

Joint Commissioning Board DECISION NOTICE

Thursday, 21st October, 2021
at 9.30 am

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PHOENIX @ PAUSE SOUTHAMPTON: BUSINESS CASE FOR A SUSTAINED SERVICE

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RECORD OF EXECUTIVE DECISION

Thursday, 21 October 2021

Decision No: (CAB 19/20 32525)

DECISION-MAKER:	CABINET MEMBER FOR HEALTH AND ADULT SOCIAL CARE FOLLOWING CONSULTATION WITH JOINT COMMISSIONING BOARD
PORTFOLIO AREA:	Cabinet Member for Health and Adult Social Care
SUBJECT:	Phoenix @ Pause Southampton: Business case for a sustained service
AUTHOR:	Donna Chapman

THE DECISION

- (i) For JCB to note and support the business case (attached at Appendix 1).
- (ii) For the Cabinet Member for Health and Adult Social Care to approve recurring funding from the Public Health budget of £142,500 per annum towards the total annual cost of £285,000 to continue the service beyond the end date of February 2022.
- (iii) For the Hampshire, Southampton and Isle of Wight Clinical Commissioning Group (CCG) to approve recurring funding of up to £71,288 per annum from the CCG budget to commission a trauma informed therapeutic pathway specifically for those women who are part of the Phoenix @ Pause Southampton service.

REASONS FOR THE DECISION

1. Southampton has consistently exhibited high rates of looked after children (LAC). In 2020, Southampton had a LAC rate of 95 per 10,000 children, significantly higher than the England average of 67 per 10,000 children and significantly higher than the South East average of 53 per 10,000. This trend can also be observed in relation to removals in under 5-year olds, with Southampton having the second highest rate in the South East (49 per 10,000 children compared to a national average of 35 per 10,000 and South East average of 28 per 10,000) and the 9th highest rate in relation to CIPFA nearest neighbours. Regarding the rate of infant care entry in 2019-20 (the most recent year for which data are available) Southampton had the highest rate for the previous 9 years, at 156 per 10,000 children aged under one.
2. Research indicates that outcomes for LAC are worse than for those of other children. Difficulties and negative behaviours can also translate into similar experiences for the children of LAC, creating an intergenerational cycle of challenges and adverse outcomes. There is also evidence to show that children who have been in care and therefore more likely to have experienced

more adverse childhood experiences (ACEs) are more likely to suffer poor longer term adult outcomes including experience of the criminal justice system, homelessness, serious mental health and substance misuse issues as well as diseases such as diabetes, cardiovascular disease and cancer, which can lead to premature death. Indeed, Pause research found that women with multiple children removed are 36 times more likely to die prematurely than age-matched women in the general population

3. Pause seeks to address these issues by intervening to break the cycle of repeated child removal and entry into the care system. In areas where Pause has operated continuously for 5 years, the most recent national evaluation of Pause (2020) calculates that the number of infants entering care was reduced by an average of 14 per year, per local authority.
4. In Southampton the decision to pilot a “Pause” model (Phoenix @ Pause Southampton) was agreed in 2019/20 as an invest to save initiative in view of Southampton’s high rates of LAC and infant care entry with short term funding from Public health, Children’s Services and the CCG. The service start date was delayed by COVID and recruitment challenges but went live in September 2020. In the time since its launch on 1st September 2020, the Phoenix @ Pause service has engaged 21 women.
5. Each Pause programme cycle has a duration of 21-months: 3 months of assertive outreach with women and then 18 months to work with those women that choose to engage. After the first 21 months of operation, the national evaluation suggests an average reduction of 11 children not going into the care system due to Pause. Phoenix @ Pause therefore has the potential to have a significant impact in reducing Southampton’s rates and numbers of looked after children as well as improving life outcomes for vulnerable women and their children.
6. However, the greater benefits associated with this programme are likely to accrue over time and it is expected that over 5 years a Pause service in Southampton would:
 - Significantly improve the health and wellbeing, wider outcomes, and inequalities in life chances for women supported by the programme, a large proportion of whom are care experienced; Page 6 3
 - Reduce at-risk children in the city, and children being removed into care;
 - Avoid total cumulative costs of £6,444,076, which begin to accrue from Year 2 (against a cumulative delivery cost of £1,425,000 (based on £285,000 per annum).
 - Confer a net cumulative cost avoidance of £5,019,076.Further detail on cost benefit analysis can be found in the Business Case at Appendix 1.
7. The original funding for the pilot however is due to come to an end on 28 February 2022 and so there is an imperative now to agree future funding to continue the service and accrue the benefits it brings.

DETAILS OF ANY ALTERNATIVE OPTIONS

Three other options were considered and rejected. The options and reasons why they were discarded are summarised below:

- Continue but as a Phoenix Team, relinquishing the association with the national Pause programme o This would mean loss of the benefits of being

part of the successful national Pause model, loss of being part of a wider national network with access to training packages, shared learning and data systems and no longer being part of national evaluation and research

- Do nothing – cease provision o This would result in the current service ceasing thereby impacting on the 21 women already in the programme as well as those who would potentially benefit in future o It also loses the potential to achieve improved outcomes and multiple LAC, health and wellbeing and invest to save financial advantages
- Cease Service and instead provide assertive outreach from within existing services o Existing services are already stretched and would lack the capacity to provide the focus required to target and engage this cohort of women, many of whom are already disengaged and disenchanted with the health and care system. Current experience suggests that without a dedicated team and workers this cohort of women do not engage consistently and comprehensively with existing services

OTHER RELEVANT MATTERS CONCERNING THE DECISION

None

CONFLICTS OF INTEREST

None

CONFIRMED AS A TRUE RECORD

We certify that the decision this document records was made in accordance with the Local Authorities (Executive Arrangements) (Access to Information) (England) Regulations 2000 and is a true and accurate record of that decision.

Date: 21st October 2021

Decision Maker:
The Cabinet Member

Proper Officer:
Claire Heather

SCRUTINY

Note: This decision will come in to force at the expiry of 5 working days from the date of publication subject to any review under the Council's Scrutiny "Call-In" provisions.

Call-In Period expires on

Date of Call-in <i>(if applicable) (this suspends implementation)</i>
Call-in Procedure completed <i>(if applicable)</i>
Call-in heard by <i>(if applicable)</i>
Results of Call-in <i>(if applicable)</i>