



Executive Director/Director Non-Key Executive Decision Report

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Report to: Executive Director of People Services Portfolio
Date of Decision: 20/11/18
Subject: Young Carers and Hidden Harm Service

Which Cabinet Member Portfolio does this relate to? Children and Families
Which Scrutiny and Policy Development Committee does this relate to? Health and Wellbeing Executive

Has an Equality Impact Assessment (EIA) been undertaken? Yes No
If YES, what EIA reference number has it been given? 369

Does the report contain confidential or exempt information? Yes No

Purpose of Report:

A Young Carers Service and a Hidden Harm Service were commissioned as separate contracts that expire in March 2019. The proposal is to recommission Young Carers Service with support for children and young people affected by substance misuse in the household, by merging the contracts and form one service to build efficiencies and mitigate against a 2.6% annual reduction to the public health grant contribution.

It is proposed that the contract is for 2 years and 9 months with break clauses after year 1 and 2. The contract value is £437,000.

Recommendations:

It is recommended that:

- 1) approval is given to recommission the Young Carers and Hidden Harm Service as one contract in line with the procurement strategy and other details set out in this report;
- 2) authority is delegated to the Director of Finance and Commercial Services or her nominated representative to award a contract for this project.

Background Papers:

- Health Needs Assessment on the emotional wellbeing and mental health needs of children and young people in Sheffield (2014)
- Barnardo's (2006) Hidden Lives: Unidentified Young Carers in the UK. Essex: Barnardo's.
- Barnardo's (2017) Still Hidden, Still Ignored: Who cares for young carers?
- Carers Trust (2012) Commissioning services for young carers and their families
- VOYCE (2014) Commissioning Services for Young Carers Report
- AMCD inquiry: 'Hidden harm' report on children of drug users
- <https://www.gov.uk/government/publications/amcd-inquiry-hidden-harm-report-on-children-of-drug-users>

Lead Officer to complete:-		
1	I have consulted the relevant departments in respect of any relevant implications indicated on the Statutory and Council Policy Checklist, and comments have been incorporated / additional forms completed / EIA completed, where required.	Finance: Judith Simons
		Commercial: Paul Rayton
		Legal: Janusz Siodmiak / Sarah Bennett
		Equalities: Bashir Khan
<i>Legal, financial/commercial and equalities implications must be included within the report and the name of the officer consulted must be included above.</i>		
2	Lead Officer Name: Carol Fordham	Job Title: Vulnerable Children and Young People Commissioning Manager
	Date: 8/11/18	

1. PROPOSAL

1.1 A Young Carers Service and a Hidden Harm Service were commissioned for children and young people in Sheffield from April 2015 for 3 years with the option of a 1 year extension and cannot be extended beyond March 2019. The contracts were separate lots of an Emotional Health and Wellbeing Service including a Counselling Service, which was recommissioned and integrated into Door 43 Youth Information Advice and Counselling Service in 2018. The proposal is to merge the young carers and hidden harm contracts to form one service to build efficiencies and mitigate against a 2.6% reduction to the public health grant contribution year on year.

1.2 The funding for the current separate contracts is set out in the table below.

Current contributions	Young Carers £ per annum	Hidden Harm £ per annum
Public Health Grant	56,490	57,000
Children's Services	26,400	
Adult Mental Health	26,410	
TOTAL	109,300	57,000

The merged contract value takes account of a budget deficit of £1990 pa met by Public Health and 2.6% annual reductions to the Public Health Grant. Other contributions will remain at the current value. Break clauses will be built in after each financial year, should the financial position change.

The proposed funding structure:

Funding period	Contract value £
April 2019-March 2020	161,400
April 2020-March 2021	158,600
April 2021-December 2021	117,000
TOTAL	437,000

The reason for contracting a service for 2 years and 9 months is to bring it into line with the Adult Carers Service, which ends in December 2021. The Council has an all age Carers Strategy and the intention is to commission an all age Carers Service from January 2022.

1.3 The successful Provider will deliver the following key outcomes:

- Children and young people involved with the Young Carers and Hidden Harm Service demonstrate increased confidence, self-esteem and resilience, and higher aspirations. They demonstrate improved health and wellbeing, social and educational outcomes
- Children/young people access support for up to 12 months* including individual support, group support and holiday activities
- Children/young people feel valued and listened to and are actively involved in the design, delivery and evaluation of the Service
- Children/young people are actively identified and offered support which values their different family, cultural and personal backgrounds

- Education, health, social care and voluntary sector agencies will understand and respond effectively to young carers' needs and children/young people affected by substance misuse in the household
- Increased skills and confidence within universal and targeted children's services to identify and support young people who have poor mental health and/or are misusing substances
- Children and young people experience seamless transitions between services and into adult services

* Ideally support would be available for as long as needed, but this is not possible within the resources

2. HOW DOES THIS DECISION CONTRIBUTE?

- 2.1 The proposed service would contribute to the emotional health and wellbeing of children and young people aged 8-18, and support transition to adult services up to 25, by providing a combination of individual and group support, advocacy and respite activities. It reduces inequalities and promotes inclusion by improving the identification of young carers and children and young people affected by familial substance misuse, supporting them to improve emotional wellbeing and mental health, engagement and attainment at school and outcomes throughout the life course.
- 2.2 The service specification outcomes (1.6 above) are based on consultation with young carers and children and young people accessing the Hidden Harm service WAM (What About Me?)

3. HAS THERE BEEN ANY CONSULTATION?

- 3.1 Consultation has taken place with:
- CCG joint commissioning unit
 - Sheffield Safeguarding Children Board
 - The current incumbent providers
 - Executive Director People Portfolio
 - Lead Councillor for children and young people
 - Service users
 - Adult Carers Commissioner
 - Carers Centre
 - Sheffield Schools, Colleges and Universities
 - Sheffield Teaching Hospitals
 - Sheffield Health and Social Care
 - Sheffield Community Pharmacies
- 3.2 The proposal to commission a combined Service for Young Carers and Hidden Harm is supported by the Head of Commissioning and Director for Inclusion and Learning, People Portfolio. Draft key outcomes were discussed with incumbent providers for the existing separate contracts and some changes were made to the targets following the consultation. Stakeholder feedback was obtained via email. A consultation with Sheffield Young Carers service users on the impact of familial substance misuse was taken into account. The commission has been discussed with the lead councillor for children and young people.

4. RISK ANALYSIS AND IMPLICATIONS OF THE DECISION

4.1 Equality of Opportunity Implications

4.1.1 The emotional health and wellbeing service contributes to the emotional wellbeing agenda by building resilience through to adulthood and supporting self-care to reduce the burden of mental and physical ill health over the whole life course reducing the cost of future interventions, improving economic growth and reducing health inequalities.

4.1.2 Decisions need to take into account the requirements of the Public Sector Equality Duty contained in Section 149 (1) of the Equality Act 2010. As part of documenting the meeting of the requirements of the duty, we have carried out an Equality Impact Assessment. Section 149 (1) identifies the need to:

- eliminate discrimination, harassment, victimisation and any other conduct that is prohibited by or under the Act
- advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it
- foster good relations between persons who share a relevant protected characteristic and persons who do not share it

4.1.3 The Equality Act 2010 Section 149 (7) identifies the following groups as a protected characteristic:

- age
- disability
- gender reassignment
- marriage and civil partnership
- pregnancy and maternity
- race
- religion or belief
- sex
- sexual orientation

4.1.4 The summary of the EIA highlights:

That there will be a positive impact on young people due to the age specific scope of the contract, with improved access to employment and financial independence for young people. The Health Needs Assessment (2014) highlights the widening gap between physical and sexual maturity and adult social and financial independence has been offered as an explanation for growing mental health and behavioural issues amongst young people. There is a surge of brain development in early adolescence, continuing into early 20s, and this brings with it a great potential for building lifelong wellbeing and resilience.

4.1.5 The Service will respond to protective factors, risk factors and particular populations that are at risk of poor emotional wellbeing and mental health

- Protective factors include school attendance, GCSE achievement and participation.

- Risk factors include deprivation, family breakdown, domestic abuse, school factors such as absence, exclusions, bullying (behavioural indicators).
- At-risk populations include children in care and children in need, SEND, substance misuse, NEET, young carers, LGBT+, and young people at risk of offending or anti-social behaviour.

4.1.6 Over a third (36%) of the referrals to the young people's counselling service in 2017-18 were young carers, the majority of whom care for family members with mental health problems, which is an indicator of increased risk of suicide. The Service will offer early intervention and prevention as part of the children and young people multi-agency suicide prevention pathway.

4.1.7 Black and Minority Ethnic (BME) young people formed 29% of the referrals to the Young Carers Service and WAM in 2017-18 and 65% of the referrals were girls and young women. The outcomes show consistent improvement in emotional health and self-confidence. In addition, emotional health and wellbeing support contributes to diverting young people from anti-social and offending behaviour. This improves resilience and helps prevent behaviour or activity that impacts negatively on community cohesion.

4.2 Financial and Commercial Implications

4.2.1 The Young Carers Service and WAM Hidden Harm services are currently separate contracts provided by different organisations. The incumbent providers have been given notice on the termination of the existing contracts in March 2019 and asked to consider TUPE implications should the new combined service contract be awarded to an alternative provider.

4.2.2 The value of this contract means that an open competitive procurement process in accordance with relevant legislation (including that contained within the Public Contracts Regulations 2015) must be followed. The process to be followed shall be compliant with these requirements and the procurement exercise will be conducted by Finance and Commercial Services with a dedicated procurement professional lead, with bids evaluated in conjunction with the Commissioning Manager and other relevant stakeholders. The contract value for 2019-2020 is £161,400 and this will reduce by 2.6% to reflect the reducing Public Health Grant Budget.

4.3 Legal Implications

4.3.1 Under the Care Act 2014, local authorities must: carry out an assessment of anyone who appears to require care and support, regardless of their likely eligibility for state-funded care. focus the assessment on the person's needs and how they impact on their wellbeing, and the outcomes they want to achieve.

4.3.2 The Act also places a responsibility on the Local Authority to carry out carers assessments on the needs of children, young people and adults providing care. The Local Authority has a duty under section 11 (2) of the Children Act 2004 to make arrangements to ensure its functions are discharged having regard to the need to safeguard and promote the welfare of children (Section 11 (1)).

The Local Authority also has a duty under section 12 of the Health and Social Care Act 2012 to take such steps as it considers necessary to improve the

health of people in its local area. Such steps that may be undertaken in meeting this duty are set out in section 12 (3) of the Act and include providing information and advice; providing services or facilities designed to promote healthy living (whether by helping individuals to address behaviour that is detrimental to health or in any other way); and providing services or facilities for the prevention, diagnosis or treatment of illness.

4.3.3 The Children and Young People's Emotional Wellbeing Service, including the Young Carers Service and Hidden Harm Service has been commissioned by the Local Authority since 2015 to provide emotional health and wellbeing support, to ensure compliance with the statutory duties set out above. Failure to meet a statutory duty leaves the Authority vulnerable to legal challenge by way of judicial review.

4.4 Other Implications

4.4.1 TUPE implications are currently being assessed and the incumbent providers have been asked to advise on any potential TUPE eligible staff. This shall be taken into consideration through the procurement process. This will be contractor-to-contractor TUPE, the Young Carers and Hidden Harm contract is out of scope for the Vulnerable Young People Service under development, and will be integrated into the all age Carers Service from January 2022.

5. ALTERNATIVE OPTIONS CONSIDERED

5.1 Another option would be to recommission the service as two separate contracts. However, the opportunity to mitigate against percentage reductions in the public health grant and avoid duplication of provision would be missed. The low contract value of the WAM Hidden Harm Service make percentage reductions difficult to absorb and could place the service at risk.

5.2 Discussions took place with the adult Carers Service Commissioner and Procurement Officers to explore the possibility of extending the existing contracts to align with the Adult Carers Service contract. However, it was decided that the length of time of the proposed extension could leave the Council open to challenge.

6. REASONS FOR RECOMMENDATIONS

6.1 The rationale for merging the two contracts to form a Young Carers and Hidden Harm Service is an overlap in criteria: 5% of young carers supported by Sheffield Young Carers, the incumbent provider, in 2017-18 were caring for family with substance misuse needs. The delivery models for the existing Young Carers Service and WAM Hidden Harm Service are very similar and can be aligned to improve efficient access to support and achieve shared outcomes.

6.2 The proposed outcomes framework included in the Service Specification have been discussed and agreed with the incumbent providers and informed by consultation with children and young people accessing support.