

Decision Report – Family Support Service

12th February 2018 –

Family Support Service - Phase 2 Delivery April 2019 onwards

Cabinet Member(s): Cllr Christine Lawrence – Cabinet Member for Public Health & Wellbeing & Frances Nicholson – Cabinet Member for Children & Families

Division and Local Member(s): All

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	Monitoring Officer	Julian Gale/Scott Wooldridge	17/01/18
	Corporate Finance	Kevin Nacey	31/1/2018
	Human Resources	Chris Squire	15/01/18
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	Local Member(s)	ALL	Members Information sheet – 17/01/18
	Cabinet Member	Cllr Christine Lawrence Public Health & Wellbeing Cllr Frances Nicholson Children & Families	17/01/18 16/01/18
	Opposition Spokesperson	Cllr Amanda Broom Cllr Jane Lock	18/01/18
	Relevant Scrutiny Chairman	Cllr Leigh Redman for Scrutiny Children & Families, Cllr Hazel Prior-Sankey for Scrutiny Adults and Health	29/01/18 19/01/18
Forward Plan Reference:	Fp/17/11/06		
Summary:	<p>As agreed in the Children and Young People's Plan, Somerset County Council (SCC) has a vision to create an integrated service which provides a joined-up response to the needs of children and their families, where needs are met as early as possible by appropriately skilled professionals, now referred to as a Family Support Service.</p> <p>Model - The proposal is for a locality approach, providing health and wellbeing and early help for children and young people aged 0-19 and their families (up to 25 years for children with additional needs). A strength of the model is that teams will be made up of</p>		

	<p>staff with a variety of professional backgrounds and skills, helping to meet a wide range of needs. The core team would need to have strong links with wider professional teams to support children and families in a local area. The service will be measured on outcomes for children and families and these will drive the activity of the service. The service will provide support to children and families across all tiers of need, from universal up to tier 4 child protection.</p> <p>It is proposed that the Family Support Service will be developed over three phases:</p> <p>Phase 1 (2018/19) addresses the development of the Family Support Service and the delivery of a co-ordinated and coherent “early help offer” utilising technology and a wide network of local community venues such as families homes, schools, health centres, village halls and children’s centre buildings; this is addressed in the sister paper to this one.</p> <p>Phase 2 (2019/20) will address the integration of Public Health Nursing (health visitors and school nurses) with SCC’s Getset Service; this paper addresses the recommendations to deliver this objective.</p> <p>Phase 3 a holistic model that considers the needs of the whole family (“think family” approach) and possibly integration with other relevant services.</p> <p>This paper considers Phase 2 of the programme and the best approach to achieve the integration of currently separate services into an integrated Family Support Service.</p> <p>A detailed options appraisal has been undertaken on the two most feasible options:</p> <p>Option 1: Development of an Integrated Family Support Service delivered by SCC. This option would require bringing Public Health Nursing Services into the council and integrating these and the current Getset Services into the new Family Support Service.</p> <p>Option 2: Development of an Integrated Family Support Service through an external provider, procured through a competitive OJEU compliant competitive process.</p>
<p>Recommendations:</p>	<p>That the Cabinet resolves :</p> <ol style="list-style-type: none"> 1. In principle to support bringing Public Health Nursing Services into Somerset County Council and develop the new Family Support Service in-house, from existing Getset Services and public health nursing, on the basis outlined in this report and the options appraisal (Appendix 1).

	<p>2. Authorise officers to complete all necessary work in order to report back the Full Business Case to the Director of Public Health and the Director of Children’s Services, in consultation with the Cabinet Members for Children and Families and Public Health and Well-Being, to enable the preferred option to be progressed and to develop a detailed implementation plan with our partners for delivery of the Family Support Service</p> <p>3. Agrees the case for exempt information for Appendix 3 to be treated in confidence, as public disclosure of the commercially sensitive data contained within would prejudice the Council’s position in ensuring competitiveness of future tender processes.</p> <p>4. Agree to exclude the press and public from the meeting where there is any discussion at the meeting regarding exempt or confidential information (Appendix 3).</p> <p>Exclusion of the Press and Public To consider passing a resolution under Regulation 4 of the Local Authorities (Executive Arrangements) (Meetings and Access to Information) (England) Regulations 2012 to exclude the press and public from the meeting on the basis that if they were present during the business to be transacted there would be a likelihood of disclosure of exempt information, within the meaning of Schedule 12A to the Local Government Act 1972:</p> <p>Reason: Information relating to the financial or business affairs of any particular person (including the authority holding that information).</p>
<p>Reasons for Recommendations:</p>	<p>It is clear from national evidence that integrating universal and early help services for children and families has positive benefits, both in terms of ease of accessing services and in improving outcomes and addressing health and social inequalities.</p> <p>A thorough options appraisal regarding the future delivery of a Family Support Service has been carried out in two parts; the first phase scoped different options, and the second phase considered the two most feasible options in detail. These were:</p> <p>Option 1: Development of an Integrated Family Support Service delivered by SCC. This option would require bringing Public</p>

	<p>Health Nursing Services into the council and integrating these and the current Getset Services into the new Family Support Service.</p> <p>Option 2: Development of an Integrated Family Support Service through an external provider, procured through a competitive OJEU compliant competitive process.</p> <p>Conclusions of the appraisal:</p> <p>a) From the options appraisal, either option is feasible.</p> <p>b) Developing the Family Support Service within SCC scores 109/140 in the options appraisal; developing the service with an external provider scores 95.5/140.</p> <p>c) From the costing analysis, both options have transition costs in 2018/19</p> <p>The cost pressures in 2018/19 are project management, IT costs and the establishment of clinical policies and procedures work required in 2018/19 estimated to be £398,000 for option 1.and project management, procurement and IT costs of £300,000 associated with option 2.</p> <p>Option 1 – developing an Integrated Family Support Service delivered by SCC is the preferred option and it is recommended that this option is progressed in principle to a full business case, before the preferred option is progressed</p>
<p>Links to Priorities and Impact on Service Plans:</p>	<p>The development of the Family Support Service approach supports the following plans:</p> <p>Health & Wellbeing (HWB) strategy – These services both contribute to the shared vision of the HWB Strategy which is that</p> <p><i>“People live healthy and independent lives, supported by thriving and connected communities with timely and easy access to high-quality and efficient public services when they need them.”</i></p> <p>County Plan – This integrated service aims to reduce inequalities wherever we can across the county and empower people to take responsibility for their own health and wellbeing.</p> <p>Children and Young People’s Plan (CYPP) 2016-2019, and specifically programme 2 ‘improving the health and wellbeing of children and young people’ and programme 5 ‘providing effective early help’:</p> <p><i>‘To establish early help hubs in local communities offering multi-agency integrated services that identify and support children and</i></p>

	<p><i>families who need additional help and can intervene quickly and effectively, to be in place by April 2018’ (CYPP 2016-19).</i></p>
<p>Consultations and co-production undertaken:</p>	<p>The Children and Young People’s Plan 2016-2019 was fully consulted on in its development, final agreement and approval. The plan sets out the agreement to develop integrated early help hubs (now called Family Support Services).</p> <p>The vision and approach for the Family Support Service has been discussed with a wide range of stakeholders including the Somerset Clinical Commissioning Group (CCG) and Somerset Early Help Board.</p> <p>Initial proposals were developed with the support of staff and partner organisations. Consultation and engagement will continue to ensure the effective implementation of Phase 1 and development of proposals for Phase 2.</p> <p>A full stakeholder and public consultation into the development of the Family Support Service was held over 10 weeks between September and December 2017. The consultation exercise was independently facilitated and undertaken according to SCC guidance with support from SCC’s Democratic Services. The sister paper to this key decision contains further details and the full report.</p> <p>Consultation and briefings with elected members, the scrutiny chairs of Childrens and Families and Adults and Health, and opposition spokespersons were also undertaken as part of this activity.</p> <p>Details of the integrated service offer in each area will be developed through co-production at a community level, actively engaging with children, parents and families, and wider stakeholders including the voluntary and community sector.</p>
<p>Financial Implications:</p>	<p>This is a preventative and early help service; it is a key service to help prevent increasing levels of need and vulnerability and thereby reduce future demand on services such as children’s social care.</p> <p>Savings in both the Public Health Nursing and getset budgets are being progressed in 2017/18 and 2018/19 to achieve national cuts to both the Public Health grant and removal of the Troubled Families grant.</p> <p>From the costing analysis, both options have transition costs in 2018/19</p> <p>The cost pressures in 2018/19 are project management, IT costs and the establishment of clinical policies and procedures work</p>

	<p>required in 2018/19 estimated to be £398,000 for option 1.and project management, procurement and IT costs of £300,000 associated with option 2.</p> <p>If there is no asset transfer from the current providers both options could incur capital IT costs in 2018/19 and 2019/20.</p> <p>Option 1 becomes largely affordable within the current financial envelope by year 2 and ongoing. It is estimated that option 2 would pose an ongoing cost pressure.</p>
<p>Legal Implications:</p>	<p>SCC has a number of statutory duties relating to this service, including the overall duties to improve the health and wellbeing of the population, protect children from harm and reduce health and social inequalities.</p> <p>More specifically, the local authority is required to deliver the National Healthy Child Programme through the commissioning of both health visiting and school nursing services. Health visiting services must offer five contacts to all expectant and new parents of infants born in Somerset. In addition, the local authority is also mandated to deliver the National Child Measurement Programme, which is delivered through school nursing services.</p> <p>Commissioners of this service have fully engaged with staff in Legal Services. This decision is a decision in principle to continue working towards the in-house option for provision of the services, and as such there will be no change in the legal position of the council.</p> <p>Decisions by local authorities to commission services in-house are not subject to the rules on public procurement and so there is no risk of challenge on procurement law grounds.</p> <p>If the decision is taken to develop this service in-house, it will be necessary to terminate, or to allow to expire, existing contracts with providers for the services which are to be brought in-house. It may also be necessary to novate to the authority any sub-contracts that providers have entered into where those contracts allow them to deliver relevant services. Before this is done, legal advice will be needed on how these terminations / novations should be carried out and their effects e.g. lease cars.</p> <p>The NHS duty to consult is unlikely to apply to the Family Support Service as it is solely commissioned by the local authority.</p>
<p>HR Implications:</p>	<p>Both options will have implications under the Transfer of Undertakings (Protection of Employment) Regulations 2006 (“TUPE”) which protect the rights of employees where services previously provided by a contractor are provided by a different provider i.e. SCC or an external provider.</p>

	<p>The total number of employees currently employed by Somerset Partnership who deliver the PHN service and whose employment could transfer to a new employer is approximately 210.</p> <p>The total number of employees currently employed by SCC who deliver the getset service is approximately 160.</p> <p>Any new employer will be required to provide details of any measures that it envisages taking following the transfer that will affect either transferring employees and/or existing employees of the new employer. The new employer has a legal duty to inform and consult with employee representatives and affected employees on any such measures.</p> <p>It may be necessary to novate contracts for the provision of employee benefits (for example, lease vehicles) to the new employer. Further advice will be needed on these specific issues once the extent of liabilities to a new employer under TUPE is known.</p>						
<p>Risk Implications:</p>	<p>Specific risks have been detailed as part of the technical options appraisal (see Appendix 1). Most risks can be mitigated by good management and project planning. The JCAD Risk Management system will be used to manage the risks associated with the decision once it is implemented.</p> <p>Staff within current services must remain actively engaged in service delivery and maintain performance, prior to and during the development of the new integrated service.</p> <p>Somerset Partnership, the current provider of public health nursing services and SCC Children’s services, who currently provide getset services, have worked collaboratively on this programme for the past year. The continued support of the current providers will be needed to ensure business and performance continuity and to enable a smooth transfer of staff.</p> <table border="1" data-bbox="528 1509 1482 1547"> <tr> <td>Likelihood</td> <td>2</td> <td>Impact</td> <td>5</td> <td>Risk Score</td> <td>10</td> </tr> </table>	Likelihood	2	Impact	5	Risk Score	10
Likelihood	2	Impact	5	Risk Score	10		
<p>Other Implications (including due regard implications):</p>	<p><u>Equalities Implications</u></p> <p>Equality considerations have been considered and the following have been identified;</p> <p>Tackling inequalities in health is the key to improving health and wellbeing. Joining universal and targeted services should mean that interventions happen at an earlier stage, without the requirement of a referral process and according to clear pathways of care.</p> <p>Health and Wellbeing Implications</p> <p>Improving and protecting the health and wellbeing of the population and closing the gap between life expectancy and</p>						

	<p>healthy life expectancy is imperative to improving the quality of life of local people and achieving economic growth. It is also crucial to achieving the longer-term sustainability of social care and health services.</p> <p>Giving every child the ‘best start in life’ is acknowledged as one of the priorities for tackling health inequalities. This decision will join up services that aim to give every child in Somerset the best start in life.</p> <p>Community Safety Implications No community safety implications have been identified.</p> <p>Sustainability Implications Nationally there is no funding for training of health visitors or school nurses and this represents a risk to the long-term delivery of the service by appropriately qualified staff.</p> <p>Health and Safety Implications There is some risk of elevated staff stress due to the increased caseloads as a result of a reduction in health visitor posts and the need to work with a multi-disciplinary team associated with the reduction in public health budgets.</p> <p>Privacy Implications No privacy implications have been identified. IT systems will be developed to ensure that individual client confidentiality is protected</p>
<p>Scrutiny comments / recommendation (if any):</p>	<p>Scrutiny noted their support for the in principal decision to bring PHN into SCC, to create the new Family Support Service.</p> <p>Scrutiny wanted assurance that staff would be communicated with regarding their terms and conditions (as articulated in the UNITE statement that was read by a local UNITE member as part of public questions.</p>

1. Background

- 1.1. As agreed in the Children and Young People’s Plan, SCC has a vision to create an integrated service which provides seamless support to the needs of children and their families, where needs are met as early as possible by appropriately skilled professionals, now referred to as a Family Support Service.

The CYPP also includes agreed actions to develop proposals for the future use of children’s centre buildings in the context of an ‘integrated early help offer’.

The development of the Family Support Service aims to:

- Achieve better outcomes for families; engaging hard to reach families and

providing services where they need them

- Provide more effective services; reducing duplication and providing more community based support and guidance
- Provide consistent and coherent services for families in order to tackle health and social inequalities
- Protect frontline services by reducing management and business support functions, and overhead costs associated with buildings
- Respond to the end of the government Troubled Families grant in 2020, and the reduction in DH grant for public health

1.2. The benefits of integration

The Early Intervention Foundation (Getting It Right For Families)¹ has reviewed the evidence on integration in the early years, across health and local authorities; the findings of this work are summarised below:

- Increased understanding, trust and co-operation between different services
- Better communication and consistent implementation of services
- Less duplication of processes across agencies
- Better access to services or increased service-user involvement
- More cost-effective
- Improved cognitive or school performance
- Improved general physical health
- Enhanced social behaviour
- Improved parenting or family relations

The Family Hub model was initially proposed in 2014 by the Centre for Social Justice to provide a more integrated, preventative approach to supporting the country's most vulnerable families; offering '*local nerve centres co-ordinating all family-related support including universal services and specialist help...to meet parents' most pressing needs*'.

In areas where integration across health and care in the early years is mature (Swindon & Islington for example) there is recognition that integration takes considerable time and consistent leadership. The literature summarises the key challenges and barriers to integrating services, as listed below. These have all been considered when looking at the best option for achieving integration of services:

- Workforce and cultural differences
- Information, data sharing and connectivity
- Organisational change
- Boundary issues
- Inspection framework
- Commissioning

¹ <http://www.eif.org.uk/wp-content/uploads/2014/11/GETTING-IT-RIGHT-FULL-REPORT.pdf>

- National policy
- Financial pressures

1.3. The proposed model and objectives of the new Family Support Service

At a high level, the proposal is for the development of an Integrated Family Support Service using a locality approach. The service will provide an early help and universal health and wellbeing service for children and young people aged 0-19 (up to 25 years for children with additional needs). It is proposed that the service is made up of core staff teams with different professional backgrounds and skills to help support the variable needs of children and families appropriately. It is envisaged that these core teams will need to have strong links to other services and professional teams to support children and families in a local area. The service will provide support to children and families across all tiers, from universal up to tier 4 child protection and the service will be measured on key outcomes across these tiers.

The objectives of the services will be:

- To establish a Family Support Service in local communities offering integrated services that identify and support children and families who need additional help and can intervene quickly and effectively, before situations escalate.
- To improve outcomes for children and young people, especially the most vulnerable.
- To reduce duplication between the current separate services (Health Visiting, School Nursing and Getset).
- To achieve the Department of Health savings to the public health grant in 2018/19 and 2019/20 and to accommodate the loss of the Troubled Families Grant from 2020.

This service must retain close working relationships with other core NHS and social care services e.g. maternity and primary care, Children's social care as well as the wider multi-disciplinary system of schools, district councils. It is envisaged that closer working could be developed throughout the duration of the programme. It is proposed that the Family Support Service is developed over three phases, as outlined below:

Phase 1 (2018/19) addresses the development of the Family Support Service and the delivery of a co-ordinated and coherent "early help offer" using local community venues including children's centre buildings; this is addressed in the sister paper to this one.

Phase 2 (2019/20) will address the integration of Public Health Nursing (health visitors and school nurses) with Somerset County Council's (SCC) Getset Service; this paper addresses the recommendations to deliver this objective.

Phase 3 a holistic model that considers the needs of the whole family ("think family" approach) and fosters even further collaboration, and possibly integration with other relevant services.

2. OPTIONS APPRAISAL

2.1. The options appraisal used for this proposal was conducted in three phases:

- a. Initial feasibility assessment
- b. Detailed options appraisal
- c. Costings of available options

2.2. Feasibility assessment

The initial feasibility assessment of potential options was undertaken by SCC's Commissioning Board. The options and considerations are summarised below:

Option	Comments	Progression to full options appraisal
1 – Service developed in-house	Feasible	Yes
2 – Service developed through competitive procurement process	Feasible	Yes
3 – Service developed through new organisational vehicle	Feasible to achieve an integrated service, but unachievable in timescales and not considered economically viable for comparatively small service scope	No
4 – Service developed by Somerset Partnership	Not feasible, services would need to be competitively procured to avoid risk of legal challenge	No
5 – Do nothing – services continue to be commissioned separately	Not feasible, integrated service model would not be achieved	No

The two options which went forward for full appraisal were:

Option 1: Integrated Family Support Service delivered in-house, by bringing public health nursing services into SCC and developing the new Family Support Service in-house, from Getset services and public health nursing.

Option 2: Integrated Family Support Service delivered by an external provider, by writing a service specification and going through a competitive OJEU compliant procurement process for Family Support Services.

Feasibility of Option 1 - integrated Family Support Service delivered in-house

- Other councils have progressed this option, but many are smaller borough councils in urban areas e.g. London Boroughs of Camden, Newham, Windsor and Maidenhead, City of York, Redcar and Cleveland Borough Council. Suffolk County Council and Swindon Borough Council undertook this over 5 years ago.
- A national draft of considerations has been produced for public health nursing being provided in-house. This has been shared with commissioners and considered as part of the options appraisal process.
- Barnsley Borough Council have shared their experiences following a failed procurement which resulted in them bringing the health visiting service in-house recently, that has also informed the options appraisal.
- Other areas have taken the decision to bring the public health nursing services in-house and have shared their experiences with us, through a commissioning support network.

Feasibility of Option 2 - integrated Family Support Service delivered by an external provider.

- A Soft Market Testing Event was held on 26th September 2017 which gave those organisations with an interest in delivering any future services an opportunity to inform and shape future options. The event was attended by seven different organisations from the public, private and voluntary and community sectors. Their feedback was positive, further highlighting the benefits of integration, 'interventions happening at an earlier stage' and 'there is a single point of entry for families' and agreement with the proposed model.
- SCC undertook to gather the views of interested organisations as part of the wider consultation for these services and held workshops at the event which asked attendees to comment on the strengths, weaknesses, opportunities and threats related to the proposed integrated service model. The comments received during the workshops have been used to inform the commercial considerations of the options appraisal.

The following sections present the options appraisal which has been undertaken to inform the decision making regarding how the Family Support Service will be delivered from 1st April 2019.

2.3. Detailed Options Appraisal Methodology

The methodology used to undertake this options appraisal was taken from the Chartered Institute of Public Finance and Accountancy (CIPFA)². This options appraisal was informed by the current evidence base and experience of other local authorities that had implemented either of these decisions.

² General Guidance on Options Appraisal (12/02/2010) Appendix A4.3. CIPFA

2.4. Appraisal Criteria

The criteria against which options were judged are listed in Table 2.

Table 2: Criteria against which options would be judged

Considerations
A: Ability to deliver the vision/objectives
B: Non-Financial Benefits of this option (Performance, Service to customers)
C: Ability to deliver statutory duties
D: Our ability (SCC) to deliver this option
E: Commercial/Procurement implications for this option
F: Does this contractual option provide the ability to be flexible with the model and the integration of health and social care
G: Risk of this option
H: Perceived social value associated with this option
I: Organisational Considerations – capacity to deliver, achieve and sustain plus any learning or considerations from cumulative impacts group etc

2.4.1. Scoring

Each of the options were scored against the criteria on a range of 1-5 as follows:

- 1 = Significant disadvantage compared to current arrangements
- 2 = Some disadvantage compared to current arrangements
- 3 = No significant advantage or disadvantage compared to current arrangements
- 4 = Some advantage compared to current arrangements
- 5 = Significant advantage compared to current arrangements

2.4.2. Weighting

Not all of the considerations are equally important and so a process of weighting was undertaken by commissioners, supported by those who contributed to the options appraisal, in particular HR.

The considerations that were given the highest weighting (5) were:

- Consideration A: Ability to deliver the vision/objectives
- Consideration B: Non-Financial Benefits of this option e.g. Performance, Service to customers
- Consideration F: Does this contractual option provide the ability to be flexible with the model and the integration of health and social care

The detailed options appraisal can be seen in Appendix 1 and the summary of scores and weightings can be seen in Appendix 2. After weighting the scores for individual options were as follows:

Integrated family support service delivered in-house = 109/140

Integrated family support service delivered by an external provider = 95.5/140

2.4.3. Cost of developing and delivering this service

Work has been done to cost both options which suggests that the variance between the two in many areas is not significant. Staffing costs will be very similar and these form the major cost element.

A number of assumptions have been made in the costings assessment:

- For PHN the costings have been based on the information that was provided to SCC in 2015 ahead of the transfer of community responsibilities from NHS England to SCC.
- The staff costs have been calculated on the current staffing levels for getset and the skill mixed staffing for PHN once the previously agreed savings have been achieved.
- IT has been costed for bringing this service in house based on operational licenses required for a suitable case management system and matched hardware requirements. It is assumed under Option 2 that these costs will be covered by an overhead charge applied to the contract value at 12% (based on current market rates)

The financial information at point of transfer did not contain detailed information regarding the costs covered by overheads. For the options appraisal the direct costs of delivering this service have been estimated on a worst case scenario basis, informed by the 'non-pay costs' presented by Somerset Partnership at the point of contract transfer in 2015 e.g. travel, consumables and current getset service budgets.

It has been assumed that no existing assets would be acquired from the current provider for option 1 and that the costs of buying assets would be covered within external provider's overhead costs. For option 2 a market rate of 12% of overheads has been applied to the total service expenditure.

It is likely both options will require IT transformation to facilitate different ways of working and allow the service to run more efficiently.

Given the current position within each service it is thought unlikely there would be a need for compulsory redundancies and if there were, the redundancy costs under each option are expected to be broadly similar and not therefore influence the options appraisal.

Transitional costs: There are transitional costs expected for each option in 2018/19 and Year 1. For Option 1 these relate to an estimated transitional cost of £300,000, relating to project management and IT transfer and management. The establishment of clinical policies and procedures would be overseen by the creation of a new operational lead post, which would be required to deliver a safe and effective clinically-led service, costed at £98,000 including all on costs

Option 2 will incur procurement and project management costs, IT and staff transfer costs and some initial set up costs, estimated to be approximately £300,000, based on similar projects.

Clinical Governance: There will be a need to ensure that robust clinical governance arrangements are in place to deliver a clinically-led service. This will need to include clinical leadership and supervision, clinical policies and procedures and appropriate management infrastructure. SCC already has a clinical governance system in place to support externally provided public health services through some joint working with Somerset CCG. This existing system will require significant strengthening if the service is brought in-house, this will be achieved by establishing an operational manager, business analyst with experience of NHS Digital reporting and a patient safety manager. In addition Somerset CCG has formally offered to support SCC with the development of this service going forward.

3. Recommendations

3.1. From the evidence presented, either option is feasible

From the options appraisal, bringing the service in-house scores 109/140; delivering this service externally scores 95.5/140 and so Option 1 would be the preferred option.

Options 1 & 2 both represent cost pressures to the organisation in the short term. Past year one, option 1 is considered to be almost within the current budget.

Option 1 – developing an Integrated Family Support Service delivered by SCC is the preferred option and it is recommended that this option is progressed in principle to a full business case, to enable the preferred option to be progressed

4. Background Papers

4.1. Getting It Right for Families. Early Intervention Foundation.

<http://www.eif.org.uk/wp-content/uploads/2014/11/GETTING-IT-RIGHT-FULL-REPORT.pdf>