

CABINET
19 NOVEMBER 2015**DEMAND MANAGEMENT, PREVENTION POLICY AND 0-19 SERVICES COMMISSIONING PLAN**

Relevant Cabinet Members

Mr J P Campion

Mr M Hart

Relevant Officers

Director of Children's Services

Director of Adult Services and Health

Recommendation

1. The Cabinet Member with Responsibility for Children and Families and the Cabinet Member with Responsibility for Health and Well-Being recommend that Cabinet:

- (a) approves the All-age Prevention Policy set out in the attached Appendix to replace the existing Early Help Strategy;**
- (b) approves consultation on the design of a new 0-19 integrated prevention service for children, young people and families as outlined in paragraphs 13-17, including the use of buildings to provide the service;**
- (c) authorises the Director of Children's Services in consultation with the Director of Adult Services and Health and the Cabinet Members with Responsibility for Children and Families and Health and Well-Being to finalise the consultation documentation and to undertake the consultation exercise;**
- (d) authorises the Cabinet Member with Responsibility for Health and Well-Being in consultation with the Cabinet Member with Responsibility for Children and Families and the Directors of Adult Services and Health and Children's Services to determine the design of the 0-19 integrated prevention service referred to in (b) above and the use of buildings to provide it having regard to the consultation and the Council's statutory duties; and**
- (e) delegates authority to approve the final specification, tendering and contractual decisions and future use of buildings for such an integrated prevention service to the Director of Adult Services and Health in consultation with the Director of Children's Services and the Cabinet Members with Responsibility for Children and Families and Health and Well-Being.**

Background

2. Worcestershire County Council recognises that demand for its services is increasing over time and anticipates that changing demographics and legislation, in line with national direction, mean that this trend is likely to continue. At the same time, funding for local government is reducing; the Council is, therefore, required to do more with less.

3. Council services have historically *responded to demand* by making reactive changes to the way services are provided. The Council has recognised that proactively managing the demand for its services will be increasingly important in the future and has made Demand Management one of its Transformation Themes (see item 4 on this Cabinet agenda). This will mean:

- Developing a better understanding and forecasting of demand
- Building the organisational ownership, capacity, capability and culture for demand management putting it at the centre of strategic financial planning
- Designing and implementing a consistent and evidence-based approach to prevention which prevents, reduces or delays the need for high cost, high intensity services across the whole of a person's life
- Developing a collaborative approach with key partners on managing demand supporting a whole system approach to improving outcomes.

All-Age Prevention Policy

4. Designing and implementing a consistent and evidence-based approach to prevention is a fundamental strand of the Council's Demand Management Theme. This approach, including the aims and approaches to prevention across a person's life are set out in the All-age Prevention Policy along with the evidence, national policy and legislative background. The proposed Policy is included as an Appendix and will be used to contribute towards a demand management plan that focuses activity around the following five key themes of prevention

- **Creating a health-promoting environment** by developing and enforcing healthy public policy and taking health impact into account systematically in decision making
- **Encouraging and enabling people to take responsibility for themselves, their families and their communities** by promoting resilience, peer support and the development of community assets (e.g. buildings or particular community groups)
- **Providing clear information and advice** across the age-range, so that people have the information they need to make choices that favour good health and independence
- **Commissioning prevention services** for all ages based on evidence of effectiveness and within the funding available
- **Gate-keeping services** in a professional, systematic and evidenced way, so that services are taken up by those who will most benefit and the service offer is available on the basis of need, regardless of differences between people in terms of where they live or characteristics such as deprivation.

5. Essential to the implementation of this plan is the development of a corporate approach to identifying and forecasting demand. This will include developing a greater

understanding of what causes demand, where it comes from and what the longer term impact would be financially and on outcomes.

Children and Young People's Early Help Strategy

6. The existing Early Help Strategy (approved in September 2011) focused on developing an 'early help offer' across Worcestershire. The development of this 'offer' included the Council's responsibilities and resources and has driven the commissioning of six 0-19 early help services, one for each District. It also included alignment of other early help services such as the schools' funded Early Intervention Family Support services and the Stronger Families Service (Worcestershire's response to the national Troubled Families agenda). The six 0-19 early help services are all now in place and the focus has switched to evaluating the impact on outcomes.

7. Throughout the implementation of the Early Help Strategy the demand on children's social care and other specialist services has continued to increase (18% increase from 2013/14 to 2014/15. Referral rate per 10,000 in 2013/14 was 302 compared to 355.6 in 2014/15). The Council self-initiated a Safeguarding Peer Review in April 2015. This Review concluded that greater clarity is required on the difference between the Early Help Strategy and the Council-commissioned 0-19 early help services and reinforced that identifying and meeting the needs of children, young people and families goes beyond the direct remit of the Council. These conclusions confirmed the current thinking and developed pace and ownership regarding implementing the necessary actions.

8. It is therefore proposed that the strategy for early help is refreshed and refocused. However, rather than have a standalone strategy, the focus on improving outcomes for children and families; enabling personal responsibility; and reducing demand on high cost, high intensity services will be strengthened within the refresh of the Joint Health and Well-being Strategy and associated plans (including the Children and Young People's Plan) as well as the Council's All-Age Prevention Policy. Collectively these documents will:

- Provide clarity on roles, responsibilities and relationships between organisations with responsibilities for children and families
- Influence commissioning of services by the Council and other partners
- Outline a series of actions against the five key themes of prevention activity described in paragraph 4
- Clarify what success looks like, in the form of relevant outcome indicators.

Commissioning of prevention and early help services for children and young people

9. As outlined in paragraph 7, the demand on children's social care continues to rise despite an early help offer being in place. There are also too many children currently entering the social care system without having the benefit of targeted support at an early stage. An Early Help Needs Assessment has been completed to underpin future commissioning of prevention and early help services for children, young people and families, and as a first stage in the commissioning cycle.

10. The Early Help Needs Assessment concluded that Worcestershire has a number of relatively poor outcomes in terms of national comparisons and there is a significant

gap in outcomes between deprived and non-deprived populations. Of particular concern is the low proportion of young children who are school-ready, high levels of language and communication needs, and unmet emotional and mental health needs in older children and young people. In all these areas, there is a consistent gap in outcomes between deprived and non-deprived areas. This is discussed in much greater detail in the Annual Director of Public Health's report. The Early Help Needs Assessment also concluded that outcomes are poorest in disadvantaged areas and the need for prevention and early help is projected to increase. This data also suggests that the Council is not yet performing as well as it should in regard to its duty for population health with regard to children and young people (Health and Care Act 2012).

11. The Early Help Needs Assessment makes a number of recommendations to improve key outcomes relating to improving the health and well-being of children and young people including:

- Redesign the approach to 0-19 prevention and early help to improve the lives of all but with greater resources targeted at those at risk or where problems have emerged (often referred to as a progressive universal approach)
- Fully implement the local Healthy Child Programme (HCP) led by midwifery, health visiting and school nursing and supported by a range of other children's practitioners providing preventive and early help services including parenting, family support and building family and community resilience
- Review, identify and commission only evidence-based interventions consistently across the county and in accordance with NICE guidance
- Ensure a renewed focus in early years provision on maternal mental health, secure attachment, nutrition and exercise, language & communication, high quality early years education and childcare to improve school readiness
- Review local provision for supporting parenting, promoting resilience and good emotional health & well-being and for the prevention of young people who are not in education, employment or training
- Focus Children's Centres on disadvantaged areas, making use of a "virtual" service in more advantaged areas
- Develop a new workforce approach, to drive a shift in culture: enabling frontline professionals to understand their role, work in a more integrated way in support of the 'whole family' and with other services to collectively reduce dependency and empower parents, and
- Review and implement an effective digital advice and information service to parents and families promoted and supported by the early help workforce.

12. Implementing these recommendations will include recommissioning a number of Council-funded (through the Public Health Ring Fenced Grant) prevention and early help services into a new 0-19 integrated prevention service. This service will be commissioned alongside other related services such as schools funded Early Intervention Services, Positive Activities, Child and Adolescent Mental Health Services and support for struggling families who need support from a range of different services (Connecting Families). There also needs to be alignment with other services such as maternity services which are commissioned by partner organisations.

A new 0-19 integrated prevention service

13. This new integrated service brings together the Council's Public Health and Children's Wellbeing responsibilities demonstrating the maturing commissioning relationships between health and care. It will include:

- 0-5 Public Health services (Health Visiting and Family Nurse Partnership)
- School nursing, and
- Some of the outcomes currently provided by the 0-19 Early Help and Portage services such as a focus on school readiness for targeted groups.

It is envisaged that the new service will be in place by October 2016.

14. The new service will be shaped by the vision of the Health and Well-Being Board: that Worcestershire residents are healthier, live longer and have a better quality of life, especially those communities and groups with the poorest health outcomes, and by the vision of the Children and Young People's Plan: that we will work together to make Worcestershire a place where children and young people from all communities and backgrounds are healthy, feel safe and have opportunities to enjoy their lives and reach their full potential.

15. The service will meet the core responsibilities of the Council by impacting on longer-term health and well-being as well as identifying and addressing at an early stage any developing problems. It will focus specifically on improving the following outcomes:

- Reducing the number of children known to social care
- Preparation for parenthood, attachment and parenting capacity
- Parental mental health and children and young people's emotional health & wellbeing
- Breastfeeding, healthy nutrition, physical activity and healthy weight
- Managing minor illness and reducing accidents (reducing Hospital Attendance/Admissions)
- Child development, speech, language and communication and school readiness
- School attendance, exclusions & educational achievement
- Adolescent risk taking behaviour (substance misuse, teenage conceptions, ASB/violence)
- Narrowing the gap between outcomes for children from disadvantaged communities and outcomes for children from advantaged communities.

16. The commissioning of this new service will include engagement with partners and public consultation as necessary. Engagement with partners, including the local NHS, would establish alignment between services for 0 – 19s across the wider system through well understood integrated pathways enabling children and families to access support effectively and efficiently.

17. Public consultation, in line with our statutory duties within Section 5D of the Childcare Act 2006, will focus on proposed changes to those services in scope of this new integrated approach including the future use of current 'early help' buildings. This builds on a previous decision made by Cabinet in September 2012 to maximise the use of these buildings for wider Council services e.g. Social Care, Behaviour Support, School Basic Needs. The intention is to establish which of the current buildings will be required to provide the new service, and what other potential uses there might be for buildings. Alternative options include: use by schools, use by communities, and use by other services or potentially closure where no alternative use can be identified.

Consultees will include Children Centre Advisory Boards, Providers, Service Users, Local Members and a wide range of partner agencies. This initial consultation will be from the 26 November 2015 until the end of January 2016. This may be followed by further consultation depending on the range and scale of proposed changes.

Legal, Financial and HR Implications

18. The new 0-19 integrated prevention service would allow the Council to meet its requirements to commission health visiting and school nursing, which are mandated as a condition of the Public Health Ring-Fenced Grant (PHRFG), as well as its duties to provide Children Centres under the Childcare Act 2006. Public consultation on the design of the new service and the use of buildings would be in line with the Council's duties. Under the Childcare Act 2006 the Council has a duty to improve the well-being of young children in its area, make arrangements to secure early childhood services are provided in an integrated manner including sufficient provision of children's centres to meet local need. The Council must ensure appropriate consultation is carried out before any significant change is made in services provided (including manner of provision and location) through a relevant children's centre or anything is done that would result in it ceasing to be a children's centre, having regard also to statutory guidance.

19. The annual budget available for the new 0-19 integrated prevention service will be £9.54 million which will be funded from the Public Health Ring-Fenced Grant. This will be complemented by c. £3 million of Council base budget to fund services such as Positive Activities, Child and Adolescent Mental Health Services and support for struggling families who need support from a range of different services. However, this is subject to change following the forthcoming comprehensive spending review.

20. The Council's budget will be also be complemented by other spend (in excess of £7 million) across the wider public sector system including NHS spend on services such as Maternity Services, Child and Adolescent Mental Health and Speech and Language along with schools funding for Early Intervention Family Support.

21. The legal, financial and human resource implications will be further understood through the tender and contractual developments ahead of services being commissioned. However, the services currently in scope are all delivered by third parties so there are no direct HR implications for the Council. The proposed consultation will be informed by consultation duties.

Equality and Diversity Implications

22. The Public Sector Equality Duty (PSED) requires Public Sector Bodies to have due regard to three specific aims during policy development and service planning and delivery. The most relevant of these aims in this context is advancing equality of opportunity for people who have one or more of the 9 Protected Characteristics (which include Age, Disability, Pregnancy and Maternity and Race).

23. The Council will complete an overarching equality impact assessment, before final decisions are made, for the 0-19 Prevention Programme which will identify the potential equality relevance of all work streams. More detailed equality analysis will then be carried out for those projects assessed as having a high degree of equality relevance. The equality analysis will inform the understanding of possible disproportionate

positive/negative impact for Protected Groups and enable the Council to ensure that services are accessible and meet a range of needs within the community.

Privacy Impact Assessment

24. A full privacy impact assessment will be conducted in relation to any transfer of sensitive or personal data between organisations as the All-Age Prevention Policy and commissioning progresses.

Supporting Information

- Appendix – All-age Prevention Policy

Contact Points

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Background Papers

In the opinion of the proper officers (in this case the Director of Children's Services and the Director of Adult Services and Health) the following are the background papers relating to the subject matter of this report:

- Cabinet report – 27 September 2012
- Children's Centre Statutory Guidance
- Overview and Scrutiny Paper on Safeguarding Peer Review – 26 June 2015
- Safeguarding Peer Review – Feedback
- Early Help Needs Assessment
- Current list of buildings
- Annual report of the Director of Public Health
- Health and Well-being strategy
- Children and Young People's Plan

Agenda and background papers for the Cabinet meetings held on 24 November 2011 and 17 July 2012 which are available on the Council's website at:

<http://worcestershire.moderngov.co.uk/ieListMeetings.aspx?Committeeld=131>

Worcestershire County Council
All-Age Prevention Policy
November 2015

Introduction

1. Successive evidence, national policy and legislation have highlighted the importance of prevention to improve health and well-being outcomes and reduce demand for health and care services – see Annex 1.
2. A review of the Council's approach to prevention is needed in the light of:
 - A growing number of elderly people with complex health and care needs;
 - Rising numbers of children coming into the social care;
 - An ongoing and rising burden of avoidable ill-health related to lifestyles;
 - Persistent inequalities between the most disadvantaged and the most affluent communities;
 - The growing need for savings due to pressures on public sector finances;
 - Recent national policy and legislation relating to health and social care including the Care Act 2014 and the NHS Five Year Forward View; and
 - The Joint Health and Well-being Strategy 2016-19, which sets out a collective vision and priorities for improving health and well-being across key partners in Worcestershire.
3. The aim of this policy is to set out a clear, consistent and evidence-based approach to prevention by the Council that will inform our work with partners.
4. This policy is part of the overall Council priority theme of demand management which outlines a programme of work to reduce the need for high cost, high intensity services.

Aims and approaches to prevention

5. The **aim of prevention** is to:
 - **Prevent** ill health and the need for care before it occurs.
 - **Reduce** the impact of problems which have occurred, detecting risk and problems as soon as possible and intervening early to limit their impact.
 - **Delay** the need for further help and avoid crises by getting the right help to people who already have needs and giving the right support to prevent those needs escalating.
6. We recognise **five approaches to prevention**. These will inform our work with all ages. The Council will ensure that it can demonstrate these approaches in action. Some examples of work already underway are shown in Annex 2.
 - **Creating a health promoting environment** by developing and enforcing healthy public policy and taking health impact into account systematically in decision making.
 - **Encouraging and enabling people to take responsibility for themselves, their families and their communities** by promoting resilience, peer support and the development of community assets.
 - **Providing clear information and advice** across the age-range, so that people make choices that favour good health and independence.

- **Commissioning prevention services** for all ages based on evidence of effectiveness and within the funding available.
- **Gate-keeping services** in a professional, systematic and evidenced way, so that services are taken up by those who will most benefit and the service offer is available on the basis of need, regardless of differences between people in terms of where they live or characteristics such as deprivation.

Commissioning prevention services

7. We will pay particular attention to commissioning prevention services in order to maximise benefits from a declining expenditure. We will:
 - **Co-ordinate commissioning** of prevention services around cohorts of individuals.
 - Ensure that **commissioning is conducted to a clear set of standards**, taking into account utilisation, evidence of impact on outcomes and user experience.
 - Embed the principle that we should ensure a **progressively enhanced service for people with higher levels of need**.
 - **Target services** based on local analysis of need, for example on a geographical basis or deprivation.
 - **Develop clear performance measures** for all commissioned services based on outcomes and outputs linked to improving health and/or reducing demand for social care services. Where possible we will try to ensure that these are consistent across services so that we can compare unit costs. We will also ensure robust performance management of providers.

Governance

8. A Corporate Demand Management Board will be established to oversee implementation of this policy and will clarify specific actions and timescales.

Worcestershire County Council
All-age Prevention Policy
October 2015
Annex 1: evidence, national policy and legislation

International evidence

1. Health and well-being is influenced by a range of factors over the course of people's lives. To improve health and well-being and prevent the need for expensive health and care services, we need action to address these influences.



The Determinants of Health (1992) Dahlgren and Whitehead

2. A strong body of evidence about the importance of prevention has accumulated nationally and internationally:
 - The Wanless reports (2002 and 2006) explored how to create a sustainable publicly funded NHS which could meet rising demographic and technological demands, concluding that the only affordable option for the NHS was a 'fully engaged scenario,' in which ill-health was prevented by people taking responsibility for their own health, following healthy lifestyles, and seeking help early when needed. His work on social care too found that prevention had to become a stronger theme within a system that was moving to being entirely focussed on high intensity and high cost interventions.
 - The Marmot report (2010) focussed on the gap in health outcomes between poorer and richer people. Marmot concluded that the right approach to prevention was **proportionate universalism**: providing a basic level of service to all, but ensuring a fuller and targeted service offer to those most in need. Marmot made six specific recommendations: give every child the best start in life; enable all children, young people and adults to maximise their capabilities and have control over their lives; create fair employment and good work for all; ensure healthy standard of living for all; create and develop healthy and sustainable places and communities; strengthen the role and impact of ill-health prevention.
 - The World Health Organisation (2014) carried out a major review for its 'The Case for Investing in Public Health' report. It found that there are a range of cost-effective approaches, including those that address the social determinants of health, build resilience and promote healthy behaviours, which

will give short and long term returns on investment as well as wider social benefits. Examples of prevention activity that can give returns on investment in 1-2 years include: mental health promotion; violence prevention; healthy employment; road traffic injury prevention; promoting physical activity; housing insulation; and some vaccinations.

National policy

3. Two Government White Papers on public health in the last decade have focussed on the need to develop a wide-ranging and effective approach to prevention. These have made recommendations from changing individual behaviour through education and empowerment, to changing what choices are available by regulating the availability and sales of tobacco, unhealthy food and alcohol. Throughout, there is an emphasis on a **system wide** and **all-age** approach to prevention.
4. These have not yet proved sufficient to reduce the burden of avoidable disease. In response to this, the NHS has recently produced a **Five Year Forward View**, which argues that the future health of millions of children, the sustainability of the NHS, and the economic prosperity of Britain all now depend on a **radical upgrade in prevention and public health**. It particularly calls for all parts of the system to work together on prevention, and for prevention to take place right through the life course.



Legislation

5. Prevention duties are increasingly being articulated within legislation and statutory guidance:
 - The Care Act 2014 requires the Council to promote health and well-being and prevent the need for care where possible
 - The Health and Social Care Act 2012 gave the Council a duty to improve the health and well-being of residents.
 - The Childcare Act 2006 requires the Council to improve the well-being of young children and reduce inequalities between them by securing integrated early childhood services and a sufficient number of Children's Centres.
 - The Education and Inspections Act 2006, requires the Council to secure equality of access for all young people to the positive, preventive and early help they need to improve their well-being.

- Section 10 of the Children Act 2004, requires the Council to promote inter-agency cooperation to improve the welfare of children. The revised 'Working together to safeguard children' (2015) guidance re-emphasises the crucial role of effective early help.
6. The Care Act 2014 articulated three levels of prevention services and noted that these were a shared responsibility across the health and care system. These apply across all ages:
- **Primary prevention (prevent):** these services are designed for people who currently have no particular health and care needs, and they help people to avoid developing needs. They focus on promoting well-being, good health, and independence;
 - **Secondary prevention (reduce):** these services are designed for people who have an increased risk of developing needs, where provision of services or resources may slow down or reduce the development of that need. They focus on detecting problems and treating them early; and
 - **Tertiary prevention (delay):** these services are designed for people with established health conditions who need this support to regain skills or to delay deterioration.

Worcestershire County Council
All-age Prevention Policy
October 2015
Annex 2: examples of prevention in action

Approach	Actions underway
Creating a health promoting environment	<ul style="list-style-type: none"> • Producing guidance on Planning and Health to inform planning decisions across the County. • Producing a health impact toolkit for use at district level, including training in use of JSNA data. • Supporting hyper local evidence base on obesity and alcohol to inform local planning and licensing decisions.
Encouraging and enabling people to take responsibility for themselves, their families and their communities	<ul style="list-style-type: none"> • Developing a community resilience and volunteering plan. • Ensuring volunteering and peer support is embedded in commissioned services and organisational governance whenever possible. • Developing social prescribing for use by front line staff across the County to link people to community assets; • Sharing practice and evidence from initiatives such as 'community connectors' and 'well-being champions', to develop a single preferred model.
Providing clear information and advice	<ul style="list-style-type: none"> • Developing single sources of information and advice on-line. • Actively promoting and enabling digital inclusion - for example by making public access to the internet available and promoting recruitment and training of digital champions. • Developing social marketing with a small number of agreed priorities throughout the year. • Ensuring that front-line staff can promote clear and consistent clear messages and the digital offer.
Commissioning prevention services	<ul style="list-style-type: none"> • Producing evidence reviews of what works, including user experience. • Evaluating effectiveness of current services. • Clarifying the universal offer and a tiered approach.
Gate-keeping services	<ul style="list-style-type: none"> • Clarification of eligibility criteria and commitment to audit and review to ensure systematic application. • Working with people and communities to understand and overcome barriers to services. • Ensuring joined-up pathways between services and reducing duplication and delay. • Prototyping a revised model of service for families who already need help in one part of the county.