

Report to: **STRATEGIC COMMISSIONING BOARD**

Date: 20 March 2018

Officer of Strategic Commissioning Board Debbie Watson, Interim Assistant Director of Population Health
James Thomas, Interim Director of Children's Services

Subject: **TAMESIDE POPULATION HEALTH INVESTMENT FUND AND BUSINESS CASE (1 OF 3) - DELIVERING OUR NEW APPROACH TO EARLY HELP FOR CHILDREN AND FAMILIES, REDUCING DEMAND ON CHILDREN'S SOCIAL CARE**

Report Summary: The purpose of the report is to seek approval for a programme of investment in prevention interventions in 2018-19, 2019-20 and 2020-21, using public health reserve to support the priorities within the new Tameside Corporate Plan, Locality Plan and refreshed Health and Wellbeing Strategy. The investment is focused on three cross cutting priority areas:

- Delivering our new approach to Early Help for children and families
- Improving Mental Health and Wellbeing in our neighbourhoods
- Preventing and managing Long Term Conditions

The Early Help approach is a key driver within Tameside in terms of the Tameside Think Family approach and public service reform. The report presents the first of three business cases for agreement at Strategic Commissioning Board. The Early Help Business Case investments will provide more family/child centred personalised innovative interventions based on strong collaborative working across all partners and agencies and building capacity in the community and voluntary sector.

Recommendations: The Strategic Commissioning Board is recommended:

- To agree the priority areas for investment outlined in section 5 of the report
- To agree the proposals set out in the Early Help business case in **Appendix 1**
- That approval is given to extend current grant funding for the core activity of Home-start (Oldham, Stockport and Tameside) from 1 October 2018 to 31 March 2020 to align with the Community Parenting Service.
- That a waiver to standing orders is granted to allow the direct award of contract to Home-start (Oldham, Stockport and Tameside) for a period of two years from 1 April 2018 to 31 March 2020, with an annual value of £250,000 to deliver the Community Parenting Service.

Financial Implications:
(Authorised by the statutory Section 151 Officer & Chief Finance Officer)

ICF Budget			£'000
Tameside Council Population Health	-		3,004

Section 75 Strategic Commissioning Board	
Additional Comments <p>The proposed priority areas for investment as outlined in Section 5 of the report will be resourced via the non-recurrent Population Health reserve of £ 3.004 million.</p> <p>It is essential to ensure that services are procured in accordance with procurement standing orders where appropriate.</p> <p>In addition it is also essential that robust performance monitoring arrangements are implemented to ensure the service demand preventative aims of the investment are realised and the proposed impact is incorporated within the Medium Term Financial Plan of the Strategic Commission.</p>	

Legal Implications:

(Authorised by the Borough Solicitor)

F4 of the Council’s Procurement Standing Orders say that where the Procurement Rules apply (which they do in this case) a direct award of a contract i.e. without any competition can only be made if:

- No suitable tender is received capable of meeting our requirements.
- Our requirements can only be met by a single bidder because:
 - (i) the aim of the procurement is the creation or acquisition of a unique work of art or artistic performance, or
 - (ii) competition is absent for technical reasons;
 - (iii) we have to protect exclusive rights such as intellectual property rights and no reasonable alternative or substitute exists.
- There is extreme urgency due to events which we could not foresee and are not our fault. This usually means Act of God situations such as fire or flood.

The decision –maker will therefore need to be satisfied that the report demonstrates the above criteria to agree a direct award.

How do proposals align with Health & Wellbeing Strategy?

The proposals and strategic direction are consistent and aligned.

How do proposals align with Locality Plan?

The proposals are aligned to the locality plan.
 The proposals are consistent with the following priority transformation programmes:

- Healthy Lives (early intervention and prevention)
- Locality-based services

How do proposals align with the Commissioning Strategy?

The proposals are aligned to the Commissioning strategy.
 The service contributes to the Commissioning Strategy by:

- Empowering citizens and communities
- Commission for the ‘whole person’
- Target commissioning resources effectively

Recommendations / views of the Health and Care Advisory Group:

The recommendations were supported by the Health and Care Advisory Group, with the request to ensure any commissioning proposals and delivery programmes considered the impact for Glossop residents.

Public and Patient Implications:

Public and patient implications have been considered for each of the proposals included in the document.

Quality Implications:

A quality impact assessment has been completed

How do the proposals help to reduce health inequalities?

The proposals will have a positive impact on health inequalities. The proposal seeks to reduce health inequalities, target the resources to where most needed and ensure services are accessible to all.

What are the Equality and Diversity implications?

An Equality Impact Assessment has been completed on this proposal. It is not anticipated that the proposal will have a negative effect on any of the protected characteristic group(s) within the Equality Act.

What are the safeguarding implications?

There are no anticipated safeguarding implications. Where safeguarding concerns arise as a result of the actions or inactions any providers and their staff, or concerns are raised by staff members or other professionals or members of the public, the Safeguarding Policy will be followed.

What are the Information Governance implications? Has a privacy impact assessment been conducted?

Information governance is a core element of all contracts. The necessary protocols for the safe transfer and keeping of confidential information are maintained at all times by both purchaser and provider. Any procured service will include minimum requirements for training and qualification of interpreters which includes standards and requirements for information governance, privacy and respect.

Risk Management:

A detailed risk log will be managed as part of the implementation following approval of the proposal.

Access to Information :

The background papers relating to this report can be inspected by contacting Debbie Watson, Interim Assistant Director of Population Health



Telephone: 0161 342 3358



e-mail: : debbie.watson@tameside.gov.uk

1.0 PURPOSE OF REPORT

- 1.1 The purpose of the report is to seek approval for a programme of investment in prevention interventions in 2018-19, 2019-20 and 2020-21 using public health reserve to support the priorities within the Tameside Corporate Plan, Locality Plan and refreshed Health and Wellbeing Strategy

2.0 BACKGROUND

- 2.1 Prevention is better than cure. By failing to invest in prevention, it can be argued that we are allowing avoidable death and poor health to continue and inequities in health to remain.

- 2.2 Key messages include:

- Benefits can be derived from preventative approaches both in terms of improved outcomes for people and communities and reduced demands on public services.
- A high proportion of premature death, illness and health care demand is preventable.
- This burden falls more on the poorest, where prevention should be focussed and should start younger.
- The system together can make a significant contribution to prevention efforts.

- 2.3 The public health grant is provided to enable local authorities to discharge their duty to improve the public's health. Statutory guidance states public health funding will be invested towards:

- Improving the health and wellbeing of local populations;
- Delivering and assuring health protection and health improvement responsibilities delegated from the Secretary of State;
- Reducing health inequalities across the life course, including within hard to reach groups;
- Improving healthy life expectancy; and,
- Ensuring the provision of population healthcare advice.

3.0 PUBLIC HEALTH RESERVE

- 3.1 An estimated £3m is available within the Tameside Council public health reserve non-recurrently over 2-3 years, accumulated since 2013 via the ring fenced public health grant. The overall aim is to align this resource to support the priorities and ambitions within the Tameside Corporate Plan, Locality Plan and Health and Wellbeing Strategy, improving health and reducing inequalities through prevention interventions.

- 3.2 It is proposed that a Tameside Population Health Investment Fund is created. Given the financial challenge the Strategic Commission currently faces, projects delivered through the Investment Fund would need to have an 'invest to save' focus and reduce demand on more costly services. The projects will help generate some new and creative ideas to deliver services differently. The investment would be applied in accordance with Department of Health rules on the use of the Public Health ring fence grant.

4.0 PRIORITIES FOR INVESTMENT

- 4.1 'Thrive and Prosper' the Strategic Commission's One Corporate Plan 2018 – 2025, sets out five themes in our local vision to enable residents to lead healthy, long and fulfilling lives.

- **Excellent Health & Care** – we want all our residents to have access to high quality joined up health and care services that help our residents to live longer and healthier lives.
- **Successful Lives** – we want our young people to live in a safe and supportive environment where they have the opportunity to reach their full potential.
- **Vibrant Economy** – we want to provide greater access to jobs and opportunities, attract more businesses to the area and improve connectivity.
- **Stronger Communities** – we want to build stronger communities that look out for one another, take a pride in the area they live in and have access to quality homes.
- **Digital Future** – we want to provide everyone with the opportunity to get on-line to access services, learning and information.

4.2 The delivery of Tameside & Glossop Locality Plan ‘A Place-Based Approach to Better Prosperity, Health and Wellbeing’ is through our Care Together programme, enabled through six priority transformation programme areas across the Starting, Living and Ageing Well lifecourse.

- **Healthy Lives (early intervention and prevention):** a focus on education, skills and support for people to avoid ill-health, including lifestyle factors but also employment, housing, education and income inequalities.
- **Community development:** this will strengthen and sustain community groups and voluntary sector organisations’ work to provide the necessary support in the community.
- **Enabling self-care:** improving skills, knowledge and confidence of people with long-term conditions or with on-going support needs to self-care and self-manage.
- **Locality based services;** for people who need regular access to health and social services, these will be fully integrated in localities, offering services close to, or in, people’s homes. They will be supported by multi-disciplinary teams (MDT) with a named care co-ordinator, based on a personalised care plan which focuses on the individual’s life goals and aspirations, not just health and care needs. This will involve identifying upfront those people most in need of this care co-ordination.
- **Urgent integrated care services:** for people in crisis or who need urgent medical attention, other health or care support, and a single urgent care hub will align a range of urgent and out of hours care services around A&E to make it easier for people to access the most appropriate service.
- **Planned care services:** to ensure the provision of planned (elective) care in line with the Devolution and Healthier Together programmes.

4.3 A recent review of premature mortality by the Health and Wellbeing Board aligned priorities outlined in the Joint Health and Wellbeing Strategy, agreed that the Board should consider an Action Plan for 2018/19 to strengthen the local drive towards a place-based approach to reducing early deaths, improving healthy life expectancy and delivering sustainable reductions in health inequalities, in order to realise our ambition to bring health experience in Tameside line with regional and national averages.

The focus is on the continuing importance of early identification of circulatory and respiratory disease and cancers, our ‘big killer’ to enable effective self-care and treatment to reduce further illness and mortality. The proposed approach endorses the current Locality Plan and RightCare priorities.

4.4 Therefore, it is proposed that the Population Health Investment Fund is focused on three cross cutting priority areas:

- **Delivering our new approach to Early Help for children and families;**
- **Improving Mental Health and Wellbeing in our neighbourhoods;**
- **Preventing and managing Long Term Conditions.**

- 4.5 The delivery of investment programmes against these priority areas should be aligned to build, maximise effectiveness and scale up existing investment. They should work across the population health system to provide access to a wide range of preventative services and coordinate effectively with partners. Delivered in close partnership or commissioned via the VCFSE sector the propositions should look to build stronger communities to support and enable individuals to manage their own health more effectively.
- 4.6 The funding available for the proposals set out in section 5 is public health ring fenced grant received from Public Health England to Tameside Council, to improve health outcomes for Tameside residents. Where the programmes would be delivered across Tameside & Glossop, an impact assessment will be carried out to ensure any negative impacts identified are mitigated and that similar services commissioned by Derbyshire CC Public Health are aligned. Derbyshire CC do have a similar investment fund to deliver on specific priority programmes.¹

5.0 TAMESIDE POPULATION HEALTH INVESTMENT FUND - PROPOSITIONS

- 5.1 In consultation with Strategic Commission leads and partners possible early approaches for the application of the investment fund, identified a number of 'invest to save' propositions that would deliver on Strategic Commission priorities, show return on investment and social value, and contribute to a reduction in demand on complex services whilst improving outcomes for residents. A summary of the proposals and strategic commission leads can be seen in the table below:

TAMESIDE POPULATION HEALTH INVESTMENT FUND		
Title of intervention and proposed allocation	Brief summary of intervention	Impact/ Invest to Save/ ROI
<p>PRIORITY 1:</p> <p>DELIVERING OUR NEW APPROACH TO EARLY HELP FOR CHILDREN AND FAMILIES, REDUCING DEMAND ON CHILDREN'S SOCIAL CARE</p> <p>Strategic Lead: James Thomas Population Health Lead: Debbie Watson</p> <p>Intervening as early as possible and working with the whole family to support positive changes and outcomes for all is at the heart of our Early Help Offer. The primary focus will be upon families that currently receive a Social Work response from Children's Social Care, as we currently over-intervene in family lives in Tameside approximately 20% more frequently than statistical neighbours. The delivery of the four proposals outlined below with match funding from the Troubled Families Programme to create a single investment plan is an integral part of our new ambitious Early Help service offer and is one of several programmes and interventions that are embedded in our holistic Think Family centred approach to service delivery. The Early Help approach is a key driver within Tameside in terms of the Tameside Think Family approach and public service reform.</p> <p>The overarching vision underpinning our approach is to ensure that we move from reactive service provision, based around responding to accumulated acute needs, towards earlier intervention via</p>		

¹ https://www.derbyshire.gov.uk/images/7%20i%20200916%20PH%20Prevention%20Fund%20Investment_tcm44-284047.pdf

targeted interventions, where problems can be addressed before they escalate taking a holistic whole family approach based on early intervention and prevention.

The proposed investments outlined below will provide more family/child centred personalised innovative interventions based on strong collaborative working across all partners and agencies and building capacity in the community and voluntary sector.

It also provides the opportunity to develop and implement a Children's Integrated Neighbourhood model for Tameside, complementing the neighbourhood/place based approaches already in place in the borough. Early consultation with relevant partners about this approach has been extremely positive and the aim will be to launch our neighbourhood model in September 2018.

<p>Building capacity to meet additional need 0-10 yrs</p> <p>Tameside Community Families Programme</p> <p>Building on the current home visiting programme provided by Home-start (Oldham, Stockport and Tameside)</p> <p>£150,000 per year for two years</p> <p>(with a matched £100,000 per year for two years proposed from Troubled Families Funding)</p>	<p>Purpose: To develop and deliver a service and a range of interventions with an emphasis on trusting peer relationships that will include two sets of beneficiaries: community family volunteers /parent champions and the parents, children and young people they support they support.</p> <p>To recruit and train community volunteers/parent champions to work as peer supporters, providing them with the necessary skills and knowledge to deliver the service and improving their personal confidence, building social capital and enhancing opportunities for further training and employment</p> <p>To develop and delivery support packages individually tailored to each family based on the active participation and involvement of families</p> <p>Target Group: Children (0-10yr) and Families at Level 2 continuum of need with a strong emphasis upon the high end of Level 2</p> <p>Outcomes:</p> <ul style="list-style-type: none"> • Reduced demand for Children's Social Care via new pathway from the Hub • Increased step down from Children's Social Care Children In Need • Improved health related lifestyle behaviours for both adult(s) and child(ren) • Improved mental health and emotional wellbeing for both adult(s) and child(ren) • Improved child/ adult relationship and attachment • Improved 'family/household' skills including budget managing • Improved access to wider services available 	<p>Home-Start's volunteer led model of early intervention and prevention is a very cost-effective form of family support:</p> <ul style="list-style-type: none"> • On average, it costs a local Home-Start £10.69 per week to support a child. • On average it costs a local Home-Start £22.93 to support a family for a week. <p>SROI by New Economy in development.</p>
<p>Building Capacity to meet additional need 11-16yrs</p> <p>Targeted Young People's Casework Team</p>	<p>Purpose: This project will provide a service for young people 11-16yrs and their families</p> <p>The aim of the service is to engage young people (aged 11-16) whose emotional and behavioural needs, and family circumstances, indicate a risk of entry to care as they become older. There will be a need to work particularly closely with secondary</p>	<p>It is estimated that a young person in the criminal justice system costs the taxpayer over £200,000 by the time they are 16. But one who is given support to stay out of trouble</p>

<p>£198,462k per year for two years</p> <p>Grade F Neighbourhood Family Intervention Workers £33,077 x 6 - £198,462</p>	<p>schools and with Healthy Young Minds in developing an effective response, and supporting parents/families to meet the needs of their adolescent children.</p> <p>Target Group: Young People 11-16 yr with risk factors that indicate potential entry to care at later stage</p> <p>Outcomes:</p> <ul style="list-style-type: none"> • Reduced demand for Children’s Social Care via new pathway from the Hub • Increased step down from Children’s Social Care Children In Need • A reduction in incidents of ASB involving 14-19 year olds • The diversion of 14-19 year olds from involvement in the criminal justice system • Improved engagement in education, employment and training 	<p>costs less than £50,000.</p> <p>Tameside’s LAC profile shows higher than expected numbers in care aged 11 to 15.</p>
<p>Domestic Violence Children’s Advisors (CHIDVA) x2</p> <p>2018/19 - £20,000 (6 months) 2019/20 - £40,000 (12 months) 2020/21 - £20,000 (6 months)</p> <p>(with match funding from Tameside Troubled Families Funding)</p>	<p>Purpose: This proposal requests funding to enable the continued provision of 2 Children’s Independent Domestic Violence Advisors (CHIDVA). The IDVAs role is to address the safety of victims who are at high risk of harm of domestic abuse. This project is unique in Greater Manchester. The prevalence of Domestic Abuse in families referred to Children’s Social Care is extremely high.</p> <p>Target Group: The CHIDVAs core work is with children aged 6-18 through the provision of 1:1 support and group work. Children aged under 5 can be supported as part of a whole package of support with the family.</p> <p>Outcomes: The programme supports our approach to tackling Domestic Violence. Delivery against the work of the existing CHIDVAs is assessed by:</p> <ul style="list-style-type: none"> • Number of children supported 1: 1 • Number of programme sessions provided • Number of children commencing attendance on programmes • Number of children completing programmes <p>Qualitative data is collected through case studies and testimonials provided by parents and children. This is analysed against key outcomes from the GMCA Victims Services Outcomes Framework.</p>	<p>In the UK 140,000 children live in homes where there is high-risk domestic abuse and 64% of high and medium risk victims have children, on average 2 each.</p> <ul style="list-style-type: none"> • A quarter (25%) of children in high-risk domestic abuse households are under 3 years old. On average, high-risk abuse has been going on for 2.6 years, meaning these children are living with abuse for most of their life • 1 in 4 children witness domestic abuse, their physical and mental well-being and chances of doing well at school suffer from an abusive upbringing. • 62% of children

		living with domestic abuse are directly harmed by the perpetrator of the abuse, in addition to the harm caused by witnessing the abuse of others.
<p>Delivering a full Children's Integrated Neighbourhood Model for Tameside</p> <p>4x H grade Neighbourhood Early Help Coordinators</p> <p>1x C grade Business Support</p> <p>£392,029 over two years</p> <p>WORKFORCE DEVELOPMENT:</p> <p>£30K 18/19 £30K 19/20</p>	<p>Capacity to developed a stepped approach to a full Integrated Neighbourhood model for Children and Families, joining up services at the three key tiers of need – universal, targeted and specialist</p> <ul style="list-style-type: none"> • Development of four neighbourhoods in line with adult model, Children's Centres, Tameside Families Together and Safeguarding Teams/ INS • Core wrap around approach for core universal services where children receive core support– the Team Around Approach: <ul style="list-style-type: none"> • Early Years Providers • Primary Schools • Secondary Schools • Primary Care • Youth Services • Systematic delivery of targeted early help services – getting the right service to the right family • Join up with Children's Social Care for effective step up and step down, and enabling family's needs to be met at the lowest level of intervention possible • Common workforce development programme for a defined set of services – shared vision, shared outcomes framework, shared language, shared ways of working with families – approach in development to complement 'Signs of Safety'. • Agreed pathways with specific pathways for specific needs 	<p>An integrated Model for children and families is associated with a number of positive outcomes, including improved system performance, better outcomes for children and enhanced quality and resident satisfaction. Improving coordination, continuity and timeliness of support is central to this approach and key to reducing demand upon Children's Social Care</p>

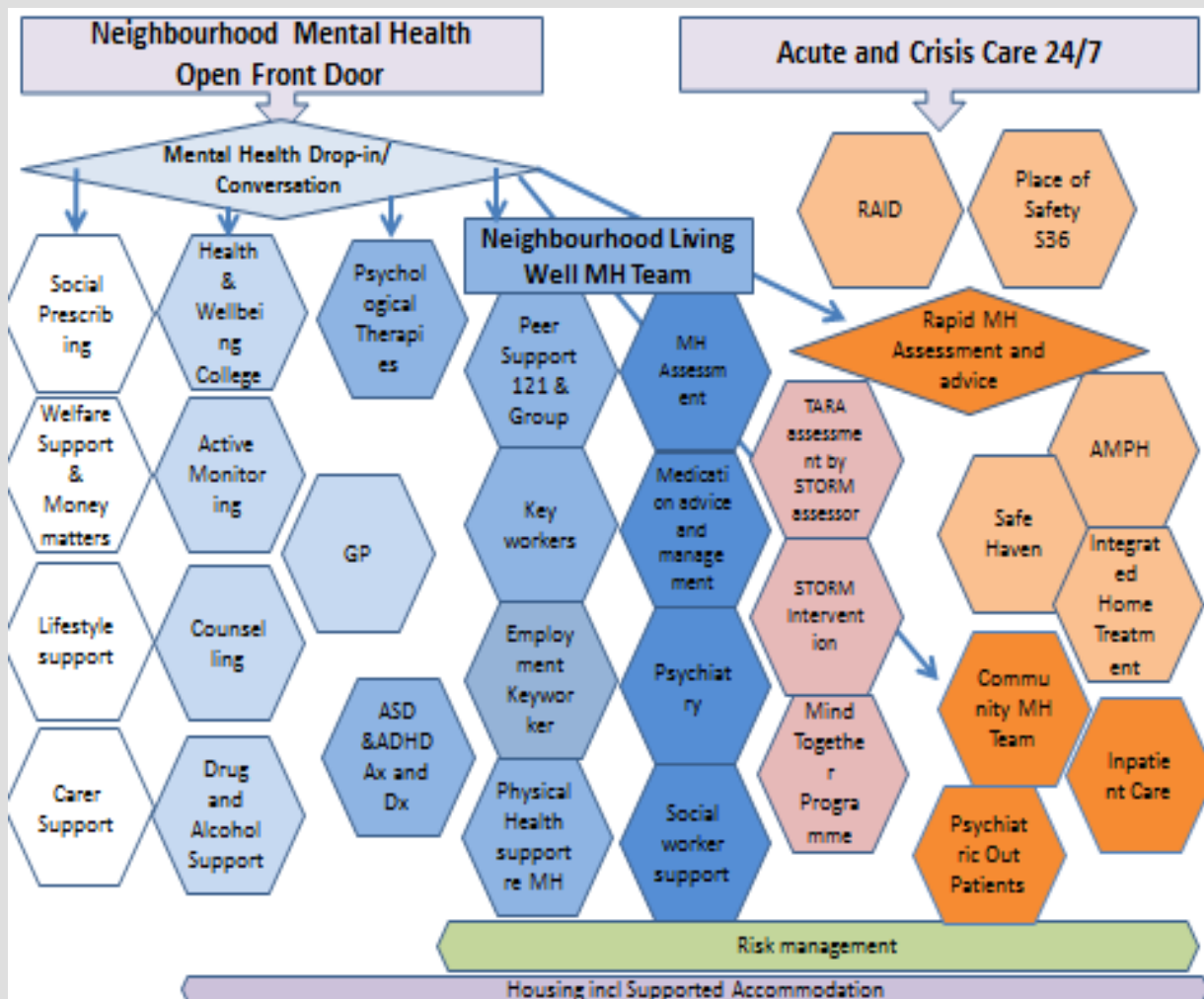
PRIORITY 2:

IMPROVING MENTAL HEALTH AND WELLBEING IN OUR NEIGHBOURHOODS

Strategic Lead: Jessica Williams
Population Health Lead: Anna Moloney

The proposal looks to build the local Neighbourhood Mental Health Offer to complement our current approach to social prescribing. There will be no eligibility criteria or clinical threshold with easy access via community drop in's or online self-referral. Asset based brief conversations about needs and solutions via drop-in or telephone will take place within Neighbourhoods with support into locality initiatives eg Social Prescribing, welfare and debt support, lifestyle, housing, skills and employment.

There will be direct access to a broad offer of mental health specific social, therapy, employment, physical and mental health with access to the Health and Wellbeing College programmes. The model below describes the proposed programme with the population health investment funding current gaps in provision – Health and wellbeing College and Neighbourhood Keyworkers.



<p>Mental Health – Health and Wellbeing College</p> <p>£80,000 per annum for two years</p>	<p>Purpose: The Health and Wellbeing college aims to provide something very different for local people. It moves away from the clinical focus offered by many traditional mental health support services; instead we offer an educational approach designed to empower you to take control of your own health and wellbeing, while learning new skills, making friends and connecting with others. Our recovery-focused courses can support you to recognise your potential and make the most of your talents and resources, through self-management. In turn, this can help you to deal with any health challenges you may experience and achieve the things you want in life.</p> <p>Outcomes: Core Values:</p> <ul style="list-style-type: none"> • Educational – Recovery focused syllabus of courses, which will aim to increase knowledge, understanding, coping strategies 	<p>The College has a number of case studies illustrating positive outcomes and reduced dependency on complex services.</p>
--------------------------------------------------------------------------------------------	-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	----------------------------------------------------------------------------------------------------------------------------

	<p>and skills for self-management of health and wellbeing. Learning opportunities will be facilitated through the Recovery based curriculum, facilitated by experts by experience and experts by expertise</p> <ul style="list-style-type: none"> • Collaborative – Lived experience and professional expertise are brought together in co-production, co-delivery, co-facilitation, and co-learning • Recovery Focused – For all students and staff, achievements, strengths, skills, and qualities will be identified, built upon and rewarded. Where there are challenges to learning, adjustments and support will be offered to individuals to assist to overcome them • Choice & Agency – While students may be signposted to the college by health professionals, they will be encouraged to enrol independently wherever possible. Students will not need a health professional to signpost them. Students will develop an individual learning plan (ILP) to identify their self-directed personal goals, ambitions and aspirations. Students will choose the courses they wish to study, and identify supports they find helpful • Progressive – Students will work towards learning goals and/or to overcome personal challenges whilst gaining knowledge of their health and wellbeing. Progress through the academic year will culminate in graduation • Community Focused - The College aims to be community facing and will seek active engagement with community organizations and Further Education colleges to co-produce relevant courses and aim to facilitate valued roles and relationships and pathways to future education, learning, employment and daily occupations • Inclusive – The College will aim to offer self-management and learning to students of all abilities, over the age of 18, from all cultures, ages and experience 	
<p>To support the ‘honeycomb’ model illustrated above</p> <p>Four neighbourhood mental health and wellbeing Key Workers:</p> <p>£100,000 per annum for three</p>	<p>Purpose: Support offered from the mental health key workers will include:</p> <ul style="list-style-type: none"> • Medications advice • Mindfulness techniques • Education and self-help techniques to support people to self-manage • Accessing personal health budgets • Urgent housing support and advocacy to prevent housing evictions, manage tenancy and arrears, or other housing related issues • Benefits advice and support to attend appeals 	<p>A similar programme in Lambeth Offered over 4000 people support</p> <ul style="list-style-type: none"> • Reduced referrals into the previous secondary care entry point by 43% • Reduced referrals into all community secondary care teams by 29% • Supported the

<p>years</p> <p>Three neighbourhood skills and employment workers:</p> <p>£75,000 per annum for three years</p>	<p>or complete forms</p> <ul style="list-style-type: none"> • Advice around accessing specialist services and treatment <p>Employment key workers would be dedicated to identifying and engaging working age adults with mental health barriers to move into work. As part of the Neighbourhood Mental Health Team the clients would be engaged through that route but also through the social prescribing model. The Employment Key Workers would provide personalised and tailored assessment and action planned activity to move the patient towards employment including increased skills. The team would work primarily with those with lower level mental health conditions to provide an early intervention and prevention response and deliver a base level of outcomes.</p>	<p>Adult Mental Health redesign to reduce caseloads by 25% in the past three years</p> <ul style="list-style-type: none"> • Contributed to a broader system wide change of the 'flow' of people accessing and receiving support • Made significant progress in changing the culture of the workforce • Demonstrated that <ul style="list-style-type: none"> –people are satisfied with support offered, –that this support meets some of their needs and –helps them deal with their problems more efficiently
-----------------------------------------------------------------------------------------------------------------	-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

PRIORITY 3:

PREVENTING AND MANAGING LONG TERM CONDITIONS

Strategic Lead: Jessica Williams
Population Health Lead: Gideon Smith

Tackling premature mortality and health inequalities is vital to rebalancing our local health economy and achieving sustained reductions in health inequalities and improvement in local life expectancy.

- recent mortality trends highlight the importance of tackling premature cardiovascular, respiratory disease and cancer
- the Tameside and Glossop RightCare programme highlights the importance of tackling circulatory and respiratory disease

<p>Tobacco – Making Smoking History in Tameside</p> <p>Funding requested per year: £190,000 over three years</p>	<p>Purpose: Smokefree Nurse led Specialist team for Tameside Hospital</p> <p>A new nurse specialist-led smokefree team would contribute to the local ambition to reducing smoking prevalence by supporting smokers who are accessing hospital services to quit. The team will establish referral systems from each department of</p>	<p>Smoking cessation interventions are considered among the most cost-effective available in the health care sector² and are a key component of tobacco control</p>
-------------------------------------------------------------------------------------------------------------------------	---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

² http://www.ncsct.co.uk/usr/pub/B7_Cost-effectiveness_pharmacotherapy.pdf

	<p>the hospital and provide 1-2-1 quit support for all patients except pregnant women.</p> <p>Scaling up the Midwife-led stop smoking service</p> <p>This project aims to expand the successful midwife-led service to further reduce smoking in pregnancy rates by supporting more pregnant women to quit smoking. The project will also prepare for and support the additional workload that will be required from the local delivery of the GM tobacco strategy's Baby Clear and incentive scheme.</p> <p>Scaling up activity to tackle illicit and illegal tobacco</p> <p>Proposal: Build on the programme with Environmental protection to ensure more illicit and illegal tobacco is seized in Tameside communities. Tobacco detection dog visit to Tameside 4 times per year over 3 years to ensure more effective enforcement activity.</p> <p>Target Group: Smokers and their families</p> <p>Outcomes:</p> <p>The New Ambition for a Smokefree Tameside is an initiative to make faster progress towards becoming a smokefree borough and to meet Greater Manchester ambitions to achieve a smoking prevalence of 13% for adults and 5% for 15 year olds by 2020/21. To achieve these ambitions we need to considerably scale up investment and commitment to tobacco control in Tameside across all partners.</p>	<p>strategies because they offer smokers their best chance of quitting³.</p>
<p>Lung Screening</p> <p>Total cost is £250k for a cohort of 5000 eligible people.</p>	<p>Purpose:</p> <p>The Liverpool Healthy Lung Programme (http://www.liverpoolccg.nhs.uk/health-and-services/healthy-lungs/) has recently reported on a successful project to screen for lung cancer which has clear potential for local adoption to make inroads into local lung cancer mortality, smoking rates and impact of COPD (http://www.liverpoolccg.nhs.uk/media/2665/liverpool-healthy-lung-project-report_final.pdf).</p> <p>We can adapt the Liverpool model for Tameside and Glossop by:</p> <ul style="list-style-type: none"> • establishing a capacity for suitable assessment clinics • establishing a capacity for CT scanning • selecting and inviting a population of ever smokers and patients with COPD identified 	<p>Cost effectiveness of the Liverpool Healthy Lung Programme was comparable to breast and bowel screening: the majority of the quality adjusted life years gained were derived from early diagnosis and treatment of COPD (67%), with 17% from early detection of lung cancer and 16% from smoking cessation.</p>

³ <http://www.gmhsc.org.uk/assets/Tobacco-Free-Greater-Manchester-Strategy.pdf>

	<p>from GP records</p> <ul style="list-style-type: none"> confirming capacity for referrals for suspected lung cancer or COPD <p>Target Group: At risk residents</p> <p>Outcomes:</p> <ul style="list-style-type: none"> reduced smoking in adults, young people and pregnant women increased one year survival reduced the number of preventable deaths from cancer improved patient experience 	
<p>Macmillan GP</p> <p>£23,401 18/19 £43,251 19/20</p>	<p>Purpose:</p> <p>Tameside and Glossop CCG were awarded a grant from Macmillan in 2014-15 towards funding a Macmillan GP post for two years. The agreement with Macmillan was that the CCG would evaluate the role with a view to funding the post from June 2018. The role has been evaluated successfully and the proposal is to continue this work with added focus on early detection and prevention as well as:</p> <ul style="list-style-type: none"> facilitating training, education and development within primary care and ensure knowledge exchange sessions between wider stakeholders enhancing the knowledge and skills of primary health care teams in providing care to cancer patients with regard to early diagnosis, pathways of care, symptom control and supportive and end-of-life care to ensure the delivery of optimal care as well as early recognition of needs at all stages of the cancer pathway enhancing knowledge and provision of information on the availability of services to cancer and palliative care patients and routes of access to services within the locality enable cancer patients to have a greater understanding of their condition, treatment and navigation of the services and support available to them (including self-management) support the use of and roll-out of National, Greater Manchester and Macmillan programmes represent patient views and opinions and ensure equity of service. 	<p>In addition to ongoing membership of the locality's Cancer Board and Cancer Strategy group(s) the work plan for 2017/18 (to June 2018), includes:</p> <ul style="list-style-type: none"> Improving Early Diagnosis of Cancer in Tameside & Glossop (e.g. GP endorsed letters for all Bowel screening invites from the central hub, teaching around NICE guidelines). Review cancer risk prediction tools and implement e.g. Q Cancer Prediction tool. Be aware of recurrent themes in delayed diagnosis and consequently emergency presentations; barriers to diagnosis and early diagnosis. Targeted communications to practices around awareness campaigns to include promotional material and link in

		<p>with Be Well campaigns.</p> <ul style="list-style-type: none"> • Set up a cancer champion in each surgery (clinical and clinical administrative role) to link with Macmillan information points and Greater Manchester cancer champions. • Support development of practices level data packs to improve quality • Support Practices to ensure they complete the modules on Gateway C and other e learning events (Cancer Research UK to support). • Explore the role and implications of the Genetics service provision (breast/bowel initially). • Provide two way feedback between Primary and Secondary Care (for example on Cancer Care Reviews) to share good practice and improvements made • Support Implementation of the Recovery Package as recommended both nationally and as part of the GM cancer plan.
<p>Social Marketing Programme</p> <p>Love your Lungs</p> <p>Hypertension –</p>	<p>Purpose: Sustain and develop social marketing programmes which allow us to identify the ‘missing thousands’ from current disease registers in primary care, using risk stratification and insight.</p> <p>All programmes will seek to ensure Tameside</p>	

Check it campaign	residents: <ul style="list-style-type: none"> • are engaged with their own health and wellbeing • understand how their lifestyle choices impact on their current and future health outcomes (and, in the case of parents, their children's health outcomes) • can obtain sound advice about what constitutes a healthy lifestyle, and • have access to appropriate services, products and tools to support and help them change their behaviour. 	
Physical activity		
Cancer Early Detection		
Don't Be the One Smoking Campaign		
£196,000 over two years		

Table 1: Population Health Investment Fund Proposals

	Yr1 18/19	Yr2 19/20	Yr3 20/21
Priority 1:			
Delivering our new approach to early help for children and families, reducing demand on children's social care.			
Tameside Community Families	£150,000	£150,000	
11-16 Programme	£198,462	£198,462	
Domestic Abuse – CHIDVA role	£20,000	£40,000	£20,000
Children and Families Neighbourhood Model	£196,014	£196,014	
Workforce Development	£30,000	£30,000	
Total	£594,476	£614,476	£20,000
Priority 2:			
Improving mental health and wellbeing in our neighbourhoods.			
Health and Wellbeing College	£80,000	£80,000	
Key Workers – Mental Health	£100,000	£100,000	£100,000
Key Workers – Employment and Skills	£75,000	£75,000	£75,000
Total Living Well	£255,000	£255,000	£175,000
Priority 3:			

Preventing and managing long term conditions.			
Making Smoking History	£190,000	£190,000	£190,000
Lung Cancer Screening	£125,000	£125,000	
MacMillan GP	£23,401	£43,251	
Social Marketing/ Comms programme	£100,000	£96,500	
Total Ageing Well	£438,401	£454,751	£190,000
Total	£1,287,877	£1,324,227	£385,000

6.0 NEXT STEPS

- 6.1 The Population Health Investment funding is non-recurrent, and a key consideration is the sustainability of the interventions recommended for approval.
- 6.2 Rigorous evaluation of the outputs and outcomes from the prevention interventions will enable an assessment of the value to the health and social care community of different approaches. The proposals will be evaluated and monitored and reported back to the Strategic Commissioning Board.
- 6.3 The Strategic Commission can confirm its commitment to being a population health practicing partnership by recognising the need for and systematically making marginal shifts in its future spend towards cost effective preventive interventions that can be delivered in our Tameside neighbourhoods. Therefore every programme will have an outcomes framework to monitor performance and impact.
- 6.4 If the proposed programmes are supported, three more detailed business cases will be produced for discussion and agreement through Strategic Commission governance.
- 6.5 Business Case 1 - delivering our new approach to Early Help for Children and Families, reducing demand on Children's Social Care is attached at **Appendix 1** for discussion and agreement.

7.0 RECOMMENDATION

- 7.1 As stated on the report cover.

APPENDIX 1

DELIVERING OUR NEW APPROACH TO EARLY HELP FOR CHILDREN AND FAMILIES - REDUCING DEMAND ON CHILDREN'S SOCIAL CARE

1. Background

- 1.1. Tameside's Early Help strategy, "Smarter, Stronger, Sooner, Safer; An Integrated Approach to supporting Children, Young People and their Families through Early Help in Tameside" is a statement outlining Tameside's integrated approach to improving outcomes for children, young people and their families through early help and provides a guide to the workforce on the vision, principles, model, priorities and enablers of early help that will impact on children and families lives.
- 1.2. Priority one of the Tameside Population Health Investment Fund (Delivering our new approach to Early Help for children and families, reducing demand on children's social care) is a response to the needs analysis conducted for the Early Help strategy and a need to reduce demand on Children's Social Care. It commits resources to intervening as early as possible and working with the whole family to support positive changes and outcomes for all is at the heart of our Early Help offer
- 1.3. During September and October 2016, Tameside's children's services were inspected by Ofsted and the report published in December of 2016 found that they were Inadequate. In response the Council were required by Ofsted to produce a plan setting out the steps that would be taken to improve services. The original plan was submitted on 20 March 2017. This plan was adopted throughout the year and led the service through the first phase of improvement. During this leg of the journey, the plan oversaw improving practice in the Children's Hub, stronger safeguarding processes and lower caseloads for staff. Crucially the plan needed to go further to drive improvements at a strong pace. It was therefore felt that, alongside new leadership, a new improvement plan would be necessary to drive the momentum of change to improve for families in Tameside. The proposals in this business case supports the delivery of the Implementation Plan and will look to ensure children will have their needs clearly identified and those needs met with effective interventions rooted in relationship based practice which is effectively structured and managed.
- 1.4. The primary focus is upon families that currently receive a Social Work response from Children's Social Care, as we currently over-intervene in family lives in Tameside - approximately 20% more frequently than statistical neighbours. The delivery of the four proposals outlined below with match funding from the Troubled Families Programme to create a single investment plan is an integral part of our new ambitious Early Help service offer and is one of several programmes and interventions that are embedded in our holistic Think Family centred approach to service delivery. The Early Help approach is a key driver within Tameside in terms of the Tameside Think Family approach and public service reform.
- 1.5. The overarching vision underpinning our approach is to ensure that we move from reactive service provision, based around responding to accumulated acute needs, towards earlier intervention via targeted interventions, where problems can be addressed before they escalate taking a holistic whole family approach based on early intervention and prevention.
- 1.6. The delivery of investment programmes against priority areas aims to be aligned to build, maximise effectiveness and scale up existing investment. They should work across the population health system to provide access to a wide range of preventative services and coordinate effectively with partners. Delivered in close partnership or commissioned via the VCFSE sector the propositions should look to build stronger communities to support and enable individuals to manage their own health more effectively.

- 1.7. The proposed investments outlined below will provide more family/child centred personalised innovative interventions based on strong collaborative working across all partners and agencies and building capacity in the community and voluntary sector.
- 1.8. They also provides the opportunity to develop and implement a Children's Integrated Neighbourhood model for Tameside, complementing the neighbourhood/place based approaches already in place in the borough. Early consultation with relevant partners about this approach has been extremely positive and the aim will be to launch our neighbourhood model in September 2018.

2. LOCAL NEED

2.1 Local data and intelligence that highlight some stark statistics that we would hope to have an impact on over time. This data and intelligence can be found in the recently completed Early Help Needs Assessment (available on request).

2.2 In summary:

- 23.4% of children in Tameside are in low income families, compared to the 19.9% nationally;
- 15.3% of pregnant mothers smoke in Tameside, compared to the 11.4% nationally;
- 237 children and young people aged 10-24 were admitted to hospital because of self-harm;
- 535 children living with parents in treatment for drug or alcohol addiction;
- 538 Looked After Children;
- 404 Children on Child Protection Plan;
- 2489 Child in Need;
- 2347 Incidents of domestic violence;
- 95% of eligible two years olds access free nursery provision;
- 94% of children in Tameside go to a Good or Outstanding school;
- 1167 VCSE organisations in Tameside focus on support for children and families;
- 66% of children are assessed as school ready – this is below the NW and England average;
- The rate of permanent exclusions from Tameside schools is roughly three times the national average.

(2016 data source)

3. INVESTMENTS

Investment One - Building capacity to meet additional need in the 0-10 years Tameside Community Families Programme

- 3.1 The proposal is to build upon the current home visiting programme provided by Home-start (Oldham, Stockport and Tameside) with additional funding of £250,000 per year for two years. Funding of £150,000 from Population Health with a matched £100,000 per year for two years proposed from Troubled Families Funding. This would see an additional 80-100 families supported each year.
- 3.2 The purpose of the increased investment is to develop and deliver a service and a range of interventions giving family support with an emphasis on trusting peer relationships that will include two sets of beneficiaries: community family volunteers /parent champions and the parents, children and young people they support they support.
- 3.3 The service will support a caseload of families and recruit and train community volunteers/parent champions to work as peer supporters, providing them with the necessary skills and knowledge to deliver the service and improving their personal

confidence, building social capital and enhancing opportunities for further training and employment.

- 3.4 It will develop and delivery support packages individually tailored to each family based on the active participation and involvement of families.
- 3.5 The target group will be children (0-10yr) and families at Level 2 continuum of need with a strong emphasis upon the high end of Level 2.
- 3.6 Outcomes expected include:
- Reduced demand for Children's Social Care via new pathway from the Hub;
 - Increased step down from Children's Social Care, Children In Need;
 - Improved health related lifestyle behaviours for both adult(s) and child(ren);
 - Improved mental health and emotional wellbeing for both adult(s) and child(ren);
 - Improved child/ adult relationship and attachment;
 - Improved 'family/household' skills including budget managing;
 - Improved access to wider services available.
- 3.7 Home-Start's volunteer led model of early intervention and prevention is a very cost-effective form of family support: SROI by New Economy in development has shown:
- On average, it costs Home-Start £10.69 per week to support a child.
 - On average it costs Home-Start £22.93 to support a family for a week.

Investment Two - Building Capacity to meet additional need 11-16yrs

- 3.8 The proposal is to invest £198,462 per year for two years in the Targeted Young People's Casework team. The team would be based in Tameside Neighbourhoods as part of the Tameside Families Together service, consisting of six Youth Intervention Workers.
- 3.9 The purpose of this investment is to provide a service for young people 11-16years and their families.
- 3.10 The aim of the service is to engage young people (aged 11-16) whose emotional and behavioural needs, and family circumstances, indicate a risk of entry to care as they become older. There will be a need to work particularly closely with secondary schools and with Healthy Young Minds in developing an effective response, and supporting parents/families to meet the needs of their adolescent children.
- 3.11 The target Group will be young people 11-16 years with risk factors that indicate potential entry to care at later stage.
- 3.12 Outcomes expected include:
- Reduced demand for Children's Social Care via new pathway from the Hub
 - Increased step down from CSC CIN
 - A reduction in incidents of ASB involving 14-19 year olds
 - The diversion of 14-19 year olds from involvement in the criminal justice system
 - Improved engagement in education, employment and training
- 3.13 It is estimated that a young person in the criminal justice system costs the taxpayer over £200,000 by the time they are 16. But a young person who is given support to stay out of trouble costs less than £50,000.
- 3.14 Tameside's Looked After Children profile shows higher than expected numbers in care aged 11 to 15yrs.

Investment Three - Domestic Violence Children's Advisors (CHIDVA)

- 3.15 The proposal is to invest £80,000 (£40,000 per annum) with additional match funding from Troubled families fund.
- 3.16 The purpose of this investment is to enable the continued provision of 2 Children's Independent Domestic Violence Advisors (CHIDVA). The IDVAs role is to address the safety of victims (children) who are at high risk of harm of domestic abuse. This project is unique in Greater Manchester. The prevalence of Domestic Abuse in families referred to Children's Social Care is extremely high.
- 3.17 Target Group: The CHIDVAs core work is with children aged 6-18 through the provision of 1:1 support and group work. Children aged under 5 can be supported as part of a whole package of support with the family.
- 3.18 The programme supports our approach to tackling Domestic Violence. Delivery against the work of the existing CHIDVA's is assessed by:
- Number of children supported 1:1;
 - Number of programme sessions provided;
 - Number of children commencing attendance on programmes;
 - Number of children completing programmes with outcomes met.
- 3.19 Qualitative data is collected through case studies and testimonials provided by parents and children. This is analysed against key outcomes from the GMCA Victims Services Outcomes Framework.
- In the UK 140,000 children live in homes where there is high-risk domestic abuse and 64% of high and medium risk victims have children, on average 2 each.
 - A quarter (25%) of children in high-risk domestic abuse households are under 3 years old. On average, high-risk abuse has been going on for 2.6 years, meaning these children are living with abuse for most of their life.
 - 1 in 4 children witness domestic abuse, their physical and mental well-being and chances of doing well at school suffer from an abusive upbringing.
 - 62% of children living with domestic abuse are directly harmed by the perpetrator of the abuse, in addition to the harm caused by witnessing the abuse of others.

Investment Four - Delivering a full Children's Integrated Neighbourhood Model for Tameside

- 3.20 The proposal is to invest £392,029 over two years to fund 4x H grade Neighbourhood Early Help Coordinators and 1x C grade Business Support plus £60k (£30k per annum) for workforce development.
- 3.21 Capacity to develop a stepped approach to a full Integrated Neighbourhood model for Children and Families, joining up services at the three key tiers of need – universal, targeted and specialist including:
- Development of four neighbourhoods in line with adult model, Children's Centres, Tameside Families Together and Safeguarding Teams/ INS.
 - Core wrap around approach for core universal services where children receive core support – the Team Around Approach:
 - Early Years Providers;
 - Primary Schools;
 - Secondary Schools;
 - Primary Care;
 - Youth Services.
 - Systematic delivery of targeted early help services – getting the right service to the right family.

- Join up with Children’s Social Care for effective step up and step down, and enabling families needs to be met at the lowest level of intervention possible.
- Common workforce development programme for a defined set of services – shared vision, shared outcomes framework, shared language, shared ways of working with families – approach in development to complement ‘Signs of Safety’.
- Agreed pathways with specific pathways for specific needs.

3.22 An integrated Model for children and families is associated with a number of positive outcomes, including improved system performance, better outcomes for children and enhanced quality and resident satisfaction. Improving coordination, continuity and timeliness of support is central to this approach.

3.23 Underpinning the model would be a joint workforce development plan – providing the foundations of effective partnership working, both by bringing partners together to foster good working relationships and by introducing a shared framework of how we work with families to either a Restorative Practice⁴ or a Signs of Safety⁵ model.

4. FINANCIAL CASE

4.1 We know that the economic and social effects of not supporting vulnerable children and families are substantial. For example the fiscal benefits of supporting vulnerable families through the Troubled Families model have already been demonstrated.⁶

4.2 The proposals listed must ensure value for money but have also drawn attention to the costs of doing nothing. For example the economic and social costs of domestic abuse are significant. The Tameside Domestic Abuse Strategy 2016-19 estimates the annual cost to Greater Manchester and Tameside using the updated 2009 Walby Formula (pro-rata by population) an example table:

	Greater Manchester	Tameside
Physical and mental health care	£84.4m	£7.5m
Criminal justice	£61.5m	£5.5m
Social services	£13.8m	£1.2m
Housing and refuges	£9.6m	£0.9m
Civil legal services	£18.9m	£1.7m
Local economic output loss	£93.7m	£8.4m
Total costs	£281.8m	£25.2m
The Walby formula estimates further human and emotional costs	£485.6m	£43.4m

⁴ Restorative approaches are value-based and needs-led. They can be seen as part of a broader ethos or culture that identifies strong, mutually respectful relationships and a cohesive community and the foundations on which good teaching and learning can flourish. In such a community, young people are given a lot of responsibility for decision-making on issues that affect their lives, their learning and their experiences.

⁵ <https://www.signsofsafety.net/signs-of-safety/>

⁶

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/79377/20130208_The_Fiscal_Case_for_Working_with_Troubled_Families.pdf

- 4.3 Illustration of return on investment will be key and positive outcomes will be shared through the Single Commissions governance. Tameside & Glossop Strategic Commission have a strategic priority to 'embed social value at the heart of our commissioning approach'. The list below illustrates some of the ways we intend to gain social benefits from the investment:
- Creating skills and training opportunities (e.g. volunteers, apprenticeships or on the job training);
 - Providing additional opportunities for individuals or groups facing greater social or economic barriers;
 - Creating additional investment and supply chain opportunities for local VCFSE organisations;
 - Improving market diversity;
 - Encouraging community engagement.
- 4.4 An Early Help scorecard is in development which will allow The Strategic Commission to contribute to research on a Cost Benefit Analysis to measure impact and to help inform future commissioning decisions. New Economy have offered support with this.
- 4.5 The sustainability of our investment into the Integrated Place based Tameside model and into the services which most effectively support families rests on two main strategies.
- 4.6 **Reducing Demand** is a key focus of our approach, given that Tameside is currently experiencing an extraordinary rise in demand for specialist statutory services – most notably for Children's Social Care where Tameside is now an outlier within GM and is showing pressures throughout the social care system at a level approximately 20% over our statistical neighbours. It is a primary focus both of Tameside's Improvement Plan for Children's Social Care and of our Early Help Strategy, and therefore of our investment, to drive a reduction in these levels of demand over the next two years. As this demand reduces, and in particular the extraordinary pressure on Looked After Children placement costs comes down, then this will enable further investment in the Early Help services that Troubled Families investment will be supporting over the next two years.
- 4.7 **Integrated Working and Integrated Investment.** As we build our Integrated Neighbourhood Model we are already in discussions with partners about the principles of joint funding of services, where they can demonstrate that they reduce levels of need – with a particular focus upon the Council, CCG, health providers and schools.

5. DELIVERY / PROCUREMENT APPROACH

- 5.1 Investments two and four are both within in-house teams and as such there are no procurement issues to address.
- 5.2 Investments one and three are proposed for external organisations, currently Home-start (Oldham, Stockport and Tameside) and New Charter, in order to extend current provision.
- 5.3 The Council is obliged to follow its own procurement standing orders which include provision to make a direct award where there are exceptional circumstances to justify such a course of action and it will not contravene any legal obligation.
- 5.4 The services concerned are subject to Public Contract Regulations 2015 which permits: under the Light Touch regime (LTR) an award of contract without exposure to cross-border competition. This expenditure complies with the criteria of LTR as one of the specified Common Vocabulary Codes (CPV) and the proposed value of expenditure is below the LTR threshold of £589,148 Therefore this procurement route is compliant.
- 5.5 Procurement Standing Order F1.4 permits a direct award where our requirements can only be met by a single bidder because competition is absent for technical reasons. In this case

this is the specialist localised experience of the service providers combined with the integration with other fundamental services offered to members of the public.

6. HOME-START (OLDHAM, STOCKPORT AND TAMESIDE)⁷

- 6.1 Investment One, Building capacity to meet additional need in the 0-10 years Tameside Community Families Programme, proposes additional funding of £250,000 per year for two years for Home-start (Oldham, Stockport and Tameside). Funding comprises of £150,000 from Population Health and £100,000 per year for two years from Troubled Families Funding. This funding will deliver the new Tameside Community Families Service via a two year contract.
- 6.2 In addition it is proposed that the existing core grant for Home start of £75,000 per annum is extended beyond its current end date of 30 September 2018 until 31 March 2020 to align with the new contract for the Tameside Community Families Service.
- 6.4 Home start supports parents with young families as they learn to cope, improve their confidence and build better lives for their children. The benefits of their support include improved health and wellbeing and better family relationships.
- 6.5 Home start provides one-to-one support for parents via a team of dedicated and supervised volunteers. Home start volunteers can visit the family's home for a couple of hours every week. Support is tailored to meet the particular needs of parents and children with a commitment to keep visiting until the youngest child turns five or starts school, or until the parents feel they can manage independently. Parents and volunteers often develop a trusting relationship which can lead to powerful change within the family. Home start also run family groups and social events for families.
- 6.6 The grant funding to Home start increases the quality, quantity, impact and accessibility of volunteering throughout Tameside. The Council celebrates the contribution and value of volunteering in all of its diversity to individuals, communities, causes and the wider society. Home start has one hundred and fifty (150) active volunteers on its database at any one time.
- 6.7 Home start has been operating in Tameside since 1998, and the Council was instrumental in supporting the local organisation to set up at that time. The Council has had a productive partnership with Home start since around 2008 delivering a home visiting and befriending service. Home start was established for the benefit and well-being of vulnerable families in Tameside, and its uniqueness is defined in their service model of using trained and supervised volunteers to deliver agreed support interventions to families.
- 6.8 The service has always worked closely with the Council to proactively review its service model and make adaptations to service options in order to meet the changing needs of families locally, and the challenges faced by the locality.
- 6.9 Parents, carers and the wider family accessing the service offered by Home start are typically vulnerable because they may:
 - have poor physical or emotional health, or feel isolated or depressed;
 - have problems with substance misuse;
 - have learning difficulties;
 - have disengaged from statutory services;
 - be living in poor environments with very limited financial resources, poor housing or temporary accommodation and limited means of transport;
 - be bringing up children on their own;

⁷ <https://home-starthost.org.uk/>

- be teenage parents;
- be experiencing domestic abuse;
- feel discriminated against because they are from black and minority ethnic communities, or because they are refugees or asylum seekers;
- have been poorly parented themselves and so have few models of good parenting;
- be experiencing particular difficulties with a child with behavioural problems;
- be caring for a child with disabilities;
- be a parent of twins or multiples;
- be looking after a child who is looked after.

6.10 Home-start has worked with the Council to redesign its service offer over the years, responding to the changing profile of family's needs being presented along with the tightening of financial resources available.

6.11 Nationally there continues to be strong government emphasis on early intervention. Early intervention and prevention in Children's Services represents an intelligent approach to spending. It requires small investments to deal with root causes, rather than the much greater costs of dealing with the after-effects. It allows us to act in a less intrusive, more cost-effective for example a preventative community parenting programme, can save money on high cost interventions (youth crime and prison, unemployment, mental health problems and going into care) further down the line.

6.12 Evidence suggests that effective preventative intervention help to break recurring cycles of poor social outcomes, and prevent extensive and expensive responses from public services at a later stage. The aim is to shift priorities and resources from damage limitation to prevention and early intervention. It is fully accepted that this is a long-term endeavour.

6.13 The Home Visiting and Befriending Service delivered by Home start over the last six years is a key strand in the borough's parenting provision and support for parent infant attachment. Service evaluation has shown that parents accessing the service become less isolated, more confident and able to cope better as parents. The fundamental purpose of the service is to improve child outcomes through effective prevention, early intervention and quality family support.

6.14 The existing service has successfully used volunteers and members of the local community in establishing contact with those families where there is often a mistrust of professionals and a reluctance to use statutory services. Working in partnership with health visitors and early years services has enabled early intervention with vulnerable families. Trained and supported volunteers, who themselves are parents, have offered support in the families' own homes and in children's centres. The volunteers have offered practical help, support and friendship in order to help prevent family breakdown and crisis. Families have received specific and targeted support and have been signposted to other services to support them making healthy life choices.

6.15 Home-Start's volunteer led model of early intervention and prevention is a very cost effective form of family support:

- On average, it costs a local Home-start £10.69 per week to support a child.
- On average it costs a local Home-start £22.93 to support a family for a week.

6.16 **Procurement Approach:** The services concerned are subject to Public Contract Regulations (PCR) 2015 which permits: under the Light Touch regime (LTR) an award of contract without exposure to cross-border competition. This expenditure complies with the criteria of LTR as one of the specified Common Vocabulary Codes (CPV) and the proposed value of expenditure is below the LTR threshold of £589,148 Therefore this procurement route is complaint.

- 6.17 Regulation 77 PCR 2015 allows contracting authorities to reserve certain contracts for certain types of 'qualifying' organisations. As a Charitable organisation Home-start is covered by Regulation 77 for Reserved Contracts.
- 6.18 Procurement Standing Order F1.4 permits a direct award where our requirements can only be met by a single bidder because competition is absent for technical reasons. In this case this is the specialist localised experience of the service providers combined with the integration with other fundamental services offered to members of the public.
- 6.19 Authorisation for the direct award of contract is therefore seen as low risk and sought on the following grounds:
- The funding is to extend an existing high performing local Charity, with charitable objectives and any profits reinvested into the Charity.
 - The Home start service model is bespoke and uniquely tailored to the requirements of Tameside communities and the Community Families Model. Oldham and Stockport give a direct award to the Home-start due to the unique nature of their delivery model. No alternative providers have been identified who can deliver the same peer family support model.
 - The service has an established pathway from the Children and Families Hub and so is able to support families directly contacting Children's Social Care and reduce the considerable demand.
 - Recruitment of peer support volunteers is central to the cost effectiveness of the delivery model and Home start have an impressive track record in delivering this in Tameside. Alternative models implemented with paid workers would be much more costly and arguably less effective due to the unique relationships that peer support can offer.
 - Due to the urgent need to deliver improvements at pace, reduce demand and improve outcomes and support for families at risk, and the delivery of the Ofsted Improvement Plan, there is an urgency to delivering this community service. Home start are able to commence delivery immediately utilising their current peer support volunteers whilst working to recruit and increase capacity.
- 6.20 Authorisation is sought to award a waiver to standing orders and a direct contract award to Home start for the provision of the extended peer support service for a period of two years and increase capacity of the service to support a further 80-100 families per year at a value of £250,000 per annum from 1 April 2018 to 31 March 2020.
- 6.21 Authorisation is also sought to extend the current core grant (£75,000 per annum) to Home-start which supports the organisations core activities until 31 March 2020 to align with the above service.

7. EXTENSION OF DOMESTIC ABUSE CONTRACT

- 7.1 Investment Three, Domestic Violence Children's Advisors (CHIDVA), proposes to invest £80,000 (£40,000 per annum) to match funding from the Troubled Families Fund to fund the provision of 2 Children's Independent Domestic Violence Advisors (CHIDVA).
- 7.2 IDVAs are currently embedded and integrated within the provision of domestic abuse services. This includes the provision of one Children's IDVA funded via GM Police and Crime Commissioners Office. The funding for this post will be picked up by the Troubled Families Fund. Funding from the Population health investment fund will fund the additional capacity.
- 7.3 The contract for Domestic abuse provision (the Bridges service) is currently held by New Charter. The contract expires on 30 September 2018 and a procurement process is underway to procure a new contract from 1 September 2018.

- 7.4 Due to the uncertainty and short term nature of several of the funding streams for the domestic abuse service the tender value was of a range that will accommodate this additional funding. The specification included the provision of a children's IDVA. There should therefore be no procurement or contractual barriers to including this additional funding in the new service once procured.
- 7.5 The Children's IDVAs role is to address the safety of victims who are at high risk of harm of domestic abuse. This project is unique in Greater Manchester. The prevalence of Domestic Abuse in families referred to Children's Social Care is extremely high.
- 7.6 Authorisation is sought to vary the current Domestic Abuse contract with New Charter from 1 April 2018 to continue the current Children's IDVA provision and to increase provision by an additional Children's IDVA until the expiry of the contract on 30 September 2018 at a value of £40,000.
- 7.7 Authorisation is also sought to increase the value of the new domestic abuse contract when awarded to include the provision of the two Children's IDVAs at a cost of £80,000 per annum until 31 March 2020.

8. VALUE OF THE PROPOSAL

- 8.1 The total value of the proposal is £714,476 in 2018/19, £754,476 in 2019/20 and £40,000 in 20-21. Details for the four investment programmes are as follows:

Delivering our new approach to early help for children and families, reducing demand on children's social care					
Title of intervention	Proposed Allocation	Proposed Funding			
		18/19	19/20	20/21	
Building capacity to meet additional need 0-10 yrs	Tameside Community Families Programme - Building on the current home visiting programme provided by Homestart	150,000	150,000		
		100,000	100,000		*proposed from Troubled Families Funding
Building Capacity to meet additional need 11-16yrs	Targeted Youth team	198,462	198,462		
Domestic Violence Children's Advisors (CHIDVA) x2		20,000	40,000	20,000	
		20,000	40,000	20,000	*proposed from Troubled Families Funding
Delivering a full Integrated Neighbourhood Model for Tameside	4x H grade Neighbourhood Early Help Coordinators / Admin/ Workforce development	196,014	196,014		
		30,000	30,000		
		714,476	754,476	40,000	
	Proposed funding over 3 years	1,508,952			
	Troubled Families Grant	280,000			
	Population Health	1,228,952			