



Cumbria County Council

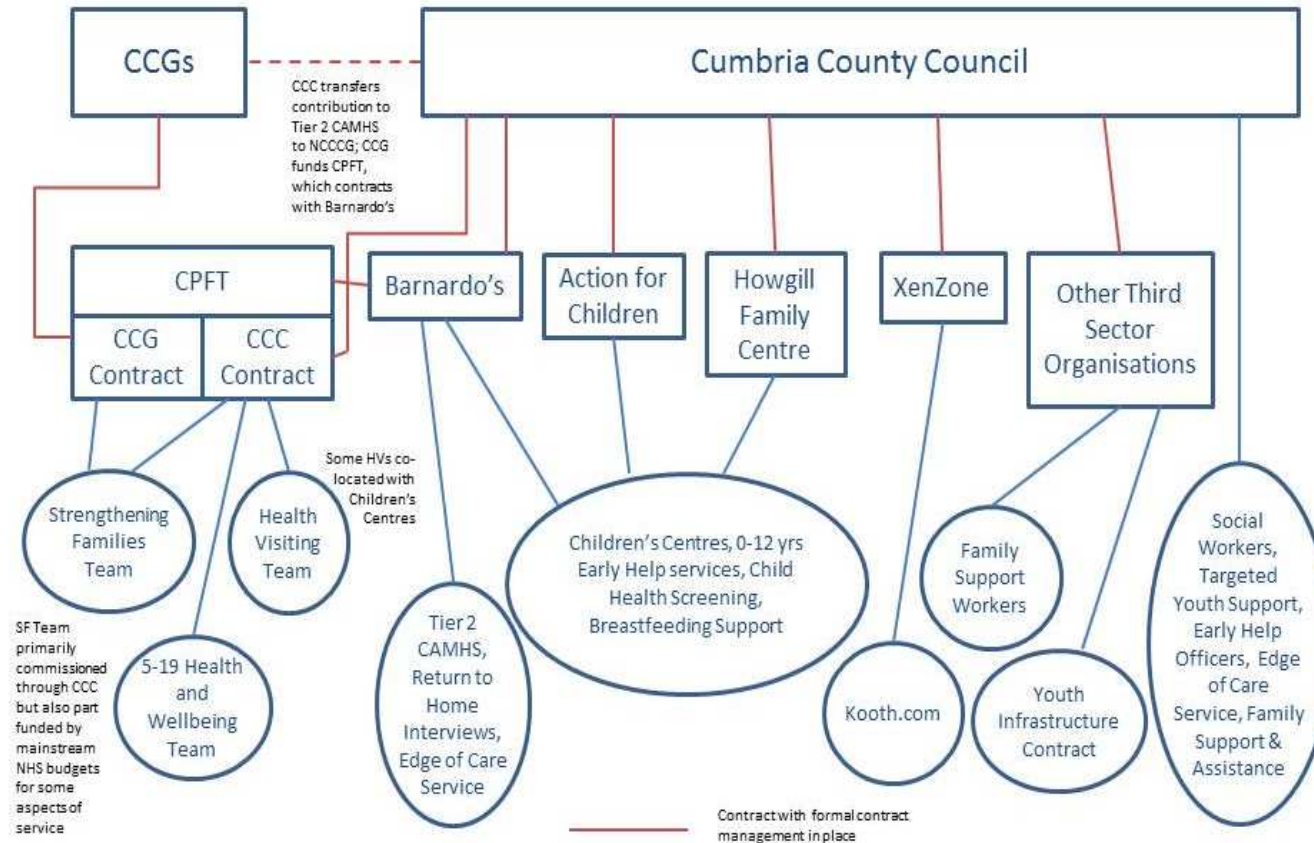
0-19/Early Help  
Integration

# Background & Context

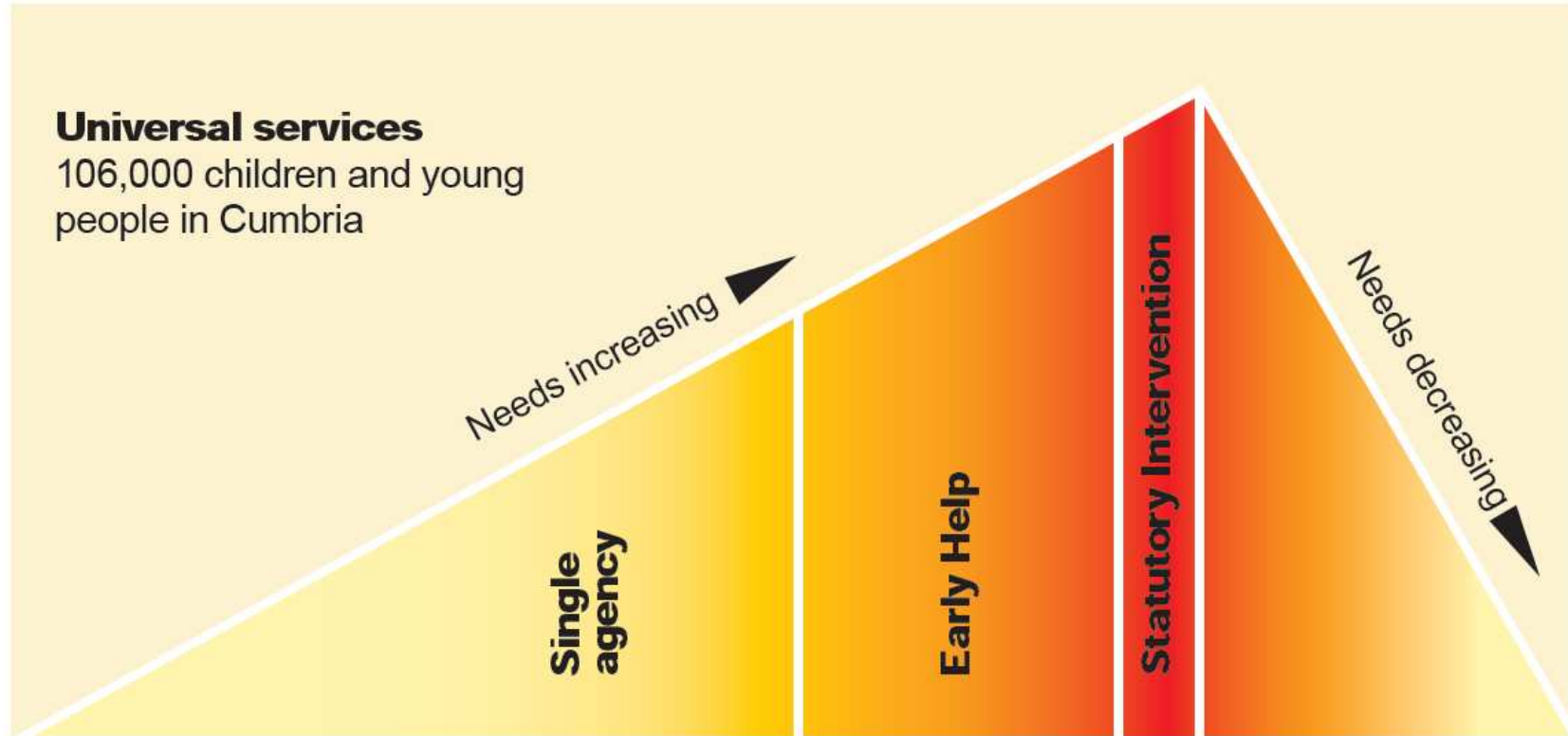
## Cabinet decision October 2016:

- **Phase 1 – 0-19 Healthy Child Programme 2017-2019 (including Early Help contract variation):** Interim integration programme introduced in April 2017, which primarily focuses on bringing together health and wellbeing support for 0-19s across public health and Early Help, in order to reduce duplication and improve joined-up working. This is the programme that would be delivered through the contract award/variations recommended in this paper;
- **Phase 2 – Total Healthy Child/Early Help system integration,** which would see a wide range of children and young people’s practitioners working together as one team via healthy child hubs (to be introduced in April 2019 when the HCP 0-19 and Early Help Contracts are next due for renewal).

# Current System



# The Wedge...



# ...vs Thrive



# Consultation

Period of public consultation – ended 20<sup>th</sup> February. 116 responses received through the ‘have your say’ survey:

Role	% (no.) responses
Parent or carer	18.92% (21)
Professional working with CYP	68.47% (76)
Other – including no response	12.61% (19)

6 joint events with the LSCB for their Early Help consultation, 5 specific consultation events, 9 public ‘drop in’ sessions and attendance at range of other meetings across Cumbria

Detailed written responses received from current service providers



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# Consultation

Of those that responded to the online survey:

68% agree or strongly agree with our reasons for changing current service delivery

77% agree or strongly agree with the aims we have identified for the new service

60% are either quite confident or very confident that the Thrive model provides an appropriate framework

66% overall are quite confident or very confident that we have identified the right types of intervention at each level

70% agree or strongly agree that the Family Hub approach to delivering services will help improve outcomes for children, young people and families.

# Consultation: Headline Findings

Brief intervention without referral process welcomed, as well as co-ordination of Early Helps when appropriate

Integration as proposed is endorsed, however wider locality networks and systems should also be integrated to ensure delivery of this model

Agreed that consistency of a core offer needed across the County with the ability to respond to locality need and also fully utilise each localities/communities assets

Needs led and outreach element very well received especially when making better use of community resources for delivery

Children and young people want to be prepared for life including knowing how to budget, pay bills and 'keep a home', what a good and bad relationship looks like and how to help each other when it comes to mental health

Keep it simple!



# Consultation: Areas for Improvement

How the Family Hub will be delivered in practice and what is the child and family journey

The structure of the Family Hubs in localities and as a Countywide service

Further details needed around the interventions. For example, what do we mean by Transition or Parenting?

Clearer communication of the skill needed to deliver the model at each level of need and intervention

Review of the number of roles, particularly administration and management to ensure consistency (though this could depend on the delivery vehicle)

Further mapping and articulation of how the model aligns with other CCC services, as well as the wider system to help people understand how it all 'fits together' (for example with CAMHS and GPs)

# Delivery of Children's Plan Outcomes

## **Children in Cumbria are Healthy**

- Children enjoy positive mental and emotional health and wellbeing
- Children maintain a healthy weight

## **Children in Cumbria are Safe**

- Children live in supportive, resilient and economically secure families
- Children are protected from neglect and abuse

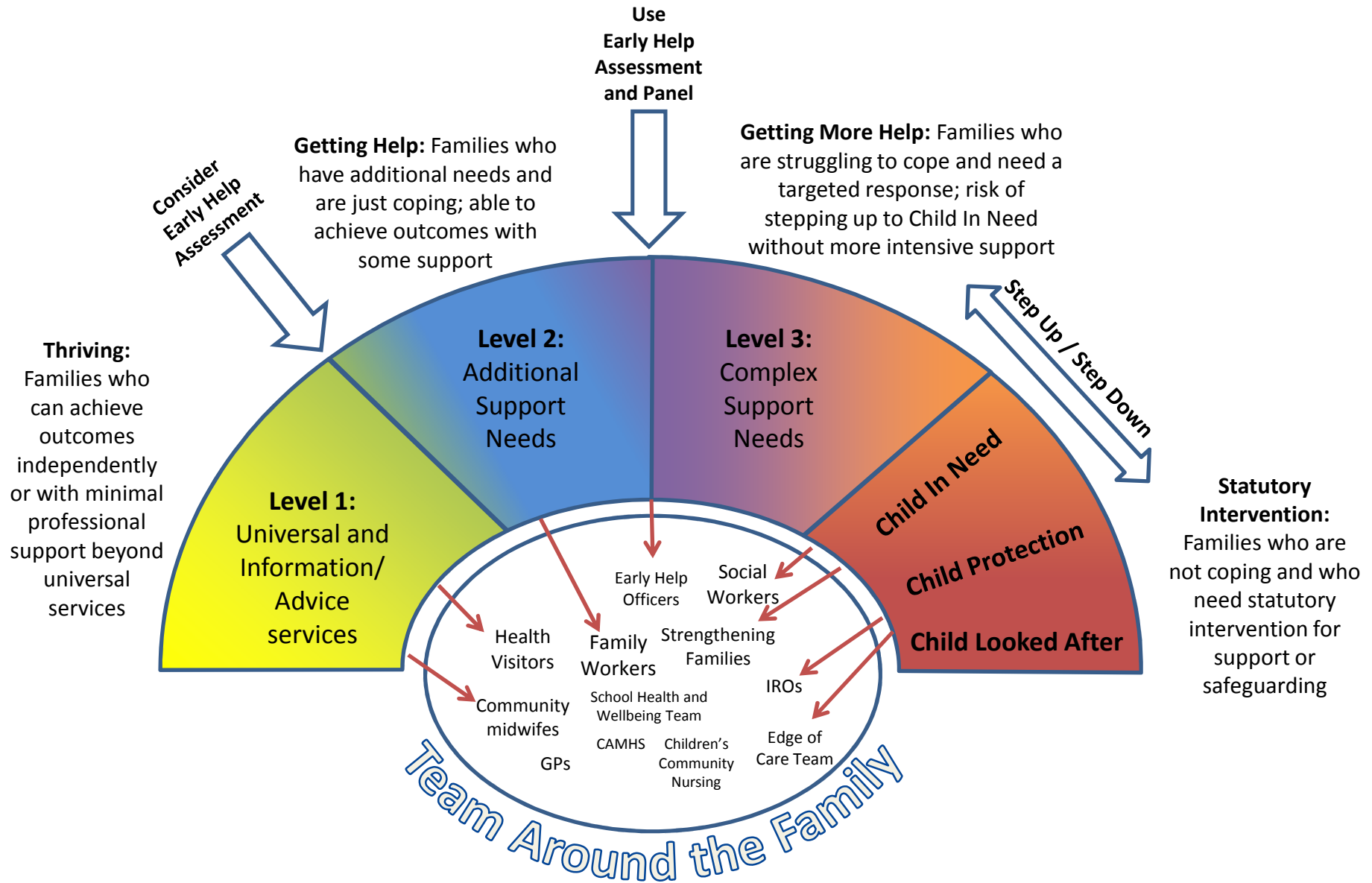
## **Children in Cumbria are Achieving their Potential**

- Children are ready for school

# Measurable objectives

- Reducing the number of Children Looked After
- Reducing the number of children on a Child Protection Plan
- Reducing the number of Children in Need
- Reducing the need for re-referrals to services
- Improving emotional wellbeing and mental health
- Reducing childhood obesity
- Increasing breastfeeding initiation and maintenance

# Thrive Windscreen...?



# Key elements of proposition

- Universal and targeted support in Family Hubs (*Children's Centres*)
- Reviewed school-based health and wellbeing offer
- Greater integration between Children's Social Care and Strengthening Families

# FAMILY HUBS

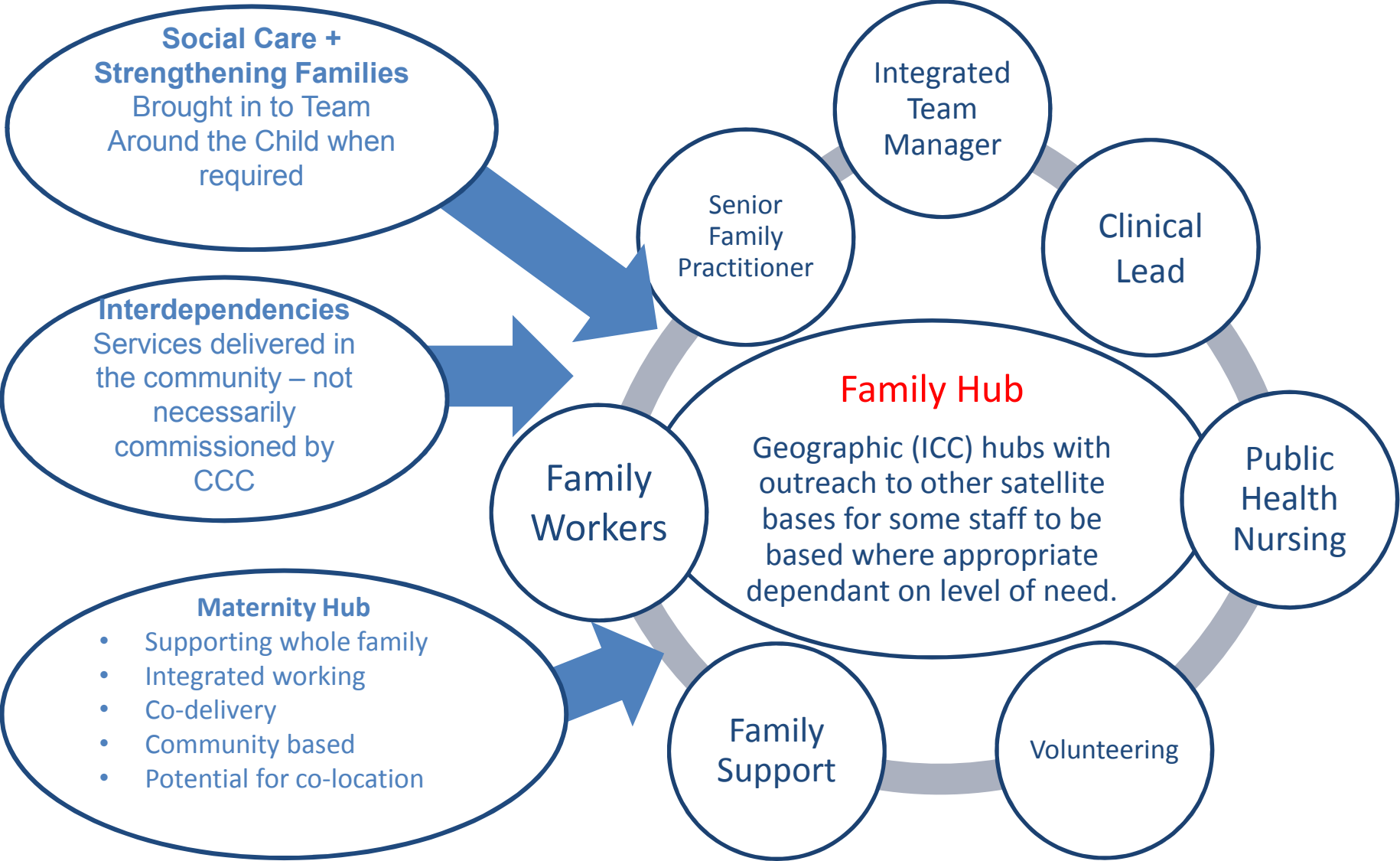


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# Principles of Integration

- Locality focused – based round ICC footprint
- Whole-family approach – not age defined
- Functional integration – not necessarily one organisation but multi-disciplinary/multi-agency teams with integrated management
- No referral where possible – one team approach
- Co-location where possible – increasing over time

# Functional Integration: Family Hubs





# What will be different?

Current system	Future system
Separate services, referral systems	One team, no referral
Multiple management structures	Integrated management
Different geographic boundaries	Common boundaries (ICC)
Complex mix of services available	Simplified system
Driven by meeting individual contract requirements	Driven by delivering outcomes
Individual monitoring of contracts	Joint oversight of system
Needs focused	Strength focused
Clinicians delivering varied services	Clinical skills more focused
	Greater focus on delivery in family home
	Greater level of assertive outreach



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# SCHOOL FOCUSED TEAMS



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# School Focused Team

- Build on current 5-19 health and wellbeing team
- Revised skill mix
- Capacity for some one to one support as well as whole school approach

# STATUTORY INTERVENTION



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# Functional Integration: Health and Social Care

- Children's Services and Strengthening Families working in a more integrated way
- Focus on appropriate NHS support to those receiving statutory intervention

# OTHER CONSIDERATIONS

# Role of Children's Trust Board

- Setting and monitoring of whole system outcomes
- Establish joint system steering/management group
- Accountability route for decisions on practical integration
- Advisory role on any future proposed contract changes

# Mental health and wellbeing

- Tier 3 and 4 Child and Adolescent Mental Health Services currently splitting north/south
- Discussions ongoing regarding place of My Time (Tier 2) and Kooth.com (Tier 1)



# Process and Timescales

- April - June: Finalise service specifications
- Late June: Advertise tender
- End July: Tender deadline
- August: Evaluation
- 17 October: Cabinet decision on award of contracts
- November – December: Contract mobilisation
- 1 January 2020 – Contract start date.

# QUESTIONS, DISCUSSION



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