

REPORT TO: Health & Wellbeing Board

DATE: 9 March 2016

REPORTING OFFICER: Operational Director, Education, Inclusion and Provision

PORTFOLIO: Health & Wellbeing

SUBJECT: Complex Dependency/Early Intervention

WARD(S) Borough-wide

1.0 PURPOSE OF THE REPORT

1.1 The report summarises the arrangements for the introduction of a Multi-Agency Front door as part of Complex Dependency Early Intervention model in Halton.

2.0 **RECOMMENDATION: That the Board note the progress to date in implementing a multi-agency front door and recognise the benefit of a defined route to services through a single point of access by a dedicated multi-agency team.**

3.0 SUPPORTING INFORMATION

3.1 One of the key aims of the Complex Dependency Early Intervention project is to create a single, multi-agency front door for identification and assessment of complex individuals, children and families.

3.2 To deliver a multi-agency front door in Halton the process and practice of the current Contact and Referral Team (CART) have been reviewed. Through the implementation of the revised front door the aim is to provide a proportionate, timely and co-ordinated partnership approach to children, families and vulnerable adults. This approach should lead to a more appropriate allocation of resources to those children, families and vulnerable adults that require additional support due to them having multiple and complex needs.

3.3 For the new arrangements to be effective partners have to commit to the following principles:

- A graduated approach to offering support at the lowest level, in keeping with early intervention principles;

- Professionals to be proactive in the provision of early support and to work in partnership to achieve this; and
 - Professionals to implement appropriate frameworks and methods to ensure that support is at the right level and is SMART.
- 3.4 The above principles are critical in order to prevent escalation of needs and to reduce the requirement for specialist services. Through improving our expertise and processes at the front door it should be possible to ensure that children, families and vulnerable adults are supported on the correct pathway and that resources are more efficiently allocated.
- 3.5 The development of the model in Halton has been led by the Early Intervention Operational Group a partnership group chaired by the Complex Dependencies Co-ordinator. It has been informed by best practice and feedback from quality assurance i.e. audit, practitioner and family feedback. A dedicated Business Analyst has been working on mapping and identifying functions and processes that need to be undertaken within the new integrated team. As a key part of this work a toolkit is being developed for use by professionals.
- 3.6 The new integrated team will be known as I-CART and there will be a soft launch of the new approach at the end of March 2016. I-CART will be located on the first floor of Municipal Building alongside the contact centre and adult service front door. During March joint training and workforce development will be provided to the team.
- 3.7 Although a number of key roles have been identified within the initial team the experience of other areas is that once the team is up and running opportunities for more partners or services to contribute to strengthen the approach are identified. The membership of the core initial team is as follows:

Safeguarding

- Halton Borough Council Principal Manager
- Halton Borough Council Practice Lead
- Social Workers x 5 (1 part time)
- Halton Borough Council Business Support x 3 (1 part time)

Early Intervention

- Halton Borough Council Principal Manager
- Halton Borough Council Senior Early Intervention Officer
- Halton Borough Council Family Worker x 2
- Halton Borough Council Practice Manager – Adult Secondment
- Health Secondment
- Police Secondment
- Education Welfare Officer Post

3.8 In addition, it is anticipated that staff from the Domestic Abuse Service will have a presence in the front door as well as Cheshire Fire Service.

3.9 There will be a range of common duties that will be required of the professionals within the I-CART and these will include:

- Gathering information with regards to the present level of need for a child, family or vulnerable adult;
- Checking multiple data systems for past and present agency involvement in order to lead on and contribute to the front door contacts/assessments e.g. 360;
- Making decisions around support requirements to improve outcomes;
- Contribution to team development;
- Supporting the review of new systems and processes and making suggestions for improvements;
- Presenting information on a concise manner, implementing SMART outcomes;
- Representing substantive service and the new service as appropriate;
- Offering advice and training to multi-agency professionals;
- Adopting reflective practices and contributing to action learning; and
- Supporting continuous quality improvement.

3.10 The three main outcomes which could take place after

contacting the I-CART team where the cases sit below Level 3 are as follows:

- Information advice and guidance is provided to the requester and where appropriate another suitable professional to takes the IAG further;
- There is escalation to acute services; and
- There is progression to a 360 profile for further assessment.

3.11 For those families who qualify for a 360 profile there are three further possible outcomes from this multi-agency triage approach and these are as follows:

- Professionals continue with a multi-agency plan with specific agreed objectives;
- The case is send to the Working Together Meeting as it has been confirmed that the family has multiple and complex issues, which require further support from that multi-agency network;
- Cases are stepped-up to level 3 support i.e. safeguarding procedures.

3.12 A new early intervention performance framework is being developed which will include measures to assess the timeliness of decision making, number of referrals and repeat referrals, categories of referral and quality of decision making.

3.13 Through the introduction of I-CART the aim is to see less inappropriate and repeat referrals, closer partnership working and clearer accountability, supported by information sharing protocols and pathways, improved confidence from those who access the service, identification of possible gaps in service and cost benefits.

4.0 **POLICY IMPLICATIONS**

4.1 The current Information Sharing Agreement has now been revised and reissued to partners for approval. This will ensure the safe and proportionate multi-agency information sharing required of partner agencies as part of the information gathering process which leads to effective decisions around support for children, families and vulnerable adults.

5.0 **FINANCIAL IMPLICATIONS**

5.1 Complex Dependency funding has been secured for twelve months to support a Principal Manager role, the Adult, Health and Education secondment positions. Funding has also been approved to contribute towards the costs of the police secondment. The project

funds the costs of the Complex Dependency Co-ordinator and the full cost of the Business Analyst post. The Troubled Families budget is being used to support the Cheshire Fire Service post.

5.2 In addition, to the pump prime funding for staffing, Complex Dependency monies have been used to develop the accommodation and IT and access training for the workforce.

5.3 Each service/partner is now developing plans to continue to fund the posts currently supported by Complex Dependency grant.

6.0 **IMPLICATIONS FOR THE COUNCIL'S PRIORITIES**

6.1 **Children & Young People in Halton**

The vision for the new approach is that all children and families in Halton thrive and achieve, and are kept safe. Those children and families who need extra help and support thrive and achieve well are able to get that help quickly and easily and that all those working with children and families work well together to support families that need extra help.

6.2 **Employment, Learning & Skills in Halton**

A key focus of the complex families early intervention programme is to address worklessness within families.

6.3 **A Healthy Halton**

A range of health partners are committed to contributing to the new approach.

6.4 **A Safer Halton**

Children and families are supported at the lowest safe level of needs and supported to build resilience and make full use of universal services.

6.5 **Halton's Urban Renewal**

None identified.

7.0 **RISK ANALYSIS**

7.1 The revised approach to aim to support agencies and partners to provide the right support and signposting to prevent needs from escalating and reaching crisis.

8.0 EQUALITY AND DIVERSITY ISSUES

8.1 The Complex Dependency Early Intervention model aims to provide a more joined up approach across agencies and services that tackle the causes of crisis for children, families and vulnerable individuals and ensure more support is available for those families already in a state of crisis.

9.0 LIST OF BACKGROUND PAPERS UNDER SECTION 100D OF THE LOCAL GOVERNMENT ACT 1972

Document	Place of Inspection	Contact Officer
DCLG Guidance on Phase 2 Troubled Families Programme	Rutland House	Ann McIntyre Operational Director Education, Inclusion & Provision
Complex Dependency Bids	Rutland House	Ann McIntyre Operational Director Education, Inclusion & Provision
Best Practice Overview for Front Door Arrangements Complex Dependency Model	Rutland House	Ann McIntyre Operational Director Education, Inclusion & Provision