Report to:	Overview and Scrutiny Committee (Children's Services and Safeguarding)	Date of Meeting:	Tuesday 10 July 2018			
Subject:	Development of Fam	Development of Family Wellbeing Service – Progress Report				
Report of:	Director of Social Care and Health	Wards Affected:	(All Wards);			
Portfolio:	Children, Schools and	Children, Schools and Safeguarding				
Is this a Key Decision:	No	Included in Forward Plan:	Yes			
Exempt / Confidential Report:	No					

Summary:

In December 2017 the Council approved the proposed development of locality working. This report provides Overview and Scrutiny Committee (Children's Services and Safeguarding) the opportunity to comment on the proposals to align Family Wellbeing Centres into Locality working and note the outcomes of Sefton Community First.

Recommendation(s):

Overview and Scrutiny Committee are asked to comment on:

- (1) the principles of Sefton Community First
- (2) the ASPIRE outcomes
- (3) the role of Family Wellbeing Centres within Sefton Community First

they are also asked to note

(1) the new posts currently being consulted on within the structure

Reasons for the Recommendation(s):

The Council faces significant demographic and financial pressures. This proposal is part of the Early Intervention & Prevention project approved by Council in March 2017. This proposed model will tackle the multiple needs of families in a more joined-up way.

Alternative Options Considered and Rejected: (including any Risk Implications)

Remaining the same is no longer viable.

What will it cost and how will it be financed?

(A) Revenue Costs

The total revenue budget in support of Children's and Family Centres is currently £6.5m and this figure includes services commissioned from other external agencies that support the current Children's Centre delivery model.

(B) Capital Costs

Implications of the Proposals:

Resource Implications (Financial, IT, Staffing and Assets):

Legal Implications:

Equality Implications: There are no equality implications.

Contribution to the Council's Core Purpose:

Protect the most vulnerable:

The proposed model seeks to

- Ensure a focussed response on providing improved outcomes for the children and young people themselves on occasions where the "whole family" approach does not work.
- Ensure that the child's voice is heard and that safeguarding thresholds are maintained through service redesign and delivery

Facilitate confident and resilient communities:

The proposed model seeks to:

- Respect families starting points, and intervene early to provide the required support in a timely way.
- Develop a "whole family" approach where root cause issues can be addressed and families limit the number of times they need to tell their story
- Support children and families that are failing to thrive or reach their potential, particularly with regard to attachment, language acquisition and early childhood milestones
- Promote good mental health and emotional wellbeing for all children and young people, parents and care givers in Sefton and improve access to targeted support to address health inequalities.

Commission, broker and provide core services:

Place – leadership and influencer:

Drivers of change and reform:

The proposed model seeks to

• Ensure a targeted and evidence-based approach for those children and families who are in the greatest need

Facilitate sustainable economic prosperity:

Greater income for social investment:

Cleaner Greener

What consultations have taken place on the proposals and when?

(A) Internal Consultations

The Head of Corporate Resources (FD5199/18) and Head of Regulation and Compliance (LD 4423/18.) have been consulted and any comments have been incorporated into the report.

(B) External Consultations

A number of working groups, meetings with Headteachers, Centre Managers and engagement sessions with the wider workforce, partners and parents have been held to help shape and influence the offer.

Implementation Date for the Decision

Following the expiry of the "call-in" period for the Minutes of the Cabinet Meeting

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Appendices:

The following appendices are attached to this report:

- Appendix 1 Sefton Community First
- Appendix 2 Delivery model
- Appendix 3 Staffing structure
- Appendix 4 Staffing allocation

Background Papers:

N/A

1. Introduction/Background

- 1.1 Following the public consultation in autumn 2017 and the subsequent Cabinet Report in December 2017 work has been undertaken to deliver the Family Wellbeing offer, as agreed in the Cabinet report.
- 1.2A number of working groups, meetings with Headteachers, Centre Managers and engagement sessions with the wider workforce, partners and parents have been held to help shape and influence the offer.
- 1.3 Following extensive work a model for complete integration with locality working has been worked on and has resulted in the delivery plan, presented within this paper Sefton Community First
- 1.4 Sefton Community First is the delivery mechanism to address Early Intervention and Prevention (EIP) 2. Though this aspect is supported by other EIP workstreams which all together have a significant bearing on successful delivery of Early Intervention and Prevention

2. Context – Family Wellbeing

2.1 In developing an approach to Family Wellbeing the Council actively listened to the views of the community and the following recommendations were approved:

- A new funding methodology is introduced
- To develop an offer in line with the strategic vision and principles
- To continue to operate from all existing children centre and family centre buildings
- Agree the removal of childcare subsidy
- o Continue to engage with schools on implementation
- Explore the formation of Health and Wellbeing Centres (a more integrated model with NHS partners)

2.2 For the purposes of this report, the formation of Health and Wellbeing Centres is not being reported on as further work is progressing and this will be reported on at a future Committee.

2.3 As the Family Wellbeing offer is part of the Locality Offer approved in March 2016 this report will explore how Locality Working and Family Wellbeing will align to provide a seamless offer for communities and residents

2.4 Currently the vast majority of Children's Centres are managed directly by schools, operating as a commissioned service. However through this process a number of Head teachers and Governing bodies have taken the decision to hand back the running of the Children's Centre to the Council

2.5 A detailed commissioning outcome framework has been developed to support those head teachers wanting to continue as a commissioned service. These proposals are currently being developed to ensure all the outcomes can be met and delivered in a way to offer value for money.

2.6 The chart below highlights the likely changes for children centre delivery.

However, it is worthy of note that overall strategic management of the offer will be undertaken by Council Officers.

Children's Centre	Phase & yr. established	Existing Governance Arrangements	Expected Governance Arrangements
Cambridge	Phase 1 27/04/2007	Commissioned service, governed by Cambridge Nursery School	Council
Linaker	Phase 1 11/07/2006	Commissioned service, governed by Linaker Primary School	Council
Litherland	Phase 1 24/03/2006	Commissioned service, governed by Litherland Moss Primary School	Council
Netherton	Phase 1 18/09/2006	Council	Council
Seaforth	Phase 1 13/02/2006	Commissioned service, governed by Sand Dunes primary School	Council
Springwell	Phase 1 23/03/2006	Commissioned service, governed by Springwell Primary School	Council
First Steps (Farnborough Road & Kings Meadow)	Phase 2/3 25/02/2008	Commissioned service, governed by Farnborough Road Infant School	Continue to be a commissioned service, governed by Farnborough Road Infant School
Hudson	Phase 2 25/02/08	Commissioned service, governed by Hudson Primary School	Continue to be a commissioned service, governed by Hudson Primary School
Waterloo/Thornton*	Phase 2 01/11/07	Commissioned service, governed by Waterloo Primary School	Continue to be a commissioned service, governed by Waterloo Primary School *Only Waterloo – as Thornton will be aligned to Netherton
Freshfield	Phase 3 28/02/2010	Commissioned service, governed by Freshfield Primary School	Discussions are ongoing

3. Sefton Community First

3.1 The Vision Outcome Framework and principles (as outlined in Section 1.6 and 3.6 of December 2017 Cabinet Report) formed the basis of all work in developing an effective operating model across Localities and Family Wellbeing

3.2 It was crucial that for residents and communities, when developing the offer that new siloed ways of working did not emerge. There was potential for a Locality offer and Family Wellbeing offer to compete against one another. With this in mind an allencompassing operating model has been developed – Sefton Community First (see appendix 1 for details on the vision, rationale for change, delivery model and ASPIRE outcome framework.)

3.3 The ASPIRE model reflects the priority areas that will inform our delivery to support our communities.

Our key priorities are to:

- Address worklessness, financial and social exclusion
- **S**upport Families and Individuals in Need by providing the right support
- Promote Education, Training, Employment and Volunteering

• Increase attendance at schools, improve speech and language development and levels of progress that children and young people make

• **R**educe Domestic Abuse, risk of homelessness and isolation

• Engage Children, Families and Individuals with a range of Health and Wellbeing Needs

4 Engagement

4.1 A number of engagement sessions have contributed towards the content and shape of the Sefton Community First model.

4.2 As anticipated in the Cabinet report, the nature of some activities will be delivered differently, some will cease, and some will be offered as outreach, and new activities will be added. These will reflect the desired outcomes according to the ASPIRE model.

4.3 The new offer will continue to be regularly reviewed and flexed, as the activities, interventions and support offered must meet need and demand.

4.3 As now, families will be kept fully informed of planned changes to activities and schedule. It will be important that any changes are effectively communicated to ensure that the expectation of our communities can be managed.

4.4. The Council will ensure that children and young people continue to be safeguarded.

4.5 More detail of what will be delivered across Family wellbeing and localities are available within Appendix 2.

5 Funding Methodology

5.1 Further consideration has been afforded to the implementation of a new funding methodology which is equitable and allows for a fair distribution of monies across our most deprived areas, enabling the best possible outcomes

5.2 In order to realise the vision, a new staffing structure has been developed and following discussions with the joint trade unions this is currently being consulted on. Details of the staffing structure can be found in appendix 3. Through merging Family Wellbeing and Locality Working additional staffing capacity can be fully utilised for delivery from the existing venues. Appendix 4 details the staffing breakdown across Family Wellbeing Centres according to the agreed funding methodology and also the expected numbers of staff allocated to each locality, aligned to their new job title.

5.3 Ongoing discussions and work with Head teachers will ensure that a clear and transparent funding methodology is implemented in September 2018, bringing parity and ensuring resources are targeted to deprivation and disadvantage and some allocated universally.

5.4 As the funding methodology does not include any allowance for childcare, Head teachers have worked closely with Council departments to cease or transfer childcare provision.

5.5 Early indications are that the childcare market is coping with these closures and no sufficiency issues have to date been raised.

6 Delivery

6.1 Through engagement sessions and consulting with service users, a conscious decision has been taken to not significantly change current delivery, at this time. Instead, work has been undertaken to standardise the offer across centres and localities and to fully utilise other departments and existing service areas to fully maximise the offer for service users.

6.2 For example universal services such as libraries and leisure will support the Family Wellbeing/Community First offer through delivering and hosting a range of activities

6.3 The delivery programme for September is currently being developed, timetabled and shared with families. This will encompass a 0-19 offer.

6.4 A commitment has been made to staff, service users and parent groups to involve them in any future changes and modifications during the coming months when service delivery will be reviewed and adjusted to meet community/local needs.

6.5 As health services are a key contributor, discussions continue to be ongoing to achieve full integration with a range of partners including North West Boroughs, CCG's, Living Well Sefton and midwifery services.

6.6 For schools continuing to operate as a commissioned service, a considerable amount of time and negotiation has gone into determining the delivery model to ensure it

aligns with the other centres and reflects the APSIRE outcomes

6.7 Given the process undertaken to date, changes for service users will be minimal, existing services may be rotated across a locality or be taking place in a new venue, but they will in the main continue. Over time, once staff are fully briefed and aware the Sefton Community First offer will be fully complemented and supplemented through effective signposting to a vibrant community voluntary and faith offer

6.8 Once all staff have been recruited, they will be involved in further shaping the new service; particularly with regard to case management and case oversight.

7. Conclusion

7.1 Since the Cabinet report in December, very good progress has been made to implement the new model. This has incorporated, good engagement with the community, partners and parent/carers has been undertaken and work with schools and Head Teachers has been positive.

7.2 The Sefton Community First offer now provides a holistic approach and joins up work with public health, NHS and wider council work. However we acknowledge that this offer is not static, it will be constantly reviewed and move and flex to meet the needs of the community it serves.