

Strengthening our Communities

Everyone Early Help Strategy 2018 - 2021

Early Help For Everyone In Halton – Children, Young People, Adults, Families

| Version Number | Date | Author | Review Date |
|-----------------------|-------------|---------------|--------------------|
| V11 | June 2018 | Clare Hunt | September 2019 |

Foreword

- 1. Introduction**
- 2. Purpose and Aims of the Strategy**
- 3. Legislative Framework**
- 4. What do we mean by Early Help?**
- 5. Early Help in Halton**
 - 5.1 Priorities**
 - 5.2 Principles**
 - 5.3 Early Help Stories**
- 6. Working Together**
- 7. Case for Change**
- 8. Halton's approach**
- 9. How will we measure success in Halton?**
- 10. Conclusion**

FOREWORD



**Councillor Tom McInerney
Lead Member Children, Education
and Social Care**

I am pleased to introduce Halton's Early Help Strategy. Effective Early Help is essential to improve the life chances of Halton's children, young people and their families. Although Halton, along with many other Local Authorities and our partner agencies, faces unprecedented financial pressures, we believe that a focus on support, prevention and early intervention will not only mean that we can overcome the current and future financial challenges but also, and more importantly, give people of all ages, the opportunity to take full advantage of everything that Halton and life has to offer. Our vision is to empower our children, young people, adults and families to become more resilient and less reliant to cope with the demands of life in the 21st century. Early Help is fundamental to achieving this vision.



**Milorad Vasic
Strategic Director
People, Halton
Borough Council**

This Early Help Strategy is an enabling approach for all ages in Halton and it stresses the importance of different areas of social care, health and mental health working together with other agencies to improve the wellbeing of every individual. The Care Act (2014) highlighting the individual's right to choice and independence combined with The Children & Family Act 2014 which has a focus on greater integration across health, social care and education underpin much of what we do already and is articulated in this Strategy through examples, of how individuals, families and communities can benefit from different teams pooling their ideas and resources to develop local priorities and deliver early help that can make a significant difference in people's lives. Our approach will provide children, young people, families and older people with a straightforward route to the services they need from their first contact with us and strike the right balance between specialist support, targeted work to prevent issues getting worse and access to universal services that are open to all in our communities.

This balance of provision is becoming ever more difficult to maintain as the challenging financial position of the public and voluntary sector continues. This strategy is, therefore, an important document that will shape and guide the development of services by both the Council and its partners over the coming years and how we will work with you, as we all seek to ensure that Halton's families are supported in providing their children with the best start in life and maximise the chances for their children to achieve in their schools and into adulthood and for older people to live independently

1. INTRODUCTION

There is a long standing and strong commitment to early help and prevention across all agencies and strategic partners in Halton. The majority of people, irrespective of their individual circumstances want to live a fulfilling and where possible active life. They also want to stay healthy for as long as possible while remaining a valued part of the community and able to play a part. Halton fully supports this view. It recognises that by addressing needs and the root causes of a problem at an early stage, individuals and families can be supported to cope better and achieve their own future potential.

In response to a range of national and local policy developments, this new strategy for **Early Help** represents a refresh of our approach and reflects our desire for an integrated approach to Early Help across children, adults and older people's services and public health as part of a whole Council approach.

This strategy aims to build upon the good practice and existing strategies from early help and prevention which already exists in Halton. We will use these foundations to establish a new '**Everyone**' **Early Help Strategy** that is firmly embedded within the main relevant legislative acts for children and adults. Throughout this document the term 'Adult' is defined within the meaning of the Care Act (a person aged 18 or over and which also includes 'older people' - aged 55+).

Whilst the Early Help services in the People's Directorate of the Council has a key role in the provision of early help services by taking a lead in the delivery and commissioning of services; it also has a role as a partner working collaboratively and co-operatively within a system of services from the statutory, voluntary and community sector. In addition, as a facilitator it helps to build capacity and confidence among young people, adults and families within Halton as well as the wider partnership.

The main benefits of early help approaches include identifying and promoting protective factors at an early stage and as a result prevent negative outcomes developing. The overall aim is to support people to maximise their potential, and as a consequence, enjoy a better quality of life. Early help approaches are often 'enabling': equipping individuals and communities with the tools to succeed, rather than interventions being imposed upon them. Asset based approaches, being introduced in communities in Halton will foster self-reliance and resilience rather than dependency.

2. PURPOSE AND AIMS OF STRATEGY

In Halton we see a focus on early help as fundamental in tackling the root causes of problems as soon as they arise; this is critical to improving people's quality of life throughout each life stage. We want to break down intergenerational cycles of deprivation and poor outcomes, prevent problems from escalating and reduce the need for the involvement of statutory services. Early Help is an overarching philosophy that should influence all strategies in Halton. The aim of the strategy is to achieve much better outcomes for local people of all ages and their families.

In doing so, we will be promoting better outcomes for the people of Halton and the communities which are an integral part of their identity. We want to help to ensure that we reduce avoidable spending on acute services where early help would have prevented, decreased or delayed the need for them, and hence provide better value for public money.

The strategy outlines our intentions and approach to ensure early help is understood, accessible and firmly embedded within the working practices of all agencies, promoting lifetime and whole-family planning to deliver effective early help in Halton.

We want to empower our children, young people, adults and families to become more resilient and less reliant.

2.1 Aims

These aims set out our aspirations in broad terms. Further detail will be in the action plans that are currently being developed. By 2021 in Halton:

1. More children and young people will lead healthy, safe lives and will be given the opportunity to access education and develop the skills, confidence and opportunities they need to achieve their full potential;
2. More adults will have the support they need to live their lives as healthily, successfully, independently and safely as possible, with good timely access to health, mental health and social care services;
3. Everyone will be given the opportunity to voice their opinions and experiences to ensure that services meet their individual needs;
4. The best possible services will be provided within the resources we have, giving excellent value for the public.
5. Our workforce will continue to thrive and work effectively to support each other and the community they serve, ensuring that we have a confident, competent, happy workforce.

3. LEGISLATIVE FRAMEWORK

The recent changes in legislation have reinforced the need to consider the needs of all individuals regardless of age and their families.

The Children & Family Act 2014 sets out a range of new responsibilities including the promotion of greater integration across education, health and social care. This focus on joint approaches to deliver integrated and personalised care provides a fresh impetus on achieving together the outcomes that matter to children, young people and their families. The act requires particular attention to be given to:

- Prevention
- Early identification
- Access
- Transition across life stages, and
- Preparation for adult life.

Also important to Early Intervention and Prevention work for children are the Children Act 1989 and 2004; the Ofsted single inspection framework; the thematic Ofsted framework; the Ofsted Children's Centre inspection framework; and the new Ofsted SEND inspection framework.

The Care Act 2014 highlights the requirement of effective person-centred planning to help intervene at the earliest possible stage. It states "*It is critical to the ethos of the Care Act that the care and support system works to actively promote wellbeing and independence, and does not just wait to respond when people reach a crisis point.*" To meet the challenges of the future, it will be vital that the care and support system intervenes early to support individuals, helps people retain or regain their skills and confidence, prevents need or delays and deterioration wherever possible".

According to the Care Act 2014 the most important part of adult care and support is to help people achieve those outcomes that are important and matter most to them in their life. This means that Halton, when carrying out its care and support functions for any person, must always promote that person's wellbeing. This idea of wellbeing covers many areas but can be summarised as follows:

- remain mentally and physically healthy
- maintain dignity stay safe and be in control
- enjoy, achieve and remain socially connected
- have a suitable home
- avoid financial and domestic troubles

4. WHAT DO WE MEAN BY EARLY HELP?

Early help aims to give people who are experiencing difficulty at any point in their lives the help they need as early as possible. It also supports individuals, families and communities to do more for themselves. People are no-longer considered passive recipients of care. Instead, they are actively involved and encouraged to adopt a 'can do' approach in tackling many of their own problems. This reduces dependency, but stresses independence and self-referral as means of accessing early support when needed.

In Halton, all agencies working with children or adults recognise that **prevention and earlier intervention** are more successful and cost effective than later or more formal interventions. We are all engaged to a greater or lesser extent in work that seeks to prevent the escalation of difficulties or the deterioration of circumstances which could adversely affect people at any age.

Halton's definition of "early help and prevention" across children's and adults' services and public health can be described as:

"Supporting communities to prevent and reduce need at the earliest stage whilst taking targeted action as soon as possible to tackle emerging situations, where there is a risk of a person developing problems. Early intervention may occur at any point in a person's life".

By **early help** we mean **the targeted action** that we take to prevent the development or escalation of problems. This definition importantly includes both help provided **early in life** (with young children, including pre-birth interventions) as well as the help delivered **early in the development of a problem** (with any person, regardless of age).

Who is responsible?

Everyone is responsible. The idea is to build upon people's strengths at an early stage, so they are enabled with the support of family and friends to recognise when help is required. By tackling the root causes of a problem as early as possible, people are able to maintain their independence and general wellbeing longer and where necessary can self-refer to an appropriate person or service.

For this to work effectively, a number of different groups involving public, private, voluntary and community have to work together to ensure the appropriate support is made available at the right time and in the right place.

Specifically in relation to children's services, Munro (2011) outlines three levels of prevention: primary, secondary and tertiary. Focussed more on adults, the Care Act 2014 provides a similar categorisation using the language of prevent, reduce and delay.

This definition highlights the importance of early intervention in improving outcomes for people. The dual aspects of better life chances and improved value for money are

fundamental. In addition to this overarching definition, the Partnership recognises a continuum of prevention, ranging from:

- ‘primary’ or ‘upstream’ approaches (including whole population approaches and/or services and interventions for people with lower level needs)
- through ‘secondary’ approaches – typically those directed at people with emerging needs, in an attempt to stop these getting worse; and finally
- ‘tertiary’ or ‘downstream’ approaches to prevention, usually targeted at people with a range of complex needs and/or more pronounced ill-health, focused on maintaining stability and preventing deterioration for as long as possible.

The diagram shows how both the principles of “Prevent, Reduce, Delay” interrelates with Primary, Secondary and Tertiary Prevention, so that whether we are talking of children’s or adults’ services, we have a clear framework to describe early help in Halton.



The table below summarises the different levels of prevention to help agencies to describe their contribution across three levels.

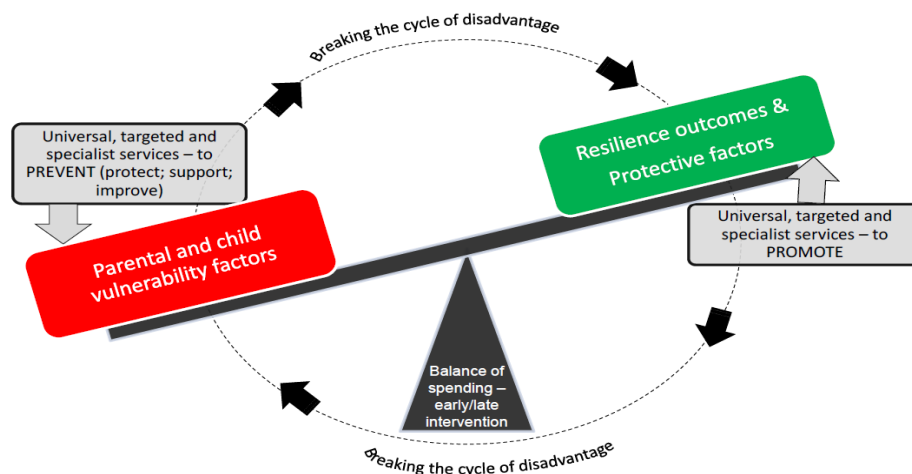
| Primary Prevention: Prevent | Secondary Prevention: Reduce | Tertiary Prevention: Delay |
|--|---|---|
| Preventing the occurrence of problems | Preventing problem escalation | Reducing the severity of problems |
| Early Help is taken at the level of the whole population in order to prevent the development of risk factors. At this universal level agencies build resilience across the population. Informal and formal education, awareness raising, helps to strengthen the support communities provide for local people. | At this level agencies will intervene early with individuals who have existing risk factors, vulnerabilities or acknowledged additional needs to ensure that problems are halted and do not become either more significant or entrenched. | At this level agencies work with individuals to tackle more complex problems to reduce the severity of those problems that have already emerged and reduce or delay the need for the involvement of more specialist services. This includes individuals, children, young people and families in crisis and on the edge of family breakdown. |

HALTON'S LEVELS OF NEED FOR CHILDREN

It is important that there is a clear understanding of where early help fits into the 'threshold of need' for children and that it is used appropriately by all partners. The diagram below illustrates this relationship it provides a continuum of needs of all children and their families in Halton.



What we do with children and young people now will have an impact and future savings for the adult population and the community. For example, social and emotional foundations in the early years, capable and confident parenting amongst vulnerable families, healthy lifestyles and good education experiences set during the primary and secondary school years can determine positive outcomes throughout the life course. It can also tackle the costly consequences of issues such as school exclusions and unemployment in later years.



EARLY HELP IN HALTON

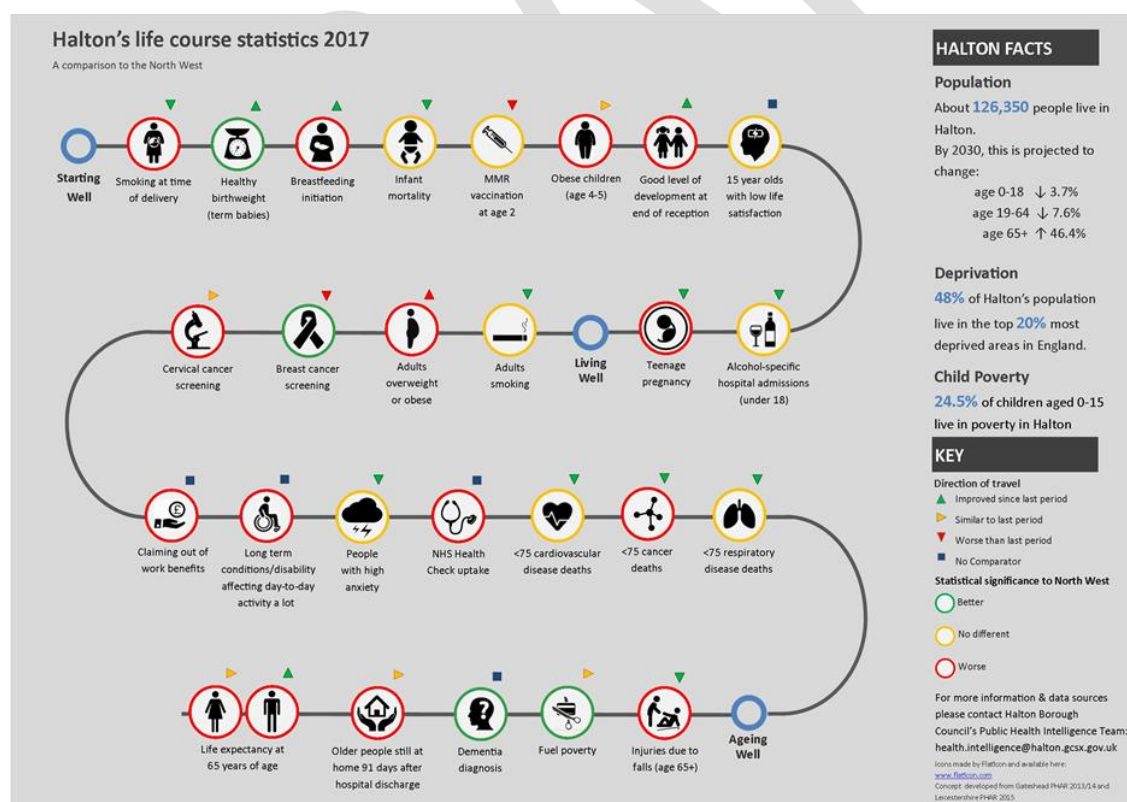
Halton’s strategy is made up of three elements:

- a set of **shared early help priorities** to support the shift to early help,
- a set of **early help principles** to inform the borough partners’ work on early help
- a selection of **early help ‘stories’**, that help to illustrate some of the real benefits of effective early help to individuals, families and communities.

5.1 SETTING OUR PRIORITIES FOR 2018–2021

The Joint Strategic Needs Assessment uses all available data and information to assess the current and future health and wellbeing needs of our local residents and communities. Such information is used to inform how resources are allocated across the borough in accordance with identified needs, ensuring the best possible health and wellbeing outcomes are achieved whilst also reducing health inequalities.

The following diagram provides an overview of the key findings from the most recent Joint Strategic Needs Assessment and other intelligence sources. The diagram reflects some common risk factors associated with the need for early help.



Priority 1

The right early help, in the right place at the right time.

Outcome

Individual's families and communities are self-aware, able to identify when they need support, and engage appropriate services to maintain their independence and overall wellbeing.

We will:

- Ensure whole system early help pathways are developed which are clearly understood and embedded in practice.
- Work with all agencies to put in place a workforce development plan to provide a whole system workforce response to our early help offer.
- Embed an outcome-focussed approach, ensuring that we can demonstrate the impact and difference made to, and in partnership with, our communities through the delivery of a whole system early help offer.

What difference will it make?

- People in Halton will know what advice and support is available to them and their families. This will help them respond to problems or needs arising due to changing circumstances.
- They will know where and who to go to for support, and what to expect.
- People will be able to deal with issues or problems before they become more severe or complicated. They will be independent and resilient enough to support themselves in the longer term, appropriate to their particular needs.

Priority 2

Ensuring a whole system approach to early help with strong partnership working

Outcome

Mature and adaptive partnerships which have shared ownership and accountability for the delivery of an effective early help offer.

We will:

- Embed a shared understanding and commitment of the 'everyone early help' offer.
- Ensure that all learning across the early help spectrum is shared to celebrate successes, but also learn from areas of improvement.
- Ensure that Early Help is not seen as something at the periphery of service design and delivery, but is embedded as mainstream.

What difference will it make?

- Service Providers will work together to minimise duplication, share knowledge about services available, and ensure that vulnerable people don't fall through gaps in processes.

Priority 3

Empowering local people and communities to build capacity and resilience, to enable people and communities to do more for themselves.

Outcome

Strong, connected communities supporting themselves and each other to lead happy and fulfilling lives, thereby reducing the demand on statutory services.

We will:

- Ensure that the premise of early help is underpinned by an asset-based approach to community development and resilience.
- Enable individuals, families and communities to self-help, and access services independently through maximising the use of technology, ensuring everyone is well informed about the service and support available.
- Promote independence by encouraging and enabling individuals to maintain a good quality of life accessing provision in their communities (helping them to help themselves).
- Recognise the need for strong connectivity with universal services to ensure people who need help are identified early, and effective step-up and step-down practices are in place.
- Ensure that the voice of the individual is at the centre of the early help offer, and individuals, families and communities are empowered to take control of their lives.

What difference will it make?

- People will have the knowledge and confidence to get involved or take a lead on community-based activities and projects, tailored to the skills and needs of their local areas.
- People will feel enabled to be independent, but aware of how to seek support services when needed.

Early Help Enablers

To assist with the 3 highlighted priorities we recognise that we need to more in the following areas:

- Improve **Information Management and Use of Information Technology**
- Enhance **Co-ordination and Timing of Service Delivery**
- Enhance approaches to **Whole Household and/or Family Support**
- **Building Resilience and Community Capacity**

We want to support individuals to make choices in their lives that enable them to achieve their full potential. Recognising that carers, staff and volunteers are an important part of delivering our vision, and must be valued and supported.

Our purpose is to improve the health and wellbeing of the population of Halton by empowering and supporting local people from the start to the end of their lives by preventing ill-health, promoting self-care and independence, arranging local, community-based support whenever possible and ensuring high-quality hospital services for those who need them.

We will work with local people and with partner organisations including healthcare providers and the voluntary sector. This will ensure that the people of Halton experience smooth, co-ordinated, integrated and high-quality services to improve their health and wellbeing.

The Council is working hard to maintain services with fewer resources and with further cuts expected, this will continue over the coming years. Our focus will be on prevention and independence and through making the most of universal and community based services to help young people, families and adults build, retain and recover skills.

5.2 Early Help Principles

Our vision is underpinned by a number of early help principles;

- Adopting strength based approaches using the strengths of individuals, families and communities;
- Supporting independence at all stages, with different levels of intervention offered;
- Working together as a strong partnership to deliver an effective local offer of support;
- Early help will be addressed across the life course, from developmental support in early years, to maximising wellbeing in later years.
- Ensuring we have an engaged, knowledgeable and committed workforce, that fully understand the importance of their role in early help;
- Identifying the children, young people, adults and families who need extra help and support at the earliest opportunity.
- Commitment to a 'Think Child', 'Think Parent', 'Think Family' and 'Think Community' approach to the assessment of needs which will have a positive impact upon all individuals within the whole family.
- Listening to children, young people, adults and families, and ensuring that the voice of children, young people, adults and families is evident throughout our involvement.
- Make every contact count – through effective assessment processes and by empowering professionals to address recognised needs of children, young people, adults and their families at the first opportunity.
- Share information – in a timely way, avoiding the need for continuous or repetitive assessment and 'starting again' syndrome. Understanding the whole family's needs, regardless of which individual service or setting they come to.
- Continuously improve – learning as we go along by monitoring, reviewing and evaluating the way that we work, gaining a better understanding of what helps families most, eliminating wasteful systems and bureaucracy and focusing our resources on making a positive difference.



By 2021 we will have:

Introduced targeted prevention, so that more people can live independently for longer in their communities, needing less; preventing and delaying the need for traditional public health or social care services.

Implemented and embedded requirements of the new Care Act.

Become more efficient in the way we work, making more use of digital technology to produce better results for people.

Supported new and existing providers of public health and social care to increase the range and quality of services.

Developed a confident, skilled and knowledgeable workforce that works flexibly with a range of partners to provide services.

5.3 Early Help Stories

The early help stories help to illustrate some of the real benefits of effective early help to individuals, families and communities.

David developed skills and confidence to live more independently



David has a diagnosis of Autism. He moved out of his family home to live in supported accommodation. His informal family carers were getting older and keen to see him settled in his own home.

At an early stage David was supported by his social worker and learning disability nurses to ensure all of his health needs were being met. Halton Housing was able to find suitable supported housing accommodation that David felt comfortable with. With assistance from his support agency he has been able to increase his independence gradually and improve his daily living skills such as maintaining his personal care and completing domestic tasks.

David now feels comfortable and safe in his new environment. Halton's Community Bridge Builders have enabled him to locate a local range of meaningful activities to take part in. These include volunteering with the local museum at Norton Priory to taking part in wider community activities such as walking groups. David and his family agree that the move has overall been a great success. He will be reviewed regularly by the social work team to ensure there is a continual emphasis on outcomes that match what David wants now and in the future.

Halton offers support to people at all levels of need and at every level will actively explore how people can be safeguarded and protected from harm. We offer timely intervention from our 'Home Support,' 'Rapid Access' and 'Reablement' teams. All of our actions are targeted to promote independence like David's story above.

Doris was reassured and felt enabled to access support

Doris's Story:

I felt horribly alone when my partner died 4 years ago, especially as my remaining family live in London. Apart from shopping once a week I don't go out due to diabetes affecting my feet. I used to enjoy playing whist, but lack of transport made the journey impossible. When I had trouble with my answerphone and Lifeline I realised something had to be done.

I was referred to the Volunteer Service who arranged a whole raft of other services for me. These included door-to-door transport, enabling me to play whist again. My answerphone and Lifeline problems were quickly solved and I had my feet checked at the Podiatry Clinic.



Social isolation and the twin problems of loneliness and depression are common among people who are over 55 and living alone. The Volunteer Service that Doris found so helpful is part of Halton's SureStart to Later Life information service. This offers information about a range of activities available in the local community (benefits and pensions, transport, education, social activities, health and fitness and much more). The idea is to enable older people to counter loneliness and take an active part in their community.

Betty was supported to develop the right skills helping her to move forward to independence

Betty's Story:



Betty has Down syndrome and a diagnosis of Autism. She recently moved from her family home to live in her own flat in Runcorn. She receives some support each day to help her to maintain her tenancy, cook her meals and maintain her personal care. Before moving, she worked with her social worker and the Community Bridge Building team to set up social, education and work-based activities in her week. Structure and routine are very important for her and plans were put in place before she moved to avoid unnecessary disruption to her.

Betty is now attending college each week thank to the intervention of Halton's Bridge Building team and her social worker. She does voluntary work at a cafe and a salon both of which are run by Halton Day Services. She has a much more active social life and attends events in her local area with her friends. For big decisions that she may have to take about her life, she has help from advocacy services and also support from the Bridges Health Team to put plans in place and increase her independence. Currently, she is working with her social worker in order to gradually reduce the support that she needs from staff.

Community Connectors is a recent example of a local project that will provide practical person centred assistance to anyone in specific localities in the borough. The service is about empowering people to have the skill set to solve their own problems before they reach the crisis stage.

Individuals will be enabled to clarify their own goals, strengths and needs and develop a plan to pursue their aspirations, build resilience and improve their possibilities for a more fulfilled life.

Robinson Family were fully supported, reassured and motivated to regaining the confidence to move forward with family life

The Robinson family, are two parents under 25 years of age with a 2 year old and new born baby. A Health visitor referred the family for early help with a number of support needs including parenting, budgeting and mums isolation and low mood.

The family worked with a Family Support Worker for four months to holistically address their individual needs as adults, developing the families parenting skills as well as ensuring that the individual needs of the children were met.

The Family Support Worker supported the family through a range of suitable approaches to meet their needs; expanding their skills in areas such as child development, money management and parenting, as well as supporting Mum to access mental health support.

As a result of this early help, the family developed the necessary skills to grow their confidence to move forward with their lives independently. They have built strong connections in their community, helping to reduce social isolation, maintain their independence and improve their quality of life.

Halton offers a variety of support to parents and families. This family found support through their health visitor interactions, support via the G.P and with their local children's centre. These interactions got mum to talk about their mental health issues and get support, it identified a 2 year funded place, plus access to local groups to widen their support networks and improving their parenting confidence.

6 WORKING TOGETHER

6.1 The vital role of partnerships

We need to build on the work of the partnership to date to ensure we draw on the full range of resources, expertise and insight of all partners so we can better understand the needs of our children, young people, adults and families. We need to better identify and engage with those families who will benefit most from services, and provide co-ordinated services that effectively address needs early, to ensure the very best outcomes for our children, young people, adults and families.

The strategy is set in the context of a very challenging economic climate which has seen unprecedented levels of central government cuts to local authority funding. Central Government funding for Halton Borough Council has already fallen by £45m. The next four-year period looks equally challenging. One example is within the North West. Alder Advice were commissioned to report on the future of Adult Social Care

in the region. Their report indicated a number of key risks and challenges some of which involved moving from expensive residential care to community provision and greater use of digital technology to lower the cost of long-term care. This highlighted major financial challenges for Halton. By 2022 a further £4.8m will be needed to fund services. If demographic changes are included this figure increases to £12.8m. Halton's challenge working with others, is to deliver on our agreed priorities while maintaining front-line services within limited resources and at a difficult time for the national economy. To achieve this, particularly with vulnerable adults, Halton has introduced a new model of care. This emphasises the need to work with adults as early as possible. It aims to make the most of the person's own strengths and skills, enabling them to live independently as long as possible. The focus of assessment is for the individual leading a life (as fulfilling as possible) rather than having a service.

Partnerships are the key to being able to maintain effective services and continue to improve outcomes for everyone in Halton. There are key partnerships between the council and health services in supporting early help. The partnership between the third sector, the council and other partners is also crucial to achieving better outcomes for children, young people, adults and families. Third sector partners, including community groups and volunteers, perform an important role in reaching local communities and supporting individuals and families and it is important there is further collaboration across the partnership which maximises the third sector's contribution, and its ability to lever in additional resource.

Partnerships need to build on our achievements to date and encourage both the alignment of resources and more formal joint commissioning arrangements. Grants for 11 voluntary sector organisations, totalling £214,000 have been recommended for the current financial year (2018-19). These will contribute to the council's priorities involving: Children and young people; employment learning and skills; healthy Halton and Safer Halton. These grants will have a significant impact on volunteering, training and development opportunities as a means of reducing reliance on statutory services.

By 2021 we will have:

Strengthened arrangements for existing public health services so that more people get the right support to manage lifestyle issues such as substance misuse, smoking or being overweight.

Put in place actions to support communities and individuals to reduce loneliness and social isolation.

Improved preventative services for children and young people through the Healthy Child Programme.

Invested in local community projects within Halton that support people to live longer, healthier and more independent lives.

6.1 Commissioning

Bringing agencies to work together to meet the needs of children, adults and families is at the heart of early help. This requires whole system change, driven by energetic and visionary leadership which is already in place across the Council. Integrated commissioning is the key. It will support the delivery of the whole system change that is needed. It will also provide a robust, credible and objective way of making decisions about sparse resources, so that they have maximum positive impact on the lives of children, adults and families.

Key commissioning principles

We will:

- adopt an outcomes based approach to commissioning;
- understand the needs and priorities of our community, now and in the future and clearly specify our requirements;
- ensure that value for money and achieving sustainable efficiencies are the foundation of our commissioning solutions;
- undertake co-production and involve customers and service users in the planning, design, monitoring and evaluation of services;
- ensure commissioning takes place at the most appropriate level (services will be personalised wherever possible);
- be honest about the financial and legislative frameworks in which services are to be provided;
- support market developments to ensure there is a mixed economy of commissioned services enabling partners and individuals to deliver services where they can enhance outcomes and efficiency;
- build the capacity of our local third sector and small businesses to ensure they have equal opportunity to participate in commissioning;

- promote investment in the local community through all stages of the commissioning process; and
- work jointly with other relevant local and regional commissioners to best secure positive outcomes and value for money for our residents.

Halton will use commissioning and co-production approaches to develop and imbed a different widespread culture and practice. This will supports and allow innovation and collaboration, as well as greater capacity and relevant freedom at local level to develop and implement new approaches.

An example of our joint commissioning is around Mental Health Services. Following a redesign of the services provided by the council for people with mental health needs, the Mental Health Outreach Team is now working collaboratively with NHS Halton Clinical Commissioning Group to provide targeted and time-limited support for people with the full range of mental health conditions in Halton, including people with complex needs supported by the North West Boroughs NHS Trust and those people with more common, but often equally difficult to manage, mental health conditions who are supported only by primary care services.

When people are referred to the outreach team, they are interviewed about what changes in their lives they want to make, in order to have a better quality of life and to be able to participate in their own communities. An individual plan is then developed with them, targeted at their wishes and needs, and a member of the team supports them over an agreed time period to achieve these aims. This approach is having a considerable level of success and is reducing the need for people to be referred for more complex and expensive levels of support.

In addition, the mental health social work service has redesigned and is able to focus more fully on people whose needs are only being managed through primary care services. Both approaches are achieving positive outcomes for local residents with mental health problems.

6.2 Community Capacity Building – Working Towards a Community Asset Based Approach

Halton Borough Council has always helped communities to “help themselves”, including helping people to understand their needs and develop their own solutions to these needs. There are three key areas that we can continue with to develop this further:

1. Unlock the capacity of communities to support themselves and vulnerable individuals and families – reducing the demand on public service.
2. Support communities to work in partnership with the Council to design and deliver services, including those currently delivered by the Council

3. Develop voluntary and community sector (VCS) organisations in Halton as effective providers in a diverse market which supports delivery of the Council's priorities.

Halton values the many people in our borough that contribute their time, energy and enthusiasm to helping others in the community.

Halton benefits from a variety of volunteer support opportunities across a number of projects from providing a listening ear at Halton Haven Hospice, support at scouts and our youth provision to partnership initiatives including Venus project that has staff and volunteers that work to empower, promote and support young people and their families in developing their potential, recognising their choices and achieving their goals.

We know volunteers make an important contribution to the quality of life in Halton and that is why we support the efforts of the non-profit and voluntary sector in Halton and we will look to strengthen our community asset based approach in the coming months and years.

7 THE CASE FOR CHANGE - NATIONAL RESEARCH AND EVIDENCE

Nationally there are varying degrees of commitment to early help. Many services across health and social care are responding to escalating levels of demand through increased crisis management. However there is a growing body of evidence to support early help, which has been highlighted in key national documents and research.

Many local authorities are operating within a climate of unprecedented challenge for the public and voluntary sector, as demand for specialist services rapidly increases against a backdrop of dramatically reducing resources. For some families (estimated at 30 per cent of the population), difficulties arise which, if addressed early enough, can be prevented from escalating into costly statutory service intervention.

The Marmot Review into health inequalities in England published in February 2010 acted as a timely reminder of the continuing social and economic cost of health inequalities and provided further pointers towards early intervention help and support. In doing so, it presents a robust and well-evidenced business case for national and local action to address health inequalities through concerted action.

Work undertaken by the Early Intervention Foundation, the Washington State Institute for Public Policy, the Dartington Social Research Unit, MP Frank Field's review on the Foundation Years, MP Graham Allen's review of Early Intervention, and the work of the WAVE Trust among many others provide enough evidence that Early Help can reduce demand on more reactive and expensive services.

They all independently reached the same conclusion that it is important to provide help early in order to improve outcomes. Nationally, interest is growing in an evidence base for early help and in particular a need to demonstrate effectiveness to produce cost savings in more specialist and acute services. It is important to

recognise that early help is not a one-off fix, but a highly targeted process and approach – a way of working with specific outcomes.

The emphasis on the economic value of early help has been developed further by the Social Research Unit at Darlington University. The American 'Blueprint' model is being translated into a UK context for a number of evidence-based interventions. The work currently in progress is specifically on child protection, however work on Early Years and Young Offending has already been published.

It is estimated nationally that if the number of offences by children and young people were reduced by 1%, it would generate £45 million in savings to households and individuals per year. The cost of educational underachievement has been projected at £18 billion per year by the London School of Economics for the Prince's Trust. Statistics highlight intergenerational cycles; daughters of teenage parents are three times more likely to become teenage mothers, and 65% of sons with a convicted father go on to offend themselves, with significant costs to society. Inequality also impacts; a child living in poverty is more likely to have poorer health, lower attainment and less earning potential.

As people age they become more likely to have reduced contacts with family and friends. They are also more likely to be less mobile and have reduced income. These factors and others such as increased likelihood of hearing and sight deterioration can cause older people to be vulnerable to loneliness. Loneliness and isolation pose severe risks to health and can lead to early death. The effect of loneliness on life expectancy exceeds the impact of factors such as physical inactivity and obesity, and has a similar effect to that of cigarette smoking and alcohol consumption. Older people who are lonely have a greatly increased risk of developing Alzheimer's disease and have an increased use of health and social care services.

Well targeted loneliness interventions can substantially decrease spending on health and social care services. SCIE give case studies of befriending schemes saving £300 per person per year and Community Bridge Builder / Sure Start to Later Life type services saved even more. Research highlights that for every £1 spent on preventing loneliness there is a potential to save £3.

8 HALTON'S APPROACH

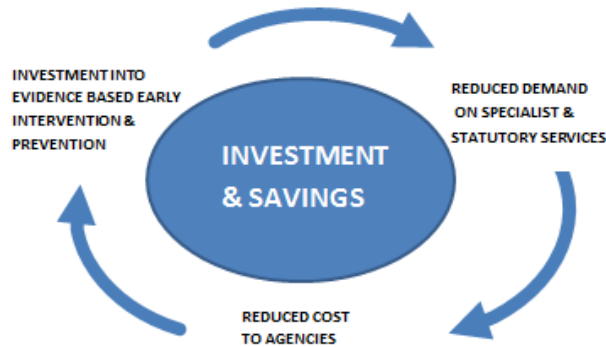
A key priority of this strategy is to develop a more cost effective, integrated and sustainable service model for people's services which identifies emerging problems as early as possible and prevents them from escalating.

In achieving this, a new financial model needs to be developed, which will include a focus on:

- Protecting the existing early help spend, focusing this on evidence-based interventions;
- Acknowledging that there is no new money to invest in interventions, exploring opportunities for attracting investment to pump prime early help initiatives;

- As early help is systematically rolled out and evidence of changes of demand becomes apparent, a commitment to re-prioritise some high cost expenditure on acute and crisis management services into cost effective early help provision.

This approach aims to create a cycle where a proportion of savings from reduced demand are reinvested into early help and prevention activity which in turn leads to a further reduction in demand on specialist and statutory services. This feedback approach is outlined in the diagram below:



By 2021 we will have:

Designed, developed and delivered services with people who use them, in ways that make good use of volunteers' time and are an efficient use of public money.

Routinely asked people who are experts by experience and where relevant Carers, to help us assess the quality of care and health providers.

Improved the ways in which we show that people and staff's involvement makes a difference – so that they can see and understand that we listen to what they tell us and that it influences what we do.

Kept more vulnerable people safe. We will do so by raising awareness and understanding in the social care workforce and the public about what to do if they are worried about someone who is vulnerable.

9 HOW WE WILL MEASURE SUCCESS

We will constantly review how we work to make sure that we are delivering better care and results for people. We know it is important to listen to people, if we have a good understanding of what people think, want or need, we are more likely to deliver the right result for them. We will not know if we are successful in making a difference to people's lives unless we can measure the results, and we will measure how well we are doing in a number of ways:

The Adult Social Care Outcomes Framework - tells us how well care services are meeting people's needs, as we would expect for ourselves, our friends and relatives. This includes whether people feel they are treated with dignity and respect, feel safe and are independent, for example, being still able to live at home after a stay in hospital.

Public Health Outcomes Framework - tells us how well public health services in Halton are working, for example not only how long people live, but how healthy they are. Other indicators of success include reducing the number of people who have falls, or who feel they are lonely.

NHS Outcomes Framework - as we work more closely with partners, sometimes our performance will be jointly measured. For example, with our NHS colleagues how successful are we at reducing avoidable emergency admissions to hospital.

9.1 How will we know if Early Help in Halton is working?

We will expect to see that more individuals and families are empowered and enabled to take control of their lives, and they are supported in their local communities avoiding the need for services intervention. When there is service intervention we will expect to see the positive impact in a timely way with families reporting sustained improvement in their circumstances.

The success of the strategy will be reported through agreed key performance indicators. The indicators we are developing will provide a benchmark of whether early help for children, young people, adults and families in Halton is making a difference to our community. All our partnership activity – whether strategic or operational – over the next three years will be expected to make a contribution to these outcomes.

This strategy follows an outcome-based accountability model. The indicators below tell us whether early help is working locally. Outcome measures are used at service level to tell us whether early help is working for individuals and families. It follows that if early help services are delivering positive outcomes to individuals and families, then we should see that reflected at community level.

9.2 Governance

The Early Help Strategy covers the period 2018–2021 and will be reviewed annually to ensure the plan remains agile and focused on the emerging needs of local people and communities. The reviews will also enable an assessment to be made on progress to the previous year and provide means to harness commitment to deliver the future year’s aspirations.

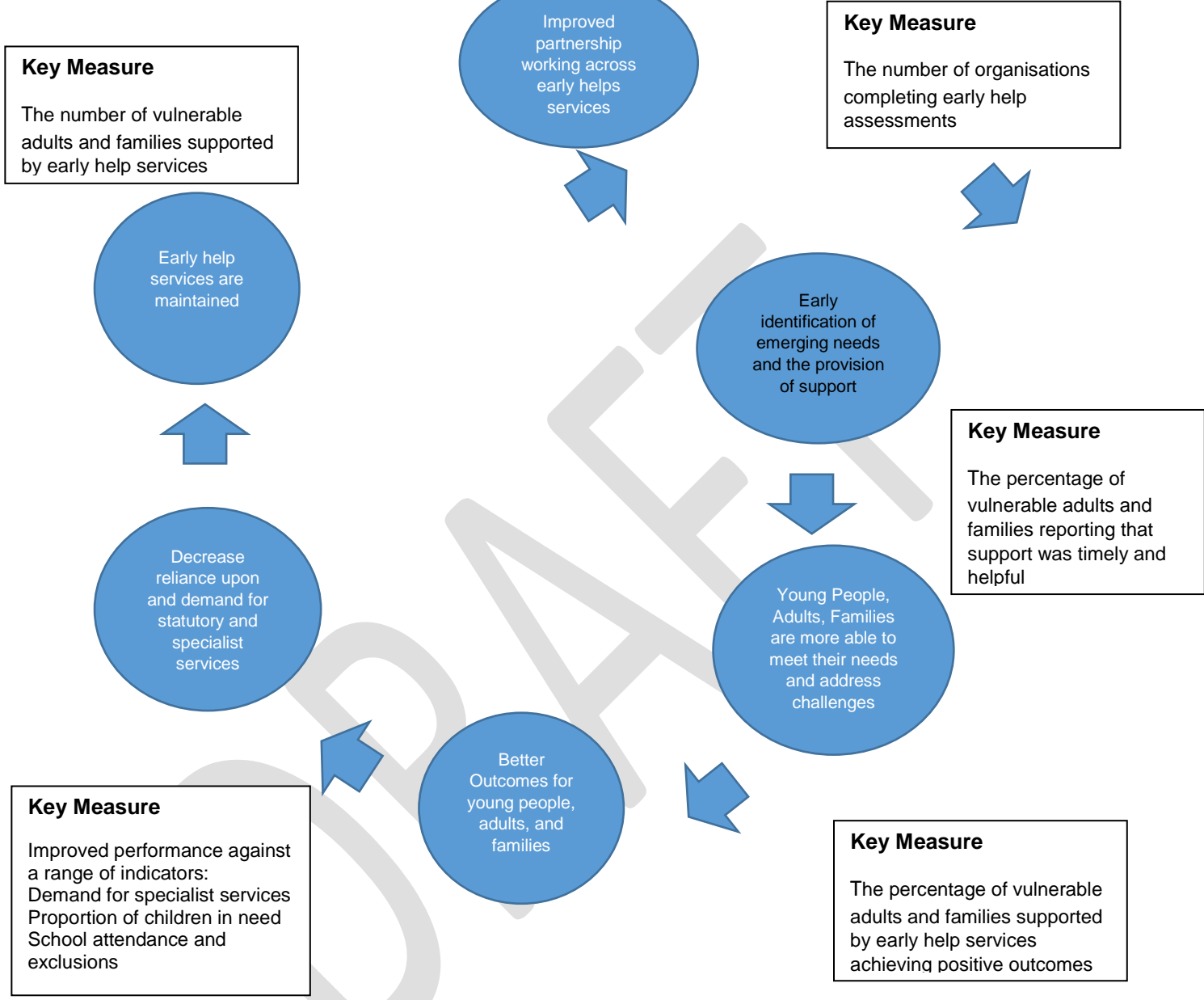
Responsibility for the monitoring of the implementation of the Strategy lies with the Children’s Trust and Health and Well Being Board.

The Early Help Strategy is fully joined up with existing plans and priorities relating to:

- One Halton Health and Wellbeing Strategy 2017-2022
- Sustainable Community Strategy 2016- 2026
- Children and Young People’s Plan 2018 – 2021
- Adult Social Care Business Plan 2017 – 2020
- The Care Act 2014

A governance structure and early help priority groups will oversee the development and delivery of these priorities. Each group will use a life course approach and ensure each action plan includes action to maximise prevention and early help.

Impact of Early Help



10 CONCLUSION

The success of our approach to Early Help is dependent upon collaborative and integrated working and will only be achieved by making Early Help an integral 'golden thread', which is woven into all our borough's strategic plans and comes with a clear commitment across the partnership.

The development of a robust early help offer for children, young people, adults and families in Halton will prevent problems escalating and becoming entrenched and more complex. It will also lead to a reduction in the need for more costly, specialist and statutory services while preventing unnecessary trauma and emotional upheaval for families.

Halton has the opportunity to provide an early help offer which is more coordinated, one which avoids duplication and makes the most of the resources available in an efficient and effective way. To deliver the early help offer requires a significant transformation of some current models of service delivery. This practice and culture change can take time and requires commitment into the medium and longer term future.

DRAFT

Appendix 1 - Cost Benefit Analysis

There is a growing body of evidence which indicates that early intervention is cost effective when delivered in a targeted and timely fashion. It can create savings across a number of public sector services further down the line by taking demand out the system.

Since social and economic policy decisions are made under resource constraints, the value of public investment must be judged, at least in part, through economic efficiency, in terms of value for money. In deciding how funds should be allocated, public agencies need to know not only what is effective, but also which choice brings the greatest benefits for a given set of resources.

In the case of early year's interventions, the long-term economic impact is determined by comparing the benefits to society to the costs accrued. Benefits to society include the benefits to the programme recipient and family.

Costs to society include the benefits foregone from not using the resources for some other use. Due to the large differences in the methodologies adopted by studies aiming to evaluate the economic impact of early year's interventions, it is difficult to compare results across interventions. Nevertheless, a number of studies do provide indications regarding whether early years or other interventions generate benefits in the long term that outweigh the costs.

A number of studies have been conducted which demonstrate these cost benefits and include:

| Policy Area | Illustrative Example |
|---------------|--|
| Mental Health | <p>According to the Mental Health Foundation – Fundamental Facts about Mental Health (2015), In England, early intervention for first-episode psychosis has been calculated to result in savings of £2,087 per person over 3 years as a result of improved employment and education outcomes.</p> <ul style="list-style-type: none"> • A study by the LSE estimated savings of £8 for every pound spent on parenting programmes to prevent conduct disorder over the course of a child's lifetime. The report also stated that "the economic returns from school-based programmes to deal with bullying and other behavioural problems are even larger. • The same study estimates a saving of £18 is for every pound spent on early intervention psychosis teams that work with young people in their first episode of schizophrenia or bipolar disorder • Investment in suicide training for GPs saves £44 for every pound invested, while bridge safety barriers save £54. Screening and brief intervention in primary care for alcohol misuse saves nearly £12 for every pound invested • Workplace mental health promotion programmes save almost £10 for every pound invested. |
| Parenting | The Incredible Years Parenting Programme, which deals with |

| | |
|------------------------------------|--|
| | children diagnosed with disruptive behaviour, costs around £1,344 to deliver a six month intervention to improve behaviour. It is estimated that without intervention, the continued conduct disorder of an individual costs an additional £60,000 to public services by the age of 28. |
| Early Years (Dartington Report) | It is estimated nationally that if the number of offences by children and young people were reduced by 1%, it would generate £45 million in savings to households and individuals per year. The cost of educational underachievement has been projected at £18 billion per year by the London School of Economics for the Prince's Trust. Statistics highlight intergenerational cycles; daughters of teenage parents are three times more likely to become teenage mothers, and 65% of sons with a convicted father go on to offend themselves, with significant costs to society. Inequality also impacts; a child living in poverty is more likely to have poorer health, lower attainment and less earning potential. |
| Early Years | A UK-based study, contrasted estimated £70,000 per head direct costs to the public of children with severe conduct disorder, with a £600 per child cost of parent training programmes. Although such figures do not demonstrate cost-effectiveness, they highlight the very low costs of early years' intervention compared to later expenditures once the problem is not addressed. |
| Literacy | Poor literacy skills are estimated to cost between £5,000 and £64,000 for each individual over a lifetime with the vast majority of these costs being due to lower tax revenues and higher benefit payments. The cost of a specific intervention with school pupils, in this case the Reading Recovery Programme, costs £2,609 per pupil and has shown that 79% of participants have been lifted out of literacy failure. |
| Economic Development & Skills | It has been argued that early year's interventions should also be portrayed as economic development initiatives and one way of considering this issue is with regards to skills formation. Research suggests that early skills and behavioural disturbances, or antisocial behaviour – during childhood and adolescence found average costs to UK society ranging from £13,000 to £65,000 annually per child. These costs are disproportionately higher than the cost of early prevention/intervention. A failure to obtain skills and qualifications the first time around cannot be made up entirely in adulthood, even with significant investment. The costs of such remedial programmes per person can be more than double the cost per child spent on pre-school or compulsory school education and are not likely to be as effective. |
| Pause | Every local authority within the UK has women with complex and challenging needs to whom multiple children are born and subsequently removed into the care system under child protection proceedings. A Lancaster University study estimates the scale and pattern of recurrent care proceedings over a seven |

| | |
|--|---|
| | <p>year period (Broadhurst et al 2014). The numbers are significant, showing a total of 46,094 birth mothers appearing before the courts of which 15.5% (7,143) were linked to recurrent care applications. As each woman may be linked to more than one child, the total number of care applications associated with this group is as high as 29% of all care applications (22,790). If we estimate that 100 women, with a similar profile to those currently on Pause, were spread over 5 sites over a 5 year period with no intervention, they could potentially have 264* children removed into care at a cost of almost £20million. These are primarily the costs of taking those 264* children into care and do not account for other associated costs.</p> |
| Older People | <p>It is widely acknowledged that falls and fall-related injuries result in major costs to health and care systems:</p> <ul style="list-style-type: none"> • Around one in three people over 65 and one in two people over 80 fall at least once each year. • Falls account for around 40% of all ambulance call-outs to the homes of people over 65 and are a leading cause of older people's use of hospital beds. • Each year there are around twice as many fractures resulting from falls as there are strokes in the over 65s. • Falls are a common precipitant for people moving into long-term care, or needing more help at home. <p>A Cochrane review looking at the effectiveness of various interventions in the prevention of falls among older people living in the community, concluded that home safety assessment and modification interventions were effective at reducing the rate and risk of falls.</p> <p>The most common serious injury arising from a fall is a hip fracture. Around 70,000-75,000 hip fractures occur in the UK each year. The annual cost for all hip fractures in the UK, including medical and social care, is about £2 billion (c £26,000 per hip fracture) Applying the New Zealand finding of a 26% reduction in falls achieved by very modest adaptations would indicate a potential reduction of 18,000 falls with resulting savings of half a billion pounds (£500 million) each year</p> |
| Young Adults Positive Behaviour Support Service (PBSS) | <p>In terms of cost reduction over a 6 -7 year period, a single young woman with PBSS and Halton Supported Housing Network (HSHN) staff to support her has saved Halton £578,000 on packages of care. This was able to happen due to an early intervention plan and reward system which ensured Lucy (not her real name) remained engaged and was able to address her issues through training.</p> |
| Telehealthcare | <p>The principal social care and financial arguments supporting the use of Telehealthcare stem from the Department of Health 'Whole System Demonstrator Programme and other controlled studies since such as: Medvivo (2014) which found that the</p> |

following gains were possible in a large group GP practice for patients with COPD:

- 45% reduction in patient deaths (mostly among those over 65)
- 52% reduction in hospital admissions
- 36% reduction in visits to A & E
- 35% reduction in GP visits

In an attempt to estimate overall cost savings they found the following savings per person per year:

- £1,250 in reduced unplanned hospital admissions
- £110 in reduced visits to the GP
- £480 reduced visits by the community matron
- £30 in reduced attendance at A & E

This represents a total annual saving per individual with COPD of £1,870 (this figure doesn't include the cost of equipment and training). By 2020 the estimated number of COPD patients in Halton (aged 16+) will be approximately 4,400. This represents a potential saving for COPD overall using Telehealthcare of around £8.25m.

DRAFT