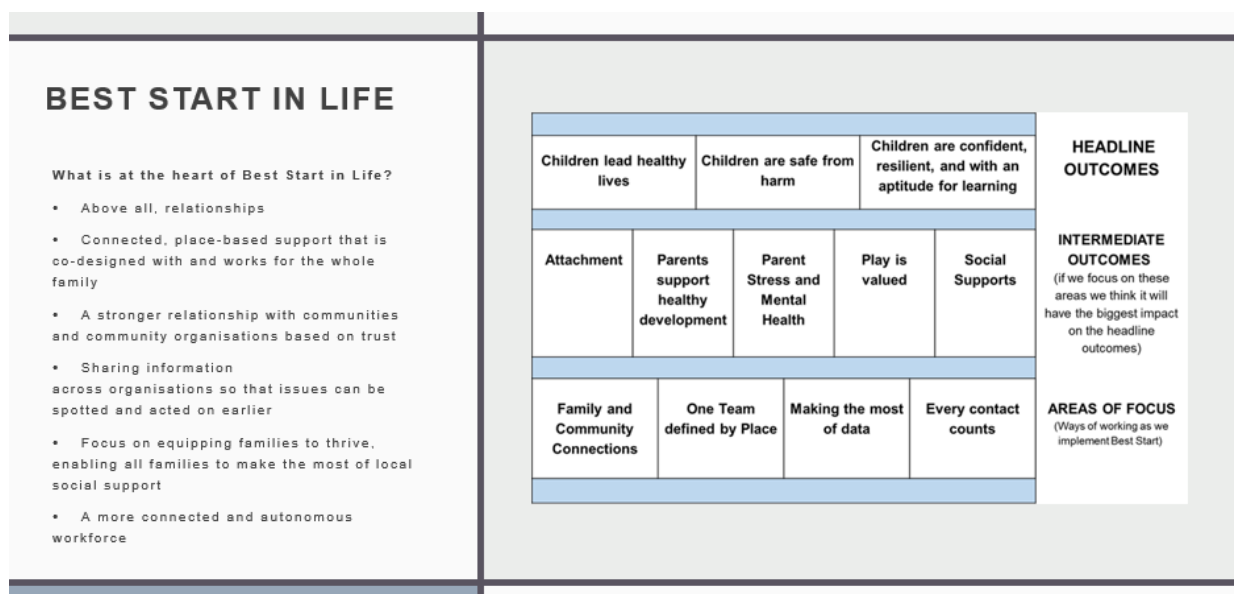
Phase 1 – Development of a Joint Best Start in Life Strategy

Best Start in Life is a 5 year strategy which aims to improve life chances of children (pre-birth to 5 years) in Cambridgeshire and Peterborough by addressing inequalities, narrowing the gap in attainment and improving outcomes for all children, including disadvantaged children and families.

4.10 The Best Start in Life strategy focuses on three key outcomes which represent our ambition for children in Cambridgeshire and Peterborough:

- Children live healthy lives
- Children are safe from harm
- Children are confident and resilient with an aptitude and enthusiasm for learning

4.11 The key aspects of the Best Start in Life programme are outlined in the infographic below:



4.12 **Phase 2 – Develop an integrated delivery model**

Phase 2 focused on the development of a new integrated delivery model which was presented to the Child Health Executive Board in September 2019. Members strongly supported the proposed integrated delivery model concept and recognised all of the hard and effective work that went into its development.

4.13 **Phase 3 – (delayed due to Covid-19) September 2020 – August 2021**

Work has now restarted on the full programme, with the core team meeting fortnightly to oversee the workstreams and includes colleagues from across the partnership. Phase 3 will now focus on piloting the integrated delivery model in 3 areas – Cambridge City, Wisbech and Peterborough, followed by a period of evaluation.

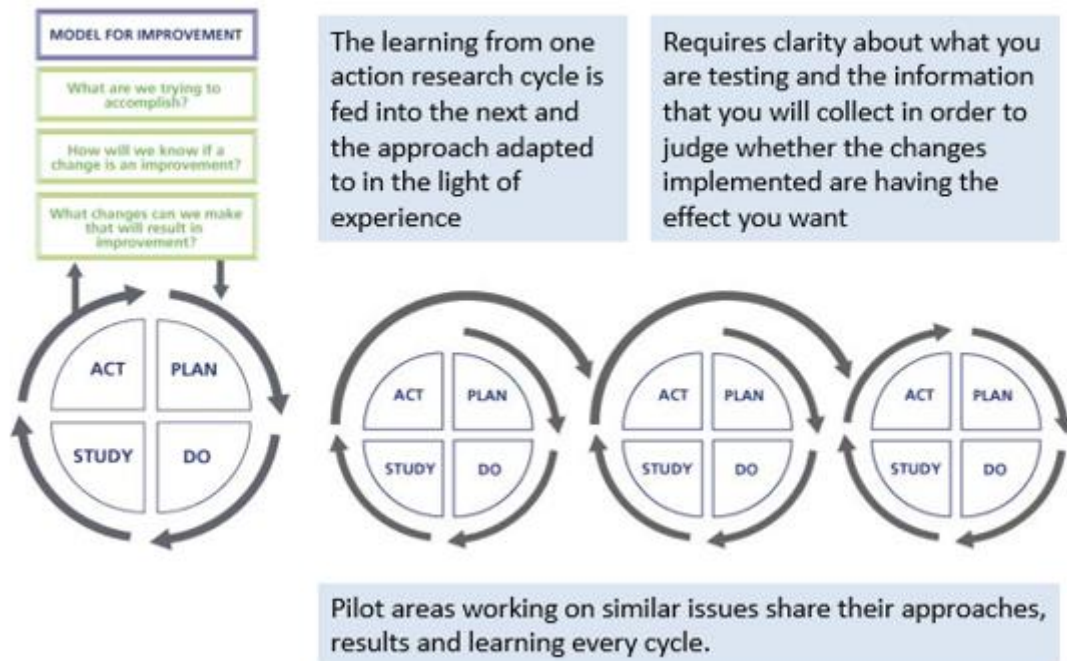
4.14 The BSiL place based workstreams have been established in Cambridge City, Wisbech, and the area of Peterborough around Honeyhill Children’s Centre. We are also working with the Primary care network (PCN) in the Thistle Moor area of Peterborough on an additional place based pilot led by primary care colleagues.

4.15 Themes and issues identified in these local conversations are now being looked at alongside hypotheses developed by the steering group to identify the areas to test in the local pilots.

4.16 There are an additional 8 BSiL workstreams looking at overarching themes. These are described in the table below:

Digital Platform	Building a digital platform to provide a single point for families to access online information and where to find support.
Communications and Branding	Creating a communications strategy alongside a visual brand for the Best Start in Life programme. This will prioritise the development of ‘Best Start on a Page’
Memorandum of Understanding (MoU) and Best Start Pledge	Finalising the MoU and developing a Best Start pledge for use across wider system partners
Data Sharing and Pathway improvements	Looking at how data sharing can support integration linked to the place based pilots. Taking system-wide approaches to improving pathways from universal to acute needs.
Outcomes and Evaluation	Ensuring that our learning framework is embedded and we build in effective evaluation into all of our prototypes and pilots
Building Best Start Culture and Workforce development	Agreeing measures to create the Best Start culture within the workforce, agreeing common approaches and messages, and supporting staff training and development.
Leadership and Governance	Moving the programme forward, ensuring that there are the resources and sign offs required.
Estates and Infrastructure	This workstream will be informed by new ways of working emerging from the prototypes and pilots.

4.17 As we progress with piloting aspects of the BSiL model, we will be using the below learning cycle to make sure that we are collecting the right information from the pilots to confirm that we are having the effect required to improve the outcomes that are identified.



4.18 This can be seen visually in the 4 questions below which will form the basis of the project plans for each activity. It is essential that the evaluation methodology for each BSIL pilot is decided on in advance of the pilot starting.



4.19 As the BSIL programme moves forward we have identified the following opportunities and challenges that we need to build into our next steps planning:

OPPORTUNITIES:

- Building on the partnership work developed during Covid to ensure that the recovery phase is planned with Best Start Priorities at the heart of the recovery plans
- Maternity services are re-starting the roll out of Continuity of Carer, a crucial foundation for the Best Start in Life place based work
- System wide developments including Think Communities and the Cambridge Children’s Hospital.
- STP Recovery work stream focussing on Children and Maternity.

CHALLENGES:

- Timescales for work are likely to be impacted by how the pandemic evolves. The roadmap will need to be flexible enough to manage this without losing momentum.
- This programme is looking at large scale, system wide change. We need to make sure that sufficient resource is allocated from across the partnership to develop the workstreams.

4.20 We are working with ISOS to join up the Best Start programme with parallel work that has been looking at the Early Help offer for children aged 5-19 (or up to 25 yrs for those with SEND) and support for vulnerable adolescents, with the ambition to create a single pre-birth to 19 offer for

families. The 5-19 service development that is underway within the Healthy Child programme will link into this wider system approach.

5. CONSULTATION

5.1 A significant amount of work has been undertaken to engage the system workforce, partners, providers, agencies as each programme progresses through the phases.

Overall, with little exception, there has been a strong commitment to the programmes with a genuine desire for cross-organisational collaboration.

6. ANTICIPATED OUTCOMES OR IMPACT

6.1 The Children and Education Scrutiny Committee is expected to review the information contained within this report and respond / provide feedback accordingly.

7. REASON FOR THE RECOMMENDATION

7.1 Children and Education Scrutiny Committee members to feel assured that appropriate progress is being made on each programme.

8. ALTERNATIVE OPTIONS CONSIDERED

8.1 The Children and Education Scrutiny Committee must be kept informed of progress against each programmes objectives and outcomes.

9. IMPLICATIONS

Financial Implications

9.1 There are no significant implications within this category.

Legal Implications

9.2 There are no significant implications within this category.

Equalities Implications

9.3 There are no significant implications within this category.

Rural Implications

9.4 There are no significant implications within this category.

Carbon Impact Assessment

9.5 It is anticipated that this will have a neutral impact on the council's carbon emissions as the way services are delivered will not directly change as a result of this report.

10. BACKGROUND DOCUMENTS

Used to prepare this report, in accordance with the Local Government (Access to Information) Act 1985

10.1 N/A

11. APPENDICES

11.1 Appendix 1: Best Start in Life Strategy 2019-2024
Appendix 2: Early Help Strategy Progress Presentation

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