

DECISION-MAKER:		CABINET MEMBER FOR CHILDREN'S SOCIAL CARE FOLLOWING CONSULTATION WITH JOINT COMMISSIONING BOARD	
		CABINET MEMBER FOR HEALTH AND ADULT SOCIAL CARE FOLLOWING CONSULTATION WITH JOINT COMMISSIONING BOARD	
SUBJECT:		PHOENIX @ PAUSE SOUTHAMPTON: BUSINESS CASE FOR A SUSTAINED SERVICE	
DATE OF DECISION:		21 OCTOBER 2021	
REPORT OF:		EXECUTIVE DIRECTOR WELLBEING (CHILDREN AND LEARNING)	
<u>CONTACT DETAILS</u>			
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STATEMENT OF CONFIDENTIALITY			
Not applicable			
BRIEF SUMMARY			
<p>Joint Commissioning Board (JCB) is being asked to approve a business case to fund the continuation of Phoenix @ Pause Southampton post 2021/22. Phoenix @ Pause is a post-care proceedings service for women at risk of repeated child removal which has been piloted over the last 18 months. It is provided by Children's Services within Southampton City Council with input from a range of partners – including rapid and appropriate access to Long Acting Reversible Contraception (LARC) via the Solent Sexual health services, close links with the Dorset Healthcare Trust Steps to Wellbeing Service (Improving Access to Psychological Therapy - IAPT), and close working relationships with Police and Probation Services, Domestic Abuse Services, Drug and Alcohol provision and Housing Related Support providers. The service seeks to support women who are at risk of repeated removal of children into care, to take more control of their lives and address their multiple unmet needs and difficulties; and as a result, both improve outcomes for women and their children and reduce the number of children taken into care.</p>			
RECOMMENDATIONS:			
	(i)	For JCB to note and support the business case (attached at Appendix 1).	
	(ii)	For the Cabinet Member for Children's Social Care to approve recurring funding from the Children's Services budget of £142,500 per annum in 2022/23 towards the total annual costs of £285,000 to continue the service beyond the end date of February 2022 (with increased investment up to £245,100 pa from 2023/24 onwards to further expand the service (subject to an evaluation of impact and potential need) in future years).	
	(iii)	For the Cabinet Member for Health and Adult Social Care to approve recurring funding from the Public Health budget of £142,500 per annum towards the total annual cost of £285,000 to	

	continue the service beyond the end date of February 2022.
(iv)	For the Hampshire, Southampton and Isle of Wight Clinical Commissioning Group (CCG) to approve recurring funding of up to £71,288 per annum from the CCG budget to commission a trauma informed therapeutic pathway specifically for those women who are part of the Phoenix @ Pause Southampton service.

REASONS FOR REPORT RECOMMENDATIONS

1.	Southampton has consistently exhibited high rates of looked after children (LAC). In 2020, Southampton had a LAC rate of 95 per 10,000 children, significantly higher than the England average of 67 per 10,000 children and significantly higher than the South East average of 53 per 10,000. This trend can also be observed in relation to removals in under 5-year olds, with Southampton having the second highest rate in the South East (49 per 10,000 children compared to a national average of 35 per 10,000 and South East average of 28 per 10,000) and the 9th highest rate in relation to CIPFA nearest neighbours. Regarding the rate of infant care entry in 2019-20 (the most recent year for which data are available) Southampton had the highest rate for the previous 9 years, at 156 per 10,000 children aged under one.
2.	Research indicates that outcomes for LAC are worse than for those of other children. Difficulties and negative behaviours can also translate into similar experiences for the children of LAC, creating an intergenerational cycle of challenges and adverse outcomes. There is also evidence to show that children who have been in care and therefore more likely to have experienced more adverse childhood experiences (ACEs) are more likely to suffer poor longer term adult outcomes including experience of the criminal justice system, homelessness, serious mental health and substance misuse issues as well as diseases such as diabetes, cardiovascular disease and cancer, which can lead to premature death. Indeed, Pause research found that women with multiple children removed are 36 times more likely to die prematurely than age-matched women in the general population
3.	Pause seeks to address these issues by intervening to break the cycle of repeated child removal and entry into the care system. In areas where Pause has operated continuously for 5 years, the most recent national evaluation of Pause (2020) calculates that the number of infants entering care was reduced by an average of 14 per year, per local authority.
4.	In Southampton the decision to pilot a “Pause” model (Phoenix @ Pause Southampton) was agreed in 2019/20 as an invest to save initiative in view of Southampton’s high rates of LAC and infant care entry with short term funding from Public health, Children’s Services and the CCG. The service start date was delayed by COVID and recruitment challenges but went live in September 2020. In the time since its launch on 1st September 2020, the Phoenix @ Pause service has engaged 21 women.
5.	Each Pause programme cycle has a duration of 21-months: 3 months of assertive outreach with women and then 18 months to work with those women that choose to engage. After the first 21 months of operation, the national evaluation suggests an average reduction of 11 children not going into the care system due to Pause. Phoenix @ Pause therefore has the potential to have a significant impact in reducing Southampton’s rates and numbers of looked after children as well as improving life outcomes for vulnerable women and their children.
6.	However, the greater benefits associated with this programme are likely to accrue over time and it is expected that over 5 years a Pause service in Southampton would: <ul style="list-style-type: none"> • Significantly improve the health and wellbeing, wider outcomes, and inequalities in life chances for women supported by the programme, a large proportion of whom are care experienced;

	<ul style="list-style-type: none"> • Reduce at-risk children in the city, and children being removed into care; • Avoid total cumulative costs of £6,444,076, which begin to accrue from Year 2 (against a cumulative delivery cost of £1,425,000 (based on £285,000 per annum). • Confer a net cumulative cost avoidance of £5,019,076. <p>Further detail on cost benefit analysis can be found in the Business Case at Appendix 1.</p>
7.	<p>The original funding for the pilot however is due to come to an end on 28 February 2022 and so there is an imperative now to agree future funding to continue the service and accrue the benefits it brings.</p>

ALTERNATIVE OPTIONS CONSIDERED AND REJECTED

8.	<p>Three other options were considered and rejected. The options and reasons why they were discarded are summarised below:</p> <ul style="list-style-type: none"> • Continue but as a Phoenix Team, relinquishing the association with the national Pause programme <ul style="list-style-type: none"> ○ This would mean loss of the benefits of being part of the successful national Pause model, loss of being part of a wider national network with access to training packages, shared learning and data systems and no longer being part of national evaluation and research • Do nothing – cease provision <ul style="list-style-type: none"> ○ This would result in the current service ceasing thereby impacting on the 21 women already in the programme as well as those who would potentially benefit in future ○ It also loses the potential to achieve improved outcomes and multiple LAC, health and wellbeing and invest to save financial advantages • Cease Service and instead provide assertive outreach from within existing services <ul style="list-style-type: none"> ○ Existing services are already stretched and would lack the capacity to provide the focus required to target and engage this cohort of women, many of whom are already disengaged and disenchanted with the health and care system. Current experience suggests that without a dedicated team and workers this cohort of women do not engage consistently and comprehensively with existing services
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DETAIL

9.	<p>Pause is a national non-governmental organisation that began operating in 2013 to support women at risk of repeated child removal. The service describes itself as:</p> <p>“Through an intense programme of support, [Pause] aims to break this cycle and give women the opportunity to reflect, tackle destructive patterns of behaviour, and to develop new skills and responses that can help them create a more positive future. In doing so, [the aim is] to prevent the damaging consequences of thousands more children being taken into care.”</p> <p>Fundamental to the Pause model is the relationship between the woman and a Pause practitioner, which is secure and consistent, and both nurturing and challenging - and provides the basis for increasing the woman’s sense of value and self-worth, and for breaking destructive cycles. This approach can be described as a long-term (18 month) trauma-informed relationship intervention. In order to enable a woman to focus on herself and her own needs, Pause ask women to commit to a pause in pregnancy, facilitated by an informed choice about an effective and acceptable method of</p>
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	contraception, supported by close working with local sexual health services. Since its inception in 2013, Pause has become a national evidence-based programme that works with Local Authorities and other partners to set up services locally to break the cycle of repeat pregnancies that result in further babies being taken into care.
10.	Phoenix @ Pause' Southampton went live in September 2020 as a pilot jointly funded between the Council (Public Health and Children's Services) and CCG. The service is based on the national Pause model and delivered through SCC Children's Services.
11.	Specific objectives of the Phoenix @ Pause Southampton service were to: <ul style="list-style-type: none"> ○ Support a cohort ('community') of women at risk of repeated removal of children into care, to take more control of their lives and address their multiple unmet needs and difficulties; ○ Support the women to take an 18-month 'pause' in pregnancy – such that the women and their service providers can focus on addressing the women's needs, and as a result break a cycle of repeat pregnancies that result in children being removed and taken into care; ○ As a result, reduce the number of children taken into care and reduce pressure on the looked after children's budget; as an invest-to-save initiative.
12.	Forty-nine women were originally prioritised for assertive outreach and 21 signed up to the programme (which has capacity for 24 women). Between them, the 21 women had previously had 72 children removed from their care, an average of 3.3 children per woman, ranging from 2 – 7 children. 8 of the women had previously themselves been Looked After Children. 94% of the 21 women had mental health needs, 50% housing needs, 64% were engaged in drug use and 44% in alcohol use, and 83% of the women were either in a violent relationship or had been recently.
13.	Since the start of the programme in September 2020, key highlights in relation to activity and outcomes have been: <ul style="list-style-type: none"> • Getting the women to engage with other services such as AA, No Limits, the Drug and Alcohol Service, Domestic Violence Services and counselling. • A new Pathway with Steps 2 Wellbeing (IAPT) has been established to support women access psychological therapies • Supporting 18 women to get LARC and follow up on sexual health treatment • Supporting a number of the women into more settled accommodation (One who was previously homeless into private rented accommodation, one into housing related support accommodation, one into a council flat) • Positive feedback from other services working with the women commenting on how well they are doing.
14.	It is important that ongoing funding is now found to sustain the service and contribute to: <ul style="list-style-type: none"> • A permanent reduction in at-risk children in Southampton (a strategic priority); • Improved outcomes for this group of women and future cohorts, with regard to their: health and wellbeing, housing situation, employment and skills, financial position, social wellbeing, and self-efficacy; • Reduction in inequalities in life chances for women in this cohort, a large proportion of who

	<p>are care experienced;</p> <ul style="list-style-type: none"> • Fewer pregnancies; specifically, pregnancies resulting in babies being removed into care; • Cost avoidance, due to: reduction in repeat child removals, lower risk of children born with specific health and care needs (e.g. due to maternal addiction), and a shift from unplanned and crisis care use to planned use of health and other services by women receiving support. <p>Details of the cost benefit analysis can be found in Section 6 of the Business Case at Appendix 1; applying the Pause national evidence base, we could expect to see a reduction in the number of infants entering care of up to 10 children after 21 months and up to 13 per annum after 5 years by working with the current cohort of 21 women. In future, with further cohorts of 24 women, there could be a further reduction of 11 children entering care after 21 months and 14 per annum after 5 years.</p> <p>A core set of metrics will be developed to reflect the benefits identified above and performance of the service will be monitored on a regular basis against these metrics. A detailed evaluation will be undertaken at the end of each year to evidence impact and identify where there is potential to further target, enhance or develop the service.</p>
15.	<p>In addition to sustaining the current service and funding, it is recommended that the service is enhanced to provide rapid access to trauma-informed therapy. Many of the women within the service have suffered serious sexual or physical childhood traumas, domestic abuse and very poor attachment, developmental delay and many more life difficulties. Whilst pathways are in place with mental health services, the Phoenix @ Pause team have identified two major issues that are currently preventing women from accessing the mental health intervention that they require. The first issue is the lack of trauma informed therapy and the second is the lack of rapid access to appropriate support, either owing to mainstream Adult Mental Health (AMH) Service capacity resulting in waiting lists or because the women's needs do not meet the AMH criteria. The IAPT pathway delivered by Steps to Wellbeing has been a positive development; however for some the intervention is too "low level" and not specific enough to meet their needs. For these women it is proposed to develop a specific trauma informed therapy pathway as an appropriate alternative mental health intervention. This will offer a compassionate and empathic trauma informed response in the form of therapy and psych-educational intervention, comprising both 1: 1 and group work.</p> <p>Further details can be found in Section 5 of the Business Case.</p>
RESOURCE IMPLICATIONS	
<u>Capital/Revenue</u>	
16.	<p>The total cost of the Phoenix @ Pause service for a period of 21 months is £500,000, or £285k per year. The pilot established in September 2020 was originally funded as follows:</p> <ul style="list-style-type: none"> • £262,000 contribution from Pause (this will not be available in future years) • £178,000 from Public Health • £30,000 from SCC central finance pot • £30,000 from what was Southampton CCG
17.	<p>Going forward it is proposed that the existing Phoenix @ Pause Southampton service continues to be funded in its current form beyond 28th Feb 2022 and an ongoing commitment is made to sustain the service on a permanent basis, to continue working with the current cohort of 21 women and then further cohorts of up to 24 women (each cycle being 21-months; 3 months of assertive outreach with</p>

	women and 18 months to work with those women that choose to engage). The total cost per year of the core service is £285k.
18.	<p>It is proposed that the annual recurring cost of £285k for the core service is met by the City Council as follows:</p> <ul style="list-style-type: none"> • £142,500 from public health • £142,500 from Children's Services <p>The Children's Services contribution has been included within the Destination 22 business case which was supported by the Council's Executive Management Board in September 2021 along with an uplift in future years to support the further expansion of the programme, subject to a review of the progress being made against the key outcomes as outlined in Paragraph 14, the local evidence base and an assessment of future impact.</p> <p>The Public Health contribution will come out of the Public Health Grant.</p>
19.	In addition, it is proposed that the CCG invests £71,288 per annum to provide the trauma informed therapy pathway described in Paragraph 15 above. This funding will be met recurrently from the CCG's Mental Health budget.
20.	Total annual costs therefore equate to £356,288.
<u>Property/Other</u>	
21.	There are no property implications associated with this report.
LEGAL IMPLICATIONS	
<u>Statutory power to undertake proposals in the report:</u>	
22.	S.1 Localism Act 2011 in relation to the City Council's delivery of the Pause programme on behalf of partner agencies.
<u>Other Legal Implications:</u>	
23.	An Equalities Impact Assessment has been undertaken setting out the benefits of the service offered to those with protected characteristics and the dis-benefits to those individuals in the event a decision to cease the service was taken.
CONFLICT OF INTEREST IMPLICATIONS	
24.	NOT APPLICABLE
RISK MANAGEMENT IMPLICATIONS	
25.	<p>There is a potential financial risk in future years associated with the contribution from the Public Health Grant, given that the Council does not have long term assurance from Government that this grant will continue. Should there be a significant reduction or ending of the Public Health Grant in future years, an alternative funding source to cover this contribution would need to be found to enable the service to continue.</p> <p>Any reduction or cessation of the service would carry the following risks:</p> <ul style="list-style-type: none"> • Risk of continuation of poor outcomes for women at risk of repeated child removal and for their children

	<ul style="list-style-type: none"> Financial Risk: LAC rates continue to increase along with associated costs of placements and adoptions. The needs of this cohort of women continue to not be met resulting in long term poor life outcomes which in turn contribute to financial pressures across the system, e.g. inappropriate use of health services, high maternity costs associated with increased complexity, entry into the criminal justice system, social care costs, housing Reputational Risks: cessation of a service that has been well embedded and is well regarded locally, whilst Southampton's LAC and infants into care rates remain significantly higher than the national average and statistical neighbours and continue to increase
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POLICY FRAMEWORK IMPLICATIONS

26.	<p>The proposal to continue and enhance the Phoenix @ Pause Southampton service supports a number of local policy directives and key priorities, in particular:-</p> <ul style="list-style-type: none"> Southampton Health and Care Strategy – 2020/2025 – particular focus on giving children a good start in life and tackling health inequalities and deprivation Children and Young People's Strategy – 2022 – 2026
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KEY DECISION?	YES
WARDS/COMMUNITIES AFFECTED:	ALL
<u>SUPPORTING DOCUMENTATION</u>	
Appendices	
1	Phoenix @ Pause Business Case for a sustained service
2	Equality and Safety Impact Assessment

Documents In Members' Rooms

	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)	
	NONE

