

CABINET ITEM COVERING SHEET PROFORMA

AGENDA ITEM

REPORT TO CABINET

21 JUNE 2017

**REPORT OF SENIOR
MANAGEMENT TEAM**

CABINET DECISION

Children and Young People – Lead Cabinet Member – Councillor Ann McCoy

Adult Services & Health – Lead Cabinet Member – Councillor Jim Beall

THE INTEGRATED 0 – 19 WELLBEING MODEL AND THE CREATION OF FAMILY HUBS

1. Summary

The report seeks approval for the new vision and approach to the provision of early years support in Stockton, including the future model for children's centres as part of a wider 'Family Hub' early help offer including an integrated 0 – 19 wellbeing model. It sets out the vision and objectives of a new approach, and a set of proposals for implementation. The report also outlines the outcomes of the recent early years and children's centre consultation.

2. Recommendations

Members are requested to:

1. Agree the integrated 0-19 wellbeing model to support children, young people and families; including the transformation of Children's Centres to Family Hubs.
2. Agree to proceed to tender for the following services to deliver the model:
 - 0-19 Healthy Child Programme Service
 - Healthy Weight Service for Children, Young People and Families
 - Family Outreach and Volunteer Service.
3. Agree to commission crèche provision within the Family Hubs.
4. Note that a restructure of the current service will be undertaken through a formal staffing review.

3. Reasons for the Recommendations/Decision(s)

To fulfil the Council Plan priority of the best start in life; to approve the new approach and achieve anticipated efficiencies as part of the Medium Term Financial Plan.

4. Members' Interests

Members (including co-opted Members) should consider whether they have a personal interest in any item, as defined in **paragraphs 9 and 11** of the Council's code of conduct and, if so, declare the existence and nature of that interest in accordance with and/or taking account of **paragraphs 12 - 17** of the code.

Where a Member regards him/herself as having a personal interest, as described in **paragraph 16** of the code, in any business of the Council he/she must then, **in accordance with paragraph 18** of the code, consider whether that interest is one which a member of the public, with knowledge of the relevant facts, would reasonably regard as so significant that it is likely to prejudice the Member's judgement of the public interest and the business:-

- affects the members financial position or the financial position of a person or body described in **paragraph 17** of the code, or
- relates to the determining of any approval, consent, licence, permission or registration in relation to the member or any person or body described in **paragraph 17** of the code.

A Member with a personal interest, as described in **paragraph 18** of the code, may attend the meeting but must not take part in the consideration and voting upon the relevant item of business. However, a member with such an interest may make representations, answer questions or give evidence relating to that business before the business is considered or voted on, provided the public are also allowed to attend the meeting for the same purpose whether under a statutory right or otherwise (**paragraph 19** of the code)

Members may participate in any discussion and vote on a matter in which they have an interest, as described in **paragraph 18** of the code, where that interest relates to functions of the Council detailed in **paragraph 20** of the code.

Disclosable Pecuniary Interests

It is a criminal offence for a member to participate in any discussion or vote on a matter in which he/she has a disclosable pecuniary interest (and where an appropriate dispensation has not been granted) **paragraph 21** of the code.

Members are required to comply with any procedural rule adopted by the Council which requires a member to leave the meeting room whilst the meeting is discussing a matter in which that member has a disclosable pecuniary interest (**paragraph 22** of the code)

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RECOMMENDATIONS

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DETAIL

Context

1. Children, young people and families are a key area of focus for Stockton-on-Tees Borough Council. There is a recognition that demand for services for children, young people and families has continued to increase and the Council wishes to strengthen its approach to prevention and prediction, identification and dealing with issues at the earliest opportunity, against a background of significant funding reductions from central Government, including reductions in Early Intervention Grant in 2010/11 and its complete withdrawal in 2013/14
2. At present, a range of health and wellbeing services are provided for the 0-19 age group and their families including: Early Years and Children's Centres, Health Visiting, Family Nurse Partnership, School Nursing and the Family Weight Management Services (including

delivery of the National Child Measurement Programme NCMP). By redesigning service provision to create a more integrated offer to children, young people and families there is a significant opportunity to ensure services are easier to access, reduce duplication of resource and provide an improved offer to families. The proposed model will also ensure that the Council complies with its statutory duties.

3. This paper sets out proposals for an integrated 0-19 wellbeing model detailing:

- consultation with key stakeholders
- key elements of the new model including opportunities for a more integrated approach
- implications for current children’s centre buildings and the development of Family Hubs
- proposed timescales

Current provision

4. Stockton-on-Tees currently operates across 12 Children’s Centre areas, with all centres except ‘Northern’ delivering services from a main building. The centres focus on early years services, vary in size and are managed by the Council and their partners, with details as follows:

Children’s Centre area	Main building	Status	Delivered by
Footsteps	Footsteps Children’s Centre Billingham	Council owned	SBC
New Life	New Life Community Resource Centre, Billingham	New Life operate building – arrangements for part of the building	Action for Children
Northern	New Life Community Resource Centre, Billingham	No building arrangements in place.	Action for Children
Redhill	Redhill Children’s Centre, Roseworth, Stockton-on-Tees	Council owned	SBC
Frederick Natrass	Frederick Natrass Centre, Frederick Natrass Primary School site, Norton.	Council owned – on school site	Big Life Families
Star	Star Children’s Centre, Stockton Town Centre	Council owned	Big Life Families
	Newtown Community Resource Centre, Stockton.	Operates within part of the building.	Big Life Families
Sunrise	Sunrise Children’s Centre, Yarm Road, Stockton	Council owned	SBC
Riverbank	Riverbank Children’s Centre, Thornaby.	Council owned	Action for Children
Elm Tree	Elm Tree Community Resource Centre, Elm Tree, Stockton	Operates from part of the building	Action for Children
High Flyers	High Flyers Children’s Centre, Thornaby	Council owned	SBC
Barley Fields	Barley Fields Children’s Centre, Barley Fields Primary site, Ingleby Barwick.	Council owned – on school site	Action for Children
Layfield	Layfield Children’s Centre, Layfield Primary School, Yarm	Part of school.	Action for Children

5. The 0-19 Healthy Child Programme is an evidence based public health programme for children, young people and families which focuses on early intervention and prevention. Although the programme is universal in reach, it also aims to identify families who need

additional support or are at particular risk of poor health outcomes. Stockton on Tees Borough Council currently commissions the delivery of the 0-19 Healthy Child Programme via health visiting, Family Nurse Partnership and school nursing services. In addition a Family Weight Management service for children, young people and families is commissioned to support families in achieving a healthy weight.

6. 'A Fairer Start' is a Stockton-on-Tees Borough Council, Public Health and NHS Hartlepool & Stockton-on-Tees CCG programme led by a voluntary sector partner, Catalyst, which focuses on improving 3 key outcomes for 0-3 year olds:
 - Social, emotional and cognitive development
 - Speech and language development
 - Nutrition
7. The programme is currently taking place within the Stockton-on-Tees Town Centre ward as part of an initial pilot, with this proposal building on the successes so far and supporting the aim to roll out the initiative across the borough, through the delivery of the new integrated 0 – 19 wellbeing and the new Family Hub models as detailed within this report.

Consultation

8. In order to contribute to these aims and as endorsed by Cabinet in September 2016, a consultation exercise in relation to the future of early years and children's centres in Stockton-on-Tees and the proposal to create a number of Family Hubs, was undertaken between the 12th September and the 11th November 2016.
9. The process included an 'on-line My Views' questionnaire and 23 public consultation sessions within the children's centres between 3rd October and 4th November. Public Health colleagues also attended the public sessions in order to gain views on parent/carer experience in relation to Public Health commissioned health services.
10. In total 265 responses were received.
11. In addition, consideration has been given to the findings of the 30 hour free childcare consultation which took place between the 20th June and the 12th August 2016. In total 690 parents of children under 3 years responded, with many expressing an interest in taking up the new offer from September 2017.
12. The response to the early years and children's centre consultation, market consultation, 30 hour free childcare consultation and key themes arising from the overall process are available at Annex 1.

What needs to change?

13. We know that the current approach to service delivery is not improving outcomes for the Borough's children as much as we would like, we need to look at doing things differently. We know for example that:
 - We have more to do to ensure that young children get the best start in life and are school ready. We have improved performance in this area but remain below national averages. We want to do more to join up early years assessments, to ensure that parents of young children get the very best information, advice, support and provision.
 - We continue to have higher than national and regional rates of children in need, children on child protection plans and children in care. These rates have increased in 2016/17, along with other Tees authorities.
 - We focus on delivering services from a number of buildings and rely on families to 'come to us' in order to interact with other parents, access services and receive advice and support.

- More than 75% of parents accessing children's centres are doing so purely to attend health services or universal stay and play sessions.
- Children's centre buildings are currently primarily open to families with children aged 0 – 5 and are not being maximised to offer a more comprehensive, targeted package to the wider family over longer hours and more days per week. The larger centres are an untapped resource.
- We need to offer more universal services out in the community to support families, particularly those with young children. We need to build on the outreach provision currently available to support families where they live.
- We need to become more family focused, more holistic in our approach; we need to empower communities to help themselves, deliver a model that is sustainable for the future.
- We need to embed a partnership approach, with different agencies, services and families working together to make a difference across the 0 – 19 age range, not just in early years.
- We need to be clear on what is available to parents, improve information through the Stockton Information Directory, offer more support on-line, be more 21st century in terms of using technology to support a 'Virtual Hub'.
- We need to provide more low level support, particularly to new parents in the early days, to address isolation and early signs of post natal depression.
- We need to meet parent's expectation in terms of available childcare for the 30 hours free offer.

The proposed approach

14. The proposed approach takes into consideration the outcome of the recent consultation exercises and the key points detailed above, in that:
 - The proposal fundamentally changes the approach for early years in Stockton, recognising the roles of different sectors and providers.
 - The focus will be on the support available to families in the early years, often referred to as pregnancy, birth and beyond. The approach will be especially focused on the support available from pregnancy to 2, as it is widely recognised that these are the most critical times in promoting child development and wellbeing.
 - However, in considering the role of agencies and the model of delivery, the proposal also recognises the need to consider early years support as part of the wider early help approach which was agreed at Cabinet in July 2016, and that families continue to need support when children start and attend school, and therefore that they need to be seen in the context of 0-19 services overall.
 - The approach suggested is therefore much broader than a focus solely on children's centres, though these form an important part of the overall picture. The proposal is therefore more about a whole 0 - 19 system, which is focused on:
 - a. The needs of parents and what support they value;
 - b. Supporting effective and confident parenting;
 - c. Working with families and communities to develop solutions and effective services to support those most in need, all as part of an early help approach.

The objectives of a new approach

15. In delivering the new 0 – 19 approach, there will be a focus on the following objectives. We want to deliver a system for families which:

- empowers families, recognising their vital role, puts them at the centre, and emphasises the role of services in supporting families;
- focuses more on establishing networks of support in communities, rather than on requiring families to access services which are delivered from a small number of centres;
- develops the role of volunteers, acting as family mentors to support families;
- streamlines processes and services and how to access them - ensuring services are working to shared objectives, and are sharing information where possible, and which reduces duplication or lack of join up. This will include co-location and technology;
- emphasises early help, as part of a wider early help model. This includes ensuring that there are universal, preventative and targeted offers in place.

Outcomes we are seeking to achieve

16. The key outcomes of a new approach are:

- **For children:** healthy, ready to learn, safe and supported;
- **For parents:** know where to get help; know how to parent well; trust practitioners to support them;
- **Communities and networks:** to be involved and to support families;
- **Practitioners:** to focus on families; to work to a shared vision and objectives; to be skilled and have confidence in practice making a difference.

An outline of a new approach

17. Therefore, in order to respond to the key drivers for change, the objectives and the outcomes we want to achieve, the new approach will be based on the following key aspects:

- An integrated wellbeing model for 0-19
 - Healthy child programme
 - Healthy weight
 - Family outreach and volunteering
- A revised network of family hubs developed to support a whole 0 – 19 system approach.

The proposed integrated 0 - 19 wellbeing model

18. The proposed model will integrate community outreach, health visiting, school nursing and family weight management services (including NCMP) and will work to shared outcomes which support the Health and Wellbeing Strategy and Children and Young People's Plan. Key outcomes will include:

- Children and young people have a positive attachment to their parents/carers.
- Children and young people receive the required health and development reviews.
- Children and young people are ready to learn.
- Children, young people and their families have good emotional health and wellbeing, and are resilient and aspirational.
- Children, young people and families live healthy lifestyles and make positive health and wellbeing choices.
- Children and young people live safely and are protected from harm.

19. The proposed model has three distinct elements: 0-19 Healthy Child Programme provision, Healthy Weight provision and Family Outreach and Volunteer provision. However, the

elements will be connected to appear as a single service from the service user's perspective. This will be achieved through establishing:

- Co-ordinated access to services including a simplified registration process
- Shared premises and co-location wherever possible delivered through Family Hubs and community outreach venues.
- Shared branding – whilst individual elements will retain their identities, an overarching brand will be created to connect services within the model.
- Sharing of information and data between professionals working within the model to improve coordination, joint working and referral where appropriate.
- Identification of a lead professional to coordinate support across the model for children, young people and families who require more than the universal offer.

20. The model acknowledges that empowering families to achieve their potential will only be realised if the culture of the workforce is one that empowers the staff working within it. The service model is driven by a commitment to refocus the workforce so that they have the skills, understanding and working practices that empower families to be an active part of achieving & sustaining holistic wellbeing. It is proposed that there will be an ongoing programme of workforce development to embed this culture change which the provider(s) of the model will be required to support and participate in.

21. Details of the three elements of the model are set out below..

(1) Proposed 0-19 Healthy Child Programme Provision

22. With the weight of evidence that exists about the impact of good development in the early years throughout the life course, and the challenges experienced by services trying to reverse problems when they become entrenched, the focus of the 0-19 Healthy Child Programme provision will be firmly weighted towards:

- Activity & intervention in the early years
- Providing high quality early interventions and support to ensure every child has the best start in life, and solid foundations during those first 1001 critical days
- Working with children, young people and families to identify emerging problems at the earliest opportunity, and then delivering interventions that build resilience and skills which enable them to reach their full potential
- Working alongside children, young people and families in a collaborative, holistic way to identify the early help that is required to address the root cause of problems
- Delivering a greater proportion of 1-1 early interventions, across the 0-19 age range.

23. The provision will be led by Public Health nurses through a 'proportionate universalism' approach (ie some support will be offered to all children, young people and families with more for those in greatest need). As a minimum the key contacts that families can expect under the universal offer are:

- Ante-Natal Contact
- New Birth Visit
- 6-8 week review
- 9-12 month review
- 2-2 ½ year development review
- 3 ½ -4 year ready for school review
- 4-5 year vision and hearing screening
- Transition to secondary health review
- Mid-teen health review.

24. Prevention and universal support are paramount within the model and underpin effective early help. As described above, every family will receive a 'universal offer'. Through the universal offer, parents/carers and children and young people who need extra help will be identified early to enable their needs to be met. Delivery will need to be flexible to reflect this and a crucial part of the new model will be about getting the right balance of self-support, community support and support from professionals. This will involve extending the range of skills within the 0-19 workforce and working closely with family outreach and volunteers.
25. There are a number of additional changes which are also recommended for this element of the model which include:
- Adopting an asset based community development approach to identify strengths within communities
 - Greater flexibility across the 0-19 workforce to ensure a safe and effective transition from pre-school provision to school based settings.
 - A named Public Health nurse lead for all settings to ensure clearer partnerships (eg GP practice, early years and education settings).

(2) Healthy Weight provision

26. The proposal for this element of the model includes a focus on prevention, delivery of the NCMP programme and delivery of a Family Weight Management programme.
- Preventative work will be delivered via a whole schools approach to obesity prevention to promote children and family's health and wellbeing outcomes.
 - NCMP is a statutory Public Health function which collects high quality, reliable data of child overweight and obesity levels and trends. This provision will continue to weigh and measure every child in Reception and Year 6 in state maintained schools including academies across the borough, provide proactive feedback to parents/carers and onward referral to appropriate services, including weight management.
 - Family Weight Management will work with children and young people who are overweight to support them to reach and maintain a healthy weight. Due to the emerging evidence base showing the association between parenting styles and children's obesity the provision will focus on encouraging parents and carers to model a healthy lifestyle, helping parents to enhance their parenting skills and encouraging parents and carers to take a whole family approach to nutrition, physical activity and healthy weight.

(3) Family outreach and volunteer service

27. The programme will deliver an outreach service in family homes which complements the support available through the 0 – 19 public health service for children, young people and families as detailed above. The service would adopt a solution focused, strength based approach to offering support in relation to the 'social' aspect of family life. The service would work as part of an overall offer including volunteers and would work closely with other agencies to ensure effective co-ordination of family support alongside maximising resources.

The proposal is to increase outreach provision to support families within their own community. It is recommended that this would be commissioned as part of the overall 0 – 19 wellbeing model.

28. The service will, as a minimum:
- Deliver an outreach service in family homes which complements the support available through the 0 – 19 healthy child service for children, young people and families. The

Outreach workforce would be employed, suitably qualified and experienced to ensure families have access to professional support.

- Develop and deliver a volunteer programme as part of the outreach service. The programme should plan for some aspects of the service to be available 7 days a week and outside traditional working hours and could offer:
 - Moral support and encouragement, low level parenting support, sharing helpful information and supporting families in accessing services that they need, being an advocate with/for families if they need help in voicing their concerns.
 - Providing support to parents in relation to infant feeding including breast feeding, bottle feeding and weaning.
 - Offering practical help in relation to the home, including cleaning, gardening, budgeting and cooking.
 - Becoming the eyes and ears of the community, acting as an information 'conduit' between the Family Hub and local families.
 - Offering a centre/building based 'meet and greet' service within the Family Hubs and a variety of other community venues.
 - Working alongside the Family Hub Team to support the delivery of a café facility within each of the 4 Family Hub buildings.
 - Offering more evidence based support to families by well-trained volunteers working alongside other professionals including midwives, health visitors, family support workers etc., to offer time limited, specific pieces of work.
 - Support for the delivery of universal, community based family play sessions with a particular focus on 0 – 3 year olds.
- Develop and deliver a progression programme that enables volunteers to have access to training at a range of levels and specialism, in addition to offering employment support to those volunteers who wish to move in to the jobs market.
- Develop and deliver a number of sustainable, community based, volunteer led stay and play sessions as part of a universal service offer.
- Work as a seamless and integrated part of the wider 0-19 commissioned wellbeing model including the 0 – 19 healthy child service and the healthy weight service.
- Focus on improving outcomes and reducing inequalities at an individual, family and community level
- Embed safeguarding within all levels of the service offer
- Align the service offer to the 4 locality areas of the local authority family hub model.

A new enhanced 'virtual hub' offer

29. Throughout the consultation process it was made clear that parents would value a comprehensive on-line offer that they can access as and when they require it. Currently parents/carers find existing information available on the internet to be varied and contradictory. The proposal is that this would be made available by enhancing the existing Stockton Information Directory for Families by:

- Increasing the range of services listed on the Directory
- Improving access by exploring the opportunity to enable families to be able to find information on available universal services within their local community, by postcode and by day.
- Have an area on the Directory that provides trusted, well respected information on a range of parenting and child health topics.
- Enable on-line access to on-line parenting courses that are free and can be topic based and accessed by all.
- Explore the potential of having access to a 'parent's blog' page.
- Establish a 'Practitioner' section to enable professionals to be able to access on-line information about local services, referral processes and contact details.

30. The 'virtual offer' will feature within all strands of the 0 – 19 wellbeing model, with all organisations working together to develop a comprehensive, co-ordinated on-line service for families, led by the Council.

Performance Management – 0 – 19 Framework

31. A performance management framework is being developed which will capture outputs and progress against outcomes on a monthly and quarterly basis.
32. It is proposed that a 0-19 assurance board is formed with representatives from Children's Services and Public Health to oversee performance and hold contract meetings with provider(s).

Commissioning Proposal timescales

33. It is proposed that the Council proceeds to undertake an open procurement process for the 0-19 Wellbeing model which includes the three elements of provision: 0-19 Healthy Child Programme, Healthy Weight and Family Outreach and Volunteers. It is proposed that, in order to maximise interest from the market, a contract of 4 years with 2 optional one year extensions is advertised. Consultation with the market suggests that there is a strong appetite from providers to deliver services within the financial envelope available, either individually or as part of a prime provider or consortium arrangement.
34. An indicative timescale is included below.

Activity	Timescale
Tender advertised	30 th June 2017
Tender closes	11 th August 2017
Evaluation of Bids	22 nd August – 22 nd September 2017
Decision to Award	Early November 2017
Contract signed	End of November 2017
Mobilisation commences	27 th November 2017
New Service model commences	1 st April 2018

35. The decision to award the contract(s) will be endorsed by the Cabinet Member for Adult Services and Health and Cabinet Member for Children and Young People in consultation with the Director of Public Health and Director of Children's Services

A revised model for children's centres, based on the establishment of a network of Family Hubs

36. In order to deliver the new approach to services, consideration has been given to the number and location of the proposed Family Hubs. It was evident that in order to have borough wide coverage alongside achieving the efficiencies required, accessibility and size of venue needed to be the primary focus in order to maximise the availability of targeted services. To that end the proposal focuses on ensuring that the Hubs cover Billingham, Thornaby/South, North Stockton and Central Stockton. A number of the existing centres are small, are a leased area of a larger building or are less accessible for families. Issues around increased opening hours and the impact on local housing were also considered.
37. It is therefore proposed that a network of buildings are required with a view to offering the following services:
- Parenting programmes
 - Health visiting drop ins
 - Midwifery clinic
 - Targeted Stay and Play sessions

- Adult learning programmes to support access to employment, ESOL and skills.
- On-site childcare provision to support working parents, vulnerable 2 year olds, offer 30 hour childcare for eligible 3 and 4 year olds and crèche provision to be offered alongside parenting programmes and some adult learning provision.
- The opportunity to provide a range of other 0 – 19 targeted services provided by a number of agencies within the Family Hub building.
- A community café to support local families, where they can purchase reasonably priced nutritious food alongside having access to advice and information on local services.
- A number of activities to support new parents in accessing services within their area. The activities will be ‘one offs’ and will signpost out to other community provision.
- Development of a more ‘family’ based offer.

38. Careful consideration has been given in relation to the optimum number of Family Hub buildings available to support the new model alongside the appropriateness of the building, location and the need to achieve the required efficiencies. The proposal is that 4 Family Hubs are created within key locations.

39. In order to achieve coverage as described the following Children’s Centre buildings will be transformed into Family Hubs and will be open 6 days per week for extended hours. All 4 buildings are Council owned and operated and are large and accessible:

1. Footsteps – Billingham
2. Redhill – Roseworth, Stockton
3. Sunrise – Stockton
4. High Flyers – Thornaby

Implications of the new approach

40. The new Family Hub model would operate across the borough with local community venues operating as linked sites, this would include the remaining current children’s centre buildings, local schools, childcare providers, community centres, community resource centres and libraries.

41. The Hubs would operate under a single borough wide Children’s Centre registration with the remaining centres becoming de-registered with Ofsted. This change would enable venues to be used more flexibly and would ensure they would be able to offer a wider range of service provision across the 0 – 19 age range. This proposal reflects the latest information available alongside the general direction of travel across the country in terms of developing Family Hubs.

42. As part of this process, consideration was given to the future use of the remaining buildings, ensuring that we retained an element of early years provision to safeguard the capital investment within each of the buildings.

43. Therefore, a review of the other existing facilities has also been undertaken as part of the process and consideration has been given to the current service offer, the need to provide the extended 30 hour offer for families with eligible 3 and 4 year olds and options for future use. In response to the consultation the aim is to retain as many universal services as possible operating within the buildings and their suitability has been taken into consideration. As part of the proposed commissioning arrangements, Council Officers will work closely with partners to negotiate future use of the buildings as part of the overall Family Hub model in order to ensure continuity of service delivery within localities. Those facilities are:

New Life Children's Centre	New Life Community Resource Centre – community ownership
Frederick Natrass Children's Centre	Council owned on school site
Elm Tree Children's Centre	Elm Tree Community Resource Centre – community ownership
Star Children's Centre	Council ownership
Riverbank Children's Centre	Council ownership
Barley Fields Children's Centre	Council owned on school site
Layfield Children's Centre	On school site – part of school estate
Newtown (linked site)	Newtown Community Resource Centre – community ownership

44. Analysis of current data also tells us that within the Centres detailed above between 75% and 100% of families are primarily attending the buildings to access midwifery, health visiting or universal stay and play sessions. Therefore, this proposal would ensure that access to those universal services could continue.
45. The aim of the new model is to ensure that whilst 4 of the existing centres would be retained as Family Hubs, it is recognised that families require access to a more universal offer across the borough. Further work has been undertaken to assess the universal service offer that can potentially continue to be provided from those other buildings currently registered as Children's Centres. Consideration has been given to the following:
- Continued access to community based midwifery and health visiting services.
 - Access to universal stay and play provision.
 - Information access points
 - Access to volunteers, advice and support
 - Other chargeable early years activities currently accessed by families and available within the buildings.
 - Additional childcare to support the demand for 30 hours free childcare for 3 and 4 year olds.
46. In addition, it is planned that additional community based venues will become part of the overall model by providing access to information, volunteering and universal family sessions eg. Stay and play. It is expected that the commissioned Family Outreach and Volunteer Service would identify venues, establish and support provision.
47. All delivery points will be linked to their local Family Hub to ensure that families have easy access to targeted support as and when they require it.
48. There may also be options to transfer assets to local communities at a future point.

Family Hub Early Years provision

49. In addition to the 0 – 19 wellbeing model, it is proposed that the 4 Family Hubs would continue to offer crèche provision alongside the targeted offer as appropriate. The proposal is that this element of the service would be commissioned to on-site childcare providers to ensure economies of scale and value for money.

COMMUNITY IMPACT IMPLICATIONS

50. The Council is required and has a responsibility under the Public Sector Equality Duty (PSED), to eliminate unlawful discrimination, create equality of opportunity and foster good relations between people who share a protected characteristic and those who do not. In

order to demonstrate 'due regard' to these aims an assessment of the impact on the local community, particularly relating to families with children aged under 5, has been undertaken and the views presented have been taken into account in the development of the proposals/ recommendations detailed within this report.

51. As endorsed by Cabinet in September 2016, a consultation exercise in relation to the future of early years and children's centres in Stockton-on-Tees and the proposal to create a number of Family Hubs, was undertaken between the 12th September and the 11th November 2016.
52. The process included an 'on-line My Views' questionnaire and 23 public consultation sessions within the children's centres between 3rd October and 4th November. Public Health colleagues also attended the public sessions in order to gain views on parent/carer experience in relation to Public Health commissioned health services.
- 122 parents/grandparents/volunteers attended the daytime sessions, with the busiest being Barley Fields with 29 in attendance.
 - 43 parents/grandparents/representatives from the local community attended the evening sessions, 30 of those were at Barley Fields, however some had already attended the daytime sessions and included 3 of the local councillors.
 - At Barley Fields a local grandparent submitted a petition with 108 signatures, which is available to view. A further 13 hand written responses were also provided from families who couldn't attend the consultation.
 - At Layfield a book was given to LA officers with 19 statements in support of the centre and this is also available to view.
53. **Consultation sessions with partners** – a number of sessions were also held during the consultation period and views were taken from the following:
1. Stockton-on-Tees Borough Council Children's Centre Teams
 2. Big Life Families Children's Centre Teams
 3. Action for Children Children's Centre Teams
 4. Primary Head Teachers
 5. Day care settings
 6. Childminders
 7. Voluntary Sector organisations
 8. Thirteen Group as part of the overall plans for the Elm House site
54. **30 hour free childcare consultation** – The on-line 'My Views' questionnaire received 690 responses, which demonstrates the level of interest in the new offer. The proposals within this report have taken into consideration the Council's statutory duty to ensure there are sufficient early years places to meet demand.
55. **Market Consultation** -Market consultation has also taken place with organisations from public, private and VCSE sectors to ascertain their comments and suggestions to providing innovative solutions to deliver a 0-19 wellbeing model.
56. In response to the consultation exercise it became clear that in order to minimise the impact on the local community the following should be considered:
- General agreement from the public that the Family Hub model should be developed, particularly targeting those families most in need.
 - It was crucial that a robust universal offer continued to be available across the borough in order to address isolation, particularly with regards to parents with new babies and young children.
 - Maintaining access to stay and play sessions and existing 'charged for' sessions eg. Funky Feet, or Baby Massage.

- The health offer needed to be more clearly defined and available to local families with improved access routes to support being identified.
- An improved on-line offer should be in place to enable families to access advice and information via mobile technology.
- Better integration between services to ensure that limited resources are maximised.
- A general agreement that the provision of a volunteer befriender/mentor model would be an advantage.
- More outreach services, supporting families out in the communities and within their own homes.
- A high percentage of parents requiring additional childcare to meet their entitlement for 30 hours free provision.
- A plan to make best use of the remaining children's centre buildings, ensure that as many activities as possible continue to be available operating as a partnership model and ensuring the buildings remain open and available as part of the universal offer.
- Ensure that health visiting and midwifery services can continue to be delivered out in the community and within the existing buildings where possible.

57. The proposals within this report address all of the issues detailed above and have ensured that the impact on the community is minimised and in some areas improved.

58. The response to the on-line consultation, market consultation and key themes arising from the overall process are available at Annex 1.

FINANCIAL IMPLICATIONS

59. The proposed resource for each element of the 0-19 wellbeing model is:

- 0-19 Healthy Child Programme provision - £3.1 million per annum
- Healthy Weight provision - £635,000 per annum
- Family Outreach and Volunteers – up to £500,000 per annum

This budget is in line with the savings outlined within the MTFP.

60. There is a requirement to generate efficiencies as part of the review of Early Years and Children's Centres and this is in the context of the Council's budget deficit and associated Medium Term Financial Plan.

LEGAL IMPLICATIONS

61. There are no new legal implications from this Report.

RISK ASSESSMENT

62. This issue is categorised as low to medium risk. Existing management systems and daily routine activities are sufficient to control and reduce risk. Individual elements in the approach link to specific risk assessments.

COUNCIL PLAN THEMES

63. The approach has clear proposals for:

- a. Protecting the most vulnerable through the proposals for early help, assessment and targeting of services;
- b. Promoting equality of opportunity through targeted intervention through the emphasis on early intervention, prevention, targeted and specialist services;

- c. Developing strong and healthy communities through the continued emphasis on the provision of universal and open access support.

CORPORATE PARENTING

64. The strategy does not directly impact on Looked After Children, but does form part of a range of interventions to help prevent children from having to come into care.

CONSULTATION INCLUDING WARD/COUNCILLORS

65. The Children and Young People's Partnership, Local Safeguarding Children Board and Health and Wellbeing Board as well as the Cabinet Member for Children and Young People have been consulted on the development of these proposals.

Name of Contact Officer: Martin Gray
Post Title: Director of Children's Services
Telephone No: 01642 527043
Email Address: martin.gray@stockton.gov.uk

Education related?

No

Background Papers

None.

Ward(s) and Ward Councillors:

Not applicable.

Property

There are some implications for Council property arising directly from this report. Proposals for the current network of children's centres has been considered as part of the consultation, and have been included in this report.

Annex 1 – Consultation

Early Years and Children’s Centre on-line consultation – 12th September to 11th November 2016 - During the consultation 100 completed on-line survey forms were received – All respondents described their ethnicity as white and 88% were female. The overall responses were as followed. A full report is available.

Question	Responses %	
Family Hubs		
Do you agree with the idea of creating Family Hubs, where families with children of all ages can get information and access to services?	Strongly agree Agree Neither agree/disagree Disagree Strongly disagree	45% 29% 10% 9% 7%
How important do you feel it is to make sure that the proposed Family Hubs focus on providing services to those families that require the most support?	Very important Important Not important Not sure	50% 38% 7% 9%
Do you agree with the proposal to have 5 Family Hubs supported by a number of local community venues?	Strongly agree Agree Neither agree/disagree Disagree Strongly disagree	33% 18% 18% 15% 16%
When would you prefer the Family Hubs to be open?	5 days per week 6 days per week	39% 61%
Childcare		
How important is it to you to have access to local childcare?	Very important Important Not important Not sure	76% 12% 9% 3%
Would you be interested in 30 hours free childcare for 3 and 4 year olds?	Yes No Not sure	70% 21% 9%
Joint working arrangements and co-ordinated services		
Do you agree that support and services should be co-ordinated to help and support those families in most need?	Yes No Not sure	80% 10% 10%
Do you agree with the proposal to locate key services such as health, volunteering and employment, welfare advice and education support in the Family Hubs?	Yes No Not sure	72% 16% 12%
Which services would you like to see in the Family Hubs?	57% responded – these are reflected in the model	
Volunteers		
Do you agree with the proposal to encourage volunteering in local communities?	Yes No Not sure	54% 24% 22%
Do you think that being able to talk to a volunteer from the local community would be of benefit to families?	Yes No Not sure	48% 28% 24%
Would you be interested in volunteering in the future?	Yes No Not sure	26% 49% 25%

Support and services		
Do you agree with the proposal?	Strongly agree Agree Neither agree/disagree Disagree Strongly disagree	17% 30% 14% 19% 20%
If space was made available for the local community and parents/carers to run activities for other families, how interested would you be in running a group in your area?	Very interested Interested Not very interested Not interested at all	13% 22% 27% 38%
Early help services		
Would you find this useful?	Yes No Not sure	54% 32% 14%
Would you like to be able to access good quality information and advice in your community?	Yes No Not sure	90% 3% 7%
About you		
Do you currently use a children's centre?	Yes No	89% 11%
If you answered yes to the question above, do you:	Use your local children's centre only? Use your local and other children's centres? Use another children's centre only? No response	44% 39% 5% 12%

Key themes from public events and on line consultation

The following key themes were identified through the on-line consultation and the public consultation events that took place between 3rd October and 4th November:

1. Parents value the universal stay and play sessions and many are visiting different centres to attend multiple sessions each week. There is a high level of dependency on this form of activity.
2. There was a general view that there should be more stay and play sessions, in a variety of venues with a requirement to maintain current quality and ensure venues are suitable and welcoming. Willingness to pay for services in some areas.
3. Those parents who only use their local children's centre feel strongly about keeping what they have now.
4. Parents feel that they prefer to have staff running sessions as they can take control- compared to parent and toddler groups that have no structure.
5. Parents feel that volunteers or befrienders are valuable but need paid members of staff to guide and manage them. Support for volunteer led sessions but reassurance needed that the correct training will be in place, volunteers will be able to recognise problems that need escalating, be able to signpost families for additional support. Volunteers will need to be professional and be able to understand boundaries and confidentiality. Existing volunteers praised the current training programme but some raised issues relating to access to childcare whilst volunteering.

6. Support for families within the home to improve family life, particularly for those who are struggling to manage was also seen to be important.
7. General understanding that not all families access the current Children's Centre offer and that more access needs to be available at different times and within different venues including parents homes.
8. Marketing of services could be improved and there is a need look at ways to develop a 'virtual offer' bringing information into line with current technology and communication methods. General view that the current on-line offer could be developed to provide details on what is available locally, alongside trusted information on key topics.
9. Adult Learning programmes are seen as invaluable and need to continue, providing crèche provision to allow parents to access. More choice needed including family cooking, budgeting and support for parents who wish to get back into work.
10. Parents value the access to health services in family friendly surroundings and these need to continue and be improved, with some key issues identified:
 - a. Lack of clarity on what is the offer and how is it communicated and implemented so parents/carers understand?
 - b. Better transition arrangements need to be in place – parents feel confused and often do not know who to go to-or when they can. What is the offer? What should happen?
 - c. Times between checks is too long –this is the most crucial time to make parents feel reassured that they and their child are doing well
 - d. Some concerns about professional visits to family homes, being judged – barrier to parents in asking key questions
 - e. Confusion about roles and consistency in health staff
 - f. Improved contact arrangements – staff are busy and parents can't always get a response when they need it.
 - g. More learning for parents when pregnant – improved access to information and general sessions for questions and answers would be invaluable.
11. Services for families and fathers need to be available, including sessions for older children and young people, although consideration needs to be given around the timing of activities.
12. Breastfeeding support – it is currently felt that there doesn't appear to be a consistent message from health professionals and groups – this was felt to be an important area for development.
13. Cafés in the centres could be marketed more effectively and have a profit making model, respondents valued the facilities.
14. Issues of isolation, emotional health issues and depression. Needs to be access to services across the borough, particularly for those parents with mental health issues. Many respondents said they would value a volunteer befriender, particularly in the early days of parenthood. This role could support them at home and also support them in accessing local groups. Respondents expressed the value of having 'someone to talk to' when they are feeling low.
15. The opening hours of the centres doesn't always meet need, particularly for those that work or for those that need some contact outside normal working times.
16. First Aid programmes for all parents
17. Schools could be better at giving parents information about changes in curriculum and methods of teaching so as to allow parents the ability to help with homework
18. 'Nearly nursery' groups valued by parents and schools.
19. General support for the Family Hub model and the idea of bringing a number of services together to support families who require additional services, although concern that the model should not exclude those families who value universal provision, groups that support child and family development and the impact on social isolation

20. Agreement that early intervention is key, with integrated health services, seamless transition and access to services across the borough including those areas deemed to be 'better off'.

Key themes from Market Consultation

The following key themes were identified from 2 stages of market consultation which were held during October/November 2016 and on 16th March 2017.

October/November market sounding feedback

1. Collaborative and integrated approach is required with seamless 0-19 provision.
2. Prevention needs to be at the core of service provision.
3. Service needs to be innovative and commissioners need to provide flexibility to enable this
4. Technology is key to the delivery of services with the opportunity to develop a digital offer for service users. Need for staff to use technology to facilitate agile and flexible working to meet the needs of children, young people and families.
5. Move away from 'traditional' delivery and roles with a focus on meeting outcomes.
6. Substance Misuse provision to sit outside of framework as a specialism.

March market consultation feedback in response to the proposed 0-19 wellbeing model

There were a number of strengths identified:

- Collaborative working
- Model was thought to be positive and seamless, consistent and fostering innovation
- Funding envelope appeared to be viable
- Integration was seen as a key strength
- NCMP as part of the service pathway
- Integration across the framework
- Working at a locality level rather than within settings
- Weight Management as a separate element
- Clear pathway for volunteers/mentors
- Workforce development with unified expectations to facilitate a change in culture within the workforce.

There were also a range of issues highlighted for further consideration:

- Appropriate management of the model
- Ensuring there is sufficient flexibility in service specifications to encourage innovation;
- Facilitation of partnership working
- Ensuring that the service connects with young people's experience in school
- Integration with other professionals and services sitting outside of the model
- Quality approved provider framework;
- Cost of shared premises;
- Procurement structure – lots/single provider
- Technology in the framework.

30 hours free childcare on-line consultation – 20th June to 12th August 2016

The consultation findings suggest that there will be high demand for 30hr places. As the minimum criteria for a free 30 hour childcare place is to be working and earning at least 16 hours at national or minimum wage and earning a maximum of £99,999 per annum then they will be a large

proportion of the population who will be entitled to a free 30 hour place. In Stockton we have on average 5000 three and four year olds.

Key themes arising from the consultation are as follows:

- Some of the parents are already working and using formal childcare arrangements, for these parents it will mean that they will continue with these arrangements but up to 30 hours per week will be free childcare.
- A high percentage of parents who responded to the consultation (72%) are already working but are using informal childcare arrangements are now considering using formal childcare when the 30 hours free childcare is rolled out in September 2017.
- Those that are already working tend to work Monday to Friday 9am to 5pm (63.33%).
- 27% of parents who do not currently work are considering taking up employment when the 30 hours is available this could equate to an additional 1350 places required and of these 33% would want their free place in a school, 27% would like a combination of school and PVI setting and 15% a PVI setting only. Those who responded with a combination said they would prefer this to be on a school site.
- 52% of parents would prefer their free childcare place over term-time and 48% would prefer a stretched offer that is less hours per week over more weeks of the year, this fits in with those who work all year round.
- As this consultation asked for postcodes data will gathered to assess sufficiency of places on a ward basis and will be fed in to the Childcare Sufficiency Assessment 2016/17. This assessment provides parents with information on the type of childcare available in the borough.

