

DECISION-MAKER:	CABINET		
SUBJECT:	DEVELOPMENT OF AN INTEGRATED PREVENTION AND EARLY HELP OFFER FOR CHILDREN AGED 0-19 AND THEIR FAMILIES		
DATE OF DECISION:	17 JANUARY 2017		
REPORT OF:	CABINET MEMBER FOR EDUCATION AND SKILLS CABINET MEMBER FOR HEALTH AND SUSTAINABLE LIVING		
<u>CONTACT DETAILS</u>			
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STATEMENT OF CONFIDENTIALITY			
N/A			
BRIEF SUMMARY			
<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>			
RECOMMENDATIONS:			
	(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"> • 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. • Enables the totality of resources (HR, buildings, back office support) to be brought together and considered as a whole, enabling efficiencies to be made. • Will create opportunities for both organisations, and service users to benefit more quickly from innovation and creativity.

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"> • Continued alignment of all the services in scope (no formal integration) • 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 • Fully integrated offer achieved through procurement • Fully integrated offer achieved through provider integration 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 future
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	<ul style="list-style-type: none"> • Joint procurement with another local authority.
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.
DETAIL (Including consultation carried out)	
	Background, Aims and Objectives
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"> • 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. • 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. • An increasing need to focus public sector finances on targeted activities rather than universal, open access, activities.
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"> • Improved education outcomes <ul style="list-style-type: none"> ○ Greater take up of child care places for eligible 2, 3 and 4 year olds ○ Improved development outcomes at age 2 – 2 ½ years ○ Improvements in Foundation Stage Results ○ Improvements in attainment in English and Maths at Key Stage 2 ○ Improvements in attainment and Progress at Key stage 4 ○ Improved school attendance • Improved health and wellbeing <ul style="list-style-type: none"> ○ Fewer mothers smoking at time of delivery ○ Improved breastfeeding rates at birth and 6-8 weeks ○ Increased proportion of children who are a healthy weight in Years R and 6 under the National Child Measurement Programme ○ Fewer hospital admissions for self-harm for young people aged 10-24 years ○ Reduction in Under 18 conception rate. • Reduction in number of children looked after and requiring child protection services • More young people moving on successfully to employment and training • Reduction in levels of first time offending and reoffending • More parents/carers in employment or activities that promote employability
7.	The aim is to achieve key priority outcomes including:

	<ul style="list-style-type: none"> • 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. • 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. • 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.
	Services in Scope for the integrated offer
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"> • Public Health Nursing Service for 0 – 5 years (Health Visiting and Family Nurse Partnership) • Public Health Nursing Service for 5 – 19 year olds (School Nursing/Healthy Ambition) • Children’s Centres • Families Matter Early Help • Early Childhood Workers • Oral Health promotion • Breast feeding support • Healthy Settings promotion and awards
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>
	Service delivery model
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>Universal (prevention): 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>Universal plus (early help): 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>Universal partnership plus (targeted early help): 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"> • 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. • To build community and family capacity so that families are better able to help themselves. • To support parents, promoting good parenting skills. • To improve early years' outcomes through targeting perinatal mental health, secure attachment, nutrition and exercise, language and communication and school readiness. • 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. • To provide targeted or additional prevention, early intervention and care plans in accordance with need. • 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.
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.						
	Options for achieving the integrated offer						
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
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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 whole family approach	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 opportunities for prevention through a progressive universalism approach – making every contact count	15	
	Delivery of a single coordinated offer 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 reduce duplication 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 innovative models of delivery that maximise value for money	15	
Accountability	Clear accountability 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	Ease of implementation 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. 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:

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

25. The preferred option from this option appraisal is **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** on the basis that:

- 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.
- 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.
- It stimulates innovation and creativity, whilst building on current relationships between the Council and health provider.

26.	However this is very closely followed by the second ranked option - Option 3: Fully integrated offer achieved through procurement. 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.
CONSULTATION DETAIL	
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.
RESOURCE IMPLICATIONS	
<u>Capital/Revenue</u>	
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"> • £6.85M (67%) from Public Health grant • £1.66M (16%) from Children's Services • £0.43M (4%) from the Dedicated Schools Grant (DSG) • £1.01M (10%) from the Troubled Families Grant • £0.28M (3%) from other contributions, e.g. rent receipt, nursing funding

£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. 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:
2016/17 - £10.23M
2017/18 - £9.57M (minus £0.66M)
2018/19 - £9.20M (minus £1.03M)
2019/20 - £9M (minus £1.23M)
This reduction incorporates year on year reductions in the Public Health grant.
36. Further anticipated budgetary risks and pressures upon the sources of funding for this service include:
- 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.
 - 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.
 - 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.
 - 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.
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.
<u>Property/Other</u>	
39.	No property implications for the Council.
LEGAL IMPLICATIONS	
<u>Statutory power to undertake proposals in the report:</u>	
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"> • Health and Social Care Act 2012, which gave the Council the duty to: <ul style="list-style-type: none"> ○ improve population health and wellbeing ○ ensure provision of the Healthy Child Programme and the National Child Measurement Programme • Childcare Act 2006 – which requires the Council to: <ul style="list-style-type: none"> ○ improve well-being and reduce inequalities of young children ○ ensure early childhood services are provided in an integrated manner ○ ensure sufficient Children's Centres to meet local need
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"> • 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. • 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

	<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"> Local Government Acts 1972 and 2000 and the Localism Act 2011
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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

KEY DECISION?	Yes
WARDS/COMMUNITIES AFFECTED:	ALL
<u>SUPPORTING DOCUMENTATION</u>	
Appendices	
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

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

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

Other Background documents available for inspection at:

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	