

# Public Document Pack

## Cabinet

Tuesday, 17th January, 2017  
at 4.30 pm

### **PLEASE NOTE TIME OF MEETING**

Council Chamber - Civic Centre

This meeting is open to the public

#### **Members**

Councillor Simon Letts, Leader of the Council  
Councillor Mark Chaloner, Cabinet Member for Finance  
Councillor Satvir Kaur, Cabinet Member for Communities,  
Culture and Leisure  
Councillor Jacqui Rayment, Cabinet Member for  
Environment and Transport  
Councillor Dave Shields, Cabinet Member for Health and  
Sustainable Living  
Councillor Warwick Payne, Cabinet Member for Housing  
and Adult Care  
Councillor Christopher Hammond, Cabinet Member for  
Transformation Projects  
Councillor Paul Lewzey, Cabinet Member for Children's  
Social Care  
Councillor Dr Darren Paffey, Cabinet Member for  
Education and Skills

(QUORUM – 3)

#### **Contacts**

Cabinet Administrator

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Service Director, Legal and Governance

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## **BACKGROUND AND RELEVANT INFORMATION**

### **The Role of the Executive**

The Cabinet and individual Cabinet Members make executive decisions relating to services provided by the Council, except for those matters which are reserved for decision by the full Council and planning and licensing matters which are dealt with by specialist regulatory panels.

### **The Forward Plan**

The Forward Plan is published on a monthly basis and provides details of all the key executive decisions to be made in the four month period following its publication. The Forward Plan is available on request or on the Southampton City Council website, [www.southampton.gov.uk](http://www.southampton.gov.uk)

### **Implementation of Decisions**

Any Executive Decision may be “called-in” as part of the Council’s Overview and Scrutiny function for review and scrutiny. The relevant Overview and Scrutiny Panel may ask the Executive to reconsider a decision, but does not have the power to change the decision themselves.

**Mobile Telephones** – Please switch your mobile telephones to silent whilst in the meeting.

### **Use of Social Media**

The Council supports the video or audio recording of meetings open to the public, for either live or subsequent broadcast. However, if, in the Chair’s opinion, a person filming or recording a meeting or taking photographs is interrupting proceedings or causing a disturbance, under the Council’s Standing Orders the person can be ordered to stop their activity, or to leave the meeting.

By entering the meeting room you are consenting to being recorded and to the use of those images and recordings for broadcasting and or/training purposes. The meeting may be recorded by the press or members of the public. Any person or organisation filming, recording or broadcasting any meeting of the Council is responsible for any claims or other liability resulting from them doing so. Details of the Council’s Guidance on the recording of meetings is available on the Council’s website.

### **Southampton City Council’s Priorities:**

- Jobs for local people
- Prevention and early intervention
- Protecting vulnerable people
- Affordable housing
- Services for all
- City pride
- A sustainable Council

### **Executive Functions**

The specific functions for which the Cabinet and individual Cabinet Members are responsible are contained in Part 3 of the Council’s Constitution. Copies of the Constitution are available on request or from the City Council website, [www.southampton.gov.uk](http://www.southampton.gov.uk)

### **Key Decisions**

A Key Decision is an Executive Decision that is likely to have a significant:

- financial impact (£500,000 or more)
- impact on two or more wards
- impact on an identifiable community

### **Procedure / Public Representations**

At the discretion of the Chair, members of the public may address the meeting on any report included on the agenda in which they have a relevant interest. Any member of the public wishing to address the meeting should advise the Democratic Support Officer (DSO) whose contact details are on the front sheet of the agenda.

**Fire Procedure** – In the event of a fire or other emergency, a continuous alarm will sound and you will be advised, by officers of the Council, of what action to take.

**Smoking policy** – The Council operates a no-smoking policy in all civic buildings.

**Access** – Access is available for disabled people. Please contact the Cabinet Administrator who will help to make any necessary arrangements.

### **Municipal Year Dates (Tuesdays)**

<b>2016</b>	<b>2017</b>
21 June	17 January
19 July	14 February <b>(Budget)</b>
16 August	21 February
20 September	21 March
18 October	18 April
15 November	
20 December	

## **CONDUCT OF MEETING**

### **TERMS OF REFERENCE**

The terms of reference of the Cabinet, and its Executive Members, are set out in Part 3 of the Council's Constitution.

### **RULES OF PROCEDURE**

The meeting is governed by the Executive Procedure Rules as set out in Part 4 of the Council's Constitution.

### **DISCLOSURE OF INTERESTS**

Members are required to disclose, in accordance with the Members' Code of Conduct, **both** the existence **and** nature of any "Disclosable Pecuniary Interest" or "Other Interest" they may have in relation to matters for consideration on this Agenda.

### **DISCLOSABLE PECUNIARY INTERESTS**

A Member must regard himself or herself as having a Disclosable Pecuniary Interest in any matter that they or their spouse, partner, a person they are living with as husband or wife, or a person with whom they are living as if they were a civil partner in relation to:

(i) Any employment, office, trade, profession or vocation carried on for profit or gain.

(ii) Sponsorship:

Any payment or provision of any other financial benefit (other than from Southampton City Council) made or provided within the relevant period in respect of any expense incurred by you in carrying out duties as a member, or towards your election expenses. This includes any payment or financial benefit from a trade union within the meaning of the Trade Union and Labour Relations (Consolidation) Act 1992.

(iii) Any contract which is made between you / your spouse etc (or a body in which the you / your spouse etc has a beneficial interest) and Southampton City Council under which goods or services are to be provided or works are to be executed, and which has not been fully discharged.

(iv) Any beneficial interest in land which is within the area of Southampton.

(v) Any license (held alone or jointly with others) to occupy land in the area of Southampton for a month or longer.

(vi) Any tenancy where (to your knowledge) the landlord is Southampton City Council and the tenant is a body in which you / your spouse etc has a beneficial interests.

(vii) Any beneficial interest in securities of a body where that body (to your knowledge) has a place of business or land in the area of Southampton, and either:

- a) the total nominal value of the securities exceeds £25,000 or one hundredth of the total issued share capital of that body, or
- b) if the share capital of that body is of more than one class, the total nominal value of the shares of any one class in which you / your spouse etc has a beneficial interest that exceeds one hundredth of the total issued share capital of that class.

### **Other Interests**

A Member must regard himself or herself as having an, 'Other Interest' in any membership of, or occupation of a position of general control or management in:

Any body to which they have been appointed or nominated by Southampton City Council

Any public authority or body exercising functions of a public nature

Any body directed to charitable purposes

Any body whose principal purpose includes the influence of public opinion or policy

### **Principles of Decision Making**

All decisions of the Council will be made in accordance with the following principles:-

- proportionality (i.e. the action must be proportionate to the desired outcome);
- due consultation and the taking of professional advice from officers;
- respect for human rights;
- a presumption in favour of openness, accountability and transparency;
- setting out what options have been considered;
- setting out reasons for the decision; and
- clarity of aims and desired outcomes.

### **BUSINESS TO BE DISCUSSED**

Only those items listed on the attached agenda may be considered at this meeting.

### **QUORUM**

The minimum number of appointed Members required to be in attendance to hold the meeting is 3.

In exercising discretion, the decision maker must:

- understand the law that regulates the decision making power and gives effect to it. The decision-maker must direct itself properly in law;
- take into account all relevant matters (those matters which the law requires the authority as a matter of legal obligation to take into account);
- leave out of account irrelevant considerations;
- act for a proper purpose, exercising its powers for the public good;
- not reach a decision which no authority acting reasonably could reach, (also known as the “rationality” or “taking leave of your senses” principle);
- comply with the rule that local government finance is to be conducted on an annual basis. Save to the extent authorised by Parliament, ‘live now, pay later’ and forward funding are unlawful; and
- act with procedural propriety in accordance with the rules of fairness.

## **AGENDA**

### **1 APOLOGIES**

To receive any apologies.

### **2 DISCLOSURE OF PERSONAL AND PECUNIARY INTERESTS**

In accordance with the Localism Act 2011, and the Council's Code of Conduct, Members to disclose any personal or pecuniary interests in any matter included on the agenda for this meeting.

## **EXECUTIVE BUSINESS**

### **3 STATEMENT FROM THE LEADER**

### **4 RECORD OF THE PREVIOUS DECISION MAKING (Pages 1 - 4)**

Record of the decision making held on 20 December 2016, attached.

### **5 MATTERS REFERRED BY THE COUNCIL OR BY THE OVERVIEW AND SCRUTINY MANAGEMENT COMMITTEE FOR RECONSIDERATION (IF ANY)**

There are no matters referred for reconsideration.

### **6 REPORTS FROM OVERVIEW AND SCRUTINY COMMITTEES (IF ANY)**

There are no items for consideration

### **7 EXECUTIVE APPOINTMENTS**

To deal with any executive appointments, as required.

## **ITEMS FOR DECISION BY CABINET**

### **8 CHILDREN AND YOUNG PEOPLE'S STRATEGY 2017-2020 (Pages 5 - 10)**

Joint report of the Cabinet Member for Children's Social Care and the Cabinet Member for Education and Skills seeking approval of the Children and Young People's Strategy 2017-2020, attached.

**9 DEVELOPMENT OF AN INTEGRATED PREVENTION AND EARLY HELP OFFER FOR CHILDREN AGED 0-19 AND THEIR FAMILIES (Pages 11 - 28)**

Report of the Cabinet Member for Education and Skills in consultation with the Cabinet Members for Health and Sustainable Living and Children's Social Care seeking the consideration of the options for achieving a more integrated offer of prevention and early help services for children 0-19 and their families and to give approval to progress with the preferred option, subject to appropriate consultation, attached.

Monday, 9 January 2017

Service Director, Legal and Governance

SOUTHAMPTON CITY COUNCIL  
EXECUTIVE DECISION MAKING

RECORD OF THE DECISION MAKING HELD ON 20 DECEMBER 2016

Present:

Councillor Letts	-	Leader of the Council
Councillor Chaloner	-	Cabinet Member for Finance
Councillor Kaur	-	Cabinet Member for Communities, Culture and Leisure
Councillor Rayment	-	Cabinet Member for Environment and Transport
Councillor Shields	-	Cabinet Member for Health and Sustainable Living
Councillor Payne	-	Cabinet Member for Housing and Adult Care
Councillor Hammond	-	Cabinet Member for Transformation Projects
Councillor Lewzey	-	Cabinet Member for Children's Social Care
Councillor Dr Paffey	-	Cabinet Member for Education and Skills

33. EXECUTIVE APPOINTMENTS

Cabinet noted that the Early Years Development and Childcare Partnership was no longer statutory and therefore Councillor Bogle's appointment to this Outside Body was terminated.

34. ALTERNATIVE SERVICE DELIVERY MODEL FOR SOME COUNCIL SERVICES

DECISION MADE: (CAB 16/17 18283)

On consideration of the report of the Leader of the Council, Cabinet agreed the following:

- (i) To delegate authority to the Chief Operations Officer, following consultation with the Leader, Service Director: Legal & Governance and the Service Director: Finance and Commercialisation, to establish a Local Authority Trading Company (LATCo) for the management, delivery and commercialisation of the in-scope services.
- (ii) To agree that in scope services to be included within the LATCo / procurement will (subject to further decision at the conclusion of the procurement process) include:
  - Street Cleansing and Waste Management & Collection (including Fleet);
  - Housing Operations & Management and Parks & Open Spaces (including Fleet);
  - Car Park Operations, Facilities Management and Bridge Operations;
  - Transport.

- (iii) To delegate authority to the Chief Operations Officer, following consultation with the Transformation Implementation Board (TIB), Service Director: Legal and Governance and the Service Director: Finance and Commercialisation, to determine the LATCo company structure, the terms of any contract between the Council and the LATCo for the delivery of in scope services and to finalise the governance arrangements in relation to the Council / LATCo and any public / private partner organisations procured to support the LATCo.
- (iv) To delegate authority to the Chief Operations Officer, following consultation with the Transformation Improvement Board (TIB), Service Director: Legal and Governance and the Service Director: Finance and Commercialisation, to undertake all actions necessary to appraise and consult on the options available to the Council in relation to a finalised staffing structure (operational based within the LATCo and commissioning client retained by the Council) in order to recommend a staffing structure and the delivery route for the same at the conclusion of the procurement process.
- (v) To delegate authority to the Chief Operations Officer, following consultation with the Transformation Implementation Board (TIB), Service Director: Legal and Governance and the Service Director: Finance and Commercialisation, to commence a procurement process to select one or more public and/or private sector partners to support the LATCo in the discharge of its duties.
- (vi) To note that the final decision on the services to be delivered through the LATCo, the staffing provisions, governance arrangements, financial implications and the appointment of one or more public and/or private partners to support service delivery will be referred to Cabinet / Council prior to the conclusion of the procurement process (currently expected in late 2017).

### 35. COMMUNITY ASSET TRANSFER STRATEGY: PROGRESS AND REVIEW

DECISION MADE: (CAB 16/17 18239)

On consideration of the report of the Cabinet Member for Communities, Culture and Leisure, Cabinet agreed the following:

- (i) To approve the disposal of Kingsland Community Centre to WICT on a freehold basis at Less than Best Consideration for a sum in the region of £10,800
- (ii) To delegate authority to the Head of Capital Assets to approve the disposal on a freehold basis at Less than Best Consideration on the basis it secures an improvement in the economic, social and environmental well being of the Council's area by securing the delivery and growth of community services
- (iii) To delegate authority to the Service Director (Growth) following consultation with the Cabinet Member for Communities, Culture and Leisure, the Cabinet Member for Finance and the Head of Capital Assets to do anything necessary to give effect to the recommendations contained in this report
- (iv) To note progress on transferring community centres and buildings since implementation of the Community Asset Transfer Strategy.



36. BASSETT GREEN ESTATE (ETHELBURT AVENUE) CONSERVATION AREA APPRAISAL AND MANAGEMENT PLAN

DECISION MADE: (CAB 16/17 18142)

On consideration of the report of the Leader of the Council and having considered representations from the Herbert Collins Estates Residents Association, Cabinet agreed the following modified recommendation:

To confirm Article 4 Direction for the Ethelburt Avenue (Bassett Green Estate) Conservation Area, removing permitted development rights for the properties set out in Appendix 1. Any minor revisions to be delegated to the Service Director, Legal and Governance following consultation with the Leader of the Council.

37. CONSORTIA COMMISSIONING OF INDEPENDENT FOSTER CARE

DECISION MADE: (CAB 16/17 17917)

On consideration of the report of the Cabinet Member for Children's Social Care, Cabinet agreed the following:

- (i) To authorise officers to appoint the organisations set out in Appendix 1 to the Framework Agreement.
- (ii) To delegate to the Service Director Quality and Integration following consultation with the Interim Service Director Children and Families and the Service Director Finance and Commercialisation and the Service Director Legal and Governance authority to enter into contractual arrangements with these organisations and to do all such ancillary activities as may be necessary to give effect to the recommendations of this report.

38. CHANGES TO THE OPENING HOURS AT THE HOUSEHOLD WASTE RECYCLING CENTRE (HWRC)

DECISION MADE: (CAB 16/17 18277)

On consideration of the report of the Service Director – Transactions and Universal Services, the Cabinet Member for Environment and Transport agreed the following:

- (i) To re-programme the introduction of reduced opening hours at the HWRC to 1 October 2017. The reduction in opening hours won't come into effect until 1 October 2017 and are: two hours per day in the winter (11am – 4pm) and Monday – Friday in the summer (11am – 6pm). By one hour per day on Saturday and Sunday in the summer (10am – 6pm) and to close the HWRC, one day per week on a Thursday each week.

- (ii) That authority be delegated to the Service Director – Transactions and Universal Service, following consultation with the Executive Member for Environment and Transport, to implement all of the necessary operational and contractual changes and other actions for the recommendations to take effect.
- (iii) To note that any future changes need to be consistent as far as possible across Southampton City Council, Hampshire County Council (HCC) and Portsmouth City Council (PCC) as different opening times may result in increased numbers of visitors from outside the City and a resultant increase in disposal costs.

# Agenda Item 8

<b>DECISION-MAKER:</b>	<b>CABINET</b>		
<b>SUBJECT:</b>	<b>CHILDREN AND YOUNG PEOPLE'S STRATEGY 2017-2020</b>		
<b>DATE OF DECISION:</b>	<b>17 JANUARY 2017</b>		
<b>REPORT OF:</b>	<b>CABINET MEMBER FOR CHILDREN'S SOCIAL CARE CABINET MEMBER FOR EDUCATION AND SKILLS</b>		
<b><u>CONTACT DETAILS</u></b>			
<b>AUTHOR:</b>	<b>Name:</b>	<b>Gayle Fentiman: Senior Policy Officer</b>	<b>Tel: 023 8083 3824</b>
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<b>Director</b>	<b>Name:</b>	<b>Hilary Brooks, Service Director Children and Families</b>	<b>Tel: 023 8083 4899</b>
	<b>E-mail:</b>	<b>hilary.brooks@southampton.gov.uk</b>	

## STATEMENT OF CONFIDENTIALITY

NOT APPLICABLE

## BRIEF SUMMARY

'Children and young people get a good start in life' is one of the Council's four priority outcomes which contributes to the City Strategy ambition of a better life for babies, children and young people. The draft Children and Young People's Strategy (2017-2020) is a key strategic partnership document which sets out how the Council will work with its partners to achieve a joined-up, citywide approach to supporting children, young people and their families. Work is underway with children and young people to develop a version that is accessible to them and will be available on the website when it is ready.

This strategy will be published on the Council's website and available to staff, residents, partners and other stakeholders. It has been developed as an easy to read, high level document, which focuses on key priorities and actions, and will be supported by a number of more detailed strategies, policies and plans.

## RECOMMENDATIONS:

- |     |   |
|-----|---|
| (i) | To consider and approve the draft Children and Young People's Strategy 2017-2020, attached as Appendix 1. |
|-----|---|

## REASONS FOR REPORT RECOMMENDATIONS

- |    |  |
|----|--|
| 1. | To ensure that the Council and its partners have a clear, accessible and transparent strategy that outlines their vision and priorities for children and young people. |
|----|--|

## ALTERNATIVE OPTIONS CONSIDERED AND REJECTED

- |    |  |
|----|--|
| 2. | An alternative option is to not develop and approve a strategy. This is not recommended as it is important for the Council to provide a clear and accessible statement of intent about how it will work with partners to improve outcomes for children and young people in the city. |
|----|--|

<b>DETAIL (Including consultation carried out)</b>	
	<b>Background and context</b>
3.	The Council has agreed four priority outcomes of which one is ‘children and young people get a good start in life’. Supporting children and young people to get a good start in life can only be achieved through strong partnership work, in which all relevant organisations work together to make Southampton a good place to grow up. The strategy is therefore a citywide partnership vision, which has been developed with, and will be delivered by, a range of organisations.
4.	<p>Officers have worked with a range of partners from public, private and third sector organisations to develop the strategy, including members of the following boards/partnerships:</p> <ul style="list-style-type: none"> <li>• Southampton Connect</li> <li>• Health and Wellbeing Board</li> <li>• Safe City Partnership</li> <li>• Youth Offending Board</li> <li>• Employment Skills and Learning Partnership</li> <li>• Local Safeguarding Children Board</li> <li>• Southampton Education Leadership Forum</li> <li>• Southampton Integration Board</li> <li>• Southampton Youth Forum</li> <li>• 0-19 Prevention and Early Intervention Board.</li> </ul>
5.	<p>This strategy covers the period 2017-2020 and will be reviewed periodically to respond to new legislation, as well as new challenges and opportunities. The time period enables the Council to:</p> <ul style="list-style-type: none"> <li>• Be consistent with the timeline of the Council Strategy and other key strategies and plans</li> <li>• Respond to the fast changing environment of Children and Families services, and the range of legislative changes that will come into force over the next 3 years.</li> </ul>
	<b>Outcomes and priorities</b>
6.	<p>The strategy focuses on four key outcomes, which set the vision for what we want to achieve for children and young people in Southampton by 2020:</p> <ul style="list-style-type: none"> <li>• Children and young people in Southampton are safe and secure</li> <li>• Children and young people in Southampton achieve and aspire</li> <li>• Children and young people in Southampton live healthy and happy lives</li> <li>• Children and young people in Southampton are resilient and engaged.</li> </ul>

7.	<p>The outcomes are supported by priorities which reflect the key areas of focus identified by partners across the city:</p> <table border="1"> <tr> <td data-bbox="277 304 507 517" rowspan="3">Children in Southampton are safe and secure</td> <td data-bbox="507 304 1474 400">Supporting Children in Need and being a good parent to children in care.</td> </tr> <tr> <td data-bbox="507 400 1474 459">Protecting vulnerable children and young people</td> </tr> <tr> <td data-bbox="507 459 1474 517">Reducing Youth Offending</td> </tr> <tr> <td data-bbox="277 517 507 730" rowspan="3">Children in Southampton achieve and aspire</td> <td data-bbox="507 517 1474 575">Increasing educational attainment for all</td> </tr> <tr> <td data-bbox="507 575 1474 633">Increasing school readiness</td> </tr> <tr> <td data-bbox="507 633 1474 730">Giving children and young people the skills they need to aspire to fulfil their potential</td> </tr> <tr> <td data-bbox="277 730 507 943" rowspan="3">Children in Southampton live happy and healthy lives</td> <td data-bbox="507 730 1474 788">Getting children and young people active and healthy</td> </tr> <tr> <td data-bbox="507 788 1474 846">Improving mental health and wellbeing</td> </tr> <tr> <td data-bbox="507 846 1474 943">Reducing risky behaviours</td> </tr> <tr> <td data-bbox="277 943 507 1160" rowspan="3">Children in Southampton are resilient and engaged</td> <td data-bbox="507 943 1474 1039">Helping children and their families become more resilient through prevention and early help</td> </tr> <tr> <td data-bbox="507 1039 1474 1097">Preparing for adulthood</td> </tr> <tr> <td data-bbox="507 1097 1474 1160">Promoting participation and engagement</td> </tr> </table>	Children in Southampton are safe and secure	Supporting Children in Need and being a good parent to children in care.	Protecting vulnerable children and young people	Reducing Youth Offending	Children in Southampton achieve and aspire	Increasing educational attainment for all	Increasing school readiness	Giving children and young people the skills they need to aspire to fulfil their potential	Children in Southampton live happy and healthy lives	Getting children and young people active and healthy	Improving mental health and wellbeing	Reducing risky behaviours	Children in Southampton are resilient and engaged	Helping children and their families become more resilient through prevention and early help	Preparing for adulthood	Promoting participation and engagement
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8.	The strategy will be aligned to and supported by a number of other strategies, policies and plans, and these links are identified in the high level action plan detailed within the draft strategy.																
	<b>Our approach</b>																
9.	<p>The strategy includes key facts and figures setting the scene for our challenges and opportunities and details the measures that will be used to assess the success of the strategy. It also sets out how the Council will work differently to achieve the agreed priorities and outcomes:</p> <ul style="list-style-type: none"> <li>• Working together to a shared vision, taking a whole family approach, targeting reducing resources and focusing on prevention and early help.</li> <li>• Delivering joined up services that offer support proportionate to need.</li> <li>• Improving educational attainment and aspiration.</li> <li>• Reducing the number of children who are in the care of the Council.</li> <li>• Taking action in the first 1,000 days of a child’s life, as we know this has the greatest impact on their life chances.</li> <li>• Tackling inequalities and child poverty across the city’s strategies and policies to improve outcomes for children and their families.</li> </ul>																
10.	The importance of working with and through our children and young people is reflected in the section on the ‘voice of the child’ within the strategy. Work is underway with children and young people to develop a version of the strategy that is more accessible for children and young people.																

<b>RESOURCE IMPLICATIONS</b>	
<b><u>Capital/Revenue</u></b>	
11.	This strategy aims to co-ordinate action that is already being delivered by the Council and its partners. There are no additional resource requirements, arising from approving the strategy, as all immediate activity is already accounted for in existing budgets. Any additional activity identified as part of the action plan will be considered for feasibility within normal yearly budgeting activity.
<b><u>Property/Other</u></b>	
12.	None.
<b>LEGAL IMPLICATIONS</b>	
<b><u>Statutory power to undertake proposals in the report:</u></b>	
13.	The Council has a number of statutory duties relating to children and young people and this strategy will assist the Council in meeting those duties.
<b><u>Other Legal Implications:</u></b>	
14.	Not applicable.
<b>POLICY FRAMEWORK IMPLICATIONS</b>	
15.	This strategy will make a significant contribution to one of the main priorities within the Council Strategy 2016-2020.

<b>KEY DECISION?</b>	<b>Yes</b>
<b>WARDS/COMMUNITIES AFFECTED:</b>	<b>All wards</b>
<b><u>SUPPORTING DOCUMENTATION</u></b>	
<b>Appendices</b>	
1.	Southampton Children and Young People's Strategy 2017-2020
<b>Documents In Members' Rooms</b>	
1.	None
<b>Equality and Safety Impact Assessment</b>	
Do the implications/subject of the report require an Equality and Safety Impact Assessment (ESIA) to be carried out.	<b>Yes</b>
<b>Privacy Impact Assessment</b>	
Do the implications/subject of the report require a Privacy Impact Assessment (PIA) to be carried out.	<b>No</b>
<b>Other Background Documents</b>	
<b>Other Background documents available for inspection at: Not Applicable</b>	
Title of Background Paper(s)	Relevant Paragraph of the Access to Information Procedure Rules / Schedule 12A allowing document to be Exempt/Confidential (if applicable)
1.	None



# Southampton Children and Young People's Strategy 2017-2020

Our vision is that Southampton is a city where children and young people get a good start in life, are able to fulfil their potential and become successful adults who are engaged in their communities.

This strategy sets out how organisations in Southampton will work together with parents, families, carers and communities to improve outcomes for children in the city, focusing on prevention and early help and on providing the right help, at the right time.

## OUR PRIORITIES



## OUR CHALLENGES

- Between 2008/9 and 2012/13, Southampton became relatively more deprived – of the 326 Local Authorities in England, Southampton is now ranked 54th (previously 72nd) most deprived, and nearly a quarter of the children in the city live in relative poverty.
- Southampton has poor levels of educational attainment with only 50% of young people achieving 5 or more GCSEs at grades A\*-C including English and Maths in 2016.
- Southampton has high numbers of Looked After Children in comparison to many other cities.
- Southampton has high levels of domestic violence and abuse, with 77% of Child Protection Plan cases involving domestic violence and abuse.
- The demand for child and adolescent mental health services is increasing and there are high levels of childhood obesity and dental decay amongst the city's children.
- Southampton has high levels of hospital admissions for minor illnesses and injuries amongst children, and double the national average of under 18 hospital admissions for alcohol specific conditions.

## DID YOU KNOW?

- 57,600** children and young people live in Southampton and this is expected to rise by **5.4%** by **2022**
- 32%** of school children are from a Black and Minority Ethnic background and **172** languages are spoken in our schools
- There are **75** schools in the city. **85%** of primary schools and **75%** of secondary schools are rated good or outstanding by Ofsted
- 15,000+** children under 5 use the city's Children's Centres – all of which are rated good or excellent by Ofsted, as are **90%** of day nurseries and preschool provision
- 7,000** children with special educational needs or disabilities in the city are supported by the Council
- 18-24** year olds represent the largest group of volunteers in the city at **45%**
- Southampton has achieved a **62%** reduction in the teenage pregnancy rate since 2006
- The % of young people who are not in employment, education or training (NEET) is lower than the England average

## What does an average classroom in Southampton look like?

We took the last available data for Southampton and applied it to a 'model primary school classroom' of 30 children in the city. This shows that:

<b>15</b> would be girls and <b>15</b> would be boys	<b>10</b> would be classed as overweight or obese (at Year 6)	<b>17</b> young people would have been bullied in the last two months	<b>3</b> would be regular smokers
<b>4</b> would be registered as having special education needs or disabilities	<b>9</b> would have already experienced tooth decay	<b>4</b> would be physically active for at least an hour a day	<b>19</b> would have tried an alcoholic drink with more than 1 drinking alcohol regularly
			<b>4</b> would have tried cannabis

## THE VOICE OF THE CHILD IN SOUTHAMPTON

We want children and young people to work with us to help make Southampton a better place for children, young people and their families.

### Opportunities for children and young people to get involved include:

- Youth Forum Southampton
- Southampton Young Carers Project hosted by Southampton Voluntary Services
- Southampton Children in Care Council – hosted by Youth Options
- Saints Foundation
- Special Educational Needs & Disabilities Short Breaks
- Junior Neighbourhood Wardens
- No Limits – Young Ambassadors
- Local Safeguarding Children Board Work including Safeguarding Week

### What young people have told us:

The Children in Care Council has made me feel that my views about being in care matter and gives me confidence to say what I think.  
*Children in Care Council*

The Youth Forum sounds like a well good idea and I'd loved to be a part of something like this.  
*Young person Itchen College*





Volunteering as a Young Ambassador at No Limits has been brilliant! I've had training and helped recruit and train staff and been involved in consultations about how things run.  
*No Limits, Young Ambassador*

### You said, We did:

Young people have told us they are keen to see what action has been taken as a result of what they have told us. Every term we will produce a 'you said, we did' report to show what has been done based on the feedback that children and young people have given us.



\*Some strategies are currently in development

Outcome	We will focus on	We will achieve this by	We will measure success by
 <p><b>Children and young people in Southampton are safe and secure</b></p>	Supporting Children in Need and being a good parent to children in care.	Supporting our Children in Need, Looked After Children, care leavers, foster carers and adopters in the city through the Looked After Children Strategy. Monitoring and reviewing the quality and effectiveness of services for children and young people in care to support them to reach their potential. Supporting young people leaving care through the Leaving Care Policy, ensuring they are receiving the advice and guidance they need to live independently. Reducing the number of Looked After Children by seeking permanent placements in a timely manner.	<ul style="list-style-type: none"> <li>Number of Looked after Children (rate per 10,000 children under 18)</li> <li>Number of children with active social care involvement</li> <li>% care leavers in contact and in suitable accommodation</li> <li>Average number of days between registration and approval for new prospective adopters</li> </ul>
	Protecting vulnerable children and young people	Delivering the Local Safeguarding Children Board (LSCB) Missing, Exploited and Trafficked plan to improve outcomes for vulnerable children. Delivering actions from a Thematic Review of Online Safety / Prevention of Self Harm in children which is underway by the Local Safeguarding Children Board (LSCB). Developing and delivering a 'Preventable Injuries Action Plan' for children and young people. Developing a citywide anti-bullying approach. Delivering the Southampton Against Domestic Violence and Abuse Plan which aims to put Children and Young People at the heart of multi-agency response to Domestic Violence and Abuse.	<ul style="list-style-type: none"> <li>Number of hospital admissions caused by unintentional and deliberate injuries in children (aged 0-14 years old, 15-24 years old)</li> <li>Number of actions completed from the Thematic Review of Online Safety by Local Safeguarding Children Board (LSCB)</li> <li>Number of young people who state they have been bullied in the 'What about YOUth survey'</li> <li>Number of repeat referrals to Children and Families Services where domestic violence and abuse is a factor</li> </ul>
	Reducing Youth Offending	Delivering the Youth Offending Strategy which aims to reduce the numbers of children involved in crime and antisocial behaviour and help young offenders to rehabilitate. Delivering the Hampshire Constabulary Strategy for Children and Young People to respond to the needs of young people who are at risk of becoming victims or offenders.	<ul style="list-style-type: none"> <li>Number of first time entrants into Youth Justice system (10-17 years old)</li> </ul>
 <p><b>Children and young people in Southampton achieve and aspire</b></p>	Increasing educational attainment for all	Supporting our schools and pupils to continue to develop through the School Improvement Plan and the Attendance Action Plan. Delivering the Education Strategy 2017-2019, making sure Children and Young People have good levels of education attainment, fulfil their potential and go on to have successful opportunities in adulthood. Closing the attainment gap for vulnerable children through a new Looked After Children Action Plan. Supporting children and young people with special educational needs and disabilities to achieve their potential in all aspects of their lives through the SEND strategy.	<ul style="list-style-type: none"> <li>% pupils at Key Stage 2 attaining Level 4+ in reading, writing and maths</li> <li>GCSE Progress 8 and GCSE attainment levels</li> <li>% SEND assessments/plans</li> <li>% 16-17 year olds in education and training</li> <li>% pupils in Early Years Foundation phase achieving good level of development</li> </ul>
	Increasing school readiness	Supporting early years providers to ensure children can reach their potential.	<ul style="list-style-type: none"> <li>% young people who go onto higher education</li> </ul>
	Giving children and young people the skills they need to aspire to fulfil their potential	Developing an Employment, Skills and Learning Partnership Action Plan that raises awareness of opportunities for young people post 16 years and encourages them to achieve their potential.	<ul style="list-style-type: none"> <li>Number of apprenticeships</li> </ul>
 <p><b>Children and young people in Southampton live happy and healthy lives</b></p>	Getting children and young people active and healthy	Delivering the Children and Young People's Healthy Weight Plan which aims to create a culture and environment that champions healthy food choices and active lifestyles and offers targeted prevention and early intervention. Working with NHS England to maintain a high level of immunisation uptake. Increasing breastfeeding at 6-8 weeks through delivering the breastfeeding action plan.	<ul style="list-style-type: none"> <li>Reduction in % of children with excess weight</li> <li>Vaccination rates for the pre-school booster and MMR vaccinations</li> <li>Breastfeeding prevalence at 6-8 weeks after birth</li> </ul>
	Improving mental health and wellbeing	Delivering the Child and Adolescent Mental Health Services (CAMHS) Transformation Plan to improve wellbeing and reduce other outcome gaps for children and young people with low levels of mental health, emotional wellbeing and increase resilience.	<ul style="list-style-type: none"> <li>Hospital admissions for mental health conditions</li> <li>Hospital admissions as a result of self-harm (10-24 years)</li> </ul>
	Reducing risky behaviours	Delivering the Southampton Sexual Health Improvement Plan and the Teenage Pregnancy Action Plan. Delivering the Alcohol Strategy 2017-20 which includes actions to protect children, young people and families from the effects of harmful drinking and ensure alcohol harm messages are available to all young people in the city. Raising awareness of risks associated with substance misuse through delivery of key messages and education, such as BUZZ educational workshops.	<ul style="list-style-type: none"> <li>Rates of teenage pregnancies</li> <li>Hospital admissions due to alcohol specific conditions</li> <li>Hospital admissions due to substance misuse (15-24 years)</li> </ul>
 <p><b>Children and young people in Southampton are resilient and engaged</b></p>	Helping children and their families become more resilient through prevention and early help	Delivering the Parenting Support Action Plan to help parents address unhealthy behaviours before and after the birth of their child. Delivering phase two of the Families Matter programme. Establishing integrated, targeted, local prevention and early help services for 0-19 year olds across health and social care. Delivering the Adult Education Programme in partnership with our Sure Start Children's Centres to help local residents gain life skills such as 'cooking on a budget' as well as employability skills.	<ul style="list-style-type: none"> <li>% of early help assessments undertaken</li> <li>% pupils achieving good levels of development at the end of reception</li> <li>% of families 'turned around' through the Families Matter phase two programme</li> <li>% of learners on the Adult Education Programme living in Southampton</li> </ul>
	Preparing for adulthood	Improving the way we support children, young people and their families to prepare for adulthood and transition to adult services, including the Ready, Steady, Go programme for young people with long-term medical conditions.	<ul style="list-style-type: none"> <li>The number of actions completed on the multi-agency action plan associated with the Southampton Speak Up Strategy</li> </ul>
	Promoting participation and engagement	Delivering the Southampton Speak Up - Participation Strategy 2016-2020 to encourage children and young people to get involved in the decisions that affect them.	

**This vision for children and young people in Southampton will be championed by a number of partnership boards, which include our partners across the city:**

- Southampton Connect
- Safe City Partnership
- Health and Wellbeing Board
- Employment Skills and Learning Partnership
- Local Safeguarding Children's Board
- Southampton Education Leadership Forum
- Southampton Integration Board
- Youth Forum Southampton
- Youth Justice Board



# Agenda Item 9

<b>DECISION-MAKER:</b>		<b>CABINET</b>	
<b>SUBJECT:</b>		<b>DEVELOPMENT OF AN INTEGRATED PREVENTION AND EARLY HELP OFFER FOR CHILDREN AGED 0-19 AND THEIR FAMILIES</b>	
<b>DATE OF DECISION:</b>		<b>17 JANUARY 2017</b>	
<b>REPORT OF:</b>		<b>CABINET MEMBER FOR EDUCATION AND SKILLS CABINET MEMBER FOR HEALTH AND SUSTAINABLE LIVING</b>	
<b><u>CONTACT DETAILS</u></b>			
<b>AUTHOR:</b>	<b>Name:</b>	<b>Donna Chapman</b>	<b>Tel: 023 80296004</b>
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<b>Director</b>	<b>Name:</b>	<b>Stephanie Ramsey</b>	<b>Tel: 023 80296941</b>
	<b>E-mail:</b>	<a href="mailto:Stephanie.ramsey@southamptoncityccg.nhs.uk">Stephanie.ramsey@southamptoncityccg.nhs.uk</a>	
<b>STATEMENT OF CONFIDENTIALITY</b>			
N/A			
<b>BRIEF SUMMARY</b>			
<p>The proposed integration of services set out in this report form a significant element of the council's plans to ensure 'children and young people get a good start in life'. The proposals in this report will help the council and its partners work together to address many challenges that currently result in poorer outcomes for some children and young people. This report seeks approval to achieve a fully integrated offer through integration of current provision separately delivered by the Council and Solent NHS Trust.</p> <p>The services in scope for integration are a mix of in house council services (Children's Centres and Families Matter) and externally commissioned services provided by Solent NHS Trust (Public Health Nursing, Oral Health Promotion, Breastfeeding support and healthy settings promotion and awards).</p> <p>Since 2013 there has been considerable joint work between the city council and health services. This has laid the foundations for better integration of commissioned public health services with the Council's own prevention and early help services for children and families. The new proposed service will be innovative in form and transformational in outcomes, significantly improving how the council supports families struggling to meet their needs. The expected outcomes include stronger, more resilient families, improved school attendance and increased emotional wellbeing and resilience amongst children and young people.</p>			
<b>RECOMMENDATIONS:</b>			
	(i)	To approve the preferred option (option 4) for integration which is a fully integrated offer achieved through provider integration underpinned by an arrangement between the Council and Solent NHS Trust either through a Section 75 (NHS Act 2006) Agreement or any other appropriate basis for such a partnership arrangement.	

(ii)	To delegate authority to the Service Director, Children and Families, following consultation with the Cabinet Member for Education and Skills, the Director of Public Health, the Director of Quality and Integration and Service Director: Legal and Governance to do everything necessary to put in place the preferred option, including formal consultation with staff for whom there may be changes in line management, location or role and engagement with service users on the design of the integrated service.
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**REASONS FOR REPORT RECOMMENDATIONS**

1.	There is a strong evidence base which demonstrates that effective early intervention is a cost effective approach and events that occur in early life affect health, wellbeing and outcomes in later life and children's life chances are most heavily predicated on their development in the first five years of life. This is also evidenced in the Director of Public Health's 2016 Annual Report "The first 1000 days of life". Effective early intervention is better delivered through an evidence based, single, coordinated approach focused on providing a continuum of support with a single set of outcomes. Feedback from families shows that they would support this approach.
2.	<p>The preferred option for achieving this is through integrated provider arrangements and a pooled budget, underpinned by an arrangement between the Council and Solent NHS Trust, whether by way of a Section 75 (NHS Act 2006) Agreement or any other appropriate basis for such a partnership arrangement with a view to exploring a joint venture or alternative new models of integrated care in the future. This option:</p> <ul style="list-style-type: none"> <li>• Brings together the full range of prevention and early help services, including those delivered and managed in house by Children's Services and those already commissioned from Solent NHS Trust by Public Health, into a single service offer, managed by a single lead, thereby facilitating integrated provision.</li> <li>• Enables the totality of resources (HR, buildings, back office support) to be brought together and considered as a whole, enabling efficiencies to be made.</li> <li>• Will create opportunities for both organisations, and service users to benefit more quickly from innovation and creativity.</li> </ul>

**ALTERNATIVE OPTIONS CONSIDERED AND REJECTED**

3.	<p>This report details five alternative options for delivering the integrated offer. These are:</p> <ul style="list-style-type: none"> <li>• Continued alignment of all the services in scope (no formal integration)</li> <li>• Integration of Public Health Nursing services only (to form a 0-19 public health nursing service) to align with the remaining in house services in the offer</li> <li>• Fully integrated offer achieved through procurement</li> <li>• Fully integrated offer achieved through provider integration underpinned by a an arrangement between the Council and Solent NHS Trust whether by way of a Section 75 (NHS Act 2006) Agreement or any other appropriate basis for such a partnership arrangement, with a view to exploring a joint venture or alternative new models of integrated care in future</li> </ul>
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	<ul style="list-style-type: none"> <li>• Joint procurement with another local authority.</li> </ul>
4.	A description of each of these options and the criteria used to evaluate them can be found in Section 22-23. The full option appraisal is also available on request.
<b>DETAIL (Including consultation carried out)</b>	
	<b>Background, Aims and Objectives</b>
5.	<p>The development of the integrated prevention and early help offer for 0 -19 year olds is a part of a wider programme of transformation to improve the outcomes for children and families in the city. It is set against the following backdrop:</p> <ul style="list-style-type: none"> <li>• A reduction over the last 5 years in the number of services and activities available for children, young people and families due to funding constraints.</li> <li>• A greater emphasis on ensuring services and activities have a strong evidence base and deliver value for money that is measurable in terms of positive change in the lives of children and young people. A year on year increase in the percentage and range of services and activities funded through independent sources such as the Big Lottery Fund rather than public sector funding.</li> <li>• An increasing need to focus public sector finances on targeted activities rather than universal, open access, activities.</li> </ul>
6.	<p>The integrated 0-19 prevention and early help offer will focus on the following outcomes for children and families, with a particular focus on reducing inequalities:</p> <ul style="list-style-type: none"> <li>• Improved education outcomes <ul style="list-style-type: none"> <li>○ Greater take up of child care places for eligible 2, 3 and 4 year olds</li> <li>○ Improved development outcomes at age 2 – 2 ½ years</li> <li>○ Improvements in Foundation Stage Results</li> <li>○ Improvements in attainment in English and Maths at Key Stage 2</li> <li>○ Improvements in attainment and Progress at Key stage 4</li> <li>○ Improved school attendance</li> </ul> </li> <li>• Improved health and wellbeing <ul style="list-style-type: none"> <li>○ Fewer mothers smoking at time of delivery</li> <li>○ Improved breastfeeding rates at birth and 6-8 weeks</li> <li>○ Increased proportion of children who are a healthy weight in Years R and 6 under the National Child Measurement Programme</li> <li>○ Fewer hospital admissions for self-harm for young people aged 10-24 years</li> <li>○ Reduction in Under 18 conception rate.</li> </ul> </li> <li>• Reduction in number of children looked after and requiring child protection services</li> <li>• More young people moving on successfully to employment and training</li> <li>• Reduction in levels of first time offending and reoffending</li> <li>• More parents/carers in employment or activities that promote employability</li> </ul>
7.	The aim is to achieve key priority outcomes including:

	<ul style="list-style-type: none"> <li>• Stronger, more resilient families where children are nurtured, their health, social, education and emotional needs are met and they are supported to make positive choices - by working with families, building on strengths and empowering them to find their own solutions.</li> <li>• Improved school attendance and engagement with learning from early childhood onwards - by working in partnership with families, communities, schools, early years providers and other services to ensure children are ready for school, have excellent attendance and engage with learning.</li> <li>• Increased emotional wellbeing and resilience amongst children and young people - by raising awareness of mental health and its links to physical wellbeing, specifically targeting those at risk and providing early intervention and onward referral as appropriate.</li> </ul>
	<b>Services in Scope for the integrated offer</b>
8.	<p>The following services are in scope for the integrated offer and 67% of the total funding for these services is from the Public Health budget:</p> <ul style="list-style-type: none"> <li>• Public Health Nursing Service for 0 – 5 years (Health Visiting and Family Nurse Partnership)</li> <li>• Public Health Nursing Service for 5 – 19 year olds (School Nursing/Healthy Ambition)</li> <li>• Children’s Centres</li> <li>• Families Matter Early Help</li> <li>• Early Childhood Workers</li> <li>• Oral Health promotion</li> <li>• Breast feeding support</li> <li>• Healthy Settings promotion and awards</li> </ul>
9.	<p>During 2016/17 work has been underway to align these services around the prevention and early help offer described in this report. The council's Children and Families services and Solent NHS Trust's Child and Family services have been working together to design the integrated offer and to explore how they can work in partnership to deliver it. However, under the current separate management arrangements with separate teams and systems, the ability to fully integrate provision to provide a seamless offer to children and their families is limited.</p>
10.	<p>In addition, the externally commissioned services which make up the majority of the offer, are under contracts which expire on 31 March 2018, and the need to make a decision about their future over the coming weeks also provides an opportunity to consider options for a more integrated approach. Owing to timelines for procurement, a decision is required in January 2017 on the future of the contracted services, including the scope and type of any future re-procurement were that to be necessary.</p>
	<b>Service delivery model</b>
11.	<p>A draft service description for the integrated prevention and early help offer is being developed. It is proposed to bring together the services in scope into a single prevention and early help core offer for children and families in the city, which will bring together statutory and key requirements of the Healthy Child</p>

	Programme, Families Matter and Children's Centres.
12.	<p>There will be a graduated level of support defined as:</p> <p><b>Universal (prevention):</b> delivery of Healthy Child Programme (HCP) mandated contacts and vaccinations to all children; open access drop ins for advice and information; work with community groups and settings (e.g. schools, early years) to develop knowledge and skills to promote positive health and wellbeing</p> <p><b>Universal plus (early help):</b> additional support for families who need extra help on specific issues delivered through targeted brief interventions, e.g. parenting courses, short period of support with managing sleep or behaviour problems, family learning</p> <p><b>Universal partnership plus (targeted early help):</b> more intensive support for families with more complex needs (who meet at least 2 of the Families Matter criteria) delivered through a family support plan and casework approach.</p> <p>This model is described in the diagram attached in Appendix 1.</p>
13.	The new Service will proactively identify risk factors and need at the earliest opportunity and receive referrals outside of the Healthy Child Programme schedule from other professionals or directly from children, young people and families via a single point of access/contact with the service.
14.	The new Service will also identify and build upon family and community assets ensuring support is accessible to and delivered as a priority for vulnerable and disadvantaged communities. The new Service will incorporate a digital and interactive offer to support and enhance information and advice and will contribute to digital inclusion, thereby mitigating against any negative impact of channel shift.
15.	<p>Specific aims include:</p> <ul style="list-style-type: none"> <li>• To provide prevention through a progressive universalism approach, delivering targeted interventions, to those most in need and delivering full population coverage of the Healthy Child Programme (HCP) universal assessments.</li> <li>• To build community and family capacity so that families are better able to help themselves.</li> <li>• To support parents, promoting good parenting skills.</li> <li>• To improve early years' outcomes through targeting perinatal mental health, secure attachment, nutrition and exercise, language and communication and school readiness.</li> <li>• To improve social, emotional and mental wellbeing through strengthening the resilience of children, young people, families and communities building upon community assets and universal services.</li> <li>• To provide targeted or additional prevention, early intervention and care plans in accordance with need.</li> <li>• To provide effective information and advice to support self-help and other resources that promote physical, social, emotional and mental health and wellbeing in children, young people and families, both in the community and in universal service settings.</li> </ul>
16.	A locality approach to service delivery (with locality based teams) will build strong links with schools, primary care teams, community and voluntary sector

	provision and other services like housing (e.g. linking with the Neighbourhood Warden Scheme), Job Centre Plus and the City Deal. The services will be organized around 3 localities (aligned to the Better Care clusters), as illustrated in the map in Appendix 2.						
17.	The staff from across all services in scope will be brought together into a fully integrated skill mixed workforce, maximising effectiveness and efficiency. The workforce will include health visitor and community public health nurses, parenting practitioners, peer supporters and support workers including volunteers.						
18.	Building on the Government's Life Chances programme, the new Service will develop a whole family approach based around 7 Family Hubs and smaller outreach bases, (retaining the council's Children's Centres), within which a range of multidisciplinary services will be delivered. Housing will be an integral feature of the new model with the potential to deliver services and outreach from the Family Hubs. Other potential Family Hub services could include neighbourhood policing work for outreach and community engagement, birth registrations, counselling and support to couples and other services supporting parents. The existing programme of parenting support would be expanded and the parenting offer delivered by Families Matter absorbed into the new Family Hub model.						
19.	The offer would extend its reach through development of effective digital advice and information for parents and families to encourage self-help and resilience.						
20.	In addition to the Family Hubs a Youth Hub would be developed extending the use of Church View, currently home to the Youth Offending Service, Pathways and the Looked After Children Team. City Deal Key Workers will relocate to Church View and some Families Matter Youth Engagement resources will also be relocated here.						
21.	The model of delivery would seek to rationalise the number of different bases the services currently work out of (which is in excess of 25 different venues), working with schools to explore the use of their accommodation, without reducing the city's offer in the 14 Children's Centres across the city.						
	<b>Options for achieving the integrated offer</b>						
22.	Five options have been identified for delivering the integrated 0-19 prevention and early help offer as follows: <table border="1" data-bbox="271 1624 1417 2103"> <thead> <tr> <th></th> <th>Option</th> <th>Description</th> </tr> </thead> <tbody> <tr> <td>1</td> <td>Continued alignment of all the services in scope (no formal integration)</td> <td>This option would build on the current position of strengthening the alignment and partnership working between each of the different services and service providers which make up the offer; however all the individual services would remain separately managed. There would be a need to retender the public health nursing and other services for new contracts April 2018 but this option assumes that each service (0-4 public health nursing, 5-19 public health nursing, oral health promotion, breast feeding support and healthy settings) will be tendered separately, each with their own service specification. The outcome could be either the same or a separate provider for each contract which could be different to the current provider of these services. The remaining services in the offer (i.e. Children's Centres, Families Matter, Early Help) would remain separate</td> </tr> </tbody> </table>		Option	Description	1	Continued alignment of all the services in scope (no formal integration)	This option would build on the current position of strengthening the alignment and partnership working between each of the different services and service providers which make up the offer; however all the individual services would remain separately managed. There would be a need to retender the public health nursing and other services for new contracts April 2018 but this option assumes that each service (0-4 public health nursing, 5-19 public health nursing, oral health promotion, breast feeding support and healthy settings) will be tendered separately, each with their own service specification. The outcome could be either the same or a separate provider for each contract which could be different to the current provider of these services. The remaining services in the offer (i.e. Children's Centres, Families Matter, Early Help) would remain separate
	Option	Description					
1	Continued alignment of all the services in scope (no formal integration)	This option would build on the current position of strengthening the alignment and partnership working between each of the different services and service providers which make up the offer; however all the individual services would remain separately managed. There would be a need to retender the public health nursing and other services for new contracts April 2018 but this option assumes that each service (0-4 public health nursing, 5-19 public health nursing, oral health promotion, breast feeding support and healthy settings) will be tendered separately, each with their own service specification. The outcome could be either the same or a separate provider for each contract which could be different to the current provider of these services. The remaining services in the offer (i.e. Children's Centres, Families Matter, Early Help) would remain separate					

		in-house services and the expectation would be that all the service providers' work together to deliver a joined up offer.
2	Integration of Public Health Nursing services only (to form a 0-19 public health nursing service) to align with remaining services in the offer	This option would mean bringing together the 0-4 and 5-19 public health nursing services into a single contract that would be tendered for April 2018. As above, commissioners would seek to incorporate the smaller breastfeeding, healthy settings and possibly also the oral health promotion services into this contract. However in the same way as option 1 the in-house Children's Centres and Families Matter, Early Help services would remain separately provided and the expectation would be that the new provider of the commissioned public health nursing service works in partnership with the council's Children and Families services to deliver a joined up offer.
3	Fully integrated offer achieved through procurement	This option would mean going out to procurement for a single contract from April 2018 that integrates all the services in scope (i.e. commissioned as well as in house services) into a single 0-19 prevention and early help service with a single service specification, single set of outcomes and a single budget. Commissioners would seek to actively encourage consortia arrangements between the public and voluntary and community sector through the procurement process. As in the case of a procurement, Transfer of Undertakings (Protections of Employment (TUPE) regulations would protect the rights of existing staff both in commissioned and in house services.
4	Fully integrated offer achieved through integrated provider arrangements and a pooled budget underpinned by a Section 75 Agreement or any other appropriate basis for such a partnership arrangement – with a view to exploring joint venture options in future	<p>This option would also seek to deliver a single integrated service with a single outcomes framework and a single budget. However it would seek to achieve this through provider integration and a pooled fund, underpinned by a formal Section 75 (NHS Act 2006) Agreement or any other appropriate basis for such a partnership arrangement which would set out the terms and conditions of the integrated working. This would enable integrated management structure, integrated governance and a single budget, without changing the employment arrangements for staff (i.e. health staff would remain managed by Solent NHS Trust and council staff would remain managed by the Council). Under this option, current thinking is that there would be no contract with a services provider to provide services but rather the expected outputs of the partnership would be recorded in the Section 75 or other such Partnership Agreement as the case may be. Those outputs would relate to functions residing with or being transferred to one of the partners which itself would be responsible for delivering those outputs. .</p> <p>Under this option, whilst entering into a Section 75 or other such Partnership Agreement in the short to medium term, the view would also be to explore a joint venture (such as, for example a community interest company) and other new models of care, building on work already in progress, e.g. the New Models of Care Project which is currently being led by the Director of Operations in Solent NHS Trust, the Cabinet Member for Health and Sustainable Living and the Chief Executive of Southampton Primary Care Ltd, to strengthen integration still further and potentially move towards a new integrated provider organisation.</p>

5	Joint procurement with another local authority – for option 2	This option is similar to option 2 (procurement of a 0-19 public health nursing service), however it would be a joint procurement with another local authority. Further discussion would need to take place with any other such authority to explore their appetite for a joint procurement and whether timescales could be aligned, and whether this option would offer additional benefits such as savings from greater economies of scale. However this option would be in line with a new combined authority and may offer greater economies of scale.
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23. The following criteria have been selected for appraising the options:

Category	Criteria	Weight	Commentary
Improved Outcomes for children and families	Ability to deliver a <b>whole family approach</b>	20	Improving outcomes is the key priority for the integrated 0-19 prevention and early help offer. A strong prevention and early help offer is seen as essential to address ongoing inequalities in outcomes for children and families and reduce the pressure on statutory services (particularly numbers of children in care). A whole family approach and a coordinated approach is a key element to achieving this, supported by evidence.
	Maximising <b>opportunities for prevention</b> through a progressive universalism approach – making every contact count	15	
	Delivery of a <b>single coordinated offer</b> with clear pathways and points of entry that enable the right support to be provided at the right time, in the right place and by staff with the appropriate experience, skills and expertise to meet a family's level of need	15	
Financial sustainability	Ability to <b>reduce duplication</b> of workforce, systems and infrastructure – e.g. sharing of IT systems, co-location and shared use of venues, integrated management structure	15	Financial sustainability is seen as the next key criteria, given extreme financial pressures across the system. The service needs to maximise value for money through innovation and elimination of duplication and waste.
	Ability to stimulate <b>innovative</b> models of delivery that maximise value for money	15	
Accountability	<b>Clear accountability</b> for delivery of the integrated offer	10	Accountability has been included in the criteria as it is important to ensure that the whole service is focussed on delivery of the key single set of outcomes and accountable to



			local people.																		
Achievability within timescale	<b>Ease of implementation</b> within a 1 April 2018 timescale	10	Timescales are tight owing to contract periods and the need to deliver an improved prevention and early help offer soon to impact on outcomes and reduce pressure on statutory services.																		
TOTAL		100																			
24.	<p>The option appraisal was undertaken by the ICU, Public Health and Children's Services and the scores have been collated to provide an aggregate score for each option. The full option appraisal is available on request. The outcome of the option appraisal in terms of respective rankings of each option is shown below:</p> <table border="1"> <thead> <tr> <th>Options in order of ranking</th> <th>Weighted Score</th> <th>Position</th> </tr> </thead> <tbody> <tr> <td>Option 4: Fully integrated offer achieved through integrated provider arrangements and a pooled budget underpinned by a Section 75 Agreement – with a view to exploring joint venture options in future</td> <td>772</td> <td>First</td> </tr> <tr> <td>Option 3: Fully integrated offer achieved through procurement</td> <td>762</td> <td>Second</td> </tr> <tr> <td>Option 2: Integration of Public Health Nursing services only (to form a 0-19 public health nursing service) to align with remaining services in the offer</td> <td>523</td> <td>Third</td> </tr> <tr> <td>Option 1: Continued alignment of all the services in scope (no formal integration)</td> <td>495</td> <td>Fourth</td> </tr> <tr> <td>Option 5: Joint procurement with another local authority, – for option 2</td> <td>458</td> <td>Fifth</td> </tr> </tbody> </table>			Options in order of ranking	Weighted Score	Position	Option 4: Fully integrated offer achieved through integrated provider arrangements and a pooled budget underpinned by a Section 75 Agreement – with a view to exploring joint venture options in future	772	First	Option 3: Fully integrated offer achieved through procurement	762	Second	Option 2: Integration of Public Health Nursing services only (to form a 0-19 public health nursing service) to align with remaining services in the offer	523	Third	Option 1: Continued alignment of all the services in scope (no formal integration)	495	Fourth	Option 5: Joint procurement with another local authority, – for option 2	458	Fifth
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Option 5: Joint procurement with another local authority, – for option 2	458	Fifth																			
25.	<p>The preferred option from this option appraisal is <b>Option 4: Fully integrated offer achieved through integrated provider arrangements and a pooled budget underpinned by a Section 75 Agreement or other appropriate partnership arrangement – with a view to exploring joint venture options in future</b> on the basis that:</p> <ul style="list-style-type: none"> <li>• It enables all the services in scope to be brought together into a single service offer, thereby facilitating a coordinated approach focussed on whole family ways of working.</li> <li>• It enables the totality of resources (HR, buildings, back office support) to be brought together and considered as a whole, enabling efficiencies to be made.</li> <li>• It stimulates innovation and creativity, whilst building on current relationships between the Council and health provider.</li> </ul>																				

26.	However this is very closely followed by the second ranked option - <b>Option 3: Fully integrated offer achieved through procurement.</b> This option scores similarly to Option 4 in relation to delivering improved outcomes through an integrated approach. However Option 3 involves putting the whole service out to tender, including the Children's Centres and Families Matter teams currently provided in house, thereby presenting significant change to staff (although TUPE would apply) and services whilst also running the risk of starting from scratch with a completely new provider. For these reasons it has been scored lower for its achievability within desired timescales.
27.	The third-ranked option after the fully integrated options 3 and 4 would be Option 2 "Integration of Public Health Nursing services only (to form a 0-19 public health nursing service) to align with remaining services in the offer". This option would at least bring together the public health nursing services under a single provider; however it would not integrate the whole offer.
<b>CONSULTATION DETAIL</b>	
28.	Law dictates that local authorities must carry out local public consultation as they think appropriate before any significant change is made in the services provided. Any changes that impact on staff terms and conditions, employer, role or location will also require consultation with staff.
29.	It is intended to undertake public engagement on the model described in this report following presentation of the options to Cabinet, through the Children's Centres Advisory boards, the Youth forum and a range of other methods which will be defined within a Communication and Engagement Plan.
30.	As prevention and early help services are also subject to the Council's Outcome Based Business Planning proposals, the proposed savings relating to these services are part of the Council's formal public consultation on its Medium Term Financial Strategy and draft budget proposals for 2017/18 to 2020/21.
31.	As the proposal presented in this report has potential implications for staff in terms of their line management, role and location, a formal consultation with all those affected staff in the Council Children's Services and Solent NHS Trust will also be undertaken.
32.	Approximately 255 Full Time Equivalent (FTE) staff are employed across the services in scope, of whom approx. 135 FTE by the council and approx. 120 FTE are employed by Solent NHS Trust. The intention is to start staff consultation and public engagement on the model, subject to Cabinet approval of the proposal in this report, in February 2017.
<b>RESOURCE IMPLICATIONS</b>	
<b><u>Capital/Revenue</u></b>	
33.	Collectively the services in scope currently total approximately £10.23M (2016/17 budgets) and are funded as follows: <ul style="list-style-type: none"> <li>• £6.85M (67%) from Public Health grant</li> <li>• £1.66M (16%) from Children's Services</li> <li>• £0.43M (4%) from the Dedicated Schools Grant (DSG)</li> <li>• £1.01M (10%) from the Troubled Families Grant</li> <li>• £0.28M (3%) from other contributions, e.g. rent receipt, nursing funding</li> </ul>

## £10.23M Total

The cost and funding for specific services are shown in the following table:

Service	Provider	PH Grant	Children's Services	DSG	Other Source	Total
		16/17 £000	16/17 £000	16/17 £000	16/17 £000	16/17 £000
Public health nursing 0-5 (HV) - excludes FNP	Solent <i>Contract ends 31.3.18</i>	3,805	0	0	0	3,805
Family Nurse Partnership	Solent <i>Contract ends 31.3.18</i>	380.0	0	0	0	380.0
Public Health Nursing 5-19 (School Nursing/ Healthy Ambition)	Solent & No Limits <i>Contract ends 31.3.18 (with 2 yr extension option)</i>	1,132.8	0	0	0	1,132.8
Early Childhood Workers	Solent <i>Contract ends 31.3.18</i>	280.3	0	0	0	280.3
Oral Health Promotion	Solent <i>Contract ends 31.7.17</i>	90.6	0	0	0	90.6
Breast-feeding support	NCT <i>Contract ends 31.1.17 with 18 month extension option</i>	49.1	0	0	0	49.1
Healthy Settings – healthy schools & early years	Solent Extracted from Behaviour Change <i>Contract ends 31.3.17</i>	109.4	0	0	0	109.4
Families Matter	SCC CS (with some sub - contracted elements - City Deal key workers & DWP workers)	0	0	0	390.2 Troubled Family Grant	390.2
Early Help	SCC CS	0	659.3	426.8	117.4 HRA Income 624.5	1,828

						Trouble Family Grant	
	Children's Centres	SCC CS	1,006.4	1,002.1		48.5 Rental income 113 Nursery Education funding (NEF)	2,170.0
	TOTAL 2016/17		6,853.6	1,661.40	426.8	1,293.6	10,235.4

34.	It is proposed to bring the above budgets together into a single pooled fund for 0-19 prevention and early help services.
35.	<p>The Council's Medium Term Financial Strategy is based on reduced envelopes for all outcomes to meet the financial challenges faced by the council. This includes a reduction in budgets for these services by approximately £1.20M over the next three years as follows:</p> <p>2016/17 - £10.23M</p> <p>2017/18 - £9.57M (minus £0.66M)</p> <p>2018/19 - £9.20M (minus £1.03M)</p> <p>2019/20 - £9M (minus £1.23M)</p> <p>This reduction incorporates year on year reductions in the Public Health grant.</p>
36.	<p>Further anticipated budgetary risks and pressures upon the sources of funding for this service include:</p> <ul style="list-style-type: none"> <li>• Cessation of the Public Health grant in its entirety by 2020 when it will be expected that Local Authorities will continue to sustain Public Health investment.</li> <li>• Uncertainty concerning Dedicated Schools Grant (DSG) contribution – approx. £426,000 of the above funding comes from DSG and is at risk from 18/19 should School Forum decide to divert the funding elsewhere.</li> <li>• Troubled Families Grant - approximately £1M is currently subject to performance (payment by results - PBR). The service is only able to secure a maximum and a minimum amount each year dependent on PBR claims and the number of families worked with in the preceding year. Furthermore there is no certainty than this grant will continue after 2019/20.</li> <li>• HRA income – this contribution of approx. £117,000 to Early Help is dependent on the service evidencing that tenants from the Council's properties benefit from this allocation.</li> </ul>
37.	In summary, the budget envelope of £9M in 2019-20 may be further reduced by £1.5M over the next 3 years, reducing the budget to £7.5M. Mitigation action in respect of this potential financial risk includes strengthening work with schools

	with a view to them potentially buying into the 0-19 Prevention and Early Help offer and working with the wider community and voluntary sector to develop different models of provision that make better use of community assets and attract alternative sources of funding into the city.
38.	A Local Authority is able to recover the VAT on its activities, which is different to the NHS who only have the ability to recover input tax in certain circumstances. A transfer of activities between the Local Authority and the NHS carries a financial risk that the NHS cannot claim back the VAT, which would increase the overall cost of the provision of the service by that VAT element. The minimum additional cost, if responsibility is transferred to the NHS, is estimated at £62,000. This is based on the VAT recovered on Early Help services last financial year. Any transfer of services outside of the authority may also impact on the Council's wider VAT position regarding partial exemption, which will need to be considered fully.
<b><u>Property/Other</u></b>	
39.	No property implications for the Council.
<b>LEGAL IMPLICATIONS</b>	
<b><u>Statutory power to undertake proposals in the report:</u></b>	
40.	<p>Successive evidence, national policy and legislation have highlighted the importance of prevention to improve health and well-being outcomes and reduce demand for health and care services. The legislative context for the provision of prevention and early intervention in the 0-19 age range is the;</p> <ul style="list-style-type: none"> <li>• Health and Social Care Act 2012, which gave the Council the duty to: <ul style="list-style-type: none"> <li>○ improve population health and wellbeing</li> <li>○ ensure provision of the Healthy Child Programme and the National Child Measurement Programme</li> </ul> </li> <li>• Childcare Act 2006 – which requires the Council to: <ul style="list-style-type: none"> <li>○ improve well-being and reduce inequalities of young children</li> <li>○ ensure early childhood services are provided in an integrated manner</li> <li>○ ensure sufficient Children's Centres to meet local need</li> </ul> </li> </ul>
41.	<p>The integrated prevention and early help service will provide the current and any future required statutory duties of the Council in respect of:</p> <ul style="list-style-type: none"> <li>• The Healthy Child Programme (HCP 0-5 and 5-19) which is a nationally prescribed programme that sets a framework for the delivery of universal and more targeted or progressive services. It provides a schedule of health and development reviews at key stages giving extra or targeted support if need, risk factors or issues are identified. The HCP aims to support parents, promote child development, reduce inequalities, contribute to improved child health outcomes and health and wellbeing, ensuring that families at risk are identified at the earliest opportunity. It is underpinned by an up-to-date evidence-base.</li> <li>• Children's Centres Statutory Guidance 2013 which defines a Children's Centre as a place or a group of places where early childhood services are made available in an integrated way (either on site, or by providing advice and assistance on gaining access to services elsewhere); and at which activities for young children are provided. The core purpose of Children's Centres is described as "To improve outcomes for young children and their</li> </ul>

	<p>families, with a particular focus on families in greatest need of support in order to reduce inequalities in: child development and school readiness; parenting aspirations, self-esteem and parenting skills; and child and family health and life chances". It should be noted that a Children's Centre can be a virtual facility.</p> <ul style="list-style-type: none"> <li>Local Government Acts 1972 and 2000 and the Localism Act 2011</li> </ul>
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**Other Legal Implications:**

42. Not applicable

**POLICY FRAMEWORK IMPLICATIONS**

43. This service re-design is consistent with:-

- Council Strategy 2014-2017 priorities including:-
  - prevention and early intervention
  - protecting vulnerable people
  - a sustainable council
- Community Safety Strategy
- Youth Offending Strategy

<b>KEY DECISION?</b>	<b>Yes</b>
<b>WARDS/COMMUNITIES AFFECTED:</b>	<b>ALL</b>
<u>SUPPORTING DOCUMENTATION</u>	
<b>Appendices</b>	
1.	Appendix 1 – Model of proposed prevention and early help offer
2.	Appendix 2 – Overview of locality based services for families

**Documents In Members' Rooms**

1.	None

**Equality Impact Assessment**

<b>Do the implications/subject of the report require an Equality and Safety Impact Assessment (ESIA) to be carried out.</b>	<b>Yes</b>
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**Privacy Impact Assessment**

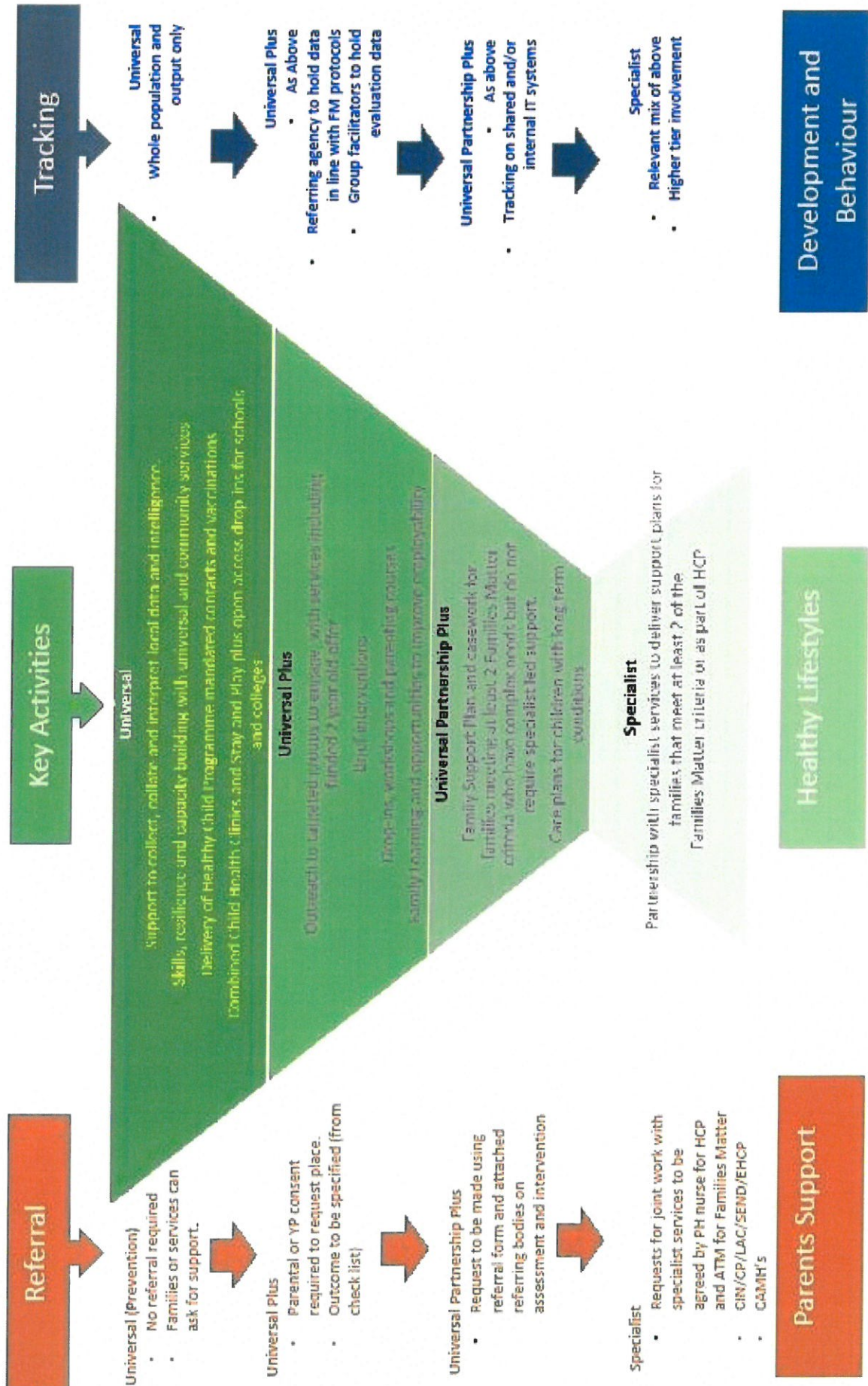
<b>Do the implications/subject of the report require a Privacy Impact Assessment (PIA) to be carried out.</b>	<b>No</b>
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**Other Background Documents**

**Other Background documents available for inspection at:**

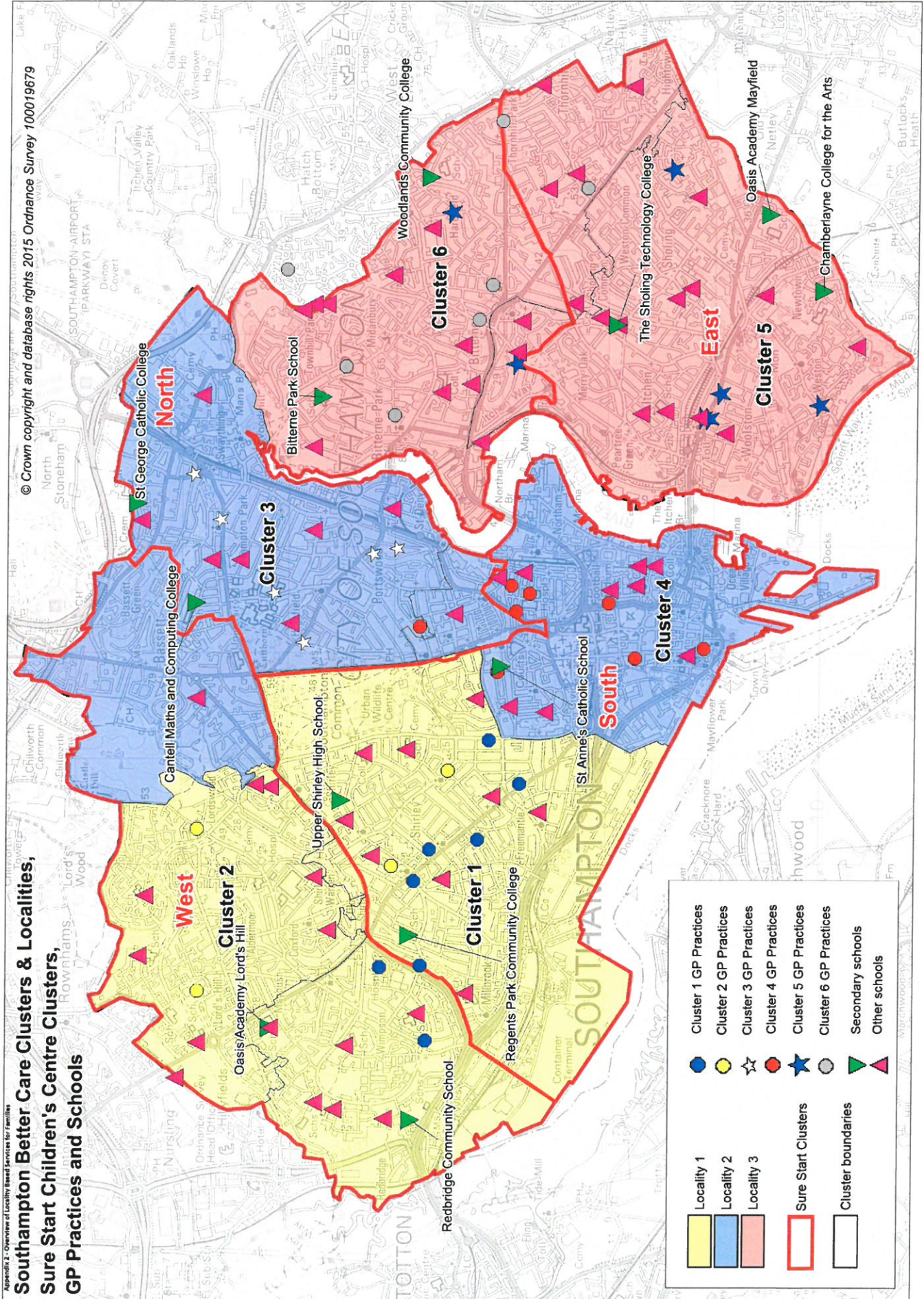
<b>Title of Background Paper(s)</b>	<b>Relevant Paragraph of the Access to Information Procedure Rules / Schedule 12A allowing document to be Exempt/Confidential (if applicable)</b>
1. None	

Appendix 1: Model of proposed Prevention and Early Intervention offer



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