

<b>6 July 2016</b>		<b>ITEM: 7</b>
<b>Children's Services Overview and Scrutiny Committee</b>		
<b>Review of Children's Centre Service</b>		
<b>Wards and communities affected:</b> All	<b>Key Decision:</b> Not applicable	
<b>Report of:</b> Andrea Winstone, School Improvement Manager		
<b>Accountable Head of Service:</b> Roger Edwardson, Interim Strategic Lead For School Improvement		
<b>Accountable Director:</b> Rory Patterson, Director of Children's Services		
<b>This report is Public</b>		

## **Executive Summary**

This should be from read in conjunction with the Public Health 0-19 Wellbeing Offer Report of the same date, as the two reports detail the proposed joint integrated delivery/commissioning model.

The School Improvement Team will be reviewing the Children Centre service to identify the most effective way of delivering a sustainable Children Centre service delivery model in the current financial climate.

### **1. Recommendation(s)**

- 1.1 The Overview and Scrutiny Committee is requested to support the review of the Children's Centre services to be completed by April 2017. The service redesign, when finalised, will aim to deliver a high quality service to both targeted and universal users through identifying improved joint working and efficiencies.**
- 1.2 That the committee endorses this report alongside the 0-19 Wellbeing Offer report of the same date as the two services are collaborating to deliver a joined-up service for families with children up to the age of 19.**

### **2. Introduction and Background**

- 2.1 The 0-19 Wellbeing model has provided a chance to develop a more sustainable Children's Centre delivery model in the current financial climate. This can and must be seen as an opportunity to redesign the model of**

delivery for Children's Centres whilst ensuring that the core work of the Children's Centres continues to be delivered to the same high standard, if not better. The service redesign will take place over the next months and will be reported to Children's Services Overview & Scrutiny Committee as well as the Cabinet for consultation and approval. It is intended that the information will be included as part of the Public Health consultation regarding the 0-19 Wellbeing Healthy Families Programme.

It is hoped that with the 0-19 Wellbeing model and Children Centre service redesign, the offer to families will be strengthened whilst rationalising points of delivery. The aim is to provide an improved seamless service for the users and to ensure a targeted offer to those most in need of support.

2.2 The overall aim of children's centres is to improve outcomes for young children and their families and reduce inequalities. The purpose, around which Children's Centres should 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 both children and their family; safeguarding; supporting parents to improve the skills that enable them to access education, training and employment; and addressing risk factors so that children and their families are safe, free from poverty and able to improve both their immediate wellbeing and their future life chances.

2.3 Please refer to the Children's Centres Core Purpose document (Appendix 1)

### 3. Issues, Options and Analysis of Options

3.1 Currently there are nine Children's Centres across Thurrock. Some buildings are owned by other partners and some are owned by Thurrock Council. A full service and premises audit will take place which will include using data to identify services with greatest impact, areas of greatest need, and proposed possible efficiencies before a final recommendation is made.

3.2 **Improvements may be made through:**

- Integration of the local delivery offer to ensure there is coordination and improved access to a wider range of support for users.
- Public Health and Children's Centres will co- commission a database to enable greater integration between children's centres and the Healthy

Families Service Programme and other services within the proposed 0-19 Wellbeing model.

- Improved access by creating a single point of contact and registration for families. It is anticipated that various sites will host the service including community hubs, Children’s Centres and Integrated Healthy Living.
- Centres as examples. From the users’ point of view this should be one service despite this being supported by different commissioning/ management models.
- Improved continuity by offering a lead professional for each family requiring support to coordinate care and that has an overview of all the different services used.
- Information sharing between different parts of the service to avoid families giving their information more than once.
- Provide a strong platform for ‘Making Every Contact Count’ (MECC) to be universally implemented at every opportunity.
- Reduced duplication and improved value for money whilst making the services easier to navigate for families.
- Opportunities for co-location to be explored and implemented where possible.
- Sharing of premises between Children’s Centres and other partner agencies, hubs or health premises and possible re-location of Children’s Centre services.

<b>Element of transformation</b>	<b>Planned Timescale</b>
Children’ Centre Service redesign draft	May-Sept 2016
DMT 1	Aug 6
Cabinet Meeting 1 Overview & Scrutiny 1	Sept 16
Consultation and engagement with stakeholders	Sept – Oct 2016
DMT 2	Nov 16
O&S 2	Dec 16
Cabinet 2	Jan 17
Cabinet Meeting 2	Jan 17
Service redesign implementation	April 17

3.3 Following the Overview and Scrutiny report, it is proposed that a paper be taken to Cabinet in September 2016 with further details of the service model and again to Overview & Scrutiny in December. It will return to Cabinet in January following stakeholder consultation and engagement.

#### **4. Reasons for Recommendation**

- 4.1 Overview and Scrutiny Committee are aware of the proposed redesign of the Children Centre Service and Integration of some services whilst also being a more financially sustainable model.

#### **5. Consultation (including Overview and Scrutiny, if applicable)**

- 5.1 A public consultation will take place for six weeks in September and October 2016.

#### **6. Impact on corporate policies, priorities, performance and community impact**

##### 6.1 Council Community Priorities

- create a great place for learning and opportunity
- encourage and promote job creation and economic prosperity
- build pride, responsibility and respect
- improve health and well-being
- promote and protect our clean and green environment

##### 6.2 Thurrock Children and Young People's Plan 2015-2016

*1.2. Promote and improve the health & wellbeing of children and young people.*

*Health inequalities experienced in childhood can have a lasting impact throughout life, so we will work together to promote and support healthy lifestyles from an early stage. Giving children the best start in life begins with promoting health and well-being in pregnancy and childhood, and ensuring that universal healthcare services are available for all children and families.*

*National Health Service and Public Health professionals will work in partnership with children's centres and schools to identify those who need extra support, or treatment, and help them to access services. We will strive to integrate services and plan care jointly wherever possible, for example for disabled children and their families.*

It is intended that there will be positive impacts on the above priorities and policies due to the reasons provided in 3.2

#### **7. Implications**

##### 7.1 Financial

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

The service redesign, improved joint working, co-location of services and joint commissioning of an ICT system will ensure a sustainable delivery model for the Children Centre Service and 0-19 Wellbeing model, maximising the opportunities afforded to the LA and reducing cost.

## 7.2 Legal

Implications verified by: **Chris Pickering**  
**Solicitor**

Legislation about children's centres is contained in the Childcare Act 2006 Act as a place or a group of places:

- which is managed by or on behalf of, or under arrangements with, the local authority with a view to securing that early childhood services in the local authority's area are made available in an integrated way;
- through which early childhood services are made available (either by providing the services on site, or by providing advice and assistance on gaining access to services elsewhere); and
- at which activities for young children are provided.

Children Centres will continue to provide early childhood services and activities.

## 7.3 Diversity and Equality

Implications verified by: **Natalie Warren**  
**Community Development and Equalities  
Manager**

The Children's Centres by their very nature have targets to reduce the inequalities and improved outcomes for the most disadvantaged families. An Equality Impact Assessment (EIA) will be completed before any changes are made to service delivery.

## 7.4 Other implications (where significant) – i.e. Staff, Health, Sustainability, Crime and Disorder)

If, following the review and consultation, there are further implications these will be included in the report to Cabinet in September and O&S in December.

## 8. Background papers used in preparing the report (including their location on the Council's website or identification whether any are exempt or protected by copyright):

## **9. Appendices to the report**

Appendix 1: Children Centres Core Purpose

### **Report Author:**

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