

HEALTH AND WELLBEING BOARD

3 NOVEMBER 2015

MEDWAY CHILDREN'S ACTION NETWORK ACTION PLAN 2016

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Summary

This paper informs Board members of the activities of Medway Children's Action Network (CAN) and the early help action plan for 2016.

The early help strategy for children, families and young people has been refreshed and is being implemented across the Medway CAN partnership. A comprehensive needs analysis is currently being considered by Medway CAN members. This will inform decisions about commissioning priorities over the next few years.

1. Budget and Policy Framework

- 1.1 Although early help is non statutory, Section 10 of the Children Act 2004 requires each local authority to make arrangements to promote cooperation between the authority, each of the authority's relevant partners and such other persons or bodies working with children in the local authority's area as the authority considers appropriate. The arrangements are to be made with a view to improving the wellbeing of all children in the authority's area, which includes protection from harm and neglect. As such, it is essential that there are clear expectations about good practice in relation to early help case management that need to be taken into account to ensure that all children and young people are able to thrive and meet their potential.

2. Background

- 2.1 Medway Children's Action Network is a partnership of key leaders of services for children, young people and families in Medway. Its key purpose is:
- narrowing the gap in education, health and social outcomes
 - identifying and sharing best practice; and
 - providing support and challenge for stable, sustainable, change.
- 2.2 Its role is to develop and implement improvements to services for children. It does this by leading the development of a systemic approach to early intervention and prevention that makes best use of our total resource,

supports integrated working and invests in interventions and services that make a difference.

- 2.3 Medway CAN was launched in December 2014 – its Terms of Reference and membership are attached at Appendix 1.

3. Advice and analysis

- 3.1 Since December 2014, Medway CAN has:

- Refreshed the early help strategy (appendix two), which has led to a strengthening of the processes for assessing and monitoring early help cases; developed closer working between agencies, including the establishment of an early help panel; and the development of a single workflow, to ensure all families who need support receive it
- Consulted with managers and practitioners across the early help workforce, through conferences, practitioner workshops and service specific briefings, about closer working arrangements and implemented a regular newsletter to keep them informed of developments
- Undertaken detailed work on 4 priority areas (domestic abuse, emotional health and wellbeing, language and discourse and raising aspirations), to understand the underlying issues and interconnectedness between them and propose long term solutions
- Agreed an action plan for 2016, attached at Appendix 3.

- 3.2 Medway CAN has agreed that its key priority for 2016 is to make a substantial and lasting difference to outcomes around emotional health and wellbeing in Medway.

- 3.3 Medway CAN is also working to ensure that early help practice is evidence based and consistent; information and expertise is shared appropriately in the interests of families and children; families are involved in decisions about their support; and that all practitioners, and the services they work in, are committed to holistic, family focussed support – as opposed to individual interventions that deal with only part of the issue.

4. Financial and legal implications

- 4.1 No financial or legal implications at this stage. Development of commissioning options will entail recommendations about realigning expenditure within existing budgets. This work will not lead to a request for additional funding.

5. Recommendations

- 5.1 That the Health and Wellbeing Board notes the action plan for early help and Medway CAN's role in it.

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Appendices

Appendix 1	Medway CAN Terms of Reference
Appendix 2	Early Help Strategy
Appendix 3	Early Help Action Plan

Background Papers

None

Medway Children's Action Network

Terms of Reference

1. PURPOSE

- 1.1 Medway Children's Action Network (CAN) is an action group of key leaders working to develop and implement improvements to services for children.

Medway CAN will:

- be outcomes focused
- work to narrow the gap in education, health and social outcomes
- identify and remove duplication
- identify and share best practice
- provide support and challenge for stable, sustainable, change

2. ROLE OF THE CHAIR

- 2.1 Medway CAN will be chaired by the Lead Portfolio Holder for Children's Services, with a co-chair from the VCS or statutory partners.

3. CORE MEMBERSHIP

- 3.1 These are the recommended core members. There is scope for including other relevant members as appropriate.

- Lead Portfolio Holder for Children's Services, Medway Council (Chair)
 - Director of Children and Adult Services, Medway Council
 - Assistant Director - Partnership Commissioning, Medway Council/NHS Medway CCG
 - Director of Public Health, Medway Council
 - Head of Partnership Commissioning (Children), Medway Council/NHS Medway CCG
 - Police
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- Sussex Partnership (CAMHS provider)
- CEO Medway Youth Trust
- Medway Action for Families
- Representative of Children's Centres
- Medway NHS Foundation Trust
- Chair MSCB
- Headteacher Representation (primary and secondary)
- FE College Representation
- Family Action
- Chair & Chief Executive of the VCS Forum
- GP representative
- Medway Ethnic Minority Forum
- Representative of HE Institutions
- Medway Youth Parliament Members
- Medway Community Healthcare

4 FUNCTIONS OF THE MEDWAY CAN

Medway CAN will:

- i. Champion the voice of children in Medway.
 - ii. Develop an engagement strategy for children and their families, ensuring the engagement of the Children in Care Council and Youth Parliament.
 - iii. Inform and influence the commissioning intentions of Medway Council and Partnership Commissioning.
 - iv. Identify opportunities for joint working to reduce health, educational and life inequalities.
 - v. Ensure the engagement of the VCS and statutory services in improving outcomes for children and young people and their families.
 - vi. Organise one annual event to engage partners and stakeholders in developing a solution found approach to a key issue.
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- vii. Identify priorities with reference to key performance data, JSNA and the Children and Young People's Commissioning Plan.
- viii. Lead 2 annual "deep dives" and an annual event to address key issues where there is a need to improve outcomes for children and young people and their families and share best practice.
- ix. Improve communication between multi-agency partners.

5. ROLE OF MEDWAY CAN MEMBERS

- 5.1 Members sit on the Action Network because of their specialist knowledge, expertise and skills. Members will also be expected to engage service users and key partners to achieve the purpose of Medway CAN.

6. MEETING FREQUENCY AND ADMINISTRATION

- 6.1 The Medway CAN will meet three times a year. A small planning group will meet bi-monthly to agree priorities and the work proforma. In addition, the Medway CAN website (www.medwaycan.co.uk) will provide a virtual community for partners.
 - 6.2 Minutes, agenda and supporting papers will be circulated at least one week before the next scheduled meetings, and will be agreed by the Chair.
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Early help strategy

Part one: our vision for a co-ordinated, multi agency system

Contents

.....	1
Early help strategy	1
Introduction	3
SWOT analysis of current early help arrangements (early 2015)	4
Leadership.....	5
Analysis of need	5
Medway CAN's priorities for action	7
How we will measure our performance	8

Introduction

Approximately 20% of children and young people – and their families – are likely to require some form of additional support at some point to ensure they thrive.

Early help makes a difference. It can transform children's and families' lives by identifying and resolving difficulties before they escalate into a potentially unmanageable situation; and gives them the resilience they need to thrive without professional support.

Late intervention is estimated to cost us £17 billion a year as a nation.

We know that delivering early intervention and prevention in the most effective way means enabling services and practitioners to work well together; and that this is as important as the actual services being delivered. The way we work with children, families and young people is also crucial.

We also know that, as of early 2015, services, agencies and community organisations are not working together as a whole system. We need to make sure that this changes, so that we make the best use of the resource available to us and families, children and young people are not swamped by too many practitioners working with them; waiting for too long to receive support; or left to fend for themselves too soon after support ends.

Early help in Medway should always be:

- Based on a good analysis of the underlying issues, so that the right support is offered at the right time
- Offered quickly
- Focussed on the solutions the child, young person or family wants to achieve, using the strengthening families model
- Designed to build capacity and resilience and strengthen the relationships around a child, family or young person so that, where possible, we build independence from additional support services
- Holistic, taking into account all of the factors in a child or young person's life
- Led by a single, committed individual who has the trust of the children, families and young people they are supporting
- Delivered by suitably qualified practitioners using evidence based practice in the smallest possible Team Around the Family

Where support is being delivered by more than one agency, the Common Assessment Framework (CAF) should be used, because it support all of these principles and is designed for multi agency interventions.

SWOT analysis of current early help arrangements (early 2015)

<p>Strengths</p> <ul style="list-style-type: none"> • Strong support for principles of collaboration • Medway Action for Families practice, reputation and experience • Children's Centre offer is strong and has proven it can deliver results • Practical and networking support to lead professionals • A universal youth service, now developing a preventative offer alongside the Youth Offending Team • Resource in schools – most have a Family Liaison Worker/Family Support Worker 	<p>Weaknesses</p> <ul style="list-style-type: none"> • Infrastructure to support a systems approach is still developing – ie Common Assessment Framework (CAF) and joint commissioning • No single commissioning plan for children, families and young people • Shared understanding of the broad early help offer is limited • Delegated model of managing CAFs is dependent on an awareness of provision that is difficult to keep up to date • Data on progress and outcomes is held in different places
<p>Opportunities</p> <ul style="list-style-type: none"> • Development of an emotional health and wellbeing strategy and a review of the CAMHS model – potential to link with broader early help offer and increase collaboration between providers at tier 1 • Multi agency commitment to think about different types of solution, making use of new and different forms of support available in the community • Goodwill and understanding developed through Better Start bidding process • Four universities in Medway with expertise in children's health, education and social care and keen to participate 	<p>Threats</p> <ul style="list-style-type: none"> • The high level of demand in acute health services for children and young people • Limited resource in CAF team to support decision making and monitor progress and outcomes • Where and how decisions are taken is unclear, to practitioners and often to families. There are too many places where this takes place

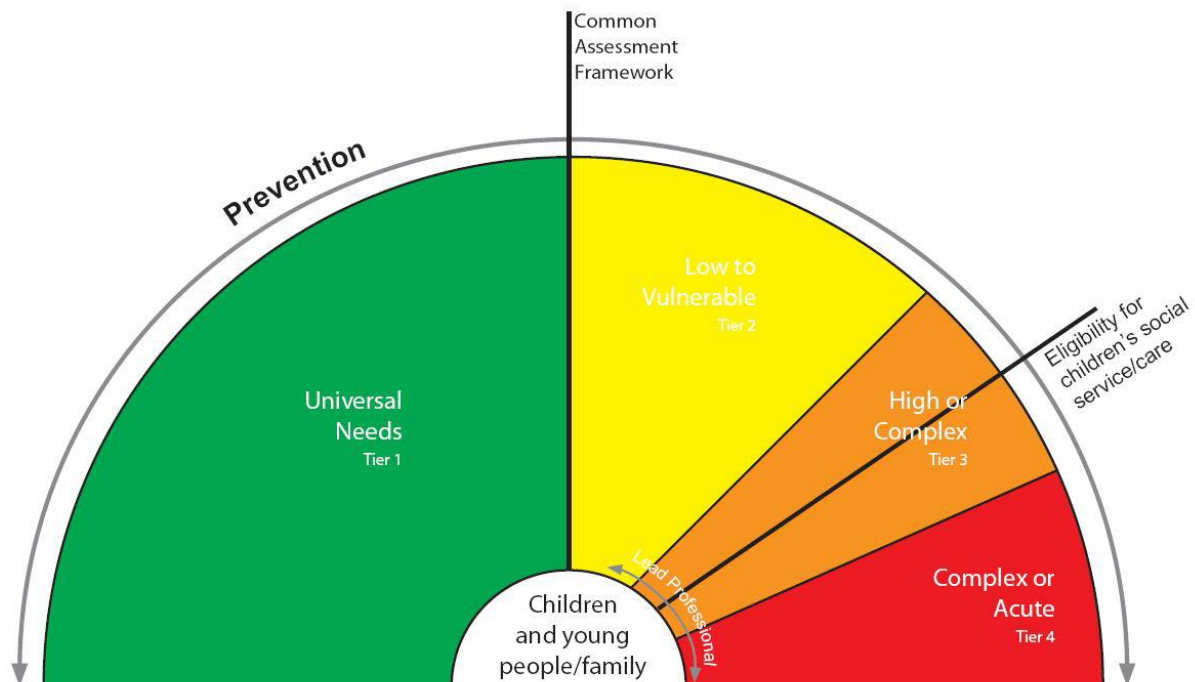
Although there is a great deal to build on, the system is at present too fragmented and there are too many places where decisions are taken about a child or young person's needs, giving the potential for duplication of effort and inconsistent support

– and frustration and inconvenience for families. There are too many points of access for practitioners in universal services to feel confident that they are being supported as well as possible. And there is too little collaboration between our core services.

Leadership

Medway Children's Action Network (Medway CAN) brings together the leaders of key agencies and organisations to define the goals for early help, lead innovation, involve communities, families and young people and maintain a strong focus on prevention. Through their day to day roles, members of Medway CAN strengthen connections between services and organisations and ensure that collaboration is encouraged so that services adapt to need and outcomes improve.

Analysis of need



The Kent and Medway Inter Agency Threshold Criteria for Children in Need describes the levels of need experienced by children, young people and families and the appropriate response. The diagram above illustrates that early help is the appropriate response across a fairly wide spectrum of need, with some families'

needs requiring quite intensive support, such as that provided by Medway Action for Families over the last few years.

There is a substantial amount of need at the high/complex level of early help in Medway (known as 2.5), just below the social care threshold; and this requires a different set of skills and interventions than early help where needs are less complex.

The more **complex situations**, where intensive interventions are likely to be required, are characterised by issues such as:

- Sexual exploitation, and coercion in teenage relationships,
- Debt, homelessness
- Disorganised attachment
- Violence and aggression in family and intimate relationships
- Substance use
- Mental health issues that impair development and/or parenting capacity
- Offending in family
- Missing children and runaways
- Extreme behaviour in children
- Gangs
- Persistent non attendance at school

Early intervention where needs are less complex, but the family, child or young person is **vulnerable and/or has additional needs**, is offered in circumstances such as the following:

- Vulnerable parents;
- Support with physical development and sociability;
- Low level emotional health – anxiety, self esteem, loss, identity;
- Bullying;
- Support with developing positive relationships;
- Building resilience and links within the community;
- Young carers;
- Speech and language development;
- Developmental delay;
- Housing difficulties;
- Support with nutrition, healthy living, smoking cessation;
- Risk awareness and safety;
- Help to raise aspirations, skills, careers advice and employability (parents as well as young people);
- Neuro-developmental conditions

We are currently analysing the needs of our children, young people and families who require additional support, so that we can ensure we have the right services in place across the system. These will include support for developmental needs and ensuring the safety, health and wellbeing of our children and young people – but also what we can do to create the conditions for enrichment, by developing self belief and encouraging achievement, so that this generation of young people takes advantage of all that Medway has to offer and step confidently into adulthood.

Improving outcomes is everyone's responsibility and Medway will think radically differently about how we work with and support communities and families and young people.

Medway CAN's priorities for action

The ultimate aim for early help in Medway is to design a system that is focussed on making a significant difference to specific aspects of children and young people's lives and mobilising all of the necessary support in an integrated pathway to achieve that. This follows the model in early years of using robust evidence about key risks and opportunities in a child's early development and targeting interventions that are known to work and to enhance a child's development and reduce the likelihood of poor outcomes, such as poor emotional health and behavioural difficulties.

We will begin by exploring the scope for making a difference in four recurring and cross cutting areas:

- **Emotional health and wellbeing**
- **Domestic abuse**
- **Raising aspirations**
- **Language and discourse**

We envisage three stages of work to develop this model.

1 We first need to strengthen the platform for collaborative working. As our SWOT analysis shows, we must rationalise and improve some key processes around access, decision making and information sharing in order to be able to deliver well integrated, effective interventions.

2 We then need to ensure that our network of services and support enables us to respond quickly and appropriately, by having the right services in place.

3 Finally, we need to develop a shared understanding of and commitment to the preventative measures we can take, as a system, to make a significant difference to the outcomes we are supporting children, young people and families to achieve.

By strengthening process, we mean:

- Combining, where possible and beneficial, the number of “front doors” for practitioners wishing to raise concerns and request support;
- Assessing needs collaboratively, so that the right plan is put in place as soon as possible;
- Ensuring multi agency teams can work effectively with families, children and young people
- Reporting on impact and outcomes and bringing that information together

Ensuring we are commissioning the right services and using them in the most effective way will entail:

- Identification of needs and gaps
- Identification of under used potential (in the voluntary and community sectors for example)
- Focussing on the outcomes we want to achieve and how we can best achieve that with the available resource
- Working together to align resource and develop mutually supportive pathways

Completing the work in these stages will enable Medway CAN to identify the key preventative – and integrated - pathways we want to build to develop to make a real and lasting improvement to the lives of families, communities and young people in Medway. We will develop our thinking together, and by using the latest evidence and research from across disciplines and sectors.

How we will measure our performance

Stage one: Strengthening the systems that support collaboration

What we want to achieve	How	By when	How will we measure success
All of these actions require	Schools to advise on their needs in terms of	January – March 2015	All universal services understand how to

agreement to a rationalisation of referral pathways, decision making panels and access to early help	<p>accessing early help</p> <p>Link health pathways to early help arrangements</p> <p>Reduce the number of panels and linking them to core early help pathways, eg CAF</p> <p>Improve monitoring and recording of early help interventions</p> <p>Information sharing protocols revised to enable appropriate sharing of information</p>		<p>access early help and additional support</p> <p>Interventions are the right ones, with the right people involved</p> <p>Lead professionals and other practitioners feel better supported in assembling a multi agency intervention and developing a plan</p> <p>Communication between practitioners improves – in particular whether a child or family they are concerned about is already receiving support</p> <p>Reduction in the amount of cases being inappropriately escalated</p> <p>Thresholds and boundaries clear</p>
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Stage two: Ensuring that we have the services in place to meet need

What we want to achieve	How	By when	How will we measure success
An analysis of what the data, across all services and sources, is telling us: - key data that describe the needs of	A task group of the Joint Commissioning Management Group has commissioned an analysis of current provision for children's emotional health and wellbeing.	January - May 2015	A robust and comprehensive picture of need and provision in Medway that all partners agree with and are happy to use as the basis for future planning.

<p>children, young people and families with additional needs;</p> <ul style="list-style-type: none"> - the services currently used by children, young people and families and the outcomes they achieve; - known gaps in provision. <p>Set against:</p> <ul style="list-style-type: none"> - the big shifts we want to make in outcomes for children, young people and families, across all services; - what this tells us about the kind of interventions we need to have in place; - what we know works, both in terms of how we can organise services differently and evidence based interventions that build resilience in key areas for Medway. 	<p>Information from CAF and CADS about the needs of families, children and young people; which services are meeting their needs; and where are the gaps</p> <p>What children, young people and families have told us they want and need, both from individual services and from their lives more generally</p> <p>Priority outcomes identified by services, agencies and front line practitioners</p> <p>What the data from various sources is telling us</p> <p>What are the current priorities for commissioners around service improvement, suggesting the system is not operating effectively enough</p> <p>What are the system failures, where children and families' vulnerability and susceptibility to poor outcomes becomes most pronounced</p> <p>What preventative interventions will support our aspirations</p> <p>Analysis of MAfF – what we want to transplant across early help and how we</p>		
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	differentiate that part of the offer and ensure it is used most effectively		
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Stage three: Designing preventative pathways into the system

What we want to achieve	How	By when	How will we measure success
Integrated pathways, driven by data and disciplined in their methodology, achieving milestones toward key success criteria for children, young people and families in Medway.	By learning from the needs analysis methodology described above and accessing support from the Early Intervention Foundation and others.	Summer 2016	Measurement of the outcomes we have set ourselves.

Early help action plan

Actions	What that involves	Timescale	Who
Finalise the revised early help strategy 2015-17			
Complete needs analysis	Re-draft and incorporate outcomes framework	Mid September 2015	AMcN
Develop a mobilisation plan	Outline what is expected of parents, practitioners, young people and communities in delivery of the early help strategy	By end November 2015	AMcN, in discussion with Medway CAN members
Agree outcomes measures for early help			
Develop outcome measures for building protective factors for emotional health and wellbeing	Propose options for headline outcome measures and key indicators to Medway CAN working group and professional experts and agree preferred measures	By mid September 2015	AMcN and Medway CAN working group
	Develop proposals for implementation, within h CAMHS Local Transformation Plan	By mid November 2015	AMcN, Public Health and CAMHS commissioner
	Agree outcome measures with	Early December 2015	AMcN

	Medway CAN and Chair of Improvement Board		
Develop new processes and initiatives, in collaboration with schools and other partners, to deliver the improvements we want to see	Work with schools to develop new ways of working to change practice, support schools based staff and improve performance	November – December 2015	AMcN, G Tanner, Medway CAN members and Public Health
	Consult with colleagues who were involved in the development of the emotional health and wellbeing strategy	October – November 2015	AMcN, Rathini Mills
	Implement new approaches	January – March 2015	Early help strategic lead, Public Health, Medway CAN members
	Produce a framework for evaluating success of initiatives and new ways of working. Assume 3 year plan.	January – March 2015	Early help strategic lead
Revise the early help commissioning plan			
Develop a revised integrated commissioning plan for early help, in the light of CSR	Finalise priorities within needs analysis	By end September	AMcN and Medway CAN members

decisions in November and reductions in the Public Health grant	Establish what the funding mechanisms for early help services are; and their relationship to the early help system, so that Teams Around the Family can be mobilised	By end November	AMcN, A Willetts, M Griffiths
	Complete early help commissioning plan	By mid December 2015	M Griffiths and AMcN
Strengthen processes to support early help assessments and TAFs			
Embed new workflow process, early help coordinator roles and early help panel.	Communicate with early help workforce, operational managers and lead professional network, so that people understand what is happening.	August, September and October 2015	AMcN, Early help coordinators
	Recruit additional early help coordinators and embed them in area based team and with partner agencies in localities	September and October 2015	A Willetts, D Mills, early help coordinators
	Set up and run early help panel and evaluate its function and practice (including information sharing) with members	September – November 2015	D Mills, AMcN, panel members
Develop common documentation for early help	Pilot a single outcomes plan with FSS	August and September 2015	T Jarvis, D Mills, early help coordinators, FSS

	<p>Agree referral mechanism with Health professionals and bring them into the pilot</p> <p>Wider consultation</p> <p>Implementation and communication.</p>	<p>September 2015</p> <p>October – November 2015</p> <p>April 2016</p>	<p>A McNicholl and early help coordinators</p> <p>D Mills</p> <p>D Mills, T Jarvis, Early Help coordinators, Early Help strategic lead</p>
Develop IT solution to support early help assessments and outcomes	<p>Test feasibility of Council wide system</p> <p>Continue to develop clarity about requirements through development of new documentation for recording</p>	<p>To April 2016</p> <p>August – December 2015</p>	<p>A Willetts, D Mills</p> <p>T Jarvis, Early Help coordinators</p>
Support Medway CAN and build the partnership approach			
Take forward the programme of work, maintain contact between members.	<p>Involve members in agreeing outcome measures for improving emotional health and wellbeing; and developing interventions and service redesign to achieve them.</p> <p>Arrange next Medway CAN meeting, to agree the activities that will support the emotional</p>	<p>Measures agreed by end September; service redesign and interventions by end November</p> <p>February 2016</p>	<p>AMcN and Medway CAN members</p> <p>AMcN and CHW</p>

	health and wellbeing outcomes		
Work with delivery partners to meet Troubled Families objective of developing new ways of working	<p>Agree process for setting objectives and reviewing progress with MAfF Strategic Group</p> <p>Ensure links between commissioning and universal and community based services</p>	<p>By end November 2015</p> <p>Ongoing</p>	<p>AMcN and A Willetts, with MAfF strategic group</p> <p>Early help strategic lead, M Griffiths</p>
Work with universal and community based services to develop capacity and reduce need			
Build on the work to strengthen the CAF process by developing a stronger preventative offer in universal services	<p>Define the changes that would make a difference to the key outcomes highlighted in the early help strategy, whether in practice, service design, or performance. Make recommendations.</p> <p>Build on the work already underway to develop a partnership approach to improving emotional health and wellbeing, to identify other opportunities for improvement. Also incorporate messages from the early help panel.</p> <p>Ensure that practitioners in relevant universal services – and</p>	<p>November 2015 – March 2016</p> <p>November 2015 – March 2016</p> <p>November 2015 – January 2016</p>	<p>Early help strategic lead, with Medway CAN</p> <p>Early help strategic lead</p> <p>Early help strategic lead</p>

	community organisations, as well as parents and young people – are aware of key preventative actions, through developing a set of key messages and communicating them effectively.		
Work with Medway Voluntary Action and other partners to mobilise the assets of communities and voluntary sector organisations	<p>Develop an understanding of community capacity</p> <p>Explore the potential for increased volunteering activity and other civic initiatives</p> <p>Support the development of peer mentors and peer support in key services, to help embed preventative messages</p>	<p>November 2015 – March 2016</p> <p>November 2015 – March 2016</p> <p>To June 2016</p>	<p>Early help strategic lead, with MVA</p> <p>Early help strategic lead, with MYT</p> <p>Early help strategic lead, with Children's Centres</p>