



**Leicestershire County Council
Review of Early Help and Prevention
May 2016**

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Appendix B

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1. INTRODUCTION

Peopletoo were commissioned by Leicestershire County Council to undertake a review of Early Help and Prevention across the County Council, incorporating services within Children's Services, Adults' Services, Environment and Transport, Chief Executive's Services and Public Health, across March and April 2016.

The required outcomes as per the specification were:

- To develop a broad medium term strategy for early help and prevention services that takes on board partner organisations' views.
- To agree a new Target Operating Model (see the Early Help and Prevention Strategy document) for County Council early help and prevention services that:
 - Ensures an integrated approach to commissioning and delivery of services
 - Is efficient
 - Focuses scarce resources on services that make the biggest impact
 - Operates within available resources (A financial envelope will be provided within which services should operate over the medium term.)
 - At a minimum, maintains existing safeguarding practices for children and young people

The review has focussed on County Council services and how services might be rationalised in the context of the purpose of the review and the background to it. This includes both where savings can be made in prevention budgets and where future savings can be realised through the effective use of preventative activity. The review has included both the commissioning and delivery of services, and hence both in house and externally provided services via a commissioning approach.

The key deliverables of the review were a report and presentation that:

- Develops a new TOM for early help and prevention services. The TOM will be supported by evidence and will set out the implications of reduced investment in this area and, if additional funding was available, where it would generate the best return.
- Develops a broad early help and prevention strategy that underpins the TOM. This will set out key priorities for early intervention and prevention across the organisation.

- Demonstrates how services could develop, particularly those where external partners are important.

This report details the key findings of the review, including details of the services mapped, an analysis of the overall picture of Early Help and Prevention Services within the scope of Leicestershire County Council and key findings and recommendations.

This report should be read in conjunction with the Early Help and Prevention Strategy which has been developed as one of the deliverables of the review and builds on existing work within Children's services to develop the basis for the Early Help and Prevention Strategy. The strategy is deliberately aspirational and in order to implement it, this report includes a range of recommendations for further action. This includes a Financial Improvement Plan which identifies savings of £3.71m gross, £3,010,000 net of savings already identified in the MTFs and our proposals for reinvestment.

2. EXECUTIVE SUMMARY

Peopletoo recognise that much work has already taken place across the Council to review the provision of Early Help and Prevention services and to make savings in this area. Much of this work was influenced by the November 2015 Prevention Commissioning Spend Review undertaken by Leicestershire County Council, which identified that there was some duplication with multiple contracts providing similar types of service. This provided scope for the rationalisation of the supplier base, with the majority of contracts being small in scope and value, and scope for improved consideration of the use of community capacity and corporate social responsibility in providing support for Early Help and Prevention services. It also recognised the principle that reducing duplication was an effective way of releasing resource. To date around £7 million in savings have already been made across this area and savings plans in line with the current MTFP will account for approximate further savings of £2 million within the service areas above over the next two financial years, with the majority of this accounted for in 2017/18. One impact of this is that there has been an upward migration of funded services through the Preventative Tiers, with less funding available for Tiers 0 and 1, and a concentration of funding in more targeted prevention, particularly in the Adults and Communities and Children and Family directorates. This creates a risk for the future that need which could be met by relatively low level support isn't tackled until the stage where Tier 2 and 3 preventative activities are initiated.

This further review has focused on not only identifying any further areas that may be explored for financial efficiency but also on the approach to Early Help and Prevention in Leicestershire and the approaches and processes which underpin this.

Our review has revealed a number of areas of good practice, including the Local Area Co-ordination pilot and the First Contact approach in Public Health which supports early help in the adults' arena, and the targeted approach within Children's Services which can be evidenced by the repositioning of early help services delivered to focus on children, young people and families at the higher end of prevention. Leicestershire County Council also have a Communities Strategy which demonstrates a commitment to developing community capacity and resilience (although this requires an update and more

consistent application when commissioning services) and the Council demonstrates innovative thinking within areas such as Communications and Workforce Development.

The key findings of our review are twofold. Firstly, there would appear to be further opportunity for financial efficiency via a further review of contracts. Our review has collated and presented a list of all externally commissioned contracts and internally delivered Early Help services by department. This has revealed a number that still appear to display some duplication, and some contracts which could be made more financially efficient by being clustered together or delivered in a different way, to release resource. There are also some opportunities to more rigorously review them against some internal services to consider whether there is current duplication or opportunities to cluster, and opportunities to work with the VCS in a different way, for example encouraging consortia behaviour to reduce management costs in contracts through single agency agreements that cover a range of services. It is also important that the Council considers how it allocates funding and resources across the preventative tiers.

Secondly, whilst Leicestershire County Council demonstrate a range of good practice in departments, there is evidence that not all of this is well connected across departments, and the good practice displayed could be accentuated by further integration.

An example of this includes the opportunity to develop closer links between the adults' and children's Early Help and Prevention "front door" and "triage" processes of First Contact Plus (as it is soon to become) and First Response respectively and the role of Local Area Coordinators, which builds upon national good practice and should be explored for extension, both in terms of sustaining beyond the initial pilot and extending across the County.

The most significant area that would benefit from a more integrated, coordinated approach is the approach to community development. Whilst there is a Communities Strategy in place, this does not appear to be tied in closely to or effectively influence the work of Public Health, Adults' and Children's Services in driving forward the community asset based approach that underpins Tier 0 of the Target Operating Model. The development of a revised strategy has recently been initiated, with a view to having a new strategy approved by Cabinet before the end of the year, although we recommend that this is put in place sooner if possible. Furthermore, a Communications Strategy and team is in place which is well placed to support the positive promotion of the community asset based approach and which was able to evidence some good practice ideas of how this could be done. Additionally, a Workforce Development function is driving through a Behavioral Insights programme with partners which is focused on supporting the community to make the significant transition to the concept of supporting itself and "self-help". Both of these good practice examples seemed to be either underplayed or not mentioned at all within departments, when they represent a significant opportunity to drive the cultural change that is necessary amongst staff, partners and most importantly the public in order to drive Tier 0 of the Target Operating Model and the "prevent, reduce, delay" concept. If these areas were brought more closely together strategically, there is then a further opportunity to drive forward a "whole Council" approach to early help and prevention

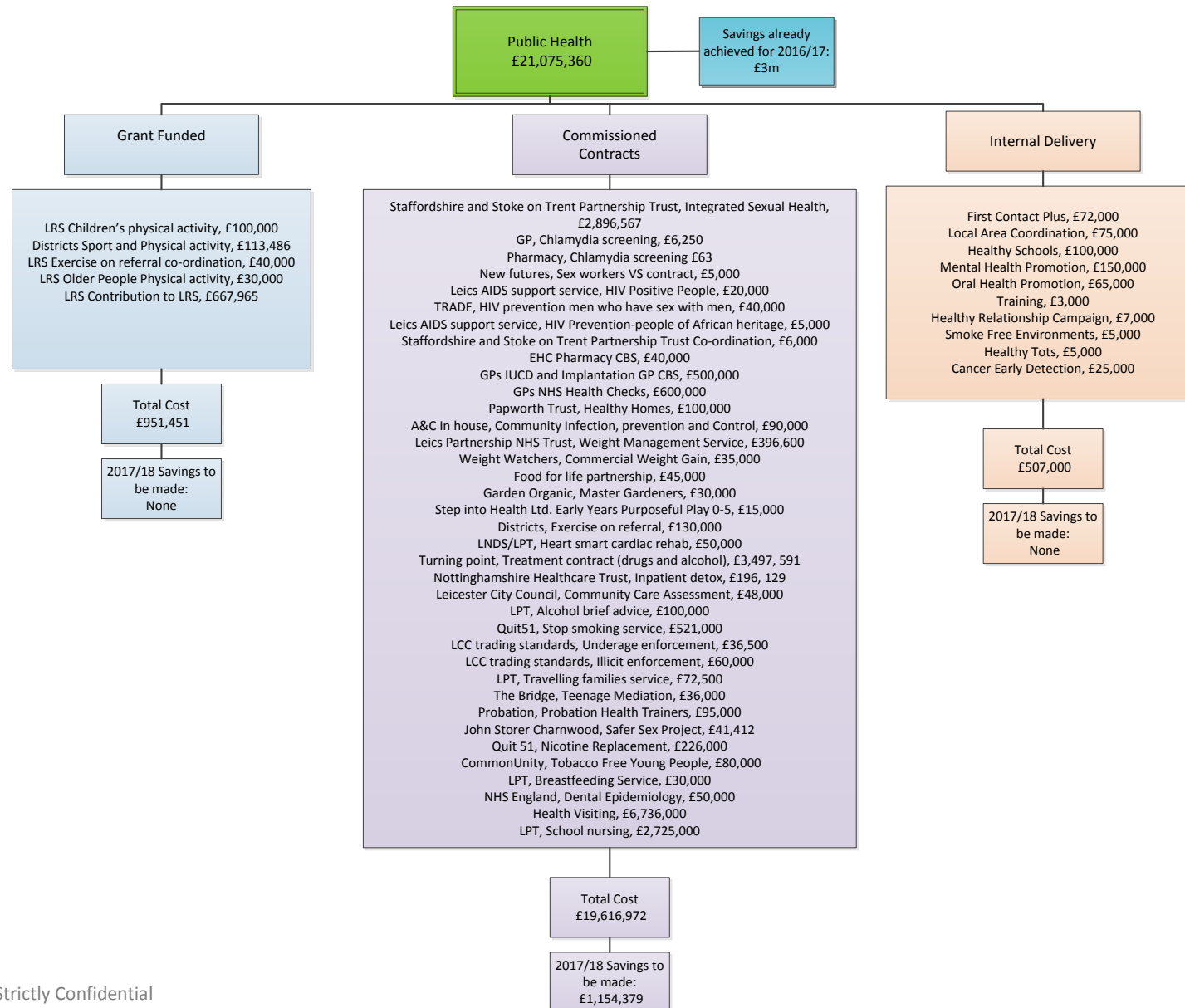
whereby the “Leicestershire Way” is defined by a focus on community resilience to prevent, reduce and delay, supported by help from the Council for those that need it most.

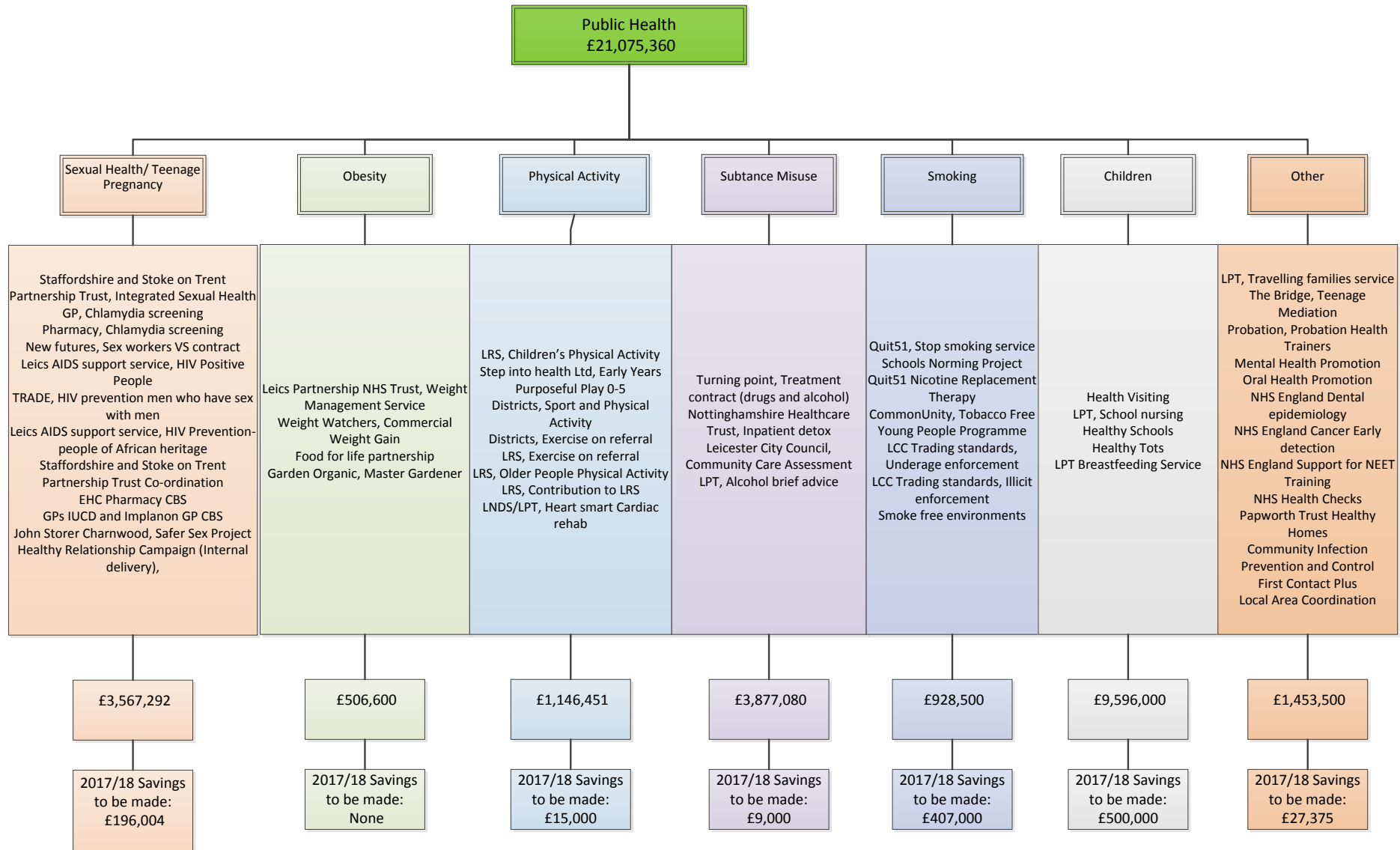
In terms of going forward, the key area for further development within Leicestershire is in developing a more integrated, whole Council approach to Early Help and Prevention, whilst undertaking some further deep dives to model further potential overall savings of £3.69m gross, £3.04m net of savings already identified in the MTFs and our proposals for reinvestment, notwithstanding any decisions to re-invest some of this in the further development of preventative services. Our review details how this may be achieved via an action plan and timeline at the end of this report.

3. KEY FINDINGS

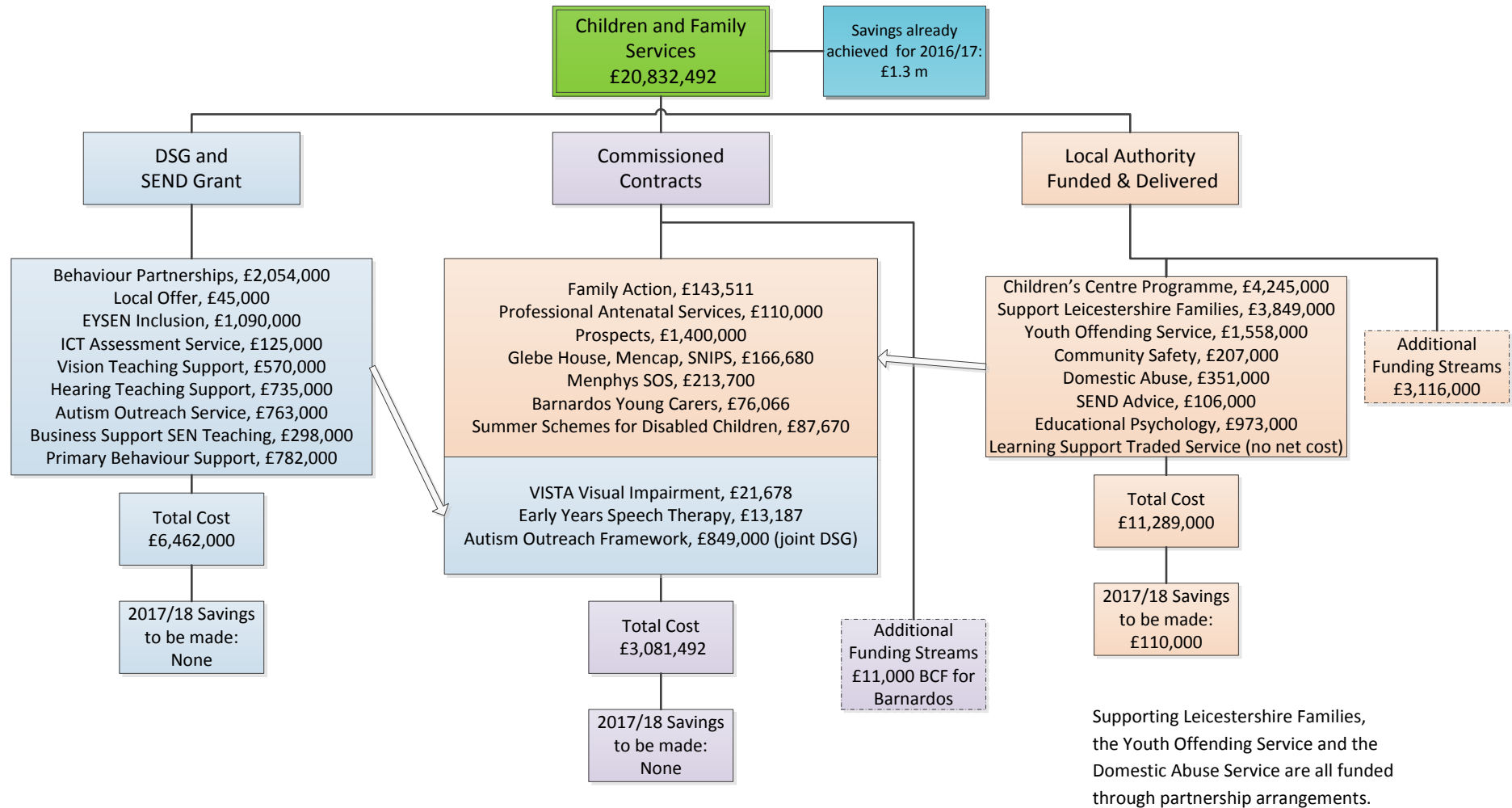
Services considered to be delivering Early Help and Prevention outcomes were mapped across five areas: Public Health, Children and Family Services, Adults and Communities, Environment and Transport, and Chief Executive. Where appropriate to the type of services delivered, these have been mapped by both funding type and by the intended purpose of the service. This exercise identifies spend on Early Help across the departments of £48,323,627.

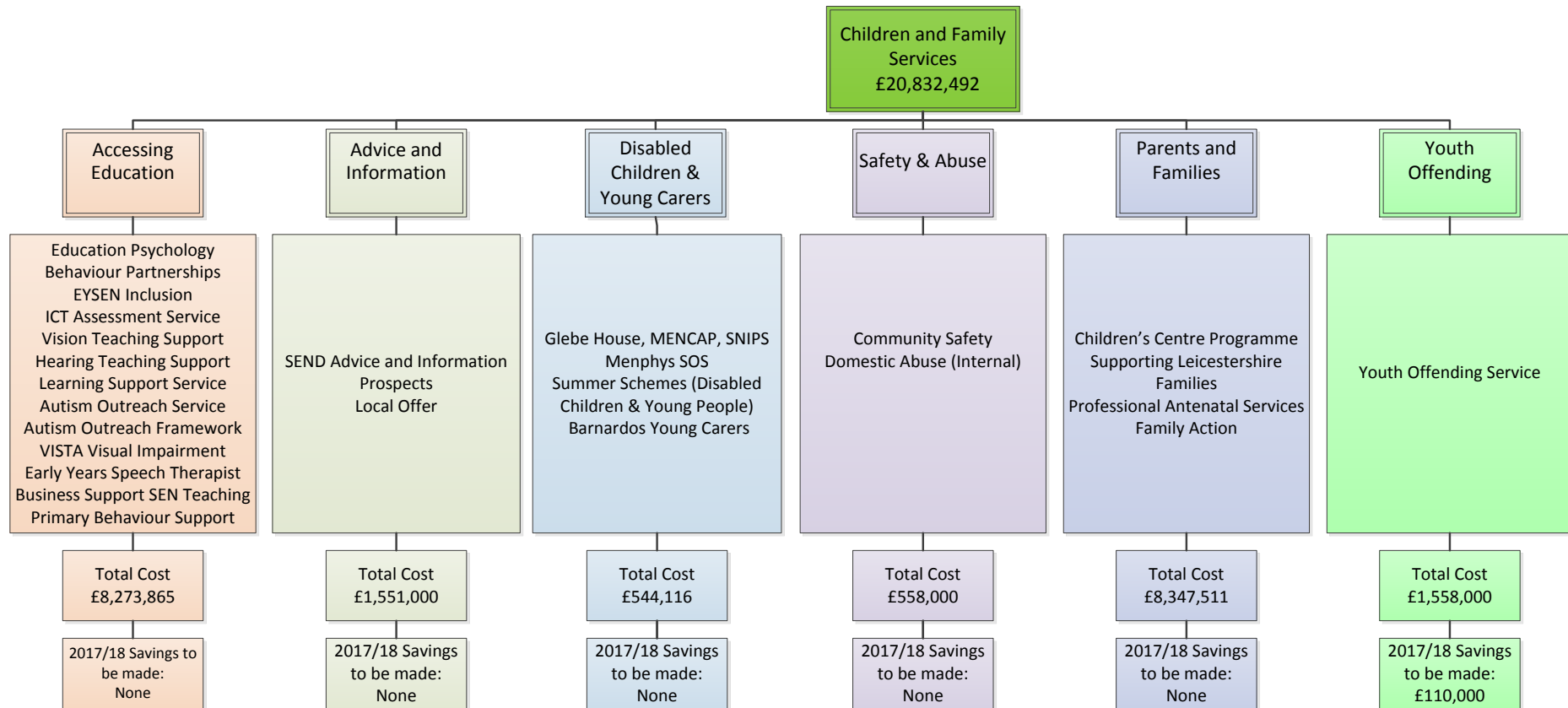
3.1. MAPPING EARLY HELP AND PREVENTION: PUBLIC HEALTH





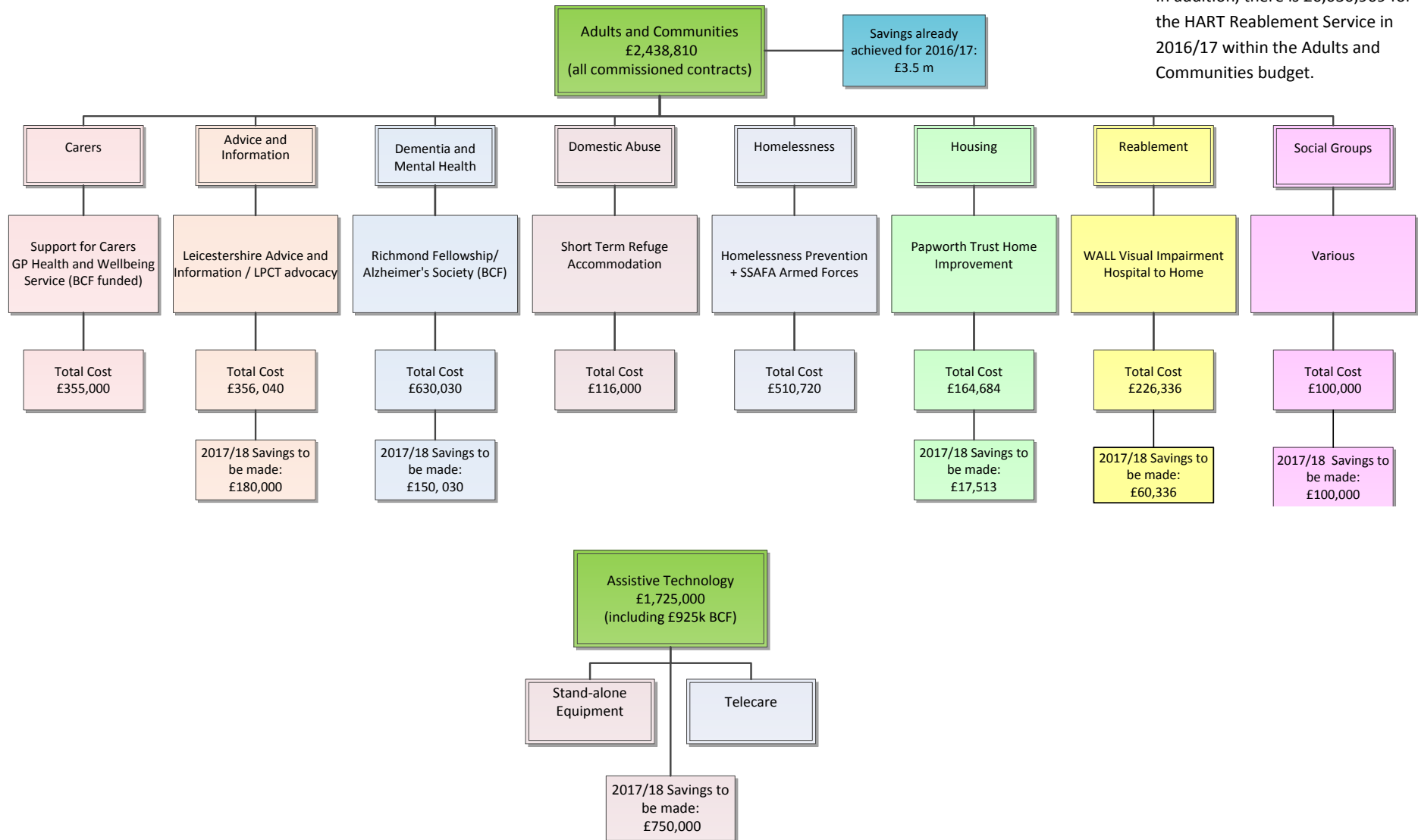
3.2. MAPPING EARLY HELP AND PREVENTION: CHILDREN AND FAMILY SERVICES



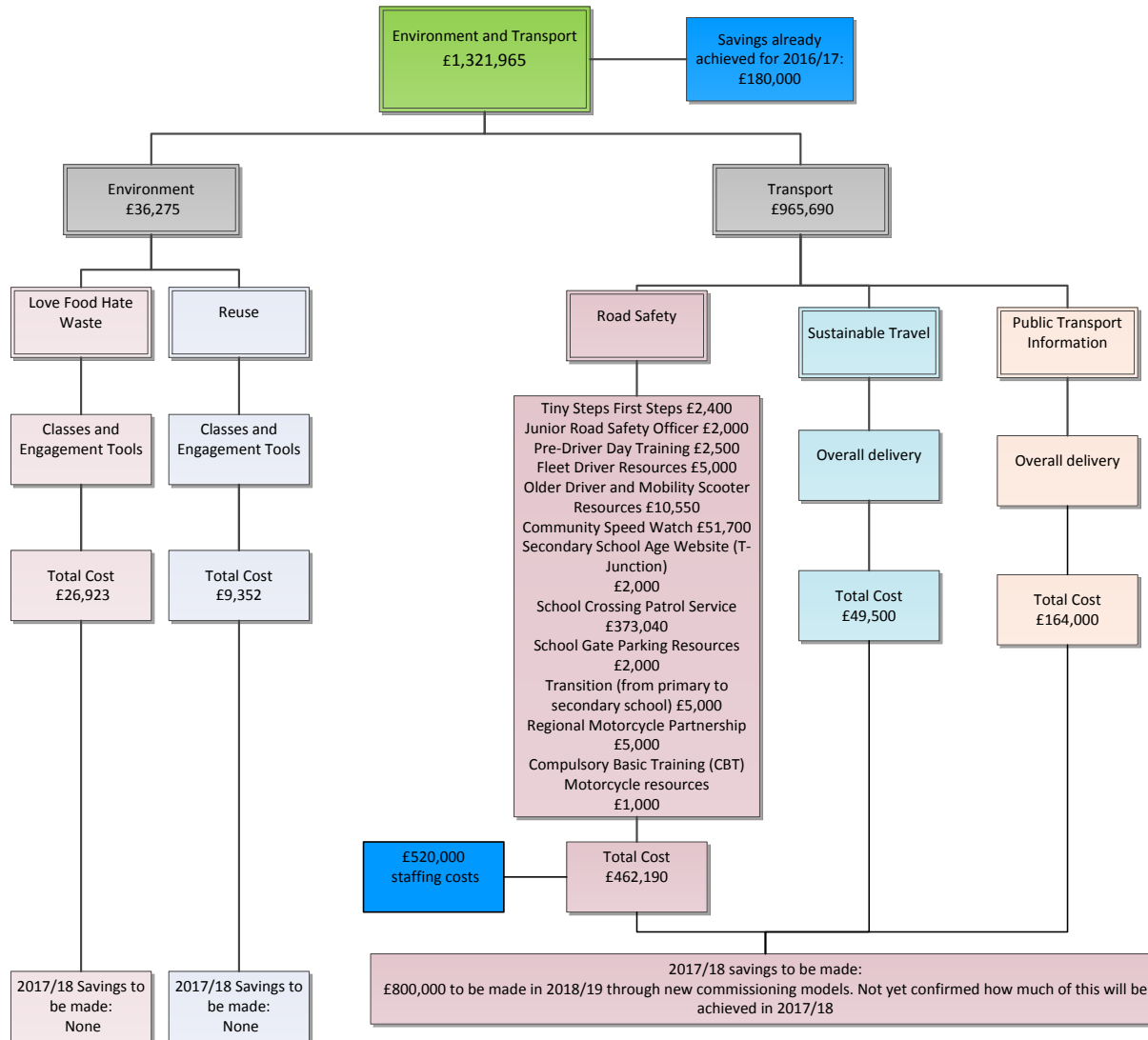


3.3. MAPPING EARLY HELP AND PREVENTION: ADULTS AND COMMUNITIES

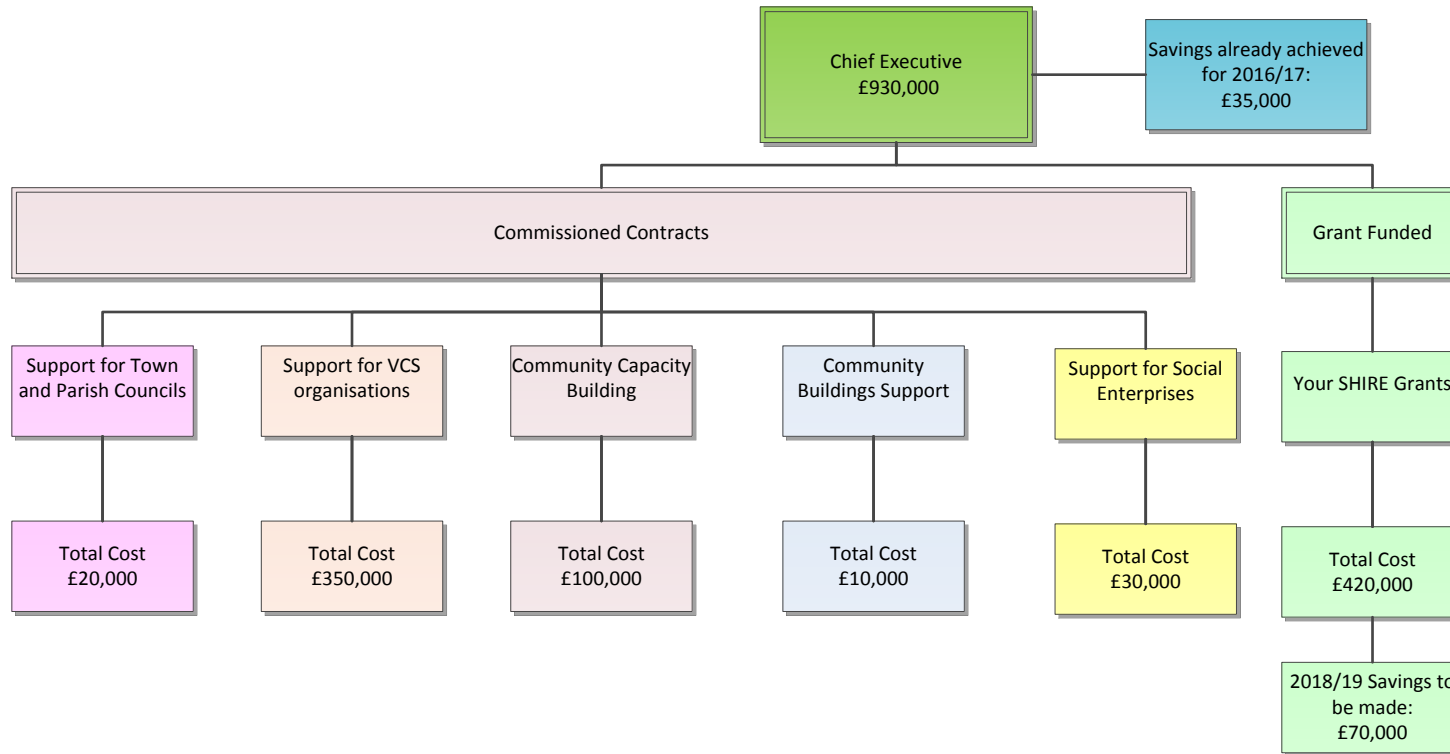
In addition, there is £6,030,969 for the HART Reablement Service in 2016/17 within the Adults and Communities budget.



3.4. MAPPING EARLY
 HELP AND PREVENTION:
 ENVIRONMENT AND TRANSPORT



3.5. MAPPING EARLY HELP AND PREVENTION: CHIEF EXECUTIVE



3.6. KEY FINDINGS – REVIEW OF SERVICES

Commissioning Processes

Commissioning of Early Help services would appear to be undertaken as separate exercises within departments. This can lead to a poorly co-ordinated approach to the identification of early help needs, an inconsistent approach to commissioning services to address these needs, and inconsistent processes for performance and contract management. This in turn increases the risk of duplication, missing gaps in service, and reduces the potential to maximise value for money through robust performance management. Our review revealed an inconsistency in performance management of contracts, with some having very little performance information available. This reflects the specific review of commissioning in Children’s Services which was conducted in February 2016¹ and found that there was a lack of consistency around commissioning and procurement in the department. This review was a deep-dive into a small number of specific contracts within Children’s Services, rather than a wider review of all commissioning activity and therefore we have not been able to directly compare our findings with these, however, it was apparent that many of the conclusions reached within this review also apply to our findings of commissioning of Prevention and Early Help activity. We recognise that progress has been made in some of these areas since February and the role of the Commissioning Support Unit is supporting change. This includes the development of key principles of commissioning to be adhered to via Commissioning Intentions, the development of commissioning toolkits, training and the Commissioning Academy, and support to oversee high value and high risk contracts, but given the current capacity of the CSU, there remains work to do to ensure consistent processes around commissioning and contract monitoring.

The commissioning model currently operating in Leicestershire County Council places the responsibility for commissioning and managing contracts with individuals within each of the departments. For example, within Children’s Services there are a number of different staff responsible for managing preventative services specifications, some of which are internally provided and some commissioned externally. While the establishment of the Commissioning Support Unit in January 2016 is helping to support individuals in applying business skills to the commissioning and review of contracts in the future, the unit does not have the capacity to be involved in all contract negotiations and focusses on those contracts across the Council that are high-risk or high-value, business-critical contracts. There is a risk that those involved in commissioning within each department may lack the business expertise needed to secure the best-value contracts, able to deliver the most desirable outcomes for service users. The 2011 Office of Fair Trading report on commissioning² states that “the OFT regards it as vital...that commissioners and procurers in the public sector are competent and strategic buyers, fully aware of market dynamics and making the best use of competitive frameworks to promote economic growth.”

¹ Review of CFS Commissioning & Procurement Support Arrangements, Leicestershire County Council. Feb 2016.

² Commissioning and Competition in the Public Sector. Office of Fair Trading, March 2011.

While we recognise that there are some advantages to retaining commissioning functions within departments, including in-depth knowledge and understanding of the service requirements and operational mechanisms, we believe that the risk of inconsistent commissioning and contract management outweighs these advantages. The benefits of joint commissioning between organisations³ can also be mirrored in joint commissioning between departments in order to achieve broader preventative aims. The development of departmental specialists within a single Council Commissioning Unit could provide greater business and contract negotiation expertise while retaining the important link with operational managers.

The new LCC Commissioning Strategy⁴ published in February 2015 recognises that there are a number of issues with the current commissioning and monitoring process and sets out aims to reduce these and to develop both more business-focussed and more innovative commissioning in the future. These include the establishment of commissioning outcomes groups to bring commissioners across the Council and the wider public sector together; revised governance arrangements, building a corporate approach to demand management to reduce the chances of duplication; implementing a robust approach to “payment by results” to incentivise providers in the achievement of outcomes; and putting in place effective contract management / performance monitoring systems to ensure outcomes are delivered and measured. However, without changing the current model of contract management whereby there are a number of individual contract managers and a limited number of specialist staff providing commissioning support, there is a risk that the application of these aims will be inconsistent across departments. The review of the Council’s Strategic Plan, which includes an outcomes framework for commissioning, is one step being taken by the Council to improve consistency of commissioning across departments alongside other positive developments such as the Commissioning Academy. It is anticipated that sign-off for this will be achieved in December 2016.

Departments have been asked to provide evidence (via the Commercial Specialists within the Commissioning Support Unit) about how the corporate commissioning strategy is being implemented, however, current department commissioning strategies do not appear to be closely aligned with the corporate commissioning strategy. The four department strategies and the Council Plan of Commissioning Intentions⁵ are based around the ‘prevent, reduce, delay’ model. These currently present high-level goals for service development. It is important going forward that these goals closely align with the detailed corporate commissioning strategy and that departments consider how their commissioning strategies will meet the corporate aims.

The mapping of the services in sections 3.1 – 3.5 suggests that there is scope for reviewing current contracts through reducing duplication and clustering contracts, alongside developing a more co-ordinated approach to commissioning within the County Council. Clustering of contracts across departments may be one way to ensure that both LCC and Public Health Grant money is spent in the most effective way going forward and that money freed up by the MTFS is reinvested to secure the greatest impact on prevention of future needs.

³ Developing a more collaborative approach to the commissioning of specialist service. NHS England, March 2015.

⁴ http://www.leicestershire.gov.uk/sites/default/files/field/pdf/2016/3/24/Commissioning_Strategy.pdf

⁵ [http://politics.leics.gov.uk/Published/C00000137/M00004538/AI00047302/\\$AppendixACouncilCommissioningIntentions.docA.ps.pdf](http://politics.leics.gov.uk/Published/C00000137/M00004538/AI00047302/$AppendixACouncilCommissioningIntentions.docA.ps.pdf)

Breadth of Funded Services

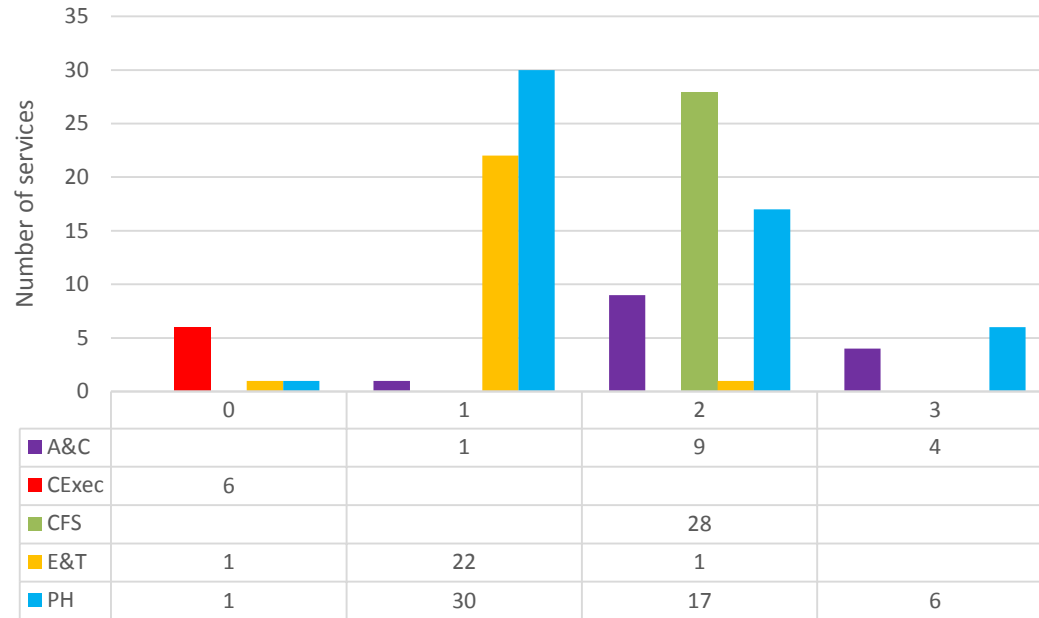
We considered 126 services as part of this review, approximately 60% of which were commissioned contracts and 40% were either grant funded or internally provided by Leicestershire County Council. The 2015 LCC Prevention Commissioning Spend Review found that 89% of annual spend over £100k was within 19% of contracts and grants. In line with these findings and with the Pareto analysis conducted in 2015, our review found that 20% of the annual spend on prevention is accounted for within 80% of the contracts or services, while 80% of spend sits within only 20% of the service volume. We found that there were ten contracts or services with a value over £1 million and that these represented two thirds of all the prevention spend. Six out of these ten contracts sit within Children and Family Services, with four sitting in Public Health. In addition there is also the HART reablement service in adults with a budget of over £6 million. At the lower end of the spectrum there were 60 contracts or services with a value of less than £100,000. These sit across Children and Family Services, Public Health and Environment and Transport. While some of these services are very specialist in nature and are necessarily retained as individual contracts, there is an opportunity to review these during future contract negotiations in order to establish whether the functions of some of these 60 low-value contracts and services could be provided within the scope, or through extending the scope, of other larger contracts. In line with this recommendation, there is also an opportunity to reduce contract management and administrative costs by commissioning packages of services within a single agreement, encouraging one central supplier to take on the contract, who may then subcontract elements out to other providers as necessary. Through the Communities Strategy, commissioners within the Council may undertake to work with the VCS to develop consortia behaviour, whereby when contracts are tendered, the VCS may undertake a consortia approach to tendering. This would help to reduce the number of individual contracts and reduce costs, while also strengthening the voluntary sector and potentially helping to develop community capacity for the future.

Tier 0 (Community Capacity)	Helping communities to build capacity , empowering and enabling them to support themselves and rely less on specific council resources
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There are a low number of services providing Tier 0 support. We found only 8 services specifically supporting Tier 0 prevention activity and community capacity building, totalling just over £1million in value. The majority of services support Tier 1 and Tier 2 prevention. There is a large differentiation of provision by tier across departments. All of the provision in Children’s is now focussed on targeted Tier 2 activity, as are the majority of services in Adults’. There is a focus on Tier 1 activity in Environment and Transport. Spending on preventative activity in Public Health is well-spread between Tiers 1 to 3, with the volume of services roughly halving in quantity between Tier 1 and Tier 2, and again between Tier 2 and Tier3.

Tier 1 activity comprises a mixture of information and advice services and more ‘universal plus’ supportive programmes of work to promote healthy lifestyles and develop self-help behaviours. These are important in establishing the behaviours which reduce the need for more expensive and intensive Tier 2 and 3 prevention work. There is already some work underway within Public Health to model the possibility of creating a more holistic Tier 1 offer around healthy lifestyles, encompassing a number of current areas of work.

Tiered Activity by Departments



Tier 1 (Primary Prevention)	Maintaining independence, supporting good health and wellbeing through high-quality information and advice programmes to develop self-help behaviours
Tier 2 (Secondary Prevention)	Targeted prevention for individuals identified as being at risk of specific conditions, events or behaviours
Tier 3 (Tertiary Prevention)	Reducing more established needs

Tier	Services	Cost
0	8	£ 1,006,111
1	53	£ 13,625,017
2	55	£ 28,455,779
3	10	£ 4,760,416

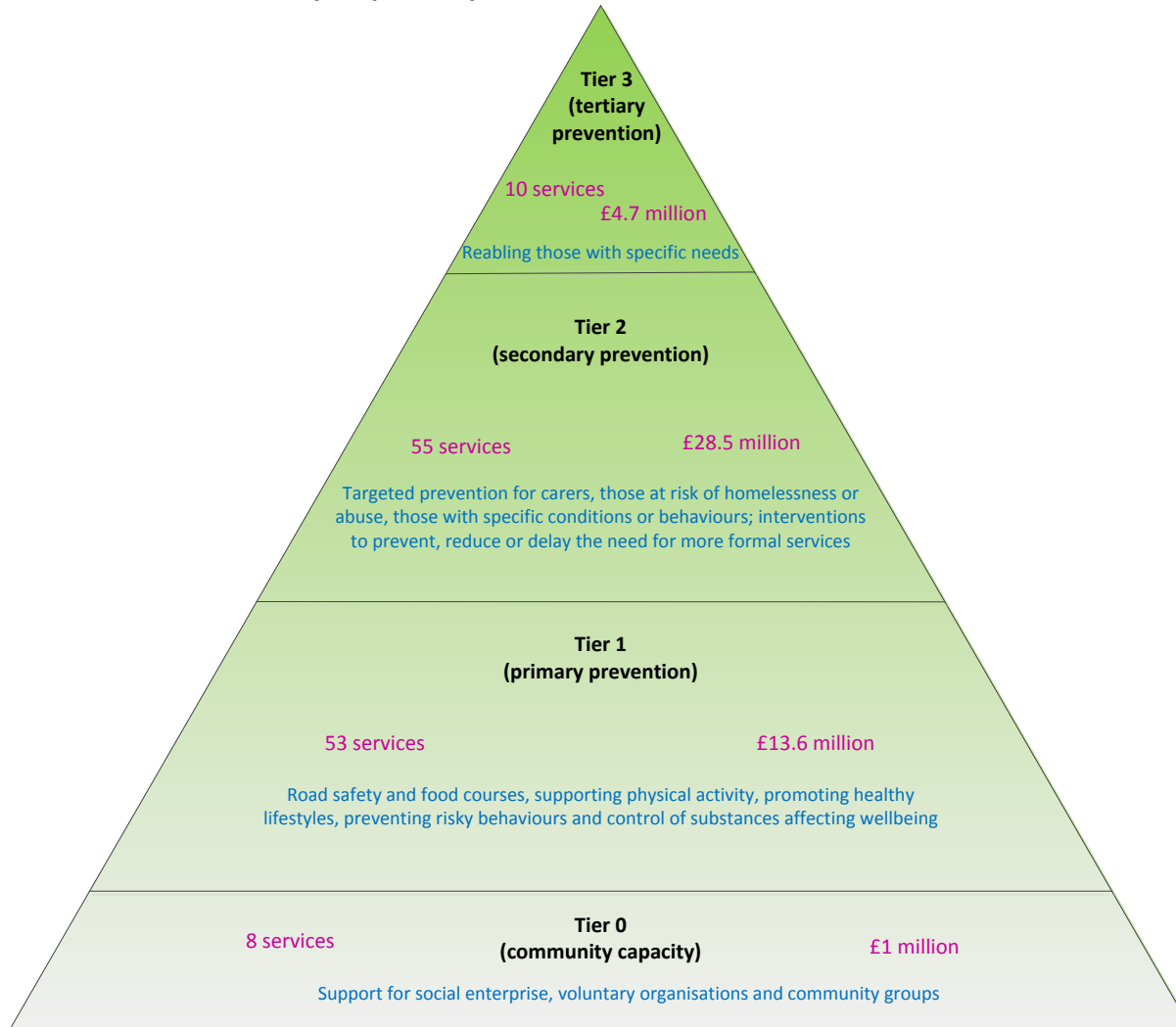
TIER 0
<p>Support for VCS Organisations Your SHIRE Grants Community Capacity Building Support for Social Enterprises Support for Town and Parish Councils Community Buildings Support Volunteer Led Food Classes</p>

TIER 1
<p>School Crossing Patrol Service Public Rights OF Way Service Public Transport Information Service Sustainable Travel Service Older driver and mobility scooter resources Love Food Hate Waste Engagement Tools External Cooking Tutors Fleet driver resources Regional Motorcycle Partnership Road Safety SchoolTransition Adult Education Food Classes Reusable Bags Pre-Driver Day Training Tiny Steps / First Steps Road Safety Junior Road Safety Officer Scheme Secondary school age website (T-Junction) School gate parking resources Sewing Classes Home Composting Reusable Nappies Furniture Upcycling Classes CBT Motorcycle Resources Leicestershire Advice Service Health Visiting School Nursing Contribution to Leicestershire & Rutland Sport NHS Health Checks GP IUCD and Implantation Mental Health Promotion Sport and Physical Activity Grant Healthy Homes Children's physical activity Healthy Schools Tobacco Free Young People Programme Travelling families service Oral Health Promotion Illicit enforcement Dental epidemiology Food for Life Safer Sex Project EHC Pharmacy CBS Underage enforcement Schools Norming Project Master Gardeners Older People Physical Activity Early Years Purposeful Play 0-5Healthy relationships campaigns Public Health Coordination HIV Prevention - people of African heritage Smoke free Environments Healthy Tots Public Health Training</p>

TIER 2
<p>Assistive Technology Leicestershire Life Links Memory Support Co-ordination Service Support for Carers GP Health & Wellbeing service Home Improvement Agency Social Groups Armed Forces Domestic Abuse Autism Outreach Service Intensive Support Children's Centre Programme Supporting Leicestershire Families (SLF) Behaviour Partnerships Youth Offending (YOS) Prospects (age 16-19) Reducing NEET in targeted groups Early Years SEN Inclusion Service Education Psychology Autism Outreach Framework Primary Behaviour Support (Oakfield) Autism Outreach Service Hearing Teaching Support Vision Teaching Support Domestic Abuse Business Support for SEN Menphys Disabled Children Community Safety Community Contracts for Disabled Children Perinatal Mental Health Services ICT Assessment service Targeted Antenatal Programme SEND Advice and information service Specialist Summer Schemes for Disabled Children and Young People Assessment and Targeted Support for Young Carers in Leicestershire Local Offer Visual Impairment Services EYSENIS Speech Therapist Learning Support Service Community Speed Watch Stop Smoking Service Weight Management Service Nicotine Replacement Therapy Exercise on referral Integrated Sexual Health Alcohol Brief Advice Probation Health Trainers HIV Prevention - men who have sex with men Exercise on referral coordination Commercial Weight Management Breastfeeding service Cancer Early Detection HIV Positive People Support for NEET Sex Workers VS contract Chlamydia screening (GP) Chlamydia screening (Pharmacy)</p>

TIER 3
<p>Homelessness Prevention Visual Impairment and Rehabilitation Service Short term Refuge Accommodation for Women at risk of Domestic Violence Hospital to Home (Community Hospitals Service) Treatment contract (Drugs and Alcohol) Inpatient detox Community Infection, Prevention and Control Heartsmart cardiac rehab Community Care Assessment Teenage Mediation HART Reablement</p>

Current model of Prevention and Early Help activity

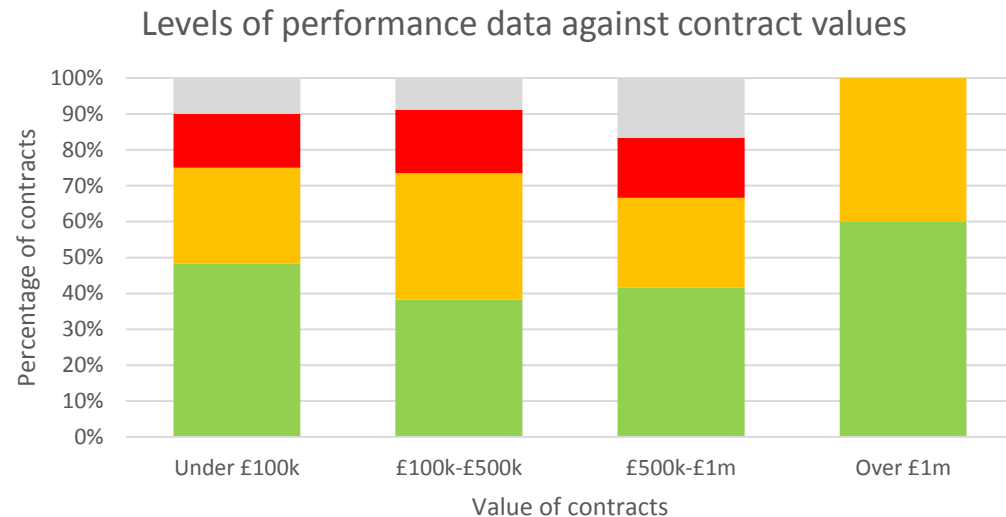


Almost all of the Tier 0 activity is within the Communities Team, sitting within the Chief Executive department. With only 6% of services and 2% of spend supporting community capacity building there is a risk that not enough is being done to support the community to provide help for individuals which could prevent these people from accessing more formal Council services at a later date. There is a lack of resilience at this level, should third sector providers and Districts reduce their support for early preventative activity in the future. In order to redirect demand away from higher level services it is important to develop a more robust Communities Strategy to strengthen Tier 0 support for communities and to build consideration of the ability of communities to support themselves, with help from the third sector where appropriate, into commissioning strategies across the Council. However, it is important that Tier 0 activity is able to demonstrate a return on investment and that support for communities is not seen as simply the role of discrete projects, but that consideration of community capacity is built into commissioning of preventative services across all departments. To this end, we recommend in this report a readjustment of the way that community capacity is considered and a reallocation of funding, rather than a significant increase in the amount of money allocated to discrete Tier 0 contracts.

Assessing Performance and Value for Money

The services mapped were all assessed for their current level of performance reporting and ability to assess value for money. While a good level of performance reporting against specified KPIs was available for most of the commissioned contracts in Public Health, there was less on non-commissioned services and those that are delivered within Districts, making it difficult for the Council to assess and manage the performance and hence value for money of these services. Performance reporting in Children and Family Services and Adults and Communities was varied. The larger services such as Supporting Leicestershire Families and the Children's Centres have detailed performance metrics, however, many of the smaller services have little reporting and some contracts have no specific KPIs or measurable indicators of performance set as targets. The role of the Compliance team in Adults has helped with the performance management of commissioned contracts and the development of new Quarterly Monitoring templates, however some of these reporting frameworks for new contracts are still at an early stage of development. Some performance reporting and targets were available for Environment and Transport and for Chief Executive Departments, including an analysis of return on investment, though detail and frequency was inconsistent.

From the graph below it is clear that the majority of the contracts over £1million have a reasonable level of performance reporting. This is to be expected as the Commissioning Support Unit are monitoring and supporting high value, high risk contracts. However, too large a percentage of the contracts valued between £100,000 and £1million did not have a sufficient level of performance reporting to assess whether they were delivering both value for money and the outcomes that were desired. There is a risk here that, cumulatively, these smaller contracts add up to a significant amount which is not being effectively performance managed and risks poor value for money for the Council. Approximately 25-30% of all contracts in all categories below £1m either were not able to show us current performance information or did not have sufficiently robust information, while less than half of contracts had detailed performance metrics that were made available to us.



Key to Performance Analysis	
	Performance data considered insufficient for robust contract analysis and assessment of value for money
	Some performance data available or development of new reporting matrices which have not yet been completed
	Detailed performance metrics available upon request, enabling robust contract management
	Data not made available within the timeframe of this report; we have been unable to evaluate these contracts.

A number of the services were unable to report on the number of people that had accessed the services during the preceding year and therefore were unable to determine whether the services were delivering good value for money. We are aware that new reporting frameworks are being drawn up across the Adults and Communities contracts as they are reviewed/renewed/re-tendered. This should enable more rigorous performance analysis in the future, although early indications are that the reporting templates that is being used concentrates on utilisation and demographic background and does not include any metrics specific to outcomes, though these may be reported separately elsewhere.

During the process of mapping the services in scope it became clear that there were a number of contracts due to expire at the end of March 2016, for which the future of these contracts was undecided. It is unclear at this stage to what extent these contracts were extended. However, as part of centrally coordinated approach to commissioning, there is an opportunity to undertake a more planned approach to reviewing contracts which are nearing their end through considering their future via a value for money exercise.

Recommendations

1. Consider how a joint approach to the commissioning of Early Help across Public Health, Adults' and Children's Services may be implemented to ensure consistency of practice, consistency of adherence to corporate priorities and reduce the risk of duplication.
2. As part of this exercise, consider how the Corporate Commissioning Strategy, department commissioning strategies and the Council Plan of Commissioning Intentions align and set out clear steps and timeframes for meeting these across departments. The review of the Council's Strategic Plan and development of a single outcomes framework will be important achieving this.
3. Undertake a further review of current contracts and internal services across Public Health, Adults and Children's Services departments to identify where there may still be duplication or the opportunity to cluster contracts.
4. Develop a consistent quality assurance and performance management framework to be applied across all externally commissioned contracts.
5. Alongside the Communities Strategy, develop work with the VCS to develop consortia behaviour, whereby when new contracts are tendered or where they come up for review, the VCS may undertake a consortia approach to tendering to contract under a single agency agreement.
6. Develop a consistent approach to contract renewal, reviewing all contracts 6 months prior to expiry against set criteria based upon:
 - a. The new performance management framework.
 - b. Relevance to Council priorities and latest analysis of need.
 - c. Contribution to the TOM framework and the principles of Prevent, Reduce, Delay.
 - d. Options appraisal of all ways of delivering the aims, objectives and intended outcomes of the service.

3.7. KEY FINDINGS – FIRST CONTACT POINTS FOR INFORMATION AND ADVICE

The following all act as first points of contact to provide information and advice to the public:

- LCC Customer Service Centre (Adults)
- Leicestershire Advice Service (Adults)
- First Contact Plus (Adults – self-referral from Summer 2016)
- Local Area Coordinators (Adults and Families)
- Family Information Directory (Children and Family Services)
- Children’s Centres
- SEND Local Offer

In addition to this, the Supporting Leicestershire Families team provide advice to families, but these are secondary level services, requiring an initial referral through First Response, the Children’s Duty Service.

A detailed review of the Leicestershire Advice Service can be found in section 3.8, however, it appears that this service is likely to be duplicating information and advice functions that are already provided elsewhere, particularly as First Contact continues to develop and expand its service.

Key Findings

- At present there are multiple first points of contact for public information and advice.
- The existence of multiple sources of information and advice is not only incurring additional cost, but also adds confusion for the public and makes it difficult for each of these service to give consistent information and to be equally informed about local opportunities and provision of services.
- There is some duplication of services provided by First Contact, the Customer Service Centre and Leicestershire Advice Service. This is less of an issue for Children’s services as the majority of these calls come to First Response, although there is no low-level advice and information service for Children and Family Services other than the statutory Family Information Directory and the Local Offer.
- Each of these services is based in a different physical location, and therefore there is little opportunity for liaison or cross-pollination of information about local services. There is an opportunity to reconsider how information and advice is provided, including the potential for cost savings as well an improved consistency of service.

- There is currently a business case in development to integrate access points across health and social care. This will impact on any recommendations here if it is taken forward.

Recommendations

1. Review Information and Advice services across Public Health, Adults' Services and Children's Services, identify / address where there may be duplication and explore where they may complement each other further. (See below for further recommendations regarding the Leicestershire Advice Service.). As part of this, explore how the digital agenda can support this process.
2. Consolidate services to make it simpler for the public to have one point of contact, whilst still remaining Care Act compliant.
3. Consider the establishment of a low-level advice and information 'temperature-check' service for families, possibly through bringing this into the First Contact service alongside information for Adults.

3.8. KEY FINDINGS – OVERVIEW OF CURRENT PROVISION OF EARLY HELP AND PREVENTION SERVICES

Overview of Early Help and Prevention in Adults' Services

A large amount of the provision of Early Help and Prevention that used to sit within the Adults and Communities directorate has been rationalised over the last two years and some of this work has been moved to sit within the Public Health directorate. The directorate has already achieved savings of approximately £3.5 million within Early Help and Prevention and the majority of the services that the directorate now provide are targeted at particular groups, sitting within tiers 2 and 3 of the Target Operating Model. The exception to this is the Leicestershire Advice Service contract, which provided a telephone advice service, with some facility for home visits as necessary, to all members of the public who want impartial advice about adult social care. As illustrated in the Adults and Communities service map above, spend is fairly evenly distributed by purpose, and there are no very large contracts. The smallest of the contracts we looked at is with SAAFA at just under £11,000, but the majority of contracts are between £100,000 and £400,000. In addition to the contracts listed in Section 3.3 above, there is also a reasonably large sum of money at £6,030,969 going to the Homecare Assessment and Reablement Team (HART). There is a plan to reduce this figure by 25% by 2019/20. The service is available, subject to assessment, to service users of any age and disability, assessed as having care needs, living within their own homes. A reablement approach is taken over a six week period that looks to maximise

independence and promote well-being. HART services aim to maintain the independence of individuals by giving greater choice and control over ways in which their needs are met. The Service is targeted at assisting service users to live as independently as possible and to ensure that all relevant risks have been identified and processes are in place to manage these risks. This service falls into Tier 3 of the prevention model in that it aims to promote independence and delay the need for additional care.

Leicestershire Advice Service

The Leicestershire Advice Service is a commissioned contract to provide independent advice and information relating to adult social care. It was commissioned in 2014 when IAG funding across different contracts was consolidated to commission a single service from Leicestershire Community Partnership Trust. The current contract runs until March 2017 at a cost of £200,000 per annum. Most of the information and advice that is provided by this service is done over the phone, however LCPT also run surgeries in the community to encourage people to come to them for information and advice. Staff have indicated that one of the reasons for the establishment of this contract was that it was felt that the Customer Service Centre was getting a lot of calls that were only for information and that a separate service would help to reduce this workload. However, it seems that the number of calls to LCPT has been lower than expected. Data from March 2015 to January 2016 shows that on average there were just under 90 calls per month either transferred directly to the Leicestershire Advice Service from the Customer Service Centre⁶, or who were given the number for the service by the Customer Service Centre and later called into the service. This equates to only three calls per day.

The service specification for this contract includes a range of detailed reporting metrics, most but not all of which are then reported quarterly to LCC⁷. These figures show that for the first six months of the last financial year the service received 995 new contacts, equating to just under 166 clients per month. In total there were 3156 contacts, equating to 526 per month. This represents a service volume of approximately 17 calls per day at a cost of approximately £550 per day.

Assistive Living Technology

An Assistive Technology services is provided through Leicestershire County Council for adults and is currently BCF funded. This is a preventative service, offering universal support for anyone who feels that they would benefit from the technology, without the need to meet set access criteria. The service provides both stand-alone equipment, including easy-to-use mobile phones, memory aides and equipment for those who are deaf or hard of hearing, and a

⁶ CSC Warm Transfer Monthly Data – January 2016

⁷ LCPT Working Age and Over 65 Quarterly Monitoring Forms

linked telecare service. The stand-alone equipment service is provided at no cost to the service user, while the telecare service is either charged to the service user or the cost is covered by LCC following an assistive technology financial assessment. The service receives approximately 450 referrals a month and provides stand-alone equipment to between 2000 and 2500 new service users per year, with approximately 2500 service users utilising the telecare service each year.

The picture of assistive technology services as a preventative tool across the county is complicated by the fact that the Districts continue to operate their own assistive technology services alongside that provided by the County Council. There may be future opportunities to negotiate a joint contract for assistive technology across Leicestershire going forward which would provide both for better economies of scale and for a simpler and more consistent service for residents across the county. As part of the review of Assisted Living Technology which the department intends to conduct, there are opportunities to review the provision of stand-alone equipment as a free to use service, with the potential to means – test the free provision of this.

There is currently little opportunity for self-assessment for assistive technology. The majority of referrals come into the service through the customer service centre who conduct an initial assessment before passing the contact details to the Assistive Technology team to take forward. The other largest route into the service is via a professional referral from the locality teams. A smaller number of referrals are also received from other health professionals and through First Contact. There is an opportunity to investigate further the benefits of developing self-assessment for basic pieces of equipment via an online form akin to 'AskSARA'.

The Role of Leicestershire Districts in providing Early Help and Prevention Services for Adults

As part of this review, Peopletoo wrote to each of the Districts inviting them to supply information about the Early Help and Prevention activity that they provide, either as a partner alongside the Council, or as separate initiatives. We were pleased to receive a response from two of the Districts. Key areas of primary prevention work undertaken by District Councils are homelessness prevention, work around mental and physical health and sport in partnership with Public Health, and activity supporting Community Safety and Youth Inclusion in collaboration with the County Council and the Police and Crime Commissioner.

While there are some good areas evidencing collaboration and partnership working between Districts and the County Council at present, the low level of response from Districts is one indicator that this is an area which would benefit from further development. Building stronger partnerships between the eight Districts and the Council will not only help to support the provision of preventative activity throughout all areas of the county, but could also help both the Council and Districts to reduce their costs by assessing areas of duplicated provision (such as in the provision of Assistive Technology) and working together to rationalise these.

Key Recommendations

1. As part of a review of the sources of Information and Advice to the public, there is an opportunity to end the Leicestershire Advice Service as it duplicates the role of the First Contact Service once the First Contact Service begins to accept self-referrals from members of the public, and to some extent the role of the Local Area Co-Ordinators. This would make an efficiency saving of £180,000. This is already included in the current MTFS. Where there is additional value via the Leicestershire Advice Service, these roles could be subsumed into the First Contact Plus Service.
2. Further develop partnerships between the eight Districts and the Council to support the provision of preventative activity throughout all areas of the county, reduce costs to the Council and districts by assessing areas of duplicated provision and working together to rationalise these.
3. The emerging group focussing on identifying frequent users of public sector services needs to include all relevant services. There appears to be a reluctance of health agencies to share information at this stage, but other areas have overcome this as part of a “social prescribing model”. Learning from how these barriers have been overcome would benefit this group.
4. In line with current departmental plans, further review arrangements for the provision of Assisted Living Technology to:
 - a) Explore opportunities for joint commissioning with districts to provide better economies of scale and a simpler and more consistent service for residents across the county.
 - b) Review the provision of stand-alone equipment as a free to use service through the introduction of means testing.
 - c) Investigate further the benefits of developing self-assessment for basic pieces of Assistive Living Technology equipment via an online form akin to ‘AskSARA’, which would reduce the number of self-referrals to the customer service centre.
 - d) Consider how Assistive Living could be developed as part of the Lightbulb Project in the future.
 - e) Further develop partnerships between the eight Districts and the Council to support the provision of preventative activity throughout all areas of the county, reduce costs to the Council and districts by assessing areas of duplicated provision and working together to rationalise these.

Overview of Early Help and Prevention in Public Health

A large amount of the current Prevention and Early Help work sits within Public Health. There is almost £21 million of preventative spend sitting within the Public Health directorate across 37 commissioned contracts and other services. These encompass a large range of values from just £63k up to almost £3.5 million and include services designed for both adults and children. Public Health have already taken steps toward more innovative models of partnership working and consideration of commissioning multiple services together to produce both efficiency savings and a positive outcome for local people, as evidenced through the proposed developments for First Contact and the outline businesses cases put forward to the Transformation Design Authority in November 2015.

First Contact

First Contact provides a central point of contact for professionals, which coordinates access for individuals to a range of organisations providing advice, information and other services. At present all referrals into the service come from professionals, using the First Contact referral form, however, from summer 2016 the new First Contact Plus service will allow self-referrals into the service. Last year the service received 3800 referrals into First Contact, resulting in approximately 9000 onward connections to other services. This means that each person receives onward referrals to approximately 2.5 services for every inward referral to First Contact. The service is mainly funded through the BCF with some top-up from the Public Health budget. This is currently secured until March 2017, but is uncertain beyond this point.

First Contact are able to refer to a wide range of partner organisations, all of whom currently support the service without financial remuneration for doing so. They also provide a link with Local Area Coordinators to support individuals in making contact with their local Coordinator. They are also working with partners to widen the use of the First Contact Checklist by professionals who come into contact with the public for other reasons. An example of this is work with the Fire Service to complete First Contact Checklists when they visit homes to carry out routine fire safety checks. First Contact is also working on a cross-industry initiative with the National Grid to reduce the risk to vulnerable members of the public during power failures by help more people to get onto the priority service register. The LCC Adaptations team are distributing letters advising individuals about the priority service register and First Contact can help individuals to complete the necessary registration paperwork.

As stated above, once the First Contact Service begins to accept self-referrals from the public, there is duplication with the Leicestershire Advice Service.

Local Area Coordinators

Local Area Coordination is a national initiative which works in partnership with individuals, families and local communities to support them to access community resources and build capacity within communities. Local Area Coordination managers within the Council describe it as having three functions: working with individuals who are frequent users of formal service to support them in accessing more preventative support within the community; working with communities to develop resilience and capacity; and using knowledge and capacity held within Leicestershire County Council to enable communities and other agencies to support people in their local areas. The initiative is particularly important in supporting Tier 0 and Tier 1 prevention aims of the Target Operating Model, supporting communities to help themselves, and is closely aligned with the LCC Communities Strategy.

Access into the service for individuals can be through direct introductions from GP (in some areas known as “Social Prescribing”) and other health professionals, including hospitals at point of discharge, from parishes, members of the community, or through other LCC organisations such as the Customer Service Centre and First Contact. Local Area Coordinators also work alongside the children’s Early Help Hubs and Supporting Leicestershire Families to support families who have been referred into the service through First Response and may only need a low-level of support.

Local Area Coordination is currently funded through the BCF, with some top-up from the Public Health budget, although this funding is only guaranteed until March 2017. The service believes that they are capable of delivering a return on investments of £4 for every £1 of spend, based on research conducted in other areas with Local Area Coordinators, but have yet to obtain detailed figures on the service in Leicestershire, although collection of relevant data to support this is underway. Research in Derby City found that the service was capable of delivering £3.68 for every £1 of investment, rising to £4.38 as the number of Coordinators was expanded from 10 to 17⁸. A similar study in Thurrock, where Local Area Coordination has been in place since July 2013, found that for inputs of £1.3m the service would deliver £4.88m in impacts⁹. The directorate is currently working to put together a model for funding beyond this point and there is a desire to expand the current reach of the service. At present there are 8 Coordinators, each covering a small local area within the County. These areas were chosen in part due to an understanding of the lack of community capacity previously in the area and their levels of deprivation.

The role of Local Area Co-ordinators would appear to be crucial in delivering preventative services at tiers 0 and 1 of the Target Operating Model, and in driving the Council’s desire to prevent, reduce and delay need. Whilst this report identifies potential savings in other preventative and early help services, some of this may need to be re-invested to ensure the maintenance and proportionate expansion of the programme on an “invest to save” basis. This would not only help to reduce need through their direct intervention with otherwise potential users of social care services, but also support the work of the

⁸ Social Value of Local Area Coordination in Derby. Derby City Council, Think Local Act Personal and Kingfishers. March 2016

⁹ Social Value of Local Area Coordination in Thurrock. Thurrock Council and Kingfishers. October 2015

Communities Strategy and social marketing aspect of the Communications Strategy, with their emphasis on a greater community asset / self - help based model of prevention.

Recommendations

1. As stated above, though technically a saving to Adults' Services, there is an opportunity to end the Leicestershire Advice Service as it duplicates the role of the First Contact Service once the First Contact Service begins to accept self-referrals from members of the public, and to some extent the role of the Local Area Co-Ordinators. This would make an efficiency saving of £180,000 to the Council via Adults' Services. Where there is additional value via the Leicestershire Advice Service, these roles should be subsumed into the First Contact Plus Service
2. There is an opportunity to scope out the cost of maintaining and then potentially expanding the roll out of Local Area Co-Ordination programme, to particularly drive Tier 0 / Tier 1 of the Target Operating Model and the Council's desire to "prevent, reduce, delay". This would also support the key community asset / social marketing messages of the Communities Strategy and Communications Strategy.

Overview of Early Help and Prevention in Children's Services

Whilst a large amount of the universal / tier 1 provision of Early Help and Prevention that used to sit within the Children and Family directorate has been rationalised over the last two years and some of this work has been moved to sit within the Public Health directorate, almost half of the current Prevention and Early Help spend sits within Children's Services. There is almost £21 million of preventative spend sitting within the Children's directorate across 28 commissioned contracts and other services. These encompass a large range of values from just £13k up to over £4.2 million for the Children's Centre programme. 20% of the preventative services within Children's are over £1 million. In part this is a positive discovery as it shows that there has already been consolidation of services and a significant review of what is provided, however it also indicates that there may be further analysis required to ensure that these large contracts are delivering value for money and that they have been reviewed and reduced where practical.

Early Help in Children's Services focusses primarily on Tier 2/3 delivery and covers the service areas of Supporting Leicestershire Families (Troubled Families) and, Youth Offending Service (YOS), Community Safety, Children's Centres. In Leicestershire, the YOS still do some preventative work with those at risk of offending and also those at risk of re-offending.

The districts are a critical partner to children’s services in delivering what would traditionally be described as the more “universal services” that underpin prevention work at a higher level. Relationships with the districts is strong and led through the locality based Early Help Partnerships.

Children’s Services are committed to the concept of community capacity building (Tier 0 of the Target Operating Model) but to date have not had the resource to develop it in earnest. It was felt that this was something that could be developed through further partnership with the districts.

Children’s Centre Provision

An internal review of Children’s Centres was carried out in July 2015 by LCC and a full report on the findings with a set of recommendations is contained in a draft report ‘Children’s Centres Review’. Peopletoo have considered the findings and evaluated the recommendations contained in the report as part of their review of early help and prevention.

There are 36 Children’s Centres across Leicestershire that are grouped in line with district/borough council boundaries: Blaby, Oadby and Wigston; Charnwood; Harborough District; Hinckley and Bosworth; Melton; and North West Leicestershire.

The current delivery model is based on a hub and spoke operation with a main centre, generally open to the public on a full-time basis, in each of the six district council areas. These are supported by between four and seven part-time centres, some of which are not open to the public but contain rooms from which sessions/activities can be delivered by the staff team in the area. The following table gives details of the 36 Children’s Centre locations.

Locality	Number of centres	0-4 Population
Blaby, Oadby & Wigston	5	8,392
Charnwood	7	9,325
Harborough District	5	4,638
Hinckley & Bosworth	7	5,880
Melton	4	2,872
North West Leicestershire	8	5,430

A senior manager is responsible for the service, located centrally, supported by six locality based Children's Centre Co-ordinators. They manage Family Outreach Workers (33.3fte) Pathway Support Workers; Parent and Community Engagement Workers and a Children's Centre Administrative Support worker in each area.

Some areas have a well-developed volunteer worker programme with parents leading groups.

Children's Centres offer advice, support and access to services to all families with children under 5, however the majority of service delivery forms part of a targeted pathway of services and activities from the ante-natal period to age 2.

Each area operates the 2 Year Pathway and benefits from two centrally commissioned services – Baby Beginnings and Family Action.

- *The Two Year Pathway:* This is targeted work with parents who are identified predominantly through midwifery services at the pre-birth stage, and who are therefore referred to the 2 Year Pathway. This is an intensive programme of weekly intervention for the first year, with transition to other services in year 2 and support where applicable to access the 2 Year Old Offer. Some referrals will come via the Early Help Hub where needs are not identified until after the child is born.
- *Work with 3-5 year olds:* This is a targeted caseload approach to families of children aged 3-5 who are referred via the Early Help Hubs. Caseloads are held by the Family Support Workers.
- *Universal Offer:* The 'Healthy Child Programme' (HCP) is a universal offer for families and children led by Health and Local Authority Commissioners. Elements of the universal provision of the 0-2 pathway are commissioned centrally by the Children's Centre Senior manager. The Family Outreach Workers ensure that families participate in the universal pathway offer. Systems and processes are in place to ensure effective information sharing and signposting to and from other services including Midwifery, Health Visitors and Speech and Language services. The programme for Children's Centres supports the delivery of the HCP through sharing resources. Thereafter the offer made to families is developed locally with focussed support on those vulnerable families who are at risk of experiencing poorer outcomes through effective outreach.

The Children's Centre service is run by Leicestershire County Council with each area having a local partnership group that meets termly to discuss issues that are area specific, identifying needs and reviewing performance. These groups are generally led by the District Council representative and membership includes:

- Supporting Leicestershire Families team
- Health
- Voluntary Sector
- Job Centre plus

Quarterly performance reports provide information relating to Children's Centre usage, including how this links to areas of deprivation.

Supporting Leicestershire Families

The Supporting Leicestershire Families (0-19 "Troubled Families") initiative focuses on families whose needs fall just short of the Child in Need criteria and delivers intensive, brief and group work intervention to young people and their families. The team is divided into North and South localities and then 5 areas across these – North West; Harborough, Oadby & Wigston and Blaby; Loughborough and Shepshed; South Charnwood and Melton; and Hinckley and Bosworth. The service delivers brief intervention work and will work with a family for up to a year. They help to support families stepping down from the Strengthening Families team which focusses on children on the edge of care i.e. when relationships between children / young people and their parents / carers are at crisis point and /or without intervention the child / young person would probably come into care. Roles within the team include two Locality Managers, team leaders for the 5 areas, Senior Family Support Workers, Family Support Workers, Youth Development Workers, Youth Workers and Youth Support Workers. The Youth Development Workers and Youth Workers are a more recent addition to the service after a restructure in April 2015. A pooled budget with Police, CCG and Districts is in place to support staffing costs.

The Supporting Leicestershire Families Service would appear to work with young carers when there is also an externally commissioned Young Carers' project. There is therefore the opportunity to review this and achieve some economies of scale.

The service also employs youth workers who will be skilled in working with young people who may display challenging behaviour and / or be at risk of involvement in anti - social behaviour. There is therefore an opportunity to achieve some rationalisation between the Supporting Leicestershire Families team and the work of the Youth Inclusion Programme with the Youth Offending Service.

Youth Offending Service

The Youth Offending Service (YOS) works with children and young people between the ages of 8 and 17 in order to prevent offending and re-offending. The YOS offers a range of interventions to support young people across Leicestershire and Rutland; one to one work, group work, substance misuse, mental health, reparation, health based interventions and street based work in anti-social behaviour hotspot areas.

As well as having indicators relating to Youth Justice, in terms of prevention, the Youth Offending Service deliver the IMPACT and YISP programmes.

IMPACT operate through local partnerships to work with young people in areas affected by high levels of ASB, engaging with young people who are causing concerns for local residents, and trying to prevent them from becoming involved in criminal or anti- social behaviour through advice and support.

The YISP works with young people who are referred to them primarily through schools, the Police, and internally from within the YOS, and who are on the cusp of offending or have committed an initial low level offence which was not pursued by the criminal justice system.

A Social Return on Investment review of the IMPACT and YISP programmes in September 2014 showed that for every £1 spent on IMPACT there was a return of £1.34, and for every £1 spent on YISP a return of £2.59. Whilst these results are positive, we note that further work is being undertaken to remove any duplication between the work of the IMPACT programme and that of the Supporting Leicestershire Families Service. The IMPACT service is currently delivered by youth workers and working with young people in a detached / outreach way focussed on young people who may be causing anti-social behaviour as opposed to low level crime. There is therefore scope to explore some economies of scale.

Early Help Hubs

Early Help Hubs are multi-agency task groups which meet on a monthly basis to discuss the needs and ultimately allocation of individual cases who are defined as in need of secondary or in some cases tertiary intervention, but which do not meet the criteria for social care intervention. There are 7 Early Help Hubs covering 8 districts. Referrals come from First Response and partners attend from a wide variety of services. Meetings are minuted and papers are distributed in advance to enable participants to come with solutions in mind.

Cases addressed at the Early Help Hubs are evidentially placed within at least secondary and in many cases at a tertiary level of intervention, with many cases being quite complex.

Common patterns in cases appear to be around behaviour and parenting, though many of the cases witnessed also had some form of ADHD / ASD or autism. In this regard, the hub observed appeared to find addressing needs relating to autism quite challenging, and would benefit from some additional expertise either to the hub meetings or via the Supporting Leicestershire Families Team.

Many cases were taken by Supporting Leicestershire Families, making use of the brief interventions offered by the Youth Workers within those teams.

On the basis of the Early Help Hub attended, there is evidence of strong multi agency attendance and contribution to debate but it would appear that many allocations are then made to the Supporting Leicestershire Families service. Care should therefore be taken to ensure that partners are also making their contribution to leading on early help cases where appropriate.

Early Help Partnership

The Early Help Partnership is a multi-agency collaborative group for officers responsible for delivering elements of early help across Leicestershire who meet quarterly to discuss progress in Early Help and build collaboration between partners. Its stated role is “to work together to enable all children, young people and families to achieve their potential through the delivery of high quality, coordinated Early Help Service.” There are currently representatives from each of the Districts, from the Police Service, Leicestershire County Council and Leicestershire Partnership Trust, as well as a number of other partners. Key priorities for the year ahead include how to develop accountability for evidencing performance in Early Help across partners and share learning on quality assurance, developing collaborative public information events, connecting more effectively with the workforce delivering Early Help across the county and supporting wider learning and staff development around Early Help. While the Early Help Partnership provides a forum for discussion and development of key ideas in this area, the current lack of a governance structure around it means that accountability for progressing actions and authority to implement ideas discussed at Partnership meetings is not necessarily in place.

Family Information Service

Leicestershire County Council operate a web based statutory Family Information Service for children, young people and families and a telephone Information and Advice service. These are managed through an FTE post supported by a resource within the customer service centre who manages enquiries from the public.

Between April 2015 and March 2016 there were 5022 calls from the public to the Families Information Service telephone line, equating to an average of around 419 calls per month. This equates to around 13/14 calls per day.

Recommendations

Children’s Centres:

There is strong evidence that Local Authorities across the country are substantially reducing their Children’s Centre programmes by rationalising provision and joining it up early help services. This is being achieved without significantly reducing the offer to service users. Leicestershire County Council has already reduced their Children’s Centre budgets by 50% over the past three years, however we consider that there is an opportunity for Leicestershire County Council to make further significant savings on the programme. To achieve this our recommendations are:

1. Reconfigure the service geographically so that it is managed in two areas. A decision would need to be made about whether to align these two areas with the Supporting Leicestershire Families teams (as there is a strong relationship between the two services with cross-referral of clients) or with the CCGs.
2. Reduce the number of Children’s Centres. There is an opportunity to review centre utilisation with a view to closing some centres and relocating services to alternative venues for example transferring activities to schools and early years’ providers. This will generate savings on building rental and running costs.

The draft 'Report Children's Centres Review' identified a total of 8 centres that could possibly be merged/linked with services or closed. We believe that there is greater potential to reduce the number of outlets beyond the 8 identified in the report. However, we recognise that there is a need for community consultation and approval from the DFE before any changes could be implemented. There would also need to be consideration of any financial clawback implications.

3. Review and refresh the programme's resourcing formula to ensure resources are based on targeted need.
4. Build voluntary capacity within the programme to include upskilling of parents who have been through the programme. There is an opportunity to build a stronger working relationship with Volunteers Action Leicestershire (VAL) to gain their support to train and develop volunteers thereby reducing the number of posts across Children's Centres who currently lead this activity.

Other Children's Services Recommendations:

1. Further explore, as planned, potential efficiency savings through scoping out where the Supporting Leicestershire Families Service and the work of the IMPACT programme within the Youth Offending Service may integrate.
2. Explore potential efficiency savings through reducing the Prospects service in line with current plans by Leicestershire County Council.
3. Explore increasing the level of support to address needs relating to autism within the Early Help Hubs, and to the Supporting Leicestershire Families Service in particular, as a number of cases appear to come to the hub with complex needs relating to autism that the Hubs appear to find challenging to address.
4. Develop a governance structure around the Early Help Partnership to ensure that progress is made in increasing effective collaboration between partners across Leicestershire.
5. Consider replicating or widening the Early Help Partnership to include services for adults.
6. Collaborate on the development and introduction of a single Early Help Assessment checklist to support a whole workforce approach to identifying early indicators of vulnerability across Children and Adults.

Overview of Early Help and Prevention in Environment and Transport

Just over £1 million of preventative activity sits within Environment and Transport. These activities largely support Tiers 0 and 1 of the prevention strategy and range from small contracts worth less than £1000 to larger initiatives up to £373,000. Over 90% of the total spend is within transport initiatives, particularly in providing both universal and targeted access to road safety information and training, both independently and through schools and workplaces.

There are already plans in place to make savings of £800,000 in transport within the next two years, resulting in the department being able to 'zero-budget' a number of initiatives, using income generated within other areas of the service. A thorough review of services is underway in order to establish these savings targets.

Alongside this, a return on investment study is used within the department to reveal value for money of preventative services. The last Return on Investment Study for 2014/15 revealed an annual return on investment of £0.97 for the Compost Bins Subsidy and £0.55 for the Cooking Classes with paid tutors, however, other areas such as the 'Master Composters' scheme and the Food Waste Advisors showed a positive return on investment of up to £1.57. The role for the public from their involvement in these schemes was generally much higher. A detailed return on investment report for 2015/16 is currently in the pipeline, but wasn't available within the timescale of this study.

Overview of Early Help and Prevention in Chief Executive Directorate, including the Communities Strategy

The LCC Communities Strategy was developed in October 2014 with three clear priorities:

- **Priority 1** - Unlock the capacity of communities to support themselves and vulnerable individuals and families – reducing the demand on public services
- **Priority 2** - Support communities to work in partnership with the Council to design and deliver services, including those currently delivered by the Council
- **Priority 3** – Develop voluntary and community sector (VCS) organisations in Leicestershire as effective providers in a diverse market which supports delivery of the Council's (service devolution and support for vulnerable families) priorities

The Communities Team was established a year later to support community initiatives and sits within the Chief Executive directorate. These include Communities Business Partners whose key role is to operate as key relationship managers across Council departments to support where there is an opportunity to support a community development approach to service delivery. These roles are also therefore critical in proving the Council's interface with community groups who wish to develop services.

Both the Communities Strategy and the Communities Team aim to promote Tier 0 and Tier 1 of the prevention strategy. A Community Inclusion Partnership has also been established to promote community initiatives and community capacity building across all Leicestershire Districts, in partnership with the voluntary and community sector. The Communities Team spend includes £350,000 for support of VCS infrastructure, £100,000 for community capacity building (which funds two Community Development Workers funded through Voluntary Action Leicestershire) and £30,000 for supporting social enterprises. The Your SHIRE Community Grants programme also sits under this team and is responsible for allocating up to £420,000 in annual grants to support community initiatives.

Key Findings

- There would appear to be a disconnect between the current strategy and activity within Public Health, Adults' and Children's Services. There were few examples of people in these departments being able to articulate the link between the community-based work that they were doing and the Communities Strategy.
- There are a number of smaller projects which operate under the direction of the Communities Strategy but no overarching action plan, leads, timescales or milestones under the current strategy. Whilst reference is made to the prevention agenda, the strategy is not clear enough about how it might demonstrate how it practically supports Tier 0 of the Target Operating Model.
- The Council funds infrastructure support for Voluntary and Community Sector organisations but it was felt that the current KPIs did not allow for sufficiently robust performance management against desired outcomes.
- Voluntary Action Leicestershire receive £350,000 in support of VCS organisations and £100,000 for Community Capacity Building from the Chief Executive budget. The VCS contract provides key elements of VCS development ie: policy and voice; legal and governance advice; and volunteering support including the LCC promotion and development of volunteers. While we recognise that the VCS budget has already been reduced by 50% and has recently gone through a Cabinet review, this still seems high for the services that it is providing and we believe that there is an opportunity to further reduce administrative costs, assess the output of the services provided, and to review whether these contracts could be jointly packaged to deliver greater efficiencies.

- The corporate Communications Team undertake or have the capacity to undertake a range of initiatives which support the concept of communities supporting themselves, self-help and promoting positive messages about this shift in the Council's approach to provision. These activities are not referenced in the Communities Strategy and this misses an opportunity to ensure that the message of community asset building is widely and positively communicated.
- The Workforce Development Team lead on a partnership driven "Commissioning Academy" which involves 15 public sector partners. Part of this programme is a "Behavioural Insights" programme focussed on how practitioners can support a change in public behaviour and expectations of early help and prevention provision. This supports the drive to develop community capacity but is not referenced in the Communities Strategy, and there would be a benefit to integrating these two areas more.

Recommendations

1. In line with Council plans, review, update and redevelop the Communities Strategy to include:
 - a) How it supports the development of Tier 0 of the Target Operating Model across Public Health, Adults' Services and Children's Services.
 - b) How the corporate Communications Strategy can support key messages to the community around an asset based, self- help approach to early help and prevention.
 - c) The development of consortia behaviour within the VCS.
 - d) How the Workforce Development Team can support Council staff, elected members, partners and the VCS in promoting the culture of an asset based, self- help approach to early help and prevention.
2. Re-review the contracts currently in place with Voluntary Action Leicestershire. Whilst we recognise that a report on the VCS contracts has only recently gone through Cabinet, we believe there is an opportunity to further rationalising spend on this contract through a review of functions and a clearer alignment with the priorities of the redeveloped Communities Strategy. Any savings should be re-invested Tier 0 work.
3. In order to justify further investment in Tier 0 activity in the future, we recommend that more rigorous KPIs are put in place for current Tier 0 contracts to evidence their impact on demand within other tiers and that the Council considers developing a model to evidence social return on investment.

3.9. WORKFORCE DEVELOPMENT

Workforce development is delivered corporately to Adults' Services, Communities and Well Being Services and Public Health. For Children's Services, some workforce development is commissioned through the corporate programme but they will also arrange their own training separately.

In respect of Early Help and Prevention:

- Children's Services undertake training for Supporting Leicestershire Families to support the transition to a new way of working as part of their new Early Help roles.
- Children's Services also undergo the extensive Growing Safety training, focussed on Child in Need level needs in terms of "what do you know, what's worrying you, what do you need to do".
- As Adults' Services commission the majority of their early help and prevention services, workforce development is co-ordinated and driven via the Leicestershire Social Care Development Group. This is a partnership group which focusses on the learning and development needs of independent providers and commissioned services.
- Communities and Well Being Services continue to receive learning and development support from LCC, even though services such as library services are technically run by volunteers. However, LCC still see this support as important in supporting these services.
- Leicestershire County Council are a key driver in the partnership led "Commissioning Academy" which involves 15 public sector partners. This programme has been funded by the cabinet office and drives two key programmes – a 100 day "project" to identify how to work more effectively with service users at the high, medium and lower end of the prevention spectrum, and a "Behavioural Insights" programme focussed on how practitioners can support a change in public behaviour and expectations of early help and prevention provision. This is currently aimed at two cohorts – one with chief officers of LCC and other public sector organisations, and one with assistant directors / service managers within LCC.

Recommendations

1. Though the funding for the Commissioning Academy has come to an end, there is value in continuing to invest in this programme as it represents a fundamental element of transformational change and a potential forum for future workforce development, particularly if there can be a focus on early help built in. Some of the savings identified in the Financial Improvement Plan of this report will therefore require re-investment in this programme once this is costed out.

2. Develop further the concept of the Behavioural Insights training and develop a programme targeted at practitioners, elected members and wider partners.
3. Develop a bespoke Workforce Development Strategy for Early Help and Prevention, integrated across all departments, to operate as a subset to the Council's Corporate Workforce Development Strategy.

3.10. COMMUNICATIONS

Corporate Communications

Leicestershire County Council deliver a proactive programme of communications to support the delivery of services, help manage demand, increase income, engage staff and managers as well as influence decision makers.

A key priority is to build a positive narrative about how the Council's direction and role is changing in the face of continued budget pressures. This includes work to support the MTFS and service consultations, the proposed fair funding campaign, the commissioning strategy and the developing agenda around the combined authority and devolution. This supports the Council's priorities around Early Help and Prevention to prevent, reduce and delay need.

To this end, the corporate communications function supports the following key messages:

- Communicating to residents what they can do themselves to stay healthy and well
- Promoting what's available locally and where people can find information and advice
- Encouraging people to go online and self-serve
- Prompting changes in behaviour – so that people waste less and choose different methods of travelling around
- Promote how people, communities and businesses can solve problems without having to involve the council

Information Sharing Protocol

There is an Information Sharing Protocol established for Leicester, Leicestershire and Rutland, to which each of the Councils, Districts, and the Police and Fire Services are signatories. This is managed by the Strategic Information Management Group, who meet on a bi-monthly basis and is currently chaired by a representative from Leicester City Council. The current ISP was established in 2014 and is due to be reviewed within the next 12 to 18 months. It is a high-level agreement which “seeks commitment to put in place the arrangements required to ensure secure and appropriate sharing of information and data, whilst maintaining the controls (largely through agreements) that give assurance and accountability, and respects the right to privacy”¹⁰.

Beyond this, more detailed Information Sharing Agreements are drawn up to govern information sharing for specific purposes between named partner organisations. A detailed template for Information Sharing Agreements is available from Leicestershire County Council and should be used to ensure consistency in the development of such agreements between the Council and other partners wherever possible.

Recommendations

1. In line with Council plans, review, update and redevelop the Communities Strategy to include how the corporate Communications Strategy can support key messages to the community around an asset based, self- help approach to early help and prevention.

3.11. POLICE AND FIRE SERVICE

As part of this review, the role of the Police and Fire Service in respect of early help and prevention was explored.

Key Findings

- The Fire Service undertake two key programmes with young people – the Fire Care programme for young people involved in fire setting, and the cadet programme aimed at a structured learning experience for young people. The Fire Service take referrals for this service but also target young people who display vulnerability or challenging behaviour.

¹⁰ Leicester, Leicestershire and Rutland Information Sharing Protocol. Version 1.0. Leicestershire Together. February 2014.

- The Fire Service would not appear to be routinely invited to Early Help Hub meetings or the Early Help Partnership. Whilst they do take some referrals from Council services, they perceive that there is an opportunity to improve awareness of what they can offer.
- The Fire Service operate a Vulnerable Person's Register which is developed as part of their function of undertaking home fire safety checks where they believe there to be a wider vulnerability. This is shared with First Contact where appropriate. They operate a "toolkit" of interventions where there is a perceived risk in terms of fire safety, and attend meetings to discuss service users at high risk.
- The police deliver early help and prevention via Neighbourhood Officer and High Harm / Safeguarding PCOs, Joint Action Groups which take a multi-agency approach to local hot spot problems of youth anti-social behaviour, and through seconding two police officers to the Youth Offending Service.
- There is an integrated early responder team involving social workers and police, a joint protocol from missing children and an integrated team for child sexual exploitation.
- In terms of adults, the police are involved in the emerging multi agency forum to identify frequent users of public sector services which imply an unmet need.
- The police feel that data is not shared as fully as it could be to facilitate joint working.

Recommendations

1. There are opportunities to increase the role of the Fire Service in strategic and operational processes for early help and prevention within Children's Services as part of a wider review of the extent to which partner agencies are involved in early help and prevention.
2. The police believe that more could be done to identify families who require early intervention at an earlier stage through a greater sharing of information.
3. The emerging group focussing on identifying frequent users of public sector services needs to include all relevant services. There appears to be a reluctance of health agencies to share information at this stage, but other areas have overcome this as part of a "social prescribing model". Learning from how these barriers have been overcome would benefit this group.

3.12. INTEGRATION WITH LEICESTERSHIRE PARTNERSHIP TRUST

As part of this review, the relationship between the Council and Leicestershire Partnership Trust (LPT) was explored.

Key Findings

- Relationships were felt to be positive in terms of engagement, with examples given of a close working relationship in respect of the planning and monitoring of work via the Better Care Fund and membership of the IEG.
- The focus of the drive towards integration was felt to be more in terms of collaboration rather than an appetite for organisational integration.
- Areas for further development were more focussed on the children's agenda, in particular in relation to the emotional and mental health. In this area, it was felt that more support could be offered to early help services to identify and address needs at an earlier stage before referral was deemed necessary to Tier 3 CAMHS service.
- The transfer of public health services from the Trust to the Council has changed the relationship between the two organisations whereby the Trust is now the provider and the Council the commissioner. This has the potential to impact upon a collaborative and cohesive approach to prevention across both organisations on some public health agendas.
- Leicestershire Partnership Trust have a Community Development Team which works with teams internal to LPT to support the development of an asset based, community approach. This is similar in approach to the work of the Communities Strategy within the Council, and although some links were stated, there is an opportunity to strengthen these as part of the review of the Communities Strategy. There is otherwise a risk of duplication in community asset building if LPT focusses on health related issues whilst the Council has a different focus but based on the same theme of community capacity building.
- LPT is developing the concept of its workforce volunteering for two days a year as part of the government's manifesto for volunteering to be an entitlement for people working in large companies and the public sector, as part of a "10,000 days" initiative.

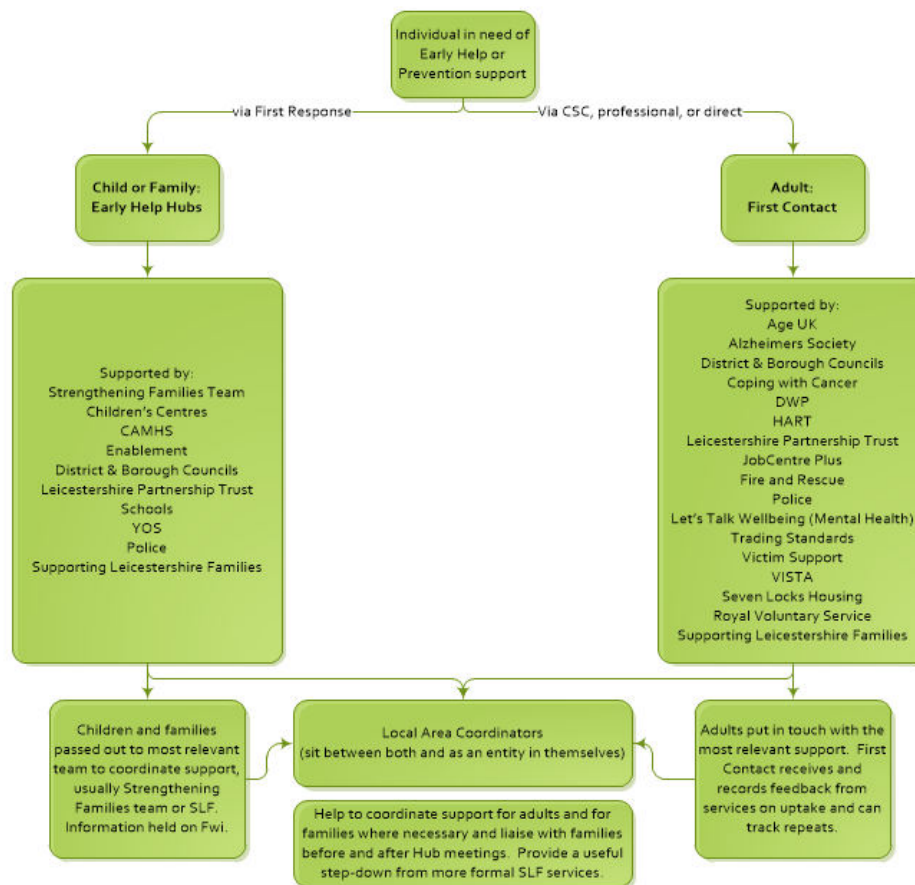
Recommendations

- Via the bid to Futures in Mind, explore ways of increasing support to early help services (children's) to address emotional and mental health issues at an earlier stage, and hence reduce the numbers of children and young people requiring referral to Tier 3 CAMHS services, which in non-emergency cases can involve a long wait for intervention.
- Explore greater synergy between the community asset based approach being taken by both the Council and LPT, as part of the wider review of the Council's Communities Strategy.
- Explore rolling the volunteering entitlement initiative across Leicestershire County Council.

3.13. ANALYSIS OF CURRENT PATHWAYS INTO EARLY HELP AND PREVENTION SERVICES

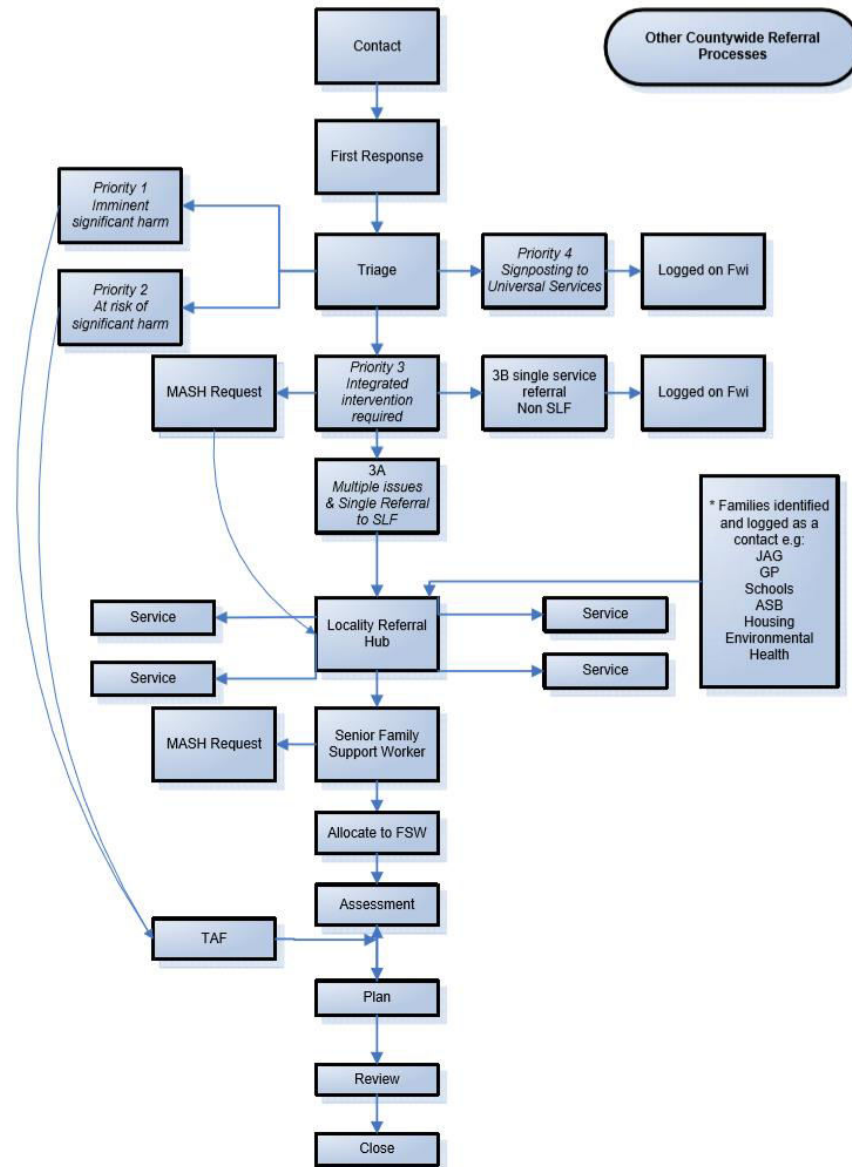
At present there are multiple pathways into Early Help and Prevention services, depending upon the nature of the person requesting help and the initial point of contact.

The diagram below shows the main route through which an adult or child/family would access Early Help and Prevention services.



However, as acknowledged above, there are other routes into preventative services, such as through direct contact with Local Area Coordinators or through the Children's Centres in localities. The diagram below presents a more detailed picture of the triage process within First Response¹¹.

¹¹ Scrutiny Briefing: Supporting Leicestershire Families Programme: A Model for Charnwood. Policy Scrutiny Group. 23 April 2013.



Key Findings from a Review of Pathways

- Whilst the pathways into both adults' and children's early help services are reasonably robust, there is a single pathway into the majority of children and family services via First Response, while on the adults side there are a greater range of entry points including the Customer Service Centre, First Contact Plus (once new self-referral routes are opened) and Local Area Coordinators. This could be viewed in a positive light as there are a greater range of ways for members of the public to get advice and support about Early Help and Prevention, however, it is important to ensure that there is good coordination between each of these services and that information sharing protocols are established to ensure that there is not duplication of effort and that there is consistency in the advice and information that is given.
- There is also an opportunity for greater liaison and information sharing between the adults' and children's early help services to investigate whether individuals contacting either of these service areas would benefit from additional support from the other. For example, an individual approaching First Contact for advice may also benefit from some additional support or a conversation with the Supporting Leicestershire Families team to provide wider support around the individual and their family.
- The development of a business case around creating a single point of access for Health and Social Care across Leicester, Leicestershire and Rutland will have an impact on any changes to pathways within the Council and any recommendations made here.

Recommendations

1. Consider directing more individuals away from the Customer Service Centre and towards First Contact Plus as a central point of advice and information (via the new online self-referral too when developed) through information provided on the Council website and a diversion option on the CSC phone line akin to that currently set up for the Leicestershire Advice Service.
2. Develop a policy for information sharing between First Contact, Early Help Hubs (including Supporting Leicestershire Families), and the Local Area Coordinators to proactively identify those who may require additional support from partner services.
3. Further review Early Help and Prevention pathways following publication of the business case surround a single point of access for Health and Social Care.

4. SUMMARY RECOMMENDATIONS

The following recommendations are a collation of the recommendations which are contained in the main body of the report. They are not produced word for word but are an attempt to summarise:

- The Headline Opportunity areas for further action, for ease of summary
- A more detailed plan to deliver these recommendations via a range of key workstreams

Headline Opportunities

Ref.	Directorate	Workstream	Headline Opportunity	Desired Outcome
1.	Adults, Children's and Public Health	Financial Efficiency	Undertake a financial efficiency programme as identified in section 5.	Improved value for money of services and savings of £3.04m net to Leicestershire CC, notwithstanding any decision to re-invest some of this in prevention.
2.	Adults, Children's and Public Health	Commissioning	Develop consistent and robust performance management and quality assurance arrangements for external contracts. Consider a joint approach to the commissioning of Early Help across Public Health, Adults and Children's Services departments. Consider developing consortia behaviour with the Voluntary and Community Sector to encourage consortia behaviour and contracting under a single agency agreement to reduce contract management costs.	Improved value for money through a co-ordinated approach to reduce duplication, reduce duplicative costs, improve processes for meeting identified needs, and implement a consistent approach to performance management.
3.	Children's Services	Children's Centre Review	Review Children's Centre provision in line with review	Further realise an opportunity to align with other Local Authorities

Ref.	Directorate	Workstream	Headline Opportunity	Desired Outcome
			recommendations.	that have substantially reduced their Children's Centre programmes by rationalising provision without significantly reducing the offer to service users.
4.	Adults, Children's and Public Health	First Point of Contact Information and Advice	<p>Review Information and Advice services across Public Health, Adults' Services and Children's Services, identify / address where there may be duplication and explore where they may complement each other further. As part of this, explore how the digital agenda can support this process.</p> <p>In particular, there is an opportunity to make an efficiency saving through the ceasing of the Leicestershire Advice Service.</p>	The approach to Information and Advice is clear and complementary, reducing duplication where this may exist.
5.	Chief Executive's	Review of Communities Strategy	<p>Continue the redevelopment of the Communities Strategy to tie in more closely with the prevention agenda across all departments.</p> <p>Re-review the contract currently in place with Voluntary Action Leicestershire with a view to rationalising spend, in order to re-invest in the further development of Tier 0 activity. The contract with Voluntary Action Leicestershire should then be focussed on key indicators which support the Communities Strategy. A refocussing of these indicators is currently underway within Chief Executive's department.</p>	The Communities Strategy becomes the key vehicle to drive understanding, development and positive promotion of Tier 0 of the Target Operating Model.

6.	Adults and Children's	Integration	Improve the linkages between Early Help Hubs (Children's) and First Contact (Adults') through implementation an Information Sharing Agreement between the two systems.	Where the needs of a child or adult are identified, there may also be wider needs in the family that would be undetected through a solely child or adult focus. This pathway would seek to "join the dots" and take a more integrated and co-ordinated approach where appropriate.
7.	Corporate Resources	Workforce Development	Consider further investment in the Commissioning Academy. Develop further the concept of the Behavioural Insights training and develop a programme targeted at practitioners, elected members and wider partners.	The Leicestershire County Council approach to an asset based, self - help approach to early help and prevention is understood by all key stakeholders and the culture of a "Leicestershire Way" is developed.
8.	Adults, Children's and Public Health	Partnership Working	Building upon the work of the Unified Preventions Board, review the approach to Partnership to ensure that key stakeholders are involved at appropriate levels and stages, that there is clear governance, accountability and add value, and that information is shared appropriately across agencies. In particular: a) Review and develop the role of the Police and Fire Service as key partners in early help and prevention. b) Further develop partnerships between the eight Districts and the Council to support the provision of preventative activity throughout all areas of the county, reduce costs to the Council and districts by assessing areas of duplicated provision and working	Partners are involved at an appropriate stage and an integrated approach is taken to early help and prevention. Information is shared appropriately which helps identify those in need of early help and prevention.

			together to rationalise these.	
9.	Public Health	Local Area Co-Ordination	Consider how the Local Area Co-Ordination pilot may be extended, both in terms of the duration of the current programme but also extension across the County.	An approach to Local Co-Ordination is taken which supports the Prevent, Reduce, Delay model by meeting need at a community based level at the earliest opportunity.
10.	Adults'	Assisted Living Technology	<p>Further review arrangements for the provision of Assisted Living Technology to explore:</p> <ul style="list-style-type: none"> a) Opportunities for joint commissioning with districts to provide better economies of scale and a simpler and more consistent service for residents across the county. b) Review the provision of stand-alone equipment as a free to use service through the introduction of means testing c) Investigate further the benefits of developing self-assessment for basic pieces of Assistive Living Technology equipment via an online form akin to 'AskSARA', which would reduce the number of self-referrals to the customer service centre 	<p>The provision of Assisted Living Technology is clear to professionals and service users.</p> <p>Financial efficiencies are gained through a more integrated approach between the Council and districts.</p>

Implementation Plan

In terms of delivering the Implementation Plan, whilst all of the identified actions are important, it is recognised that a phased approach based on prioritising workstreams could be considered.

Workstream	Scope of Workstream	Outcomes
Financial Efficiency	1. Undertake a financial efficiency programme as identified in section 5.	Improved value for money of services and savings of £3.04m net to Leicestershire CC, notwithstanding any decision to re-invest some of this in prevention.
Commissioning	1. Building upon the work of the CSU, consider a joint approach to the commissioning of Early Help across Public Health, Adults' and Children's Services: <ul style="list-style-type: none"> a) Centralising the process of commissioning of contracts across the Council to reduce the risk of inconsistent commissioning, potentially through the CSU. b) As part of this exercise, consider how the Corporate Commissioning Strategy, department commissioning strategies and the Council Plan of Commissioning Intentions align and set out clear steps and timeframes for meeting these across departments. c) Undertake a further review of current contracts and internal services across Public Health, Adults and Children's Services departments to identify where there may still be duplication or the opportunity to cluster contracts. d) Develop a consistent quality assurance and performance management framework to be applied across all externally 	Centrally held record of contracts across Public Health, Adults' Services and Children's Services. Commissioning intentions and activity within one department are consistent with and complement those in other departments. Performance Management Framework consistently applied. Financial efficiency savings of £1.5m through a further review of contracts based on removing remaining duplication, the potential to cluster contracts, and undertaking a value for money exercise.

Workstream	Scope of Workstream	Outcomes
	<p>commissioned contracts.</p> <p>e) Alongside the Communities Strategy, develop work with the VCS to develop consortia behaviour, whereby when new contracts are tendered or where they come up for review, the VCS may undertake a consortia approach to tendering to contract under a single agency agreement.</p> <p>f) Develop a consistent approach to contract renewal, reviewing all contracts 6 months prior to expiry against set criteria based upon:</p> <ul style="list-style-type: none"> • The new performance management framework. • Relevance to Council priorities and latest analysis of need. • Contribution to the TOM framework and the principles of Prevent, Reduce, Delay. • Options appraisal of all ways of delivering the aims, objectives and intended outcomes of the service. 	
<p>Review of Children’s Services:</p> <ul style="list-style-type: none"> - Children’s Centres - Supporting Leicestershire Families / Youth Offending Team Linkages 	<ol style="list-style-type: none"> 1. Implement Children’s Centre reconfiguration as per the recommendations in the Early Help and Prevention review. 2. Review linkages between the Supporting Leicestershire Families and Youth Offending Teams in respect of young people at risk of anti - social behaviour. 3. Further explore potential efficiency savings through reducing the Prospects service in line with the current review being conducted by Leicestershire County Council. 4. Explore increasing the level of support to address needs relating to autism within the Early Help Hubs, and to the Supporting Leicestershire Families Service in particular, as a number of cases appear to come to the hub with complex needs relating to autism that the Hubs appear to find challenging to address. 	<p>An opportunity to further align with other Local Authorities that are reviewing Children’s Centre provision without significantly reducing the offer to service users, achieving a potential saving of £1m.</p> <p>An opportunity to ensure that the Supporting Leicestershire Families and Youth Offending Teams work efficiently together to reduce anti – social behaviour.</p>

Workstream	Scope of Workstream	Outcomes
Communities Strategy	<ol style="list-style-type: none"> 1. In line with Council plans, review, update and redevelop the Communities Strategy to include: <ol style="list-style-type: none"> a) How it supports the development of Tier 0 of the Target Operating Model across all departments. b) How the corporate Communications Strategy can support key messages to the community around asset based, self-help approach to early help and prevention. c) The development of consortia behaviour within the VCS. d) How the Workforce Development Team can support Council staff, elected members, partners and the VCS in promoting the culture of an asset based, self- help approach to early help and prevention. 2. Re-review the contracts currently in place with Voluntary Action Leicestershire with a view to rationalising spend, in order to re-invest in the further development Tier 0 activity. The contract with Voluntary Action Leicestershire should then be focussed on key indicators which support the Communities Strategy. 3. In order to justify further investment in Tier 0 activity in the future, put in place more rigorous KPIs for Tier 0 contracts to evidence impact on demand within other tiers and consider developing a model to evidence social return on investment. 	An updated, reviewed and most importantly integrated Communities Strategy that supports the development of Tier 0 of the Target Operating Model across all departments.
Workforce Development	<ol style="list-style-type: none"> 1. Consider further investment in the Commissioning Academy, including how a focus on Early Help can be particularly built in. 2. Develop further the concept of the Behavioural Insights training and develop a programme targeted at wider stakeholders. 3. Develop a bespoke Workforce Development Strategy for Early Help and Prevention, integrated across all departments, to operate as a subset to the Council's Corporate Workforce Development Strategy. 	The Leicestershire County Council approach to an asset based, self-help approach to early help and prevention is understood by all key stakeholders and the culture of a "Leicestershire Way" is developed.
First Contact Points /	<ol style="list-style-type: none"> 1. Review Information and Advice services across Public Health, 	The approach to Information and Advice is clear and

Workstream	Scope of Workstream	Outcomes
Information and Advice	<p>Adults' Services and Children's Services, identify / address where there may be duplication and explore where they may complement each other further. As part of this, explore how the digital agenda can support this process.</p> <ol style="list-style-type: none"> 2. In particular, pending an appropriate impact assessment, there is an opportunity to make an efficiency saving through the ceasing of the Leicestershire Advice Service, but an impact assessment would be needed to reduce any negative impact of this. 3. Consolidate services to make it simpler for the public to have one point of contact, whilst still remaining Care Act compliant. 4. Consider the establishment of a low-level advice and information 'temperature-check' service for families, possibly through bringing this into the First Contact service alongside information for Adults. 5. Consider directing more individuals away from the Customer Service Centre and towards First Contact as a central point of advice and information (via the new online self-referral too when developed) through information provided on the Council website and a diversion option on the CSC phone line akin to that currently set up for the Leicestershire Advice Service. 6. Develop a policy for information sharing between First Contact, Early Help Hubs (including Supporting Leicestershire Families), and the Local Area Coordinators to proactively identify those who may require additional support from partner services. 	<p>complementary, reducing duplication where this may exist.</p>
Partnership	<ol style="list-style-type: none"> 1. Review the approach to Partnership to ensure that key stakeholders are involved at appropriate levels and stages. In particular: 2. Review and develop the role of the Police and Fire Service as key partners in early help and prevention. 	<p>Partners are involved at an appropriate stage and an integrated approach is taken to early help and prevention.</p> <p>Information is shared appropriately which helps identify</p>

Workstream	Scope of Workstream	Outcomes
	<ol style="list-style-type: none"> 3. Further develop partnerships between the eight Districts and the Council to support the provision of preventative activity throughout all areas of the county, reduce costs to the Council and districts by assessing areas of duplicated provision and working together to rationalise these. 4. The emerging group focussing on identifying frequent users of public sector services needs to include all relevant services. There appears to be a reluctance of health agencies to share information at this stage, but other areas have overcome this as part of a “social prescribing model”. Learning from how these barriers have been overcome would benefit this group. 5. Review the range of partnership groups which exist and develop a clear governance structure that ensures that these groups are accountable and add value. 6. Collaborate on the development and introduction of a single Early Help Assessment checklist to support a whole workforce approach to identifying early indicators of vulnerability across Children and Adults. 	<p>those in need of early help and prevention.</p>
<p>Assisted Living Technology</p>	<ol style="list-style-type: none"> 1. Further review arrangements for the provision of Assisted Living Technology to explore: <ol style="list-style-type: none"> a) Opportunities for joint commissioning with districts to provide better economies of scale and a simpler and more consistent service for residents across the county. b) A review of the provision of stand-alone equipment as a free to use service through the introduction of means testing c) Further investigation of the benefits of developing self-assessment for basic pieces of Assistive Living Technology equipment via an online form akin to ‘AskSARA’, which would reduce the number of self - referrals to the customer service centre 	<p>The provision of Assisted Living Technology is clear to professionals and service users.</p> <p>Financial efficiencies are gained through a more integrated approach between the Council and districts.</p>

Workstream	Scope of Workstream	Outcomes
	<p>d) Consider how Assistive Living could be developed as part of the Lightbulb Project in the future.</p> <p>e) Further develop partnerships between the eight Districts and the Council to support the provision of preventative activity throughout all areas of the county, reduce costs to the Council and districts by assessing areas of duplicated provision and working together to rationalise these.</p>	
Local Area Co-Ordination	<p>1. Consider how the Local Area Co-Ordination pilot may be extended, both in terms of the duration of the current programme but also extension across the County.</p>	An approach to Local Co-Ordination is taken which supports the Prevent, Reduce, Delay model by meeting need at a community based level at the earliest opportunity.

5. FINANCIAL IMPROVEMENT PLAN

Savings Opportunities Identified			
Opportunity	Estimated Saving	Peopletoo RAG Rating	Comment
Review Children's Centre provision	£1m		Based on a budget for Children's Centres of £4,245,000.
Review the IMPACT Programme within the Youth Offending Service and consider subsuming this work into the Supporting Leicestershire Families Service.	£110k		Based on a budget for the IMPACT programme of £450k. Department is already planning this level of saving upon expiry of contract and hence it is already built in to the MTFS.
Review Prospects Service and reduce contract in October 2017	£700k		Department is already planning this level of saving upon expiry of contract and hence it is already built in to the MTFS.
Delete the externally commissioned Advice and Information Service	£180k		Current service duplicates the service provided by First Contact once First Contact start to take self – referrals from the public and, to some extent, the work of Local Area Co-Ordinators if their role could extend

Savings Opportunities Identified			
Opportunity	Estimated Saving	Peopletoo RAG Rating	Comment
			to more formally act as an access point for local advice. Already in MTFS
Re-review spend in Support to Voluntary Organisations / Community Capacity Building as part of a wider review to ensure that Tier 0 activity is delivering value for money	£100k		From base budgets of £350k and 100k respectively (450k total) in community development, with a view to reinvesting in different ways of developing community capacity.
Review the approach to the provision of Assisted Living Technology, exploring joint commissioning with districts, review of free provision alongside development of self-assessment	£100k		Provision of ALT across the county is complicated by the fact that the Districts continue to operate their own assistive technology services alongside that provided by the County Council. There are opportunities to negotiate a joint contract for assistive technology across Leicestershire going forward which would provide both for better economies of scale and for a simpler and more consistent service for residents across the county. Reducing provision of free equipment could also reduce spend.
Reduce remaining externally commissioned services by 10% via a value for money performance review, reducing duplication, and reviewing all contracts under £100,000 to establish if there is efficiency to be gained in merging / clustering some contracts	£1.5m		<p>There is inconsistency in the performance management and value for money assessment of externally commissioned services across departments. A rigorous review of all externally commissioned contracts to establish effectiveness and required volume of service could result in at least a further 10% in spend.</p> <p>There are some areas of potential duplication of service which could be addressed to support this overall reduction.</p> <p>Estimated saving is 10% of remaining total value of contracts minus specific contracts stated in the FIP e.g. Prospects, Leicestershire Advice and Information Service, Assisted Living Technology,</p> <p>Excludes Environment and Transport as services in this area do not</p>

Savings Opportunities Identified			
Opportunity	Estimated Saving	Peopletoo RAG Rating	Comment
			<p>directly impact on early help and prevention.</p> <p>Excludes Chief Executive contracts except for Support for VCS Organisations / Community Capacity Building which are stated separately in the FIP. Other services are low in value and unlikely to yield savings.</p>
Total Savings Identified	£3.69m		

The above savings plans identify a gross saving of £3.69m and may in some cases be conservative to what potentially could be achieved. £360k of the £700k Prospects contract has already been planned within the MTFs, as has the £110k for Youth Offending Service and £180k for the Leicestershire Advice Service, so this leaves a net saving identified of £3.04m. However, some of this would need to be invested in order to invest in a roll out of the Local Area Co-Coordinator role, but this needs further modelling and will reduce this overall saving. Some consideration may also be giving to re-investing further in community capacity support but in a different form to how this is currently being deployed, and continuing the Commissioning Academy as part of workforce development / culture change.

APPENDIX A - Contract Analysis

Directorate	Service	Provider	Cost	Tier	KPI	Utilisation rates / Performance	Performance Data Sufficient?
A&C	Assistive Technology	LCC (BCF funding)	£ 1,725,000	2	None set at the moment	2700 telecare users 2000 standalone service users annually 380-450 referrals per month	
A&C	Homelessness Prevention	NCHA	£ 500,000	3	<ul style="list-style-type: none"> Meet the needs of Service Users who are homeless or at immediate risk of homelessness enabling them to establish or maintain more permanent living arrangements Medium to high level 'short term' support Minimum provision of 28 units 	New quarterly monitoring developed, which will include data by client; e.g. support duration, outcomes monitoring, unit cost, equalities, category of need, referral routes etc.	
A&C	Memory Support Co-ordination Service	Alzheimers Society	£ 319,000	2	The service is available to people who have concerns about memory loss, or an indicative or formal diagnosis of dementia, who are resident in the County of Leicestershire, and the carers of those people.	Current monitoring data includes utilisation and equalities Utilisation: 625 Q3	
A&C	Leicestershire Life Links	Richmond Fellowship	£ 311,030	2	To provide; Drop In, Inreach and Peer Support	New quarterly monitoring developed, which will include data by client; e.g. support duration, outcomes monitoring, unit cost, equalities, category of need, referral routes etc. Currently only reporting attendance: 329 Q3	
A&C	Support for Carers	Voluntary Action South Leicestershire	£ 190,000	2	Inform, advise and support carers in all communities throughout the county including support groups, buddy schemes, provision of advice and guidance, maximising income etc. Where appropriate supporting people to complete self-assessment.	New quarterly monitoring developed, which will include data by client; e.g. support duration, outcomes monitoring, unit cost, equalities, category of need, referral routes etc.	
A&C	Leicestershire Advice Service about Social Care Support	Leicestershire Community Partnership Trust	£ 180,000	1	Advice service for older people and working age	Current monitoring data includes utilisation and equalities	
A&C	Visual Impairment and Rehabilitation Service	WALL	£ 166,000	3	Prevent individuals experiencing a crisis and/or requiring ongoing social care and support services, promote the benefits of registering visual impairment to potential service users, Rehabilitation Services and practical solutions to living and working with visual impairment. This will include working closely and liaising with hospital services/staff to raise awareness of support available in the County	New quarterly monitoring developed, which will include data by client; e.g. support duration, outcomes monitoring, unit cost, equalities, category of need, referral routes etc.	
A&C	GP Health & Wellbeing service	Voluntary Action South Leicestershire	£ 165,000	2	To ensure that carers in Leicestershire are identified and supported early on, in their caring role, in order to prevent increasing need for health and social care support for both the carer and the cared for person. To provide good quality information and advice, for carers and professionals, in order to support carers to remain healthy	New quarterly monitoring developed, which will include data by client; e.g. support duration, outcomes monitoring, unit cost, equalities, category of need, referral routes etc.	
A&C	Home Improvement Agency	Papworth Trust (HRS)	£ 123,513	2	Service utilisation (target 375) Number of jobs completed (target 100 per quarter) Proportion of service users remaining independent First response time (target 3) Av time to completion under £1000 (target 12) Av time to completion over £1000 (target 30) Service users by group/tenure	Service utilisation: 516 Q1, 386 Q2 Number of jobs completed: 172 total in Q1+Q2 Proportion remaining independent: 57% (falling) First response time: 2.9 Av time to completion <£1000: 45.64 Q2 Av time to completion >£1000: 31.62 av	
A&C	Short term Refuge Accommodation for Women at risk of Domestic Violence	TBC	£ 116,000	3	Enable women at risk of domestic abuse to access and move on to permanent accommodation in a planned way	New quarterly monitoring developed, which will include data by client; e.g. support duration, outcomes monitoring, unit cost, equalities, category of need, referral routes etc.	
A&C	Social Groups	Various	£ 100,000	2	54 social groups across the county which provide drop in activities and meals	Current monitoring data includes utilisation and equalities	
A&C	Hospital to Home (Community Hospitals Service)	Royal Voluntary Service	£ 60,336	3	The service is delivered in 2 lots. Lot 1 provides support to people leaving the community hospitals which covers Loughborough, Coalville, Ashby de la Zouch, Melton Mowbray, Hinckley, Market Harborough and Lutterworth. Lot 2 provides support to people leaving the Leicester Royal Infirmary, Leicester General Hospital and Glenfield Hospital. The service delivery and outcomes are the same for both lots. Target requirements in terms of gaining referrals from both Community and UHL hospitals. (Annual Target 126 CH & 168 UHL) Target requirements in regards to recruiting volunteers. (Annual Target 70) Targets in terms of visits/interactions. (Annual Targets 1500 CH & 2000 UHL)	2014/15 reporting Referrals: 416 (CH) and 526 (UHL) Recruiting volunteers: 309 (CH) and 326 (UHL) Visits/interactions: 2709 (CH) and 3494 (UHL) The service provides case studies and user satisfaction information that illustrates general trends in how people feel in relation to the service – which generally is positive. The service was able to build a strategic relationship with the hospitals in regards to discharge protocols, often in challenging circumstances, establishing themselves as a partner in the process. The service can supply lots of case examples of where outcomes have been met.	
A&C	Home Improvement Agency	Papworth Trust (VS)	£ 41,171	2	The services provided by the HIAs are essentially a package of support aimed at delivering tailored solutions to the needs of vulnerable people seeking to improve, adapt or repair their homes. There is also a strong element of advice and information provided by the HIAs. • A large part of the work of the HIAs is assisting people to access Disabled Facilities Grants (DFGs). Their role in the DFG process is in three areas; form completion, a technical role and added Value (support, advocating, fund-raising where there is a grant contribution, debt and benefit advice and sign-posting to other services).	Current monitoring data includes utilisation and equalities	
A&C	Domestic Abuse	SSAFA Armed Forces	£ 10,720	2	To enable ex-service personnel and their families to remain independent at home. To prevent homelessness. This includes home assessments, follow up visits, advocacy support, support to review benefit packages and applications for financial assistance from various armed forces related sources, i.e. Military Charities and the Royal British Legion.	The monitoring information on the number of cases completed, demonstrates that SSAFA has for each of the years, since the contract was re-let, exceeded the target of 400 cases per year set by LCC.	
CExec	Your SHIRE Grants	LCC	£ 420,000	0	Number of grant applicants submitting community buildings focused applications supported to develop with advice and assistance. Number of community building / asset related projects and (for Your SHIRE Community Grant) projects related to community led planning, health and wellbeing, rural business & economy, Good Neighbour schemes, play and sport and energy applications supported through the assessment process with expert comment and assessment. Number of marketing initiatives through which grant schemes have been promoted in liaison with LCC.		
CExec	Support for VCS Organisations	Voluntary Action Leicestershire	£ 350,000	0	Percentage of VCS groups who say they use VAL policy information Evidence of VCS working together to develop collaborative solutions Evidence of VCS being supported to influence Health and Wellbeing strategies Amount of funding raised by VCS groups Evidence of VCS being supported to bid for service delivery contracts % VCS groups reporting increased capacity following training % of people who take up volunteering opportunities % of volunteers happy with their placements		

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Directorate	Service	Provider	Cost	Tier	KPI	Utilisation rates / Performance	Performance Data Sufficient?
CExec	Community Capacity Building	Voluntary Action Leicestershire	£ 100,000	0	Number of new community networks established Number of community projects initiated and names quarterly Number of community groups supported Amount (£) of additional funding secured by supported groups Number of community members trained in new skills Number of training courses delivered Number of distinct communities supported Number of clear plans for communities/groups developed		
CExec	Support for Social Enterprises	LCC	£ 30,000	0	Number of social enterprises / individuals receiving direct contact /support Number of new social enterprises / social businesses established Number of social enterprises supported to trade more effectively / generate greater income Number of jobs created Number of LCC staff supported to explore approaches to alternative service delivery, including staff 'spin outs' Number of workshops /training sessions / events delivered related to the contract		
CExec	Support for Town and Parish Councils	LCC	£ 20,000	0			
CExec	Community Buildings Support	LCC	£ 10,000	0	Number of community hubs provided with intensive support to enable enhanced provision of services (particularly devolved services and those supporting vulnerable people) and sustainable development. Provision of a Knowledge Bank service providing community buildings specific advice on local markets, competition, demographics etc. Number of communities with rural village halls supported to develop the hall as a wi-fi hub		
CFS	Autism Outreach Service Intensive Support (STS)	LCC	TBA	2			
CFS	Children's Centre Programme	LCC	£ 4,245,000	2	KPIs: % of families in county known and registered by programme; % of families accessing targeted support and early help; % parents who report improved confidence in caring for children; No of children centres programmes assessed as good or above for overall effectiveness; The % inequality gap in achievement at reception The % take up of 2 yrs. Free Early Education Entitlement (FEEE) 95% parents report children better prepared for school Rate of 4/5 year olds with excess weight. Breastfeeding prevalence at 6-8 weeks after birth. Prevalence of Low Birth weight of term babies. 95% parents report feeling better able to cope with difficulties at home No of Adults and young people engaged in volunteering, training or work.	5000 families accessing services pa with 2,500 targeted involvements each quarter; 350 parents receiving antenatal support; 79.2% take up of FEEE; 900 universal stay and play sessions run by parents for parents; 120 volunteers;	
CFS	Supporting Leicestershire Families (SLF)	LCC	£ 3,849,000	2	yes - Payment By results targets from government around sustained and significant improvement on outcomes or entry into employment	Supporting Leicestershire Families has provided support to 1,420 families and 6169 individuals from 2013 to the end of September 2015. Achieved full PBR targets for 2012 - 2015	
CFS	Behaviour Partnerships	LCC	£ 2,054,000	2	To minimise permanent exclusions	250 secondary learners aged 11 to 16 access advice and guidance or a managed programme. Permanent exclusions were 8 in 2014/15 and amongst the lowest in the country	
CFS	Youth Offending (YOS)	LCC	£ 1,558,000	2	Reduce number of First Time Entrants Reduce number of re-offences by young people Minimise use of custody Number of young people remanded in custody	Decrease of 62% from last year Reoffending rate of 0.94 below regional and national targets. Custody rates up 3 from last year. Remand figures static at 1.	
CFS	Information and guidance (age 16-19). Reducing NEET in targeted groups	Prospects	£ 1,400,000	2	Reducing NEET in targeted groups. NEET vulnerable learner targets that are part of a payments by results section in the contract; it is for a maximum of £150,000 within the contract	Outcome is that NEET is below 3% and best of our statistical neighbours	
CFS	Early Years Special Education Needs Inclusion Service (STS)	LCC	£ 1,090,000	2	Babies and young children are able to access Early Years provision with barriers to inclusion being removed Arrangements are put into place for transition into school. Implementation of the 0-25 SEND code of practice.	3/2016 Present caseload Portage: 34 EYSENIS: 188. Early Years settings: 365 plus childminders	
CFS	Education Psychology	LCC	£ 973,000	2	No regular reporting framework for Early Help work Provision of statutory psychological Advice for EHC Plan assessments by or before the due date and that Outcomes are identified and clearly stated	405 pieces of statutory advice submitted 84% of statutory advice submitted by due date 195 children allocated early years support 1925 telephone calls received, 85% from parents/carer	
CFS	Direct Specialist Support to Students, Academic, Environmental, Cultural, Arts, and Sports Provision, Online Learning, Academic Qualifications	Autism Outreach Framework	£ 849,000	2	No - other than response time for Request for Work requests. Cases still managed by AOS IS core staff; Questionnaires from service users and families on different suppliers	AOS IS working with close to 70 children when funded for 36	
CFS	Primary Behaviour Support (Oakfield short stay school)	LCC	£ 782,000	2			
CFS	Autism Outreach Service (STS)	LCC	£ 763,000	2	Training numbers - particularly quantity of SENCO's that take a Level 3 training & take up of training	Aiming to train 25% (or higher of SENCO's) but also supporting across all schools + empowerment of more schools to stand alone where possible	
CFS	Hearing Teaching Support (STS)	LCC	£ 735,000	2			
CFS	Vision Teaching Support (STS)	LCC	£ 570,000	2	To provide specialist advice and support to prepare visually impaired children living in Leicestershire for school and on entering to be able to be fully included in school life (accessing the environment/ learning).	41+ pre-school children receive early years intervention from the Service. Approx. 330+ school children received support to access local education with only 4 children living in Leicestershire being in an out of County placement for visual impairment. In 2015, the full cohort of 12 VI young people had a planned education, training or employment placement at the end of year 11.	

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Directorate	Service	Provider	Cost	Tier	KPI	Utilisation rates / Performance	Performance Data Sufficient?
CFS	Domestic Abuse	LCC	£ 351,000	2	Main: targets relate to outcomes from support regarding safety, well-being and repeat victims presenting to the service. Secondary: no targets in place - direct service is provided through C&FS as a whole as part of core business.	Main: not yet known - started Dec 2015 - expected 900-1200 per year. Secondary: not yet known, 800 cases where domestic abuse identified through single assessments. Estimate is a third of all C&F cases, plus other cases not known to CFS.	
CFS	Business Support for SEN STS services	LCC	£ 298,000	2	NA - business support	NA - business support	
CFS	Early Support and Inclusion for disabled children	Menphys SOS Disabled Children	£ 213,700	2	Yes the contract sets out an expectation that a minimum of 400 early support meetings are carried out.	2013/14 there were 574 disabled children and families supported by this contract. As of 29/2/16 there were 491 children and families referred to this service.	
CFS	Community Safety	LCC	£ 207,000	2	No	NA - strategy and partnership management	
CFS	Community Based Contracts for Disabled Children.	Glebe House, Melton Mencap, SNIPS Hinckley	£ 166,680	2	Yes, the contract sets out prescriptive targets in the form of outputs covering Weekend provision, numbers of After school activities and minimum number of holiday support activities	90 disabled children and families access support	
CFS	Perinatal Mental Health Services	Family Action	£ 143,511	2	500 referrals; 400 women with personal development plans; 250 families accessing high intensity support groups; 250 families supported to access local children centre support or parenting support; 360 women have mental health needs assessment; 110 women paired with volunteer befriender;	50 families accessed service in first quarter.	
CFS	ICT Assessment service (STS)	LCC	£ 125,000	2			
CFS	Targeted Antenatal Programme	Professional Antenatal Services Ltd	£ 110,000	2	Deliver 30 Baby Beginnings courses for 350 parents.	6 groups ran in first quarter with 51 families accessing service	
CFS	SEND Advice and information service (Parent Partnership)	LCC	£ 106,000	2			
CFS	Specialist Summer Schemes for Disabled Children and Young People	Summer Schemes for Disabled Young People	£ 87,670	2	Provide summer schemes for children referred by the Disabled Children's Service. Disabled Children's Service carry out quality assurance visits.	Out of a population of children actively known to the disabled Children's service on average there are 250 children and families accessing these services.	
CFS	Assessment and Targeted Support for Young Carers in Leicestershire	Barnardos - Young Carers	£ 76,066	2	250 new individuals across 2 years - 120 and 130 respectively. Number, focus and outcomes of training activities reported. 75% of families reporting care packages are effective annually. No. of young carers requiring transition assessment.		
CFS	Local Offer	LCC	£ 45,000	2	no	this is measured by comms metric	
CFS	Visual Impairment Services	Vista Visual Impairment Service	£ 21,678	2	To deliver programmes of mobility training to facilitate independent travel to school or access around school sites on transition. For the child/young person to have increased confidence, independent navigation, orientation and road safety on completion of the programme. To prepare for adulthood and employment at the end of education.	Approximately, 90 visually impaired children known to the Vision Support Service received mobility/independent living skills support from the Service in the last quarter.	
CFS	EYSENIS Speech Therapist (Early Years Special Education Needs)	Leicestershire Partnership Trust EYSENIS Speech Therapist (Early Years Special Education Needs)	£ 13,187	2	N/A - see utilisation rates. Also, we take feedback after training and increased provider confidence is a positive outcome of training	9/15 to 3/16 Training for 16 EY settings re Speech Lang communication Needs 180 practitioners attended. Joint home visits made to 7 children on portage/EYSENIS caseload to provide advice. Visits to 8 EY settings to provide unnamed advice. Induction of new EYSENIS staff 4 1/2 days Elklan training	
CFS	Learning Support Service (STS)	LCC	£ -	2	Improve dyslexia friendly provision in schools at Universal level so that pupils have equal opportunities to achieve their potential (15 schools) Improved school expertise in providing targeted support for dyslexic pupils so that pupils have access to well-founded targeted programmes implemented by skilled practitioners in order to improve progress in literacy (100 schools) Increased specialist dyslexia expertise in Leicestershire so that pupils with moderate to severe dyslexia have their needs met via specialist assessment and tuition within the mainstream environment (A further 2 teachers this academic year) Raised literacy attainment for dyslexic pupils and pupils with literacy difficulties by ensuring that pupils open to LSS improve reading, spelling and/or writing accuracy scores (98% regular tuition pupils make progress)	To date this academic year: Assessments - 123 Tuition - 19 packages Training - 42 packages	
E&T	School Crossing Patrol Service	LCC Road Safety	£ 373,040	1	Provide safe points to cross and encourage more walking to school. Site vacancy rate %	Current site vacancy rate 8.6% Crossing survey undertaken in late 2014. From one day survey figures indicate that more than 7.5M crossings take place each year (children and adults). Average of 63k crossings per site.	
E&T	Overall delivery of PROW Service	LCC Public Rights of Way	£ 290,000	1	Fulfilling statutory duties to ensure PROW network is safe and fully accessible - encourages physical activity.		
E&T	Overall Public Transport Information Service.	LCC Public Transport Information	£ 164,000	1	Provides Public Transport Information, publicity and service monitoring. Links to Sustainable and Active travel.		
E&T	Community Speed Watch	LCC Road Safety	£ 51,700	2	Provide road safety education / reminders to speeding drivers - casualty reduction/ community support. Number of schemes p/a. (Target of 30 for 2016/17)		
E&T	Overall Sustainable Travel Service.	LCC Sustainable Travel	£ 49,500	1	Encourages and promotes Sustainable and Active Travel choices.		
E&T	Older driver and mobility scooter resources	LCC Road Safety	£ 10,550	1	Provide road safety education and training to older drivers and mobility scooter users - casualty reduction. Number of Safer Driving with Age (SAGE) driving assessments under taken p/a (Target of 40 for 2016/17)		
E&T	Engagement Tools	LCC Love Food Hate Waste	£ 9,286	1	Behavioural change aids to provide a reminder of LFHW messages to cooking class attendees and initiate engagement at roadshows		
E&T	Home compost bin subsidy	LCC Home composting	£ 5,930	1	Diverts organic kitchen & garden waste from landfill	No of home compost bins sold - target 800 Detailed RoI completed	
E&T	External Cooking Tutors	LCC Love Food Hate Waste	£ 5,646	1	Provides cookery skills to Leicestershire residents to increase the uptake of food waste prevention behaviours.	Deliver a programme of classes focussing on waste prevention and reuse - target 55 RoI completed for 2014/15	
E&T	Fleet driver resources.	LCC Road Safety	£ 5,000	1	Provide road safety education and training to company drivers - casualty reduction. No specific PI for 2016/17 developed yet.		
E&T	Regional Motorcycle Partnership	LCC Road Safety	£ 5,000	1	Provides road safety education to motorcycle riders - casualty reduction.	Mostly web-based and roadside reminders	

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E&T	Transition (move from Primary to Secondary school)	LCC Road Safety	£ 5,000	1	Provides road safety education to children as they make the transition from Primary school to Secondary school - encourages independent journeys. Focus on casualty reduction.		
E&T	Adult Ed Classes	LCC Love Food Hate Waste	£ 4,950	1	Provides cookery skills to Leicestershire residents to increase the uptake of food waste prevention behaviours by a key audience.	RoI 2014/15	
E&T	Reusable Bags	LCC Reuse	£ 3,796	1	Encourages reusable bag use at introduction of 5p charge for single-use plastic carrier bags - this was a one off and will not be continued.		
E&T	Reusable nappy lending kit	LCC Reusable Nappies	£ 2,981	1	Reduces quantity of disposable nappies sent to landfill	No of times lending kit borrowed - target 50	
E&T	Pre-Driver Day Training	LCC Road Safety	£ 2,500	1	Provide road safety education to 16-17 year olds - casualty reduction. Number of PDD clients attending courses p/a. Target of 400 for 2016/17.	Now largely self-funding. Participants pay £50 per course.	
E&T	Tiny Steps / First Steps	LCC Road Safety	£ 2,400	1	Provide road safety education to pre-school and KS1 & KS2 children - casualty reduction. No specific PI for 2016/17 developed yet. Seeking to deploy resources in a different way pending staff changes.		
E&T	Junior Road Safety Officer Scheme	LCC Road Safety	£ 2,000	1	Provide road safety education to KS1, KS2 and wider school community - casualty reduction - Web-based Resource	Website use and hits monitored plus scheme take up rate monitored.	
E&T	Secondary school age website (T-Junction)	LCC Road Safety	£ 2,000	1	Provide road safety education to KS3, KS4 and wider school community - casualty reduction.	Website use and hits monitored.	
E&T	School gate parking resources.	LCC Road Safety	£ 2,000	1	Provides safety reminders and encourages walking through messages about park and stride etc. No specific PI for 2016/17 developed yet.		
E&T	Sewing Classes	LCC Reuse	£ 1,638	1	Provides skills and embeds reuse messages to prevent textiles going to landfill	Deliver a programme of classes focussing on waste prevention and reuse - target 55	
E&T	Volunteer Led Classes	LCC Love Food Hate Waste	£ 1,111	0	Provides cookery skills to Leicestershire residents to increase the uptake of food waste prevention behaviours.	Waste Vounteer hours - target 1500 hrs	
E&T	Compulsory Basic Training (CBT)	LCC Road Safety	£ 1,000	1	Provides road safety education to low powered / new motorcycle riders - casualty reduction. Via CBT Providers.	Engage with 1000 riders in the form of printed training information via CBT training centres.	
E&T	Furniture Upcycling Classes	LCC Reuse	£ 937	1	Provides skills and embeds reuse messages to prevent furniture going to landfill	Deliver a programme of classes focussing on waste prevention and reuse - target 55	
PH	Health Visiting	LCC	£ 6,736,000	1	Patient experience feedback (no target) Health visitors contribute to local maternal mental health pathway Health visitors use local early attachment health pathway Health visitors contribute to local healthy weight pathway Contact with every child on a child protection plan Safeguarding response within 1 full working day Quantitative Performance Management Framework in development	83% of new mums asked about mental health qualitative data returns 65% of parents discussed child's weight 8 children on a child protection plan 78% within 24 hrs; 22% within 48 hrs	
PH	Treatment contract (Drugs)	Turning Point	£ 3,497,951	3	Effective Treatment - Opiate (96.6%) Effective Treatment - Non-opiate (83.8%)	95.9% 80.3%	
PH	Integrated Sexual Health	Staffordshire & Stoke on Trent Partnership Trust	£ 2,896,567	2	Number of primary contacts (target 20633 Jan-Dec) Number of secondary contacts (target 9066 Jan-Dec) Chlamydia Screening (target 804 (Jan)) Chlamydia Screening Positive Result (target 61 (Jan)) Young People's Sexual Health Service - Choices Team (target 203 (Jan))	22662 8685 668 (Jan 16) 69 (Jan 16) 24 (Jan 16)	
PH	School Nursing	LPT	£ 2,725,000	1	Detailed report from each local district		
PH	Contribution to LRS	LRS	£ 667,965	1	Physical activity grant managed by LRS Board (including LCC staff) against strategic objectives	Board papers	
PH	NHS Health Checks	GPs	£ 600,000	1	Number of people invited (target 167,315) Number receiving Health Check (target 23,691) Percentage uptake (cumulative uptake to date 46.6%, Eng baseline 49%)	42,173 Q3 YTD 16,783 Q3 YTD 40% Q3 YTD	
PH	Stop Smoking Service	Quit51	£ 521,000	2	Number of 4 week quits - general population (target 5119) Number of 12 week quits - general population (target 2048) % of 4 week quits for health inequalities population (target 67%) % of 12 week quits for health inequalities population (target 40%) CO validated success rate (target 35-85%)	1994 Q3 YTD 1052 Q3 YTD 53.3% Q3 YTD 71.3% Q3 YTD 73% Q3 YTD	
PH	IUCD and Implantation GP CBS	GPs	£ 500,000	1	Number of IUD fittings (target of 2472) Number of Implants inserted (target of 2491)	1810 Q3 YTD 1802 Q3 YTD	
PH	Weight Management Service	Leics Partnership NHS Trust	£ 396,600	2	FLIC - Total number of participants FLIC - % with decreased BMI z score at end of group FLIC - % completing group (min 5 sessions) LEAP - Number of participants LEAP - Av % weight loss at end of 12 weeks LEAP - % achieving 5% weight loss after 12 weeks LEAP - No of women with BMI 30+ accessing service postnatal	72 Q3 77% Q3 81% Q3 1190 Q3 3.7% Q3 31% Q3 not yet reported	
PH	Nicotine Replacement Therapy	Quit 51	£ 226,000	2	Number of 4 week quits - general population (target 5119) Number of 12 week quits - general population (target 2048) % of 4 week quits for health inequalities population (target 67%) % of 12 week quits for health inequalities population (target 40%) CO validated success rate (target 35-85%)	1994 Q3 YTD 1052 Q3 YTD 53.3% Q3 YTD 71.3% Q3 YTD 73% Q3 YTD	
PH	Inpatient detox	Nottinghamshire Healthcare Trust	£ 196,129	3	Number and % successfully completing (80%) Waiting time under 3 weeks 1st treatment (90%) Waiting time under 3 weeks 2nd treatment (90%) Number admitted for stabilisation (target 65%)		
PH	Mental Health Promotion	Internal Delivery	£ 150,000	1			
PH	Exercise on referral	Districts	£ 130,000	2	Physical activity grant managed by LRS - No KPIs set by LCC	Number of referrals: 1588 Q1+2 Details of referral by reason Details of source of referral Number of sessions: 681 Total attendance: 11898	
PH	Sport and Physical Activity Commissioning Grant	Districts	£ 113,486	1	Annual scrutiny of district plans by LRS and LCC. LRS manage performance against the plans.		
PH	Healthy Homes	Papworth Trust	£ 100,000	1	Number of community awareness sessions (target 30) Number of partner agency awareness sessions (target 25) Number of professionals attending training (target 240) Number of people given energy advice (target 1000) Number of energy advice visits undertaken (target 250) Number of homes receiving improvements (target 100)	9 Q3 YTD 23 Q3 YTD 315 Q3 YTD 99 Q2 YTD 119 Q3 YTD 55 Q3 YTD	
PH	Alcohol Brief Advice	LPT	£ 100,000	2	Reduction in alcohol related ED attendance (target -10%) Reduction in alcohol related admissions (target -10%)	-68% from Q2 +6% from Q2	
PH	Children's physical activity	LRS	£ 100,000	1	Physical activity grant managed by LRS. Clear guidance on how funding is to be targeted	Board papers	
PH	Healthy Schools	Internal Delivery	£ 100,000	1	No specific targets set, but do report on the number of schools with 'Health School' status. Provides training and events and online resources.	73% of Leicestershire School renewed their status 35.7% of schools have Enhanced status	
PH	Probation Health Trainers	Probation	£ 95,000	2	Total number of clients completing Client Initial Assessment (480) Total number of clients who initiate Personal Health Plan (180) Proportion of clients partly achieving Personal Health Targets (60%)	111 Q2+3 97 Q2+3 91% Q3	

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Directorate	Service	Provider	Cost	Tier	KPI	Utilisation rates / Performance	Performance Data Sufficient?
PH	Community Infection, Prevention and Control	A&C in house	£ 90,000	3	Urgent referrals seen within 48 hours (target 100%) Non-urgent referrals seen within 30 days (target 100%) All referrals to receive recommendations within 10 working days of initial input (target 100%)	100% 100% 100% no figures on volumes	
PH	Tobacco free YP programme	Commonunity	£ 80,000	1	<ul style="list-style-type: none"> Increase the number of schools who have in place whole-school smoke-free policy. Increase the number of young people who seek assistance to quit smoking. Reduce the number of young people taking up smoking and using tobacco. Contribute to a reduction in health inequalities attributable to smoking and tobacco use. Contribute to a reduction in overall smoking prevalence. Clear quarterly targets and monitoring methods.	ENDED - To be amalgamated into new 'Understanding and Managing Risk' programme along with the Schools Norming Project	
PH	Local Area Coordination	Internal Delivery	£ 75,000	0	Leicestershire LAC evaluation report published January 2016. Second round of reporting is underway.		
PH	Travelling families service	LPT	£ 72,500	1	Number of travellers over 18 seen by the service Number of people attending cultural awareness training Number of health promotion sessions delivered to the community	0 Q2 YTD 5 Q2 YTD 0 Q2 YTD	
PH	First Contact Plus	Internal Delivery	£ 72,000	1	Evaluation report published February 2016.		
PH	Oral Health Promotion	Internal Delivery	£ 65,000	1	Number of training courses (annual target 25) Participant satisfaction (target 80%) Some elements not yet underway and reporting for Q2 delayed	3 Q1 92% Q1	
PH	Illicit enforcement	LCC Trading Standards	£ 60,000	1	Visits for illicit tobacco sales (target 5) Training and underage sales exam for businesses	14 Q3 YTD 31 Q3 YTD	
PH	Heartsmart cardiac rehab	LNDS/LPT	£ 50,000	3	Previous spec has lapsed as this is now delivered through the Exercise on referral grant	318 Heartsmart referrals 506 sessions delivered 6042 total attendance	
PH	Dental epidemiology	NHS England	£ 50,000	1	Percentage of population surveyed Percentage of sample population choosing to participate	None to date	
PH	Community Care Assessment	Leicester City Council	£ 48,000	3	Delegated to City Council - no LCC KPIs		
PH	Food for Life	Food for Life Partnership	£ 45,000	1	There are a large number of KPIs, including: No of schools enrolled No of schools gaining bronze award No of schools gaining silver/gold award Training sessions for head teachers No of EY establishments visited No of school staff trained	147 35 7 24 10 240	
PH	Safer Sex Project	John Storer Charnwood	£ 41,412	1	Safer Sex Delivery Training (target 1) Red Box and RSE Training (target 4) Pregnancy Testing Training (target 2) Teenage Sexual Health Update Training (target 4) Bespoke Training (target 12) Development of new sites (target 8) Peer review visit of sites (target 12) POP Text Service (target 240)	2 Q2+3 0 Q2+3 1 Q2+3 2 Q2+3 11 Q2+3 8 Q2+3 9 Q2+3 133 Q2+3	
PH	HIV Prevention - men who have sex with men	TRADE	£ 40,000	2	Number of contacts Number of outreach sessions (target of 40) Number of HIV testing consultation sessions (target of 75 max) Number of training sessions for practitioners (target of 4)	363 Q3 YTD 26 Q3 YTD 46 Q2 YTD 3 Q2 YTD	
PH	EHC Pharmacy CBS	Pharmacies	£ 40,000	1	Number of EHC consultations (target of 2424)	1768 Q3 YTD	
PH	Exercise on referral coordination	LRS	£ 40,000	2	Physical activity grant managed by LRS - No KPIs set by LCC	Number of referrals: 1588 Q1+2 Details of referral by reason Details of source of referral Number of sessions: 681 Total attendance: 11898	
PH	Underage enforcement	LCC Trading Standards	£ 36,500	1	Test purchases for underage sale of tobacco (target 50) Test purchases for underage sale of alcohol (target 60)	30 Q3 YTD 71 Q3 YTD no information on number of service users	
PH	Teenage Mediation	The Bridge	£ 36,000	3	Target to work with 40 young people each year with a range of intended outcomes including measurable improvement in mental wellbeing score (Short Warwick-Edinburgh Mental Wellbeing Scale)	Quarterly reporting of contacts, sessions completed and service outcomes.	
PH	Commercial Weight Management	Weight watchers	£ 35,000	2	Participants achieving a weight loss of 5% or more (target 30%)	57% Q3 YTD	
PH	Schools Norming Project		£ 35,000	1	ENDED - To be amalgamated into new 'Understanding and Managing Risk' programme along with the Tobacco Free young People programme	Report on social norms regarding alcohol in 7 local schools	
PH	Master Gardeners	Garden Organic	£ 30,000	1	Supported Growers Volunteer numbers Community Events	136 households to date (Q3) 52 37	
PH	Breastfeeding service	LPT	£ 30,000	2	Number of referrals into the service. Increased uptake to online support. Contribute to an increase in the initiation and duration of breastfeeding in line with DH targets. Increase the number of mothers breast feeding in North West Leicestershire & Hinckley & Bosworth. Promote attachment and bonding.	Referrals: 331 (41% increase on 2014) Online growth of 25% from Q1 to Q4 Case studies to demonstrate a number of outcomes.	
PH	Older People Physical Activity	LRS	£ 30,000	1	Physical activity grant managed by LRS. Clear guidance on how funding is to be targeted.	Board papers	
PH	Cancer Early Detection	Internal Delivery	£ 25,000	2			
PH	HIV Positive People	Leics AIDS Support Service	£ 20,000	2	Number of contacts Number of outreach sessions (target of 12) Number of HIV testing consultation sessions (target of 50 max) Number of training sessions for practitioners (target of 4)	35 Q3 YTD 9 Q3 YTD 8 Q2 YTD 3 Q3 YTD	
PH	Support for NEET	Untapped Me	£ 20,000	2	Multi-agency training sessions (target 4) Locality Training (target 2 per quarter) Delivery of baby boxes Support Quality Framework completion (target 6 in Q3) Support forum on Young Parents Voice (target 1 per quarter)	2 (Q3 YTD) 1 (Q3) 29 (Q3) 6 (Q3) 1 (Q3)	
PH	Early Years Purposeful Play 0-5	Step into Health Ltd	£ 15,000	1	Contract Ending - taken forward through Healthy Schools Programme		
PH	Healthy relationships campaigns	Internal Delivery	£ 7,000	1	Ad hoc response to request for attendance numbers at events		
PH	Chlamydia screening GP	GPs	£ 6,250	2	Target of 3801 chlamydia screenings per annum	2619 Q3 YTD	
PH	Coordination	Staffordshire and Stoke on Trent Partnership NHS Trust	£ 6,000	1	Number of training meetings (target of 6)	2 Q2 YTD	
PH	Sex Workers VS contract	New Futures	£ 5,000	2	Number of contacts Number of outreach sessions (target of 8) Number of HIV testing consultation sessions (target of 50 max) Number of training sessions for practitioners (target of 4)	87 Q3 YTD 14 Q3 YTD 0 Q3 YTD 2 Q3 YTD	

APPENDIX A - Contract Analysis

Directorate	Service	Provider	Cost	Tier	KPI	Utilisation rates / Performance	Performance Data Sufficient?
PH	HIV Prevention - people of African heritage	Leics AIDS Support Service	£ 5,000	1	Number of contacts Number of outreach sessions (target of 32) Number of HIV testing consultation sessions (target of 30 max) Number of training sessions for practitioners (target of 2)	32 Q3 YTD 0 Q3 YTD 8 Q2 YTD 0 Q2 YTD	
PH	Smoke free Environments	Internal Delivery	£ 5,000	1	Pledge-based programme, now reviewed and mostly subsumed into the stop smoking service.	Number of pledges	
PH	Healthy Tots	Internal Delivery	£ 5,000	1	No specific targets but do report on number of early years settings with 'Healthy Tots' status	60 EY settings with Healthy Tots status	
PH	Training	Internal Delivery	£ 3,000	1	No specific KPI/Target		
PH	Chlamydia screening Pharmacy	Pharmacies	£ 63	2	Target of 85 chlamydia screenings per annum	54 in Q3 YTD	