Leicestershire County Council
Review of Early Help and Prevention
May 2016

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## Contents

1. Introduction .................................................................................................................................................................................................................. 3  
2. Executive Summary ....................................................................................................................................................................................................... 4  
3. Key Findings .................................................................................................................................................................................................................. 6  
   3.1. Mapping Early Help and Prevention: Public Health ...................................................................................................................................................... 7
   3.2. Mapping Early Help and Prevention: Children and Family Services ............................................................................................................................. 9  
   3.3. Mapping Early Help and Prevention: Adults and Communities ................................................................................................................................. 11  
   3.4. Mapping Early Help and Prevention: Environment and Transport ............................................................................................................................. 12
   3.5. Mapping Early Help and Prevention: Chief Executive ................................................................................................................................................ 13  
   3.6. Key Findings – Review of Services ............................................................................................................................................................................... 14
   3.7. Key Findings – First Contact Points for Information and Advice ................................................................................................................................. 23
   3.9. Workforce Development ............................................................................................................................................................................................ 40
   3.10. Communications ......................................................................................................................................................................................................... 41
   3.11. Police and Fire Service ................................................................................................................................................................................................ 42
   3.12. Integration with Leicestershire Partnership Trust ...................................................................................................................................................... 44
   3.13. Analysis of Current Pathways into Early Help and Prevention Services ..................................................................................................................... 45
4. Summary Recommendations ...................................................................................................................................................................................... 49
5. Financial Improvement Plan ........................................................................................................................................................................................ 49

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1. INTRODUCTION

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

The required outcomes as per the specification were:

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

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

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

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

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

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

2. Executive Summary

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

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

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

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

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

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

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

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

3. **Key Findings**

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

**Public Health**
- Total Cost: £21,075,360
- Savings already achieved for 2016/17: £3m

**Commissioned Contracts**
- Staffordshire and Stoke on Trent Partnership Trust, Integrated Sexual Health, £2,896,567
- GP, Chlamydia screening, £6,250
- Pharmacy, Chlamydia screening, £63
- New Futures, Sex workers VS contract, £5,000
- Leics AIDS support service, HIV Positive People, £20,000
- TRADE, HIV prevention men who have sex with men, £40,000
- Leics AIDS support service, HIV prevention—people of African heritage, £5,000
- Staffordshire and Stoke on Trent Partnership Trust Co-ordination, £6,000
- EHC Pharmacy CBL, £40,000
- GPs IUCD and Implantation GP CBS, £500,000
- GPs NHS Health Checks, £600,000
- Papworth Trust, Healthy Homes, £100,000
- A&C In house, Community Infection, prevention and Control, £90,000
- Leics Partnership NHS Trust, Weight Management Service, £396,600
- Weight Watchers, Commercial Weight Gain, £35,000
- Food for life partnership, £45,000
- Garden Organic, Master Gardeners, £30,000
- Step into Health Ltd. Early Years Purposeful Play 0-5, £15,000
- Districts, Exercise on referral, £130,000
- LNDS/LPT, Heart smart cardiac rehab, £50,000
- Turning point, Treatment contract (drugs and alcohol), £3,497,591
- Nottinghamshire Healthcare Trust, Inpatient detox, £196,129
- Leicestershire City Council, Community Care Assessment, £48,000
- LPT, Alcohol brief advice, £100,000
- Quit51, Stop smoking service, £521,000
- LCC trading standards, Underage enforcement, £36,500
- LCC trading standards, Illicit enforcement, £50,000
- LPT, Travelling families service, £72,500
- The Bridge, Teenage Mediation, £36,000
- Probation, Probation Health Trainers, £95,000
- John Storer Charnwood, Safer Sex Project, £41,412
- Quit 51, Nicotine Replacement, £226,000
- CommonUnity, Tobacco Free Young People, £80,000
- LPT, Breastfeeding Service, £30,000
- NHS England, Dental Epidemiology, £50,000
- Health Visiting, £6,736,000
- LPT, School nursing, £2,725,000

**Total Cost**
- £19,616,972

2017/18 Savings to be made:
- £1,154,379

**Internal Delivery**
- First Contact Plus, £72,000
- Local Area Coordination, £75,000
- Healthy Schools, £100,000
- Mental Health Promotion, £150,000
- Oral Health Promotion, £65,000
- Training, £3,000
- Healthy Relationship Campaign, £7,000
- Smoke Free Environments, £5,000
- Healthy Tots, £5,000
- Cancer Early Detection, £25,000

**Total Cost**
- £507,000

2017/18 Savings to be made:
- None
3.2. MAPPING EARLY HELP AND PREVENTION: CHILDREN AND FAMILY SERVICES

Children and Family Services
£20,832,492

DSG and SEND Grant

 Behaviour Partnerships, £2,054,000
 Local Offer, £45,000
 EYSEN Inclusion, £1,090,000
 ICT Assessment Service, £125,000
 Vision Teaching Support, £570,000
 Hearing Teaching Support, £735,000
 Autism Outreach Service, £763,000
 Business Support SEN Teaching, £298,000
 Primary Behaviour Support, £782,000

Total Cost
£6,462,000

2017/18 Savings to be made:
None

Commissioned Contracts

 Family Action, £143,511
 Professional Antenatal Services, £110,000
 Prospects, £1,400,000
 Glebe House, Mencap, SNIPS, £166,680
 Menphys SOS, £213,700
 Barnados Young Carers, £76,066
 Summer Schemes for Disabled Children, £87,670
 VISTA Visual Impairment, £21,678
 Early Years Speech Therapy, £13,187
 Autism Outreach Framework, £849,000 (joint DSG)

Total Cost
£3,081,492

2017/18 Savings to be made:
None

Local Authority Funded & Delivered

 Children’s Centre Programme, £4,245,000
 Support Leicestershire Families, £3,849,000
 Youth Offending Service, £1,558,000
 Community Safety, £207,000
 Domestic Abuse, £351,000
 SEND Advice, £106,000
 Educational Psychology, £973,000
 Learning Support Traded Service (no net cost)

Total Cost
£11,289,000

2017/18 Savings to be made:
None

Additional Funding Streams
£3,116,000

Supporting Leicestershire Families, the Youth Offending Service and the Domestic Abuse Service are all funded through partnership arrangements.
3.3. MAPPING EARLY HELP AND PREVENTION: ADULTS AND COMMUNITIES

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

- **Support for Carers**
  - GP Health and Wellbeing Service (BCF-funded)
  - Total Cost: £355,000
  - 2017/18 Savings to be made: £180,000

- **Advice and Information**
  - Leicestershire Advice and Information / LPCT advocacy
  - Total Cost: £356,040

- **Dementia and Mental Health**
  - Richmond Fellowship / Alzheimer’s Society (BCF)
  - Total Cost: £630,030
  - 2017/18 Savings to be made: £150,030

- **Domestic Abuse**
  - Total Cost: £2,438,810
  - All commissioned contracts

- **Homelessness**
  - Total Cost: £116,000
  - 2017/18 Savings to be made: £150,030

- **Housing**
  - Total Cost: £226,336
  - 2017/18 Savings to be made: £750,000

- **Reablement**
  - Total Cost: £510,720
  - 2017/18 Savings to be made: £180,000

- **Social Groups**
  - Total Cost: £164,684
  - 2017/18 Savings to be made: £17,513

- **Carers**
  - Total Cost: £630,030

- **Dementia and Mental Health**
  - Richmond Fellowship / Alzheimer’s Society (BCF)
  - Total Cost: £630,030
  - 2017/18 Savings to be made: £150,030

- **Homelessness**
  - Total Cost: £116,000
  - 2017/18 Savings to be made: £150,030

- **Housing**
  - Total Cost: £226,336
  - 2017/18 Savings to be made: £750,000

- **Reablement**
  - Total Cost: £510,720
  - 2017/18 Savings to be made: £180,000

- **Social Groups**
  - Total Cost: £164,684
  - 2017/18 Savings to be made: £17,513

- **Varies**

- **Assistive Technology**
  - £1,725,000
  - (including £925k BCF)

- **Stand-alone Equipment**
  - 2017/18 Savings to be made: £750,000

- **Telecare**
  - 2017/18 Savings to be made: £750,000

- **HART Reablement Service**
  - Total Cost: £6,030,969
  - 2017/18 Savings to be made: £180,000

- **WALL Visual Impairment Hospital to Home**
  - Total Cost: £226,336
  - 2017/18 Savings to be made: £750,000

- **Various**
  - Total Cost: £100,000
  - 2017/18 Savings to be made: £100,000

- **Carers**
  - Total Cost: £355,000
  - 2017/18 Savings to be made: £180,000

- **Advice and Information**
  - Leicestershire Advice and Information / LPCT advocacy
  - Total Cost: £356,040

- **Dementia and Mental Health**
  - Richmond Fellowship / Alzheimer’s Society (BCF)
  - Total Cost: £630,030
  - 2017/18 Savings to be made: £150,030

- **Domestic Abuse**
  - Total Cost: £2,438,810
  - All commissioned contracts

- **Homelessness**
  - Total Cost: £116,000
  - 2017/18 Savings to be made: £150,030

- **Housing**
  - Total Cost: £226,336
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- **Social Groups**
  - Total Cost: £164,684
  - 2017/18 Savings to be made: £17,513

- **Varies**

- **Assistive Technology**
  - £1,725,000
  - (including £925k BCF)

- **Stand-alone Equipment**
  - 2017/18 Savings to be made: £750,000

- **Telecare**
  - 2017/18 Savings to be made: £750,000
3.4. Mapping Early Help and Prevention: Environment and Transport

- **Environment**
  - **Environment and Transport**
    - **£1,321,965**
    - Savings already achieved for 2016/17: £180,000

- **Transport**
  - **£965,690**

- **Environment**
  - **£36,275**

- **Transport**
  - **£965,690**

- **Sustainable Travel**
  - **£9,352**

- **Public Transport Information**
  - **£164,000**

- **Road Safety**
  - **£30,000** staffing costs
  - **£462,190**

- **Overall delivery**
  - **£49,500**

- **Overall delivery**
  - **£164,000**

**2017/18 Savings to be made:**
- None

**Savings already achieved for 2016/17:**
- £180,000
- £520,000

**2017/18 Savings to be made:**
- None

- £800,000 to be made in 2018/19 through new commissioning models. Not yet confirmed how much of this will be achieved in 2017/18
3.5. **Mapping Early Help and Prevention: Chief Executive**

**Commissioned Contracts**

- **Support for Town and Parish Councils**
  - Total Cost: £20,000

- **Support for VCS organisations**
  - Total Cost: £350,000

- **Community Capacity Building**
  - Total Cost: £100,000

- **Community Buildings Support**
  - Total Cost: £10,000

- **Support for Social Enterprises**
  - Total Cost: £30,000

**Grant Funded**

- **Your SHIRE Grants**
  - Total Cost: £420,000

- **Savings already achieved for 2016/17:** £35,000

- **2018/19 Savings to be made:** £70,000
3.6. **KEY FINDINGS – REVIEW OF SERVICES**

**Commissioning Processes**

Commissioning of Early Help services would appear to be undertaken as separate exercises within departments. This can lead to a poorly co-ordinated approach to the identification of early help needs, an inconsistent approach to commissioning services to address these needs, and inconsistent processes for performance and contract management. This in turn increases the risk of duplication, missing gaps in service, and reduces the potential to maximise value for money through robust performance management. Our review revealed an inconsistency in performance management of contracts, with some having very little performance information available. This reflects the specific review of commissioning in Children’s Services which was conducted in February 2016 and found that there was a lack of consistency around commissioning and procurement in the department. This review was a deep-dive into a small number of specific contracts within Children’s Services, rather than a wider review of all commissioning activity and therefore we have not been able to directly compare our findings with these, however, it was apparent that many of the conclusions reached within this review also apply to our findings of commissioning of Prevention and Early Help activity. We recognise that progress has been made in some of these areas since February and the role of the Commissioning Support Unit is supporting change. This includes the development of key principles of commissioning to be adhered to via Commissioning Intentions, the development of commissioning toolkits, training and the Commissioning Academy, and support to oversee high value and high risk contracts, but given the current capacity of the CSU, there remains work to do to ensure consistent processes around commissioning and contract monitoring.

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

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

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

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

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

5 http://politics.leics.gov.uk/Published/C00000137/M00004538/A100047302/$AppendixACouncilCommissioningIntentions.docA.ps.pdf
Breadth of Funded Services

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

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

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

Tier 1 (Primary Prevention)
Maintaining independence, supporting good health and wellbeing through high-quality information and advice programmes to develop self-help behaviours

Tier 2 (Secondary Prevention)
Targeted prevention for individuals identified as being at risk of specific conditions, events or behaviours

Tier 3 (Tertiary Prevention)
Reducing more established needs

<table>
<thead>
<tr>
<th>Tier</th>
<th>Services</th>
<th>Cost</th>
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<tr>
<td>0</td>
<td>8</td>
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<tr>
<td>3</td>
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Current model of Prevention and Early Help activity

Tier 3 (tertiary prevention)
- 10 services
- £4.7 million
- Reabling those with specific needs

Tier 2 (secondary prevention)
- 55 services
- £28.5 million
- Targeted prevention for carers, those at risk of homelessness or abuse, those with specific conditions or behaviours; interventions to prevent, reduce or delay the need for more formal services

Tier 1 (primary prevention)
- 53 services
- £13.6 million
- Road safety and food courses, supporting physical activity, promoting healthy lifestyles, preventing risky behaviours and control of substances affecting wellbeing

Tier 0 (community capacity)
- 8 services
- £1 million
- Support for social enterprise, voluntary organisations and community groups
Almost all of the Tier 0 activity is within the Communities Team, sitting within the Chief Executive department. With only 6% of services and 2% of spend supporting community capacity building there is a risk that not enough is being done to support the community to provide help for individuals which could prevent these people from accessing more formal Council services at a later date. There is a lack of resilience at this level, should third sector providers and Districts reduce their support for early preventative activity in the future. In order to redirect demand away from higher level services it is important to develop a more robust Communities Strategy to strengthen Tier 0 support for communities and to build consideration of the ability of communities to support themselves, with help from the third sector where appropriate, into commissioning strategies across the Council. However, it is important that Tier 0 activity is able to demonstrate a return on investment and that support for communities is not seen as simply the role of discrete projects, but that consideration of community capacity is built into commissioning of preventative services across all departments. To this end, we recommend in this report a readjustment of the way that community capacity is considered and a reallocation of funding, rather than a significant increase in the amount of money allocated to discrete Tier 0 contracts.

Assessing Performance and Value for Money

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

From the graph below it is clear that the majority of the contracts over £1million have a reasonable level of performance reporting. This is to be expected as the Commissioning Support Unit are monitoring and supporting high value, high risk contracts. However, too large a percentage of the contracts valued between £100,000 and £1million did not have a sufficient level of performance reporting to assess whether they were delivering both value for money and the outcomes that were desired. There is a risk here that, cumulatively, these smaller contracts add up to a significant amount which is not being effectively performance managed and risks poor value for money for the Council. Approximately 25-30% of all contracts in all categories below £1m either were not able to show us current performance information or did not have sufficiently robust information, while less than half of contracts had detailed performance metrics that were made available to us.
A number of the services were unable to report on the number of people that had accessed the services during the preceding year and therefore were unable to determine whether the services were delivering good value for money. We are aware that new reporting frameworks are being drawn up across the Adults and Communities contracts as they are reviewed/renewed/re-tendered. This should enable more rigorous performance analysis in the future, although early indications are that the reporting templates that is being used concentrates on utilisation and demographic background and does not include any metrics specific to outcomes, though these may be reported separately elsewhere.

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

1. Consider how a joint approach to the commissioning of Early Help across Public Health, Adults’ and Children’s Services may be implemented to ensure consistency of practice, consistency of adherence to corporate priorities and reduce the risk of duplication.

2. As part of this exercise, consider how the Corporate Commissioning Strategy, department commissioning strategies and the Council Plan of Commissioning Intentions align and set out clear steps and timeframes for meeting these across departments. The review of the Council’s Strategic Plan and development of a single outcomes framework will be important achieving this.

3. Undertake a further review of current contracts and internal services across Public Health, Adults and Children’s Services departments to identify where there may still be duplication or the opportunity to cluster contracts.

4. Develop a consistent quality assurance and performance management framework to be applied across all externally commissioned contracts.

5. Alongside the Communities Strategy, develop work with the VCS to develop consortia behaviour, whereby when new contracts are tendered or where they come up for review, the VCS may undertake a consortia approach to tendering to contract under a single agency agreement.

6. Develop a consistent approach to contract renewal, reviewing all contracts 6 months prior to expiry against set criteria based upon:
   b. Relevance to Council priorities and latest analysis of need.
   c. Contribution to the TOM framework and the principles of Prevent, Reduce, Delay.
   d. Options appraisal of all ways of delivering the aims, objectives and intended outcomes of the service.
3.7. KEY FINDINGS – FIRST CONTACT POINTS FOR INFORMATION AND ADVICE

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

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

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

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

Key Findings

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

**Recommendations**

1. Review Information and Advice services across Public Health, Adults’ Services and Children’s Services, identify / address where there may be duplication and explore where they may complement each other further. (See below for further recommendations regarding the Leicestershire Advice Service.). As part of this, explore how the digital agenda can support this process.

2. Consolidate services to make it simpler for the public to have one point of contact, whilst still remaining Care Act compliant.

3. Consider the establishment of a low-level advice and information ‘temperature-check’ service for families, possibly through bringing this into the First Contact service alongside information for Adults.

**3.8. Key Findings – Overview of Current Provision of Early Help and Prevention Services**

**Overview of Early Help and Prevention in Adults’ Services**

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

**Leicestershire Advice Service**

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

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

**Assistive Living Technology**

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

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6 CSC Warm Transfer Monthly Data – January 2016
7 LCPT Working Age and Over 65 Quarterly Monitoring Forms
linked telecare service. The stand-alone equipment service is provided at no cost to the service user, while the telecare service is either charged to the service user or the cost is covered by LCC following an assistive technology financial assessment. The service receives approximately 450 referrals a month and provides stand-alone equipment to between 2000 and 2500 new service users per year, with approximately 2500 service users utilising the telecare service each year.

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

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

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

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

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

1. As part of a review of the sources of Information and Advice to the public, there is an opportunity to end the Leicestershire Advice Service as it duplicates the role of the First Contact Service once the First Contact Service begins to accept self-referrals from members of the public, and to some extent the role of the Local Area Co-Ordinators. This would make an efficiency saving of £180,000. This is already included in the current MTFS. Where there is additional value via the Leicestershire Advice Service, these roles could be subsumed into the First Contact Plus Service.

2. Further develop partnerships between the eight Districts and the Council to support the provision of preventative activity throughout all areas of the county, reduce costs to the Council and districts by assessing areas of duplicated provision and working together to rationalise these.

3. The emerging group focussing on identifying frequent users of public sector services needs to include all relevant services. There appears to be a reluctance of health agencies to share information at this stage, but other areas have overcome this as part of a “social prescribing model”. Learning from how these barriers have been overcome would benefit this group.

4. In line with current departmental plans, further review arrangements for the provision of Assisted Living Technology to:
   a) Explore opportunities for joint commissioning with districts to provide better economies of scale and a simpler and more consistent service for residents across the county.
   b) Review the provision of stand-alone equipment as a free to use service through the introduction of means testing.
   c) Investigate further the benefits of developing self-assessment for basic pieces of Assistive Living Technology equipment via an online form akin to ‘AskSARA’, which would reduce the number of self-referrals to the customer service centre.
   d) Consider how Assistive Living could be developed as part of the Lightbulb Project in the future.
   e) Further develop partnerships between the eight Districts and the Council to support the provision of preventative activity throughout all areas of the county, reduce costs to the Council and districts by assessing areas of duplicated provision and working together to rationalise these.
Overview of Early Help and Prevention in Public Health

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

First Contact

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

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

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

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

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

Local Area Coordination is currently funded through the BCF, with some top-up from the Public Health budget, although this funding is only guaranteed until March 2017. The service believes that they are capable of delivering a return on investments of £4 for every £1 of spend, based on research conducted in other areas with Local Area Coordinators, but have yet to obtain detailed figures on the service in Leicestershire, although collection of relevant data to support this is underway. Research in Derby City found that the service was capable of delivering £3.68 for every £1 of investment, rising to £4.38 as the number of Coordinators was expanded from 10 to 17. A similar study in Thurrock, where Local Area Coordination has been in place since July 2013, found that for inputs of £1.3m the service would deliver £4.88m in impacts. The directorate is currently working to put together a model for funding beyond this point and there is a desire to expand the current reach of the service. At present there are 8 Coordinators, each covering a small local area within the County. These areas were chosen in part due to an understanding of the lack of community capacity previously in the area and their levels of deprivation.

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

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8 Social Value of Local Area Coordination in Derby. Derby City Council, Think Local Act Personal and Kingfishers. March 2016
9 Social Value of Local Area Coordination in Thurrock. Thurrock Council and Kingfishers. October 2015
Communities Strategy and social marketing aspect of the Communications Strategy, with their emphasis on a greater community asset / self - help based model of prevention.

Recommendations

1. As stated above, though technically a saving to Adults’ Services, there is an opportunity to end the Leicestershire Advice Service as it duplicates the role of the First Contact Service once the First Contact Service begins to accept self-referrals from members of the public, and to some extent the role of the Local Area Co-Ordinators. This would make an efficiency saving of £180,000 to the Council via Adults’ Services. Where there is additional value via the Leicestershire Advice Service, these roles should be subsumed into the First Contact Plus Service.

2. There is an opportunity to scope out the cost of maintaining and then potentially expanding the roll out of Local Area Co-Ordination programme, to particularly drive Tier 0 / Tier 1 of the Target Operating Model and the Council’s desire to “prevent, reduce, delay”. This would also support the key community asset / social marketing messages of the Communities Strategy and Communications Strategy.

Overview of Early Help and Prevention in Children’s Services

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

Early Help in Children’s Services focusses primarily on Tier 2/3 delivery and covers the service areas of Supporting Leicestershire Families (Troubled Families) and, Youth Offending Service (YOS), Community Safety, Children’s Centres. In Leicestershire, the YOS still do some preventative work with those at risk of offending and also those at risk of re-offending.
The districts are a critical partner to children’s services in delivering what would traditionally be described as the more “universal services” that underpin prevention work at a higher level. Relationships with the districts is strong and led through the locality based Early Help Partnerships.

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

**Children’s Centre Provision**

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

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

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

<table>
<thead>
<tr>
<th>Locality</th>
<th>Number of centres</th>
<th>0-4 Population</th>
</tr>
</thead>
<tbody>
<tr>
<td>Blaby, Oadby &amp; Wigston</td>
<td>5</td>
<td>8,392</td>
</tr>
<tr>
<td>Charnwood</td>
<td>7</td>
<td>9,325</td>
</tr>
<tr>
<td>Harborough District</td>
<td>5</td>
<td>4,638</td>
</tr>
<tr>
<td>Hinckley &amp; Bosworth</td>
<td>7</td>
<td>5,880</td>
</tr>
<tr>
<td>Melton</td>
<td>4</td>
<td>2,872</td>
</tr>
<tr>
<td>North West Leicestershire</td>
<td>8</td>
<td>5,430</td>
</tr>
</tbody>
</table>
A senior manager is responsible for the service, located centrally, supported by six locality based Children’s Centre Co-ordinators. They manage Family Outreach Workers (33.3fte) Pathway Support Workers; Parent and Community Engagement Workers and a Children’s Centre Administrative Support worker in each area.

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

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

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

- **The Two Year Pathway:** This is targeted work with parents who are identified predominantly through midwifery services at the pre-birth stage, and who are therefore referred to the 2 Year Pathway. This is an intensive programme of weekly intervention for the first year, with transition to other services in year 2 and support where applicable to access the 2 Year Old Offer. Some referrals will come via the Early Help Hub where needs are not identified until after the child is born.

- **Work with 3-5 year olds:** This is a targeted caseload approach to families of children aged 3-5 who are referred via the Early Help Hubs. Caseloads are held by the Family Support Workers.

- **Universal Offer:** The ‘Healthy Child Programme’ (HCP) is a universal offer for families and children led by Health and Local Authority Commissioners. Elements of the universal provision of the 0-2 pathway are commissioned centrally by the Children’s Centre Senior manager. The Family Outreach Workers ensure that families participate in the universal pathway offer. Systems and processes are in place to ensure effective information sharing and signposting to and from other services including Midwifery, Health Visitors and Speech and Language services. The programme for Children’s Centres supports the delivery of the HCP through sharing resources. Thereafter the offer made to families is developed locally with focussed support on those vulnerable families who are at risk of experiencing poorer outcomes through effective outreach.

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

- Supporting Leicestershire Families team
- Health
- Voluntary Sector
- Job Centre plus
Quarterly performance reports provide information relating to Children’s Centre usage, including how this links to areas of deprivation.

**Supporting Leicestershire Families**

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

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

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

**Youth Offending Service**

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

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

IMPACT operate through local partnerships to work with young people in areas affected by high levels of ASB, engaging with young people who are causing concerns for local residents, and trying to prevent them from becoming involved in criminal or anti- social behaviour through advice and support.
The YISP works with young people who are referred to them primarily through schools, the Police, and internally from within the YOS, and who are on the cusp of offending or have committed an initial low level offence which was not pursued by the criminal justice system.

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

**Early Help Hubs**

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

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

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

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

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

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

Family Information Service

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

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

Recommendations

Children’s Centres:

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

1. Reconfigure the service geographically so that it is managed in two areas. A decision would need to be made about whether to align these two areas with the Supporting Leicestershire Families teams (as there is a strong relationship between the two services with cross-referral of clients) or with the CCGs.

2. Reduce the number of Children’s Centres. There is an opportunity to review centre utilisation with a view to closing some centres and relocating services to alternative venues for example transferring activities to schools and early years’ providers. This will generate savings on building rental and running costs.
The draft ‘Report Children’s Centres Review’ identified a total of 8 centres that could possibly be merged/linked with services or closed. We believe that there is greater potential to reduce the number of outlets beyond the 8 identified in the report. However, we recognise that there is a need for community consultation and approval from the DFE before any changes could be implemented. There would also need to be consideration of any financial clawback implications.

3. Review and refresh the programme’s resourcing formula to ensure resources are based on targeted need.

4. Build voluntary capacity within the programme to include upskilling of parents who have been through the programme. There is an opportunity to build a stronger working relationship with Volunteers Action Leicestershire (VAL) to gain their support to train and develop volunteers thereby reducing the number of posts across Children’s Centres who currently lead this activity.

Other Children’s Services Recommendations:

1. Further explore, as planned, potential efficiency savings through scoping out where the Supporting Leicestershire Families Service and the work of the IMPACT programme within the Youth Offending Service may integrate.

2. Explore potential efficiency savings through reducing the Prospects service in line with current plans by Leicestershire County Council.

3. Explore increasing the level of support to address needs relating to autism within the Early Help Hubs, and to the Supporting Leicestershire Families Service in particular, as a number of cases appear to come to the hub with complex needs relating to autism that the Hubs appear to find challenging to address.

4. Develop a governance structure around the Early Help Partnership to ensure that progress is made in increasing effective collaboration between partners across Leicestershire.

5. Consider replicating or widening the Early Help Partnership to include services for adults.

6. Collaborate on the development and introduction of a single Early Help Assessment checklist to support a whole workforce approach to identifying early indicators of vulnerability across Children and Adults.
Overview of Early Help and Prevention in Environment and Transport

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

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

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

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

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

- **Priority 1** - Unlock the capacity of communities to support themselves and vulnerable individuals and families – reducing the demand on public services
- **Priority 2** - Support communities to work in partnership with the Council to design and deliver services, including those currently delivered by the Council
- **Priority 3** – Develop voluntary and community sector (VCS) organisations in Leicestershire as effective providers in a diverse market which supports delivery of the Council’s (service devolution and support for vulnerable families) priorities
The Communities Team was established a year later to support community initiatives and sits within the Chief Executive directorate. These include Communities Business Partners whose key role is to operate as key relationship managers across Council departments to support where there is an opportunity to support a community development approach to service delivery. These roles are also therefore critical in proving the Council’s interface with community groups who wish to develop services.

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

Key Findings

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

The Workforce Development Team lead on a partnership driven “Commissioning Academy” which involves 15 public sector partners. Part of this programme is a “Behavioural Insights” programme focussed on how practitioners can support a change in public behaviour and expectations of early help and prevention provision. This supports the drive to develop community capacity but is not referenced in the Communities Strategy, and there would be a benefit to integrating these two areas more.

Recommendations

1. In line with Council plans, review, update and redevelop the Communities Strategy to include:
   a) How it supports the development of Tier 0 of the Target Operating Model across Public Health, Adults’ Services and Children’s Services.
   b) How the corporate Communications Strategy can support key messages to the community around an asset based, self-help approach to early help and prevention.
   c) The development of consortia behaviour within the VCS.
   d) How the Workforce Development Team can support Council staff, elected members, partners and the VCS in promoting the culture of an asset based, self-help approach to early help and prevention.

2. Re-review the contracts currently in place with Voluntary Action Leicestershire. Whilst we recognise that a report on the VCS contracts has only recently gone through Cabinet, we believe there is an opportunity to further rationalising spend on this contract through a review of functions and a clearer alignment with the priorities of the redeveloped Communities Strategy. Any savings should be re-invested Tier 0 work.

3. In order to justify further investment in Tier 0 activity in the future, we recommend that more rigorous KPIs are put in place for current Tier 0 contracts to evidence their impact on demand within other tiers and that the Council considers developing a model to evidence social return on investment.
3.9. **Workforce Development**

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

In respect of Early Help and Prevention:

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

**Recommendations**

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

3. Develop a bespoke Workforce Development Strategy for Early Help and Prevention, integrated across all departments, to operate as a subset to the Council’s Corporate Workforce Development Strategy.

3.10. **COMMUNICATIONS**

**Corporate Communications**

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

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

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

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

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

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

Recommendations

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

3.11. **POLICE AND FIRE SERVICE**

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

Key Findings

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

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The Fire Service would not appear to be routinely invited to Early Help Hub meetings or the Early Help Partnership. Whilst they do take some referrals from Council services, they perceive that there is an opportunity to improve awareness of what they can offer.

The Fire Service operate a Vulnerable Person’s Register which is developed as part of their function of undertaking home fire safety checks where they believe there to be a wider vulnerability. This is shared with First Contact where appropriate. They operate a “toolkit” of interventions where there is a perceived risk in terms of fire safety, and attend meetings to discuss service users at high risk.

The police deliver early help and prevention via Neighbourhood Officer and High Harm / Safeguarding PCOs, Joint Action Groups which take a multi-agency approach to local hot spot problems of youth anti-social behaviour, and through seconding two police officers to the Youth Offending Service.

There is an integrated early responder team involving social workers and police, a joint protocol from missing children and an integrated team for child sexual exploitation.

In terms of adults, the police are involved in the emerging multi agency forum to identify frequent users of public sector services which imply an unmet need.

The police feel that data is not shared as fully as it could be to facilitate joint working.

**Recommendations**

1. There are opportunities to increase the role of the Fire Service in strategic and operational processes for early help and prevention within Children’s Services as part of a wider review of the extent to which partner agencies are involved in early help and prevention.

2. The police believe that more could be done to identify families who require early intervention at an earlier stage through a greater sharing of information.

3. The emerging group focussing on identifying frequent users of public sector services needs to include all relevant services. There appears to be a reluctance of health agencies to share information at this stage, but other areas have overcome this as part of a “social prescribing model”. Learning from how these barriers have been overcome would benefit this group.
3.12. **INTEGRATION WITH LEICESTERSHIRE PARTNERSHIP TRUST**

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

**Key Findings**

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

**Recommendations**

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

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

The diagram below shows the main route through which an adult or child/family would access Early Help and Prevention services.
However, as acknowledged above, there are other routes into preventative services, such as through direct contact with Local Area Coordinators or through the Children’s Centres in localities. The diagram below presents a more detailed picture of the triage process within First Response.  

Key Findings from a Review of Pathways

- Whilst the pathways into both adults’ and children’s early help services are reasonably robust, there is a single pathway into the majority of children and family services via First Response, while on the adults side there are a greater range of entry points including the Customer Service Centre, First Contact Plus (once new self-referral routes are opened) and Local Area Coordinators. This could be viewed in a positive light as there are a greater range of ways for members of the public to get advice and support about Early Help and Prevention, however, it is important to ensure that there is good coordination between each of these services and that information sharing protocols are established to ensure that there is not duplication of effort and that there is consistency in the advice and information that is given.

- There is also an opportunity for greater liaison and information sharing between the adults’ and children’s early help services to investigate whether individuals contacting either of these service areas would benefit from additional support from the other. For example, an individual approaching First Contact for advice may also benefit from some additional support or a conversation with the Supporting Leicestershire Families team to provide wider support around the individual and their family.

- The development of a business case around creating a single point of access for Health and Social Care across Leicester, Leicestershire and Rutland will have an impact on any changes to pathways within the Council and any recommendations made here.

Recommendations

1. Consider directing more individuals away from the Customer Service Centre and towards First Contact Plus as a central point of advice and information (via the new online self-referral too when developed) through information provided on the Council website and a diversion option on the CSC phone line akin to that currently set up for the Leicestershire Advice Service.

2. Develop a policy for information sharing between First Contact, Early Help Hubs (including Supporting Leicestershire Families), and the Local Area Coordinators to proactively identify those who may require additional support from partner services.

3. Further review Early Help and Prevention pathways following publication of the business case surround a single point of access for Health and Social Care.
4. SUMMARY RECOMMENDATIONS

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

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

**Headline Opportunities**

<table>
<thead>
<tr>
<th>Ref.</th>
<th>Directorate</th>
<th>Workstream</th>
<th>Headline Opportunity</th>
<th>Desired Outcome</th>
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<tbody>
<tr>
<td>1.</td>
<td>Adults, Children’s and Public Health</td>
<td>Financial Efficiency</td>
<td>Undertake a financial efficiency programme as identified in section 5.</td>
<td>Improved value for money of services and savings of £3.04m net to Leicestershire CC, notwithstanding any decision to re-invest some of this in prevention.</td>
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<tr>
<td>2.</td>
<td>Adults, Children’s and Public Health</td>
<td>Commissioning</td>
<td>Develop consistent and robust performance management and quality assurance arrangements for external contracts. Consider a joint approach to the commissioning of Early Help across Public Health, Adults and Children’s Services departments. Consider developing consortia behaviour with the Voluntary and Community Sector to encourage consortia behaviour and contracting under a single agency agreement to reduce contract management costs.</td>
<td>Improved value for money through a co-ordinated approach to reduce duplication, reduce duplicative costs, improve processes for meeting identified needs, and implement a consistent approach to performance management.</td>
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<tr>
<td>3.</td>
<td>Children’s Services</td>
<td>Children’s Centre Review</td>
<td>Review Children’s Centre provision in line with review</td>
<td>Further realise an opportunity to align with other Local Authorities</td>
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<tr>
<td>Ref.</td>
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<td>recommendations.</td>
<td>that have substantially reduced their Children’s Centre programmes by rationalising provision without significantly reducing the offer to service users.</td>
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<td>4.</td>
<td>Adults, Children’s and Public Health</td>
<td>First Point of Contact Information and Advice</td>
<td>Review Information and Advice services across Public Health, Adults’ Services and Children’s Services, identify / address where there may be duplication and explore where they may complement each other further. As part of this, explore how the digital agenda can support this process. In particular, there is an opportunity to make an efficiency saving through the ceasing of the Leicestershire Advice Service.</td>
<td>The approach to Information and Advice is clear and complementary, reducing duplication where this may exist.</td>
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<td>5.</td>
<td>Chief Executive’s</td>
<td>Review of Communities Strategy</td>
<td>Continue the redevelopment of the Communities Strategy to tie in more closely with the prevention agenda across all departments. Re-review the contract currently in place with Voluntary Action Leicestershire with a view to rationalising spend, in order to re-invest in the further development of Tier 0 activity. The contract with Voluntary Action Leicestershire should then be focussed on key indicators which support the Communities Strategy. A refocussing of these indicators is currently underway within Chief Executive’s department.</td>
<td>The Communities Strategy becomes the key vehicle to drive understanding, development and positive promotion of Tier 0 of the Target Operating Model.</td>
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<td>6.</td>
<td>Adults and Children’s</td>
<td>Integration</td>
<td>Improve the linkages between Early Help Hubs (Children’s) and First Contact (Adults’) through implementation an Information Sharing Agreement between the two systems.</td>
<td>Where the needs of a child or adult are identified, there may also be wider needs in the family that would be undetected through a solely child or adult focus. This pathway would seek to “join the dots” and take a more integrated and co-ordinated approach where appropriate.</td>
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<td>7.</td>
<td>Corporate Resources</td>
<td>Workforce Development</td>
<td>Consider further investment in the Commissioning Academy. Develop further the concept of the Behavioural Insights training and develop a programme targeted at practitioners, elected members and wider partners.</td>
<td>The Leicestershire County Council approach to an asset based, self-help approach to early help and prevention is understood by all key stakeholders and the culture of a “Leicestershire Way” is developed.</td>
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<td>8.</td>
<td>Adults, Children’s and Public Health</td>
<td>Partnership Working</td>
<td>Building upon the work of the Unified Preventions Board, review the approach to Partnership to ensure that key stakeholders are involved at appropriate levels and stages, that there is clear governance, accountability and add value, and that information is shared appropriately across agencies.</td>
<td>Partners are involved at an appropriate stage and an integrated approach is taken to early help and prevention. Information is shared appropriately which helps identify those in need of early help and prevention.</td>
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In particular:

a) Review and develop the role of the Police and Fire Service as key partners in early help and prevention.

b) Further develop partnerships between the eight Districts and the Council to support the provision of preventative activity throughout all areas of the county, reduce costs to the Council and districts by assessing areas of duplicated provision and working
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<td><strong>9.</strong></td>
<td>Public Health</td>
<td>Local Area Co-Ordination</td>
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<td>Consider how the Local Area Co-Ordination pilot may be extended, both in terms of the duration of the current programme but also extension across the County.</td>
<td>An approach to Local Co-Ordination is taken which supports the Prevent, Reduce, Delay model by meeting need at a community based level at the earliest opportunity.</td>
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<tr>
<td><strong>10.</strong></td>
<td>Adults’</td>
<td>Assisted Living Technology</td>
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| | Further review arrangements for the provision of Assisted Living Technology to explore:  
  a) Opportunities for joint commissioning with districts to provide better economies of scale and a simpler and more consistent service for residents across the county.  
  b) Review the provision of stand-alone equipment as a free to use service through the introduction of means testing  
  c) Investigate further the benefits of developing self-assessment for basic pieces of Assistive Living Technology equipment via an online form akin to ‘AskSARA’, which would reduce the number of self-referrals to the customer service centre | The provision of Assisted Living Technology is clear to professionals and service users. Financial efficiencies are gained through a more integrated approach between the Council and districts. |
Implementation Plan

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

<table>
<thead>
<tr>
<th>Workstream</th>
<th>Scope of Workstream</th>
<th>Outcomes</th>
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<tr>
<td>Financial Efficiency</td>
<td>1. Undertake a financial efficiency programme as identified in section 5.</td>
<td>Improved value for money of services and savings of £3.04m net to Leicestershire CC, notwithstanding any decision to re-invest some of this in prevention.</td>
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</table>
| Commissioning      | 1. Building upon the work of the CSU, consider a joint approach to the commissioning of Early Help across Public Health, Adults’ and Children’s Services:  
   a) Centrally holding the process of commissioning of contracts across the Council to reduce the risk of inconsistent commissioning, potentially through the CSU.  
   b) As part of this exercise, consider how the Corporate Commissioning Strategy, department commissioning strategies and the Council Plan of Commissioning Intentions align and set out clear steps and timeframes for meeting these across departments.  
   c) Undertake a further review of current contracts and internal services across Public Health, Adults and Children’s Services departments to identify where there may still be duplication or the opportunity to cluster contracts.  
   d) Develop a consistent quality assurance and performance management framework to be applied across all externally held record of contracts across Public Health, Adults’ Services and Children’s Services.  
   Commissioning intentions and activity within one department are consistent with and complement those in other departments.  
   Performance Management Framework consistently applied.  
   Financial efficiency savings of £1.5m through a further review of contracts based on removing remaining duplication, the potential to cluster contracts, and undertaking a value for money exercise. |                                                                                                                                                                                                                               |
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<tr>
<td>Review of Children’s Services:</td>
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<td>- Children’s Centres</td>
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<td>- Supporting Leicestershire Families / Youth Offending Team Linkages</td>
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<td>commissioned contracts. e) Alongside the Communities Strategy, develop work with the VCS to develop consortia behaviour, whereby when new contracts are tendered or where they come up for review, the VCS may undertake a consortia approach to tendering to contract under a single agency agreement. f) Develop a consistent approach to contract renewal, reviewing all contracts 6 months prior to expiry against set criteria based upon: • The new performance management framework. • Relevance to Council priorities and latest analysis of need. • Contribution to the TOM framework and the principles of Prevent, Reduce, Delay. • Options appraisal of all ways of delivering the aims, objectives and intended outcomes of the service.</td>
<td>An opportunity to further align with other Local Authorities that are reviewing Children’s Centre provision without significantly reducing the offer to service users, achieving a potential saving of £1m. An opportunity to ensure that the Supporting Leicestershire Families and Youth Offending Teams work efficiently together to reduce anti – social behaviour.</td>
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### Workstream: Communities Strategy

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<thead>
<tr>
<th>Scope of Workstream</th>
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<tbody>
<tr>
<td>1. In line with Council plans, review, update and redevelop the Communities Strategy to include:</td>
<td>An updated, reviewed and most importantly integrated Communities Strategy that supports the development of Tier 0 of the Target Operating Model across all departments.</td>
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<tr>
<td>a) How it supports the development of Tier 0 of the Target Operating Model across all departments.</td>
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<tr>
<td>b) How the corporate Communications Strategy can support key messages to the community around asset based, self-help approach to early help and prevention.</td>
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<tr>
<td>c) The development of consortia behaviour within the VCS.</td>
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<tr>
<td>d) How the Workforce Development Team can support Council staff, elected members, partners and the VCS in promoting the culture of an asset based, self-help approach to early help and prevention.</td>
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<tr>
<td>2. Re-review the contracts currently in place with Voluntary Action Leicestershire with a view to rationalising spend, in order to re-invest in the further development Tier 0 activity. The contract with Voluntary Action Leicestershire should then be focussed on key indicators which support the Communities Strategy.</td>
<td>The Leicestershire County Council approach to an asset based, self-help approach to early help and prevention is understood by all key stakeholders and the culture of a “Leicestershire Way” is developed.</td>
</tr>
<tr>
<td>3. In order to justify further investment in Tier 0 activity in the future, put in place more rigorous KPIs for Tier 0 contracts to evidence impact on demand within other tiers and consider developing a model to evidence social return on investment.</td>
<td>The approach to Information and Advice is clear and...</td>
</tr>
</tbody>
</table>

### Workstream: Workforce Development

<table>
<thead>
<tr>
<th>Scope of Workstream</th>
<th>Outcomes</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Consider further investment in the Commissioning Academy, including how a focus on Early Help can be particularly built in.</td>
<td>The Leicestershire County Council approach to an asset based, self-help approach to early help and prevention is understood by all key stakeholders and the culture of a “Leicestershire Way” is developed.</td>
</tr>
<tr>
<td>2. Develop further the concept of the Behavioural Insights training and develop a programme targeted at wider stakeholders.</td>
<td></td>
</tr>
<tr>
<td>3. Develop a bespoke Workforce Development Strategy for Early Help and Prevention, integrated across all departments, to operate as a subset to the Council’s Corporate Workforce Development Strategy.</td>
<td></td>
</tr>
</tbody>
</table>

### Workstream: First Contact Points /

<table>
<thead>
<tr>
<th>Scope of Workstream</th>
<th>Outcomes</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Review Information and Advice services across Public Health, The approach to Information and Advice is clear and...</td>
<td></td>
</tr>
<tr>
<td>Workstream</td>
<td>Scope of Workstream</td>
</tr>
<tr>
<td>----------------------------</td>
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</table>
| **Information and Advice** | Adults’ Services and Children’s Services, identify / address where there may be duplication and explore where they may complement each other further. As part of this, explore how the digital agenda can support this process.  
2. In particular, pending an appropriate impact assessment, there is an opportunity to make an efficiency saving through the ceasing of the Leicestershire Advice Service, but an impact assessment would be needed to reduce any negative impact of this.  
3. Consolidate services to make it simpler for the public to have one point of contact, whilst still remaining Care Act compliant.  
4. Consider the establishment of a low-level advice and information ‘temperature-check’ service for families, possibly through bringing this into the First Contact service alongside information for Adults.  
5. Consider directing more individuals away from the Customer Service Centre and towards First Contact as a central point of advice and information (via the new online self-referral tool when developed) through information provided on the Council website and a diversion option on the CSC phone line akin to that currently set up for the Leicestershire Advice Service.  
6. Develop a policy for information sharing between First Contact, Early Help Hubs (including Supporting Leicestershire Families), and the Local Area Coordinators to proactively identify those who may require additional support from partner services. | complementary, reducing duplication where this may exist.                                                                                                                                                                                                                                       |
| **Partnership**            | 1. Review the approach to Partnership to ensure that key stakeholders are involved at appropriate levels and stages. In particular:  
2. Review and develop the role of the Police and Fire Service as key partners in early help and prevention.                                                                                                                                                                                                                                         | Partners are involved at an appropriate stage and an integrated approach is taken to early help and prevention. Information is shared appropriately which helps identify                                                                 |
<table>
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<tr>
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<tr>
<td>3.</td>
<td>Further develop partnerships between the eight Districts and the Council to support the provision of preventative activity throughout all areas of the county, reduce costs to the Council and districts by assessing areas of duplicated provision and working together to rationalise these.</td>
<td>those in need of early help and prevention.</td>
</tr>
<tr>
<td>4.</td>
<td>The emerging group focussing on identifying frequent users of public sector services needs to include all relevant services. There appears to be a reluctance of health agencies to share information at this stage, but other areas have overcome this as part of a “social prescribing model”. Learning from how these barriers have been overcome would benefit this group.</td>
<td></td>
</tr>
<tr>
<td>5.</td>
<td>Review the range of partnership groups which exist and develop a clear governance structure that ensures that these groups are accountable and add value.</td>
<td></td>
</tr>
<tr>
<td>6.</td>
<td>Collaborate on the development and introduction of a single Early Help Assessment checklist to support a whole workforce approach to identifying early indicators of vulnerability across Children and Adults.</td>
<td></td>
</tr>
<tr>
<td><strong>Assisted Living Technology</strong></td>
<td>1. Further review arrangements for the provision of Assisted Living Technology to explore: a) Opportunities for joint commissioning with districts to provide better economies of scale and a simpler and more consistent service for residents across the county. b) A review of the provision of stand-alone equipment as a free to use service through the introduction of means testing c) Further investigation of the benefits of developing self-assessment for basic pieces of Assistive Living Technology equipment via an online form akin to ‘AskSARA’, which would reduce the number of self-referrals to the customer service centre</td>
<td>The provision of Assisted Living Technology is clear to professionals and service users. Financial efficiencies are gained through a more integrated approach between the Council and districts.</td>
</tr>
</tbody>
</table>
d) Consider how Assistive Living could be developed as part of the Lightbulb Project in the future.
e) Further develop partnerships between the eight Districts and the Council to support the provision of preventative activity throughout all areas of the county, reduce costs to the Council and districts by assessing areas of duplicated provision and working together to rationalise these.

**Local Area Co-Ordination**

1. Consider how the Local Area Co-Ordination pilot may be extended, both in terms of the duration of the current programme but also extension across the County.

| Workstream         | Scope of Workstream                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Outcomes                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
|--------------------|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | An approach to Local Co-Ordination is taken which supports the Prevent, Reduce, Delay model by meeting need at a community based level at the earliest opportunity.                                                                                                                                                                                                                                                                                                                                 |

### 5. Financial Improvement Plan

<table>
<thead>
<tr>
<th>Opportunity</th>
<th>Estimated Saving</th>
<th>Peopletoo RAG Rating</th>
<th>Comment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Review Children’s Centre provision</td>
<td>£1m</td>
<td></td>
<td>Based on a budget for Children’s Centres of £4,245,000.</td>
</tr>
<tr>
<td>Review the IMPACT Programme within the Youth Offending Service and consider subsuming this work into the Supporting Leicestershire Families Service.</td>
<td>£110k</td>
<td></td>
<td>Based on a budget for the IMPACT programme of £450k. Department is already planning this level of saving upon expiry of contract and hence it is already built in to the MTFS.</td>
</tr>
<tr>
<td>Review Prospects Service and reduce contract in October 2017</td>
<td>£700k</td>
<td></td>
<td>Department is already planning this level of saving upon expiry of contract and hence it is already built in to the MTFS.</td>
</tr>
<tr>
<td>Delete the externally commissioned Advice and Information Service</td>
<td>£180k</td>
<td></td>
<td>Current service duplicates the service provided by First Contact once First Contact start to take self – referrals from the public and, to some extent, the work of Local Area Co-Ordinators if their role could extend</td>
</tr>
<tr>
<td>Opportunity</td>
<td>Estimated Saving</td>
<td>Peopletoo RAG Rating</td>
<td>Comment</td>
</tr>
<tr>
<td>---------------------------------------------------------------------------</td>
<td>------------------</td>
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</tr>
<tr>
<td>Re-review spend in Support to Voluntary Organisations / Community Capacity Building as part of a wider review to ensure that Tier 0 activity is delivering value for money</td>
<td>£100k</td>
<td>Green</td>
<td>From base budgets of £350k and 100k respectively (450k total) in community development, with a view to reinvesting in different ways of developing community capacity.</td>
</tr>
<tr>
<td>Review the approach to the provision of Assisted Living Technology, exploring joint commissioning with districts, review of free provision alongside development of self-assessment</td>
<td>£100k</td>
<td>Yellow</td>
<td>Provision of ALT across the county is complicated by the fact that the Districts continue to operate their own assistive technology services alongside that provided by the County Council. There are opportunities to negotiate a joint contract for assistive technology across Leicestershire going forward which would provide both for better economies of scale and for a simpler and more consistent service for residents across the county. Reducing provision of free equipment could also reduce spend.</td>
</tr>
<tr>
<td>Reduce remaining externally commissioned services by 10% via a value for money performance review, reducing duplication, and reviewing all contracts under £100,000 to establish if there is efficiency to be gained in merging / clustering some contracts</td>
<td>£1.5m</td>
<td>Red</td>
<td>There is inconsistency in the performance management and value for money assessment of externally commissioned services across departments. A rigorous review of all externally commissioned contracts to establish effectiveness and required volume of service could result in at least a further 10% in spend. There are some areas of potential duplication of service which could be addressed to support this overall reduction. Estimated saving is 10% of remaining total value of contracts minus specific contracts stated in the FIP e.g. Prospects, Leicestershire Advice and Information Service, Assisted Living Technology, Excludes Environment and Transport as services in this area do not</td>
</tr>
<tr>
<td>Opportunity</td>
<td>Estimated Saving</td>
<td>Peopletoo RAG Rating</td>
<td>Comment</td>
</tr>
<tr>
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<td></td>
<td></td>
<td></td>
<td>directly impact on early help and prevention.</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Excludes Chief Executive contracts except for Support for VCS Organisations / Community Capacity Building which are stated separately in the FIP. Other services are low in value and unlikely to yield savings.</td>
</tr>
</tbody>
</table>

**Total Savings Identified**

£3.69m

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

<table>
<thead>
<tr>
<th>Directorate</th>
<th>Service</th>
<th>Provider</th>
<th>Cost</th>
<th>Tier</th>
<th>KPI</th>
<th>Utilisation rates / Performance</th>
<th>Performance Data Sufficient?</th>
</tr>
</thead>
<tbody>
<tr>
<td>ABC</td>
<td>Re kidney Technology</td>
<td>LCL (KCSF funding)</td>
<td>£ 1,720,002</td>
<td>2</td>
<td>None set at the moment.</td>
<td>2% increase use of 1,000 standalone service users annually 180-420 referrals per month.</td>
<td>No current monitoring data includes utilisation and equalities utilisation 62% (Q1)</td>
</tr>
<tr>
<td>ABC</td>
<td>Homelessness Prevention</td>
<td>NDHA</td>
<td>£ 500,000</td>
<td>3</td>
<td>• Meet the needs of Service Users who are homeless or at immediate risk of homelessness enabling them to establish or maintain more permanent living arrangements • Medium to high level ‘short term’ support • Minimum provision of 6 weeks.</td>
<td>New quarterly monitoring developed, which will include data by client: e.g. support duration, outcomes monitoring, unit cost, equitables, category of need, referral routes etc.</td>
<td>Currently only reporting attendance: 130 (Q2)</td>
</tr>
<tr>
<td>ABC</td>
<td>Chemistry Support Coordination Service</td>
<td>Alzheimer’s Society</td>
<td>£ 310,000</td>
<td>2</td>
<td>The service is available to people who have concerns about memory loss, or an indicative or formal diagnosis of dementia, who are resident in the County of Leicestershire, and the carers of those people.</td>
<td>New quarterly monitoring developed, which will include data by client: e.g. support duration, outcomes monitoring, unit cost, equitables, category of need, referral routes etc.</td>
<td>Currently only reporting attendance: 130 (Q2)</td>
</tr>
<tr>
<td>ABC</td>
<td>Leicestershire EX Links</td>
<td>Richford Fellowship</td>
<td>£ 310,000</td>
<td>2</td>
<td>To provide; Drop in, Inreach and Peer Support</td>
<td>New quarterly monitoring developed, which will include data by client: e.g. support duration, outcomes monitoring, unit cost, equitables, category of need, referral routes etc.</td>
<td>Currently only reporting attendance: 130 (Q2)</td>
</tr>
<tr>
<td>ABC</td>
<td>Support for Carers</td>
<td>Voluntary Action South Leicestershire</td>
<td>£ 160,000</td>
<td>2</td>
<td>Inform, advise and support carers in all communities throughout the county including support groups, building schemes, provision of advice and guidance, maximising income etc. Where appropriate supporting people to complete self-assessment.</td>
<td>New quarterly monitoring developed, which will include data by client: e.g. support duration, outcomes monitoring, unit cost, equitables, category of need, referral routes etc.</td>
<td>Currently only reporting attendance: 130 (Q2)</td>
</tr>
<tr>
<td>ABC</td>
<td>Leicestershire Advice Service about Social Care Support</td>
<td>Leicestershire Community Partnership Trust</td>
<td>£ 160,000</td>
<td>2</td>
<td>Advice service for older people and working age</td>
<td>New quarterly monitoring developed, which will include data by client: e.g. support duration, outcomes monitoring, unit cost, equitables, category of need, referral routes etc.</td>
<td>Currently only reporting attendance: 130 (Q2)</td>
</tr>
<tr>
<td>ABC</td>
<td>Visual Impairment and Rehabilitation Service</td>
<td>BLNL</td>
<td>£ 160,000</td>
<td>3</td>
<td>Prevent individuals experiencing a cross over from visual impairment to potential service users, Rehabilitation Services and practical solutions to living and working with visual impairment. This will include working closely and liaising with hospital services/staff to raise awareness of support available in the County.</td>
<td>New quarterly monitoring developed, which will include data by client: e.g. support duration, outcomes monitoring, unit cost, equitables, category of need, referral routes etc.</td>
<td>Currently only reporting attendance: 130 (Q2)</td>
</tr>
<tr>
<td>ABC</td>
<td>Off Health &amp; Wellbeing service</td>
<td>Voluntary Action South Leicestershire</td>
<td>£ 160,000</td>
<td>2</td>
<td>To ensure that carers in Leicestershire are identified and supported early on, in their caring role, in order to prevent increasing need for health and social care support for both the carer and the cared for person. To provide good quality information and advice, for carers and professionals, in order to support carers to remain healthy.</td>
<td>New quarterly monitoring developed, which will include data by client: e.g. support duration, outcomes monitoring, unit cost, equitables, category of need, referral routes etc.</td>
<td>Currently only reporting attendance: 130 (Q2)</td>
</tr>
<tr>
<td>ABC</td>
<td>Home Improvement Agency</td>
<td>Popworth Trust (HKS)</td>
<td>£ 125,513</td>
<td>2</td>
<td>Service utilisation (target 47%) Number of jobs completed (target 150 per quarter) Proportion of service users remaining independent First response time (target 3) Av time to completion under £1500 (target 12) Av time to completion over £1500 (target 30) Service users by geography/ethnicity.</td>
<td>Service utilisation: 516 (Q1), 388 (Q2) Number of jobs completed: 172 total (Q1) Proportion remaining independent: 57% (Q1) As time to completion: £1500 45.64 (Q2) Av as time to completion: &gt;£1500 31.62 (av)</td>
<td>Currently only reporting attendance: 130 (Q2)</td>
</tr>
<tr>
<td>ABC</td>
<td>Short term Refuge Accommodation for Women at risk of Domestic Violence</td>
<td>BBC</td>
<td>£ 160,000</td>
<td>3</td>
<td>Enable women at risk of domestic abuse to access and move on to permanent accommodation in a planned way.</td>
<td>New quarterly monitoring developed, which will include data by client: e.g. support duration, outcomes monitoring, unit cost, equitables, category of need, referral routes etc.</td>
<td>Currently only reporting attendance: 130 (Q2)</td>
</tr>
<tr>
<td>ABC</td>
<td>Social Groups</td>
<td>Services</td>
<td>£ 160,000</td>
<td>2</td>
<td>54 social groups across the county which provide drop in activities and meals</td>
<td>Current monitoring data includes utilisation and equalities</td>
<td>Currently only reporting attendance: 130 (Q2)</td>
</tr>
<tr>
<td>ABC</td>
<td>Hospital to Hospital (Community Hospital Services)</td>
<td>Royal Voluntary Service</td>
<td>£ 64,906</td>
<td>2</td>
<td>The service is delivered in 9 lots. Lot 1 provides support to people leaving the community hospitals which covers Loughborough, Coalville, Ashby de la Zouch, Melton Mowbray, Hinckley, Market Harborough and Lutterworth. Lot 2 provides support to people leaving the Leicester Royal Infirmary, Leicester General Hospital and Glenfield Hospital. The service delivery and outcomes are the same for both lots. Target requirements in terms of gaining referrals from both Community and UHL hospitals. (Annual Target 125 CH &amp; 150 UHL) Targets in terms of visits/interactions. (Annual Target 1500 CH &amp; 2000 UHL)</td>
<td>24/7/365 reporting. Referrals: 416 (Q1) and 526 (Q4) Recruiting volunteers: 308 (Q1) and 336 (Q4) Visits/interactions: 2769 (Q1) and 3984 (Q4) The service provides case studies and user satisfaction information that illustrates general trends in how people feel in relation to the service – which generally is positive. The service was able to build a strong relationship with the hospital in regards to discharge protocols, often in challenging circumstances, establishing themselves as a partner in the process. The service can supply lists of case examples of where outcomes have been met.</td>
<td>Currently only reporting attendance: 130 (Q2)</td>
</tr>
<tr>
<td>ABC</td>
<td>Home Improvement Agency</td>
<td>Popworth Trust (HKS)</td>
<td>£ 41,711</td>
<td>2</td>
<td>The services provided by the lots are essentially a package of support aimed at delivering tailored solutions to the needs of vulnerable people seeking to improve, adapt or repair their homes. There is also a strong element of advice and information provided by the HKS. • A large part of the work of the lots is assisting people to access Disabled Facilities Grants (DFGs). Their role in the DFG process is in three areas; form completion, a technical role and added value (support, advocating, fund raising where there is a grant contribution, debt and benefit advice and sign-posting to other services).</td>
<td>Currently monitoring information on the number of cases completed, demonstrates that HKS has for each of the years, since the contract was re-negotiated, exceeded the target of 400 cases per year set by LCC.</td>
<td>Currently only reporting attendance: 130 (Q2)</td>
</tr>
<tr>
<td>ABC</td>
<td>Domestic Abuse</td>
<td>SSAFA Armed Forces</td>
<td>£ 10,720</td>
<td>2</td>
<td>To enable ex-service personnel and their families to remain independent at home. To prevent homelessness. This includes home assessments, follow up visits, advocacy support, support to review benefit packages and applications for financial assistance from various armed forces related sources, i.e. Military Charities and the Royal British Legion.</td>
<td>Currently monitoring information on the number of cases completed, demonstrates that SSAFA has for each of the years, since the contract was re-negotiated, exceeded the target of 400 cases per year set by LCC.</td>
<td>Currently only reporting attendance: 130 (Q2)</td>
</tr>
<tr>
<td>DCO &amp; CCC</td>
<td>Your SHRE Grants</td>
<td>LLC</td>
<td>£ 420,000</td>
<td>0</td>
<td>Number of grants applicants submitting community buildings funded applications supported to develop with advice and assistance. Number of community building / asset related projects and (for your SHRE Community Grant) projects related to community ket planning, health and wellbeing, rural business &amp; economy, Good Neighbour schemes, play and sport and energy applications supported through the assessment process with expert comment and assessment. Number of marketing initiatives through which grant schemes have been promoted in liaison with LCC.</td>
<td>Percentage of organisations who say they use the tool, policy information Existence of VCS working together to develop collaborative solutions Existence of VCS being supported to influence Health and Wellbeing strategies Amount of funding raised by VCS groups Existence of VCS being supported to bid for service delivery contracts % VCS groups reporting increased capacity following training % of people who take up volunteering opportunities % of volunteers happy with their placements</td>
<td>Currently only reporting attendance: 130 (Q2)</td>
</tr>
<tr>
<td>DCO &amp; CCC</td>
<td>Support for VCS Organisations</td>
<td>Voluntary Action Leicestershire</td>
<td>£ 390,000</td>
<td>0</td>
<td>Percentage of VCS groups who say they use the tool, policy information Existence of VCS working together to develop collaborative solutions Existence of VCS being supported to influence Health and Wellbeing strategies Amount of funding raised by VCS groups Existence of VCS being supported to bid for service delivery contracts % VCS groups reporting increased capacity following training % of people who take up volunteering opportunities % of volunteers happy with their placements</td>
<td>Percentage of VCS groups who say they use the tool, policy information Existence of VCS working together to develop collaborative solutions Existence of VCS being supported to influence Health and Wellbeing strategies Amount of funding raised by VCS groups Existence of VCS being supported to bid for service delivery contracts % VCS groups reporting increased capacity following training % of people who take up volunteering opportunities % of volunteers happy with their placements</td>
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<tr>
<td>CSSC</td>
<td>Community Capacity Building</td>
<td>Leicestershire Action Unincorporated</td>
<td>£ 10,000</td>
<td>0</td>
<td>Number of new community networks established</td>
<td>Number of community projects initiated and named quarterly</td>
<td>No</td>
</tr>
<tr>
<td>CSSC</td>
<td>Support for Social Enterprises</td>
<td>ICC</td>
<td>£ 30,000</td>
<td>0</td>
<td>Number of social enterprises / individuals receiving direct contract (support)</td>
<td>Number of new social enterprises / social businesses established</td>
<td>No</td>
</tr>
<tr>
<td>CSSC</td>
<td>Community Buildings Support</td>
<td>ICC</td>
<td>£ 30,000</td>
<td>0</td>
<td>Number of community hubs provided with intensive support to enable enhanced provision of services (particularly developed services and those supporting vulnerable people) and sustainable development. Provision of a knowledge bank service providing community buildings specific advice on local markets, competition, demographics etc</td>
<td>Number of communities with rural village halls supported to develop the hall as a work hub</td>
<td>No</td>
</tr>
<tr>
<td>DFS</td>
<td>Action Outreach Service Intensive Support (TST)</td>
<td>ICC</td>
<td>£ 1,984</td>
<td>2</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>DFS</td>
<td>Children's Centre Programme</td>
<td>ICC</td>
<td>£ 6,425</td>
<td>2</td>
<td>25%: % of families in county known and registered by programme; % of families accessing targeted support and early help; % parents who report improved confidence in caring for children; No of children centre programmes assessed as good or above for overall effectiveness;</td>
<td>The % inequality gap in achievement at reception</td>
<td>No</td>
</tr>
<tr>
<td>DFS</td>
<td>Supporting Leicester Families (STF)</td>
<td>ICC</td>
<td>£ 3,849</td>
<td>2</td>
<td>Yes - Payment by results targets from government around sustained and significant improvement on outcomes or entry into employment</td>
<td>Supporting Leicester Families has provided support to 1,400 families and 6,100 individuals from 2013 to the end of September 2015. Achieved full PBR targets for 2012 – 2015</td>
<td>Yes</td>
</tr>
<tr>
<td>DFS</td>
<td>Behaved Partnerships</td>
<td>ICC</td>
<td>£ 2,054/4</td>
<td>2</td>
<td>% to receive permanent exclusions</td>
<td>180 secondary learners aged 11 to 16 access advice and guidance or a managed programme. Permanent exclusions were 8 in 2014/15 and amongst the lowest in the locality</td>
<td>No</td>
</tr>
<tr>
<td>DFS</td>
<td>Youth Offending (TST)</td>
<td>ICC</td>
<td>£ 1,518</td>
<td>0</td>
<td>Reduce number of First Time Entrants</td>
<td>Reduce number of re-offences by young people</td>
<td>Yes</td>
</tr>
<tr>
<td>DFS</td>
<td>Information and guidance (age 0-18): Reducing NEET in targeted groups</td>
<td>Prospects</td>
<td>£ 1,493</td>
<td>2</td>
<td>Reducing NEET in targeted groups.</td>
<td>NEET vulnerable learner targets that are part of a payments by results section in the contract; it is for a maximum of £350,000 within the contract</td>
<td>Yes</td>
</tr>
<tr>
<td>DFS</td>
<td>Early Years Special Education Needs Inclusion Service (STF)</td>
<td>ICC</td>
<td>£ 1,094</td>
<td>2</td>
<td>Siblings and young children are able to access Early Years provision with barriers to inclusion being removed</td>
<td>Arrangements are put in place for transition into school. Implementation of the 0-2 SEND code of practice.</td>
<td>Yes</td>
</tr>
<tr>
<td>DFS</td>
<td>Education Psychology</td>
<td>ICC</td>
<td>£ 975</td>
<td>0</td>
<td>No regular reporting framework for Early Help work</td>
<td>Provision of statutory psychological advice for SEND Plan assessments by or before the due date and that the Outcomes are identified and clearly stated</td>
<td>Yes</td>
</tr>
<tr>
<td>DFS</td>
<td>Direct Specialist Support to Students, Academies, Environmental, Cultural, Arts, and Sports Provision, Online learning, Academic Qualifications</td>
<td>Action Outreach Framework</td>
<td>£ 490</td>
<td>2</td>
<td>No - other than response times for Request for Works requests. Cases still managed by AOS IS core staff; Questionnaires from service users and families on different suppliers</td>
<td>Action Outreach Framework is working with close to 75 children when funded for 16</td>
<td>No</td>
</tr>
<tr>
<td>DFS</td>
<td>PMIS Primary Behavioural Support (Dalffield short stay school)</td>
<td>ICC</td>
<td>£ 762</td>
<td>2</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>DFS</td>
<td>Action Outreach Service (TST)</td>
<td>ICC</td>
<td>£ 762</td>
<td>2</td>
<td>Training numbers - particularly quantity of SENCO’s that take a Level 3 training &amp; take up of training</td>
<td>Arriving to train 25% (or higher of SENCO’s but also supporting across all schools = empowerment of more schools to stand alone where possible</td>
<td>Yes</td>
</tr>
<tr>
<td>DFS</td>
<td>Hearing Teaching Support (TST)</td>
<td>ICC</td>
<td>£ 715</td>
<td>2</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>DFS</td>
<td>Vision Teaching Support (TST)</td>
<td>ICC</td>
<td>£ 570</td>
<td>2</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Directorate | Service | Provider | Cost | Tier | KPI | Utilisation rates / Performance | Performance Data Sufficient?
--- | --- | --- | --- | --- | --- | --- | ---
DOM | Domestic Abuse | LCC | £ | 351,000 | 2 | Child: targets relate to outcomes from support regarding safety, wellbeing and repeat victimizing prevention to the service. Secondary: no targets in place - direct service is provided through CRPS as a whole as part of core business. | No - not yet known - started Dec 2015 - expected 360-1400 per year. Secondary: not yet known, 860 cases where domestic abuse identified through single assessments. Estimate is a third of all CFS cases, plus other cases not known to CFS.
BUS | Business Support | LCC | £ | 206,000 | 2 | NI - business support | NA - business support
SOL | Early Support and Inclusion for Disabled children | Memphis UK Disabled Children. | £ | 211,000 | 2 | Yes the contract sets out an expectation that a minimum of 400 early support meetings are carried out. | 2014/15 there were 374 disabled children and families supported by this contract. As of 26/01/15 there were 460 children and families referred to this service.
COM | Community Safety | LCC | £ | 207,000 | 2 | No | NA - strategy and partnership management
COM | Community Based Community for Disabled Children. | Glebe House, Melton Mowbray, SN8 8HL | £ | 166,680 | 2 | Yes, the contract sets out prescriptive targets in the form of outputs covering weekend provisions, numbers of after school activities and minimum number of holiday support activities | 89 disabled children and families access support
HEA | Emotional Mental Health Services | Family Action | £ | 153,511 | 2 | £25 referrals; 400 children with personal development plans; 250 families accessing high intensity support groups; 250 families supported to access local children centre support or parenting support; 360 women have mental health needs assessment; 110 women paired with volunteer befriender; | 54 families accessed service in first quarter
CCE | ICT Assessment Service (ITI) | LCC | £ | 125,000 | 2 | | |
SPE | Specialised Autism Programme: | Professional Attainment Services Ltd | £ | 110,000 | 2 | Delivered 30 Early Beginnings courses for 350 parents. | 6 groups ran to first quarter with 54 families accessing service
SPE | SEND Autism and Information Service (Parent Partnership) | LCC | £ | 106,000 | 2 | | |
SPE | Specialist Sensory Schemes for Disabled Young People | Summer Schemes for Disabled Young People | £ | 87,670 | 2 | | Out of a population of children actively known to the Disabled Children’s Service on average there are 250 children and families accessing these services.
SPE | Assessment and Targeted Support for Young Carers in Leicestershire | Assured - Young Carers | £ | 78,466 | 2 | £250 new individuals across 5 years - 130 and 130 respectively. Number, form and outcomes of training activities reported. 75% of families reporting core packages are effective annually. No of young carers requiring transition assessment. | |
LCC | Local Offer | LCC | £ | 43,000 | 2 | No | Is is measured by context metric
VIS | Visual Impairment Services | Viva Visual Impairment Service | £ | 23,978 | 2 | To deliver programmes of mobility/training to facilitate independent travel to school or access around school site on transition. For the child/young person have increased confidence, independent navigation, orientation and road safety on completion of the programme. To prepare for adulthood and employment at the end of education. | Approximately 50 visually impaired children known to the Vision Support Service received mobility/independence living skills support from the Service in the last quarter.
SPE | YESNIS Speech Therapists (Early Years Special Education Needs) | Leicestershire Partnership Trust (YESNIS Speech Therapist) (Early Years Special Education Needs) | £ | 15,107 | 2 | | Out of a population of children actively known to the Disabled Children’s Service on average there are 250 children and families accessing these services.
SPE | Learning Support Service (ST): | LCC | £ | 2 | | Improve dyslexia friendly provision. In schools at Universal level coach pupils in equal opportunities to achieve their potential (15 schools) | |
SPE | School Crossing Patrol Service | LCC Road Safety | £ | 375,943 | 2 | Provide role models to cross and encourage more walking to school. Site vacancy rate % | Current site vacancy rate 8.6% Crossing survey undertaken in late 2014. From one day survey figures indicate that more than 7,500 crossings take place each year (children and adults). Average of 650 crossings per site.
SPE | Overall delivery of PNDW Service | LCC Public Rights of Way | £ | 200,000 | 1 | Meeting statutory duties to ensure PNDW network is safe and fully accessible - encourage physical activity. | |
SPE | Overall Public Transport Information Service | LCC Public Transport | £ | 164,000 | 1 | Provides Public Transport Information, publicity and service monitoring, links to Sustainable and Active travel. | |
SPE | Community Speed | LCC Road Safety | £ | 51,000 | 2 | Provide road safety education / reminders to speeding drivers - casualty reduction/ community support. Number of schemes in(ies) (Target of 30 for 2016/17) | To date the academic year: Assessments - 123 tuition - 39 packages Training - 42 packages
SPE | Sustainable Travel Service | LCC Sustainable Travel Services | £ | 49,500 | 1 | Encourage and promote sustainable and Active Travel choices. | |
SPE | Older driver and mobility scooter resources | LCC Road Safety | £ | 10,500 | 2 | Provide road safety education and training to older drivers and mobility scooter users - casualty reduction. Number of Salmon Driving with Age (SADA) driving assessments undertaken (Target of 40 for 2016/17) | |
SPE | Engagement Tools | LCC Low Food Waste | £ | 2,896 | 2 | Behaviour change aids to provide a weekend of EnWaste workshops to cooking class attendees and initiate engagement at candidate | |
SPE | Home compost bin subsidy | LCC Home composting | £ | 5,993 | 2 | Promote organic kitchen & garden waste from landfill | Not of home compost bin cost - target 800 Detailed not completed
SPE | External Cooking Tutors | LCC Low Food Waste | £ | 5,464 | 2 | Provides cookery skills to Leicestershire residents to increase the uptake of food waste prevention and reuse - target 55 Not completed for 2015/16
SPE | Scout driver resources | LCC Road Safety | £ | 5,000 | 2 | Provide road safety education to company drivers - casualty reduction, for specific school for 2016/17 developed yet. | |
SPE | Regional Motorcycle Partnership | LCC Road Safety | £ | 5,000 | 2 | Provide road safety education to motorcycle riders - casualty reduction. Mostly web based and roadside reminders | |
<table>
<thead>
<tr>
<th>Directorate Service</th>
<th>Provider</th>
<th>Cost</th>
<th>Tier</th>
<th>KPI</th>
<th>Utilisation rates / Performance</th>
<th>Performance Data Sufficient?</th>
</tr>
</thead>
<tbody>
<tr>
<td>E&amp;T</td>
<td>Transition (move from Primary School to Secondary school)</td>
<td>LCC Road Safety</td>
<td>£ 1,000</td>
<td>1</td>
<td>Provides road safety education to children as they make the transition from Primary school to Secondary school - encourages independent journeys. Focus on casualty reduction.</td>
<td>2016/17/18/19</td>
</tr>
<tr>
<td>E&amp;T</td>
<td>Adult Ed Classes - Tobacco</td>
<td>LCC Low Food Hake Waste</td>
<td>£ 4,950</td>
<td>1</td>
<td>Provides coughs skills to Leicestershire residents to increase the uptake of food waste prevention behaviours by a key audience.</td>
<td>2016/17/18/19</td>
</tr>
<tr>
<td>E&amp;T</td>
<td>Social Inclusion</td>
<td>LCC Reuse</td>
<td>£ 2,756</td>
<td>1</td>
<td>Encourage reusable bag use by introduction of exchange for single-use plastic - paper bags - big ups a one-off and will not be continued.</td>
<td>2016/17/18/19</td>
</tr>
<tr>
<td>E&amp;T</td>
<td>Smoking Cessation</td>
<td>LCC Reuse</td>
<td>£ 2,981</td>
<td>1</td>
<td>Reduce quantity of disposable poppers sent to landfill. No of times linking is broken - target 50.</td>
<td>2016/17/18/19</td>
</tr>
<tr>
<td>E&amp;T</td>
<td>Pre-Driver Day Training</td>
<td>LCC Road Safety</td>
<td>£ 2,150</td>
<td>1</td>
<td>Provide road safety education to 16-17 year olds - casualty reduction. Number of PCC clients attending courses p.a. Target of 400 for 2016/17.</td>
<td>2016/17/18/19</td>
</tr>
<tr>
<td>E&amp;T</td>
<td>Tiny Steps / First Steps</td>
<td>LCC Road Safety</td>
<td>£ 2,610</td>
<td>1</td>
<td>Provide road safety education to pre-school and FS1 &amp; FS2 children - casualty reduction. No specific KP for 2016/17 developed. Seeking to deploy resources to a different area by a key audience.</td>
<td>2016/17/18/19</td>
</tr>
<tr>
<td>E&amp;T</td>
<td>Junior Road Safety Officer Scheme</td>
<td>LCC Road Safety</td>
<td>£ 2,000</td>
<td>1</td>
<td>Provide road safety education to FS1, FS2 and wider school community - casualty reduction. Web-based Resource.</td>
<td>2016/17/18/19</td>
</tr>
<tr>
<td>E&amp;T</td>
<td>Secondary school age website (7 junction)</td>
<td>LCC Road Safety</td>
<td>£ 2,000</td>
<td>1</td>
<td>Provide road safety education to FS3, FS4 and wider school community - casualty reduction.</td>
<td>2016/17/18/19</td>
</tr>
<tr>
<td>E&amp;T</td>
<td>School gate parking resources.</td>
<td>LCC Road Safety</td>
<td>£ 2,000</td>
<td>1</td>
<td>Provide safety reminders and encourages walking through messages about park and ride. No specific KP for 2016/17 developed yet.</td>
<td>2016/17/18/19</td>
</tr>
<tr>
<td>E&amp;T</td>
<td>Sewing Classes</td>
<td>LCC Low Food Hake Waste</td>
<td>£ 1,111</td>
<td>0</td>
<td>Proactively provide skills to Leicestershire residents to increase the uptake of food waste prevention behaviours.</td>
<td>2016/17/18/19</td>
</tr>
<tr>
<td>E&amp;T</td>
<td>Complicity Based Training</td>
<td>LCC Road Safety</td>
<td>£ 1,100</td>
<td>1</td>
<td>Provide road safety education to low powered / new motorcycle riders - casualty reduction. No CBT providers.</td>
<td>2016/17/18/19</td>
</tr>
<tr>
<td>E&amp;T</td>
<td>Furniture Reupholstery Classes</td>
<td>LCC Reuse</td>
<td>£ 937</td>
<td>1</td>
<td>Provide skills and embed reuse messages to prevent furniture going to landfill.</td>
<td>2016/17/18/19</td>
</tr>
<tr>
<td>PH</td>
<td>Health Visiting</td>
<td>LCC</td>
<td>£ 6,736</td>
<td>1</td>
<td>Patient experience feedback (no target) Health visitors contribute to local maternal mental health pathway Health visitors use local early attachment health pathway Contact with every child on a child protection plan.</td>
<td>2016/17/18/19</td>
</tr>
<tr>
<td>PH</td>
<td>Integrated Sexual Health</td>
<td>Staffordshire &amp; Stoke on Trent Partnership Trust</td>
<td>£ 2,890,167</td>
<td>2</td>
<td>Number of primary contacts (target 28,039 Jan-Dec) Number of secondaries contacts (target 19,386 Jan-Dec)</td>
<td>2016/17/18/19</td>
</tr>
<tr>
<td>PH</td>
<td>Health Visitors</td>
<td>LCC</td>
<td>£ 6,736</td>
<td>1</td>
<td>Patient experience feedback (no target) Health visitors contribute to local maternal mental health pathway Health visitors use local early attachment health pathway Contact with every child on a child protection plan.</td>
<td>2016/17/18/19</td>
</tr>
<tr>
<td>PH</td>
<td>School Nursing</td>
<td>EPT</td>
<td>£ 2,725,610</td>
<td>1</td>
<td>Detailed report from each local district.</td>
<td>2016/17/18/19</td>
</tr>
<tr>
<td>PH</td>
<td>Community health Visits</td>
<td>SBS</td>
<td>£ 607,961</td>
<td>1</td>
<td>Physical activity grant managed by LCC Board (including LCC staff) against strategic objective.</td>
<td>2016/17/18/19</td>
</tr>
<tr>
<td>PH</td>
<td>Birth Health Visits</td>
<td>GPs</td>
<td>£ 600,100</td>
<td>1</td>
<td>Number of people entered (target 167,215) Number receiving Health Check (target 23,811) Percentage uptake (cumulative uptake to date 46.6%, Eng baseline 49%)</td>
<td>2016/17/18/19</td>
</tr>
<tr>
<td>PH</td>
<td>Smoke Smoking Service</td>
<td>Quit41</td>
<td>£ 521,000</td>
<td>2</td>
<td>Number of 4 week quits - general population (target 51,190) Number of 12 week quits - general population (target 20,488)</td>
<td>2016/17/18/19</td>
</tr>
<tr>
<td>PH</td>
<td>CCO and implantation GP</td>
<td>GPs</td>
<td>£ 500,100</td>
<td>1</td>
<td>Number of 10 week follow-ups (target 1,300) Number of implants inserted (target of 2469)</td>
<td>2016/17/18/19</td>
</tr>
<tr>
<td>PH</td>
<td>Weight Management Service</td>
<td>NHS Leicester Partnership NHS Trust</td>
<td>£ 366,000</td>
<td>2</td>
<td>HCC - Total number of participants HCC - % with decreased BMI HCC - % completing group (pms 12 sessions) LEAP - % of programme participants LEAP - % of people lost to follow up LEAP - % achieving 15% weight loss after 12 weeks LEAP - % achieving 15% weight loss after 12 weeks LEAP - % achieving 15% weight loss after 12 weeks LEAP - % achieving 15% weight loss after 12 weeks LEAP - % success using BMI 15% weight loss targets</td>
<td>2016/17/18/19</td>
</tr>
<tr>
<td>PH</td>
<td>Needle Replacement Therapy</td>
<td>Quit 41</td>
<td>£ 226,000</td>
<td>2</td>
<td>Number of 4 week contacts - general population (target 51,190) Number of 12 week contacts - general population (target 20,488)</td>
<td>2016/17/18/19</td>
</tr>
<tr>
<td>PH</td>
<td>Inpatient alcohol</td>
<td>Nene hats Healthcare Trust</td>
<td>£ 160,129</td>
<td>3</td>
<td>Number of discharges completing (89%) Waiting time under 3 weeks 1st treatment (80%) Waiting under 3 weeks 2nd treatment (98%) Number admitted for hospital (target 60%)</td>
<td>2016/17/18/19</td>
</tr>
<tr>
<td>PH</td>
<td>Mental Health</td>
<td>Internal Delivery</td>
<td>£ 150,000</td>
<td>1</td>
<td></td>
<td>2016/17/18/19</td>
</tr>
<tr>
<td>PH</td>
<td>Day care referral</td>
<td>Districts</td>
<td>£ 150,000</td>
<td>2</td>
<td>Physical activity grant managed by LCC - No KPIs set by LCC.</td>
<td>2016/17/18/19</td>
</tr>
<tr>
<td>PH</td>
<td>Sport and Physical Activity Commissioning Grant</td>
<td>Districts</td>
<td>£ 115,496</td>
<td>1</td>
<td>Annual scrutiny of districts plans by LCC and SCC - SCC manages performance against the plan.</td>
<td>2016/17/18/19</td>
</tr>
<tr>
<td>PH</td>
<td>Healthy Homes</td>
<td>Popworth Trust</td>
<td>£ 100,000</td>
<td>1</td>
<td>Number of community awareness sessions (target 30) Number of partner agency awareness sessions (target 10) Number of professionals attending training (target 250) Number of people given energy advice (target 1000) Number of energy advice visits undertaken (target 100) Number of homes receiving improvements (target 50)</td>
<td>2016/17/18/19</td>
</tr>
<tr>
<td>PH</td>
<td>Alcohol Brief Advice</td>
<td>EPT</td>
<td>£ 100,000</td>
<td>2</td>
<td>Reduction in alcohol related ED attendance (target -10%) Reduction in alcohol related admissions (target -10%)</td>
<td>2016/17/18/19</td>
</tr>
<tr>
<td>PH</td>
<td>Children's physical activity</td>
<td>LCC</td>
<td>£ 100,000</td>
<td>1</td>
<td>Physical activity grant managed by LCC. Clear guidance on how funding is to be targeted.</td>
<td>2016/17/18/19</td>
</tr>
<tr>
<td>PH</td>
<td>Healthy Schools</td>
<td>Internal Delivery</td>
<td>£ 100,000</td>
<td>1</td>
<td>No specific targets set, but do report on the number of schools with Health Schools’ status. Provide training and exams and online resources.</td>
<td>2016/17/18/19</td>
</tr>
<tr>
<td>PH</td>
<td>Prevention Training</td>
<td>Probation</td>
<td>£ 95,000</td>
<td>2</td>
<td>Total number of clients completing Client Initial Assessment (80%) Total number of clients who initiate Personal Health Plan (180) Proportion of clients partly achieving Personal Health Targets (60%)</td>
<td>2016/17/18/19</td>
</tr>
<tr>
<td>Service / Directorate</td>
<td>Provider</td>
<td>Cost</td>
<td>Tier</td>
<td>KPI</td>
<td>Utilisation rates / Performance</td>
<td>Performance Data Sufficient?</td>
</tr>
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</tr>
<tr>
<td>HW Community Infection Prevention and Control</td>
<td>ABC in house</td>
<td>£ 50,000</td>
<td>3</td>
<td>Urgent referrals seen within 48 hours (target: 1000) Non-urgent referrals seen within 30 days (target: 100%) All referrals to receive recommendations within 50 working days of initial target (500%)</td>
<td>100% 100% 100%</td>
<td>No</td>
</tr>
<tr>
<td>HW Tobacco-free VP programme</td>
<td>Community</td>
<td>£ 80,000</td>
<td>1</td>
<td>Increase the number of schools who have a whole-school tobacco-free policy. Increase the number of young people who seek assistance to quit smoking. Reduce the number of young people taking up smoking and using tobacco. Contribute to a reduction in health inequalities attributable to smoking and tobacco use. Contribute to a reduction in overall smoking prevalence. Clear quarterly targets and monitoring methods.</td>
<td>END2 - To be amalgamated into new 'Understanding and Managing Risk' programme along with the Schools Nursing Project</td>
<td></td>
</tr>
<tr>
<td>HW Local Area Coordination</td>
<td>Internal Delivery</td>
<td>£ 75,000</td>
<td>0</td>
<td>Leicestershire LAC evaluation report published January 2016. Second round of Number of referrals: 1588 Q1+2</td>
<td></td>
<td></td>
</tr>
<tr>
<td>HW Training Services service</td>
<td>LPT</td>
<td>£ 72,000</td>
<td>1</td>
<td>Number of trainees over 18 seen by the service Number of people attending cultural awareness training Number of health promotion sessions delivered to the community</td>
<td>0 G2 YTD 0 Q2 YTD 0 Q2 YTD</td>
<td></td>
</tr>
<tr>
<td>HW Visits Contact Plus</td>
<td>Internal Delivery</td>
<td>£ 72,000</td>
<td>1</td>
<td>Evaluation report published February 2016.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>HW Child/Health Promotion</td>
<td>Internal Delivery</td>
<td>£ 65,000</td>
<td>1</td>
<td>Number of training courses (annual target 25) Participant satisfaction (target 85%) Some elements not yet underway and reporting for Q2 delayed.</td>
<td>1 G1 66%</td>
<td></td>
</tr>
<tr>
<td>HW Block enforcement</td>
<td>LCC Trading Standards</td>
<td>£ 60,000</td>
<td>1</td>
<td>Visits for block tobacco sales (target 5)</td>
<td>3 Q1 YTD 3 Q1 YTD</td>
<td>No Hard extras</td>
</tr>
<tr>
<td>HW Heartstart cardiac rehab</td>
<td>END/LPT</td>
<td>£ 50,000</td>
<td>4</td>
<td>Specific aims have transpired in this is now delved through the Exercise on referral grant</td>
<td></td>
<td></td>
</tr>
<tr>
<td>HW Dental care coordination</td>
<td>NHS England</td>
<td>£ 50,000</td>
<td>1</td>
<td>Percentage of population surveyed Percentage of sample population choosing to participate None to date</td>
<td></td>
<td></td>
</tr>
<tr>
<td>HW Community Care Assessment</td>
<td>Leicester City Council</td>
<td>£ 48,000</td>
<td>3</td>
<td>Delegated to City Council - no LCC KPIs</td>
<td></td>
<td></td>
</tr>
<tr>
<td>HW Food for Life</td>
<td>Food for Life Partnership</td>
<td>£ 45,000</td>
<td>1</td>
<td>There are a large number of KPIs, including: No. of schools enrolled No. of schools gaining bronze award No. of schools gaining silver/gold award No. of sessions delivered to head teachers No. of sessions delivered to guests No. of school staff trained</td>
<td>47 15 7 24 44 260</td>
<td></td>
</tr>
<tr>
<td>HW Later See Project</td>
<td>John Story Charitable</td>
<td>£ 41,612</td>
<td>1</td>
<td>Later See Delivery Training (target 2) Red Box and Red Training (target 4) Pregnancy Testing Training (target 2) Teenage Sexual Health Update Training (target 4) Beanpole Training (target 12) Development of new sites (target 8) Peer review wish of sites (target 12) TCP Test Service (target 24)</td>
<td>0 G2 YTD 0 Q2 YTD 0 Q2 YTD 0 Q2 YTD 0 Q2 YTD 0 Q2 YTD 0 Q2 YTD</td>
<td></td>
</tr>
<tr>
<td>HW HIV Prevention for those who have sex with men</td>
<td>TRAC</td>
<td>£ 40,000</td>
<td>2</td>
<td>Number of contacts Number of outreach sessions (target of 40) Number of HIV testing consultation sessions (target of 75 max) Number of training sessions for practitioners (target of 4)</td>
<td>0 G2 YTD 0 G2 YTD 0 G2 YTD 0 G2 YTD</td>
<td></td>
</tr>
<tr>
<td>HW Local Pharmacy SCP</td>
<td>Pharmacies</td>
<td>£ 40,000</td>
<td>1</td>
<td>Number of key consultations (target of 500)</td>
<td>0 G2 YTD 0 G2 YTD 0 G2 YTD 0 G2 YTD</td>
<td></td>
</tr>
<tr>
<td>HW Exercise on referral coordination</td>
<td>LAS</td>
<td>£ 40,000</td>
<td>2</td>
<td>Physical activity grant managed by LAS - no KPIs set by LCC</td>
<td>Number of referrals: 1586 Q1+4 Details of referral by reason Details of source of referral Number of sessions: 681 Total attendance: 13998</td>
<td></td>
</tr>
<tr>
<td>HW Challenge enforcement</td>
<td>LCC Trading Standards</td>
<td>£ 36,500</td>
<td>1</td>
<td>Text purchases for underage sale of tobacco (target 50) Text purchases for underage sale of alcohol (target 60)</td>
<td>0 G2 YTD 0 G3 YTD 0 G3 YTD No information on number of service users</td>
<td></td>
</tr>
<tr>
<td>HW Teenage population</td>
<td>The Bridge</td>
<td>£ 36,000</td>
<td>3</td>
<td>Target to work with 40 young people each year with a range of intended outcomes including measurable improvement in mental wellbeing score (Short Warwick Edinburgh Mental Wellbeing Scale) Quarterly reporting of contacts, sessions completed and service outcomes.</td>
<td>92% Q1 92% Q2 92% Q3 92% Q4</td>
<td></td>
</tr>
<tr>
<td>HW Commercial Weight Management</td>
<td>Weight watchers</td>
<td>£ 35,000</td>
<td>2</td>
<td>Participants achieving a weight loss of 5% or more (target 30%)</td>
<td>0 G2 YTD 0 G2 YTD 0 G2 YTD 0 G2 YTD</td>
<td></td>
</tr>
<tr>
<td>HW Schools Nursing Project</td>
<td>LPT</td>
<td>£ 35,000</td>
<td>1</td>
<td>END2 - To be amalgamated into new 'Understanding and Managing Risk' programme along with the Tobacco Free young People programme</td>
<td>Report on social norms regarding alcohol in 7 local schools</td>
<td></td>
</tr>
<tr>
<td>HW Master Gardeners</td>
<td>Garden Organic</td>
<td>£ 30,000</td>
<td>1</td>
<td>Supported Growers Volunteer numbers Community Events</td>
<td>360 households to date (100) 36 37</td>
<td></td>
</tr>
<tr>
<td>HW Breathing service</td>
<td>LPT</td>
<td>£ 30,000</td>
<td>2</td>
<td>Number of referrals into the service. Increased uptake to asthma support. Contribute to an increase in the initiation and duration of breathing in line with DH targets. Increase the number of mothers breast feeding in North West Leicestershire &amp; Hinckley &amp; Bosworth. Promote attachment and bonding.</td>
<td>60% 92% 92% 92%</td>
<td></td>
</tr>
<tr>
<td>HW Older People Physical Activity</td>
<td>LAS</td>
<td>£ 26,000</td>
<td>1</td>
<td>Physical activity grant managed by LAS. Clear guidance on how funding is to be applied. Board papers</td>
<td></td>
<td></td>
</tr>
<tr>
<td>HW Cancer Early Detection</td>
<td>Internal Delivery</td>
<td>£ 25,000</td>
<td>2</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>HW HIV Positive People</td>
<td>Less AIDS Support Service</td>
<td>£ 20,000</td>
<td>2</td>
<td>Number of contacts Number of outreach sessions (target of 12) Number of HIV testing consultation sessions (target of 50 max) Number of training sessions for practitioners (target of 4)</td>
<td>0 G3 YTD 0 G2 YTD 0 G2 YTD 0 G2 YTD</td>
<td></td>
</tr>
<tr>
<td>HW Support for MEST</td>
<td>Untapped Me</td>
<td>£ 20,000</td>
<td>2</td>
<td>Multi-agency training sessions (target of 4) Locality Training (target 2 per quarter) Delivery of baby boxes Support Quality Framework completion (target 5 in Q2) Support forum for Young Parents’ Vision (target 2 per quarter)</td>
<td>0 G2 YTD 0 G2 YTD 0 G2 YTD 0 G2 YTD 0 G2 YTD</td>
<td></td>
</tr>
<tr>
<td>HW Early Years Partnership Flag Q3</td>
<td>Step into Health Ltd</td>
<td>£ 15,000</td>
<td>1</td>
<td>Contract Ending; taken forward through Healthy Schools Programme</td>
<td></td>
<td></td>
</tr>
<tr>
<td>HW Healthy relationships campaign</td>
<td>Internal Delivery</td>
<td>£ 7,000</td>
<td>1</td>
<td>AD hoc response to request for attendance numbers at events</td>
<td></td>
<td></td>
</tr>
<tr>
<td>HW Health screening GP</td>
<td>GP</td>
<td>£ 6,750</td>
<td>2</td>
<td>Target of 380 school/year screenings per annum</td>
<td>END 0 G2 YTD</td>
<td></td>
</tr>
<tr>
<td>HW Coordination</td>
<td>Staffordshire and Stoke on Trent Partnership HMT Trust</td>
<td>£ 6,000</td>
<td>1</td>
<td>Number of training evenings (target of 6)</td>
<td>0 G2 YTD 0 G2 YTD 0 G2 YTD</td>
<td></td>
</tr>
<tr>
<td>Directorate</td>
<td>Service</td>
<td>Provider</td>
<td>Cost</td>
<td>Tier</td>
<td>KPI</td>
<td>Utilisation rates / Performance</td>
</tr>
<tr>
<td>-------------</td>
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<td>---------------------------------</td>
</tr>
<tr>
<td>PH</td>
<td>HIV Prevention - people of African heritage</td>
<td>Leics AIDS Support Service</td>
<td>£5,000 1</td>
<td></td>
<td>Number of contacts</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Number of outreach sessions (target of 32)</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Number of HIV testing consultation sessions (target of 80 max)</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Number of training sessions for practitioners (target of 2)</td>
<td></td>
</tr>
<tr>
<td>PH</td>
<td>Smoke Free Environments</td>
<td>Internal Delivery</td>
<td>£5,000 1</td>
<td></td>
<td>Number of pledges</td>
<td></td>
</tr>
<tr>
<td>PH</td>
<td>Healthy Tots</td>
<td>Internal Delivery</td>
<td>£5,000 1</td>
<td></td>
<td>No specific targets but do report on number of early years settings with 'Healthy Tots' status</td>
<td></td>
</tr>
<tr>
<td>PH</td>
<td>Training</td>
<td>Internal Delivery</td>
<td>£3,000 1</td>
<td>No specific KPI/Target</td>
<td></td>
<td></td>
</tr>
<tr>
<td>PH</td>
<td>Chlamydia screening Pharmacy</td>
<td>Pharmacies</td>
<td>£63 2</td>
<td></td>
<td>Target of 85 chlamydia screenings per annum</td>
<td></td>
</tr>
</tbody>
</table>

Note: Q3 YTD means Quarter 3 Year to Date; Q2 YTD means Quarter 2 Year to Date.