

## Early Help, Older Children and Vulnerable Adolescents Strategy Development and the Best Start in Life (BSiL) Programme

To: Children and Young People Committee

Meeting Date: 10 November 2020

From: Nicola Curley, Assistant Director for Children's Services, People & Communities

Electoral division(s): All

Forward Plan ref: Not applicable

Key decision: No

Outcome: The Committee is fully updated and has endorsed the approach for the continued development of the Early Help / Older Children and Vulnerable Adolescent / Mental Health Strategy and Best Start in Life programme

Recommendation: The Committee is asked to comment and endorse the approach for the continued development the Early Help / Older Children and Vulnerable Adolescent / Mental Health Strategy and Best Start in Life Programme.

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### Member contacts:

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# 1. Background

## 1.1 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 Clinical Commissioning Group (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.

1.2 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:

1.3 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, how well are support and services for older children and adolescents working together to identify needs and prevent them from escalating?
- How well are the mental health needs of children and young people in Cambridgeshire and Peterborough being addressed?

## 1.4 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, Youth Offending Service (YOS), schools, colleges, and the voluntary and community sector. The findings identified:

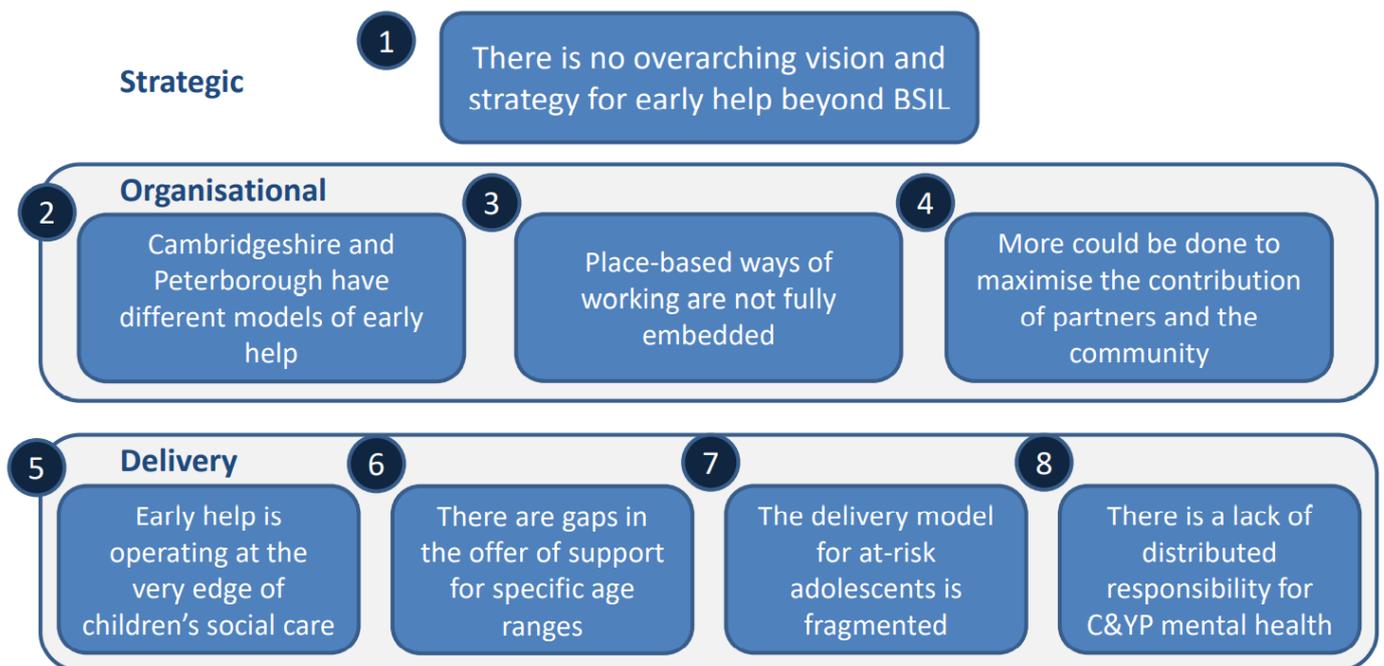
- Across both Peterborough and Cambridgeshire there are currently around 5,800 individual children receiving support through the early help offer. This equates to between 200 and 500 children per 10,000 population (0-19).
- Over a 12 month period around 1000 early help cases (families) were closed in 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.

1.5 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.

1.6 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.

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



1.8 **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.

1.9 The Best Start in Life strategy focusses 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

1.10 The key aspects of the Best Start in Life programme is outlined in the infographic below:

## BEST START IN LIFE

What is at the heart of Best Start in Life?

- Above all, relationships
- Connected, place-based support that is co-designed with and works for the whole family
- A stronger relationship with communities and community organisations based on trust
- Sharing information across organisations so that issues can be spotted and acted on earlier
- Focus on equipping families to thrive, enabling all families to make the most of local social support
- A more connected and autonomous workforce

					<b>HEADLINE OUTCOMES</b>
Children lead healthy lives	Children are safe from harm		Children are confident, resilient, and with an aptitude for learning		
Attachment	Parents support healthy development	Parent Stress and Mental Health	Play is valued	Social Supports	<b>INTERMEDIATE OUTCOMES</b> <small>(if we focus on these areas we think it will have the biggest impact on the headline outcomes)</small>
Family and Community Connections	One Team defined by Place	Making the most of data	Every contact counts		<b>AREAS OF FOCUS</b> <small>(Ways of working as we implement Best Start)</small>

### 1.11 Phase 2 – Develop an integrated delivery model

Phase 2 focussed 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.

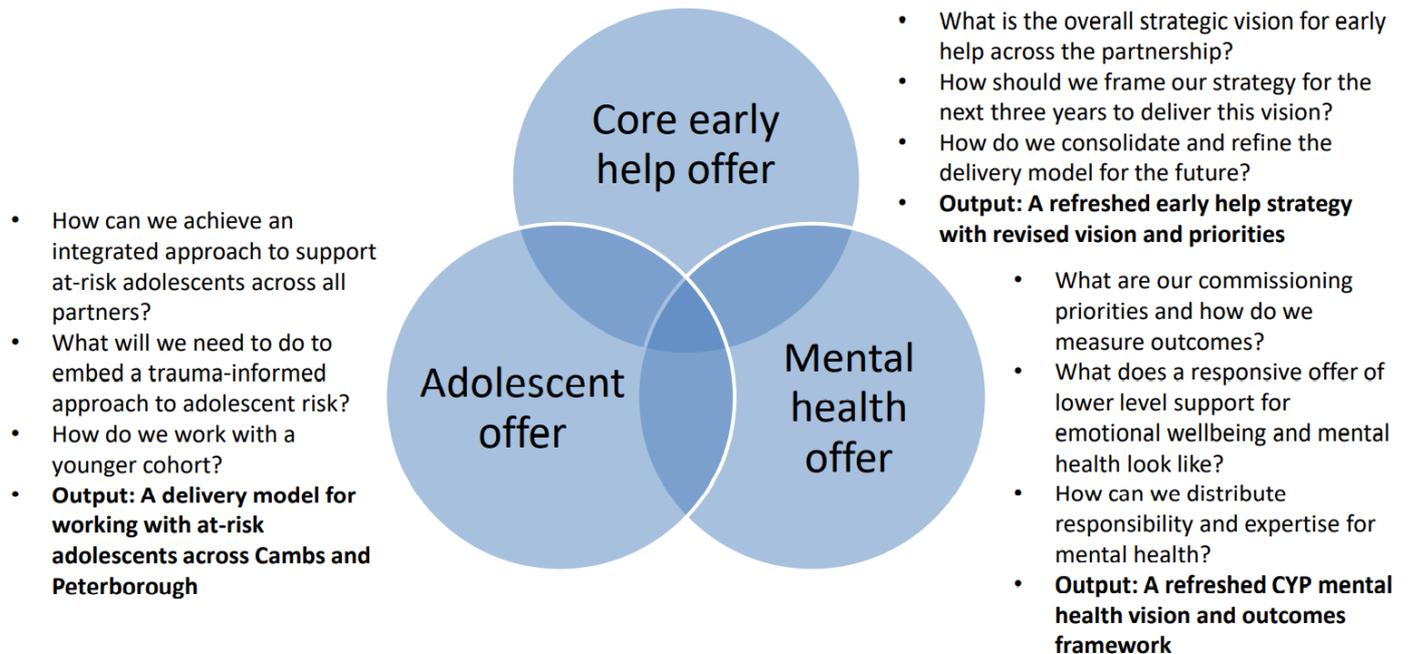
## 2. Main Issues

2.1 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 years 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.

## 2.2 Current phases of work:

### **Early Help and Older Children and Vulnerable Adolescents: 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:



## 2.3 Best Start in Life Programme:

### **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.

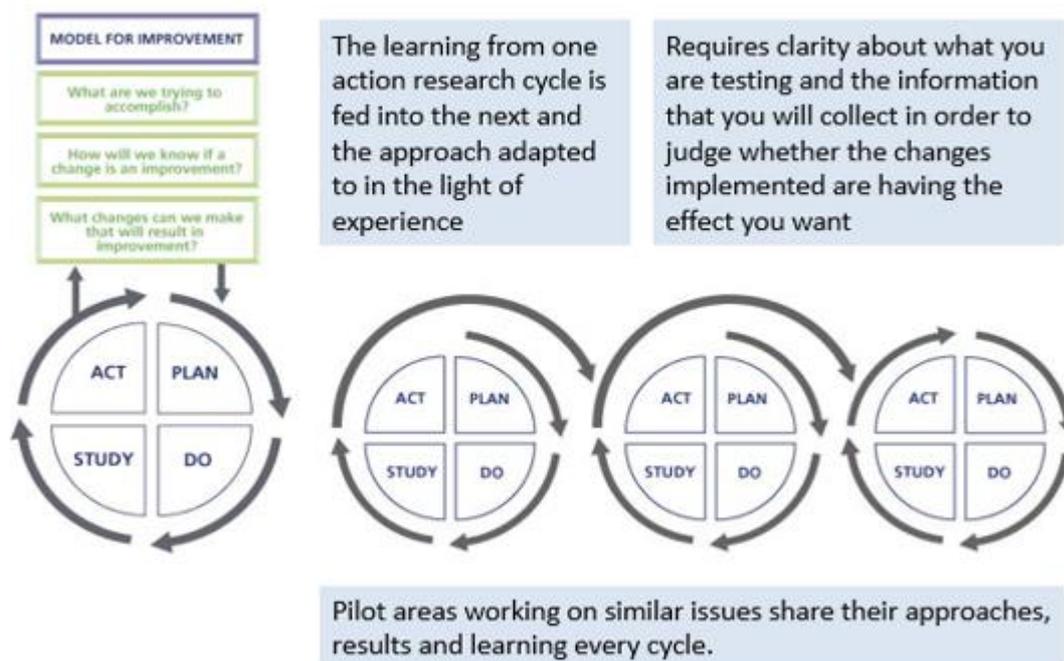
2.4 The BSiL place based workstreams have been established in Cambridge City, Wisbech, and the area of Peterborough around Honeyhill Children’s Centre. We are also working with the Primary care network (PCN) in the Thistlemoor area of Peterborough on an additional place based pilot led by primary care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

2.5 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.

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

<b>Digital Platform</b>	Building a digital platform to provide a single point for families to access online information and where to find support.
<b>Communications and Branding</b>	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'
<b>Memorandum of Understanding (MoU) and Best Start Pledge</b>	Finalising the Memorandum of Understanding (MoU) and developing a Best Start pledge for use across wider system partners
<b>Data Sharing and Pathway improvements</b>	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.
<b>Outcomes and Evaluation</b>	Ensuring that our learning framework is embedded and we build in effective evaluation into all of our prototypes and pilots
<b>Building Best Start Culture and Workforce development</b>	Agreeing measures to create the Best Start culture within the workforce, agreeing common approaches and messages, and supporting staff training and development.
<b>Leadership and Governance</b>	Moving the programme forward, ensuring that there are the resources and sign offs required.
<b>Estates and Infrastructure</b>	This workstream will be informed by new ways of working emerging from the prototypes and pilots.

2.7 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 in from the pilots to confirm that we are having the effect required to improve the outcomes that are identified.



2.8 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.



2.9 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.
- Sustainability and Transformation Partnership (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.

### 3. Alignment with corporate priorities

#### 3.1 A good quality of life for everyone

The report above sets out the implications for this priority in Section 1.

#### 3.2 Thriving places for people to live

There are no significant implications for this priority.

#### 3.3 The best start for Cambridgeshire's children

The report above sets out the implications for this priority in Section 1.

#### 3.4 Net zero carbon emissions for Cambridgeshire by 2050

There are no significant implications for this priority.

### 4. Significant Implications

#### 4.1 Resource Implications

The report above sets out details of resource implications relating to BSiL in Section 2.

#### 4.2 Procurement/Contractual/Council Contract Procedure Rules Implications

There are no significant implications within this category.

#### 4.3 Statutory, Legal and Risk Implications

There are no significant implications within this category.

#### 4.4 Equality and Diversity Implications

There are no significant implications within this category.

#### 4.5 Engagement and Communications Implications

A great deal of engagement and communication has happened during the completed phases in both programmes.

#### 4.6 Localism and Local Member Involvement

There are no significant implications within this category.

#### 4.7 Public Health Implications

The report above sets out the implications for this priority in Section 1.

Have the resource implications been cleared by Finance? Yes

Name of Financial Officer: Martin Wade

Have the procurement/contractual/ Council Contract Procedure Rules implications been cleared by the LGSS Head of Procurement? Yes

Name of Officer: Gus da Silva

Has the impact on statutory, legal and risk implications been cleared by the Council's Monitoring Officer or LGSS Law? Yes

Name of Legal Officer: Fiona McMillan

Have the equality and diversity implications been cleared by your Service Contact? Yes

Name of Officer: Nicola Curley

Have any engagement and communication implications been cleared by Communications? Yes

Name of Officer: Mathew Hall

Have any localism and Local Member involvement issues been cleared by your Service Contact? Yes

Name of Officer: Wendi Ogle-Welbourn

Have any Public Health implications been cleared by Public Health? Yes

Name of Officer: Kate Parker

## 5. Source documents

### 5.1 Source documents

#### 5.1 Appendix 1: Best Start in Life Strategy

Accessible version available on request from [democraticservices@cambridgeshire.gov.uk](mailto:democraticservices@cambridgeshire.gov.uk)

#### 5.2 Appendix 2: Early Help / Vulnerable Adolescent Strategy Progress Presentation

Accessible version available on request from [democraticservices@cambridgeshire.gov.uk](mailto:democraticservices@cambridgeshire.gov.uk)