12 October 2016	ITEM: 10 Decision: 01104384

Cabinet

Twenty-First Century Wellbeing Services for Children and Young People

Wards and communities affected:	Key Decision:
All wards	Key

Report of:

Councillor James Halden, Cabinet Member for Education and Health

Accountable Head of Service:

Tim Elwell-Sutton, Consultant in Public Health

Roger Edwardson, Interim Strategic Lead For School Improvement

Andrew Carter, Head of Children's Social Care

Accountable Director:

Ian Wake, Director of Public Health

Rory Patterson, Corporate Director of Children's Services

This report is Public

Executive Summary

This report outlines a modern children's centre provision, which integrates specialist health, education and social care services so that holistic wrap around care can be provided for children and young people. The new model moves beyond the traditional approaches to service delivery, and provides a more focussed and targeted approached to improving child health and wellbeing. At present, a range of overlapping health and wellbeing services is provided for this age group including: Children's Centres, health visiting, school nursing, and the Early Offer of Help. Coordination between these services is not as effective as they could be and commissioning arrangements are complex, involving Children's Services, Public Health and the CCG.

By integrating commissioning and redesigning existing services to create a more accessible offer to families, we will strengthen our capacity to identify and meet the health needs of the most vulnerable children and young people in our communities. It is well evidenced that that unidentified health needs are a major indicator of childhood neglect. This service will be a key element in our approach to early identification and prevention of underlying health problems. Through this proposal, there is a significant opportunity to make services more effective and efficient, reduce duplication, provide a better offer to children and families, and make

efficiencies. By promoting early intervention, there is also scope to reduce further demand on children's social services and tackle some of the key determinants of inter-generational deprivation, such as educational under-attainment. Health and wellbeing issues for children and young people will be identified and treated sooner, so that some more chronic health conditions can be avoided and fewer referrals made to children's social care because of concerns about neglect.

The current cost to the Council of the range of services included in the Model is £6.8 million. The proposed integrated Model would cost £5.2 million (a 23.4% efficiency) by 2018/19. Efficiencies would be achieved through a combination of actions arising from integration (e.g. sharing of premises and staff) and changes to existing services.

Children's Centres would offer a broader range of services, in the proposed model, by co-locating health visitors within Children's Centre buildings and strengthening links with Early Offer of Help services. At the same time the number of Children's Centre buildings would be reduced (from nine to five) though services would be offered to meet the needs of all localities through using a greater range of outreach sites. This is a proportional approach as it is proposed to retain Children's Centre buildings in the areas with the highest deprivation levels and where it has been identified that there are the highest levels of children in need or subject to a child protection plan.

Buildings in areas such as Tilbury will be retained, while in other areas an outreach model will be deployed to deliver targeted support. Services within the Model will be co-located, and Council premises will be used wherever possible. An assets audit has been completed including current premises (Children's Centre services, libraries, public health services, and Community Hubs) and the planned Integrated Healthy Living Centres. In line with the Corporate Asset Strategy services will move towards co-location in a phased approach.

The model would be implemented through a mixture of in-house delivery (Children's Centres) and commissioning external provider organisations. Within the Council, budgeting, governance, and commissioning arrangements would be rationalised so that services within the model are funded from a pooled fund, as well as being procured and performance managed by a single team. If approved by cabinet, the proposals would go out to public consultation in October – December. Changes to Children's Centres would take effect from April 2017, while procured parts of the model (Healthy Families and Early Offer of Help services) would go live from September 2017.

The new approach will also promote further integration of commissioning functions between Public Health and Children's Services, capitalising on the different strengths of officers within these teams and delivering greater cost effectiveness.

1. Recommendations

1.1 Agree the Integrated 0-19 Wellbeing Model to support children and families, including the redesign of the Children's Centres service, as set out in this report.

1.2 Agree that Officers proceed with the proposed joint consultation by Public Health and Children's Services to secure stakeholder and public approval to the model.

1.3 Subject to the outcome of the consultation exercise and in consultation with the Portfolio Holders, agree to proceed to tender for the following services:

- **Healthy Families up to a total maximum value of £21M over 5 years**
- **Early Offer of Help up to a total maximum value of £2M over 5 years**

1.4 Agree Delegated Authority to award the Healthy Families Contract to the Director of Public Health in agreement with the Portfolio Holder for Education and Health.

1.5 Agree Delegated Authority to award the Early Offer of Help Contract to the Corporate Director of Children's Services in agreement with the Portfolio Holder for Children's and Adults' Social Care Services.

1.6 Agree to establish a Project Board with representatives from Early Years, Employment Skills and Public Health to oversee delivery of the 0 – 19 Wellbeing Model.

2. Introduction and Background

2.1 Thurrock Council has a vision for a 0-19 Wellbeing Model ("the Model") - to protect and promote the wellbeing of all children, young people and their families, to improve a range of population health and wellbeing outcomes and reduce inequalities (ref. Cabinet Member's Annual Report, summer 2016).

2.2 At present, a complex range of health and wellbeing services is provided for this age group including: Children's Centres, health visiting, school nursing, child weight measurement and management, breast feeding support services, smoking prevention and cessation, drug and alcohol treatment services, parenting support, speech and language therapy, as well as support for victims of domestic abuse, challenge for perpetrators of domestic abuse, and support for victims of sexual abuse and violence. These are currently commissioned separately by the Council's Public Health Team, Council's Children's Services Commissioners and NHS Thurrock CCG. By integrating commissioning and redesigning existing services to create a more integrated offer to families, there is a significant opportunity to make services easier to access, reduce duplication and provide a better offer to children and families,

and release efficiencies. By promoting early intervention, there is also scope to reduce demand on children's health and care services.

2.3 A recent All Party Parliamentary Review of Children's Centres focused its recommendations on the role of Children's Centres as family hubs and suggested that they should be at the heart of Health and Wellbeing Strategies locally. The changes suggested in this paper support this vision and provides a framework to further improve outcomes through a universal offer with clear pathways into the Early Offer of Help, Troubled Families and more specialist services including employment, training and adult education services.

2.4 This paper, therefore, sets out proposals for an integrated 0 – 19 Wellbeing Model, detailing the key features of the model, the expected outcomes, how the new model will differ from existing services, the implications for assets and finances, possible risks and proposed timescales.

3. Issues, Options And Analysis Of Options

3.1 At present, a complex and overlapping range of services is in place to meet the health and wellbeing needs of young people (see Table 2 below for details). Several commissioners and providers are involved, making coordination between services difficult and access for families, potentially confusing. There is clearly scope for a rationalisation of provision, contracting and commissioning.

Overview of Proposed 0 – 19 Wellbeing Model

3.2 The model will integrate existing services and all elements of the model will work to **a shared outcomes framework**. Key outcomes will include but not be limited to:

- Increasing the proportion of children who achieve a 'Good Level of Development'[1] (GLD is at 76% in 2016) and reducing the gap between the most and least deprived groups by supporting child development and school readiness;
- Reversing the trend of rising obesity;
- Increasing rates of breastfeeding;
- Improving emotional health and wellbeing (including reducing and supporting postnatal depression);
- Effective safeguarding;
- Increase positive parenting, parent aspirations and parenting skills;

[1] A 'Good Level of Development'- Children are defined as having reached a good level of development at the end of the Early Years Foundation Stage if they have achieved at least the expected level in:

- the early learning goals in the prime areas of learning (personal, social and emotional development; physical development; and communication and language) and;
- the early learning goals in the specific areas of mathematics and literacy.

- Address generational issues by improving rates of parental employment
- Reducing smoking in pregnancy and the number of young people who start to smoke;
- Reduced teenage pregnancy;
- Narrowing the gap and reducing inequality between the most and least deprived groups across all indicators and contributing to narrowing the gap in adult life expectancy;
- Promoting good physical and mental health for both children and their families.

3.3 These outcomes clearly support the Health and Wellbeing Strategy across a broad range of objectives. Table 1 below shows the Strategy's goals and objectives. Those objectives directly targeted by the 0 – 19 Wellbeing Model are highlighted in Green whilst those which may be more indirectly influenced by the work of the model are shown in yellow. For example, the work of Children's Centres directly contributes to objective A1: "*All Children making good educational progress*". However, this work will also contribute indirectly, in the long term, to A2: "*More Thurrock residents in employment, education or training*" since giving children in Thurrock the best possible start to their education will improve their long term employment and educational prospects. Indeed, investing in early years educational and health support are some of the most effective ways of breaking generational cycles of disadvantage, and giving every child in Thurrock the best possible opportunities in life.

Table 1. Health and wellbeing strategy goals with objectives relevant to the 0 – 19 Wellbeing Model highlighted

Goals	**A. Opportunity For All**	**B. Healthier Environments**	**C. Better Emotional Health And Wellbeing**	**D. Quality Care Centred Around The Person**	**E. Healthier For Longer**
Objectives	A1. All children in Thurrock making good educational progress	B1. Create outdoor places that make it easy to exercise and to be active	C1. Give parents the support they need	D1. Create four integrated healthy living centres	E1. Reduce obesity
	A2. More Thurrock residents in employment, education or training.	B2. Develop homes that keep people well and independent	C2. Improve children's emotional health and wellbeing	D2. When services are required, they are organised around the individual	E2. Reduce the proportion of people who smoke.
	A3. Fewer teenage pregnancies in Thurrock.	B3. Building strong, well-connected communities	C3. Reduce social isolation and loneliness	D3. Put people in control of their own care	E3. Significantly improve the identification and management of long term conditions

Goals	A. Opportunity For All	B. Healthier Environments	C. Better Emotional Health And Wellbeing	D. Quality Care Centred Around The Person	E. Healthier For Longer
	A4. Fewer children and adults in poverty	B4. Improve air quality in Thurrock.	C4. Improve the identification and treatment of depression, particularly in high risk groups.	D4. Provide high quality GP and hospital care to Thurrock	E4. Prevent and treat cancer better

Green = outcomes directly affected by 0 – 19 wellbeing service. Yellow = outcomes indirectly affected.

3.4 The Model will deliver an improved, integrated offer by providing joined-up services centred on the family. Table 2 shows current services and their commissioning arrangements. At present, each of these services is accessed in a different way and referral between them is not as strong as it should be. In future, different elements of the service will be connected in such a way that they will appear to be a single service from the user's point of view. This will be achieved through:

- A single service user registration process (single point of access);
- Shared premises and co-location wherever possible to allow families to move between different services with minimal inconvenience;
- Shared branding: while individual elements will retain their existing identities (e.g. Children's Centres), an overarching brand will be developed to connect the services;
- An integrated data solution will move the model beyond co-location allowing truly integrated working through sharing of data between professionals within the Model to improve coordination, referral and joint working;
- A lead professional for each family will coordinate support across the model, providing greater continuity through having an overview of all the different services used.

3.5 As well as providing a more co-ordinated, holistic service, which is easier for families to access and navigate, the Model should increase efficiency, reducing duplication and improving value for money. An impact assessment will be carried out to assess the effect these proposals are likely to have on the population.

3.6 Details of the proposed model overleaf (sections 3.7 to 3.33) are organised according to the three main delivery points for services: Children's Centres; Schools; and Community. It is important to note, however, that these delivery points will not operate in silos. Each will offer a range of services and the key to making this model a success will be ensuring that families are able to access the full range of services needed to meet their needs, at a location which is convenient for them.

Table 2. Current services, costs and commissioners

Service/Programme	Cost in 2016-17	Commissioner	Provider	Main Location
Children's Centres • 4 Commissioned • 5 In-house	£1,208,000	Children's Services	• 4Health • Children's Services	Children's Centres
0-5 years Healthy Child Programme (Health visiting)	£3,663,572	Public Health	NELFT	Community
5-19 Health Child Programme (School Nursing)	£1,000,000	Public Health	NELFT	Schools
Children's weight management	£200,000	Public Health	NELFT	Community
Smoking prevention programme (ASSIST)	£46,000	Public Health	NELFT	Schools
Community Mums and Dads	£125,000[1]	Public Health	NELFT	Community
Family Nurse Partnership	£128,000[2]	Public Health	SEPT	Community
Children and Young People's Behavioural health Survey	£15,000	Public Health	TTF	Schools
Early Offer of Help consisting of: *Domestic Abuse Perpetrators Programme* *Support for victims of domestic abuse* *Support for victims of sexual abuse and violence* *Parenting support*	£406,818 *22,873* *67,716* *45,747* *270,482*	Children's Services	*DVIP* *Changing Pathways* *SERICC[1]* *Coram*	Community
Specialist School Nursing	-	CCG	NELFT	Schools
Specialist Health visiting	-	CCG	NEFLT	Community
Speech and language therapy	-	CCG	NEFLT	Children's Centres
Total **(Excluding CCG-commissioned services)**	£6,792,390			

Proposed Children's Centres Offer

3.7 **Children's Centres** would continue to deliver a key service for children and families. The core purpose of Children's Centres, as set out in Statutory Guidance, is to improve outcomes for young children and their families and reduce inequalities. The proposed model would build on this by offering an enhanced offer to Families. The purpose, around which Children's Centres frame their activities, is to identify, reach and help the families in greatest need to support the following:

- **Child development and school readiness**: supporting personal, social and emotional development, physical development and communication and language from pre-birth to age 5, so children develop as confident and curious learners and are able to take full advantage of the learning opportunities presented to them in school.
- **Parenting aspirations and parenting skills:** building on strengths and supporting aspirations, so that parents and carers are able to give their child the best start in life.
- **Child and family health and life chances**: promoting good physical and mental health for children and their families; safeguarding; and supporting parents to improve the skills that enable them to access education, training and employment.

3.8 It is intended that in the new Model, Children's Centres will offer a broader range of services, particularly by co-locating and integrating health visitors within Children's Centre buildings/teams and strengthening links with Early Offer of Help services. This will allow families visiting the centre to access health-related services more easily. It will also encourage better joint working and cross-referral between Children's Services, Health visitors and the targeted Early Offer of Help services.

3.9 At the same time, there will be a rationalisation of delivery points to make the best possible use of the resources available. The proposal, subject to Cabinet approval and public consultation, is to move to locality working, offering a range of services (universal and targeted Children's Centres Services, Early Offer of Help, Troubled Families, and Public Health services) tailored to the specific needs of each locality. A detailed needs assessment has been carried out, including a full service and premises audit, and this has identified: services with greatest impact, areas of greatest need, and proposed possible efficiencies.

3.10 The overall budget for Children's Centres in 2016-17 is £1,208,500. The redesigned service will realise efficiencies of £400,000. While the number of Children's Centre buildings would be reduced in the proposed model (from nine to five) services would be offered to meet the needs of all localities through using a greater range of outreach sites.

3.11 The location and characteristics of existing Children's Centres are shown in Table 3 (page 10), along with proposals for how they should be used in the new model in Table 4 (page 11). In areas where Children's Centres are not

retained, outreach services will be offered to meet the needs of the local population, with a particular focus on providing targeted services to those families with the greatest needs. These will be provided through links with partners such as schools and health clinics according to the needs in each area. Proposed changes to the Children's Centres and outreach sites are also detailed in Table 4 below, subject to consultation.

3.12 The new model would reduce the budget for running Children's Centres by £400,000 from £1,208,500 to £808,500 with most of the efficiencies coming from reduced staff numbers; staff would be reduced from 39 to 21 Full Time Equivalents (FTE).

3.13 These proposals are based on an analysis the population need and demand for Children's Centre services. It is proposed that Children's Centre buildings should be retained within each locality in areas where they can reach a substantial proportion of the under-5 population. These will be based in the areas with the highest deprivation levels and where it has been identified that there are the highest levels of children in need or subject to a child protection plan. From these centres an outreach offer will ensure that families in need of additional support but living elsewhere in the Borough will still be supported. Children's Centres have access to local authority data which they use to target their work towards those families which are most in need (i.e. hard to reach and vulnerable families). Table 3 provides information on the deprivation levels for each ward.

3.14 A network of centres will be available across the Borough in the East, West and Central localities. In the Central locality, therefore, it is proposed to retain a Centre in Grays, since this reaches the largest population of under-5s with the highest levels of deprivation. In the East locality it is proposed to retain the Chadwell St Mary and Tilbury Centres as these reach the three wards with the highest levels of child-related deprivation in the Borough. In the West locality it is proposed to retain the Ockendon and Purfleet Centres which serve wards with high levels of deprivation and reach large populations.

Table 3. Locations and characteristics of existing Children's Centres

Centre	Locality	Wards **served**	Unemploy ment	Children in poverty	Low birth weight	Excess weight at Reception	Index of deprivation affecting children (rank in Thurrock)[1]	Index of Multiple Deprivation (rank in Thurrock)[1]	Ofsted (LA) rating[2]	Reach (families)[3]	Reach (Under- fives)[3]	Registr- ation	Engage- ment
Thameside-Grays	**Central**	**Grays Thurrock**	**8.80%**	**19.70%**	**8.1%**	**25.50%**	**10**	**8**	**3 (2)**	**1984**	**2525**	**91%**	**71%**
		Grays Riverside	**9.40%**	**23.10%**	**8.6%**	**24.60%**	**6**	**9**					
		Little Thurrock Blackshots	**6.60%**	**12.00%**	**8.4%**	**21.70%**	**14**	**13**					
		Little Thurrock Rectory	**5.90%**	**10.00%**	**6.7%**	**22.10%**	**16**	**16**					
Beacon-Chafford Hundred	Central	Chafford & North Stifford	5.80%	8.70%	6.3%	21.90%	18	11	3 (3)	1592	1805	100%	65%
		Stifford Clays	7.60%	15.10%	8.3%	20.60%	13	19					
		South Chafford	5.10%	7.80%	7.3%	18.00%	20	20					
Chadwell St Mary	**East**	**Chadwell St Mary**	**11.10%**	**30.50%**	**9.1%**	**26.30%**	**3**	**5**	**(2)**	**522**	**559**	**100%**	**>65%**
East Tilbury	East	East Tilbury	6.50%	18.90%	8.5%	21.00%	11	12	3 (3)	345	485	-	80%
Tilbury	**East**	**Tilbury Riverside & Thurrock Park**	**15.10%**	**33.60%**	**8.4%**	**26.00%**	**1**	**1**	**2 (2)**	**916**	**1210**	**100%**	**94%**
		Tilbury St Chads,	**13.00%**	**33.90%**	**8.4%**	**25.60%**	**2**	**2**					
Stanford Le Hope	East	The Homesteads	5.50%	9.60%	5.5%	20.50%	17	10	3 (3)	1525	1887	87%	72%
		Stanford East & Corringham Town	9.00%	21.00%	6.1%	17.20%	9	14					
		Corringham & Fobbing	5.60%	10.50%	5%	15.40%	15	15					
		Stanford Le Hope West	6.20%	21.00%	5.6%	18.10%	8	17					
		Orsett	4.40%	6.50%	4.6%	21.40%	19	18					
Ockendon	**West**	**Belhus**	**11.40%**	**23.20%**	**7.4%**	**24.50%**	**5**	**3**	**3 (2)**	**1169**	**1494**	**100%**	**90%**
		Ockendon	**10.40%**	**22.10%**	**6.7%**	**23.90%**	**7**	**6**					
Purfleet	**West**	**West Thurrock/ South Stifford**	**10.40%**	**25.70%**	**6.4%**	**24.30%**	**4**	**4**	**(3)**	**880**	**1250**	**-**	**69%**
Aveley	West	Aveley & Uplands,	8.50%	21.60%	9.6%	20.80%	12	7	(2)	468	640	100%	93%

[1] Index of Multiple Deprivation (IMD) ranks: 1 = most deprived, 20 = least deprived

[2] Representing the last Ofsted inspection grading with those numbers in brackets representing the Council's assessment of the current grading in the event of an Ofsted inspection. Grading scales: 1 = Outstanding, 2 = Good, 3 = Requires Improvement, 4 = Inadequate

[3] Based on 2011 census.

Bold typeface indicates Centres which it is proposed to retain.

Table 4. Proposals for Children's Centres and Outreach Sites in the new Model

Children's Centre	Locality	Proposed Change
Thameside	Central	Retain
Beacon (Chafford Hundred)	Central	Close the base and move to outreach
Chadwell	East	Retain
East Tilbury	East	Close the base and move to outreach
Tilbury	East	Retain
Stanford le Hope	East	Close the base and move to outreach - Retain as early education venue but lease in line with Corporate Assets Strategy
Ockendon	West	Retain
Purfleet	West	Retain
Aveley	West	Close the base and move to outreach- Retain as early education venue but lease in line with Corporate Assets Strategy
Outreach Sites		
Abbots Hall school, Stanford-Le-Hope	East	Retain
Brisbane House	East	Close the Children's Centre service in this building[2] and offer outreach from Tilbury Children's Centre
Belmont Children's Centre	Central	Retain
Horndon Village Playgroup Hall	East	Retain as early education venue but review lease in line with Corporate Assets Strategy

3.15 Solutions for outreach will include delivering services in schools, community hubs, libraries and other community buildings. A restructure and re-organisation of human resources will enable greater efficiencies in delivery and output which will result in an increased capacity to deliver targeted and universal services across the borough.

3.16 Children's Centres will work closely with Early Offer of Help and Troubled Families Services to increase the numbers of families they support. Children's Centres will in the new model, provide services for referred families with children beyond five years of age. This will enhance the current offer which

[2] N.B. This refers only to the Children's Centre service. Other services currently located in this building would not be affected by this decision.

terminates once the children are five. Initially they will focus on 0-11 but will work towards 0-19 services.

3.17 Currently Children's Centres are not fully utilised and there is scope to ensure that full advantage is taken of the buildings by ensuring services are delivered throughout the day with some services for families of children with school age offered after 3:30pm. Delivery of other early childhood services such as early years and childcare through partnership arrangements will be considered as a part of the Corporate Asset Strategy.

3.18 Subject to approval and consultation, Children's Centres will continue to meet their core purpose albeit from different and improved points of delivery. For example, currently, Thurrock Adult College works with Children's Centres to deliver adult learning in Children's Centres; it is expected that this type of provision may also be offered from school sites as well as the College in future.

Proposed Offer through Schools

3.19 Schools will continue to be an important delivery point for 5 – 19 services. The existing provision of school nursing will be enhanced by offering a number of additional services through schools including: a smoking prevention intervention (ASSIST), the Risk Avert programme to tackle risky behaviours, opportunities for adult learning (previously delivered through Children's Centres), and targeted Early Offer of Help services.

3.20 The **school nursing** service includes elements of health promotion, advice, active treatment/procedures, education support and protection, safeguarding, and service coordination. Specific services provided by school nurses are:

- Health development reviews (Year 6/7 reviews, mid-teen reviews)
- Provision of vision and hearing screening
- Promotion of immunisations
- Oral health promotion
- Support to reduce teenage pregnancy including targeted support for teenage mothers to settle into education, as well as provision of appropriate sexual health advice and referral;
- The National Childhood Measurement Programme (NCMP) with referral into targeted weight management services where appropriate.

3.21 **ASSIST** is a smoking prevention intervention targeted at Year 8 (age 12 – 13). It is a peer-led programme where influential students are trained to have conversations with their peers about smoking. It is the only smoking prevention intervention which has a robust evidence base showing that it is effective in preventing the initiation of smoking. This will be piloted in four secondary schools in the year 2016/17 and rolled out to other schools as part of the 0 – 19 Wellbeing Model in 2017/18. It will be supported by a robust evaluation programme undertaken by Public Health in conjunction The University of East Anglia through our existing academic relationship. We will seek to publish the results in an academic journal.

3.22 **Risk Avert** is an evidence-based whole-school programme, aimed at tackling risky behaviours in young people in secondary schools. Risk Avert takes a preventive approach to reducing risky behaviours related to drugs, alcohol and sexual behaviour. It works by increasing resilience and creating a cultural shift. The goal is to change social norms rather than the traditional health promotion methods of providing information about the dangers of risky behaviours. This programme was developed by Essex County Council and is provided at no cost to Thurrock.

3.23 As outlined above (Section 3.18) some adult education services, currently provided in Children's Centres, may also be delivered in schools and the College in future.

3.24 The needs of parents who would benefit from Early Offer of Help (EOH) commissioned services are often identified in schools. The most prominent referrer to EOH is schools, who work closely with Lead Professionals to ensure there is liaison between the school, the Council and providers. The re-commissioning of EOH services will continue to retain this close partnership with schools. It will seek to further strengthen the accountability of commissioned providers to ensure they take a holistic approach to the family, working with the parental needs, whilst still focussing on close work with schools to enable them to meet the needs of children and young people.

Proposed Community-Based Offer

3.25 A number of 0 – 19 services will continue to be delivered in the community. This could be in people's own homes or at other community venues, which are not dedicated to 0 – 19 work. This includes health visiting, Early Offer of Help services, as well as breastfeeding and weight management services.

3.26 **Health visitors** lead the delivery of the Healthy Child Programme which supports children and parents from pregnancy to five years of age. This is a universal service, though more intensive support is provided to those identified as having particular needs. In general, it provides evidence-based support around attachment, early learning, healthy development, and good maternal emotional and mental health. In the new model, support will increasingly be provided through Children's Centres, though home visits will continue to be an important part of their way of working.

3.27 At present, there are five nationally mandated contacts between health visitors and parents:

- Antenatal contact
- New baby review
- 6 – 8 week Assessment
- 1 year assessment
- 2 - 2½ year review: Children's services, health visitors and early years providers have piloted working together to provide a single Health and Early Education Review for children aged between two and three. The new

combined review aims to build a more complete picture of the child's development. This will be fully rolled out with the 0 – 19 Wellbeing Model.

3.25 As part of each contact, maternal emotional and mental health will be assessed in both universal and targeted provision. Cognitive Behaviour Therapy based self-help materials will be provided with support for women identified to be suffering from depression and anxiety before or following childbirth.

3.26 A national review of mandating in this area is currently under way with results expected in October 2016. This may result in the number of mandatory contact points being reduced. This would allow for a more flexible mixture of universal contacts at some points with contact at other points being more targeted at those in greatest need.

3.27 Health visitors also have a safeguarding role and will work with Early Offer of Help services on identification and referral of domestic abuse and sexual violence cases with all staff trained to identify and encourage referral following disclosure. The 0 – 19 Wellbeing Model will make provision for self-administered screening through the parenting online/app resource.

3.28 The **Early Offer of Help** provides targeted support to families and individuals at an early stage to reduce the risk of needs escalating. It provides parenting support, as well as support for victims of domestic abuse and sexual violence/ abuse in Thurrock. The need for early intervention in these areas has been repeatedly highlighted by reports including Ofsted inspections, the Children and Young People's Joint Strategic Needs Assessment (2015) and the Opportunity for Every Child Strategy (2015).

3.29 The Ofsted Single Inspection of Children's Social Care in Feb/March 2016, made the following recommendation to: 'strengthen oversight, coordination and quality assurance of early help services, to ensure that children and families are receiving the right support at the right time'. Following this, a review of Children's Social Care demand management procedures has been completed and it recommended that early intervention and prevention should be included within demand management procedures to maximise the effectiveness of the Early Offer of Help services. The 0 – 19 Wellbeing Model provides a great opportunity for all stakeholders to work to a shared vision of early prevention and intervention.

3.30 The Early Offer of Help is governed by an overarching Strategy and supported by a range of commissioned services. Services are provided through locality teams coordinating with a range of partners including schools, Children's Centres, Education Welfare and Troubled Families amongst others.

3.31 The 0 – 19 Wellbeing Model will further enhance these links by ensuring better joint working and information sharing across all the teams working in each locality.

3.32 **Breastfeeding support** and **weight management programmes** will also be delivered in the community at a variety of sites. Breastfeeding will be promoted as part of the Model by facilitating peer-support groups, which evidence suggests are an effective way of promoting initiation and continuation of breastfeeding. Weight management programmes provide targeted support for children and their parents. Children are generally referred into these after being identified as overweight through the NCMP.

Integrated Data Systems

3.33 High quality joint working across different professions and services is at the heart of the 0 – 19 model. This will be enabled by integration of data systems allowing a single registration process and sharing of relevant details between professionals within the model. This will be used to improve joint working, referral and coordination. All services within the model will be required to use systems which are inter-operable and all will be required to sign up to a data sharing protocol. An appropriate software solution will be procured to allow sharing of data between different services within the model.

4. Assets

4.1 As detailed 3.11 above (Table 4), there are currently nine Children's Centres in Thurrock and it is proposed that this number is reduced to five Centres, supported by a greater use of outreach sites and services. An analysis of need has been undertaken to identify the areas of greatest need where an integrated early offer is likely to have the most impact, this has informed the proposals for the location of services in the revised offer.

4.2 In the new model of working, existing Council Assets will be considered alongside the assets of the Healthy Families Service provider (when this contract is awarded) as well as assets in the wider health system with a view to transitioning to a more rational use of buildings, co-locating services where appropriate. An audit of existing assets has been completed that includes the current premises used for delivery of Children's Centre services, libraries, public health services, Community Hubs and the planned Integrated Healthy Living Centres.

4.3 In line with the Corporate Asset Strategy the move towards co-location will be phased as follows:

- Phase One (by April 2017): the move to a reduction in Children's Centres and an outreach delivery model in partnership with Public Health services;

- Phase Two (by October 2017): an assessment of partnership opportunities for premises sharing in line with the Corporate Assets Strategy and the development of a long-term assets strategy;

- Phase three (commencing January 2018 with delivery as new development come online over the coming years): delivery of the long

terms assets strategy in line with the development of Community Hubs and Integrated Health Living Centres.

4.4 This phased approach will support the immediate changes needed to move towards an all-age offer and ensure that there is a reduction in buildings costs so that resources can be focused on service delivery. The phased approach will allow us to work with families by maintaining an on-going conversation about how buildings are used and where services are located. Where an outreach offer is being proposed, the aim is to use existing buildings at low or no cost such as health clinics or schools. Whilst there is a financial risk associated with this, as these buildings may not be available at present, early indications are that this risk can be mitigated through requirements included in the contract specifications to support joint working.

4.5 The changes proposed in Section 3.11 will provide a sustainable model of service delivery in the areas identified as having the greatest need. Whilst these areas are likely to remain unchanged, the phased approach to asset review will enable opportunities for co-location to be developed as new programmes such as Integrated Healthy Living Centres are developed.

4.6 There is a potential financial risk associated with the proposal to close some Children's Centre buildings related **capital clawback**. As the Children's Centres were built using Department of Education capital grants, there are requirements on any change of use or disposal of the assets. The following guidance is provided in the Surestart, Early Years and Childcare Grant:

> *'Disposal means a sale, transfer of a capital asset, or a change of a use of a capital asset from its original intention. Disposal also includes the transfer of ownership of a lease, or freehold assets. Where an asset has previously been created for Sure Start local programmes, or other DCSF programmes, the appropriate accountable body is liable and must notify and consult with the Department about any proposal to dispose of it.*
>
> *Local authorities must notify and consult with the Department, about any plan to transfer, dispose of, or change the use of buildings or any other tangible fixed assets which has a current market value of more than £2,500. This is applicable to all assets acquired in full or partly by any of the Department's capital grants. The Department should be notified at least three months prior to the date the proposed disposal is intended to take place.*
>
> *Subject to prior approval with the DCSF, there will be no clawback of the grant where an asset is sold and the proceeds are reinvested in another asset for a similar purpose consistent with Sure Start, Early Years and Childcare aims'.*

4.7 The total capital liability for the centres where closure is proposed is a maximum of £1,194,313. This amount may be reduced following negotiation with the Department of Education. The guidance allows the Council to request that claw back is waived or deferred. This is generally where the asset is used for a similar purpose such as early education or childcare and is subject to

agreement by the Department of Education. When changes were made in 2012 including closures of similar centres Thurrock Council were granted full approval to defer claw back and it is intended that this be applied for again should the closures be approved.

5. Service Commissioning/Delivery Model

5.1 The 0-19 Wellbeing Model will be delivered by a mix of in-house and commissioned (external) services. Within the Council, budgeting, governance, and commissioning arrangements would be rationalised so that services within the model are funded from a pooled fund, as well as being procured and performance managed by a single team. This will require closer joint working between Children's Directorate and Public Health, reduce duplication of effort between Public Health and Children's Services and allow officers within the two respective teams to deploy their skills most effectively for the benefit for the organisation. For example, if procurement and contract management for the new model were led by Children's Services, capacity will be released within the public health team to concentrate on the 'front end' elements of the commissioning cycle; continual assessment of need and evidence base, evaluation of effectiveness and modelling of client flows across both current Public Health and Children's Services Teams.

5.2 **Children's Centre** services will primarily be delivered in-house, but with an expanded offer including the Healthy Families' and Early Offer of Help. The ability for the Healthy Families' and Early Offer of Help providers to deliver elements of their services from these shared premises will facilitate better cross referral, raise awareness of the offer, and deliver efficiencies.

5.3 The current services within the **Healthy Families** offer are delivered through several existing contracts:

Contract	Provider	2016 - 17 Budget
Children 5-19 Years (School Nursing and Children and Young People's Weight Management)	NELFT	£1,200,000
0-5 (Health Visiting) Services	NELFT	£3,663,572
Family Nurse Partnership (FNP)[3]	SEPT	£128,000
Community Mums and Dads	NELFT	£125,000
ASSIST	NEFLT	£46,000
Children and Young People's Behavioural health Survey	TTF	£15,000
Total Spend		**£5,177,572**

5.4 In the new model, all health visiting, school nursing, and weight management will be procured as part of a single contract. FNP will no longer be

[3] Family Nurse Partnership Contract ends 3rd February 2017

commissioned and ASSIST (for smoking prevention) being added in as a new element at an approximate annual cost £12,000 plus a one-off licence cost of £34,000 for a three-year licence. Risk Avert will be delivered by the social enterprise The Training Effect. This is licenced by Essex County Council and provided at no cost to Thurrock.

5.5 Consideration was given to bringing the Healthy Families service in-house; however it was agreed that the size and flexibility required meant that an external provider would probably deliver better value. There is an existing market in place; however it is limited to NHS providers and a few private sector offers.

5.6 The specification will be primarily output and outcome based around the mandated requirements and also the aspirations of the 0-19 Offer. The requirement for (multi-skilled) staff to deliver across several areas in order to achieve best value will be made clear. Key Performance Indicators and their targets will be stretching, but realistic.

5.7 These services will be refined within the 0-19 Model Framework. As with Healthy Families, Providers will be required to deliver services from Children's Centres as well as more widely within the community and family homes.

5.8 **Early Offer of Help** services are currently delivered as follows:

Contract	**Provider**	**2016 – 17 Budget**
Domestic Abuse Perpetrators Programme	DVIP	£22,873
Support for victims of domestic abuse	Changing Pathways (formerly Basildon Women's Aid)	£67,716
Support for victims of sexual violence	South Essex Rape and Incest Crisis Centre (SERICC)	£45,747
Parenting support	Coram	£270,482
Total Spend		**£406,818**

5.9 NHS Thurrock CCG have expressed an interest to participate in future joint commissioning arrangements and a new Integrated 0-19 Model. However at present, constraints on their officer time, non-alignment of contract end dates, and current co-commissioning arrangements with NHS Basildon and Brentwood CCG make it difficult for them to integrate their commissioned services within the timescale proposed in this paper. Opportunities will therefore be sought to further integrate CCG commissioned services within the proposed model at a later date.

6. Financial Considerations

6.1 There are considerable opportunities to maximise resources through integrating the current, separate elements of the proposed 0-19 Wellbeing Model both through improved commissioning and through the reduction in the number of premises used across Thurrock. The table below provides an overview of the current budgets and expected efficienciesefficiencies:

Service	**Current spend (£) 2016/17**	**Planned spend (£) 2017/18**	**Planned spend (£) 2018/19**	**Overview of efficiencies**
0-19 Healthy Families Programme	5,177,572	4,715,000	4,000,000	-No longer commissioning Community Mums and Dads, Family Nurse Partnership and MESCH -Sharing premises and front of house functions with Children's Centres -Changes of skill mix allowed by more integrated service provision -Possible reduction in universal health visitor contact points with a move to more targeted contact subject to national guidance on mandation. ASSIST paid in 2016 for 3 years.
Children's Centres	1,208,000	808,500	808,500	-Reduction in number of Children's Centres -Move to a targeted integrated outreach model -Reduction and reorganisation of management -Reduced administration support to reflect reduction in buildings -Integration of service offer through the development of the 0-19 Wellbeing Model
Early Offer of Help	406,818	392,500	392,500	
Total	**6,792,390**	**5,916,000**	**5,201,000**	

Percentage efficienciesfrom 2016/17 baseline		12.9%	23.4%	

6.2 The proposal, therefore, is to reduce the Council's total annual budget for the model by £1,591,390 or 23.4% between 2016/17 and 2018/19 whilst at the same time improving the accessibility and effectiveness of services.

7. Consultation (Including Overview And Scrutiny, If Applicable)

7.1 Consultation with Children's Overview and Scrutiny Committees took place in July.

7.2 Consultation will focus on the development and integration of wrap around services, and is planned with stakeholders and the public for a six week period during October and November/December 2016 to provide sufficient influence and input in the development of the model. The consultation process will include a variety of methods to achieve good representation across the borough. These include:

- Six public facing events (morning and evening in all three localities) publicised in different ways, 'flyers' being distributed in public places: Children's Centres, GP surgeries, Libraries, Health Clinics, Schools/Colleges, Early Years providers, Thurrock social media applications and websites, Healthwatch Thurrock, Ngage. Processes will be put in place to ensure key groups are accessed: young parents, parents on low incomes, parents with disabilities and parents of disabled children, the travelling community and residents with English as an additional language.
- Professionals' event to include a wide range of partners;
- Online consultation publicised in the same way as the public facing event with specific questions for adults and for children and young people;
- Engagement with children and young people through: the Youth Cabinet, Children in Care Council, School Councils, and through Healthwatch contacts with children and young people;
- The Thurrock Council for Voluntary Services (CVS), Thurrock Healthwatch, and the Youth Cabinet have been engaged to help us ensure the consultation is appropriate and reaches a wide audience.

7.3 Outline plans detailing the number of buildings and the services they will offer (Children's Centres, Early Offer of Help and Health provision) along with Children's Centres buildings that may be closed will be set out in the consultation.

8. Timescales And Next Steps

8.1 The timescales for implementing the model proposed in this paper are detailed below:

Element of transformation	Planned Timescale
0-19 Wellbeing Model Paper to Directors Board	September 2016
Seek Cabinet approval to proceed to public consultation and procurement.	October 2016
Consultation and engagement with stakeholders	October – December 2016
Procurement processes: • Healthy Families Model • Early Offer of Help	 January – April – 2017 January – April – 2017
Consultation with Children's Centre staff	January – March 2017
Contract Award • Early Offer of Help and Healthy Families Programme	 April – May 2017
Lead in period and TUPE	May - Aug 2017
0 – 19 Model Commencement • Children's Centres • Healthy Families • Early Offer of Help	 April 2017 September - October 2017 September – October 2017

9. Risks

9.1 This is a complex and high profile service model. A number of risks associated with the proposal should, therefore, be taken into account including: financial risks, reputational risks, and risks related to governance.

Reputational risks

9.2 Proposals to reduce the number of Children's Centre buildings in favour of an expanded outreach programme are likely to attract significant public interest. Current plans are to include a high level of detail in the public consultation including proposals for which Centres are likely to close. This may lead to public pressure from parents in some parts of the Borough to retain some Centres although it should be noted that proposals are based on a robust needs analysis. There are, therefore, reputational risks associated with the proposals.

9.3 Some of this risk may be mitigated by carrying out a robust consultation process, ensuring it covers a broad demographic, including families who would not usually participate in public consultation.

Financial risks

9.3 Delivering the efficiency targets set out in this report is not without degree of risk. With regard to the Healthy Families programme, whilst some services will be decommissioned to allow efficiencies, certain outputs for example targeted support for young parents and breastfeeding will still need to be incorporated into the main service.

9.4 Restructuring of the service to allow efficiencies through a wider skills mix will reduce costs, but the market for these services is limited to a few providers (NHS and Private Sector). Therefore, it is important to ensure that the model on offer is still attractive. Thurrock's incumbent provider has in recent times not bid for services in Essex County Council where they have felt the model was unaffordable.

9.5 A significant element of costs within the model is staff. TUPE and the likely subsequent restructure and redundancies required to deliver a multi-skilled service also comes with risk. For commissioned services, whilst the incumbent may cover these costs, if they are unsuccessful, they are likely to transfer to the new Provider, together with the risks and associated costs. This will have an impact on the overall budget, at least for year one.

9.6 Approximately £400K per annum efficiencies are projected from the Children's Centres budget based on the projected closure of four out of nine centres and one outreach facility. As outlined above, this proposal is likely to attract significant public interest. Should this result in the number of closures being reduced, it will be much more difficult to deliver these efficiencies.

Governance Risks

9.7 Recent changes to the approvals (governance) path for significant procurement exercises alongside those required for policy changes impact on delivery timescales which means proposals take longer to implement and the 2017/18 in-year efficiencies are consequently reduced.

9.8 Following the consultation period (October to December 2016) and subject to Cabinet approval, the procurements for both Healthy Families and Early Offer of Help can progress. However, should the results of the consultation lead to a rework of the model, this would potentially need to be brought back to both Overview and Scrutiny and Cabinet before tenders can be issued. This will result in a further two to three month delay, impacting on the timescale and the delivery of efficiencies for 2017/18.

9.9 It is further understood that it is the preference of Cabinet that the results of all procurement exercises return for the award decision. If the request to agree

delegated authority is not agreed, this will impact on the timescale and potential efficiencies, as above.

10. Reasons For Recommendation

10.1 The development of an integrated 0-19 Wellbeing Model, as set out in this paper, provides a significant opportunity to improve support for families and reduce duplication across agencies.

10.2 The proposed service will work to the principles of a shared premises, shared front of house and an overarching branding for all the elements within it, whilst still maintaining the distinct branding of existing services to ensure they are easily identifiable to families. This model will improve access for families, reduce duplication, and ensure services work together to deliver preventative interventions in a seamless manner.

10.3 National research and guidance suggests that integration leads to better outcomes; the most recent example of this is the All Parliamentary Party Review of Children's Centres. It is also clear that this is the direction of travel for many other local authorities at present. Furthermore, families tell us that support is easier to access when agencies work together and this is backed up by research on the success in the Troubled Families Programme

10.4 By developing the integrated offer and single point of entry there is an opportunity to deliver significant efficiencies through Children's Centres and Public Health.

11. Impact On Corporate Policies, Priorities, Performance And Community Impact

11.1 The Corporate priorities supported by this Model are:

- Create a great place for learning and opportunity
- Improve health and well-being

11.2 The 0-19 Wellbeing Model will make a significant contribution to the Health and Wellbeing Strategy 2016-21 and the corporate priorities, which incorporates goals, objectives and measurable outcomes for adults and children and young people, in particular:

- **Opportunity for all** – children will make good educational progress, there will be fewer teenage pregnancies, fewer children and adults will be living in poverty, more residents will be in employment, education and training
- **Better emotional health and wellbeing** – parents will receive the support they need, children will have good emotional health and wellbeing

- **Healthier for longer**- More of our population will be a healthy weight, fewer people will smoke

The draft outcomes being developed are aligned with the Health and Wellbeing outcomes framework.

11.3 The governance for the process and model development will be through the Thurrock Integrated Children's Commissioning Group, reporting to the Children and Young People's Partnership Board.

12. Implications

12.1 **Financial**

Implications verified by: **Kay Goodacre**
Finance Manager, Corporate Finance

The proposed commissioning model will contribute to making efficiencies towards both the Public Health budget, and support planned efficiencies in Children's Services. The transfer of commissioning responsibility for 0-5 'Healthy Child Programme' (HCP) to the local authority resulted in an increase to the Public Health Grant, however reductions by the Department of Health have resulted in significant reductions in Thurrock's Public Health grant overall putting significant pressure on the transferred contract. Elements of the HCP including developmental reviews and the National Childhood Measurement Programme are mandatory. The integration of the HCP alongside other Council Services will support a streamlined service offering both value for money and efficiencies to both Public Health and Children's Services.

12.2 **Legal**

Implications verified by: **Lindsey Marks**
Principal Solicitor, Children's Safeguarding

The 'Healthy Child Programme' (HCP) is the main universal health service for improving the health and wellbeing of children, through:

- Health and development reviews
- Health promotion
- Parenting support
- Screening and immunisation programmes

Since the 1 October 2015, Local Authorities have been responsible for planning and funding public health services for babies and children up to 5 years old following the transfer of the responsibilities from NHS England.

The Children Act 2004 and 1989 place a statutory responsibility on Local Authorities to work with its partners to effectively safeguard children and promotes early intervention. Through this model of joint working intervention at an early point will become more achievable and secure improved outcomes.

Contract documentation will be prepared for each awarded contract, following consultation with Legal. This will be agreed subject to the correct procurement documentation being completed and in line with the Council's constitution, with Cabinet delegated authority to award contracts delegated to the Director of Public Health and the Director of Children's Services in conjunction with the relevant Portfolio Holders.

12.3 **Diversity and Equality**

Implications verified by: **Becky Price**
Community Development and Equalities Team

The 0 – 19 Wellbeing Model is a key workstream of the Health and Wellbeing Strategy with relevant objectives and targets that relate to the education, employment and welfare of young people and their families in Thurrock.

The proposed approach for Children's Centres has been designed to improve outcomes for young children and their families and bring together a range of providers to deliver services in accessible community-based locations across Thurrock. Benefits from this new way of working may include increased collaboration and cross referral between Children's Services, Health visitors and the targeted Early Offer. The proposed Offer through Schools will deliver services for young people aged 5-19 with a focus on safeguarding, reducing teenage pregnancy, tackling negative behaviours and improving opportunities for adult learning.

Before taking forward the proposals outlined in this report, an equality impact assessment will be completed to ensure there is support for those areas with families most in need whilst still ensuring coverage across the entire borough. In the future, it is anticipated that the integrated data systems will help to provide relevant information to understand the impact of the service overall and by protected characteristics where possible.

12.4 **Other implications**

Procurement

Implications verified by: **Stefanie Seff**
Corporate Procurement Strategy & Delivery Manager

For the 0-19 Wellbeing Model services (Healthy Families) that will be procured by Public Health there will be an EU Procurement 'light-touch' tender process. This will require advertisement in the Official Journal of the European Union and award be published there. The Council's website and 'Contracts Finder' will also host the advertisement to ensure full compliance. Due to an expected low number of tender applications an 'open' process will be used requiring no pre-qualification questionnaire (PQQ).

With regard to the Early Offer of Help commissioned services, a 'restricted' (two stage) procedure will be used with a prequalification stage (PQQ) utilised due to an expected higher number of applicants.

13. Background Papers Used in Preparing the Report

- Report to Children's Overview and Scrutiny on the 0-19 Wellbeing Model (public) – 6 July 2016
- Report to Children's Overview and Scrutiny on the Review of Children Centres – 6 July 2016

14. Appendices

- Appendix 1 – Healthy Families Service, Procurement Stage 1 – Approval To Proceed To Tender
- Appendix 2 – Early Offer of Help (EOH) Services, Procurement Stage 1 – Approval To Proceed To Tender

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