Public Document Pack

Joint Commissioning Board

Thursday, 13th December, 2018 at 9.30 am

PLEASE NOTE TIME OF MEETING

Conference Room - CCG HQ

This meeting is open to the public

Members

Dr Kelsey (Chair)
June Bridle
John Richards
Councillor Hammond (Vice-Chair)
Councillor Fielker
Councillor Shields

Please send apologies to:

Emily Chapman, Board Administrator,

Tel: 02380 296029

Email: emilychapman1@nhs.net

PUBLIC INFORMATION

Role of the Joint Commissioning Board

The Board has been established by the City Council and Clinical Commissioning Group to commission health and social care in the City of Southampton. It will encourage collaborative planning, ensure achievement of strategic objectives and provide assurance to the governing bodies of the partners of the integrated commissioning fund on the progress and outcomes of the work of the integrated commissioning function

Public Representations

Save where an Item has been resolved to be confidential in accordance with the Council's Constitution or the Freedom of Information Act 2000, at the discretion of the Chair, members of the public may address the meeting about any report on the agenda for the meeting in which they have a relevant interest.

Benefits from Integrated Commissioning

- Using integrated commissioning to drive provider integration and service innovation.
- Improving the efficiency of commissioned services
- Increasing the effectiveness of commissioning – across the whole of the commissioning cycle.

Smoking policy – the Council and Clinical Commissioning Group operates a no-smoking policy in all of its buildings.

Mobile Telephones – please turn off your mobile telephone whilst in the meeting.

Fire Procedure – in the event of a fire or other emergency an alarm will sound and you will be advised by lofficers what action to take.

Access – access is available for the disabled. Please contact the Support Officer who will help to make any necessary arrangements.

Dates of Meetings: Municipal Year 20181/19

2018	2019
12th April	10th January
14th June	14th February
12th July	14th March
9th August	
13th September	
11th October	
8th November	
13th December	

CONDUCT OF MEETING

Terms of Reference

The terms of reference of the Board are contained in the Council's Constitution and the Clinical Commissioning Group Governance Arrangements.

Business to be discussed

Only those items listed on the attached agenda may be considered at this meeting.

Rules of Procedure

The meeting is governed by the Council Procedure Rules as set out in Part 4 of the Constitution.

Quorum

The minimum number of appointed Members required to be in attendance to hold the meeting is 4 with a minimum of 2 from the City Council and the Clinical Commissioning Group.

Disclosure of Interests

A conflict of interest occurs where an individual's ability to exercise judgement, or act in a role is, could be, or is seen to be impaired or otherwise influenced by his or her involvement in another role or relationship

AGENDA

Agendas and papers are now available online at www.southampton.gov.uk/council/meeting-papers

1 WELCOME AND APOLOGIES

Lead	**Item For:** **Discussion** **Decision** **Information**	**Attachment**
Dr Mark Kelsey	Information	Attached

2 DECLARATIONS OF INTEREST

A conflict of interest occurs where an individual's ability to exercise judgement, or act in a role is, could be, or is seen to be impaired or otherwise influenced by his or her involvement in another role or relationship

Lead	**Item For:** **Discussion** **Decision** **Information**	**Attachment**
Dr Mark Kelsey	Information	Attached

3 **MINUTES AND ACTION TRACKER** (Pages 1 - 8)

Lead	**Item For:** **Discussion** **Decision** **Information**	**Attachment**
Dr Mark Kelsey	Decision	Attached

4 **BUSINESS CASE FOR PILOT SERVICE FOR WOMEN AT RISK OF REPEAT REMOVALS** (Pages 9 - 52)

Lead	**Item For:** **Discussion** **Decision** **Information**	**Attachment**
Amy McCollough	Decision	Attached

5 **COMMUNITY BASED PLAY AND YOUTH PROVISION FOR 0-19 YEAR OLDS** (Pages 53 - 82)

Lead	**Item For:** **Discussion** **Decision** **Information**	**Attachment**
Tim Davis	Decision	Attached.

Meeting Minutes

Joint Commissioning Board - Public

The meeting was held on 8th November 2018, 09:30 – 10:30
Conference Room, NHS Southampton HQ, Oakley Road, SO16 4GX

	NAME	INITIAL	TITLE	ORG
Present:	Dr Mark Kelsey	MK	CCG Chair	SCCCG
	John Richards	JRich	Chief Executive Officer	SCCCG
	Councillor Chris Hammond	CH	Leader of the Council	SCC
	Councillor Dave Shields	Cllr Shields	Cabinet Member - Health and Sustainable Living	SCC
In attendance:	Stephanie Ramsey	SR	Director of Quality & Integration	SCCCG / SCC
	Richard Crouch	RC	Interim Chief Executive Officer	SCC
	Beccy Willis	BW	Head of Business	SCCCG
	Judy Cordell	JC	Democratic Services	SCC
	Donna Chapman	DC	Associate Director	SCCCG / SCC
	Kate Dench	KD	Senior Commissioning Manager	SCC
	Carole Binns	CB	Associate Director	SCCCG / SCC
	Emily Chapman (minutes)	EC	Business Manager	SCCCG
Apologies:	Mel Creighton	MC	Chief Financial Officer	SCC
	Councillor Lorna Fielker	Cllr Fielker	Cabinet Member – Adult Social Care	SCC
	June Bridle	JB	Lay Member (Governance)	SCCCG
	James Rimmer	JRim	Chief Financial Officer	SCCCG
	Claire Heather	CH	Senior Democratic Support Officer	SCC

		Action:
1.	**Welcome and Apologies**	
	Members were welcomed to the meeting. Apologies were noted and accepted	
2.	**Declarations of Interest**	

	A conflict of interest occurs where an individual's ability to exercise judgement, or act in a role is, could be, or is seen to be impaired or otherwise influenced by his or her involvement in another role or relationship No declarations were made above those already on the Conflict of Interest register.	
3.	**Previous Minutes/Matters Arising & Action Tracker**	
	The minutes from the previous meeting dated 11th October 2018 were agreed as an accurate reflection of the meeting, with the following amendment: - Change to reflect Cllr Hammond raised the proposed closure of Glen Lee and Holcroft and the impact on the wider health system **Matters Arising** Women at risk of repeat removals of children into care – this will be an item at the December meeting. **Action Tracker** The outstanding actions were reviewed and the action tracker updated.	
4.	**Void and Nomination Agreements in respect of Supported Living Properties (scheme A and B)**	
	MK stated the following "Chair to move that in accordance with the Council's Constitution, specifically the Access to Information Procedure Rules contained within the Constitution, the press and public be excluded from the meeting in respect of the appendix to the following item based on Category 2 of Paragraph 10.4 of the Access to Information Procedure Rules." No members of the public were present for this item. The Board received the Void and Nomination Agreements in respect of supported living properties (scheme A and B). CB talked through the highlights of the paper. KD stated that current voids are at 8%. Work takes place to ensure the risk of voids are minimal. CB raised we have never been in a position of paying 100% void costs. KD highlighted that there is work being undertaken led by NHS England through Transforming Care to review individuals in low and medium secure beds into a community setting. This will require careful transition work. Cllr Hammond raised this is the right approach. There will need to be	

	provision to teach and encourage independence for people with a learning disability and this scheme supports that. SR raised a refresh of the Market Position Statement will be positive. SR highlighted that we need to look at the processes for sign off so properties are not lost due to the decision making route. The delegation of sign off will be explored. The Leader and Cabinet Member for Clean Growth & Development approved the recommendation to enter into void and nominations agreement in relation to two current supported living schemes. The Board recognised a potential void risk and associated financial liabilities, but this is not expected to be above the current position. The Board delegated authority to the Leader, to approve and enter into the Void and Nominations agreement for scheme A and B. KD left the meeting.	KD/SR
5.	**Community Development**	
	MK stated the following "Chair to move that in accordance with the Council's Constitution, specifically the Access to Information Procedure Rules contained within the Constitution, the press and public be excluded from the meeting in respect of the appendix to the following item based on Category 2 of Paragraph 10.4 of the Access to Information Procedure Rules." The Board received the paper on Community Solutions – Community Development and Community Navigation Single Integrated Proposal. CB talked through the highlights of the paper. **ACTION: CB/MFC to share draft specification with Cllr Shields** It was noted that Councillor Kaur has provided feedback on the draft specification. Cllr Shields raised there are other conversations needed with lots of providers e.g. charitable funds that will support this work. Cllr Hammond raised we are in a different place and we have moved away from grants to contracts so this piece of work aligns with that. CB raised the impact assessment on individual agencies will be reviewed and we will provide ongoing advice and support. RC queried if there could be a quicker timescale to get this work implemented. SR raised we will try and attempt to bring the timescales shorter and work with procurement.	

The Board supported the paper and agreed a radical step change is needed to support this work. It was also raised at the point of contract award, there may need to be some facilitation with the successful provider.

The Board approved the following recommendations outlined in the paper:

(i) This report is presented as a general exception item in accordance with the Access to Information Procedure Rules of Part 4 of the Council's Constitution. Amendments to the Local Authorities (Executive Arrangements) (Meetings and Access to information) (England) Regulations 2012 require 28 days' notice to be given prior to determining all Key Decisions. Whilst the report did have the required 28 days' notice, the requirement to indicate potential elements of confidentiality was not complied with as notification of the decision was published on the 10th October, 2018.

(ii) That the board noted the feedback from the engagement exercise undertaken in October 2018, following Joint Commissioning board (JCB) briefing in September 2018.

(iii) The Leader of the Council and Cabinet Member for Clean Growth & Development delegated authority to the Director of Quality & Integration, following consultation with the Leader and Cabinet Member for Clean Growth & Development to decide on the final model of commissioned services to support the provision of a Community Development and Navigation Service.

(iv) The Leader of the Council and Cabinet Member for Clean Growth & Development delegated authority to the Director of Quality & Integration following consultation with the Service Director Legal & Governance to carry out a procurement process for the provision of Community Development and Navigation services and to enter into contracts in accordance with the Contract Procedure Rules.

Cllr Hammond approved the recommendation and raised that it is important for us as organisations to define what is expected. There continues to be investment within the voluntary sector and whichever provider wins this contract it will offer long term stability and clarity of purpose.

The Board thanked MFC and CB who have worked on this paper and the work that has taken place to get to this point.

CB left the meeting.

6.	**Better Care Quarterly Report inc Cluster Development**	
	The Board received the Better Care Quarterly Report for information. DC talked through the highlights of the report. The data is based on month 4 and 5 as month 6 data was not available at the time of the report being written. The Board has a discussion and the following points were covered: • Work is taking place to incorporate Older Peoples Mental Health (OPMH) community services within Better Care, then the next step will be to include Adult Mental Health (AMH) • DC raised work is taking place with Public Health to look at falls data. Work in being done with the ambulance service to look at reducing conveyance rates as an outcome of this work. • There are also opportunities to improve the fracture liaison service pathways that are currently in place • Personal Health Budgets (PHB) moving forward and national target will be achieved by March 2019. Direct Payments showing a small increase. Update to a future meeting. • Delayed Transfers of Care (DTOC) it was clarified that it is a mixture of issues causing the rise in DTOC from both the health and social care aspect. There is a comprehensive action plan in place for DTOC. **ACTION: bring telecare back to a JCB Briefing for discussion.**	**SR** **CB**
7.	**Performance Report**	
	The Board received the performance report for information.	
Date of next meeting: 13th December 2018, 09:30 – 10:30, Conference Room, NHS Southampton HQ, Oakley Road, Millbrook, SO14 4GX		

This page is intentionally left blank

Joint Commisioning Board - Action Tracker (Public)					
Date of meeting	**Subject**	**Action**	**Lead**	**Deadline**	**Progress**
11/06/2018	Integrated Commissioning Plan	Staffing structures and savings impact to be a future agenda item	SR	Dec-18	This will be on the agenda for a future meeting
11/06/2018	Integrated Commissioning Plan	Evaluation of 17/18 Integrated Commissioning Plan to be brought to a future meeting	SR	Dec-18	Work in progress - this will be on the agenda for a future meeting
11/06/2018	Quality Update on Social Care Providers	SR to provide a detailed briefing at a future meeting on workforce	SR	Nov-18	In development
13/09/2018	Women at risk of repeat removals	Business Case to be brough to the October Meeting	AM/JH	Dec-18	on the December agenda
08/11/2018	Community Development	**CB/MFC to share draft specification with Cllr Shields**	CB/MFC	Dec-18	

This page is intentionally left blank

DECISION-MAKER:		Joint Commissioning Board		
SUBJECT:		**Post-care proceedings pilot service for women at risk of repeat removal of children**		
DATE OF DECISION:		**13th December 2018**		
REPORT OF:		**Jason Horsley, Director of Public Health** **Hilary Brooks, Service Director Children, Families and Education**		
CONTACT DETAILS				
AUTHORS:	**Name:**	Amy McCullough Phil Bullingham	Tel: Tel:	023 8083 7027 02380 833955
	E-mail:	Amy.McCullough@southampton.gov.uk Phil.Bullingham@southampton.gov.uk		
Directors	**Name:**	Jason Horsley Hilary Brooks	Tel: Tel:	023 8083 3000 023 8083 4899
	E-mail:	Jason.Horsley@southampton.gov.uk Hilary.Brooks@southampton.gov.uk		

STATEMENT OF CONFIDENTIALITY
None

BRIEF SUMMARY

This business case proposes funding a pilot post-care proceedings service that will support women in Southampton that have had children taken into care, to address their multiple unmet needs. The overarching aims of the pilot service are to:

1. Support a cohort of women at risk of repeat removal of their children into care, to take more control of their lives, and address their multiple needs and difficulties that led to their child/children being removed; to prevent future recurrence of this outcome
2. Support the cohort women to take a "pause" in pregnancy; so that the women and services working with them, can focus on addressing their needs and break a cycle of repeat pregnancies that potentially causes both them and their children deep trauma.
3. Pilot approaches to inform a business case for a full-scale service that could be implemented from 2020/21.

Delivering these objectives will enable the following key outcomes to be achieved:

- Improved outcomes for a cohort women at risk of repeat removals i.e. health and wellbeing, housing, financial, social, self-efficacy outcomes.
- Reduced pregnancies, and pregnancies where children are subsequently taken into care.
- Cost avoidance due to a reduction in repeat removals, reduced risk of children being born with health and related needs (i.e. where born to a mother with addiction), and a general shift by women in their use of health and other services from unplanned to planned use.
- A more informed business case for a full-scale service, based upon local outcomes as well as the national evidence base.

RECOMMENDATIONS:

That JCB support the following:

i)	An 18 month local pilot service for women at risk of repeat removals is implemented, with a 3 month lead in time to enable recruitment of women from April 2019.

ii)	The local pilot service is used to inform how a full-scale service for women at risk of repeat removals will work in practice, with the intention that a business case for a full-scale service is developed and presented to JCB in 2019/20 (and if agreed implemented from 2020/21).
iii)	The local pilot service is funded in the following ways: • Use of full time vacant SCC Children and Families grade 8 post. • Use of 0.8 fte vacant Family Nurse Practitioner (FNP) NHS Band 7 post (funded by Public Health, SCC) • £30k additional funding from SCC (committed by Finance, SCC). • A contribution of £30k from Southampton Clinical Commissioning Group (CCG).

REASONS FOR REPORT RECOMMENDATIONS

The rationale for delivering a pilot post-care proceedings service to support women at risk of repeat removals has three key elements:

1.	It will support mothers with repeat removals to take more control of their lives, resolve their difficulties, and address the issues that led to their child/children being removed, leading to better overall health and wellbeing and related outcomes.
2.	By supporting women to address their multiple needs, whilst taking a "pause" in pregnancy, the service will support a reduction in pregnancies and repeat removals of children into care.
3.	Thirdly, it is a cost avoidance proportion. It will reduce avoidable long term pressure on the Children's looked after children (LAC) budget, and the associated additional spend of adult social care and NHS services on treating the fallout of cycles of family failure rooted in unresolved mental health issues, alcohol and substance addiction, domestic abuse and high levels of benefit dependency.

Appendix A sets out the case for addressing both rates of looked after children and women's unmet needs in further detail. This includes the evidence base that supports a pilot service to help address women's multiple needs, reduce repeat removal's into care, and avoid removal, placement and wider costs. The evidence base on interventions is largely based upon the national Pause* model given that this is one of the few models being used to meet unmet need in women post care proceedings in the UK, and it has been subject to a national evaluation.

Also relevant to the rationale for the above recommendations are the following Appendices:

- **Appendix B:** Evidence review on interventions for women at risk of repeat removals; summary.
- **Appendix C:** Case studies of A) women engaged in a Pause programme, and B) women known to Southampton City Council that have experienced repeat removals.
- **Appendix D**: Key learning from engagement with stakeholders.

Pause is a national evidence based programme that works with Local Authorities and other partners to set up services that work with women at risk of repeat removals. Pause operates in a similar way to a licensed programme such as the Family Nurse Partnership (FNP) programme in that if you "buy into" Pause you are committed to delivering a service that is aligned with the Pause service model. Pause do not deliver the service, and Local Authorities and their partners remain responsible for delivering or commissioning the service.* See **Appendix E for a full description of the national Pause programme.

ALTERNATIVE OPTIONS CONSIDERED AND REJECTED

4.	**Take no further action:** Advantages: • Vacant children and young people's post and vacant FNP post (that would be utilised within a post-care proceedings service) not required and can be utilised by existing services.

	• SCC and Southampton CCG can utilise contributing funding to address other needs. • No further resource required to support business planning for, and mobilisation, implementation, monitoring and evaluation of a service. Disadvantages: • Unmet needs of women at risk of repeat removals remain, resulting in subsequent repeat pregnancies and removal of children into care. • Continued (predominantly) crisis and unplanned use of social care, health and other services by women rather than planned use of services. • Continuing pressures on looked after children's budget.
5.	**Better utilise existing services to provide assertive outreach with women at risk of repeat removals and engage them in their services, including delivering the sexual health (LARC) component:** Within this option existing sexual health, substance misuse, domestic violence, mental health, housing and other services will improve engagement with women at risk of repeat removals in their services. Advantages: • Vacant children and young people's post and vacant FNP post (that would be utilised within a post-care proceedings service) not required and can be utilised by existing services. • SCC and Southampton CCG can utilise "contributing" funding to address other needs. • Utilising services already in place. • Some unmet need addressed, with possible subsequent reductions pregnancies that result in children being taken into care. • Supports shift in use of services by women from crisis/unplanned use to planned use, with possible cost avoidance benefits. Disadvantages: • Lack of capacity by existing services to engage women through (very) assertive outreach over a prolonged period of time. • Lack of dedicated key worker to spend time working with women and supporting them to identify their need for services, facilitate access and support continued engagement. • Whilst the cohort of women have multiple needs, each need does not necessarily reach the threshold required to access services and so there is a risk that they are not eligible, and subsequently needs remain unmet. • Long Acting Reversible Contraception (LARC) is not necessarily straight forward for women (given the additional and sporadic bleeding and complications that some women experience) and for cohorts of more vulnerable women the evidence base suggests that they are much more likely to engage in using LARC if it is part of a structured programme. • Continued crisis and unplanned use of social care, health and other services by some women. • Continuing pressures on looked after children's budget.
6.	**Fund a Pause service by buying into the national evidence based Pause programme:** Advantages: • Buying into an evidence based programme, which has demonstrated effectiveness and cost avoidance. • Learn from the experience and expertise of the Pause national team and the other twenty-one Local Authorities delivering Pause services.

	• Benefit from the intensive support that the national team provide in relation to set-up and delivery i.e. recruitment, training, monitoring and evaluation, analytical support, access to clinical supervision. • By extending the continuum of care to include a specific post-care proceedings offer to women, have capacity in the system to engage women at risk of repeat removals by assertive outreach over a period of time, engage them in a structured programme of support (including LARC), and support them in addressing their unmet needs. • Women are supported in using LARC as part of a structured programme. • Make significant progress in addressing unmet needs and reducing pregnancies that result in children being taken into care. • Supports shift in use of services by women from crisis/unplanned use to planned use, with cost avoidance benefits. Disadvantages: • Utilising a vacant children and families post and FNP posts has repercussions for the services they are being shifted from. In this scenario it is likely that two FNP posts would be committed, one vacant and one filled. In relation to the post that is currently filled, moving this post to a Pause service would result in a reduction in FNP team capacity of around 20 clients compared to the current offer. In practice, this would mean a reduction in vulnerable young and first time mothers who could receive the FNP programme (an evidenced based programme), and which supports mothers to establish positive parenting and relationships with their children, thereby contributing to protective factors that help to prevent children being taken into care. See **Appendix F** for a risk assessment of utilising FNP and Children and Families vacant posts. • The most expensive of all four options, with a Pause service costed by the national Pause team as costing up to £450k for an 18 month period Includes a £37.5k membership fee that is paid to Pause. Although some of these costs could be resourced through existing posts. • Requires additional new money to be made available that could be spent on other priorities (opportunity cost). • Little flexibility to adapt the Pause model according to local needs. • If a Pause model is funded for 18 months, risk of expectations being raised that such a service can be funded longer-term. Other funding options were also considered (and rejected), including use of Social Impact Bonds. It was not possible to identify any national funding/grants open to Local Authority/CCG bids to support the service, though this situation will be monitored.
DETAIL (Including consultation carried out)	
7.	**Why a post-care proceedings service for women at risk of repeat removals of children is proposed:** Southampton has high rates of looked after children (LAC) compared to England, the South East and statistical neighbours. In 2017 Southampton had a looked after children rate of 108 per 10,000 under eighteen year-olds compared to a rate of 51 per 10,000 in the South East and 62 per 10,000 in England. Research indicates that, in general, outcomes for children who have been looked after are not as good as those for other children. We also know that the difficulties and negative behaviours experienced by looked after children and young people can be repeated when those young people become parents themselves, often with consequent negative impacts on their children. As well as improving outcomes for children and young people in care, it is therefore important to safely reduce the numbers entering care. This is a priority for Southampton's Children and Young People Strategy (2017-20) and Southampton's Looked After Children Strategy (2014-17). Reducing the number of children in care requires interventions to be in place across the continuum of need; from the earliest point of intervention to child protection. This includes

universal Tier 1 services such as health visiting, school nursing and interventions in schools; Tier 2 services such as working with first time parents through the Family Nurse Partnership (FNP) programme to support healthy pregnancies and relationships; to Tier 3 and 4 child protection services. Whilst Southampton has robust interventions and services in place to support need across the continuum, one of the areas where there is unmet need is in relation to women that have repeat children taken into care. Whilst women are well supported during the process of having their child removed from their care, once court proceedings have been completed and the child is removed, there is no specific post-care proceedings service offer. Subsequently, we know that a proportion of these women go onto have further pregnancies and further children taken into care. A study by Lancaster University on mothers vulnerable to recurrent care proceedings observes that "the women are caught in a cycle of short interval pregnancies and subsequent proceedings, giving them little time to make or evidence changes in their lives".[1]

Addressing unmet need and reducing numbers of looked after children through upstream prevention, will also lead to cost avoidance downstream; reducing avoidable long term pressure on Southampton City Council's Looked After Children budget, and the associated additional spend of adult social care and NHS services on treating the fallout of cycles of family failure rooted in unresolved mental health issues, alcohol and substance addiction, domestic abuse and high levels of benefit dependency.

See **Appendix A** for further detail on the on the rationale for addressing both rates of looked after children and women's unmet needs. This includes the evidence base on the benefits that a post-care proceedings service can have on health and other outcomes; both in relation to the cohort of women, and in relation to any future children that they may go onto have (post engagement with a service).

Proposed option:

Fund a local (18 month, with a lead-in time of 3 months) Southampton pilot, informed by the national evidence base and local discussions, which will inform a business case for a full-scale service.

It is recommended that Southampton City Council and Southampton Clinical Commissioning Group (CCG) fund an 18 month pilot service to work with women in Southampton that are at risk of repeat removals, with a 3 month lead in time to enable assertive outreach and engagement of women. This option is the preferred approach as it enables greater local flexibility in developing and implementing the service, and – as it is informed by the national evidence base on what works – is likely to make important progress in addressing unmet needs and reducing pregnancies that result in children being taken into care. It is also a less expensive alternative than option 3 (as outlined in section 5). A pilot service also allows time to test the approach and model, monitor outcomes, and learn about what works well and what doesn't locally; all of which will be useful in informing a business case for a full-scale service, which will be taken to Joint Commissioning Board in 2019/20. The advantages and disadvantages of this option are set out below.

Advantages:

- Basing the pilot on an evidence based programme, which has demonstrated effectiveness and cost avoidance, yet have the flexibility to adapt the model and deliver the service according to local need.
- Have been able to learn from the experience and expertise of the Pause national team to inform the scoping exercise and pilot service approach and delivery model.
- As a pilot, have the opportunity to monitor and evaluate the service and gather local

[1] Broadhurst et al. 2014. Vulnerable birth mothers and repeat losses of infants to public care: is targeted reproductive health care ethically defensible? See: https://core.ac.uk/download/pdf/42547422.pdf

evidence to inform a business case for a full-scale service.

- Uses vacant posts and so impact upon existing services and their service offer (i.e. Children and Families and FNP) is no more than the current state of play.
- A less expensive option than buying into the national Pause programme.
- By extending the continuum of care to include a specific post-care proceedings offer to women, have capacity in the system to engage women at risk of repeat removals by assertive outreach over a period of time, engage them in a structured programme of support (including LARC), and support them in addressing their unmet needs.
- Women are supported in using LARC as part of a structured programme.
- Make significant progress in addressing unmet needs and reducing pregnancies that result in children being taken into care.
- Supports shift in use of services by women from crisis/unplanned use to planned use, with cost avoidance benefits.

Disadvantages:

- Utilising a vacant children and families and FNP posts has repercussions for the services they are being shifted from. See Appendix **F** for a risk assessment of utilising Children and Families and FNP vacant posts.
- Requires additional new money to be made available that could be spent on other priorities (opportunity cost).
- The team and service offer is smaller than a full-scale service, and so expectations need to be managed in relation to how many women the service can support i.e. around 16 women over an 18 month period.
- Do not have the expertise and resources of the Pause team to support mobilisation, implementation, monitoring and evaluation of a local service, and so requires more Officer resource and time to bridge these gaps (opportunity cost).
- Other local models have struggled to maintain funding and so be sustainable, in contrast to Pause services.

Steps have been taken to mitigate and reduce the disadvantages as described above.

Proposed pilot service:

The aims of the pilot service are as follows:

1. Support a cohort of women at risk of repeat removals to take more control of their lives, and address their multiple needs and difficulties that led to their child/children being removed.
2. Support the cohort of women to take a “pause” in pregnancy; so that the women can focus on addressing their multiple needs and break a cycle of repeat pregnancies that causes both them and their children deep trauma.
3. Inform the business case for a full-scale service that could be implemented during 2020/21.

The approach and model for the pilot service is informed by the evidence base on interventions that work with mothers at risk of repeat removals (see Appendix **A, B and C)**, and through discussions with internal and external stakeholders (see Appendix **D**). These include colleagues in Southampton City Council, Solent NHS Trust, Southampton CCG, the national Pause programme (largely the Director of Business Development and Roll-out Programme Manager for the South East), and areas that are delivering a local Pause service.

The recommended approach, delivery model and governance arrangements for the pilot service are set out below:

Approach:

	• The pilot service will use assertive outreach to engage with women and offer them an 18-month, individually-tailored, intensive programme of support, delivered by a dedicated practitioner. Assertive outreach is likely to take up to three months. An existing forum will be used to identify women that are eligible and likely to benefit from the programme. • A prerequisite for enrolling on the programme is that women take a "pause" in pregnancies for the duration of the programme by using Long Term Reversible Contraception (LARC). This is on the basis that as the issues faced by many women are sufficiently entrenched, preventing further pregnancy during the time in which they are being supported, will increase the chance of a successful outcome for women whilst reducing the chance of them experiencing further attachment trauma. The pilot service will work closely with Solent NHS Trust Integrated Sexual Health Service and general practice to ensure that the women make an informed choice as to whether they wish to use LARC, and that they are able to choose the most appropriate form of LARC for them. • The programme of support will seek to address a broad range of emotional, psychological, practical, and behavioural needs. These include (though are not limited to) mental health, physical health, domestic abuse and violence, substance misuse, housing, self efficacy, self-confidence and social capital needs. Delivery model: • If funded and resourced to the recommended amount, the pilot service will consist of the following staff; part-time Service Lead (from existing capacity), two Practitioners, and a part-time Coordinator. Typically, the Service Lead is a senior social worker with experience in child protection, and the Practitioners have a range of experience from fields such as mental health, domestic violence and substance misuse. Whilst experience is important, having people in post that have high levels of resilience and determination is also crucial. • The relationship between the woman and her Practitioner is key, and a secure, consistent and predictable relationship will be fostered. Women will be encouraged to build the skills and confidence they need to be able to continue developing a more positive life beyond the eighteen month pilot programme so that positive behaviours and choices are sustained. • Some of the support will be provided directly by the woman's key Practitioner (including the Service Lead, though with a smaller case load), and some will be provided in partnership with other services. The pilot service will work in collaboration with other partner agencies such as substance misuse and domestic violence services at both operational and strategic levels in order to improve the broader service response to those women enrolled on the pilot programme. • Each Practitioner will have a case-load of eight women, and the Service Lead will have a smaller case-load. It is anticipated that the pilot service will work with around 16 women over an 18 month period. Governance: • The pilot service will report to the Children and Young People's Multi-Agency Partnership Board, which will be responsible for monitoring how effective the pilot service is in meeting its intended outcomes, that it is operating within a context that is supportive to its success (i.e. partner organisations collaborating well), and to help troubleshoot where required. The key ways in which the pilot service will differ from a full-scale Pause service is that it will be a smaller team (i.e. approximately 2 fte less staff), and that whilst an 18 month programme will be offered, flexibility will be built in to enable the 18 months to flex down according to need. Solent NHS Trust are commissioned to provide LARC to women, including more vulnerable and hard to reach cohorts. Delivering the sexual health component of the service will entail working with Solent NHS Trust and partners to 1. Provide LARC to women at risk of repeat removals; 2. Strengthen pathways between the Solent NHS Trust Sexual Health Service

(including Outreach Service) and other services i.e. LAC teams, substance misuse services, hostel staff; 3. Upskill staff across the system to talk about LARC, promote time away from being pregnant, and refer women to their GP or the Sexual Health Service i.e. social workers, substance misuse staff, domestic violence, pharmacy staff post prescribing of Emergency Hormonal Contraception, and 4. Explore whether it is feasible to train staff such as midwives and Family Nurse Practitioners (FNP) to fit LARC

Outcomes supported:

The outcomes supported during the 18 month pilot (with a 3 month lead in time) include:

1. Fewer pregnancies.

2. Better engagement with services, including use of primary care and planned care (rather than urgent or crisis care).

3. Improved stability (and subsequent shift from using crisis services to planned care):
   - Women are registered with their general practice
   - Women are engaged with other health and related services i.e. mental health, domestic violence, substance misuse
   - Women are taking proactive steps to improve their mental health and wellbeing
   - Women are safer from domestic abuse
   - Women use alcohol/drugs less or change to lower impact type
   - Women are in safe and secure housing
   - Women have less debt
   - Women have improved income
   - Women have less rent arrears
   - Women have less or less severe criminal justice contact
   - Women have improved employability

4. Better wellbeing and sense of self:
   - Women are more able to manage loss
   - Women have improved resilience
   - Women have improved MH symptoms
   - Women are better able to look after their general health (i.e. physical as well as mental health)
   - Women have improved confidence and self-esteem
   - Women have improved relationships and networks
   - Women have a more positive attitude towards services

5. Monitoring of a very vulnerable cohort of women (including follow up).

Longer-term outcomes:

1. Women have more control over their lives.
2. Fewer children taken into care.
3. Goof engagement with services (including primary care) and use of planned (rather than crisis) care.
4. Cost avoidance in relation to LAC budget, health (i.e. for women and any future children) and other services.
5. Women have better relationships with their children that were previously taken into care.
6. Evaluated pilot service.

What success will look like:

Based on the current evidence and the likely demand, the following successes are predicted once the pilot service has been set up:

- Around 16 women who were at risk of repeat removals complete the pilot programme.
- The above women achieve improved outcomes in relation to engagement with services, improved stability and better wellbeing and sense of self (see outcomes above).
- There are no pregnancies during the 18 month programme.
- Where there are future pregnancies, the majority do not result in the child being taken into care (i.e. they can safely remain with the woman).
- Reduction in children that are born to this cohort of women that are born pre-term and/or with health needs as a result of the pregnancy (i.e. in the case of addiction in the mother).
- Positive impact on secondary care; reduction in use of unplanned care to use of planned care.
- Appropriate service provision to address unmet needs in one of Southampton's most vulnerable cohorts.
- Promotion of timely and evidence-based interventions via robust and resilient services to address the right need at the right time.
- Understanding of factors influencing successful and unsuccessful outcomes.
- Seamless support for the women who are supported to engage with a wide range of services.
- Satisfaction by the women and they inform improvements that can be made to aid future service planning.

Implementation of a pilot service:

A number of activities have been completed to support the implementation of a pilot post-care proceedings service for women at risk of repeat removals. These are set out in the Appendix and include the following:

Appendix G: Options appraisal to determine which organisation and team should manage to pilot service.
Appendix H: Draft monitoring and evaluation framework.
Appendix I: Implementation Plan.

Methods used to inform the business case:

The following methods were used to develop the scoping exercise that informs this business case:

- Analysis of Southampton Paris system (quantitative) data on children and mothers.
- "Deep dive" of Paris system records (assisted by discussion with Children and Families) for a sample of women at risk of repeat referrals; to build local case studies.
- Evidence review (on LARC and interventions to support mothers at risk of repeat removals).
- Visit by the national Pause Chief Executive and South East Pause Practice Lead, and follow up discussions and meetings with the Pause Director of Business Development and Roll-out Programme Manager.
- Qualitative work i.e. discussions with Southampton City Council (officers and members), Southampton CCG, Solent NHS Trust, other Local Authorities delivering Pause, key forums including Children and Young People's Multi-Agency Partnership Board.
- Options appraisal and impact assessment to inform recommendations on how to resource the pilot service and who should deliver it.

- Cost comparison and cost avoidance scenarios.

No formal consultation has taken place to inform this business case, but discussions have taken place with a wide range of stakeholders as outlined above.

RESOURCE IMPLICATIONS

Revenue

8. **How the pilot service will be funded:**

It is recommended that the pilot service is funded in the following way:

- Use of 1.0 fte vacant Children and Families SCC grade 8 post
- Use of 0.8 fte vacant Family Nurse Practitioner (FNP) NHS Band 7 post (funded by Public Health, SCC)
- £30k additional funding from SCC. This funding is dependent on an equal contribution being made by the CCG.
- A contribution of £30k from Southampton Clinical Commissioning Group (CCG).

SCC will therefore contribute £146,799 though vacant posts over the 21 month period (18 month pilot plus 3 month lead-in time) and £30k in additional funding.

The resource and funding as set out above will be utilised in the following ways:

- The 1.8 fte vacant posts from Children and Families and FNP will be Practitioner posts (carrying a case-load of 8 women per fte).
- The additional funding from Southampton CCG will be used to contribute to 0.2fte of a Practitioner (increasing the current 1.8 fte posts to at 2 fte) and a part-time Coordinator (responsible for business support, monitoring and reporting, supporting an evaluation of the service, liaising with other services on behalf of the Practitioners, answering phone calls etc.).
- The additional funding from SCC will be used to contribute to the part-time coordinator (see above), training, clinical supervision, evaluation and resource to support women's engagement with the programme.

These breakdown of how the additional funding from SCC and Southampton CCG (£60,000 in total) will be used is as follows:

Expenditure	12 months	18 months
Coordinator (SCC Grade 7)	£15,000	£22,500
Contribution to increasing Practitioner weighting i.e. from 0.8 to 2.0		£15,000
Woman's Resource	£5,666	£8,500
Clinical supervision	£3,333	£5,000
Training	£3,333	£5,000
Evaluation	£1,200	£3,000
Flexible programme spend	£1,000	£1,000
		£60,000

The following local costs will be absorbed from within existing budgets:

- Office space with desks.
- HR costs such as recruitment.

	• IT and other equipment (a lap-top and smart phone will be required for all Practitioners, access to a printer). • Travel expenses for staff. • Local training i.e. by host organisation. • Communications. See **Appendix J** for a full breakdown of the costs for a pilot service.
9.	**Cost avoidance:** This is a cost avoidance proposition. The pilot will be used to assess the impact that a Southampton post-care proceedings service can have in supporting a reduction in pregnancies that result in removal of a child into care, and which subsequently supports the avoidance of costs to the Children's looked after children (LAC) budget. The pilot service will also be used to better understand the impact on health outcomes, and cost avoidance for the NHS and adult social care from treating the fallout of unresolved cycles of family failure rooted in unresolved mental health issues, alcohol and substance addiction, domestic abuse and high levels of benefit dependency. The national Pause team have calculated the cost avoidance that a full-scale Pause programme in Southampton could create in relation to avoided births and avoided children being taken into care, and the subsequent impact on the Looked After Childrens budget (see **Appendix K**). Whilst the pilot service proposed aligns with the Pause model, it will not have the capacity that a Pause service has and so the cost avoidance will be lower. As there will be some variation in the way in which the pilot service is implemented (compared to Pause), cost avoidance will need to be calculated according to local outcomes for the pilot service, and as part of the evaluation.
Property/Other	
10.	As stated above office space, IT and other equipment will be made available from existing resources.
LEGAL IMPLICATIONS	
Statutory power to undertake proposals in the report:	
11.	Can be undertaken within existing powers.
CONFLICT OF INTEREST IMPLICATIOINS	
12.	No conflict of interest to note.
RISK MANAGEMENT IMPLICATIONS	
Top risks identified and mitigating actions:	
13.	**Risk:** Redirection of Family Nurse partnership (FNP) resource (i.e. vacant 0.8 FNP Band 7 post) results in around 20 less vulnerable young and first time mothers engaging in FNP. Risk that this will lead to increased demand on universal services and particularly the Enhanced Child Health Visiting Offer (ECHO) health visitor service. In some cases (small numbers each year), engagement with FNP can contribute to a court judgement in the mother's favour i.e. over whether to remove children from their care or not, and so there is a risk that children are removed where they may not have been. There will be 0.8 fte less FNP nurses contributing to the skilling up of the wider workforce. **Mitigation:** Use of a vacant post means that the FNP offer going forward will not reduce any more than the current offer, and the same number of women will be engaged (as currently). The number of young parents in Southampton eligible for the FNP programme has reduced over time as teenage conception and births to young mothers have halved over the life of the programme in Southampton. Whilst there are other vulnerable first time parents who

	might be offered the programme, reduction in the team's capacity (up to a point) does not of itself prevent the team from offering the FNP programme to vulnerable first time young mothers to be. Work with all partners to ensure that women whom do not participate in the FNP programme are not disadvantaged and are prioritised for the ECHO health visitor service. Establish a task and finish group, which makes appropriate recommendations. See **Appendix F** for a risk assessment of shifting 0.8 vacant FNP post to a post-care proceedings pilot service.
14.	**Risk:** Redirection of Children and Families resource (i.e. 1 fte Grade 8 post) will result in one less social worker with a case-load, which will put pressure on other social workers and increase their case-loads. Increased case-loads risks compromising the work of social workers with and on behalf of vulnerable children and young people. **Mitigation:** Use of a vacant post (which has been held for a number of months) means that case-loads for social workers will not increase above their current level as a result of shifting the vacant post to a pilot post-care proceedings service. See **Appendix H** for a risk assessment of shifting 1.0 vacant Children and Families post to a post-care proceedings pilot service.
15.	**Risk:** Officer's do not have capacity to mobilise the team and ensure a pilot service is in place in April 2019, as set out in the Implementation Plan at **Appendix K.** As the pilot will not be supported by the national Pause team, Officer's will be responsible for leading and implementing all of the actions. **Mitigation:** A Mobilisation Project Group (SCC and Solent NHS Trust) has already been set up and has met twice to ensure that preparedly decision making and actions have taken place; so that if this business case is approved, we are in a good position to ensure a pilot service is in place in April 2019. Manager time (i.e. the person that will manage the service) will be released to oversee the implementation of the service from January 2019. However, the risk that Officer's time shifts from other priory areas to setting up the pilot service remains.
16.	**Risk:** As the service will not be able to support all women that are at risk of repeat removals in Southampton this could create reputational difficulties; especially as once the first 16 women have been engaged and sign up to the programme, there will be limited opportunity to engage further women (dependent on whether the pilot service is extended). **Mitigation:** Manage communications so that all partners are aware of this limitation from the outset. Flex the 18 month offer according to women's needs; so women can leave the programme prior to the 18 month end date if it is felt their needs have been addressed – leaving a space for engagement with further women (dependant on time
17.	**Risk:** It is not possible to monitor health benefits. **Mitigation:** Embed health measures in the monitoring and evaluation matrix, and work with Southampton CCG and other health partners to complete an audit of a sample of women that seeks to better understand their contact with, met and unmet physical and mental health needs, and profiles of use of primary care and urgent health care services before, during and after engagement with the pilot service.
18.	**Risk:** That if a decision is made to "buy into" the national Pause model at a later date, this is not an option because a local pilot service is already underway. If buying into Pause, the national Pause team for example, would usually be involved decision-making on which applicants should be recruited to the team, and inform other implementation decisions – which will have already taken place in relation to the Pilot. **Mitigation:** The pilot service approach and delivery model is very closely aligned with the Pause model and so it could very easily be scaled up to a full-scale Pause service. However, as the major benefits from buying into the national Pause programme are realised

	during the first 12-18 months (support with mobilisation, initial implementation, and training), a Pilot service that has been in operation for 12 months would not necessarily benefit (as much) from buying into Pause and could be scaled up locally.
POLICY FRAMEWORK IMPLICATIONS	
19.	The proposals set out in this paper are fully consistent with the Council's Policy Framework strategy documents.

KEY DECISION?	No
WARDS/COMMUNITIES AFFECTED:	All wards, specific benefits to vulnerable women with complex, multiple needs.

SUPPORTING DOCUMENTATION		
Appendices		
20.	See attachment for Appendices A to K.	
Documents In Members' Rooms		
21.	None	
Equality Impact Assessment		
Do the implications/subject of the report require an Equality and Safety Impact Assessment (ESIA) to be carried out.		Yes
Privacy Impact Assessment		
Do the implications/subject of the report require a Privacy Impact Assessment (PIA) to be carried out.		Yes
Other Background Documents **Other Background documents available for inspection at:**		
Title of Background Paper(s)	**Relevant Paragraph of the Access to Information Procedure Rules / Schedule 12A allowing document to be Exempt/Confidential (if applicable)**	
None		

This page is intentionally left blank

Appendices

Appendix A: The case for change

Appendix B: Evidence review on interventions for women at risk of repeat removals; summary.

Appendix C: Case studies of A) women engaged in a Pause programme, and B) women known to Southampton City Council that have experienced repeat removals

Appendix D: Key learning from engagement with stakeholders

Appendix E: Background information on the national Pause programme

Appendix F: Risk assessment of utilising vacant FNP and Children and Families posts

Appendix G: Options appraisal informing which organisation and team should deliver the pilot service

Appendix H: Draft monitoring and evaluation framework

Appendix I: Implementation Plan for a Southampton pilot service

Appendix J: Breakdown of the costs for a Southampton pilot service.

Appendix K: Pause cost avoidance calculations

Annex A: Case or change

This section outlines the case for addressing both rates of looked after children and women's unmet needs. It also sets out the evidence base that supports a pilot service to help address women's multiple needs, reduce repeat removal's into care, and avoid removal, placement and wider costs. The evidence base (on interventions) is largely based upon the national Pause model given that this is one of the few models being used to meet unmet need in women post care proceedings in the UK, and it has been subject to a national evaluation.

Addressing Southampton's rate of looked after children

Reducing the number of children and young people in care is a priority for Southampton's Children and Young People Strategy (2017-20) and Southampton's Looked After Children Strategy (2014-17). Southampton has high rates of looked after children (LAC) compared to England, the South East and statistical neighbours. In 2017 Southampton had a looked after children rate of 108 per 10,000 under eighteen year-olds compared to a rate of 51 per 10,000 in the South East and 62 per 10,000 in England. Rates of looked after children in Southampton have increased over the last ten years, from a rate of 66 per 10,000 in 2009, though showed a reduction between 2016 and 2017.

Between 2013 and 2017 847 children and young people in Southampton were taken into care. 50% were taken into care before the age of five years and 50% were taken into care between the ages of five and seventeen years. Of those looked after children coded on the system (for 41% no code was supplied), 57% have some form of Special Educational Need (SEN) status; 39% have a special education need recorded; 10% have an Education, Health and Care Plan; and 8% are coded as School Action or School Action Plus. Focussing on the 95 children and young people that were born to women that had three or more removals between 2013 and 2017 (n women = 66, and the 95 being the 3rd removal), the highest proportion (60%) were taken into care below the age of one years. As at 2017 42% of the 95 looked after children had been adopted and 34% were in foster placements.

Further information to be tabled on the day due to sensitive nature of the data (despite not being patient/person identifiable).

Research indicates that, in general, outcomes for children who have been looked after are not as good as those for other children. Around half of looked after children and young people have emotional and mental health problems and a high proportion experience poor educational, health and social outcomes after leaving care. One-third of children and young people in contact with the criminal justice system have been looked after.[1] Looked after children and care leavers are also between four and five times more likely to attempt suicide in adulthood.[2] Of the looked after children in Southampton with their Special Educational Need (SEN) status coded (59%), 57% have some form of SEN status; 39% have a special education need recorded, 10% have an Education, Health and Care Plan, and 8% are coded as School Action or School Action Plus. Data on the prevalence of MH problems within LAC in Southampton was not available but the *LAC Needs Assessment, SCC, 2016-2017* found that MH dominated the discussions from all professionals, with particular concerns around attachment and the behavioural impacts of poor mental health and the potential for placement breakdown.[3]

We also know that the difficulties and negative behaviours experienced by looked after children and young people can be repeated when those young people become parents themselves, often with consequent negative impacts on their children. As well as improving outcomes for children and young people in care, it is therefore important to safely reduce the numbers entering care.

Women with repeat removals; unmet need

Approximately one in four birth mothers who appear as respondents in care proceedings in England, have had children removed from their care in previous proceedings.[4] These women are typically young and disadvantaged with emotional, environmental and health-related needs. Such needs include mental health, sexual health, substance misuse, domestic violence, learning disability, housing and financial needs, and usually a combination of some or all of these. Whilst the numbers of women per local authority may be relatively small, the number of children they give birth to can be

numerous, and they face a disproportionate risk of becoming vulnerable adults themselves. On average, children in the care system are significantly more likely to require interventions from public services throughout their lives, and are more likely to have their children removed from their care.

In Southampton, of 504 women that had a child taken into care over a five year period (between 2013 and 2017), 231 had two or more children removed. Of these 231 women, 66 of them went on to have a subsequent new-born child taken into care (as at the end of 2017).

In Southampton, whilst women are well supported during the process of having their child removed from their care, once court proceedings have been completed and the child is removed, there is no specific post-care proceedings service offer. This cohort of women typically do not engage in services already commissioned, and will not do so without very proactive assertive outreach and continued support. They therefore remain in a situation where their multiple needs are unresolved, and are particularly vulnerable given that they will be grieving the loss of their child. Subsequently, we know that a proportion of these women go onto have further pregnancies and further children taken into care. A study by Lancaster University on mothers vulnerable to recurrent care proceedings observes that "the women are caught in a cycle of short interval pregnancies and subsequent proceedings, giving them little time to make or evidence changes in their lives".[5]

Evidence for interventions that aim to improve outcomes for *women* at risk of repeat removals

Published evidence: An independent evaluation of Pause was commissioned by the Department for Education's Children's Social Care Innovation Programme and completed in 2017.[6] The evaluation looked at the experience of 125 women taking part in Pause over an eighteen month period in Doncaster, Hull, Newcastle and five London boroughs. In relation to outcomes for *women* at risk of repeat removals, findings from qualitative and quantitative data suggest that Pause generally had a positive and significant impact on the women engaging with the programme, many of whom had complex, multiple, and mutually-reinforcing needs.

Key findings of the evaluation are as follows:

- Women's access to, and engagement with, services, including GP, housing, and substance misuse services, generally increased over time, and was associated with improved outcomes for some women.
- By the end of the evaluation period, 31% of those who had been drinking alcohol at high risk levels had reduced their consumption to safer levels; 27% of those who had been experiencing problematic Class A substance misuse were no longer using Class A substances; 46% of women who disclosed that they had experienced an incident of domestic violence during their intervention reported that no further incidents had taken place during the final months of the evaluation; and 25.6% of women who began Pause living in insecure housing had moved to secure housing. Given the complexity of women's situations and that they as a cohort, would not normally be engaging well with services, this represents robust change.
- Impact on levels of confidence, self-worth and resilience demonstrate some improvement in some women .
- Women benefited by learning new skills, behavioural responses, and coping mechanisms, which helped them address past traumas and ongoing, day-to-day challenges more effectively.
- Some women engaged in new goals related to employment, education, or volunteering.

Analysis of qualitative data on the processes through which these outcomes were achieved indicates that the key mechanisms of change are:

- The provision of an intensive, bespoke programme of support addressing women's emotional, psychological, practical and behavioural needs, delivered on a one-to-one basis by a dedicated Practitioner during an eighteen month pregnancy-free period.
- Direct advocacy to influence professional practice within partner agencies.
- Work at the strategic level to increase Pause women's access to, and engagement with, partner agencies by adjusting systemic protocols

Having each of these mechanisms operating simultaneously was often fundamental to women's progress, enabling problems to be tackled holistically.

Whilst the evaluation did not focus on the impact of Pause on wider engagement with health services (i.e. beyond mental health, domestic violence, substance misuse services), Pause have identified that a large proportion of women that they work with were not registered with a GP, and that they have supported all women on the Pause programme to register. Anecdotally, Pause have said that in addition to specific needs such as substance misuse and domestic violence, most women come with general health needs that have built up from years of self neglect. Being registered with a GP is therefore key in ensuring that their unmet health needs are addressed and that they have continuity of care in primary care.

A wider evidence review by Public Health (SCC) of the published and grey literature on interventions for women at risk of repeat removal identified ten studies that explored interventions for parents of children removed or at risk of removal. Three of the studies were conducted in the UK (one being the evaluation of Pause), and the remaining in the US and Australia. The studies highlighted the gap in support for parents after a child is removed from their care, and the need to address the risk factors that mean multiple children are removed. Common critical success factors across the interventions were providing the intervention early (i.e. soon after a child removed from care) and tailoring the support to woman's individual needs within a structure of a programme.

One of the three UK studies is an evaluation by the University of Essex of the Positive Choices and MPower services in Suffolk.[7] Positive Choices is very similar to the Pause model (see below), and authors of the evaluation conclude that the service is "contributing to the reduction of recurrent care proceedings in Suffolk". The evaluation also concludes that the programme "is also contributing to the improvement of the wellbeing functioning and quality of life of a highly marginalised group within our community. We recommend that their work continues to be supported".

Table 1: Other services that were identified (during the scoping exercise) that work with women at risk of repeat removals post-care proceedings:

Service	**Aim and objectives**	**How differ from the national Pause model**	**Evaluation available**
Positive Choices and MPower, Suffolk	Improve outcomes for women at risk of repeat removals, and reduce the number of babies taken into local authority care	Criteria of one plus removal; work with men as well as women; whilst is an 18 month programme the time does flex dependent upon need.	Cox et al. 2015. Reducing current care proceedings: service evaluation of Positive Choices and MPower.
Cambridge shire Space Project	Improve outcomes for women at risk of repeat removals, and reduce the number of babies taken into local authority care	Work with women for 6-9 months. Smaller team.	None identified. This project and recently been closed down due to a lack of funding.

There is currently a lack of research into long-term effects of interventions, including Pause, though a longitudinal evaluation by the University of Sussex is currently taking place on Pause, with a follow up period of three years.

See **Annex C** for further information on the evidence review.

A number of case studies, informed by in-depth qualitative interviews with women as part of the evaluation of Pause, demonstrate how women feel the Pause programme has helped them. All highlight the multiple needs that they faced prior to engaging with Pause, many of which are rooted in various forms of neglect and abuse (including domestic abuse and violence) that they were subject to as children and into adulthood. They note improvements in outcomes ranging from reduced and managed substance misuse to securing permanent housing. Four case studies are described in **Annex D**.

Stakeholder engagement

The following stakeholder engagement has taken place to inform the scoping exercise for this business case:

- Discussion with Southampton City Council, Solent NHS Trust (FNP and Sexual Health), Southampton CCG colleagues, and partners at Southampton's Children and Young People's Multi-Agency Partnership Board.
- Discussion with the national Pause team, including two visits by Pause (one to Southampton and one to Portsmouth, which some Southampton stakeholders also attended).
- Discussion with Local Authorities that are currently delivering a Pause service (both commissioners and providers); Bristol, Derby, Plymouth (all statistical neighbours) and West Sussex.

All of the Local Authorities that we spoke to that currently deliver Pause (Bristol, Derby, Plymouth and West Sussex), confirmed that they support the continuation of a service for women at risk of repeat removals. Nationally, only one of the 21 Local Authorities that has bought into Pause has made a decision to discontinue a Pause programme to date, and the same Local Authority has recently recommissioned a service via Pause.

See **Annex E** for further information on key learning from engagement with stakeholders.

Evidence of improved outcomes in relation to pregnancies and future looked after children

Published evidence: The evaluation of Pause by the Department for Education's Children's Social Care Innovation Programme concludes that the Pause programme is very effective in reducing pregnancies and avoiding children being taken into care.[8] While two of the cohort of 125 women became pregnant during their time with Pause, it is estimated that between 21 and 36 pregnancies would have occurred, had the cohort of 125 women not been engaged in the programme. Given the women's histories, it is thought that these pregnancies would have been likely to have resulted in removals.

Since the evaluation, Pause have continued to monitor pregnancies and the current status (as at September 2018) is that of the nearly 300 women that have completed Pause since it started in 2014, six (2%) have gone onto have post-Pause pregnancies. Two of the subsequent children have stayed with the mother, two have gone into the Care System, and for two the outcome is not yet known (the women are still pregnant).

The evaluation of Positive Choices and MPower in Suffolk, states that without intervention an estimated nine (13.2%) out of the 65 women that engaged with the programme are likely to have experienced an unplanned pregnancy in the 18 month evaluation window, and a high proportion to have faced recurrent care proceedings. As at the end of the evaluation period none of the 65 women had become pregnant, the evaluation states that this is a significant achievement on the part of the teams and their clients.

The wider evidence base on Long-Acting Reversible Contraception (LARC) is that it is both effective in reducing unintended pregnancies and is cost effective. Effectiveness increases when women are given advice about their use and efficacy, and through improved access to LARC (NICE).[9] However, using LARC is not necessarily straight forward (given additional and sporadic bleeding and complications) and for cohorts of more vulnerable women, they require much more engagement and support with sexual health services and use of LARC than the general population. Achieving the intended outcome of reduced pregnancies that result in children being taken into care, is also much more likely if women are engaged in addressing their other multiple needs. As Broadhurst et al.[10] state, for this cohort of women "providing enhanced access to reproductive health care must be part of a holistic programme of intervention for the birth mothers in question – the provision of contraception alone will not help mothers to recover their wellbeing".

As women at risk of repeat removals have multiple needs that persist when they are pregnant (i.e. substance misuse, domestic violence, mental health), we know that the babies that they give birth to have a higher risk of being born with health needs compared to babies born to mothers outside of this cohort. For example, evidence suggests that neonates who were exposed to maternal substance use in utero had a greater risk of preterm birth than those that were not exposed to maternal substance misuse (adjusted OR = 1.85; 95% CI, 1.75-1.96). These infants were also more likely to have a low birthweight (OR = 1.94; 95% CI, 1.80-2.09), experience restricted intrauterine growth, be exposed to Hepatitis B and C, as well as cardiac, respiratory, neurologic, infectious, hematologic and

feeding/nutrition concerns (some of which will be lifelong needs). It was observed that those with congenital anomalies or intracranial haemorrhage are more likely to have lifelong support needs.[11] [12] Data also revealed an increased risk of prolonged hospital stays and higher mortality (OR range = 1.26-3.80), in addition to a higher likelihood of rehospitalisation (OR = 1.10; 95% CI, 1.04-1.17).[13] Supporting women to address needs such as addiction, and avoid pregnancy during the time in which they are addressing these, will therefore support improved health and related outcomes for future children as well as women themselves.

Evidence of cost avoidance

Cost avoidance in relation to avoided pregnancies and future LAC

Published evidence: The evaluation of Pause by the Department for Education's Children's Social Care Innovation Programme found Pause to be cost-effective, with the full cost of delivering Pause to 125 women likely to be offset by savings to local authorities within two to three years.[14] In relation to the 125 women, they estimate cost avoidance of between £1.2m to £2.1m per year after eighteen months through avoided pregnancies and subsequent reduction in Looked After Children costs. If 24 women participate in a local programme over an eighteen month period (as recommended by Pause and this has recently increased from 20), the estimated cost avoidance after eighteen months through avoided pregnancies and subsequent reduction in LAC costs is between £230,400 to £403,200 per year.

The evaluation of Positive Choices and MPower in Suffolk states that "significant cost savings can be extrapolated based on the likely 'avoided' costs of 'avoided' care proceedings". They estimate that the gross cost avoidance at the end of the eighteen month period studied (with 74 women engaged) was between £281,000 and £641,000 (in relation to 9 avoided pregnancies). These calculations are based upon a higher average cost of care than used by Pause; £50,000 to £90,000 compared to Pause's £57,102.[15]

Cost avoidance in relation to health services

To date, there is very little published evidence on cost avoidance for *health* services as a result of interventions working with women at risk of repeat removals. However, there are likely to be significant benefits to the NHS and health partners as suggested by the evidence available:

- Pause have observed an increase in women's engagement – and planned engagement - with health and related services. This includes engagement with substance misuse, domestic violence, and mental health services. The Pause evaluation states that potential cost avoidance from reductions in levels of domestic violence[1], harmful alcohol use, and Class A drugs[2] after the 18 month period are between £100,500-£117,000 (though they state that these estimates should be treated with caution as they are based upon women's self-reported outcomes).
- As noted previously, Pause has also observed an increase in engagement with primary care; the majority of women not being registered with a GP prior to Pause and all supported to register during the programme. We know that good quality primary care has been linked to a reduction in unplanned admissions,[16] and that a programme such as Pause would encourage women to shift their use of health and related services from unplanned/emergency/crisis care to planned care.
- A report on the costs of addiction to society estimates that the annual cost to society is over £75,000 per family with substance misuse issues.[17] Given that 50% of women participating in Pause to date have presented with substance misuse problems (60% for statistical neighbours such as Bristol), supporting women's engagement with substance misuse services has the potential to create significant cost avoidance for the system as a whole.
- As noted previously, children born to mothers using drugs and/or alcohol are more likely to be born pre-term, have health needs, and experience prolonged hospital stays and

[1] Estimated using Pause records of self-reported incidents and estimated of annual repeat incidents. Cannot be proven that reductions the result of the Pause programme.
[2] Estimated using Pause records of self-reported outcomes and cost avoidance estimates. Cannot be proven that reductions the result of the Pause programme.

readmissions. These will create significant costs for the NHS. The cost of moderate (32-33+6) and late prematurity (32-36+6 wks) over the first two years of life are estimated to be £7,583 (moderate) and £1,963 (late) per birth in societal costs, including healthcare.[18] This increases significantly where babies are born before 31 weeks; one study estimating that the incremental cost per preterm child surviving to 18 years compared with a term survivor was estimated at £22,885. The corresponding estimates for a very and extremely preterm child were substantially higher at £61,781 and £94,740, respectively.[19] As this study was published in 2009, today's costs will be higher. The largest costs were due to hospital inpatient costs after birth, which were responsible for 92% of the incremental costs per preterm survivor.

Case studies: A review of children's case notes for a sample of five women in Southampton has enabled us to build local case studies, and suggest how the sample have or have not engaged with heath and other services or not. The case studies will be presented at JCB due to the sensitive nature of the material.

Annex B: Evidence review on interventions for women at risk of removals and repeat removals; summary

Key findings of studies exploring interventions for parents of children removed or being at risk of removal:

- Total of 10 papers, 21 studies (3 from the UK). Includes an evaluation of the Pause programme.
- Over 1200 participants (impossible to calculate exact sample size due to reporting)
- One was a systematic review of 12 studies, 2 included mothers, 8 included children and their families (including birth and foster families).
- Gap in support for parents after a child is removed from their care, and need to address the risk factors that mean multiple children are removed.
- Main outcomes:
  - Reduced care proceeding
  - Reduced rate of unplanned pregnancies
  - Improved individual outcomes in parents e.g. confidence, self-worth, wellbeing
  - Improved relationship indicators e.g. effective discipline, communication, parental involvement
  - Improved risk factors e.g. domestic abuse, drug/alcohol use

Key findings of studies exploring interventions to promote LARC use:

- Total of 5 papers, 5 studies (1 from the UK)
- Over 110000 women seen by a health care professional in relation to LARC use
- One study was a review, one an ethical discussion about encouraging LARC use
- Main outcomes:
  - The main barriers are lack of knowledge/education about LARC and access (health care professionals prescribe contraceptive pill more often)
  - Increased uptake and continuation of LARC methods
  - Decreased fertility/unplanned pregnancy rates
  - Counselling about LARC involved having a conversation with a professional (GP or sexual health clinician) about what they are, what the risks are, and encouragement from the professional to use LARC
  - A major study (of approximately 100000 women) found that the majority were under 25, living below the poverty line. LARC uptake increased from 9% to 19% and fertility rate decreased by 24% (abortion rates also decreased).

Annex C: Case studies of A) women engaged in a Pause programme, and B) women known to Southampton City Council that have experienced repeat removals

A: Case studies of four women that have engaged in a Pause programme, gained through in-depth qualitative interviews with women as part of the evaluation of Pause

Jade

Jade began her engagement with Pause in early summer 2015, while in her early thirties. She had experienced 4 children removed from her care. Two were adopted, while 2 were in the care of a paternal grandmother. Case study participants described Jade as self-conscious, negative, lacking in confidence and always expecting the worst. Jade had suffered sexual abuse as a child from a family member who lived locally. She had also experienced domestic violence in childhood and adulthood. Although she presented as confident, Jade explained that she had low self-esteem and was very insecure. She reported that she was struggling to manage the emotional impact of the loss of her children, was 'constantly crying', felt depressed, had no motivation, and was also affected by flashbacks related to previous experiences of abuse. Jade was facing issues with heroin and alcohol, and was using methadone but not accessing any other support. She described using substances as a coping mechanism. She also reported feeling very distrustful toward professionals and services. She explained that she had very poor family relationships, particularly with her mother.

By her final interview for the evaluation, Pause had helped Jade to secure new, permanent housing, through a dedicated pathway arranged by Pause Board members. Jade stated this was the most important factor in helping her to achieve change, find stability, and escape drugs. Jade's Practitioner had helped her access treatment services for her substance misuse. Jade had also started counselling, enrolled in college on catering and maths courses, and was doing ad-hoc voluntary work. Jade's Practitioner had also helped her to successfully engage in group activities with other Pause women, taken Jade on outings to the hairdresser and beautician, and provided practical support with buying household items, debt, and budgeting. Jade had also significantly reduced her methadone use.

When asked to reflect on what she had gained from engagement with Pause, Jade described herself as 'more stable' and 'more positive'. She had been refused face-to-face contact with her children, but was accepting of this, and wanted to focus on continuing to better herself for them in the hope that this might change. Jade's partner and sister both described seeing a 'big difference' in Jade since she started Pause. Jade's partner reported that Jade had 'improved with herself and her motivation'. This included going out more, attending appointments, being more organised, and 'getting her self-confidence back'. Both described her as more confident, happier, and in more control of her life. They reported that their relationships had improved. Jade's sister also felt that Jade was more honest with her, and more willing to listen than she had been previously. Jade confirmed that she was able to communicate more effectively with family, friends, and professionals.

Scarlett

Scarlett was in her early thirties when she began her engagement with Pause. She was referred to Pause shortly after care proceedings had resulted in 3 of her children being put on an adoption plan, and the remaining 2 being placed in long term foster care. As a child, Scarlett had witnessed DVA between her parents and experienced sexual abuse as a child. She first became pregnant at the age of 14, but miscarried due to domestic violence from her boyfriend. She reported that she had only one source of support in her life: her aunty. Scarlett reported feeling suicidal before engaging with Pause, and was using cocaine as a way of coping.

Scarlett's five children had been removed following allegations they made of sexual abuse by her partner. She was pregnant with his child at the time. Several violent incidents had been recorded, and she agreed with children's social care to leave her partner, but continued to see him. Scarlett was perceived by children's social care to be unable to protect her children, and as prioritising her own relationship above their safety, and she started to disengage from the service. Her partner was sentenced to a term in prison for sexual offences towards the children. Scarlett was described as sad and regretful by the children's social worker, and also as highly vulnerable and isolated: 'she's not a

bad person but, unfortunately, she's so vulnerable that she's misled by her relationships'. In terms of support, the children's social worker recognised that Scarlett needed 'somebody for herself', as children's social care focused on the children, and Scarlett was not accessing any other support services.

Pause assisted Scarlett with her physical health, which she had been neglecting. Following a routine smear test, Scarlett was diagnosed with cervical cancer, and underwent a hysterectomy. Initially, the social worker was concerned that Pause might withdraw support. However, Pause continued to support Scarlett, to help her to come to terms with her feelings regarding her physical health and her inability to have further children in the future. Pause provided support to Scarlett at meetings with social care regarding her children, and the children's social worker considered this to have been particularly important in helping to maintain a relationship, and move forward in the perceived best interests of the children. During her engagement with Pause, a reduction in Scarlett's cocaine consumption was observed, and changes to her physical appearance were noted. The social worker linked this to improvements in her self-esteem, and physical activities provided by Pause, such as swimming. The social worker remained concerned about the impact that ending engagement with Pause would have on Scarlett, noting, 'I do think she saw [her Practitioner] as her rock at a time when she needed somebody'.

Scarlett's Pause Practitioner reflected that it had taken time to build up an open, therapeutic relationship with her. However, Scarlett and her Practitioner reported that she had become committed to working with Pause, and had changed her 'mind set' about her whole life. By her final interview Scarlett was accessing counselling and reported better levels of confidence, happiness and self-esteem. She also reported an improvement in coping mechanisms. While, prior to Pause, Scarlet would use cocaine, she felt that she could now talk about how she was feeling. Scarlett also reported a decrease in her anxiety and panic attacks, and was working toward enrolling in training courses. She also reported improvements in her relationships with other agencies. Describing the children's social worker, Scarlet explained, 'I've mentally come to terms with knowing that she had a job to do. I was in a bad place, but she prioritised my kids' needs, and that's the best thing that anybody could've done. I have no hard feelings against any authoritative person now. I work with them'. Her Practitioner also considered her benefits and housing to be stabled. When describing the help she received from Pause she said, 'they've made you feel different. It's not just me that's done it. She's helped me. And if it wasn't for her, then I could guarantee that I probably wouldn't be here'.

Skye

Skye began her engagement with Pause in her early thirties. She had had 3 children removed from her care. Skye had experienced domestic violence and abuse in multiple relationships, and had a history of substance misuse and a previous criminal record. She was described by her parents as having had problems when she was a child: she was described as very easily led and reportedly had never had a 'true friend'. Her parents reported that she had been involved in abusive relationships from an early age, and attributed this to her fear of being 'on her own'. Skye had initially been reluctant to engage with Pause, and stated that she had repeatedly 'put them off'. Skye reported that she experienced high levels of anxiety, and did not trust people, and explained that she had been anxious about starting something new without knowing what it would be like. However, she stated that, once she realised that 'they are not against you, they are just there to help you, you just go with the flow'. Her Pause Practitioner reported that, having initially faced difficulties in encouraging Skye to engage, she had sought assistance from another Pause Practitioner, and also Skye's father.

In an interview with Skye's parents, they revealed that their relationships with Skye prior to Pause had gradually deteriorated, due to Skye's abusive partners, the removal of her children, and her drug abuse. They reported that they had felt anguished over what had happened for several years, but had received no support for themselves. They said that, at one time, they would have felt relieved if Skye had jumped off a bridge, but now felt guilty for having felt that way. They reported that Skye still did not open up to them very much, but were very grateful for the support Pause provided to her. Skye's parents observed that Pause was helping Skye with everyday tasks, enrolling at college, accessing better housing, and buying toys for the child they had contact with every other weekend. She had also passed her driving test and had a car. They reported that she was more confident and better able to maintain eye contact during conversation, and that they had seen a difference in Skye's physical presentation, including her

clothes and hair. These changes were confirmed by Skye's Pause Practitioner. Her mother reported, 'it's like having her back, knocking twenty years off her', while her father described her as 'a completely different person' since engaging with Pause.
By her second interview, Skye was horse riding and helping out at the local stables, and thinking about attending college. She had been going to the gym with her Pause Practitioner, which, she reported, had bolstered her confidence and self-esteem, particularly with regard to her feelings about her weight. She had also started to attend 2 domestic violence programmes, to understand the effects of domestic violence and abuse on children. By her final interview, Skye had started at college and had purchased the equipment needed for her course, with the help of Pause and her parents. She was also engaging with mental health services. She reported that her parents were more supportive, due to seeing her make progress. She described their relationship as improving, and was seeing her son every other weekend at their house. She wanted more support and advice from them, but recognised they were keen for her to be independent. Skye felt that the biggest turning point had been Pause helping her to get into college: 'I never, ever, ever, thought I'd save my life at college'.

Ruby

Ruby started Pause in Autumn 2015, while she was in her late twenties. She had had three children removed from her care, who were living with a paternal grandmother. At the start of her engagement with Pause, Ruby was carrying a great deal of grief following the removal of her children, as well as trauma linked to childhood experiences of domestic abuse, and further experiences of extreme domestic and sexual abuse as an adult. She was experiencing domestic abuse in her current intimate relationship, but was not receiving any support from services for this, or for her grief and trauma. Ruby was also experiencing significant financial hardship, including debts, and was entitled to limited benefits. She described herself as 'very emotional', anxious, and self-conscious, and also reported increasing memories of the DVA she had experienced as a child. She was described as having 'significant' anger issues. During her first interview, Ruby reported that her flat had recently been trashed by her boyfriend, leaving 'windows and doors missing'.

Pause provided practical support to Ruby, helping her to re-decorate her flat, and supporting her to develop her budgeting skills, and to pay for phone credit and energy bills. Her Practitioner also supported her to address her physical health, as she was having heavy periods, pain, and other issues. To try to improve her self-esteem, and reduce feelings of anxiety about going out, her Practitioner took her on an outing to the hairdresser. Further emotional and psychological support was provided one to one sessions with her Pause practitioner, and she reflected that this had been effective in helping to increase her confidence, and enabling her to attend some group activities, including baking. Her Practitioner was also supporting her to reduce her cannabis use. Ruby was referred to counselling, but this was not considered insufficient to address her trauma-related needs. However, the Practitioner reported toward the end of Ruby's engagement that her efforts to advocate within mental health services, including to the Head of Service, for Ruby's access to more intensive psychological support had not been successful.

In the spring of 2016, Ruby had ended her relationship and obtained a non-molestation order against her ex-partner following two recent assaults. Her Practitioner reported feeling dismayed by the standard MARAC process in the area: the perpetrator was released on bail with no conditions, and this was reported to be reflective of the standard response to cases of DVA within the area, indicating a significant systemic problem. The perpetrator breached the order 3 times within the first month, and received a fine. Ruby was referred to a local DVA agency, and a mutual relationship between Pause and the organisation was developed. The DVA practitioner described the benefits of working with Pause: 'she's having that regular contact with the Pause worker, and obviously we're liaising with the Pause worker as well, and I think there's that encouragement from the Pause worker to link in with us and keep us updated on the situation'. Although Ruby had engaged with this service previously, the DVA practitioner felt it had been difficult to support her effectively in the past, due to the level of control and manipulation by the perpetrator. The Pause Practitioner also gave some support to Ruby's mum, who was fearful that Ruby's ex-boyfriend was going to kill her, and supported Ruby through the process of gaining an emergency housing move, away from where the perpetrator knew she was living.

When interviewed, Ruby's mother felt that, since being involved with Pause, family relationships had improved, and Ruby was better able to communicate about how she was feeling. By the end of the

evaluation, Ruby appeared to be more positive about herself, and her self-confidence had improved. She had enrolled in Maths, English, and Photography at college. Her Pause Practitioner, her mother, and her DVA practitioner all hoped that Ruby would remain away from her ex-partner, continue to build her confidence, and be safe and happy.

B: Women known to Southampton City Council that have experienced repeat removals

Due to the sensitive nature of the information, the case studies are not included in this business case.

Annex D: Key learning from engagement with stakeholders

Stakeholders within Southampton City Council, Solent NHS Trust, and other Local Authorities delivering or commissioning a Pause service were asked for their views on the need for, approach, delivery model and effectiveness of post-removal services for women at risk of repeat removals. Local Authorities delivering or commissioning local services (outside of Pause) were contacted a number of times but did not respond. One of the services contacted (Cambridgeshire Space Project) is no longer being delivered. Key learning from phone and face to face discussions are as follows:

- Build from what already have; use the strengths in the Southampton system.
- Intensive support over an 18 month period requires a devoted workforce, can't be an "add on".
- Needs to be a city-wide team, and have robust pathways and links with other services; for participating women and to ensure clinical supervision for professionals in team.
- A drawback of any service is that new posts are likely to be filled by existing social workers and substance misuse/domestic violence/MH services – so shifting resource and skills from one part of the system to another.
- No obvious community, voluntary or social enterprise (VCSE) sector provider in Southampton to deliver the service.
- Is some alignment between FNP and the Pause model i.e. pay more to retain staff, case-loads capped, strength-based approach, and clinical supervision.

Critical success factors:

- A full-scale service requires a team of five people. Critical for a good quality and robust service; ensures a good skill mix possible, case-loads can be capped, peer support and learning, cover when team members take annual (or sick) leave.
- Skill mix of the team for a full-scale service should include the following;
    - A Team leader that provides supervision, and access to clinical supervision.
    - Three practitioners with at least some experience from the following fields: social work, substance misuse, domestic violence and abuse, mental health. Would want at least one member of the team to be an experienced social worker with child protection experience (could be the Team Leader).
    - Business and admin support.
- Pay practitioners at a level equivalent to experienced social workers.
- Cap on case-load.
- Tailoring to the needs of each woman.
- Branding of the team (not seen as social workers).
- Links with decision-making forums and services in place.

Strengthen Long-Acting Reversible Contraception (LARC) advice and pathways:

- Strengthen pathways between the Solent NHS Trust Sexual Health Service (including Outreach Service) and other services i.e. LAC teams, substance misuse services, hostel staff.
- Upskill staff across the system to talk about LARC, promote time away from being pregnant, and refer to their GP or the Sexual Health Service i.e. social workers, substance misuse staff, domestic violence, pharmacy staff post prescribing of Emergency Hormonal Contraception.
- Review whether to train FNP health visitors and midwives to fit LARC.
- Review LARC in BPAS and ensure it as robust as would want it to be.

Annex E: Background information on the national Pause programme (developed by Pause)

How we work with women
Pause recognises the women with whom we work as individuals, rather than defining them by the issues and challenges they face. Every Pause programme is driven by the woman and her needs. The relationship between the woman and her Pause Practitioner is key. It is one which is secure, consistent and predictable; a relationship where women are valued and respected for who they are. They are encouraged to discover or uncover their individual identity, needs and aspirations. Pause will encourage them to be actively involved in all parts of the programme, take supported risks to learn new skills and have fun too.

This is different to the negative perspectives and language that many of the women will be used to hearing about themselves. Pause focuses on achieving what, from the outside, might seem small steps that offer a sense of value and worth but we know are giant strides forward for the women themselves.

Each Practitioner works with between six and eight women, enabling them to give the time to focus on each woman's needs. The relationship is nurturing, but it is also challenging, a partnership to help break destructive cycles and to work toward a more positive future.

Pause Practitioners understand that the relationship with the woman is not linear, that there will be some bumps along the way. They are tenacious and going the extra mile is the norm. For example, if a woman is no longer living at her usual address, her Practitioner will use her contacts and networks to track her down and make sure she's safe. If a woman is struggling to deal with particular service providers, such as housing, her Practitioner will work with her to resolve the situation and to provide her with the tools to manage the situation herself in the future.

Keeping the child in mind
At every stage, Pause Practitioners encourage the women to keep the child in mind. This does not only mean those children that have been removed, but her own childhood too. The women who work with Pause are encouraged, at their own pace, to talk about growing up; the strengths they gained, the adversities they overcame and experiences that remain unresolved and interfere with life. Finding compassion for the frightened, sometimes angry, child within can help women develop empathy and insight into the impact their behaviour may have had on their child.
There is strong evidence that maintaining a relationship between parents and children who are in foster care or have been adopted can have a positive influence on the stability of that placement. Pause works with women to encourage contact, whether spending time together or through exchanging letters.

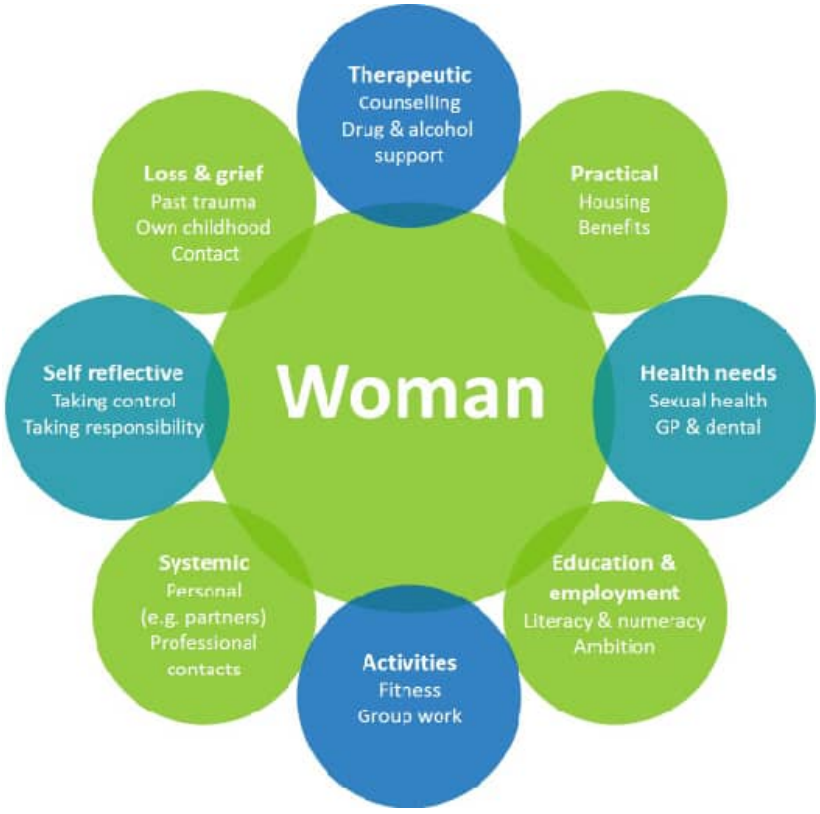
The children of the women who work with Pause often live with extended family, or other primary carers, and continue to see their birth mothers. Pause Practitioners support women to contain and manage feelings, so contact sessions can be enjoyable, meaningful and memorable for children. Seeing their birth mother recover from, or at least manage, difficulties can reduce stress in children. This also models recovery and reparation when life has taken a difficult turn, which helps build resilience in the child.

Pause encourages women to express their feelings and take responsibility for their actions. This equips them with better skills to talk to their children as they grow older, and to help them to understand their story. The women who work with Pause are encouraged and supported to take a proactive role in giving their children 'permission' to settle and attach to the people looking after them, which can relieve the child's stress and guilt.

Women often say letterbox contact is too hard. Practitioners should explore further, suggesting for example, that they write letters not to be sent, saying everything they feel and want to say but can't. This can be a beginning to help them then write a letter to send, that helps the child stay connected to their birth identity.

Taking a break from pregnancy

We know that a programme like Pause is most effective when the woman has no children in her care and she is in a position, sometimes for the first time, to focus on herself and her own needs. Following the initial 16-week engagement phase, to ensure that the women are able to take a pause from pregnancies, we ask them to use the most effective form of reversible contraception. Pause Practices work closely with their local sexual health providers to ensure that the women make an informed choice around contraception and that they are able to choose the most appropriate form for them.



Annex F: Risk assessment of utilising vacant FNP post and Children and Families posts

A: Utilising a vacant 0.8 WTE FNP post (risk assessment conducted by Solent NHS Trust and ICU, SCC)

Impact on existing service	There is currently a 0.8 WTE vacancy in FNP which is being held to afford flexibility around the net additional cost of meeting a PAUSE like offer to support the needs driving women and families into repeated cycles of having their children taken into care, often at birth. A Southampton PAUSE like offer would provide an explicit and tangible response to clients who have their child removed which currently is met in an inconsistent and disparate manner, as typically the focus of Children's Social Care and other support services shift away from parents once their children have been taken into care, and the child's safety is secured A 0.8 WTE Band 7 FNP Nurse would be expected to have a case-load of 17-20 clients. By removing this post from the FNP team there would be a reduction in the offer of FNP to the eligible population of Southampton. There is evidence that FNP supports a reduction in children entering into the care system (through improved parenting, attachment and relationships) and so there is a risk of impact on looked after children numbers. The post has been held as a vacancy for some months on the basis that it could be utilised within a Southampton post-care proceedings service for women at risk of repeat removals. The impact of using this vacant post does not therefore offer an additional reduction in current actual provision.
Impact on other staff/teams	Typically, a similar proportion of future clients whose needs would previously have met FNP criteria would meet ECHO criteria. Any such reduction in FNP offer would therefore also increase demand for ECHO Health Visitors. A reduction in capacity of the FNP team would have an impact on dynamics of the early help offer particularly around the potential for a team around the worker model. The additional work the Nurses undertake such as up skilling the wider workforce would be reduced. The clients that would no longer be worked with by a Family Nurse would need an Intensive Health Visitor offer, the number reduction would require approx. 0.5 WTE Health Visitor replacement. In the future, there is the opportunity to adopt a local tiered response to a post-care proceedings offer, to support wider teams i.e. a specialist consultative response to support practitioners who are already working with and engaged with clients who have had their children removed to support them to think more positively about planning their family, alongside a more intensive case holding team who work with the most disengaged and vulnerable clients to help them acknowledge, approach and successfully resolve the underlying factors that lead to assessments that their parenting capacity is insufficient to meet the care and development needs of their children at that time.
Impact on service users	Reduction in FNP team capacity would mean a reduction in the number of vulnerable young and first time mothers who could receive the FNP programme which is one of the most robustly evidenced based programmes currently in our service offer. Clients who are currently receiving the programme may experience the allocation of having a new FNP Nurse which, because of the

	relationship of trust that develops through the programme can be traumatic or terminating the programme earlier than planned which might have an impact on their outcomes. However, by using a vacant post no current service users will be affected in this way. FNP has been in the city for 10 years and is a known and trusted brand for teenage clients and is readily accepted by the vast majority of eligible young parents to be. The skill set of FNP particularly around working with resistant clients would ideally suit the aim of engaging with hard to reach clients that fit the pilot service criteria
Impact on partners	Reduction in the multi-agency skill sharing currently gained from FNP. Universal and ECHO services would have to pick up any existing and future having to work with increased vulnerable numbers that would no longer sit with the FNP caseload. There will be a sharing of learning from specialist practice of FNP and there is an opportunity to pull in a consultative approach to working with hard to reach vulnerable clients, new opportunities to develop a new type of shared professional learning, based on the experiences and insights derived from the new post-care proceedings offer. There will be a clearer offer for clients whose children are removed, with smoother pathways into contraception services being offered to the most at risk cohort of mothers at the point of need and follow up and support built into the local pilot service offer. Some of these developments in Contraception pathways may also benefit other vulnerable women to give them improved access to control over their reproductive health. If the pilot service is delivered by Solent NHS Trust there is an opportunity to work with FNP National Unit to pull in their expertise and potentially test and evaluate the new offer.
Any other impacts	The following potential impacts may unfold in different ways: • The development of assertive in reach contraception work with a very vulnerable client cohort. • Reputational risk with the FNP National Unit from any reduction in FNP capacity.
Any unintended consequences and/or risks	FNP costs £2,000 per family (client) more than usual services and has long standing evidence base, please see slide at the end of the risk assessment.
Any further comments	Because the Southampton proposal is variant from, but inspired by the nationally tested Pause Model, it is unclear what the impact of the differences between the Southampton model and the Pause model will be upon the effectiveness of the Southampton programme. In terms of Integrated Impact Assessment of the proposal against the Equality Act, it is also important to evaluate the impact of the proposed new programme against the characteristics protected in the legislation: age, disability, gender reassignment, race, religion or belief, gender, sexual orientation, marriage and civil partnership and pregnancy and maternity. In Southampton we also evaluate any potentially disadvantageous impact upon crime, community safety and the environment. There is no specific additional impact forecast in relation to disability, gender reassignment, race, religion or belief, sexual orientation, marriage and/or civil partnership status. It is also not anticipated that this proposal would have

	impacts upon crime, community safety or the environment. However, the proposed changes would have disproportionate effects in relation to age, gender and pregnancy and maternity due to the characteristics of the FNP client cohort: young women who are approaching their first pregnancy. For exactly the reasons of addressing and relieving the high levels of vulnerability that the FNP programme is designed to address, the reduction of the FNP programme would have the impact of reducing that level of cover. This could potentially leave the council vulnerable to challenge over a decision to reduce the programme from a currently eligible group. By way of mitigation against this particular impact, the Council can offer the following mitigation around its thinking. • The number of young parents in Southampton eligible for the FNP programme has reduced over time as teenage conception and births to young mothers have halved over the life of the programme in Southampton. Whilst there are other vulnerable first time parents who might be offered the programme, reduction in the team's capacity (up to a point) does not of itself prevent the team from offering the FNP programme to vulnerable first time young mothers to be. • The introduction of the ECHO model of enhanced health visiting support to families has introduced a more graduated level of support for vulnerable parents. This should mean for example that already, any young women who turn down the chance to be supported through the FNP programme have an alternative that is already superior to the universal health visiting offer it replaces (for those who meet the criteria). Taken together with the PAUSE like programme that the Council is seeking to offer, it seems that the end result of a move in this direction will give a wider range of vulnerable Southampton women access to support.

<u>B: Utilising a vacant 1.0 WTE Children and Families Grade 8 post (risk assessment conducted by Children and Families, SCC)</u>

Impact on existing service	Part of the senior social worker's existing case load will need to be re-allocated across the PACT teams. This will increase workload of other staff members and could impact the ability of those staff to conduct visits and complete reporting within statutory timeframes. There is an ongoing recruitment drive which will alleviate this impact. Whilst some social workers will experience an increase in work load in the short term, the aim of the post-removal service is to reduce the number of repeat-removals which in turn will reduce the workload across the PACT teams in the long term.
Impact on other staff/teams	Some of the senior social worker's cases will need to be re-allocated across PACT – this will mean that some workers see an increase in their case load. We anticipate that this will be alleviated by the ongoing recruitment drive – however, in the short term there will be increased demand on those workers. Other teams that are involved in the social worker's cases will need to build relationships with the newly allocated social worker. However, we do not anticipate that this will have any significant impact in terms of their own work load or ability to deliver services.
Impact on service users	We will be able to offer the mothers that we work with the vital ongoing support that they need which we have not been able to offer before – this support could begin during the PLO process so that they experience consistent, on-going support.

	The children and families currently allocated to the senior social worker will be re-allocated, meaning that they will need to build a relationship with their new social worker. We know that this can be difficult for our service users and we will ensure that there is a smooth handover with families. In the short term, those families that have been re-allocated may see a fall in the level of support that they receive as their newly allocated social worker becomes acquainted with their needs.
Impact on partners	We do not anticipate that there will be any negative impact on our partners. We envisage that there will be positive benefits for any partner agencies both within and external to the council (such as housing, young people's advice services, homelessness, NHS). This is because mothers who have had a child removed will be receiving support – this should reduce the likelihood of those women reaching a crisis point (such as homelessness, acute mental health).
Any other impacts	
Any unintended consequences and/or risks	There is consensus across the PACT service that support for mother's post-removal is essential. This has resulted in social workers beginning to provide similar support that we would expect the post-removal service to deliver during the PLO process. As such, we have buy-in from team managers and individual social workers who know that this service is a much needed one.
Any further comments	*PACT has a critical mass of expertise, as well as the necessary structures in place to ensure that the pilot service successfully supports women to break the cycle of removal.* There is precedent among other successful post-removal support services to have social workers being the key professionals providing the support. Tower Hamlets developed the 'Hummingbirds' service – so named to signal a different sort of service to mainstream Children's Social Care (CSC). Hummingbirds worked in partnership with mothers who had one or more children removed by working at the women's own pace. They offered a voluntary service addressing their holistic needs. The pilot service comprised a 1.75 post and an initial target was therefore to work with 6 women in the first year. An exploratory study conducted by the Children's Workforce Development Council have advocated for social workers delivering any post-removal service. This is because social workers have: - the knowledge and experience of therapeutic models of working, - an expert knowledge of the complexity of the issues that women who have had children removed face, - the ability to hold high-risk cases. Our social workers are highly-skilled – they have expert knowledge of the complex issues that contributed to mothers having their children removed not only through their practice but also as a result of high-level training through undergraduate and/or post-graduate study and mandatory continued professional development (CPD). Further, PACT has existing supervision structures that will enable those running the pilot to access individual, group, reflective and clinical supervision. Being located in PACT means that the senior social worker will have ready access to shared expertise held across the team.

Annex G: Options appraisal informing which organisation and team should deliver the pilot service

Case for the service being delivered by Children and Families, SCC

1. Expertise and supervision structures

- Social workers are highly-skilled – they have expert knowledge of the complex issues that contributed to mothers having their children removed not only through their practice but also as a result of high-level training through undergraduate and/or post-graduate study and mandatory continued professional development (CPD).
- Women who have had their children removed typically have highly complex and interrelating needs which places them at the high end of the Continuum of Need. Whilst Family Engagement Workers and other Early Help professionals are involved in highly complex cases, they do not have the requisite expertise or knowledge to hold the level of risk that will be present for the women who have had one or more children removed. As such, social workers, should be the lead professionals in this pilot service.
- PACT has existing supervision structures that will enable those running the pilot to access group and reflective supervision. Being located in PACT means that the social worker will have ready access to shared expertise held across the team.

2. Professional networks

- Social workers require extensive professional networks across multiple agencies in order to co-ordinate support for the children and families that they work with. As such, social workers are in the best possible position to be able to identify and enable women to access the necessary services they need.

3. Commitment to a post-removal support service

- There is a critical mass of social workers within PACT that have long advocated for such a service and have the commitment and expertise to run a pilot.

4. Seamless transition

- PACT social workers will be able to identify women that will benefit from a post-removal service early in the PLO process and will be able to liaise directly with the post-removal service based within C&YP at that stage. This will enable the service to begin to offer support to the mother at an early stage and begin the vital process of getting alongside her and building that relationship.

How it could work

Studies examining what support should be made available to mothers who have had children removed demonstrate that it should not be presented as an offer from the services that advocated for the removal of their children.

For example, the *Mother's Apart* research project[3] identified that women who have had children removed did not want support from the service they saw as responsible for the removal of their children. Similarly, an exploratory study conducted by the Children's Workforce Development Council highlighted that any service offered to women post-removal should be independent.[4]

However, these projects advocated for social workers delivering any post-removal service. This is because social workers have:

- the knowledge and experience of therapeutic models of working,
- an expert knowledge of the complexity of the issues that women who have had children removed face,
- the ability to hold high-risk cases.

[3] Leiws, Brooke, S. et.al, (2017), 'Mothers Apart: an action research project based on partnership between a Local Authority and a University in London, England', *Social Work Review / Revista de Asistenta Sociala*, 16(3): pp5-15.

[4] http://dera.ioe.ac.uk/2710/1/Microsoft_Word_-_PLR0910078Blazey_Persson.pdf

As such, the pilot post-removal service, whilst hosted in PACT to draw on the collective knowledge and experience within the teams, should be run as an individual project. Tower Hamlets developed such a project and branded it the 'Hummingbirds' service (see box below).

Case for the service being delivered by Early Help, Solent NHS Trust

1. Expertise and supervision structures

- Those working in Early Help are highly skilled, have experience working with vulnerable groups of women, and are skilled in delivering structured programmes of support; FNP has similarities with the national Pause programme.
- Early Help has existing supervision structures that will enable those running the pilot to access group and reflective supervision. Being located in Solent NHS Trust means that there is expertise to a wide range of supervision, including mental health and sexual health.

2. Professional networks

- Solent NHS Trust has good access to a wide range of professional networks.

3. Commitment to a post-removal support service

- Early Help has demonstrated commitment and expertise to run a pilot.

Annex H: Draft monitoring and evaluation framework

Longer-term outcomes:

1. Women have more control over their lives.
2. Fewer children taken into care.
3. Goof engagement with services (including primary care) and use of planned (rather than crisis) care.
4. Cost avoidance in relation to LAC budget, health (i.e. for women and any future children) and other services.
5. Women have better relationships with their children that were previously taken into care.
6. Evaluated pilot service.

Outcomes monitored during 18 month programme:

1. Fewer pregnancies.

2. Better engagement with services, including use of primary care and planned care (rather than urgent or crisis care).

3. Improved stability (and subsequent shift from using crisis services to planned care):
   - Women are registered with their general practice
   - Women are engaged with other health and related services i.e. mental health, domestic violence, substance misuse
   - Women are taking proactive steps to improve their mental health and wellbeing
   - Women are safer from domestic abuse
   - Women use alcohol/drugs less or change to lower impact type
   - Women are in safe and secure housing
   - Women have less debt
   - Women have improved income
   - Women have less rent arrears
   - Women have less or less severe criminal justice contact
   - Women have improved employability

4. Better wellbeing and sense of self:
   - Women are more able to manage loss
   - Women have improved resilience
   - Women have improved MH symptoms
   - Women are better able to look after their general health (i.e. physical as well as mental health)
   - Women have improved confidence and self-esteem
   - Women have improved relationships and networks
   - Women have a more positive attitude towards services

5. Monitoring of a very vulnerable cohort of women (including follow up).

The following are currently being drafted and will be in place by April 2019:

- Measures to monitor progress towards outcomes.
- Tools and materials to assist Practitioners in collecting information.
- Policy on how information should be stored and by whom.

Annex I: Implementation Plan for a Southampton pilot service

Key activities completed (to support mobilisation in the event that this business case is approved) are as follows:

- Establish Project Team to oversee set up, and assign roles and responsibilities.
- Commence with the operational and infrastructure planning.
- Agree the pilot service criteria.
- Complete options appraisal for where the pilot team should sit and make recommendation.
- Risk assess impact of utilising vacant posts in Children and Families and FNP.
- Set out the LARC offer to women engaged in the service and how will be achieved.

Priority actions going forward include the following:

- Agree governance arrangements i.e. reporting to PMG and then Children's Multi-Agency Partnership Board.
- Advertise posts, and commence with recruitment process.
- Begin the process of cohort identification and engagement with women.
- Set up processes and tools for monitoring outcomes and evaluating the pilot.

Plan (as at November 2018):

Decision/action	**Timescale**
Immediate decisions/actions required to inform business case for a pilot service that will be submitted to JCB	
Complete costings for pilot service (needs to build in costs such as training, women's resource, admin)	End of October 2018
Complete options appraisal for where the pilot team should sit and make recommendation	By 12th November 2018
Complete impact assessment on impact of shifting resource from C&F's and FNP into the pilot service	End of October 2018
Explore terms and conditions in relation to giving notice on the FNP extended service – and check that we can do what we want to by April 2019, and communicate risks.	End of October 2018
Agree the pilot service criteria – so whether stick to Pause criteria or flex i.e. prioritise women aged 18-30 years with 2 plus removals, case-load of around 8 etc.	By 12th November 2018
Set out the LARC offer to women engaged in the service and how will be achieved.	By 12th November 2018
Assess impact on other services i.e. substance misuse, domestic violence, mental health, housing	By 12th November 2018
HR related actions	
Gain HR advice on the options for shifting FNP posts and C&F's post onto the pilot service	October 2018
Develop job description and submit for job evaluation	November 2018
Set recruitment timetable – diarise dates with all those on the Panel	November 2018
Advertise roles (including through informal networks)	January 2018 (with interviews in January so that Service Lead and practitioners can be in place in April/May 2019, assuming 3 months' notice required)
Project management and governance	

Agree TOR for Project Group to oversee set up of the pilot service, members, and how often meet: called the *Mobilisation Project Group*	October 2018
Assign roles and responsibilities of *Mobilisation Project Group*, including a lead senior sponsor	October 2018
Agree governance arrangements for the *Mobilisation Project Group*	November 2018
Agree TOR for a Forum that will oversee the implementation and monitoring of the pilot service, and make key decisions such as which women the service will seek to engage. Needs to include the Pilot Service Lead, C&F's, NHS Solent etc.	December 2018
Agree governance arrangements for the above Forum; needs to be one that will help open doors with other services (i.e. MH, domestic violence, substance misuse, housing) if pathways blocked etc.	December 2018
Infrastructure & operational planning	
Agree pathways and referral process with other key services i.e. domestic violence, substance misuse, mental health	By February 2018
Confirm clinical supervision arrangements for Practice Lead and practitioners	By March 2018
Plan appropriate training for Service Lead and practitioners (buying into Pause training an option?)	By Match 2018
Confirm office location for team	By January 2018
Confirm IT/tech	By January 2018
Develop the necessary forms required i.e. consent forms	Could delay to implementation; as will take a number of weeks to engage women. Could be developed by the Practice Lead.
LARC related actions (linked to this project but owned under the sexual health programme)	
Explore whether can extend LARC training to FNP nurses, midwives, and any other appropriate professionals so that they can fit LARC in high risk women they are in contact with	TBC Will feed into the updated Service Spec that is being refreshed under the Maternity transformation Programme. The "ask" for to extend training to midwives fit LARC has been requested by Public Health Portsmouth.
Extend training on contraception, including LARC, to the wider workforce who are in contact with high risk groups i.e. social workers – so they have the confidence and skills to discuss LARC with women and refer	TBC
Communications and awareness raising	
Planning around initial local awareness raising to support recruitment, pathways etc.	December 2018
Confirm comms plan; internal and external facing	March 2018
Monitoring framework and data	
Confirm monitoring framework and data that will need to be collected	March 2018

Assign someone to gather cohort identification data and analyse it	March 2018
Agree *how* to collect data	March 2018
Explore opportunities to link with local Universities i.e. to conduct qualitative research with women at month 9 to inform business case for 20/21 (which will seek additional funding)	March 2018
Link with CCG and confirm data sharing agreement to be able to analyse women's contact with health services prior to and during engagement with the pilot service.	TBC

Annex J: Breakdown of the costs for a Southampton pilot service

Expenditure			3 month lead-in	12 months	18 months	Notes
Salaries	***Salary range***	***Likely salary***				
EXISTING POSTS						
Team Manager	Existing post		0	-	-	Team reports to existing manager. Team Manager to dedicate time to mobilising the service from January 2019.
Practitioners	£28,221 to £32,233	£32,233	£10,096	£40,385	£60,578	Children and Families existing vacant SCC Grade 8 post (at top of grade and including on-costs)
	TBC	TBC	£10,875	£43,500	£65,250	FNP existing vacant NHS Band 7 post 0.8 fte (at top of band and including on-costs).
NEW POSTS						
					£15,000	50% of the contribution from the CCG will used to increase Practitioner time i.e. from 1.8 fte to at least 2 fte posts
Coordinator	£25,000 at 0.5 WTE		0	£15,000	£22,500	Includes 20% on-costs (without on-costs total is 12.5k for 12 months and 18.75k 18 months). To start at the start of the programme i.e. not in lead-in time.
Salaries total			**20,971.00**	**98,885.00**	**163,328**	
Programme costs						
Woman's Resource				£5,666	£8,500	£425 for each woman over 18 month period (to cover some expenses). Up to 20 women.
Comms resources				£0.00	£0.00	Covered by overheads.
Clinical supervision				£3,333	£5,000	Need to confirm arrangements with key partners.

Training				£3,333	£5,000	
Evaluation				£1,200	£3,000	
Flexible programme spend				£1,000	£1,000	
Programme costs total				**14,532**	**22,500**	
Local costs						
IT equipment			0	-	-	Computers and smartphones (staff should have access to smartphones to enable agile working and assertive outreach)
Travel & expenses			0	-	-	Practitioners engage in assertive outreach throughout the programme. Travel expenses to be absorbed by overheads. Likely to be £20/week for each practitioners (based on 47 weeks - working weeks), plus £10/week for the Team Manager.
Premises			0	-	-	To be absorbed within existing overheads.
Office costs (printing, stationery, etc.)			0	-	-	To be absorbed within existing overheads.
Recruitment costs			0	-	-	To be absorbed within existing overheads.
Local training			0	-	-	
Local costs total				**-**	**-**	
Total			**20,971**	**113,417**	**185,828**	£60,000 in the form of funding and all other costs met through existing posts.
Grand total					**£206,799**	Includes 3 month lead-in time

***Costs highlighted in blue are existing posts (and do not require additional new money)**

Annex K: Pause cost avoidance calculations

The cost avoidance calculations below have been made by the national Pause team, on the basis of a Southampton Pause service. As the Southampton pilot service is variant from of the Pause model, it is unclear what the impact of the differences between the Southampton model and the Pause model will be upon the effectiveness of the Southampton programme, and in turn costs avoided.

Pause take into account the costs avoided through 1. Not needing to make a decision to remove a child and 2. Not having to pay for fees or placement costs. The calculations utilise the following Southampton data on women and children taken into care over a five year period (2013-17):

- Placement types for each child (using Southampton 2013-17 data and translated into Pause placement categories);
- Average birth rate for the cohorts of women (using Southampton 2013-17 data);
- A Pause cost avoidance tool that maps children's journeys through the child protection system.

Based upon two cost avoidance scenarios, **it is estimated that an 18 month Pause programme in Southampton will avoid between £479,203 to £734,640 of costs over a five year period, and between £250,198k and £423,847k of these costs are "cashable"*.** This is after the costs of delivering Pause for an 18 month period have been taken out. The details associated with the two scenarios are set out below.

*It can be difficult to realise "cashable" savings in real terms and it is more appropriate to refer to cost avoidance.

Scenario 1: Prioritise women who have had two or more removals, and are younger women (aged 18-30 years) only – and based upon the cohort of 231 women identified as having had two or more pregnancies over the 5 year period (2013-17):

*This is the scenario that other Local Authorities would usually include in their Business Case for a Pause service. It is more cautious than scenario 2.

- **Cohort details:** women aged 18-30 who have had to or more children removed
- **Number of women:** 132 (24 of which enrol on the programme)
- **Number of children removed:** 400
- **Birth rate:** 0.19 (in other areas where Pause has worked, the birth rates have ranged from 0.16 to 0.39)

Figure 1: Cumulative cost avoidance minus the cost of delivering Pause for 18 months (£450k):

	1.5 years	3 years	5 years
Total cost avoidance	£130,035	£279,678	£479,203
"Cashable" savings (total cost minus internal costs)	-£98,970	£50,674	£250,198

* **Internal costs:** comprised of local authority internal costs, for example the cost of social worker time and the cost of internal adoption processes.
* **Non-internal costs:** Relate to the procurement of additional services; costs associated with the removal of children, including legal costs; and, the placement costs that are provided by the local authority or by the private and voluntary sectors. These are what Pause refer to as "cashable savings".

Scenario 2: Prioritise women who have had at least two removals and are younger women (aged 18-30 years) – and based upon the cohort of 66 women that had a subsequent removal at least 40 weeks after the previous removal.

- **Cohort details:** Women aged 18-30 who have had at least two removals, and the last removal was more than 40 weeks after the previous child in family was removed. This is the cohort that the service would wish to target.
- **Number of women:** 50 (24 of which enrol on the programme)
- **Number of children removed:** 172
- **Birth rate:** 0.25 (in other areas where Pause has worked, the birth rates have ranged from 0.16 to 0.39).

Figure 2: Cumulative cost avoidance minus the cost of delivering Pause for 18 months (£450k):

	1.5 years	3 years	5 years
Total cost avoidance	£330,786	£503,866	£734,640
"Cashable" savings (total costs minus internal cost)	£19,993	£193,073	£423,847

*** Internal costs:** comprised of local authority internal costs, for example the cost of social worker time and the cost of internal adoption processes.

*** Non-internal costs:** Relate to the procurement of additional services; costs associated with the removal of children, including legal costs; and, the placement costs that are provided by the local authority or by the private and voluntary sectors. These are what Pause refer to as "cashable savings".

The calculations relate only to pregnancies avoided during the 18 month Pause programme and assuming 24 women are enrolled on the programme. Pause will continue to influence a reduction in children being removed after women have completed the 18 month programme. However as a longitudinal study has not yet been carried out to verify this, these potential savings have therefore been excluded from the cost benefit analysis. Broader savings that can be realised when working with this group of women, have not been included in Pause's analysis, though Pause are working with services to try and capture these savings going forward.

References:

[1] NICE. 2015. Looked-after children and young people. NICE public health guidance 28. See: https://www.nice.org.uk/guidance/ph28
[2] Department of Health. 2012. Preventing Suicide in England: a cross-government outcomes strategy to save lives. See: www.gov.uk/government/publications/suicide-prevention-strategy-forengland
[3] Southampton City Council. Looked After Children - Needs Assessment 2016-2017, 2017.
[4] Broadhurst et al. 2017. Vulnerable Birth Mothers and Recurrent Care Proceedings: Final Summary Report. See: https://www.nuffieldfoundation.org/sites/default/files/files/rc-final-summary-report-v1_6.pdf The 1 in 4 is based on analysing Cafcass data for 43,541 birth mothers between 2007–14.
[5] Broadhurst et al. 2014. Vulnerable birth mothers and repeat losses of infants to public care:is targeted reproductive health care ethically defensible? See: https://core.ac.uk/download/pdf/42547422.pdf
[6] McCracken et al. 2017. Evaluation of Pause: Research Report. See: http://dera.ioe.ac.uk/29588/1/Evaluation_of_Pause.pdf
[7] Cox et al. 2015. Reducing current care proceedings: service evaluation of Positive Choices and MPower. See: https://www.google.co.uk/url?sa=t&rct=j&q=&esrc=s&source=web&cd=1&ved=2ahUKEwiGxoGltOPdAhWEDcAKHVnBA
[8] McCracken et al. 2017. Evaluation of Pause: Research Report. See: http://dera.ioe.ac.uk/29588/1/Evaluation_of_Pause.pdf
[9] NICE. 2014. Long-Acting Reversible Contraception. See: https://www.nice.org.uk/guidance/cg30/chapter/Key-priorities-for-implementation
[10] Broadhurst K. et al. 2015. Vulnerable birth mothers and repeat losses of infants to public care: is targeted reproductive health care ethically defensible?. See: https://core.ac.uk/download/pdf/42547422.pdf
[11] Hwang et al. 2017. Maternal substance abuse disorders linked to adverse infant outcomes. See https://www.healio.com/pediatrics/neonatal-medicine/news/online/%7B7d906f32-27fa-448d-bb2c-8b1057599595%7D/maternal-substance-abuse-disorders-linked-to-adverse-infant-outcomes
[12] Vucinovic et al. 2008. Maternal and Neonatal Effects of Substance Abuse during Pregnancy: Our Ten-year Experience. See: https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2615365/
[13] Hwang et al. 2017. Maternal substance abuse disorders linked to adverse infant outcomes. See https://www.healio.com/pediatrics/neonatal-medicine/news/online/%7B7d906f32-27fa-448d-bb2c-8b1057599595%7D/maternal-substance-abuse-disorders-linked-to-adverse-infant-outcomes
[14] McCracken et al. 2017. Evaluation of Pause: Research Report. See: http://dera.ioe.ac.uk/29588/1/Evaluation_of_Pause.pdf
[15] New Economy. Cost Benefit Analysis. 2015. See: http://www.neweconomymanchester.com/our-work/research-evaluation-cost-benefit-analysis/cost-benefit-analysis/unit-cost-database
[16] Steventon et al. 2018. Briefing: Emergency hospital admissions in England: Which may be avoidable and how? https://www.health.org.uk/sites/health/files/Briefing_Emergency%2520admissions_web_final.pdf
[17] Addaction. 2012. A better future for families: The importance of family based interventions in tackling substance misuse. See: https://www.addaction.org.uk/sites/default/files/public/attachments/the_breaking_the_cycle_commission_2mb_0.pdf
[18] Khan et al. 2015. Economic costs associated with moderate and late preterm birth: a prospective population-based study. See: https://obgyn.onlinelibrary.wiley.com/doi/full/10.1111/1471-0528.13515
[19] http://pediatrics.aappublications.org/content/123/2/e312.long

DECISION-MAKER:		The Leader of the Council and Cabinet Member for Clean Growth & Development, following consultation with the Joint Commissioning Board		
SUBJECT:		**Community Based Play and Youth Provision for 0-19 year olds**		
DATE OF DECISION:		**13 December 2018**		
REPORT OF:		**Director of Quality and Integration**		
CONTACT DETAILS				
AUTHOR:	**Name:**	Tim Davis	Tel:	023 8083 4970
	E-mail:	Tim.davis@southampton.gov.uk		
Director	**Name:**	Stephanie Ramsey	Tel:	023 8029 6075
	E-mail:	Stephanie.ramsey1@nhs.net		
STATEMENT OF CONFIDENTIALITY				
NOT APPLICABLE				

BRIEF SUMMARY

The Leader of the Council and Cabinet Member for Clean Growth & Development, following consultation with the Joint Commissioning Board (JCB) is being asked to approve proposals for progressing the procurement of play and youth support services from the community and voluntary sector.

Currently play provision is achieved by supporting local voluntary groups with funding from the grants to voluntary organisation's budget. The proposal is to use this money plus some additional money from existing contracts and a contribution from CAMHS Future in Mind funding to commission a new service. The procurement arrangements would ensure:

- City-wide play provision and targeted family support that incorporates supervised play across three lots (for different types of play provision) each seeking a single provider. This would also ensure ongoing provision of associated parenting and family support alongside supervised play for a guaranteed number of families referred into the service.
- Scope for an increase in the range of community / area based youth programmes and projects in the City as a single lot with potential for multiple awards.
- Scope for an increase in the range of youth providers who provide a structured offer across multiple sites on different days as a single lot with potential for multiple awards.
- Arrangements for securing the maintenance and availability of Weston Adventure Playground as a key asset for the delivery of high quality play and youth provision for current and future generations through a separate procurement.

The advantages of this process to undertake a procurement of contracted services is that it will achieve alignment of spend with strategic priorities than is currently possible through procuring similar such services through the grant programmes.

RECOMMENDATIONS:

	(i)	Delegate authority to the Director of Integration and Quality, following consultation with the Cabinet Member for Community Wellbeing, the Cabinet Member for Aspiration, Schools and Lifelong

		Learning, and the Cabinet Member for Homes and Culture, to proceed with procurement of City-wide Play and Youth provision to better meet future play and youth requirements. This should include authority to make short term grant awards to bridge any gaps in funding that might otherwise undermine transition to the implementation of the new services during the 2019-20 financial year.
	(ii)	Delegate authority to the Cabinet Member for Community Wellbeing, the Director of Integration and Quality, following consultation with the Cabinet Member for Aspiration, Schools and Lifelong Learning, and the Cabinet Member for Homes and Culture, to proceed with a direct award to the current trustees of Weston Adventure Playground to secure the ongoing maintenance of the building and facilities at the site to a high standard, conditional upon the continuing availability of the facilities as a venue and platform for a range of accessible, affordable play and youth activities.
REASONS FOR REPORT RECOMMENDATIONS		
1.	The recommended approach will create an approach to the commissioning of play and youth provision in the City that would be replicable and expandable in future, both in relation to Council and Clinical Commissioning Group funding for such activities, but also in relation to establishing effective commissioning arrangements that would support effective early use of any additional collaborative City-Wide funding, such as through initiatives such as the Child Friendly Southampton Fund, as and when such developments come on stream. It also addresses the Council's wider policy objective of shifting the commissioning of longer standing community needs from dependence on council grant funding to an approach which can be better linked to City priorities for play and youth as these may change over time.	
2.	Commissioning such services via the procurement route suggested would also provide better potential for contractual accountability for both service delivery, and for stimulating a collaborative community and voluntary sector for children, young people and families as a whole. The proposed approach would complement the recently approved approach to the future procurement of Community Development relating to the wider vibrancy of the community and voluntary sector, including better alignment with volunteering, external funding opportunities, links to wider community development and additional investment to directly build capacity that contributes to emotional wellbeing and mental health outcomes in children and young people.	
3.	The proposed approach takes full advantage of the City's integrated commissioning arrangements to achieve best value for both the Council and Health Services jointly commission something more far reaching in relation to children, young people and families around play and youth than either could afford to create on their own.	
ALTERNATIVE OPTIONS CONSIDERED AND REJECTED		
4.	Continuation of the SCC Grants programme for the commissioning of community and voluntary sector provision was considered. This option has been rejected on the basis that it would not have been consistent with the strategic direction of travel away from grants for funding community and voluntary sector services which meet established long term community needs.	

5.	Using the end of the grants programme to decommission existing grant funded play and youth activity, and offer the funding saved towards corporate savings requirements was considered. This option has been rejected on the basis that it would further reduce an already small provision for children and families in the City and be detrimental to partnerships that have been built up with the community and voluntary sector to develop their role as providers. The corporate grants review was based on trust that the purpose of the review was not to cut funding for commissioning from the community and voluntary sector, but to maximise value from it. Taking savings from this pot would not only break faith with those assurances, but would also severely impact on the development of this market and hold back much needed play and youth provision for children and young people in the City.
DETAIL (Including consultation carried out)	
6.	This paper outlines the next stages of progress towards the implementation of the Cabinet decision to move to a more integrated approach to funding voluntary sector organisations, with specific regard to the play and youth grants.
Background	
7.	Grant funded play provision in the City is currently a combination of mainly city-wide provision, and more locally focussed investment in dedicated specific assets of significance to the City's infrastructure for high quality supervised play.
8.	Grant funded youth provision in the City is a more mixed picture. Some provision is for area based youth projects in some areas of relative disadvantage. Other provision is for youth provision that can be run across a number of sites, to stretch the local offer. Typically the latter provision involves providers that use their own staff and volunteers to deliver their offer, but use others' facilities to make it locally accessible to the widest range of young people possible. In relation to youth rather than play, there is a stronger position of inequity in City-wide access to the offer and so this has been a key strategic need that commissioners have been working on with providers, young people and others to attempt to address through the recommended procurement.
9.	Following the grant review a decision was taken by the City Council's Cabinet to use grants primarily for services which were innovative and short term. In relation to more established services that meet longer term community and service user needs it was agreed that this funding should transition into the more formal procurement of contracted services against specifications that protect the integrity of the community need met. Grant funded services were categorised according to the following broad categorisations: • Play and youth services provision for children, young people and families (which is the focus of this report). • Community Development services that underpins the vitality of the local community and voluntary sector. • Information, advice and associated support to provide individuals and families with help in relation to a wide range of issues. • Employment support services that help people back into education, employment and training.

10.	Funding from one previously grant funded service (Breakout Youth) was incorporated into a separate procurement earlier this year. That service is now in place.
11	For the play and youth services financially supported by the Council, commissioners undertook an assessment of local need for such services, including a review of the services and activities provided, mapped against social need in the City and wider play and youth activities, engagement of existing and potential new providers, and engagement with young people in relation to their priorities in respect of such services. By way of approach, achieving future provision of established play and youth services for local communities via a procurement rather than grants also allows for better alignment of commissioning resources with outcomes. Procurement of services against a service specification with identified performance indicators allows for much more control over priorities than is typically possible when making a grant award.
Local need for play and youth services	
12.	Much of the grant funded play and youth services in the City has been established for over twenty years, and has therefore become embedded in the fabric of the City offer. More generally there is extensive evidence that at every stage, from infancy to early adulthood, exposure to a range of positive, stimulating opportunities throughout supports the normal and healthy development of children into confident, independent adults. Many of the differences between groups based upon social disadvantage appear to indicate the impact of disadvantage is most extreme when it translates into childhood environments that are poor in terms of positive opportunities for play, skills development and similar such experiences. The importance of the right activities is that they should cater to the differences of different people.
13.	In broad terms, most of the social interaction that takes place between children and young people between birth and adulthood might be called “play”. As children develop it is normal for them to pass through a number of developmental stages that mark specific steps in their physical, cognitive, social, emotional and wider development. One such difference is that as children mature they tend to think of themselves as young people, and then young adults. This development happens at different ages for each individual, but shapes changes in their interest in how they play, what they play, and who they play with.
14.	In designing a play and youth offer for 0-19 year olds it is important to bear in mind that when we talk about “play” activities, we are talking about a range of activities that generally involve children in the age range 0-14, and that youth activity generally involves young people in the age range 10-19. One activity may be either play or youth, depending upon the context, and how the participant identified with it. The personal impact and benefit of access to these activities, whether we call them “play” or “youth” are the same; normal, healthy, sociable, resilient individuals who can empathise with those around them, and who care for and about those around them.
15.	For this reason, in structuring a Play and Youth offer for the City, officers have sought to understand Play and Youth activities as separate propositions, but with recognition that there will be an overlap to ensure an offer that is inclusive and family friendly, but which also pitches itself to children and young people in terms of services and activities that they can identify with.

	Positive activities for older young people also has a wider social value. Many adults report finding the congregation of young people in groups around public areas intimidating, and this can lead to both fear of and reports of anti–social behaviour.
16.	Most consultation, with providers and with children and young people has affirmed a view that there is a continuing need for more opportunities for play and youth type activities in the City. Mapping (see Appendix 4) of the play and youth offer has indicated that there are much greater gaps in the coverage of the youth offer within the City than is the case in relation to play. Given the relative lack of independence of young people in having access to safe transportation compared to adults, this is seen as a priority that should be addressed if possible through future procurement. Existing youth provision was mapped against deprivation in the City. Deprivation is being used here as a proxy for easy access both to good or free resources either within their own household, or outside of the immediate neighbourhood they live in. Based purely upon this mapping, the main areas of high social need, not known to be covered by existing youth provision include Millbrook/ Redbridge, Thornhill Estate, Townhill, Harefield and Aldermoor.
<u>Consultation with providers of play and youth services</u>	
17.	To date there have been two specific market engagement events run for current and potential providers of play and youth activities. The purpose of these sessions was to: • Provide information about the grant review and confirm its scope in relation to play and youth funded services. • Engage with potential and current providers in relation to options for the different delivery of play and youth services from the community and voluntary sectors, especially in relation to capacity to work collaboratively in the management of larger contracts, the recruitment, induction and support of volunteers and joint efforts in relation to external funding.
18.	Whilst it was recognised that there is considerable overlap between the respective age ranges of play services and youth services, it was noted that the City's community and voluntary sector "play offer" is distinctive and different from the City's youth offer. With this in mind, the key messages taken from these events are summarised below.
19.	Key messages relating to "Play" provision in the City included that whilst there is significant goodwill between providers in relation to collaboration over specific initiatives, there is little direct experience of collaboration in relation to the joint delivery of services. It was concluded from this that there is not an existing local market for having a single lead provider for all commissioned play provision. On this basis commissioners have focussed subsequent thinking on the future market place according to specific lots relating to particular types of play offer. There did seem to be genuine interest in and commitment to collaboration between existing providers of play. This is in fact already evidenced through the annual collaboration of play organisations in the City's Annual Play Day.
20.	Key messages relating to "Youth" provision in the City also included that whilst there is significant goodwill between providers in relation to collaboration over specific initiatives, they have relatively little direct experience of collaboration in relation to the joint delivery of services. Most

	commissioned youth provision is for area specific youth projects that are managed independently of each other, and work with young people from separate communities. There is some existing synergy between provision such as Saints Foundation using area based provision to extend their own reach to bring additional activities to existing area based programmes. But this falls well short of a level of City-wide youth sector collaboration. It was concluded from this that there is not an existing local market for having a single lead provider for all commissioned youth provision. There is considerable scope, particularly in relation to youth activities for providers in the City to be more proactive in helping the young people they work with also to access positive complementary youth opportunities, such as the National Citizenship Service, which is funded from outside the City, and which has capacity to support more local young people in accessing a range of new and familiar activities to build their confidence, self-esteem, meet new people and make new friends. It was noted that there is capacity within the National Citizenship Service to benefit far greater numbers of young people in the City.
21.	Other key messages relating to both play and youth provision in the City included: • Different providers have very mixed experiences in relation to attracting external funding. More support for this aspect of future capacity will be important if the Council is to use the commissioning of play and youth offers to stimulate growth in the overall size of the local play and youth offer. There was support for the idea of links to achieve better support from Community Development services, as children and young people's community and voluntary sector organisations often feel marginalised by current arrangements. • There was some significant concern that if the Council overly focusses upon the importance of bringing in additional funding on top of any directly contracted service funding, that this might disadvantage local grass roots community and voluntary sector activity in the City by attracting bigger voluntary sector providers with no particular attachment to the City, and to the detriment of collaboration between local providers. • Whatever changes the City makes to its community and voluntary sector funding arrangements for play and youth, it is likely to have positive and negative, and planned and unplanned consequences. This being the case commissioners should at least be mindful of the timing of any changes in these arrangements. Just as schools are busiest during term times, many community and voluntary sector activities tend to be busiest during school holidays. Mobilisation periods for transition to the new service should be long (ideally 4-6 months) and tender processes should be timed to avoid disrupting preparation for activities (volunteer recruitment, DBS checks, training etc.) during school Summer holiday periods.
22.	There was no real indication of a current market-place for working under a Lead Provider arrangement. There was more enthusiasm for the idea of being part of a city-wide forum to encourage the development of both Play and Youth services in the City, statutory services awareness and understanding of them, and to facilitate and broker specific opportunities for collaboration. For example modern expectations around service standards, quality, induction and safeguarding rightly raise the bar around volunteer engagement, training and workforce development and funding opportunities. Though it was also

	noted that due to limited "corporate" capacity, meetings need to be focussed and purposeful as sometimes the sector feels that its time and trouble is taken for granted, because what their services bring to children, young people and families do not easily translate into statutory measures.
Consultation with Young People	
23.	Consultation with young people in relation to the proposal has extended across three meetings with the City's Youth Forum which brings together young people from across the City. Membership comprises young people from a number of schools, colleges, youth projects and includes the City's UK Youth MP. The first meeting happened in 2017, and encouraged the forum to describe main areas of need in the City using a map based engagement activity. This allowed young people to highlight areas of good provision and concern across Southampton and the areas just outside the City. Feedback was mainly targeted towards "youth" activity for children and young people, rather than in relation to play. Key headlines included: • The City has a really good range of activities for young people, but many of these are inaccessible due to cost, transport accessibility and/or when they are open not suiting young people. • There are quite a few areas of the City (often linked to deprivation) where young people are concerned that public spaces are not "safe" and there is fear of violence, crime as well as drug-dealing. This is a barrier to young people feeling able to use them as they otherwise might. • Having safe, positive places to do things is good for young people's confidence, their ability to settle into a new area, find and make friends and to discover interests and talents. For the youth offer to work best, it needs to offer a range of activities. School / college based activities are often good, but can exclude those young people that do not attend that school or college. • There was definite agreement from young people that support for youth activities would promote positive mental health outcomes. Many young people concerned about mental health don't need specialist mental health support, they need safe people to talk to, and things to do that allow them to relax and have fun. • It should be easier for young people to find out about activities that might interest them in their area, especially for young people who might be new to the area.
24.	Part of the Youth Forum's wider role has been to identify more broadly young people's concerns about the City and priorities for improvement. These have been recently updated in Southampton for 2018-19 and include concerns about: 1. Knife crime. 2. Mental health and emotional wellbeing. 3. Opportunities for skills development and employment prospects. 4. Concerns about homelessness. Whilst not directly transferable to play and youth provision, priority 1 has implications for whether young people feel that seemingly free open space in the City is actually accessible for safe congregation and recreation. There was strong agreement that good and varied youth provision would contribute to positive mental health outcomes (priority 2).

25.	In terms of priority areas for council funded youth provision it was agreed that: • The two main areas of the City currently supported by youth projects (Weston and the St Mary's / Newtown / Nicolstown and Northam areas) do remain high priority areas for youth projects. • There are also a range of other areas not felt to have sufficient area based youth activities. A number of areas were specifically mentioned, including: Coxford/Aldermoor, Harefield/ Townhill Park, Sholing / Bitterne and Thornhill.
26.	In terms of what constitutes an attractive youth offer beyond area based activity, discussions with the Forum identified a range of activities that potentially interest young people. These include sports based activities (including water based activities), performing arts (music, dance, drama), art and craft based creative activities, game based activities (including computer based games), nature based activities (conservation, walking) and a range of other specific skill based activities (e.g. bicycle repair and maintenance).
Wider consultation	
27.	In addition to the above consultation wider discussions, including at Cabinet Member Briefings have identified that future procurement of play and youth services should: • Be needs based, with a particular emphasis given to areas of relatively high socio-economic deprivation, and to areas with limited existing provision outside of council commissioned provision. • Encourage providers to collaborate, especially in relation to avoiding duplication of provision, and/or council funded provision competing against existing provision that does not have the benefit of such funding. • Be open to new providers and / or models of delivery where this can improve the accessibility and reach of the offer, and encourage innovation in the sector. • Focus the majority of any additional funding on addressing the areas of greatest shortfall which were seen to be in relation to youth provision for older young people in the City.
28.	Beyond specific consultation in relation to the details of this procurement to develop a locally commissioned play and youth offer commissioners have also given consideration to consistent messages from Southampton Residents' Satisfaction Surveys that things to do for children and young people should be a priority for improvement.
Proposed procurement approach for play and youth offer	
29.	The proposed model of future play and youth provision is informed by the needs mapping, assessment and consultation work carried out to date, together with some work that has been carried out to evaluate potential future service models. If authority to procure is secured it is proposed that the content of the final procured play offer as described in the service specifications along with the arrangements for calling off contracts and the tender documentation, and the final longer term grant funded youth offer will be subject to more detailed consultation with children and young people (via the Youth Forum) and with the Cabinet Member for Aspiration, Schools and Lifelong Learning, and the Cabinet Member for Homes and Culture.

30.	In relation to the “Play” offer, commissioners anticipate a procurement that centres around three lots that would be part of the wider “play and youth procurement. A separate standalone procurement to secure the maintenance and continuing availability for use by others of facilities at Weston Adventure Playground is also proposed, as set out previously. In relation to the three “Play” Lots in this wider procurement, it is anticipated that each would result in awards to only one provider: • Promotion of City-wide adventure play and holiday play schemes. One provider would lead the management and delivery of this contract, though where appropriate they would be welcome to work with other providers, including through sub-contracting arrangements. • Provision of City-wide play between parents and toddlers and the management, maintenance and delivery of a toy library service. One provider would lead the management and delivery of this contract, though where appropriate they would be welcome to work with other providers, including through sub-contracting arrangements. Provision of parenting and family support services alongside supervised play for under fives for a guaranteed number of families referred into the service, with anticipated options for payment on a family by family basis for extra families supported. It is anticipated that only one provider would lead the management and delivery of this contract, working closely with Children and Families services.
31.	In relation to the “Youth” offer, commissioners anticipate a procurement that centres around two lots, subject to approval and final arrangements for confirmation and finalisation either of which might result in awards to more than one provider: • Area based youth programmes where one provider runs a range of positive diversionary activities for young people living in an area, perhaps working with other providers to extend that offer in relation to sports, arts, cultural, dance, music or other interest based activities. • City-wide youth programmes that provide opportunities for young people from across the City to experience a particular type of activity. These might be wide ranging: sports, arts, cultural, dance, music or other interest based activities. It is envisaged that these might be delivered by providers of such activities working with others (schools, colleges, church halls, community centres, area based youth programmes) to offer activities not otherwise easily accessible to young people, and which allow them to develop specific skills and experiences. This might be complemented by delivery from a specific venue (if it is accessible), but not solely from such premises.
32.	Whilst a small figure in commissioning terms, the proposed net investment of £30,000 of CAMHS Prevention Funding, from the Clinical Commissioning Group, into this procurement will have a significant impact on the overall future level of funding we are looking to commission from the sector for these services. Overall the proposed procurement would represent an additional net investment in play and youth activities compared to the equivalent “commissioned” offer that it would replace equivalent to around 15%. The significant majority of the additional funding,£25,000 p.a. ,would be allocated to youth related provision rather than play, as needs assessment indicates that there are many more gaps in provision City-wide in relation to youth

	activities for young people than is the case in relation to play activities. A smaller increase in net investment £5,000 p.a. would be allocated to the play related provision.
33.	In relation to Weston Adventure Playground, there is an additional complication in that the facility supported by grant funding has a unique status that does not lend itself to market testing. Weston Adventure Playground was established using awards from the Millennium Fund to establish a high quality facility for safe, adventure play on the Weston Estate. The Council supported the application for this funding through the leasing of its land upon which the facility was established. As the Council was not eligible to receive the funding, the buildings and facilities established on this land are not owned by the Council, but by an independent charitable trust for Weston Adventure Playground. Without a certain level of funding to maintain the safety and quality of these facilities, there is a risk this facility would need to close.
34.	Since there is no conceivable marketplace of providers for maintaining the operation of Weston Adventure Playground, commissioners recommend that a maintenance contract is directly awarded to the current trustees to the facilities managed through the site, stipulating under that contract key expectations that the facility will maximise play and youth opportunities for children and young people in that area, and for the City as a whole.
Services proposed for inclusion in play and youth procurement that were not previously SCC Grant funded	
35.	Also incorporated into the recommended model is a separate play lot to support the future commissioning of Family Support services for struggling families with pre-school age children, (including supervised play). This service is currently commissioned as a stand-alone provision. Its incorporation into this procurement will help ensure a commissioning of provision that supports the widest possible approach to joining up play and youth activities that support family life in seeking to give Southampton children a good start in life, and help to maximise service awareness of the commissioned offer. This will also prove a better use of council resources than would be achieved by continuing to commission such services under separate procurements.
RESOURCE IMPLICATIONS	
Revenue	
36.	The grant funded play and youth services covered by this report are described for context in Appendix 1. The other (currently commissioned through a separate procurement) service recommended for inclusion in the scope of this report is described in more detail for context in Appendix 2 to this report with an illustrative overview of the funding also set out in Appendix 3. For ease of reference, the current services (and current annual equivalent funding) from which the proposed SCC contribution to this procurement would come include totals £198,515 per annum from current budgets. This is currently spent according to the following allocations: • Southampton Community Play Association - £62,455 • Southampton Community Playlink - £24,599 • Weston Adventure Playground - £20,115 • Weston Church Youth Project - £28,265

	• Cityreach Youth Project - £25,341 • Saints Foundation - £14,740 • Avenue Project - £23,000
37.	One year grant allocations for 2018-19 were made to the above organisations at the above amounts following a closed grant refresh exercise during February and March 2018. This also provided more up to date information for the Council in relation to the activities and services run by each provider, the numbers benefitting from them, and wider information in relation to their management, governance and wider funding.
38.	In addition, Southampton City Clinical Commissioning Group (SCCCG) are proposing investment from CAMHS Future in Mind funding to contribute to preventative mental health resilience and early help mental health / emotional wellbeing capacity in respect of community and voluntary sector capacity, skills and training. The additional funding (£30,000 per annum for the life of the contract period) seeks to better recognise and utilise the role that the community and voluntary sector play in helping children and young people cope with, and find help in relation to situations that are damaging their mental health and emotional wellbeing. It is intended to increase the value of existing community and voluntary sector capacity, and to build upon current SCC investment, not to replace funding reductions.
39.	The total funding available therefore comes to a total annual equivalent value of £228,515 p.a. It is proposed that it be split across the procurements and Lots recommended in this report as follows: • Play related provision - £115,054 p.a. • Youth related provision - £93,552 p.a. • Direct award to Weston Adventure Playground - £20,000 p.a.
40.	The above sources of funding and planned expenditure are summarised as follows:

Proposed Funding per annum	£
Southampton City Council	
Grants to voluntary organisations	
Southampton Community Play Association	£62,455
Southampton Community Playlink	£24,599
Weston Adventure Playground	£20,115
Weston Church Youth Project	£28,265
Cityreach Youth Project	£25,341
Saints Foundation	£14,740
Children Services commissioned Services	
Avenue Project - funding from troubled families for 2019/20 and then from Early Help in subsequent years.	£23,000
Southampton City Clinical Commissioning Group	
CAMHS Future in mind	£30,000

	Total proposed funding	**£228,515**
	Proposed procurement	
	Play related provision	£115,054
	Youth related provision	£93,461
	Direct award to Weston Adventure Playground	£20,000
	Total proposed procurement	**£228,515**
41.	The proposed timescale for taking forward this procurement if approved would see service specifications, contract call-off arrangements and other tender documentation completed between now and February 2019. This pre tender period would also include communication with the potential provider market. It is anticipated that a tender process would run between mid-March and mid-May 2019, with evaluation starting in May 2019 and contract awards being recommended in June 2019. It is envisaged that new services will commence around October 2019. As grants for the services currently commissioned through play and youth grants are due to expire on 31 March it is recommended that authority is delegated at this time to extend any existing grants as necessary to ensure there are no periods where important community and voluntary sector services would be unfunded during the 2019-20 financial year where this would undermine the financial stability of potential play and youth providers. Progression of the proposed direct award of a maintenance contract with Weston Adventure Playground will be progressed with SCC procurement as soon as possible so that negotiations with the Trustees can start in early January for incorporation into wider service specifications of details about the play and youth service facilities this will open up for additional delivery. KRP	
Property/Other		
42.	The Council owns the land upon which Weston Adventure Playground is built. The buildings and play facilities on the land are owned by the charitable trust that runs Weston Adventure Playground. If maintenance of these facilities were to fail as a result of this commissioning, it is understood that costs for the maintenance of the facilities on this land would ultimately rest with the Council. It is understood that a restrictive covenant for 25 years from the development of the facility (in 2001) ensures that the use of the buildings and facilities on this land are for play purposes. It is understood that failure to comply with this could result in clawback of this investment by the Big Lottery Fund on behalf of the original investor.	
LEGAL IMPLICATIONS		
Statutory power to undertake proposals in the report:		
43.	S.1 Localism Act 2011 permits a Council to do anything a private citizen may do in the furtherance of its functions provided it is not otherwise prevented from doing so by any statutory restriction (the general power of competence). The proposals within this report are within the scope of this power and not otherwise prevented by other statutory requirements or restrictions.	

Other Legal Implications:	
44.	Changes in the long standing grant allocations by local authorities have been subject to judicial review in England from time to time. Depending upon the outcome of the change from grant award to contract (in the case of proposals for services that support play) and changes in grant award (in the case of proposals relating to services that support youth activity) it is possible that individual organisations might challenge the process followed by the Council. Officers have worked to reduce the risk of such challenge through engagement with current providers, responding to their concerns (for example in relation to the timing of tenders), and ensuring that proposed changes are well communicated, and reflect real changes in community needs and the priorities of the City. Changes to grants are required to be consulted on in accordance with the requirements of the local consultation compact and taking into account the Councils duties in accordance with the Equalities Act 2010. An equalities impact assessment to understand the impact of the grant proposals has been completed to inform the decision in this regard.
CONFLICT OF INTEREST IMPLICATIONS	
45.	None.
RISK MANAGEMENT IMPLICATIONS	
46.	The main risks associated with changing the model through which the Council and its commissioning and service partners commission the future provision of play and youth services include: 1. Loss of established providers, and associated external funding to the City could undermine existing patterns of referral from statutory services and make it harder for children, young people, families and professionals to connect to community based services that might help them. Management of this risk will be achieved by a fair, but simple procurement process that encourages the participation of community and voluntary sector providers of play and youth activity, reflective of their corporate capacity to participate in procurement tender processes. 2. Loss of Weston Adventure Playground to the delivery of play and youth activity, and associated additional risk of financial obligations for the Council in maintaining protection of these facilities if they are lost to use. It is proposed to manage this risk through exploring scope for direct award of contract for the maintenance and management of this site. 3. Risk of legal challenge to the outcome of the procurement is always a potential risk with any procurement. In practice, this is not significantly different to the potential risk of challenge to changes in grant awards. Management of this risk will be achieved through an inclusive, proportionate and fair procurement process.
POLICY FRAMEWORK IMPLICATIONS	
47.	The proposals in this report are consistent with the Council's policy framework, the City's Health and Wellbeing Strategy and the Southampton City CCG's CAMHS Local Transformation Plan.
KEY DECISION?	**Yes**
WARDS/COMMUNITIES AFFECTED:	The proposals affect children, young people and parents/carers in all wards, especially in areas of deprivation where

	current services are mainly based.

SUPPORTING DOCUMENTATION

Appendices	
1.	**Overview of current grant funded play and youth activity in scope for this potential procurement**
2.	**Overview of other current commissioned services in scope for this potential procurement**
3.	**Illustrative Financial Modelling of the two recommended procurements (using current funded services)**
4.	**Mapping Play and Youth provision against need**
5.	**Equality Impact Assessment – Play and Youth**

Documents In Members' Rooms

1.	None

Equality Impact Assessment	
Do the implications/subject of the report require an Equality and Safety Impact Assessment (ESIA) to be carried out.	**Yes**

Privacy Impact Assessment	
Do the implications/subject of the report require a Privacy Impact Assessment (PIA) to be carried out.	**No**

Other Background Documents
Other Background documents available for inspection at:

Title of Background Paper(s)		**Relevant Paragraph of the Access to Information Procedure Rules / Schedule 12A allowing document to be Exempt/Confidential (if applicable)**
1.	None	

Appendix 1 - Overview of current grant funded play and youth activity in scope for this potential procurement

Organisation	Annual grant value	Summary of current services
Southampton Community Play Association (SCPA)	£62,455	SCPA receive grant funding as a major voluntary sector provider of holiday play schemes for children and young people (aged 5-12). The activities that they provide offer a significant level of community development and capacity building (their delivery model is heavily dependent upon recruiting and developing volunteers), positive engagement of children and young people and diversion of them from boredom, crime, nuisance and anti-social behaviour. As young people move beyond Age 12 they can remain involved through volunteering. SCPA are based centrally but operate and facilitate play scheme opportunities City-wide, but focussed upon areas of deprivation, and complementing other play provision in those areas that have additional capacity in this regard. They also arrange the City's annual playday.
Southampton Community Playlink (SCP)	£24,599	Southampton Community Playlink (SCP) receive grant funding as a major voluntary sector provider of toy library and associated toy loan for children and young people (aged 0-14) via parents and support to affiliated Toddler groups. The activities that they provide offer a significant level of community development and capacity building (their delivery model is heavily dependent upon recruiting and developing volunteers), positive engagement of children and young people and promoting accessible play opportunities that helps parents to provide a stimulating and active home play environment on low income, and which is rich in toys that promote interaction between parents/carers and their children, and physically active play. Stimulating play in young children helps to promote good brain development and supports the development of social skills. SCP are based centrally but operate and facilitate play opportunities City-wide, mainly through toy libraries facilitated alongside Children's Centres and links to Toddler groups. They also arrange the City's annual playday. Commmunity Playlink's grant funding provides services that work towards the following aims: • To give targeted support and make scheduled visits to Community Playlink affiliated Parent and Toddler Groups. • To provide a co-ordinated Toy Library Service for children aged 0 14 years on a static and/or mobile basis.
Weston Adventure Playground	£20,115	Weston Adventure Playground (WAP) receive grant funding of £20,115 to staff and run the play facility known as Weston Adventure Playground, a facility in the Weston (West Wood) area that offers supported and open access high quality, safe and fun play opportunities for local children (5-14) and families. The activities that they provide offer a significant level of community development and capacity building (their delivery model is heavily dependent upon

Organisation	Annual grant value	Summary of current services
		recruiting and developing volunteers), positive engagement of children and young people and promoting accessible play opportunities that helps parents to access a stimulating and active play environment on low income. Stimulating play in young children helps to promote good brain development and supports the development of social skills. WAP are based in the Weston area of Southampton, and serve communities (children and families) only in that part of the city. They are understood to link with other play organisations as part of city-wide initiatives. WAP's grant funding provides services that includes:- • offering play opportunities to 5 – 14 year olds, both inside and outside the building • offering focussed activities in the school holidays • supporting families, especially young mothers • offering facilities for schools and groups • supporting Sure Start's work with under 5s In addition to the outside playground equipment, WAP also provide many art and craft activities inside the building, especially during the school holidays. In terms of management and leadership, Weston Adventure Playground works closely with Weston Church Youth Project.
Weston Church Youth Project	£28,265	The Weston Church Youth Project runs clubs, trips and residentials for young people in Weston, Southampton. Each week the project works with around 150 young people. It provides a safe, fun environment for young people after school or in evenings and offers social groups for all ages as well as providing access to technology and encouraging healthy living. Since registering with Localgiving.com, Weston Church Youth Project has had the opportunity for matched funding and to receive online donations with Gift Aid, as well as the benefit of being vetted by the Hampshire and Isle of Wight Community Foundation. Using local fundraising each year Weston Church Youth Project takes young people on summer holidays, including those who could not normally afford the reduced holiday camp rates. Provides support and activities for children and young people, including confidence and mental health and wellbeing. Also work closely with local schools to target children identified as needing support or activities during school holidays.

Organisation	Annual grant value	Summary of current services
		In terms of management and leadership, Weston Church Youth Project works closely with Weston Adventure Playground.
Cityreach Youth Project	£25,341	Cityreach Youth Project runs two dedicated youth centres across Southampton providing a range of free activities for young people: Northam (Northam 521 Club), St Marys (The Underground). These communities are all very different and the project works to break down boundaries, barriers and tensions between young people from these two Estates, and to provide a mix of activities that remains relevant to the interests and needs of a group of young people who have much diversity in their ethnic and cultural backgrounds to create a cohesive and integrated diverse community within the project. All group activities and sessions are free and provide the young people visiting the two centres with free hot and cold drinks and snacks. Residential and day trips are used to provide opportunities for young people to widen their horizons and gain new experiences. Many of the young people who we work with have never travelled outside of Southampton and have very limited access to sport or *leisure facilities. Activities include:* • *Healthy eating & cookery sessions* • *Computer training* • Homework clubs • Health Advice • Drug awareness projects • Self-defense classes • Graffiti projects • Music & video projects • Mountain bike project
Saints Foundation	£14,740	Provision of a Friday night activity programme for young people aged 10-19 year olds in 3 priority areas of the city and in other areas via some secondary school based provision, mainly in the West and North of the City. Provision includes a peripatetic weekly session supporting the programme with non-football activities such as, music workshops, dance, boxing and drama which complement the Friday night sessions along with activity provision during the Summer School holiday periods, a period which again historically has seen a spike in ASB. Project funding supports a Project Officer responsible for the delivery of a programme which contributes to: • ensuring the target age range attend the sessions on a frequent basis. • Marketing & promotion of sessions. • Recruit, train, retain and manage delivery staff across 4 weekly venues.

Organisation	Annual grant value	Summary of current services
		• Encouraging young people's participation in education, employment or training. • Reducing levels of physical disorder, such as broken windows, graffiti or litter, and ASB in areas of multi deprivation through engagement in diversionary activities. • Improved public perception of crime and ASB in the City. • Reduced risk of young men aged 16-24 being victims of crime. • Increased physical activity across the lifespan, particularly in childhood to create a healthy active blueprint for life.

Appendix 2 - Overview of other current commissioned services in scope for this potential procurement

Organisation	Annual contract value (current)	Summary of current services
Avenue Centre Project	£23,000	The Avenue Centre Project is a targeted Family Support service that combines the provision of a high quality supervised play offer for under fives with a tailored package of support for their parents. The target group for this service is vulnerable families with (at least one) child under school. The City has commissioned support from the Avenue Centre project for over 20 years. It has grown from its early routes as a supported stay and play/ short term play respite for struggling parents to a more personalised offer that works with children and parents within families exposed to domestic abuse, mental health, substance misuse, learning difficulties, basic skills and support with return to work. The Project looks to build parenting confidence and competence through evidence based parenting courses, together with more tailored and practical support for families affected by issues such as no recourse to public funds. In addition to this the project provides personal support for parents in relation to practical things like getting to health and social care appointments, helping them with things like lifts, responsible childcare arrangements etc. Finally the service supports parenting and personal capacity through a range of shared basic skills offers in relation to preparing and cooking healthy food, budgeting, preparing for job interviews and using shared activities in free facilities like parks to build attachment, shared experiences, and the use of nature, fresh air and outdoor play to raise spirits and boost health physical activity levels.

Appendix 3 – Illustrative Financial Modelling of the two recommended procurements (using current funded services)

The following table is illustrative. It sets out how the existing services in scope for this procurement would translate into the proposed procurement. The recommended award period is 4 years for both procurements, but the equivalent figures for Procurement 1 do not reflect the proposed full tender budget as this will also include additional CCG CAMHS Future in Mind preventative funding of £30,000 per year (£120k over the 4 year life of the contract).

Provider	Anticipated Lot where similar future such services would sit	Current Annual Equivalent Funding	Equivalent 2 year Contract Value	Equivalent 3 year Contract Value	Equivalent 4 year Contract Value	Equivalent 5 year Contract Value
Procurement 1 - 5 Lots						
Southampton Community Play Association	1	£62,455	£124,910	£187,365	£249,820	£312,275
Southampton Community Playlink	2	£24,599	£49,198	£73,797	£98,396	£122,995
Avenue Project	3	£23,000	£46,000	£69,000	£92,000	£115,000
Weston Church Youth Project	4	£28,265	£56,530	£84,795	£113,060	£141,325
Cityreach Youth Project	4	£25,341	£50,682	£76,023	£101,364	£126,705
Saints Foundation	5	£14,740	£29,480	£44,220	£58,960	£73,700
Total		£178,400	£356,800	£535,200	£713,600	£892,000
Procurement 2 - Single lot - Direct Award if possible						
Weston Adventure Playground	Recommending separate procurement	£20,115	£40,230	£60,345	£80,460	£100,575

Appendix 4 – Mapping current play and youth provision in the city

Play and youth provision in Southampton by Locality

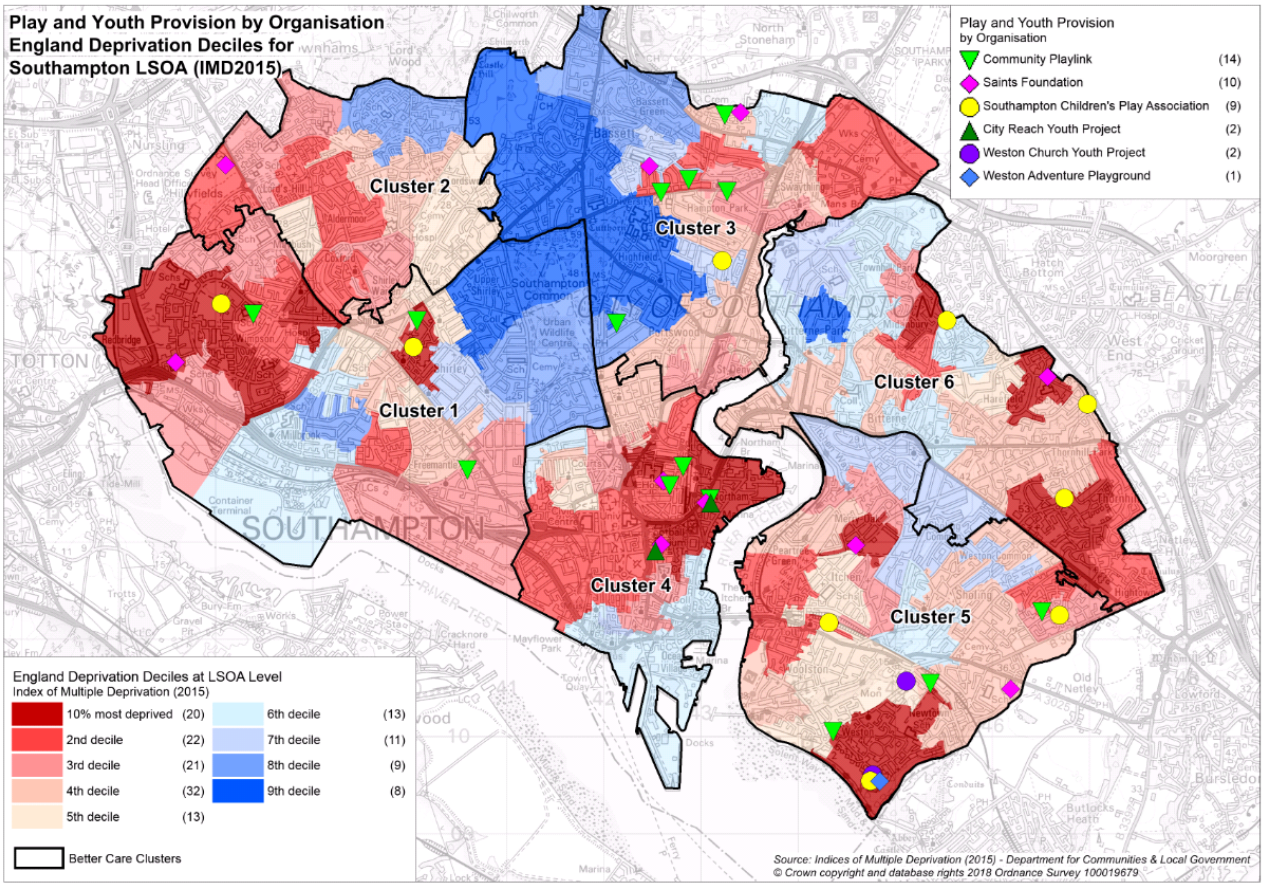
This appendix provides an overview of the different ways that we have attempted to use mapping to match current City Council investment in play and youth activities against local need. To help illustrate this, a series of plans have been commissioned through the SCC Intelligence Team and the Family Information Service. The following pages set out the following maps which show the following views of play and youth provision in the City, to try and help highlight potential specific gaps in provision that might provide cause for concern when commissioning future services:

SCC funded play and youth activity - Overview

The map below highlights known bases for play and youth activities in Southampton that are currently funded through grant programmes in the scope of the planned procurement of Play and Youth Offer. The offer of specific providers is set out using the map key to the top right of Fig 1 below. From this it can be seen that whilst there is relatively even coverage of play provision activities throughout the City, youth provision is more geographically restricted to the City Centre and the East of the City. There is some provision (linked to secondary schools and other youth projects around the City, but also significant gaps between this provision, especially in relation to open access community based youth provision.

What cannot be seen here is the range of provision in those areas that has been established and is maintained without funding from Southampton City Council. The spread of this provision set out in the next three maps (Figs 2-4), looking more closely at each locality in turn.

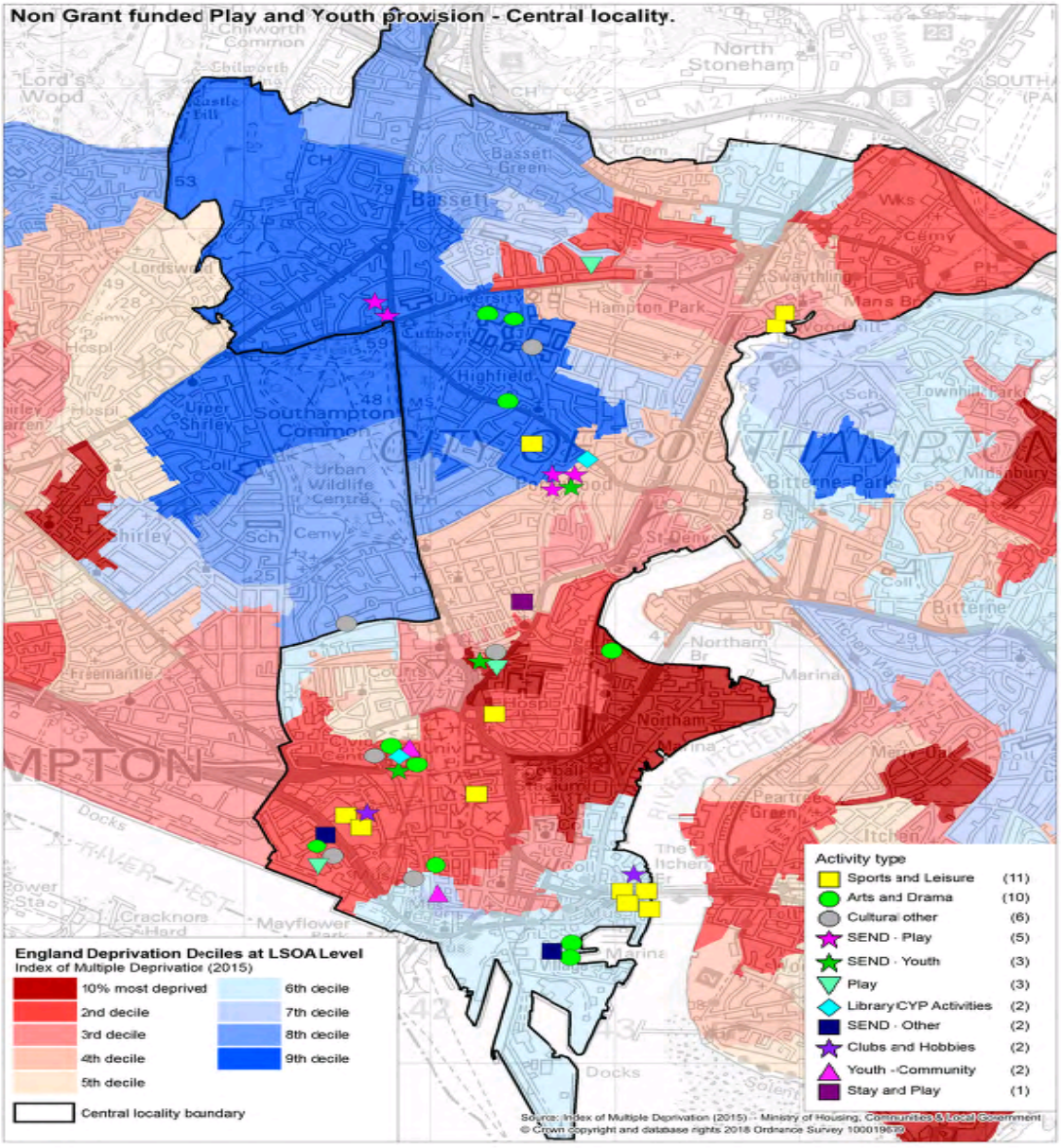
Fig 1. SCC Funded Play and Youth Activity in Southampton, mapped against local deprivation and Better Care Cluster locality boundaries



Non SCC funded play and youth activity in Central Locality- Overview

The map below highlights known bases for Central locality play and youth activities in Southampton that are currently funded independently of the SCC grant funding programmes, though some activity may be linked to other public funding relating to arts, heritage, cultural or sport based activities. The type of activity (rather than the specific provider) is set out using the map key to the top right of Fig 2 below. From this it can be seen that whilst there is quite a lot of such provision there are parts of the Central Locality (particularly to the North East of the locality, and to a certain extent to the South East where there is limited access to non-funded play and youth activity. Comparing this with Fig 1 tends to indicate that the main potential gaps in provision seem to lie in the North East of this locality around Flower Roads, Swaythling and Mansbridge. More consultation is needed with young people in communities in those areas to test both the accuracy of this assessment and to determine what options there might be for addressing such a gap.

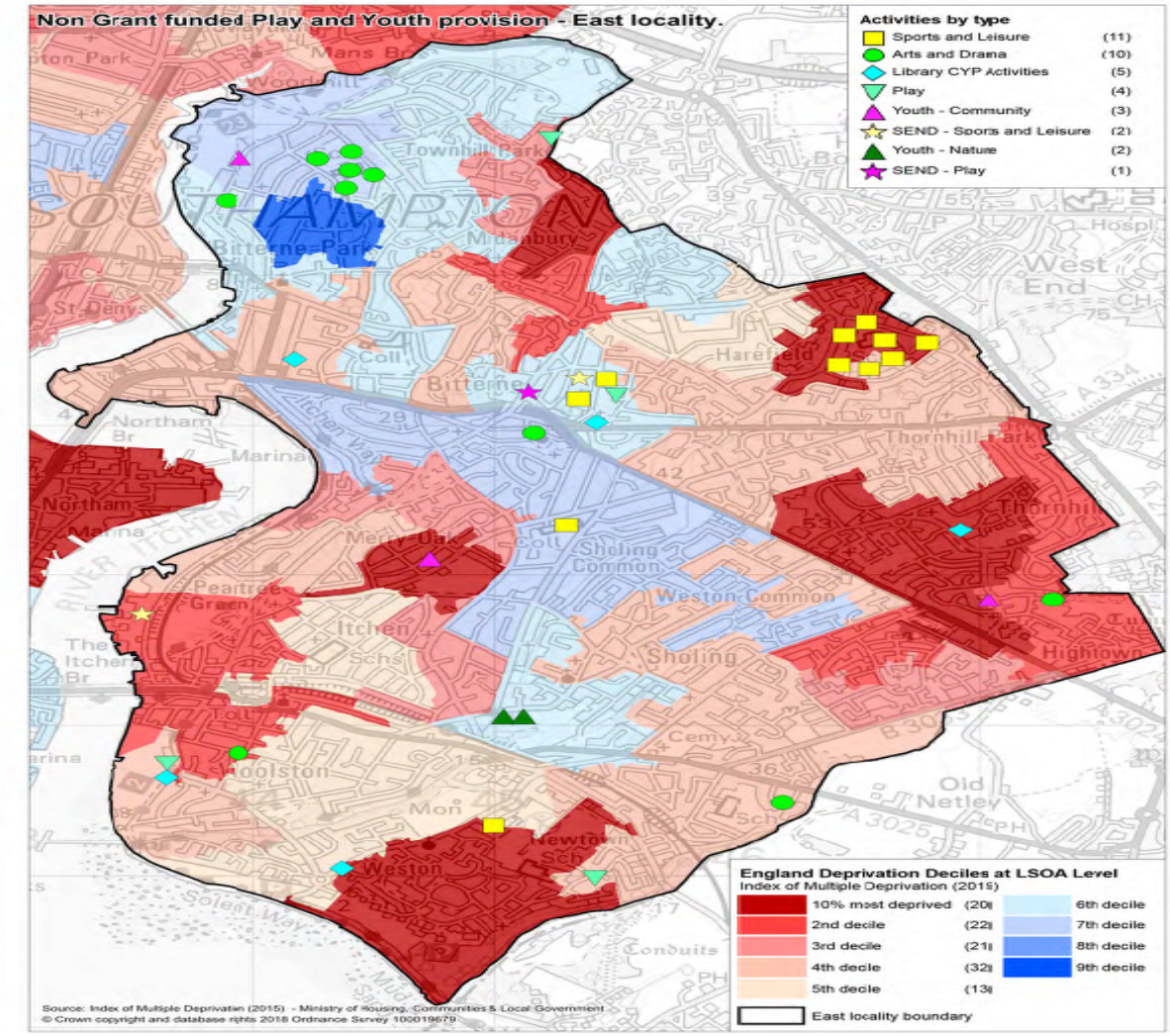
Fig 2. Non SCC funded Play and Youth activity – Central Locality, mapped against local deprivation



Non SCC funded play and youth activity in East Locality- Overview

The map below highlights known East locality bases for play and youth activities in Southampton that are currently funded independently of the SCC grant funding programmes, though some activity may be linked to other public funding relating to arts, heritage, cultural or sport based activities. The type of activity (rather than the specific provider) is set out using the map key to the top right of Fig 3 below. From this it can be seen that whilst there is quite a lot of such provision there are parts of where the provision on offer is closely associated with a secondary school, and therefore not wholly accessible to non pupils of that school living in that community. There is some provision in the Thornhill area (Bitterne ward), but not a great deal given that this area does not have a secondary school will associated facilities, and that this area, though among the City's most deprived, does not benefit from the SCC funded youth activities that currently benefit some of the more deprived communities in the South of the East Locality around Weston. More consultation is needed with young people in communities in those areas to test both the accuracy of this assessment and to determine what options there might be for addressing such a gap.

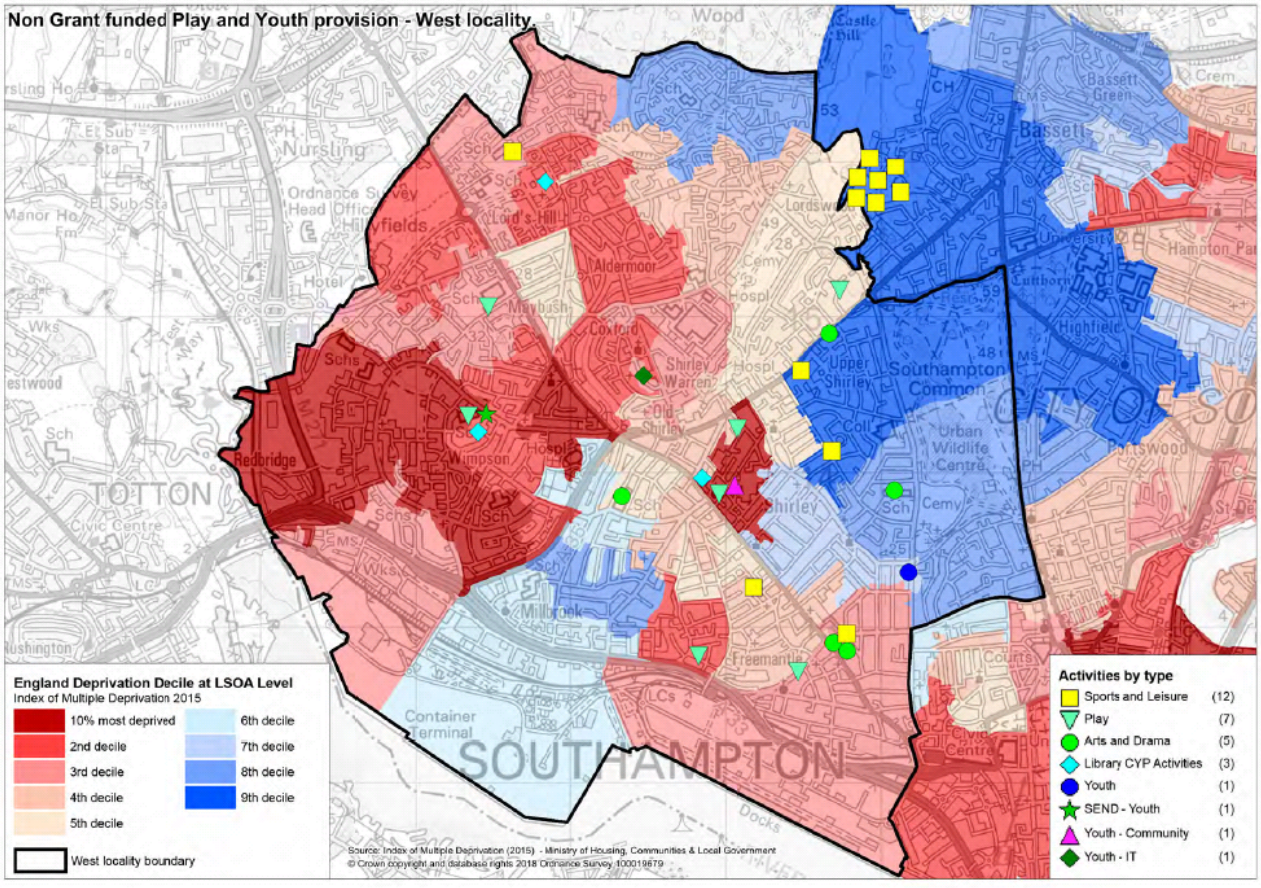
Fig 3. Non SCC funded Play and Youth Provision – East Locality, mapped against local deprivation



Non SCC funded play and youth activity in West Locality- Overview

The map below highlights known West locality bases for play and youth activities in Southampton that are currently funded independently of the SCC grant funding programmes, though some activity may be linked to other public funding relating to arts, heritage, cultural or sport based activities. The type of activity (rather than the specific provider) is set out using the map key to the top right of Fig 4 below. From this it can be seen that whilst there is quite a lot of such provision there are parts of where the provision on offer is closely associated with a secondary school, and therefore not wholly accessible to non-pupils of those schools living in this community. There is little by way of provision in the Millbrook and Redbridge area (deep red to the West of the Map), though the area does benefit from several secondary schools, many of which either have their own provision, or which work with SCC funded Saints Foundation activities (see Fig 1). This locality does not benefit from a specific community based youth project equivalent to those in the East and/or Central areas. Similarly there is relatively little range of youth provision in the Aldermoor area to the north east of the Locality. More consultation is needed with young people in communities in those areas to test both the accuracy of this assessment and to determine what options there might be for addressing such a gap.

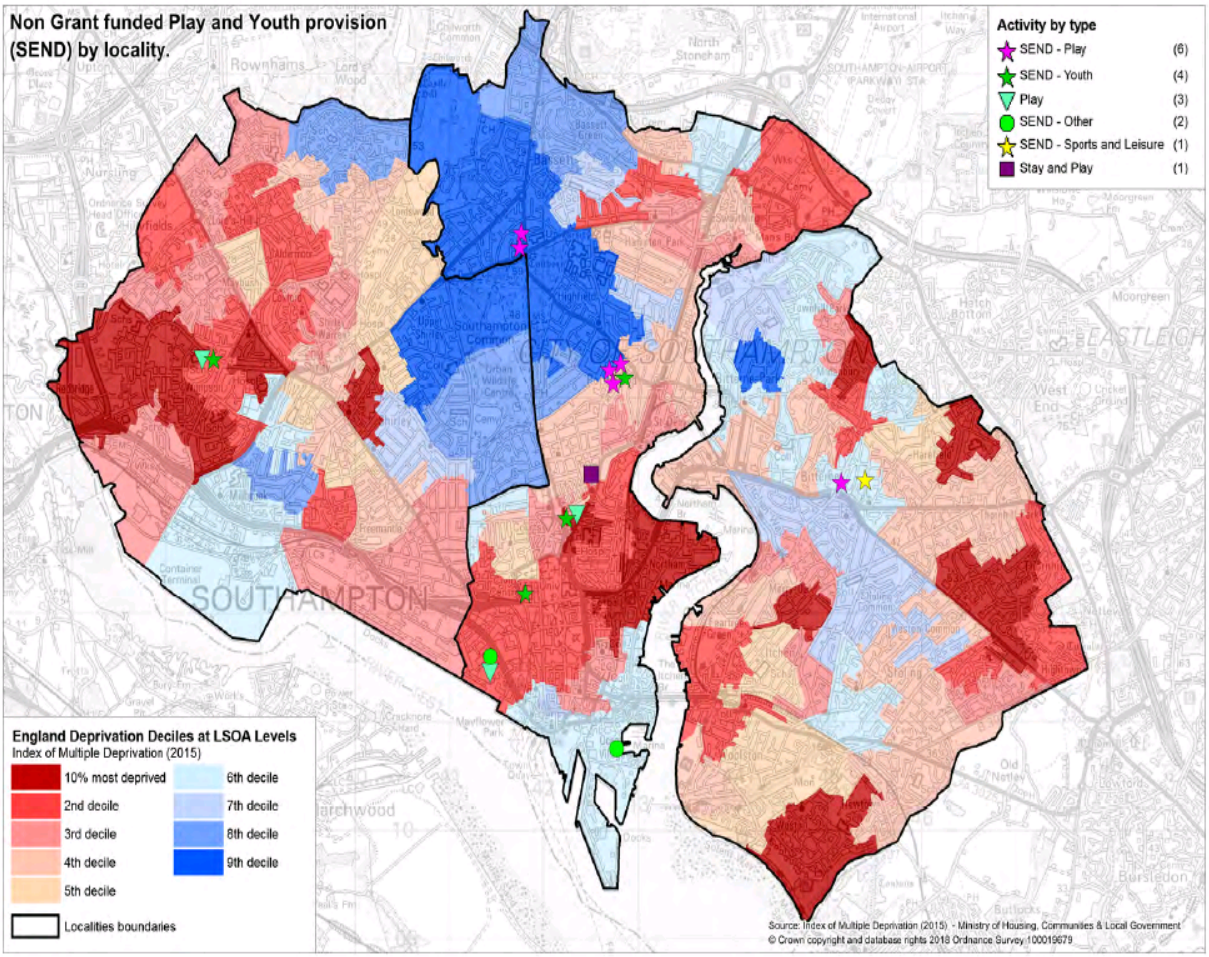
Fig 4. Non SCC funded Play and Youth Provision – West Locality, mapped against local deprivation



Play and youth provision for children and young people with SEND in Southampton - Overview

The map below highlights known City-wide dedicated bases for play and youth activities in Southampton for children and young people with SEND. Whilst SEND provision is subject to separate support that is to be addressed through short breaks, the main highlights from mapping existing play and youth provision would be that there appears to be relatively little provision on the East or the West of the City, with most provision concentrated in the Central locality. Overall there is more support for SEND Play activity in the northern parts of the Central locality, with the majority of youth provision concentrated in the southern parts of the locality. More consultation would be needed with young people in communities in those areas to test both the accuracy of this assessment and to determine what options there might be for addressing such a gap.

Fig 5. Play and Youth provision for children and young people with SEND in Southampton, mapped against local deprivation



SOUTHAMPTON CITY COUNCIL

Equality and Safety Impact Assessment

The **public sector Equality Duty** (Section 149 of the Equality Act) requires public bodies to have due regard to the need to eliminate discrimination, advance equality of opportunity, and foster good relations between different people carrying out their activities.

The Equality Duty supports good decision making – it encourages public bodies to be more efficient and effective by understanding how different people will be affected by their activities, so that their policies and services are appropriate and accessible to all and meet different people's needs. The Council's Equality and Safety Impact Assessment (ESIA) includes an assessment of the community safety impact assessment to comply with section 17 of the Crime and Disorder Act and will enable the council to better understand the potential impact of the budget proposals and consider mitigating action.

Name or Brief Description of Proposal	Community based Play and Youth provision for 0-19 year olds
Brief Service Profile (including number of customers)	This relates to future procurement of play and youth services that will replace grant based commissioning of services to support community based play and youth activity in future.
Summary of Impact and Issues	Overall the proposals should implement a net increase in commissioned play and youth activity to benefit local 0-19 year olds. Some local negative impacts are possible if existing historic services are decommissioned, but the new services that replace them should have a net overall positive effect on outcomes for children and young people.
Potential Positive Impacts	There should be a number of potential positive impacts in terms of improved access, especially in relation to community based youth activities.
Responsible Service Manager	Tim Davis
Date	27 November 2018

Approved by Senior Manager	Donna Chapman
Signature	
Date	

Potential Impact

Impact Assessment	Details of Impact	Possible Solutions & Mitigating Actions
Age	The proposed procurement will mainly affect children and young people (0-19) by changing the mechanism through which these services are commissioned.	The overall implications of this change should be positive. This proposal itself is a mitigation against the inequities if the current system for allocating funding.
Disability	No specific effect anticipated.	Not applicable.
Gender Reassignment	No specific effect anticipated.	Not applicable.
Marriage and Civil Partnership	No specific effect anticipated.	Not applicable.
Pregnancy and Maternity	There will be some impact upon families with very young and young children that might affect women during pregnancy and maternity, but not negatively.	The overall implications of this change should be positive. This proposal itself is a mitigation against the inequities if the current system for allocating funding.
Race	No specific effect anticipated.	Not applicable.
Religion or Belief	No specific effect anticipated.	Not applicable.
Sex	No specific effect anticipated.	Not applicable.
Sexual Orientation	No specific effect anticipated.	Not applicable.
Community Safety	Improvements sought in the availability of youth provision	The overall implications of this change should be

Impact Assessment	Details of Impact	Possible Solutions & Mitigating Actions
	through these proposals should impact positively on community safety, especially in relation to crime and anti-social behaviour affecting young people.	positive. This proposal itself is a mitigation against the inequities if the current system for allocating funding.
Poverty	Improvements sought in the availability of youth provision should improve accessibility of positive activities for young people living in poverty.	The overall implications of this change should be positive. This proposal itself is a mitigation against the inequities if the current system for allocating funding.
Other Significant Impacts	Improvements sought in the availability of youth provision should improve mental health and emotional wellbeing in young people.	The overall implications of this change should be positive. This proposal itself is a mitigation against the inequities if the current system for allocating funding.

This page is intentionally left blank