

Childrens Centres Re-Commissioning

Report of the Chief Officer for Children's Services

RECOMMENDATION: that the report be noted.

1. Introduction

- 1.1. The Children Young People and Families Alliance have agreed priorities for the next three years in line with the profile of need set out in the Joint Strategic Needs Assessment and the priorities of the Sustainability Transformation Plan of the two Clinical Commissioning Group's. This delivery plan includes the key shifts in the way services are provided including strengths based approach, strengthening early help, delivery of locality based integrated services that are bespoke and personalised.
- 1.2. The re-commissioning of Childrens Centres is a key component to strengthen early help and to deliver integrated, community based services. Childrens Centres have a core purpose to improve health and wellbeing, specifically improving children's readiness for school.
- 1.3. Childrens Centres have a long history of delivering integrated services in localities. This has been in place from the outset with Sure Start to recent statutory and regulatory frameworks. The scope of the delivery was resourced to improve many of the healthy child programme outcomes. However with changes in government funding and expectations this has become more challenging to maintain. More recently LA's have been provided with more flexibility in how to deploy the remaining resources against local strategy alongside commissioning partners. This allows for alignment to and integration with other key early childhood services such as Health Visiting and Midwifery, areas the government has set expectations for.
- 1.4. The priority to strengthen early help is within the context of an improving Social Care Service. It is the ongoing intention that by using a strengths based model services can work together to reduce the children that come into the children's statutory system. This can be seen in social care, in Special Educational Needs and in Children and Adolescence Mental Health Services. There is good evidence to show that it is detrimental for families to be escalated into a statutory system when they don't need to be.
- 1.5. This paper sets out the framework for delivery of Childrens Centres in Devon for the next three years.

2. Children's Centre Service Design Principles

- Universal delivery and Healthy Child Programme led by Public Health Nursing and Maternity with Childrens Centre staff delivering integrated and targeted family intervention and support
- Childrens Centres to provide the offer to promote work and offer information, advice and guidance for parents to return to work including childcare advice
- To adopt a whole family approach to improving outcomes for children, through evidence based interventions for children under the age of eight and their parents, including parenting programmes
- Greatest impact is in the first 1001 days
- Support to families to prevent the need for statutory intervention, but if needed to support throughout and facilitate "step down"
- Universal delivery will account for 10% of overall delivery with targeted at 60% and specialist working in partnership with statutory services at 30%.

3. Service Design and Delivery

- 3.1. Responsibility for the universal delivery of the healthy child programme will be through health visiting and midwifery services. Childrens Centre staff will work alongside to provide specialist family interventions, where families are not receiving support through a universal plus or universal partnership plus intensive home visiting programme.
- 3.2. Childrens Centres will continue to offer a universal support to families to get back to work. Whether this is access to Job Centre Plus, adult learning, income maximisation, advice on early years child care including funded places care or budgeting and benefits advice.
- 3.3. Parenting Programmes will be available through a range of service providers in Devon. The types of programmes, capacity and demand for these will be mapped and determined over the next two months. The parenting programme offer within children's centres will then be established against current competency of staff and the targets set out in the development programme. Currently this is Solihull, Incredible Years and Mellow Parenting.
- 3.4. Targeted intervention and support will include taking the role of lead practitioner for the Team Around the Family and providing or co-ordinating support for the whole family. This will include direct interventions for families with multiple vulnerabilities with children under the age of 8 years. This will build on the skill set already in place through delivering the Targeted Family Support Programme (Troubled Families Programme payment by results)
- 3.5. Within the overall context of a whole family approach, the service will provide:
 - Direct support for all the children in the family up to the age of 8.
 - Co-ordination, but not delivery of the interventions, for children over the age of 8 years where a child under 8 is being supported where appropriate.
 - Working in partnership with the Family Solutions Service and Family Intervention Service (age range 8 +) to provide coordinated family intervention and parenting support across these age ranges.
 - Specialism in offer for children under 5, acknowledging that the greatest impact is the first 1001 days but majority delivery is via Public

Health Nursing. Children's Centres and Public Health Nursing will work together to ensure that their separate offers are distinct and do not duplicate effort.

3.6. Evidence based interventions available for families will use the methodologies of goal setting, building relationships for behaviour change and monitoring outcomes and distance travelled examples will include:

- Solution focused brief interventions
- Pattern changing
- Thrive
- Solihull model direct intervention
- Development Matters (Early Years Foundation Stage)

3.7. There is an opportunity to align the re-commissioning of the Integrated Children's Services, for delivery of community health and care support services to the re-tender of children's centres and to set out in the development plans for both aligned outcomes. Some of these could be increasing access to specialist health therapy services in community settings, facilitation of specialist clinics or support sessions. Improved joint working to improve school readiness and increase early help particularly for children with communication needs or autism, including behaviours not diagnosed.

3.8. Children's Centre staff will continue to be part of the team around the child if the family is receiving statutory service intervention when the family were previously known to and receiving support from the children's centre. All families with a child under 8 on a Child Protection Plan will be able to access the specific Parenting Programmes Offered by Children's Centre teams. The Lead practitioner will be the Social Worker and family intervention will be delivered by the Social Work team if the family were previously not known to Children's Centre teams.

4. Partnership working in localities

4.1. The Children and Families Alliance has established Local Alliances. The Children's Centres still have in place Advisory Boards. We intend to merge these structures to strengthen and rationalise local governance arrangements.

5. Procurement Considerations

5.1. The total annual value of the contract/s will be £5.8m. It is proposed that a three year contract is let with the option to extend for one plus one. This gives a total contract value of up to £29.1m.

6. Consultation

6.1. Extensive public consultation was undertaken in 2014, the main principles agreed through the process were to reduce the numbers of contracts and number of children's centre buildings in order to deliver services through an outreach model in community venues and families homes and protect frontline delivery specifically targeting resources to the most vulnerable families. There is no need for further public consultation prior to the tender launch.

Appendix: Draft Highlight Timeline

Children Centre Services Indicative Time Table One Stage Procurement Process

TASK	DEADLINE or DATE	Time Allowed
Market/Provider Event	TBC	
Specification and Evaluation questions, MI info, KPI's, Property packs, Finance, TUPE, Needs analysis, Impact Assessment, Financial Evaluation Criteria etc.	Until 19/05/17	
Forming Tender Documents	22/05/17 – 19/06/17	3 weeks
Head of Category Sign Off	19/06/17 – 27/06/17	1 week
Contract Notice	28/06/17	5 days
TENDER LAUNCH	03/07/17	
Bidder Briefing	10/07/17	
Questions last day	25/07/17	5 weeks
Evaluator Training	01/08/17	
TENDER CLOSE	08/08/17	
Procurement Sift	09/08/17 – 11/08/17	4 weeks
Evaluation of Documents (with evaluators)	14/08/17	

Deadline for return of evaluated tenders	04/09/17	
Compile evaluated tenders	04/09/17 – 08/09/17	1 week
Clarification	N/A for time scale purposes	
Moderation	11/09/17 -0 15/09/17	1 week
Preparation of evaluation and debrief reports and Award Approval report	18/09/17 – 29/09/17	2 weeks
Cabinet Approval and Call In	01/10/17 – 08/11/17 Do we need this?	3 weeks
Stand still period (begins – ends)	09/11/17 – 23/11/17	2 weeks
Award Contracts and Contract Award Notice	27/11/17 – 01/12/17	1 week
TUPE - Implementation – Handover	04/12/17 – 31/03/2018	3 months
Contract start date	01/04/2018	

N.B. Devon County Council reserves the right to amend the process and dates given in this timetable as it sees fit or becomes necessary.

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