

<p style="text-align: center;">London Borough of Hammersmith & Fulham</p> <p style="text-align: center;">CABINET</p> <p style="text-align: center;">10 OCTOBER 2016</p>	
<p style="text-align: center;">INTEGRATED FAMILY SUPPORT SERVICE BUSINESS CASE</p>	
<p>Report of the Cabinet Member for Children and Education – Councillor Sue Macmillan</p>	
<p>Open A separate report on the exempt part of the Cabinet agenda provides exempt financial information.</p>	
<p>Classification - For Decision</p> <p>Key Decision: Yes</p>	
<p>Wards Affected: All</p>	
<p>Accountable Director: Rachael Wright-Turner, Tri-borough Director for Children’s Commissioning</p>	
<p>Report Author: Jonathan Stevens, Strategic Commissioner</p>	<p>Contact Details: Tel: 07739 317012 E-mail: Jonathan.stevens@rbkc.gov.uk</p>

1. EXECUTIVE SUMMARY

- 1.1. This paper makes proposals for the ambition to redesign provision across universal to targeted (tiers 1, 2, 3) services as part of a whole system service strategy with specialist services, including Children’s Social Care. It represents an integration of practice and workforces across of a range of family and health services and budgets across the 0-18 age range (24 if the young person has a learning difficulty or disability) and across the different thresholds of support.
- 1.2. The Integrated Family Support Service (IFSS) will deliver improved outcomes through the provision of high quality effective whole family early intervention, delivered in the community, and which will drive through significant delivery efficiencies. Prevention and early intervention are built into the core of the model, along with the importance of working in partnership with families and local communities. The approach is collaborative, and based upon the belief that early help is best addressed by integrated practice and an integrated workforce amongst all those supporting families across the Borough.

- 1.3. This proposal forms part of the Smarter Budgeting Programme which will achieve annual savings of £1.5m from 2018/19 subject to an investment of £1,610,000 in order to deliver this.
- 1.4. Cabinet are requested to agree the approach being proposed so that a full programme of work to develop the detailed IFSS model, as set out in this paper, can commence.
- 1.5. As the Programme progresses subsequent papers will be brought to Cabinet for approval to progress specific parts of the IFSS. A separate paper setting out the detailed approach proposed for the implementation of Phase 1 of the IFSS, will be presented to Cabinet later this year.

2. RECOMMENDATIONS

- 2.1. To approve the progression of work for the implementation of the proposed IFSS as described in this paper;
- 2.2. To agree the combined budget for the IFSS as set out in section 9.1 in the exempt report to deliver the IFSS;
- 2.3. To explore the creation of an innovative special purpose vehicle (SPV), in partnership with the sector and other funding bodies, to protect and lever further alternative investment into universal and early intervention services and support partnership working in the sector;
- 2.4. To approve the Smarter Budgeting investment (as set out in section 9.2 in the exempt report) subject to a full business case and to agree an initial start-up investment (as set out in section 9.2 in the exempt report). The investment requirement will need to be funded from the Efficiency Projects Reserve.

3. REASONS FOR DECISION

- 3.1. There is a strong case for changing the way that children and family services are delivered in LBHF across tier 1-3 services, the detail of which is set out below. The IFSS proposed will be designed to deliver better outcomes for children and families through an improved, integrated and effective service model that will be best placed to meet current and future need.

3.2. Increased and changing demand for services

- 3.2.1. LBHF's population is rising and becoming increasingly diverse. The 2011 Census 0-15 population figure in the Borough was 29,630 young people, an increase of 8.8%¹. There are currently 11,807² children aged 0-4, which correlates to the increasing demand for early years services. The child

¹ Compared to 2001 Census

² Population Quinary Estimates 2014

population of the Borough is projected to continue rising in the next ten years by 11%³.

- 3.2.2. The needs of the population are also changing and are influenced by the rapidly changing environment and period of austerity in which children and young people and their families are growing up. Since 2010 the total number of LBHF children aged 0-18 living in the most deprived areas has increased by 107% from 1,529 to 3,167 in 2015⁴.
- 3.2.3. This has impacted upon the increase in emotional health issues presenting in referral to Children's Services. Of the families currently worked with by LBHF's tier 3 Early Help Service within the auspices of the Troubled Families programme, 30% of children are experiencing mental health problems, 33% are living in households experiencing domestic abuse and 37% are not attending school/education regularly⁵.

3.3. ***Delivering required efficiencies in a way that minimises any negative impact on service users***

- 3.3.1. The IFSS Programme is focused on improving outcomes for families. It is however important to note that all local authorities are being challenged to make significant savings on already very reduced budgets and that in LBHF both Children's Services and Public Health have already delivered significant savings. Further savings need to be delivered over the next few years. Specifically, the Smarter Budgeting / MTFs planning process includes an IFSS saving requirement which is set out in the exempt report. As such, the IFSS new model needs to be sustainable going forward.
- 3.3.2. Making future efficiency savings simply by cutting individual services, rather than rethinking and redesigning the broader service offer for families, would lead to changes that would negatively impact on service users.
- 3.3.3. The IFSS Programme is going to focus on how required efficiencies can be made in a way that minimises negative impact on front line service delivery. Instead of top slicing different services, the Programme will instead look at how savings can be made through means such as efficiencies in management structures, integrating practice and workforce, reducing service duplication, and more efficient delivery models.
- 3.3.4. The IFSS will involve increased targeting of resource where it is deemed best to do so to support families in need.

3.4. ***The need to identify need quickly and address it effectively***

- 3.4.1. The Borough has a vibrant and strong child, young person, and family support sector offering a broad and varied range of services and activities at tiers 1 and 2. Services offered by schools, health services, and the community and

³ Based on the WITAN (GLA) population projections for Hammersmith & Fulham

⁴ Index of Multiple Deprivation 2015

⁵ TF data analysis 26.07.2016

voluntary sector have strong, established and effective relationships with families which are successful in engaging and supporting children, young people and families.

- 3.4.2. The fragmented nature of the tier 1 services and the lack of effective integration between tier 1 and tier 2 services, including the Early Help Service, Children's Centres, Health Visiting service, and School Nursing service currently results in missed opportunities for comprehensive, joined up, and effective targeted preventative activity and early intervention support.
- 3.4.3. A strong evidence base shows that effective focused early intervention, delivered when problems first emerge, can significantly improve outcomes for children and young people in a range of areas including mental and physical health, educational attainment, and employment opportunities.⁶
- 3.4.4. In addition to improving outcomes for young people, an effective early intervention approach has proven economic benefits. Every pound invested saves many more that would have been spent had problems been allowed to escalate.⁷ Action to try and tackle these problems further down the line is more costly, and often cannot achieve the results that early intervention is able to deliver.
- 3.4.5. To deliver outcomes through the provision of an effective offer to families the Borough needs to provide high quality early intervention support for those children, young people, and families to prevent the need for higher threshold support from the Council's tier 4 statutory Children's Social Care services.
- 3.4.6. Further, the lack of service integration characterised by a fragmented workforce and complex systems currently presents the risk of broken referral pathways and families being passed between services, with issues remaining unidentified and the chance to intervene early being missed.
- 3.4.7. The IFSS will reach out to vulnerable and disadvantaged families to engage with those that would not normally access services, ensuring that those less able or willing to engage are not missed.
- 3.5. ***Families and professionals need to be able to know what help and support is available at tiers 1-3 and need to be able to access it appropriately and efficiently***
 - 3.5.1. A wide range of local authority, partner, and wider voluntary and community sector support and provision is available across the Borough. However, providers and young people have told us that there is not currently a comprehensive awareness of the full range of support available to young people and families across tier 1-3 services.

⁶ Early Intervention: The next steps, Graham Allen MP, Jan 2011

⁷ Early Intervention: Securing good outcomes for all children and young people, Department for Children, Schools and Families 2010

3.5.2. This results in a failure to best utilise the wide range of provision that is currently available in the Borough. At present the Family Information Service is not operating effectively to signpost families and professionals to the range of services on offer.

3.5.3. A priority for the IFSS will be the development of a comprehensive and appealing communication offer, including an information portal, to direct families to positive activities (e.g. leisure and NHS services) and early support services, and enable a culture of self-help for families and professionals through the provision of easily accessible service information. This will result in the available provision being understood and effectively utilised, leading to reduced demand on higher tier services.

3.6. ***To be able to better access future sources of funding***

3.6.1. Moving forward schools will have increased financial autonomy and choice about where they buy services from. It is anticipated that schools will be a significant revenue source going forward to buy in early intervention services for children and families.

3.6.2. Currently providers and Council Officers do not have sufficient capacity to act on behalf of the sector to attract additional funding e.g. corporate sector funding and national or regional funding programmes.

3.6.3. Through the IFSS options for Troubled Families Payment by Results funding to be drawn down to incentivise and support services that identify Troubled Families at tier 1 and work with them at tier 2 to achieve significant and sustained outcomes will be explored.

3.6.4. The alternative delivery models being considered as part of the IFSS would enable trading and income generation to take place, particularly with schools. The IFSS' organisational structure will seek to also enable charitable and statutory funding to be obtained.

3.7. ***Improved integration of services and joined up working***

3.7.1. National policy has long emphasised the importance of integrated support coordinated around the needs of the child and family. Key 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.

3.7.2. Integrated service delivery by cross disciplinary teams can result in a number of benefits, including; increased understanding, trust and cooperation between different services, better communication and consistent implementation of services, and less duplication of processes across agencies. Effective

professional and service integration provides an opportunity to maximise available resources while focusing on improving outcomes.⁸

3.8. *Gaps in current provision and workforce pressures*

- 3.8.1. From the overall child population, 6,950 children accessed LBHF Children's Centres during 2015/16.⁹ This service therefore reached 59% of the 11,807 0-4 year olds in the Borough.¹⁰ During 2015/16 4499 young people accessed some form of youth support. These services were able to reach 38% of the 11,944 11-18 year olds in the Borough¹¹.
- 3.8.2. We know that in the current service offer there are both gaps in provision in some areas as well as duplication in others.
- 3.8.3. At present not all families who would benefit from services and support currently receive this. For example, at tier 1 we know that a large number of families do not engage with Children's Centres and schools have reported that families in need of tier 2 services often cannot access these due to the current lack of this provision. Another example of this is families who have not signed up for the Borough's Healthy Start Scheme.
- 3.8.4. There is currently insufficient provision to reach out and engage families at the tier 2 level of need who need extra help but are not going to access it themselves and may need additional service focus and effort to engage and support effectively.
- 3.8.5. We also know that service duplication currently exists at different tiers of service. At tier 1 families may be engaging with a wide range of professionals, including Health Visitors, Children's Centre workers and School Nurses. Children's Centres and Health Visitors have a shared responsibility to reach and engage with families who have children aged under 5. They both take a different approach, but we know that 59% are reached by Children's Centres and 100% reached by Health Visitors. As well as delivering a universal service both services are trying to identify and engage with families that need additional support.
- 3.8.6. At tiers 2 and 3 a significant number of agencies and professionals may be working with a family at a given point. We know that this, unless well-coordinated, can lead to confusion and repetition for the family and silo working, duplication, and insufficient information sharing for professionals. Families often receive services from a range of partners trying to address similar issues, this can mean duplication of effort and this can dilute the impact – particularly between Children's Services and Public Health, as well as within the community (particularly the NHS). Given the significant financial challenges across public services there is a need to work more closely with

⁸ EIF Getting it Right for Families a Review of Integrated systems and promising practice in the early Years 2014

⁹ 1+ contact

¹⁰ Population Quinary Estimates 2014

¹¹ Population Quinary Estimates 2014

partners and share resources, increasing impact and the likelihood of improved outcomes.

- 3.8.7. There are currently 35.67 (FTE) Health Visitors in post who manage a 0-5 year old caseload of 15,264 children. This corresponds to an average of 428 families per practitioner. The caseload per Health visitor is currently above the assumptions suggested by Cowley et al, that each Health Visitor has the maximum caseload of 301-400.¹² There is currently not a full complement of Health Visitors (5.86 FTE shortfall).
- 3.8.8. With increasing demand on services more children and families require interventions. It is becoming increasingly important to manage the demand on the service upstream to prevent more disruptive and costly interventions later in a child's life.
- 3.8.9. By integrating tier 1-3 services, combining resources, and reshaping how they are delivered the IFSS will be able to more effectively provide a universal offer as well as reaching and supporting families in greatest need.

3.9. ***Lack of aligned outcomes across services working with families***

- 3.9.1. Currently services that support families at tiers 1-3 deliver against a wide range of child and family outcomes. The IFSS Programme will include the development of aligned outcomes that will be shared outcomes across the IFSS provision, for example school readiness and attainment, early intervention and prevention around health and wellbeing, and safeguarding. These will link with the Troubled Families outcomes and the public health outcomes and contribute to the Borough achieving its public health and Troubled Families targets.
- 3.9.2. The IFSS is expected to impact positively on a range of key child and family outcome indicators. Further discussion will take place during the development of the IFSS to agree these, baseline current performance, and measure future performance. The IFSS will build on current approaches that are delivering positive outcomes as well as changing practice to improve outcomes where there is current underperformance.
- 3.9.3. Regarding some of the key health and wellbeing outcomes for children in LBHF, the performance against these is currently mixed compared with the England average. Infant and child mortality rates are similar to the England average.
- 3.9.4. 9.6% of children aged 4-5 years and 23.1% of children aged 10-11 years are classified as obese. The prevalence of obesity for children aged 4-5 is not significantly different from the England average but aged 10-11 it is significantly worse than the England average.

¹² Cowley, S. Bidmead C. Controversial Questions (part one): what is the right size for a health visiting caseload? Community Practitioner: 2009;82(6):18-22

- 3.9.5. Local areas should aim to have at least 90% of children immunised in order to give protection both to the individual child and the overall population. The MMR immunisation rate is lower than the 90% target at 80.8% The immunisation rate for diphtheria, tetanus, polio, pertussis and Hib in children aged two is also lower than 90% at 85.6%.
- 3.9.6. Other areas where children's health is significantly worse than the England average includes hospital admissions for mental health conditions, A&E attendance for children aged 0-4 and hospital admissions for children aged 0-4 with dental cavities. However, the rates of children aged 5 with decayed missing or filled teeth has fallen from 1.15 in 2012 to 0.71 in 2015 subsequent to the Brushing for Life and Keep Smiling public health interventions.
- 3.9.7. Health areas where the health and wellbeing of children in the borough is not significantly different than the England averages include low birth weight of term babies, under 18 conceptions, and hospital admissions for substance misuse (15-24).
- 3.9.8. Health areas where the health and wellbeing of children is significantly better than the England average include breastfeeding initiation, prevalence of teenage mothers, smoking at time of delivery, hospital admissions for injuries (0-14), hospital admissions for asthma, and hospital admissions for self-harm.
- 3.9.9. The IFSS will have agreed outcome indicators in place that will evidence the impact of the new model at the family, service, and system level. This information will be used to ensure continued service improvement and develop an evidence base for what works most effectively.

4. PROPOSAL AND ISSUES

- 4.1. ***Summary of current service offer at tiers 1-3 that is currently within the scope of the IFSS***
 - 4.1.1. 16 Children's Centres are commissioned around a hub and spoke Children's Centre model to deliver services which improve outcomes for young children (0-5 years) and their families.
 - 4.1.2. The Council commissions nine term-time youth clubs for young people aged 13-18 years (up to 24 years for young people with LDD) in the borough. The council also commissions a single provider to deliver a broad range of activities throughout the school holidays for young people. A Duke of Edinburgh scheme is also in operation and delivered through schools.
 - 4.1.3. The Family Services Early Help Service provides tier 2 and 3 targeted services to vulnerable families, with a focus on meeting need early and preventing the need for statutory and specialist children's services. In addition, the Family Services Early Help Service has responsibility for the Family Information Service, early years function, youth participation functions, the

young carers support provision, and substance misuse and sexual health services.

- 4.1.4. Health visitors are the lead professionals in the delivery of the Healthy Child Programme from pregnancy to 5 years. This Programme sets out the schedule for the delivery of services during these early years, and includes both universal services and additional interventions for families with more complex needs. The Programme includes health promotion, child health surveillance and screening, and services to be offered to families.
- 4.1.5. The Family Nurse Partnership (FNP) is a preventive programme for vulnerable first time young mothers (aged under 20). It offers intensive and structured home visiting, delivered by specially trained nurses, from early pregnancy until the child is two.
- 4.1.6. The School Nursing Service supervises and leads the delivery of universal and mandated elements of the Healthy Child Programme 5-19 which includes health screening, health needs assessment, and the National Child Measurement Programme. In addition, the service inputs into the school health care plans of children with long term conditions and plays a key role in safeguarding.
- 4.1.7. The Healthy Schools Programme and Healthy Early Years services support and encourage schools and early years settings (Children's Centres, Nurseries and Nursery Classes) to develop and deepen their focus on health and wellbeing.

4.2. ***The proposed IFSS model***

- 4.2.1. This model sets out a blueprint for multi-agency and cross sector service integration and as such presents the opportunity for a more ambitious and holistic offer to be incorporated into the scope of the Programme. The potential to broaden the scope to include for example, Adults Services and other Corporate services that would benefit from this approach and enable LBHF to more effectively meet the needs of its residents, will be explored as the Programme develops.
- 4.2.2. The IFSS initially seeks to bring together a range of children's services; specifically, those currently provided by the Family Services Early Help Service, Children's Centres, Youth Services, Public Health, and potentially the Clinical Commissioning Group and Youth Offending Service, into a single offer that sustains and enhances universal provision, whilst providing further support to those families who need additional help through Universal Plus and Targeted services.
- 4.2.3. The IFSS will be the vehicle for delivering this and will contribute to LBHF's strategic priorities; putting children and families first, and creating more opportunities for young people.¹³

- 4.2.4. Specifically, it will deliver against the priorities to:
- Maintain and improve our children's centres, in particular the Sure Start centres
 - Facilitate more activity for young people after school and during the holidays, focusing particularly on the areas of highest child poverty
 - Make sure that the area's most vulnerable children are well looked after and safe

4.3. ***The vision and principles guiding the future IFSS model***

- 4.3.1. The IFSS vision is as follows:

To develop an IFSS for tiers 1 to 3. The IFSS will operate as one integrated offer with pooled resource and budget. It will explore new innovative ways of working across professions and agencies to meet the budgetary challenge and deliver improved outcomes.¹⁴

- 4.3.2. The IFSS aims to maintain access to universal support but ensure that targeted support reaches those that have additional needs as early as possible. The future offer will¹⁵:

- Deliver personalised support to those families with the greatest need
- Support families to build their resilience and help them to support themselves and reduce the need for future intervention
- Connect communities and local provision to deliver services to people where they need them in a flexible way that is easy to use
- Maximise the use of volunteers and networks of community support recognising the strength and value of local activity
- Ensure that intervention is available as early as possible to those who need it
- Provide access to services through already established routes, pooling knowledge and budgets across services to achieve the best outcomes for those most in need
- Provide professionals and families equally with easy access to information and services to empower them to make the right decisions and offer the right support

- 4.3.3. The IFSS will form an integral part of a whole system strategy to prevent needs from escalating, thus managing demand on specialist tier 4 services. Through supporting families effectively; avoiding needs arising, and where they do, identifying them quickly and effectively supporting families to address them, the aim is to avoid needs from escalating. The IFSS will link effectively with tier 4 statutory services, including Children in Need. This will be through clear and consistently applied thresholds, and effective step up and step down arrangements.

¹⁴ Integrated Family Support, High Level Design (May 2016)

¹⁵ Integrated Family Support, High Level Design (May 2016)

4.4. ***How the new approach will operate***

- 4.4.1. The operation of the future IFSS will be guided by a number of key principles and approaches. Some will guide the delivery of the overall service, whilst others will be specifically applicable to the different tiers of support offered.
- 4.4.2. All partner will be asked to sign up to a memorandum of understanding as part of the Programme. This will set out and formalise their commitment to shared principles and ways of working.

4.5. ***What this will look like across the whole model***

- 4.5.1. A service model that focuses on addressing the wider determinants on health and wellbeing both through the IFSS direct delivery, but also through its effective integration with key agencies operating beyond the immediate IFSS, including but not limited to, housing, economic growth, training and employment, the Police, and primary care.
- 4.5.2. A clear service offer.
 - A clear menu of service will be developed that will set out what each service offers and who it is for
 - A pathway of support will be produced that sets out how different services fit together and how they can be accessed
 - Thresholds for the services will be reviewed so that they are clear to understand (for families and professionals), practical to use, and consistently applied
- 4.5.3. Professionals understand their responsibilities in supporting families, are confident holding onto and directly working with families where appropriate, formulate a targeted and measurable plan, and the Lead Professional takes responsibility for implementing that plan through the Team around the family/child (TAF/TAC) process.
 - The IFSS will provide practical support to professionals working with families where they have a concern about a child or family. This function will support professionals to identify effective ways in which they themselves can provide direct support to families in their own settings, rather than automatically referring on to other services
 - Where needs are higher, ensure that a Universal Family Assessment (subject to the agreement to develop this) is completed and owned by the Lead Professional and can be accessed, added to, and built on by the relevant professionals involved
 - Professionals are supported so that they are confident and capable of holding onto and directly working with children and families at risk of poor outcomes through the TAC/TAF process
- 4.5.4. A service that is valued by families and appropriately engages and delivers the right level of support to them.

- A service that actively reaches out to engage with families who would benefit from support, but may be harder to identify and engage
- Delivers support at the lowest appropriate tier
- A service that reduces demand on higher tier support services by delivering interventions at the appropriate time

4.5.5. A service that identifies need early.

- A workforce that effectively engage with families and are trained to identify emerging needs quickly
- A greater focus on delivering support to families where predictive factors (such as primary exclusions) are used to identify families that would benefit from IFSS input, so as to address needs that would likely grow in the future without intervention

4.5.6. A service that effectively supports families where additional needs have been identified, through mutually agreed outcomes and the provision of appropriate focused support.

- A service that looks at children in the context of the family
- A service that sets outcomes with families rather than for families
- A service that delivers focused and time bound intervention that has the best possible chance of effectively engaging and delivering positive change within families
- A service model that is delivered by professionals who are a consistent presence in families' lives
- Approaches of delivering support to families in groups are utilised so that the IFSS can maximise the number of families it can reach and realise the immediate and longer term benefits of group interaction
- A service that has family support caseloads that are appropriate and manageable
- A service that is focused on enabling families to help themselves and building resilience to achieve sustainable change and reduce dependency on public services
- The delivery of interventions that demonstrate a positive impact on improved parenting aspirations, self-esteem and parenting skills, and child and family health and life chances
- A service that includes an asset-based approach to supporting families, for example through peer support programmes e.g. a breastfeeding peer support programme, and a parenting peer support programme

4.5.7. A seamless service.

- Families effectively and consistently move between different tiers of support
- Families don't feel stigmatised passing through different tiers of support
- There should be no wrong door for families to access the IFSS, no unintended gaps in provision, no avoidable delays, and minimum service duplication

- The service will be connected with the Multi Agency Safeguarding Hub (MASH) so that provision can be delivered to families who are identified as requiring additional support

4.5.8. A service that achieves demonstrable significant and sustained outcomes.

- The service will be focused on achieving positive outcomes with the families that it works with. These will be aligned with the Government's Troubled Family outcomes
- An overarching outcome for the IFSS will be keeping families out of tier 4 services, whilst where necessary identifying early those families who should be receiving a tier 4 service

4.5.9. A service that delivers an integrated and efficient service model.

- The service will ensure integrated delivery of the core elements and principles of the Health Visiting and School Health service models. The current models developed by the Department of Health set out the levels and elements of the service offer, and outline High Impact Areas based on evidence of where the services can have significant impact on health and wellbeing, on improving outcomes for children, young people and their families, and on the reduction of health inequalities. There are Public Health indicators to measure performance and outcomes of the High Impact Areas
- Increased use of information technology will contribute to the development of innovative ways to access information and services, particularly at the universal level
- The offer at the universal level will be proportionate to needs, risk assessing families so that resources are used in the most appropriate ways

4.5.10. A service delivered by a workforce that has a flexible and appropriate skill mix that enables it to respond appropriately to presenting needs.

- Support is delivered to families in conjunction with professionals who have positive and longstanding relationships with families e.g. schools
- A delivery model that maximises the time that professionals can spend directly working with families
- Ensures that the approach and service offer draws on good practice from across the professional agencies involved in its delivery, including building on the approach developed through the Focus on Practice Programme; with a focus on family therapy, Signs of Safety, motivational interviewing and parenting theory and skills. The learning from these evidenced based approaches will continue to be embedded with the support of clinicians working alongside practitioners

4.5.11. A service that is valued by professionals and effectively utilised.

- Partners have high expectations and good experiences of interacting with the IFSS at different tiers of support

- Partners can effectively access the services offered for families through clear and consistent channels
- There is effective collaboration between the IFSS and other services for families e.g. NHS primary care, Job Centre Plus, housing services

4.5.12. A service that makes the best use of building resources and existing community assets.

- A model that utilises a supersite (hub) and microsite model delivered in three clusters in the North, South, and Centre of the Borough
- An approach that embeds delivery in existing settings that families already access and feel comfortable in, such as schools

4.5.13. A service that is viable in the future.

- A model that is able to find innovative and sustainable ways of funding this service now and in the future, recognising that further funding cuts may in the future reduce the available money for universal provision. An approach that utilises income generation and fundraising (potentially through a charitable arm) to ensure that high quality provision across the tiers can continued to be delivered going forwards

5. OPTIONS AND ANALYSIS OF OPTIONS

5.1. There are 3 different options that have been considered in relation to this area. Each is covered in turn below.

5.2. Option 1 – Continue delivering services in the way they are now

5.3. This option is not viable or desirable. As set out in the case for change above the current service offer for families at tier 1-3 levels of need doesn't meet the current need in LBHF, nor will it meet the future need without change taking place. The committed savings set out in the exempt report against the IFSS services agreed through the Smarter Budgeting / MTFS planning process will not be delivered if this option is pursued.

5.4. Option 2 – Make changes and savings on an individual service basis

5.5. This option is viable but not desirable. For this option to be viable it would need to be able to deliver service change and improvement and would also need to be able to deliver the savings set out in the exempt report by 2018/19. This approach would deliver a lower level of service integration than is desired, which would see the continuation of siloed working, a disparate workforce, and a less integrated whole system delivery model. It would also involve cuts that would be less easily absorbed through back office efficiencies. This would result in a greater impact on front line service delivery and on children and families in LBHF. This option would also not permit the development of a future service vehicle that could attract additional funding through charitable grants etc.

- 5.6. Option 3 – Develop an IFSS as set out in this paper
- 5.7. This option is both viable and desirable. It is best placed to deliver improved outcomes for children and families through an improved service model that most effectively and efficiently meets current and future need. In terms of delivering the required savings set out in the exempt report this would focus on how required efficiencies can be made in a way that minimises negative impact on front line service delivery. Instead of top slicing different services, the Programme will instead look at how savings can be made through means such as efficiencies in management structures, integrating practice and workforce, reducing service duplication, and more efficient delivery models.
- 5.8. However, the feasibility and implementation of this Programme is subject to securing the investment set out in section 9.2 in the exempt report.

6. CONSULTATION

- 6.1. The scope and focus of this programme has been developed, shaped and refined over the past 12 months through a collaborative approach with key stakeholders.
- 6.2. Consultation and feasibility discussions with partners, including Public Health, the CCG and schools, started in 2015. The Programme commenced in February 2016 and was initially looking at prevention and early intervention in the areas of Children's Centres and the Family Services Early Help Service.
- 6.3. However, following further engagement with key partners, the scope of the programme expanded, resulted in the inclusion of Public Health commissioned family services.
- 6.4. A high level design summary was developed and presented to key stakeholders in May 2016.

7. EQUALITY IMPLICATIONS

- 7.1. This paper seeks authorisation to develop proposals for how the IFSS would operate, rather than making specific changes at this point. The equality implications of changes proposed through the IFSS Programme will be fully assessed and set out in future reports that detail the service change being put forward.

8. LEGAL IMPLICATIONS

- 8.1. There are no legal implications at this stage of the process. Subject to approval to develop the IFSS the Programme team and Legal Services will work closely together to fully assess current and possible future legal implications.

Legal Implications completed by: Andre Jaskowiak, Senior Solicitor, Shared Legal Services. Tel: 020 7361 2756

9. FINANCIAL IMPLICATIONS

9.1. As set out in the exempt report on the exempt Cabinet agenda.

10. IMPLICATIONS FOR BUSINESS

10.1. If the IFSS approach is approved, then it will have an impact on the market of children and family services. These will be worked through during each stage of the implementation process and detail will be contained in future reports as applicable.

11. OTHER IMPLICATION PARAGRAPHS

11.1. None.

12. BACKGROUND PAPERS USED IN PREPARING THIS REPORT

12.1. None.

LIST OF APPENDICES:

None.