

Somerset County Council
Scrutiny for Policies, Children and Families Committee
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Developing Family Hubs in Somerset

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Cabinet Member: Christine Lawrence, Public Health & Well-Being & Frances Nicholson, Children & Families

Division and Local Member: N/A

1. Summary

- 1.1. The creation of 'early help hubs,' which we have renamed Family Hubs as a working title, is set out in the Children and Young People's Plan (CYPP) 2016-2019 which outlines the vision for improving outcomes and services for children and their families in Somerset.

The CYPP was approved by Cabinet and endorsed by Full Council in May 2016, and was a directive from the Department for Education as part of Somerset County Council's Children' Services Improvement Programme.

One of the key priorities from the CYPP is to "establish early help hubs in local communities offering multi-agency integrated services that identify and support children and families who need additional help and can intervene quickly".

Phase 1 of the creation of a Family Hubs service across Somerset is to establish joint working across Universal Health & Well-being services for children and young people (Health Visiting –children aged 0-5 years- and School Nurses – 5-19years) which are commissioned by Somerset County Council, and Somerset Early Help services for children and young people branded as 'getset' and provided by Somerset County Council (including children's centre services and family support /troubled family support services.)

- 1.2. The development of the family hub approach supports the following plans:

Health & Well-Being (HWB) strategy – These services both contribute to the shared vision of the HWB which is that

"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."

County Plan - part of the vision being to reduce inequalities wherever we can across the county and empower people to take responsibility for their own health and well-being.

2. Issues for consideration / Recommendations

- 2.1. The Committee is asked to consider and comment on the future vision and model of 'family hubs' and specifically the service for targeted early help and Universal health and well-being services for children and families in Somerset, as articulated in the Somerset Children & Young People's Plan

(2016-2019)

- 2.2. Provide an early opportunity for the members of Somerset Children & Families Scrutiny Committee to engage with this programme and provide feedback on an ongoing basis over the lifetime of the programme.

3. Background

3.1. National Context

Nationally there have been recent publications advocating a move to family hubs, and many local authorities have been considering refining their early help and children's centre offer to one that is integrated, co-ordinated and flexible with a range of partner services involved across children's and adult services.

Key policy reports of recent years, such as the Graham Allen review of Early Intervention, Eileen Munro's reports on child protection, and the Special Educational Need and Disability (SEND) Green Paper (DfE, 2011) have all made the case for a holistic, integrated service for children and young people.

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 both parents' most pressing needs*.

Qualitative studies by the EIF¹, show a range of positive effects reported by professionals involved in integrated services:

Positive effects of integrated services

Processes

- Increased understanding, trust and cooperation between different services.
- Better communication and consistent implementation of services.
- Less duplication of processes across agencies.

Outputs

- More responsive and appropriate services.
- Better access to services or increased user involvement.
- More cost-effective.

Outcomes for children and families

- Improved cognitive or school performance.
- Improved general physical health.
- Enhanced social behaviour.
- Improved parenting or family relations

The following two national papers help to detail the vision around Family Hubs

¹ Getting it Right For Families: A review of the integrated systems and promising practice in the early years. *Early Intervention Foundation (2014)*

- All Party parliamentary Group on Children’s Centres – Family Hubs: The Future of Children’s Centres (July 2016)
http://cdn.basw.co.uk/upload/basw_82938-8.pdf
- Children’s Commissioner – Family Hubs A discussion paper – Co-ordinated local support and intervention for children in need and their families (October 2016)
<https://www.childrenscommissioner.gov.uk/publication/family-hubs-a-discussion-paper/>

3.2 Public Health Nursing

Public Health Nursing (0-19 years) in Somerset is delivered by an external provider. Following enactment of the Health & Social Care Act on 1st April 2013 the Director of Public Health (DPH) became responsible for the commissioning of the School Nursing Service (the 5-19 year old service). Funding for this service is contained within the annual Somerset Public Health budget. Somerset Public Health is an associate commissioner to the CCG with this provider, for the School Nursing service.

From October 2015, SCC became responsible for the commissioning of the Health Visiting Service (the 0-5 year old service.) A service specification has been developed in collaboration with NHS England (the previous commissioner), the strategic commissioner of getset service and the Director of Children Services. The resource envelope for Health Visiting 2015/16 has now also been included as part of the ring fenced public health grant, which has been extended for a further year to April 2019.

In November 2015 the Department of Health announced cuts to the PH grant, therefore funding will need to be removed from PHN contract as follows: £0.5million 2018/19 and £0.5million 2019/20. This funding will be removed from the local public health grant and therefore is not a local MTFP saving.

PHE was commissioned by the DoH to undertake a review of the mandation of Health Visiting services; this was published on 1st March 2017 and extended the mandation of HV services and the 5 universal contacts by HV. This review was originally due to be 12 months post transfer but was delayed. The current provider’s Children and Family Services (including HV and SN) were rated as good by the CQC in September 2016.

3.3 The Current getset Early Help Services and the Troubled Families programme

Getset services were established in 2014 encompassing children’s centre services (universal and targeted support for 0-4 year olds) and family support work for families with children aged 0-19 years. The service is countywide and delivered in family homes, community buildings and in children’s centre buildings.

The service supports the national DCLG troubled families programme which aims for key partners for example, councils, health, education, DWP, police, youth offending service etc. to work together to identify and support the most complex and chaotic families that tend to draw on a vast array of services. Historically

services have worked in isolation and focused primarily on the member of the family requiring a service i.e. a child or an adult, whereas the programme advocates a key worker approach who co-ordinates appropriate support for the entire family, understanding the impact of parental issues on children and vice versa.

The service is funded by council core budget of £4.2m (16/17) which has been significantly reduced over a period of years, instead utilising the funding associated with the troubled families grant. It is critical financially that the council now focuses on the key aspects of delivering an integrated early help offer with partners, which can reduce costs associated with management, administration, buildings and other overheads so that front-line staffing costs are protected wherever possible. In addition the service is already looking at skills mix, providing apprenticeships, work placements for student social workers and recruiting volunteers where appropriate.

3.4 The Vision and proposed model for Family Hubs

Vision - Somerset County Council has a vision to create ‘an integrated universal health and targeted early intervention service that provides an holistic response to the needs of children and their families: where needs are met as early as possible by highly skilled professionals’

Model - The proposal is for a locality based early help and universal health and well-being integrated team for children and young people aged 0-25 years. The teams will be made up of a multi-disciplinary core team with links to other members of the multiagency team ‘wrapped around’ each core team. The service will deliver evidence-based interventions and will be measured on the impact of its outcomes. This will provide support to children and families across all tiers, from universal up to tier 4 child protection.

The CYPP 2016-2019 articulates the wider multiagency partnership agreement to *‘Establish early help hubs in local communities offering multi-agency integrated services that identify and support children and families who need additional help and can intervene quickly and effectively.’*

3.5 The aims and timeline for delivery

The aims of the service redesign to deliver family hubs are:

- To improve outcomes for children in Somerset
- To achieve longer term benefits of a more effective early help service that helps prevent children requiring more intensive, high cost support
- Provide consistent, joined-up service for families , which tackle health and social inequalities

An additional aim of Phase 1 of the project will be to make the necessary savings for Department of Health budget cuts, by skill mixing the HV workforce

Staff from PHN and getset are engaged in discussions to consider current issues and what a new joint working model would look like and what it would achieve. It

is vital that staff are engaged in this process as there are areas of good practice, such as the Healthy Child Meetings and some excellent innovations, such as the young parent programme and health and well-being clinics in secondary schools. However, we need to capitalise on this good practice and ensure this influences the delivery of a service model across Somerset. The staff are key to this. Staff across both services were overwhelmingly positive about the opportunity that this presented and the fact that they were involved in this process and their experience being used to shape future service delivery.

It is also vital that we hear the voices of our service users and wider population, as they will have views regarding how the service is delivered and what has worked well and what could be improved. A full stakeholder engagement will be undertaken over the summer / autumn 2017. The results of this will help to formalise the final proposals which will be further scrutinised through partner arrangements of the Somerset Children's Trust and the appropriate Scrutiny Committees before being presented to cabinet for final decision in late 2017.

Critically the family hubs in Somerset will need to build and maintain strong links with other parts of the health and well-being partnership, specifically maternity, GPs, secondary care, early year's settings, schools, colleges and local voluntary and community groups. Our local maternity providers are early implementers of the better births national initiative which provides opportunities around linking with a more joined up maternity service, which will see the introduction of one maternity record across Somerset. Engagement with these partners will be factored into service development.

4. Consultations undertaken

- 4.1.** We are in the initial stages of developing a model of service for family hubs. Phase 1 of this programme of change will encompass the getset (early help and children's centres) service and health visiting and school nursing. It is hoped that in future other services, across sectors, could be linked either virtually or physically with these hubs, to create a strong link with local communities

Initial workshops have been held with staff groups (Including health visitors, schools nurses and their assistant practitioners and getset) and have been met generally with great positivity and desire to work more closely. Staff have been able to volunteer to support the workstreams in driving forward the detailed work that will be required.

A full stakeholder engagement will be undertaken over the summer / autumn 2017, with the aim of informing decision making around the service model and delivery options including family homes, community buildings and the wider public estate including libraries and children's centres.

Consultation with elected members and the relevant Scrutiny Committee will occur on an ongoing basis, to ensure we collectively agree and work to achieve this vision and improve health and well-being outcomes for children, young people and families and tackle the health and social inequalities some of our most vulnerable children experience.