

## Full Business Case: Early years review

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### 1. Executive Summary

The early years of childhood development present the best early intervention opportunity across the public sector to improve outcomes for local residents and reduce the financial burden on the state. Following a thorough review that has included significant engagement with residents, front line staff and a range of other stakeholders, the full business case builds on the recommendations made in the outline business case, detailing how the new early years model should be developed.

The early years model proposed has been designed to achieve the following outcomes;

- Identification of and support for the most vulnerable families.
- School readiness for all children in Barnet.
- Positive health outcomes for all children in Barnet.
- Sufficiency of high quality childcare places for children in Barnet.
- Reduce the number of adults with young children who want to return to work but are unable to.

To develop a sustainable model and achieve an improvement in the outcomes detailed above the council and its partners have developed a bold vision for early years services, designing a more flexible, targeted and collaborative model with greater community involvement and a focus on improved identification and support for vulnerable families. The new model will focus on evidence based interventions and develop a system where the state works with families, helping them to be able to support themselves.

The proposals achieve the £700,000 saving required in the council's medium term financial strategy. The new model will preserve the majority of front-line services through developing a more cost effective management structure; more effective use of physical locations and ensuring the service is flexible enough to adapt to future need.

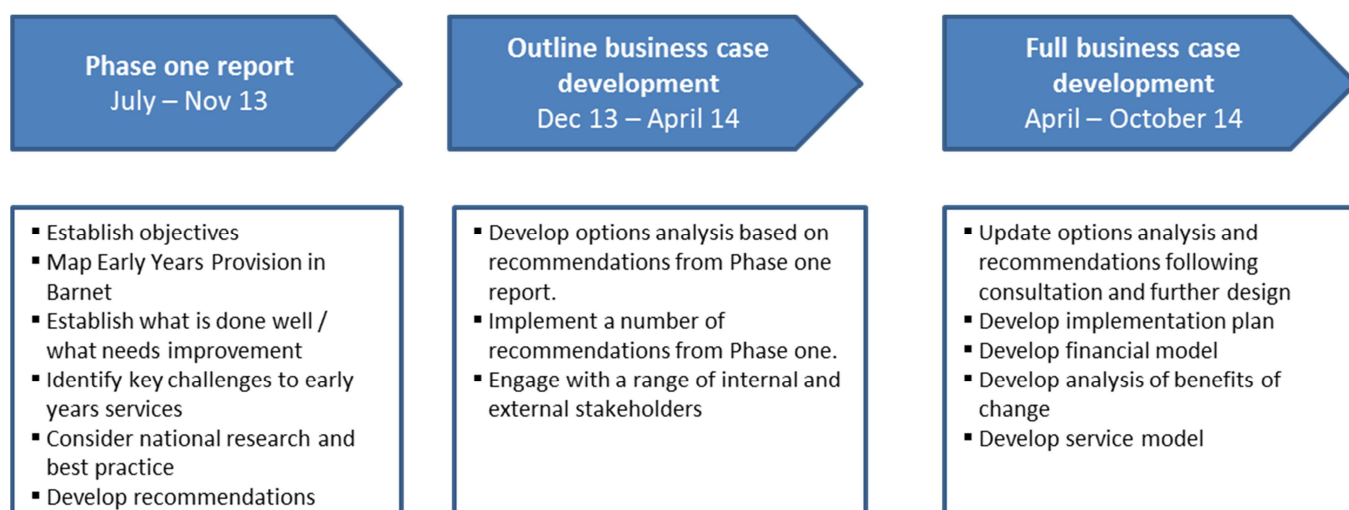
## 2. Background

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### 2.1 Process

In June 2013 Barnet began the Early Years Review to help the council and its partners identify improvements to Barnet's early years provision. The aim of the review was to develop an effective early years model that improves outcomes for young children and families in Barnet.

The diagram below outlines the broad process that the early years review has undergone from the initial phase one report completed in November 2013 through to the full business case.



The full business case has been informed and influenced by;

- Task and Finish Group Report (Approved by Cabinet on 25 February 2014).
- Public consultation and on-going engagement with residents, front-line staff and a range of other stakeholders.

The scope of the early years review covered all services offered to children between 0-5 and their families, although not all areas are covered in detail in the full business case. The four maintained nursery school options and recommendations are outlined in a separate paper, but the full business case includes some background on the nursery school as they are a key part of the early years offer in Barnet.

To make the paper easier to follow the report has broken down early years into two sections 'support, advice and information for families' and 'childcare and early education'. The following table gives more detail of the breakdown.

<b>Support, advice and information for families</b>	A. Children's centres
	B. Early years health services
	C. FYI Service
<b>Childcare and Early Education</b>	A. Childcare across Barnet
	B. Maintained nursery schools
	C. Childcare in children's centres
	D. Early years standards and childcare support

## 2.2 Strategic Fit

The Early Years Review supports Barnet's Children and Young People's Plan 2013 – 2016, which sets out the vision that 'every child in Barnet has a great start in life, with the security and safety to grow in a nurturing environment'. The early years priorities as part of the Children and Young People's Plan are;

- Engage families early to ensure children have happy lives at home.
- Provide high quality health services for mothers and young children.
- Ensure children in need of support are identified early and appropriately supported in their early years.

## 2.3 Statutory duties

The section below outlines the responsibilities of a local authority with regard to Children's Centres and Childcare.

### Children's Centres

The statutory guidance on Sure Start children's centres clarifies what is required by legislation, and the guidance seeks to assist local authorities and their partners.

The core purpose of children's centres is to improve outcomes for young children and their families and reduce inequalities between families in greatest need and their peers in:

- child development and school readiness;
- parenting aspirations and parenting skills; and
- child and family health and life chances.

To secure delivery Local authorities **must**:

- take steps to identify parents and those expecting a baby in their area who are unlikely to take advantage of early childhood services available and encourage them to use them; and
- ensure there are sufficient children's centres, so far as reasonably practicable, to meet local need

Further guidance outlines what local authorities **should** deliver. This includes ensuring that a network of children's centres is accessible to all families with young

children in their area, targeting those at risk of poor outcomes based on needs analysis and ensuring that opening times and availability of services meet the needs of families in their area.

### Childcare

The local authority must;

- Secure sufficient childcare for working parents
- Secure prescribed early years provision free of charge, ensuring eligible 2 year olds and all 3 and 4 year olds can access high quality free nursery education
- Undertake an assessment of childcare provision in their area
- Provide information, advice and training to childcare providers

The latest update of statutory guidance for early education and childcare (September 2013) states that local authorities must do the following;

- Base their decision whether to fund a provider to deliver early education places solely on the provider's Ofsted inspection judgement, and not undertake a separate assessment of the quality of the provider.
- Fund places for two-, three- and four-year old children attending any provider rated 'good' or 'outstanding' by Ofsted.
- Fund places for three- and four-year-old children attending any provider rated 'satisfactory/requires improvement'.
- Only fund two-year-old children in 'satisfactory/requires improvement' providers where there is not sufficient accessible 'good' or 'outstanding' provision.

## **3. Current provision**

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This section outlines the early years services offered in Barnet as well as key findings from the early years review.

### **3.1 Financial overview**

The table below details the main services offered in Barnet and their cost.

<b>Service</b>	<b>Budget (2014/15)</b>	<b>Funding Source</b>
<b>A. Children's Centres and Family Support</b>		
Children's Centres	£3.576m	Family Services budget
Children's Centre teaching allocation	£297k	Designated Schools Grant
Children's Centres support	£279K	Family Services budget

Health Visitors	£3.8m	Public Health England*
Family Nurse Partnership	£300k	Public Health / NHS England (£150k each)
Community Midwives	£1.5m	Clinical Commissioning Group*
Healthy Children's Centres	£285k	Public Health
Speech and Language Therapy	£48.6K	Clinical Commissioning Group / Family Services budget*
<b>Total</b>	£10.076m	
<b>B. Childcare and Early Education</b>		
Free eligibility for 3&4 year olds	£15.705m	Designated Schools Grant
Free eligibility for 2 year olds	£3.85m	Designated Schools Grant
Early Years Vulnerable Fund	£275K	Designated Schools Grant
Early years standards / Support for childcare	£733K	Family Services budget / Designated Schools Grant
Raising standards for quality provision for childcare providers	£63.8K	Family Services budget
<b>Total</b>	£20.527m	
<b>Total (A+B)</b>	£30.602m	

*\*financial information unverified*

The total of spend on early years is approximately **£30 million**. It is important to note that a significant amount of this funding is Dedicated School Grant, with over £19.5million going directly to childcare settings who provide the free eligibility offer for 2, 3 and 4 year olds.

### 3.2 Support, advice and information for families

#### Children's centres

Currently there are 13 children's centres across the borough with an additional 8 main outreach venues with a budget of £4.16m 2014/15 (including central team costs). The children's centres are operated by various providers, with 8 run by schools, 4 run directly by the Council and 1 run by a voluntary sector organisation.

Each children's centre has its own geographical 'reach area' of families to target and all centres are individually registered for Ofsted purposes.

The table below gives details of children's centres in Barnet.

Children's Centre	Locality	Childcare (Y/N)	Delivery Model	April 2014 – March 2015
Coppetts Wood	East	Y	School	£334,158

Fairway	West	Y	School	£300,027
Parkfield	South	Y	Local Authority	£293,284
The Hyde	South	Y	Local Authority	£301,474
Underhill	Central	Y	School	£314,834
Barnfield	West	N	School	£349,050
Bell Lane	South	N	School	£268,603
Childs Hill	South	N	School	£276,271
Hampden Way	East	N	School	£238,588
St Margaret's	East	N	School	£240,054
Newstead	East	Y	Local Authority	£283,786
Wingfield	West	Y	Local Authority	£341,076
Stonegrove	West	N	Commissioned	£328,795
<b>Total</b>				<b>£3,870,000</b>

*Information based on Children's Centre Funding Statement 2011-2015. Funding includes children's centre teaching allocation from dedicated schools grant*

The above table does not include the cost of the central support team to children's centres (£279k) and spend on the public health led healthy children's centre programme (£285k).

Universal services in children's centres include stay and play sessions, baby groups and parenting advice and information. These services are key to engaging with families and identifying families who made need further support through the range of targeted services offered.

Targeted support in children's centres includes intensive support to families delivered by specialist family workers, parenting programmes, early learning sessions, young parent groups, adult education and learning and domestic violence support.

Children's centres work in partnership with a range of other public services and providers including health, Job Centre Plus, Barnet and Southgate College and a range of voluntary and community organisations.

### Early years health services

A range of early years health services are offered in Barnet. Services include health visitors, community midwives and speech and language therapy.

### Health Visiting

Health visitors are instrumental in delivering the Healthy Child Programme, working with all parents to assess the support they need and develop appropriate programmes to help give the child the best possible start in life. Health visitors support and educate families from pregnancy through to a child's fifth birthday. Common tasks include:

- New birth visits which include advice on feeding, weaning and dental health.

- Physical and developmental checks.
- Providing families with specific support on subjects such as post natal depression.
- Offering parenting support and advice on family health and minor illnesses.

Through their near universal coverage and high levels of professional training health visitors are adept at identifying vulnerable families and working with them to identify the additional support they require. The type of support can include:

- Referring families to specialists, such as speech and language therapists.
- Arranging access to children's centre services.
- Organising practical support - for example working with a nursery nurse on the importance of play.

Other health professionals have significant roles in the early years including community midwives, GPs and speech and language therapists. The way in which the various health and local authority frontline workers currently work together across the system is variable. In some areas there are strong examples of effective joint working but this is not the case across the borough.

#### Family and young people's information service (FYI)

A number of issues were raised as part of the review in regard to the FYI service. Since the outline business case was published, the service has re-located to Coventry under the Customer Services Group (CSG) contract with Capita and the new team has received training to ensure a high quality service is being provided. Training has included ensuring the FYI service provided information on working tax credits, childcare vouchers and free entitlement to early education.

As part of the outline business case it was recommended that the opportunity to develop a shared appointment system for early years services (including health) was explored. It was established that at the current time this was not viable as it would require significant change to the operational level agreement with Capita.

The new early years model will ensure that the FYI service links into the wider early years model.

### **3.3 Childcare and Early Education in Barnet**

The role of the local authority can be broken down into two key areas, where the council directly provides early education through children's centres, the four maintained nursery schools and the council's role in raising standards and ensuring sufficiency of childcare places across Barnet.

#### Childcare across Barnet

The council has a statutory duty to undertake a childcare sufficiency assessment (CSA), allowing the council to have a clear and up-to-date view of childcare supply and demand within the borough. The latest CSA was undertaken in summer 2013 and the significant research undertaken as part of the assessment has been used to inform the early years review recommendations

Childcare is either purchased privately by parents or provided as part of the Free Entitlement to Early Education (FEE) funding which comes directly from the dedicated schools grant (DSG).

### **Free Entitlement to Early Education for 3 & 4 Year olds (FEE 3&4)**

All 3 & 4 year olds are eligible for up to 15 hours of free early education for up to 38 weeks per year.

The borough has 205 providers delivering free early education for 3 and 4 year olds. This includes maintained nursery schools/classes; private, voluntary & independent nurseries; children's centres and childminders.

### **Free Entitlement to Early Education for 2 year olds (FEE2)**

The FEE2 offers eligible children up to 15 hours per week of high quality early years education. From 1 September 2014 local authorities have had to ensure that the 40% most deprived two year olds have 15 hours of high quality childcare provision.

There are currently 709 accessing a FEE2 place for the autumn 2014 term with 152 providers. This number will continue to increase as more claims come in.

Dedicated Schools Grant (DSG) funding 2 year old funding will change in 2015/16 to be based on actual number of 2 year olds on the census, where it has previously been based on target figures set by the Department for Education. The Council has projected this will result in a reduction of £2 million for Barnet in 2015/16 compared to 2014/15.

### **Maintained Nursery Schools**

There are four maintained nursery schools in Barnet; Brookhill, Hampden Way, Moss Hall and St Margaret's. Nursery schools are a valued part of Barnet's Early Years provision and they have proved themselves to be outstanding providers.

Barnet's nursery schools are funded through the Early Years Single Funding Formula (EYSFF), along with all other early years' settings in the borough. The EYSFF was introduced to Barnet in April 2013 in line with Department for Education requirements. This was to ensure that different types of early years' provider received similar rates of funding per pupil per hour.



On top of the EYSFF funding, the four nursery schools have received a transitional subsidy of £890,000 for the 2013/14 and 2014/15 academic years, which has been agreed on an annual basis at the Schools Forum.

### Children's Centre Childcare

There are currently 7 children's centres offering Childcare in Barnet. The childcare offered ranges from wraparound care for a small number of children (Coppetts Wood) to a large childcare setting (Fairway).

The table below outlines the children's centres which are currently offering childcare;

<b>Children's Centre</b>	<b>Number of children registered</b>	<b>Number of children currently attending</b>	<b>Number of these children on the FEE 2 offer</b>	<b>Number of these children on the FEE 3&amp;4</b>
Coppetts Wood	8	8	0	8
Newstead	32	56	23	26
Underhill	50	34	22	0
Parkfield	62 + Creche	89	18	34
Wingfield	48	79	37	35
Fairway	40	73	26	34
<b>Total</b>	<b>240</b>	<b>339</b>	<b>126</b>	<b>137</b>

The Hyde school is currently delivering childcare on behalf of the children's centre.

Each children's centre has a waiting list, with over 250 on waiting lists across the children's centre, with demand highest for childcare at Parkfield and Wingfield (with over 100 on the waiting list each).

In 2011/12 a decision was made, following consultation, to develop a cost neutral childcare model for childcare in children's centres, meaning childcare within children's centres has to function as a business in the wider childcare market. Each children's centre was offered transition funding for the financial year 2012/13 and 2013/14 to support the development of the new model.

Whilst being cost neutral the childcare in children's centres offer a resource to support the free entitlement for early education two year old offer and help support the borough achieve an appropriate and sufficient childcare offer in Barnet. Childcare is currently being reviewed alongside the wider early years review to ensure the best possible approach to sustainable local provision.

### Early Years Standards and Childcare Support

A wide range of support is offered for childcare providers from various teams within the council and by commissioned organisations.

Each of these teams offers a different type of support to different childcare settings in Barnet. The table below outlines the key functions being considered as part of the early years review.

Team	Role
Early years standards team	<ul style="list-style-type: none"> <li>• Training, Advice and Development for all settings including quality provision, progress and attainment</li> <li>• Promoting the EYFS standards including related training, observation, assessment and planning.</li> <li>• Implement the LA statutory responsibility with regard to EYFS profile moderation and training in Reception classes</li> </ul>
Barnet Pre School Learning Alliance (childcare contract)	<ul style="list-style-type: none"> <li>• Targeted support to providers around OFSTED requirements around Welfare.</li> <li>• Support for settings around Policies and Procedures followed up with inductions for new managers.</li> </ul>
Barnet Pre School Inclusion Team	<ul style="list-style-type: none"> <li>• Support for PVI's and childcare professionals around inclusion, including the provision of specialist training</li> <li>• Provide support to SENCOs IDP training – behaviour, speech and language, autism</li> <li>• Support the statutory assessment of a child's SEN.</li> <li>• Support for children with SEND and their families.</li> </ul>
Childcare business team; <ul style="list-style-type: none"> <li>• Child-minding Team</li> <li>• 2, 3&amp;4 Year Old Team</li> <li>• Registrations Support</li> </ul>	<ul style="list-style-type: none"> <li>• 1:1 business support and set up.</li> <li>• Support to child-minders in Barnet, including the provision of training.</li> <li>• Information about Free Early Education (FEE2, 3 and 4 including how to claim, audit practises, contracts etc).</li> <li>• Management of Free Early Education for 2 year olds including promotion, brokerage and payments</li> </ul>

Further childcare support and development is part of the role of the Barnet Children's Service Workforce Development team and the children's centres and nursery schools offer.

## 4. Case for change

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Early years services across the public sector provides the ideal opportunity to identify risk factors in vulnerable families at an early stage and offer effective support to allow families to support themselves and reduce reliance on social care services at a later date. This will not be a quick return but a sustained focus on the early years should be a priority to help achieve longer term financial sustainability.

However, the current service is a complex result of many years of incremental change. In reviewing this system it is apparent that whilst there are many strengths - including a dedicated and passionate work force – that success is often despite rather than because of the system.

To achieve our vision of supporting more vulnerable families at the earliest stage, whilst reducing the base budget by £700k, there is a requirement for whole system change. Salami slicing of the 'as is' service would involve a significant reduction in front-line services and would not achieve the benefits of service transformation.

The following section outlines the key drivers for change, key findings from the early years review and the evidence driving change and the case for continued investment in early years services.

### 4.1 Drivers for change

As the public consultation outlined, there are a range of key factors driving change. These include;

#### 4.1.1 The benefits of early intervention

The early years of a child's life are crucial, with eighty per cent of brain development happening before a child is three years old. By improving how we identify and support vulnerable families we can improve life chances for children in Barnet. This will improve outcomes for families and reduce the need for public services later on in their life. The importance of the first 5 years of a child's life means we need to continue to invest in early years services and improve the support we currently offer [further information in section 4.2].

#### 4.1.2 Financial pressures

Due to economic challenges facing the British government, councils have had their funding cut since 2010 and will continue to see a reduction in funding. For Barnet, this will mean a further £72 million reduction by 2020.

The council needs to reduce its base budget as well as ensure a sustainable solution for the nursery school and children's centre childcare offer in the borough. With such reductions the current model of delivery for children's centres cannot continue and doing nothing is not an option. Although we believe strongly in the importance of early years services there is a requirement to make reductions from the Council's base budget of £700k from the early years budget

### Children's centre childcare

A decision was made by the council, following consultation, in 2011/12 to make childcare provided by children's centres cost neutral by 2014/15 with transition funding provided to children's centres for 2012/13 and 2013/14. The new model for children's centre childcare needs to ensure that the provision of childcare is cost neutral to the council.

#### **4.1.3 Demographics**

The number of children aged between 0 – 4 in the borough is set to increase from 26,757 in 2013 to 27,637 in 2018, putting increasing pressure on services in areas of high growth and meaning more demand for early years services. The increase will be most prominent in the West and the South of the borough, with the biggest growth in;

1. Colindale (+37%)
2. Golders Green (+30.5%)
3. West Hendon (+6.5%)

Moreover, changing demographics in regard to cultures and ethnicities means that our services will need to be more flexible to deal with a range of needs flexibly.

The pressure of demographics on childcare and early education is enhanced by the recent increase in Free Entitlement to Early Education (FEE2) for 2 year olds from 20 to 40 per cent, putting extra pressure on the supply of childcare in the borough.

#### **4.1.4 A need to work more collaboratively across the public sector**

With increasing financial pressures and changing demographics there is a need to work more collaboratively with local communities, health visitors, community midwives, schools and a range of other organisations to improve the services we offer to families. The council already works closely with other organisations but this must continue to improve.

Some key findings from the early years review found that;

- Improving front-line relationships with health would significantly improve the whole system's ability to identify vulnerable families early and effectively support them.
- Information sharing needed to be improved to support targeting of most vulnerable families
- Services which supported parents with mental health or drug / alcohol abuse were adult focussed, rather than family-focussed and not link closely with early years services
- The early years' service is clearly joined-up with other family services – including troubled families, social care and early intervention and prevention services.

#### 4.1.5 A need to design a system that works for families

Without significant change to the early years system we will be unable to improve support for vulnerable families in a difficult financial context. We need a system that supports staff to work to their best ability. A new service needs to be flexible enough to meet demand, ensure a joined-up service for support to families and provide the most effective advice, information and support for families.

The current service is a complex result of many years of incremental change. In reviewing this system it is apparent that whilst there are many strengths - including a dedicated and passionate work force – that success is often despite rather than because of the system. Children’s centres have not performed well against in recent Ofsted inspections with four of the five Ofsted inspections since April 2013 receiving a ‘Requires Improvement’ judgement and the current system does not have an effective performance and management information system in place.

#### 4.2 Case for Continued Investment

As outlined in section 4.1.1, national and international evidence has shown that development in the first few years of life has a huge impact on a diverse range of whole-life outcomes. Evidence shows that interventions at this time are the most cost effective and best for both the child and the family with regard to outcomes.

The outline business case included evidence supporting the benefits of early intervention. This included a local case history and evidence from a range of research papers summarised below.

##### 4.2.1 Local Case History

In August 2013 a sample of 81 randomly selected Child Protection, Looked After Children and Troubled Families cases were reviewed to identify the proportion of cases that could have been prevented, and how the escalation of need could have been averted. In total, 48 practitioners were interviewed as part of this review.

The review found the following:

Type of case	Percentage preventable	Parental factors			
		DV	Drug abuse	Alcohol abuse	Mental health
Troubled families	<b>77%</b>	54%	23%	23%	31%
Child protection	<b>29%</b>	64%	49%	47%	45%
Looked after children	<b>14%</b>	62%	67%	48%	67%

Further research found that, with the exception of domestic violence, services that supported parents with mental health or drug / alcohol abuse were adult focussed

and not family focussed. Whilst there were safeguarding processes in place, where cases did not meet the social care threshold there was limited awareness of the available family support, limiting the impact on the whole family.

#### **4.2.2 Evidence from research papers**

Further research undertaken as part of the Graham Allen and Frank Fields reviews stated the following;

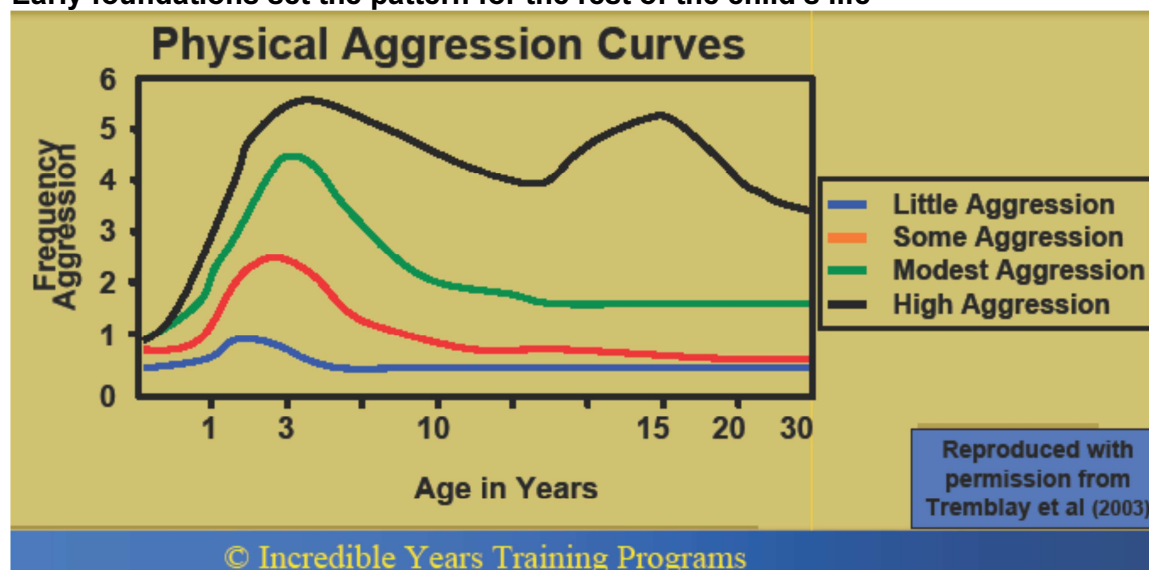
- Early intervention should be more widely adopted to make ‘massive savings in public expenditure’.
- Recommends a focus on antenatal education / preparation for parenthood and 0-3 social development, health and well-being boards should create integrated early intervention approaches.  
*(Graham Allen Review)*
- GP’s, midwives, health visitors, hospital services children's centres and PVI nurseries offer fragmented support which is neither well understood nor easily accessed by all of those who might benefit from it most.
- Local and central government should give more prominence to the earliest years in life, from pregnancy to age 5 and that funding moves to early years and weighted toward the disadvantaged children as we build the evidence base of effective programmes.  
*(Frank Fields Review)*

#### **4.2.3 The wider impact of early years services**

As well as the positive impact early intervention can have in supporting vulnerable families, the early years of a child’s life also offers the best opportunity to improve school readiness for all children in Barnet, having an impact on the rest of the child’s life. Although Barnet has a higher than average early year foundation stage profile scores (level of development after reception class) there are still 40 per cent of children who are not attaining a good level of development at age 5 (Early years foundation stage profile) and narrowing the gap between the achievement of the least and most deprived children in Barnet.

While these foundations do not determine an individual’s outcomes, they can make an individual more prone to certain behaviours and create the conditions that promote consistently good outcomes more difficult to achieve. The diagram below outlines the level of physical aggression at age 3 and how it continues into adulthood.

### Early foundations set the pattern for the rest of the child's life



As outlined above work done in the early years has a significant longer term impact on a range of other costs in the public sector. By continuing to invest in early years and improving our offer to families, there is potential to achieve further savings across the public sector, including;

Public sector area	Benefit
Education	<ul style="list-style-type: none"> <li>• Reduced truancy costs</li> <li>• Reducing need for SEN support in mainstream schools</li> <li>• Reduced exclusions</li> </ul>
Health	<ul style="list-style-type: none"> <li>• Reduced unnecessary A&amp;E admissions for under 4's</li> </ul>
DWP	<ul style="list-style-type: none"> <li>• Increase in the number of parents returning to work reducing the benefits bill (and increasing the tax base)</li> </ul>
Local authority	<ul style="list-style-type: none"> <li>• A reduction in the need for families to access drug and alcohol, mental health and domestic violence services</li> <li>• Reduction in SEN support at nursery through improved support in mainstream offer</li> <li>• Reduction in number of children subject to a funded statement of SEN</li> </ul>

*Based on Greater Manchester's business case for increased investment in early years services.*

## 5. Aims & Objectives

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### 5.1 Aims

The early years model proposed has been designed to achieve the following outcomes;

- Identification of and support for the most vulnerable families.
- School readiness for all children in Barnet.
- Positive health outcomes for all children in Barnet.
- Sufficiency of high quality childcare places for children in Barnet.
- Reduce the number of adults with young children who want to return to work but are unable to.

In order to improve the outcomes above there needs to be a new system in place which expands the reach of early years services and increases the quality of support for families in the borough.

#### Consultation feedback

In both the early years questionnaire and the citizen's panel questionnaire the majority of respondents agreed with all the aims in the consultation document. In both questionnaires respondent's most positive feedback was for the aim 'ensure families get the right support at an early age' and 'ensure every child has access to quality childcare in Barnet'. The least supported aim was 'increase the number of parents with young children returning to work.' This was because some respondents disagreed with parents of very young children going out to work / wanted more to be done to help parents to stay at home.

### 5.2 Strategic objectives

Through the early years review a set of strategic objectives were developed which have informed the recommendations and detailed design of the new early years model.

Responses to the public consultation have generally supported the proposed vision for a new early years service, with almost all feedback emphasising the positive impact that early years services have had on their life, often supporting people through very difficult circumstances.

This all has to be achieved within the new budget, including;

- A reduction in the early years base budget by £700k
- Ensuring quality across early education, yet sustainably funded through EYSFF and private funding, not subsidised by either the councils base budget or the Dedicated Schools Grant.



## A. A more flexible model of support

In the new model services should be more flexible to best meet the needs of local families – for example by varying opening hours, locations of sessions or the type of services provided by children’s centres to meet demand.

A more flexible model of support will allow staff to develop new solutions, changing and adapting things that do not work and sharing these with other centres across the borough.

### Consultation feedback

A majority (69%) of the targeted early years questionnaire respondents agreed with a move to a more flexible model, with this increasing to three quarters (75%) of the Citizens’ Panel respondents.

However, some respondents were concerned that this could mean staff moved around and worked at different venues which could have a negative impact on the relationship between families and staff. Consistent and high quality staff was seen as very important to parents.

## B. More targeted support for children under five and their families

Barnet will continue to deliver early years advice and information to all families with young children and there is a strong commitment to improving the universal health service. Yet, a key focus of the new early years model will be to better target resources at families who need the most support as early as possible, helping them deal with issues and support their child to grow and develop.

By identifying families who need support, using improved data, expanding reach and using local knowledge to target support where it is needed the most, the intention is to provide support in a way that does not judge or stigmatise families.

A targeted approach to early years is not just about targeting individuals, but about targeting providers of early education. The new model to support childcare and early education settings will provide targeted support to providers that have received ‘Inadequate’ or ‘Requires Improvement’ as part of their Ofsted judgement or where there are known concerns around the quality of early education.

### Consultation feedback

The majority (73.8%) of the targeted early years questionnaire respondents agreed with more targeted support for children under five and their families increasing slightly to 79.4% of respondents in the citizen panel questionnaire.

However, Parents felt strongly that the universality of services was important and that if it was only for ‘deprived’ or ‘needy’ people there would be a stigma attached and people would be put off from attending. It was also felt strongly that families from all backgrounds and cultures could have problems and that services shouldn’t be targeted just based on deprivation.

### **C. A more collaborative model**

A more collaborative early years' service means children's centres, health visitors, community midwives, Jobcentre Plus, childcare settings, schools and other organisations working closely together to provide the highest quality services to families with young children.

A more joined up approach with universal services increases the reach of early years services and the ability to engage with all families from the earliest possible opportunity, whilst a more collaborative approach with services such as mental health and social care allows for a more effective support system for families.

This will mean;

- Integration of health visitors and early years services, ensuring more effective early identification of and support for vulnerable families, improve information sharing between early years practitioners and increase professional accountability for families.
- An early years service that is clearly joined-up with other family services – including troubled families, social care and early intervention and prevention services.
- Closer working with the wider early years health agenda, including community midwives, peri-natal mental health and speech and language therapy.
- Children's centres working with childcare providers across the borough – promoting good practice and ensuring parents know how to access childcare.
- Closer working with adult social care and public health services (including mental health, domestic violence and drugs and alcohol services).
- Improving the relationships with schools across the borough to ensure a strong relationship and an effective use of resources.

#### Consultation feedback

The majority (69.4%) of the early years targeted questionnaire respondents agreed with a more collaborative model, increasing slightly to 73% of respondents to the citizen panel questionnaire. Through all channels of engagement this aim was strongly supported by families and parents and staff fed back that this was already happening across a number of children's centres.

### **D. A family based approach**

While all early years services will take a family-based approach, this is even more significant where there are identified needs for more intensive support. Early years and adult services need to work together closely with families where a parent has high risk needs to ensure the child's well-being and development is considered.

If a parent accesses support from the public sector, whether it be for mental health issues, drug or alcohol or domestic violence, there should be support for the whole

family. This means that services for adults and services for children need to work closer together, with clear signposting, to consider the family as a whole.

#### Consultation feedback

The majority (84.8%) of the early years targeted questionnaire respondents agreed with a family based approach, reducing slightly to 81.9% of respondents to the citizen panel questionnaire. Through all channels of engagement this aim was strongly supported by parents.

### **E. Increasing the involvement of parents and communities in children's centres**

The new model will be designed so that parents and local communities have opportunity to become more involved in children's centres. The Council will encourage more people to volunteer – supporting better services and giving local people the chance to develop their skills.

The more the service engages with communities, the better it can meet local need, identify and support vulnerable families, and empower parents to develop social networks and support each other.

This will include more formal governance structures, including advisory boards but also involve parents and local communities in co-designing elements of the service and developing a culture where parents can be empowered to support other parents, take on volunteer roles and develop their skills to both increase the capacity of the children's centre and increase their confidence, skills and employability.

The Council are not proposing that volunteers replace professionals, but that they offer a way to expand the capacity of the service, allowing professionals to focus on the key work of supporting vulnerable families. Volunteers and community groups should be supported to refer families, offer peer-to-peer support and support universal services. Alongside increasing the number of volunteers parents and communities will be encouraged and supported to become more involved in the decision making process at children's centres.

Early years offers one of the best opportunities to increase community participation and improve social networks – a key aim of the council, and this is the only way we can achieve real change in service delivery in the long term and, ensure greater community resilience.

### Consultation feedback

The majority (77.9%) of the early years targeted questionnaire respondents agreed with increasing the involvement of parents and communities in children's centres, slightly increasing to 79.6% of respondents to the citizen panel questionnaire. Involving parents and communities in children's centres was widely supported, although some respondents felt that volunteers could add more to children's centres but that they could not replace professional staff. Through the consultation over 150 people expressed an interest in volunteering opportunities around early years services, approximately 15 per cent of the people who responded to the consultation.

## **F. Ensuring sufficient high quality early education in Barnet**

Services provided by the council alone cannot support all young children, therefore the council must work effectively with providers of early education to support their development and ensure that vulnerable families get the right support.

The role of the council is to raise standards across early education, targeting support at those settings who require support. The early years standards team will support settings to raise attainment and continually improve, and aim to have a positive impact on early education at all childcare settings

The new model will also ensure that the council has the capacity to support the expansion of the Free Entitlement for Early Education for two year olds and early education for vulnerable children.

### Delivery principles

- Local needs should be addressed in an effective, flexible and transparent manner.
- Local policies on managing clear and required functions should be embedded in all aspects of service delivery.
- Impact, evidence base and measurability need to be considered at every defined delivery point.
- Staff should have clear roles, achievable targets linked to function and core purpose and an effective and supportive management environment.
- A new structure needs to enable delivery to provide the best possible service for Barnet's young children and their families.

The new service must also adhere to the key guiding principles of the early intervention and prevention strategy (Intervene as early as possible, take a whole family approach, use evidence based monitoring systems).

## 6. Options

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The Full Business Case options appraisal builds on the options considered as part of the Outlines Business Case, taking into consideration further research, public consultation and the testing of assumptions through the assessment phase.

Completing an options appraisal for the future of early years services is not a simple exercise, as there are various elements of service delivery involved the approach. The options analysis has been approached differently depending on the complexity of analysis required and is explained through each section of the options analysis.

The table below outlines any changes to recommendations since the outline business case, what has been consulted on and the final recommendation being made.

No.	Service area	Key changes since outline business case	Consultation	Recommendation (Summary)
6.1	Children's centre service model	Recommendation changed from 'hub and spoke' model to a 'locality' model.	Proposed changes consulted on in summer 2014	That a locality model of delivery for children's centres with three Ofsted registered clusters of children's centres is implemented.
6.2	Management and governance	No change	Proposed changes consulted on in summer 2014	That all children's centres are to be managed by the local authority.
6.3	Integration of health visitors and early years services	Integration recommended, with a proposal for a more detailed options appraisal on the exact model of integration.	Proposed changes consulted on in summer 2014	Continue to improve joint working between health visitors and local authority early years services through joint commissioning arrangements with NHS England and bring a recommendation to the Committee to establish a fuller form of integration by October 2015.
6.4	Significant reduction in opening hours	Not included	Proposed changes consulted on in summer 2014	Reduction of opening hours at Stonegrove, St Margaret's and Hampden Way children's centres but maintain sessional service delivery in each of the local areas.
6.5	Children's Centre childcare	Following detailed design work the options analysis recommends a more flexible and bespoke solution for different children's centres.	Potential consultation if substantial changes, not included in summer 2014 consultation	Where it is appropriate and in agreement with a school, the councils prefer option is for schools to continue to deliver childcare when located on school sites.
6.6	Early years standards and childcare support	Pre-school inclusion team [SEN] no longer structurally included in consolidated early years team.	Consultation with key stakeholders undertaken	Consolidation of team as part of the wider early years model, with clear links to SEN and the Pre-school Inclusion team.
6.7	Early years delivery model	Further work with new management team on options appraisal for delivery options proposed	Delivery model not part of summer 2014 consultation.	That officers develop a full options appraisal of alternative deliver models for the early years services and bring a recommendation, following significant staff engagement, to the Committee in October 2015.

## **Children's centres & family support**

As well as meeting the strategic objectives the new children's centre and family support model should;

- Help children's centres to focus on supporting the most vulnerable families in the borough.
- Offer a whole borough strategic approach for children's centre services.
- Have a cost effective management and administrative structure.
- Enable shared practice, learning and resourcing across the borough.
- Enable the integration of health visitors as well as closer integration with other services.

### **6.1 Children's centre service model**

As part of the early years review the current service model for the children's centre network was reviewed. The review found that whilst the support offered by staff was of a high quality and appreciated by families, the system that is often more of a hindrance than support to staff.

The following table updates the outline business case and outlines the advantages and disadvantages of the models for consideration;

Option	Explanation	Advantages	Disadvantages	Score
A. Do nothing	Children's centres will continue to operate relatively independently. Each will have its own manager & staff and be registered individually with Ofsted.	<ul style="list-style-type: none"> <li>- Lack of disruption to service.</li> <li>- Strong management focus on specific needs of the locality.</li> </ul>	<ul style="list-style-type: none"> <li>- Lack of whole borough strategic approach to early years.</li> <li>- Expensive management model.</li> <li>- Difficult to develop specialisms &amp; share best practice / learning.</li> <li>- Reach area overlap issues.</li> <li>- Difficult to integrate with health.</li> <li>- Limited efficiency savings.</li> </ul>	1/5
B. Cluster Model	Groupings of children's centres collaborate as a dedicated locality cluster. Centres each have their own centre leaders but they (and other staff) agree to collaborate on specific areas of work. Each centre will continue to be registered individually with Ofsted.	<ul style="list-style-type: none"> <li>- Allows for a more strategic focus on localities (including a number of children's centres).</li> <li>- Improved collaboration across centres, including the ability to share best practice / learning across localities.</li> <li>- Shared reach area across localities, avoiding overlap issues.</li> <li>- Limited disruption to staff and service.</li> </ul>	<ul style="list-style-type: none"> <li>- Lack of whole borough strategic approach to early years.</li> <li>- Expensive management model.</li> <li>- Difficult to integrate with health.</li> <li>- Limitations in making efficiency savings.</li> </ul>	2/5
C. Hub and spoke model	Three hub centres would have responsibility for co-ordinating services across a number of satellite or 'spoke' children's centres in their locality. Hub centres have their own leaders, and spokes may or may not be led by an individual centre manager (or deputy). The hub may provide core services that are not available in spoke centres. There would be just three registrations with Ofsted.	<ul style="list-style-type: none"> <li>- Whole borough strategic approach.</li> <li>- Most cost effective management model.</li> <li>- Simplest to fully integrate with health.</li> <li>- Able to develop specialisms &amp; share best practice / learning across localities.</li> <li>- Flexible use of resources across borough to support service pressures and priorities / changing demographic patterns.</li> <li>- Parents can access services and receive targeted support from any children centre's in their locality.</li> <li>- Shared reach areas avoids some overlap issues but will persist across</li> </ul>	<ul style="list-style-type: none"> <li>- Risk that a localised approach is lost (potential Ofsted impact).</li> <li>- Significant disruption to current service – staff and providers / schools.</li> <li>- Risk that service becomes more bureaucratic and less agile.</li> <li>- Risk that service focuses on the 'hub' and ignores local venues</li> </ul>	4/5



D. Locality model	<p>Similar to the hub and spoke model but with no central 'hub' and services offered across a range of venues.</p> <p>There would still be three registrations with Ofsted but would allow flexibility across all sites used in the local area under one management structure.</p> <p>This means the focus is not on one specific children's centre 'hub' but on providing the services across a local area, where they're required.</p>	<p>locality boundaries.</p> <ul style="list-style-type: none"> <li>- Whole borough strategic approach.</li> <li>- Most cost effective management model.</li> <li>- Simplest to fully integrate with health.</li> <li>- Able to develop specialisms &amp; share best practice / learning across localities.</li> <li>- Flexible use of resources across borough to support service pressures and priorities / changing demographic patterns.</li> <li>- Parents can access services and receive targeted support from any children centre in their locality.</li> <li>- Shared reach areas avoids some overlap issues but will persist across locality boundaries.</li> <li>- Allows flexibility across the locality, meaning the service can continue to adapt and change to meet need.</li> </ul>	<ul style="list-style-type: none"> <li>- Risk that a localised approach is lost</li> <li>- Significant disruption to current service – staff and providers / schools.</li> <li>- Risk that service becomes more bureaucratic and less agile.</li> </ul>	5/5
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The text box below outlines the consultation feedback in regard to this proposal;

More respondents who completed the early years questionnaire (35.9%) agreed with a move to a locality model than disagreed (23.7%). In the citizen's panel questionnaire a majority (51%) of the citizen's panel respondents agreed with a move to a locality model, with 6.1% disagreeing.

Further feedback included:

- The present model works well and there is no need for change (23 respondents)
- There was a varied response to the move to a locality model, with some respondents feeling it would be a benefit to share ideas and training, whilst there were concerns that it would mean less consistent staff in centres, which was the most important part of the support children's centres offered.
- A risk was raised that a change to a locality model could have an impact on the trust built between the children's centre and the local community. There was also a feeling that it contradicted the move to increased involvement of parents and communities.
- It was emphasised that when children's centres were initially developed the idea is they would be within pram-pushing distance of vulnerable families to reduce the barriers to accessing services and this principle should continue to be centre of the early years offer.

## Recommendation

It is recommended that **Option D – Locality model** of delivery for children's centres, with three Ofsted registered cluster of children's centres is implemented. The key reasons for this recommendation are;

- It allows for a whole borough strategic approach to early years.
- It allows for the most cost effective management and administrative model, allowing for front-line service to be protected and support to early years settings to be continued.
- A locality model offers the ability to share resources across localities effectively and efficiently. This will reduce need for agency staff and provide more flexibility to adapt to the changing needs and demographics of the borough.
- Allows flexibility across all delivery sites in a locality, allowing for changing use of sites to meet need, without a focus on one particular site or 'hub'.

## Rationale for change in recommendation

In practice the change in recommendation has minimal impact and children's centres will still be registered with the 3 localities but with more flexibility across the use of venues across each locality. Children's centres will be registered as a 'Children's centre group' as defined by Ofsted as 'Two or more centres which share leadership and management, and which offer integrated services across an area in one local authority; a children's centre group will have one inspection and one inspection report.'

Responses to consultation emphasised the importance of children's centres being local to people, relating back to one of the initial principles of Sure Start children's centres, that they should be no more than 'pram-pushing distance' from targeted users. A locality model emphasises the importance of venues across the locality – ensuring services and support is provided in local areas to meet local need.

## 6.2 Management and Governance

Given the recommendation outlined in section 6.1, a review of the management and governance of each of the centres has been undertaken. In order to achieve a consistent and strategic approach across the whole early years network there needs to be a review of the management and governance of children's centres.

The mixed model in Barnet currently includes:

- 8 centres managed by schools.
- 4 centres managed directly by the council (rolling annual Service Level Agreements in place).
- 1 centre managed by Barnet Pre-School Learning Alliance (contract in place to March 15).

For those managed by schools, the governing body and head teacher are accountable and provide governance, monitoring, evaluation and leadership. There are varying degrees of integration with school – all include facilities management, opening and access whilst others also share specific roles (e.g. child protection co-ordinator), allow centres to use school space and have a process for a managed transition to reception.

### Advantages and disadvantages of being part of the school model

The table below outlines some of the advantages and disadvantages of children's centres continuing to be managed by a school.

Advantages	Disadvantages
<ul style="list-style-type: none"> <li>- Enables linkages with schools and within Learning Communities, supporting school readiness and transition.</li> <li>- Link to families at local school, ability to share information about families and improve targeting.</li> </ul>	<ul style="list-style-type: none"> <li>- Challenge of engagement for those adults who had a negative experience of school.</li> <li>- Dual reporting requirements to the Council and the School can prove disruptive and complicated.</li> <li>- Limits ability for a cohesive and</li> </ul>

<ul style="list-style-type: none"> <li>- For some families, linkages to the school will encourage engagement.</li> <li>- Available accommodation space.</li> <li>- Headteachers can provide strong local leadership</li> </ul>	<ul style="list-style-type: none"> <li>- strategic locality based approach.</li> <li>- Issues with level of challenge provided by governors (Ofsted).</li> </ul>
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The text box below outlines the consultation feedback in regard to this proposal;

More respondents who completed the early years targeted questionnaire (42.4%) agreed with children's centres managed by one organisation than disagreed (22.3%). In the citizen's panel questionnaire a majority (62.5%) of the citizen's panel respondents agreed with a move to a locality model, with 10.7% disagreeing.

It was clear when discussing with families around who would manage children's centres they did not understand the difference between the children's centre being run by the council or the school as they saw both as the same organisation.

Further responses included:

- Some parents welcomed the idea of the council running children's centres and locality based advisory boards, whereas a number of parents felt that outsourcing or cutting services could have an adverse effect.
- Respondents from number of children's centres said that they thought engagement with the community and schools was important and there was some concern about how services, resources, responsibility and staff would be split between CCs and adjoining schools and nurseries
- There were worries raised that inconsistent central or school management could also have adverse effect on safeguarding and dealing with emergencies.
- 

Schools who currently delivered the children's centre on site were very keen to continue in their role and many of the head teachers proposed that they would prefer to take a proportion of the £700k saving as a reduction from their budget to avoid the need for a new early years delivery model

## Recommendation

As outlined in the outline business case it is still recommended that **all children's centres are to be managed by the local authority**. This recommendation allows the council to meet its strategic objectives, including allowing;

- Children's centres the flexibility of resource to support the most vulnerable families in the borough.
- A whole borough strategic approach for children's centre services.
- Integration of health visitors into the early years model

- The early years model to be more integrated into the Family services model including social care and the early intervention and prevention service.
- For a more cost effective early years model to be developed

### **6.3 Integration with Health**

Health visitors have a key role in supporting 0-5 year olds and their families, and along with community midwives offer the most effective tool for early identification of risk factors of both the child and their family. They also are in an important position to register families with their children's centre and effectively communicate the support that can be offered through children's centres.

#### **Strategic priorities for integration with health**

- Ensure the most effective early identification and support of vulnerable families.
- Improve information sharing between early years practitioners.
- Increase professional accountability for vulnerable families and avoid the problems associate with service to service referrals.
- Ensure the widest reach for early years services.

## Consultation feedback

The majority (78%) of the early years targeted questionnaire respondents agreed with the integration of health visitors and early years services, with only 6% disagreeing. A majority of citizen's panel questionnaire respondents (79%) agreed with the proposed change. Feedback from the consultation workshops included the following comments from parents / staff;

- Midwife and health visitor appointments in the children's centre are a good way of introducing new parents to the space.
- All children's centre should have facilities for midwifery and health visitors.
- The majority of parents were happy with the health visitor and midwifery services they had received, with many parents becoming involved in children's centres through a referral from community midwives or health visitors. However, there was also a common message that links with health and children's centres could be improved, with health visitors referring more parents to children's centres.

Feedback from health visitors included;

Some health visitors were supportive of integration whilst others were either not, or wanted more information on what was meant by 'integration'. The following advantages and disadvantages were fed back from health visitors;

Potential advantages of integration;

- A more seamless service.
- Better support for vulnerable families.
- Improved assessment of need for children.
- Improved information sharing (although has to be on a need to know basis).
- Greater understanding of the role and areas of expertise of each service.

Potential disadvantages of integration;

- Loss of identity of the health visiting service.
- Information to be spread to widely.
- Isolation of health visitors from the wider health service.
- Risk to depth of training and skills of staff.

## Findings from the HV/SN Review

Barnet and Harrow public health services undertook a review of Health Visiting and School Nursing prior to the transfer of commissioning responsibilities from NHS England in October 2015. The section below outlines some of the key findings in regard to Health needs, stakeholder analysis and workforce analysis.

### Health Needs Assessment:

- Most children get off to a good start. Smoking rates in pregnancy are towards the lowest in England. Infant and child mortality rates are similar to the England average. Life expectancy at birth and healthy life expectancy at birth re significantly higher than the English average.
- 90.7% of mothers in Barnet initiate breastfeeding when their baby is born Barnet is the highest of all statistical neighbours with 75.4% of mothers still breastfeeding at 6 and 8 weeks.
- Children in Barnet have average levels of obesity with 10% of reception children classified as obese.
- Almost half of all children aged 0-4 attended A&E in 2010/11. This is the same as the England average but one of the lowest compared to statistical neighbours.
- In 2011/12 children were admitted for mental health conditions at a higher rate than that in England and 2<sup>nd</sup> compared with statistical neighbours. Rates in Barnet were 118 per 100,000 compared to 87.8 across London.

### Stakeholder analysis;

- Health visitors are highly valued and play a crucial role
- There is concern over the small numbers of Health visitors and their ability to liaise effectively with other professionals and their current ability to share information.
- There is a lack of standardisation of approach within services and between services
- Many respondents raised the problem of health visitors having to prioritise child protection activity at the cost of effective universal services, early detection and intervention.
- It was unclear sometimes which agencies are involved with a particular child and how services are integrated, as well as the pathways of care and referral.

### Workforce analysis;

- Health visiting is presently at high risk of workforce depletion over the next 2-5 year sin Barnet. This is due to a number of factors;
  - There is an aging workforce
  - Barnet has a relatively uncompetitive 'offer' for newly qualifying health visitors
  - Limited management capacity to mentor, manage and develop staff
  - Low staff morale
  - Sense priorities have moved away from public health and prevention to safeguarding and achieving Healthy Child Programme key performance indicators
- Health visitors also felt that there was no systematic approach to staff development, and Barnet staff found it hard to access training due to workload commitments.
- There is inconsistent and often inadequate clinical supervision in place to enable reflective learning and consolidation.

## Recommendation

The vast majority of feedback from the early years review consultation has supported the principle of closer integration, although there were a few issues raised by health visitors which need further analysis.

The recommendation is therefore to **continue to improve joint working between health visitors and local authority early years services through joint commissioning arrangements with NHS England and bring a recommendation to the Committee to establish a fuller form of integration by October 2015.** Further work is therefore required to ensure the integration is managed effectively and some of the issues raised through consultation are resolved.

The rationale for a more integration service is that it creates;

- Clear accountability for health visitors in the early years agenda
- A shared vision between health visitors and children's centres
- The best model for early identification and support of vulnerable families

Barnet Council has recently signed an Integrated Governance Framework (IFG) with NHS England, allowing the sharing of information and joint provider monitoring meetings with Central London Community Health Trust (CLCH) and in October 2015 the commissioning responsibility for health visitors will transfer from NHS England to Public Health (part of the local authority).

A more detailed recommendation has not been made at this stage as discussions with both NHS England and the provider (CLCH) are at an early stage. The joint commissioning meetings with NHS England, the Council and CLCH provide an opportunity to develop the detailed proposal for more integration prior to the transfer of commissioning responsibility in October 2015.

For this reason it is proposed that more effective joint working practices are established now through the joint commissioning arrangements and that this work informs the decision on the approach to fuller integration by October 2015. The early years service model has been designed to ensure that it is flexible and can incorporate further integration of health visitors into the early years service without significant structural changes to the service.

### 6.4 Children's centre and family support service model

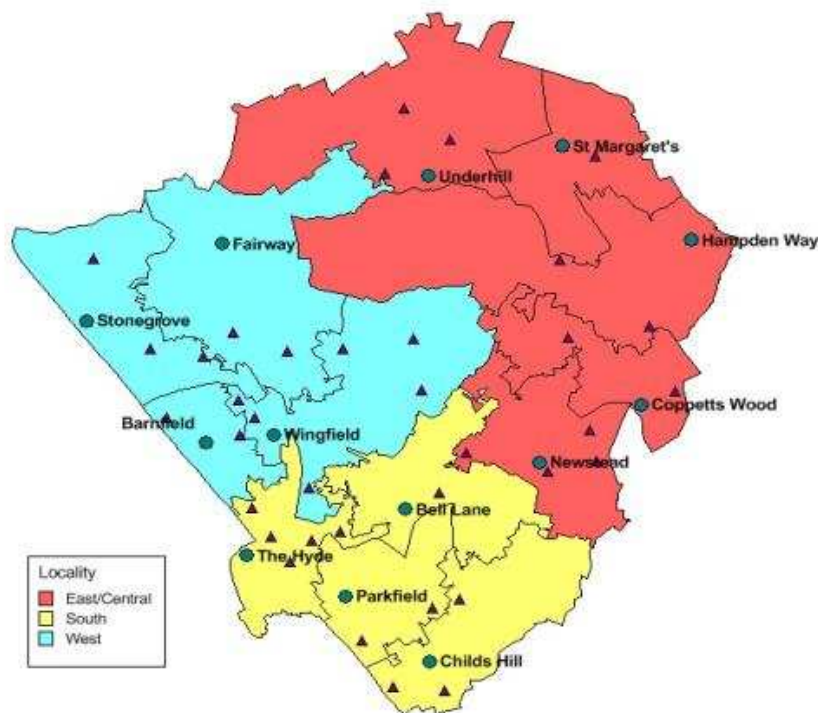
This section outlines the high level summary of how the recommendations made in 6.1, 6.2 and 6.3 will function.

#### 6.4.1 Locality model

Rather than 13 individual children's centres there will be 3 localities across Barnet (East/Central, West and South) with services offered in a range of venues across the locality. The diagram below outlines the areas that the localities will cover. It also



shows the current children's centre and site locations where activities are offered across Barnet.



Children's centres will continue to offer a range of information, advice and support and be based in a range of children's centre venues across each locality. The locality model will allow for a more cost effective and streamlined management and administration system, protecting front line delivery staff as far as possible.

The locality model will mean each locality, rather than individual centre, is registered with Ofsted, and will allow for more flexibility across reach areas.

The model will allow staff to work flexibly across a local area to meet need. It has been made clear through consultation that the consistency of staff at a venue is vital to building trust with families. This will be factored into the new model to ensure a consistency of service to families.

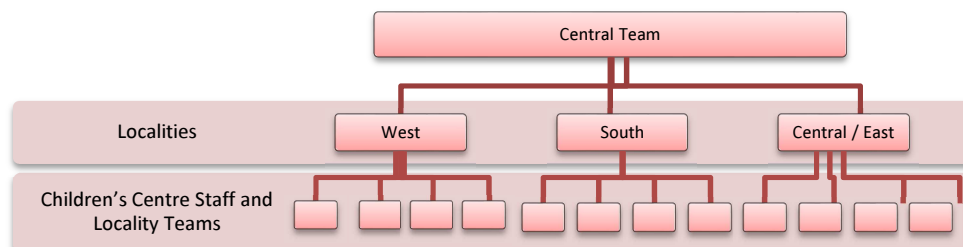
Local families will find an improved registration and access process in place and the locality model should mean more focus on specialist services to meet individual needs.

The impact on our other partners as customers will be a more streamlined strategic approach to partnership working and a greater understanding of local needs across a wider area.

#### 6.4.2 Management of the service

The new early years model will all be managed through a single organisation, the council. This will allow for consistency across the service in regard to performance management, targets and outcomes.

The new early years model will include a core central team and 3 localities with staff and management working within the locality structure [see diagram below];



*This is not indicative of the full staff structure, which will be released at the start of staff consultation in early 2015.*

The management capacity currently with schools to provide the core children's centre function as part of the Service Level Agreement in the 8 children's centres currently delivered by schools has been factored into the central management resource. This means that there will be increased capacity to support the effective management of the new model. The central team will also enable the development of the locality model for children's centres. They will ensure that governance is in place and that there is a cost-effective impact on early intervention. They will also plan for the expansion of the Free Entitlement to Early Education two year old offer and a focused approach to quality in all of our early years' provision across the borough. These early years' functions will be brought together under one specialist management control to ensure streamlined performance, development and a joined up early years offer. Longer term arrangements for the early years' service will be facilitated by this focussed approach.

### 6.4.3 Governance

The change to a single organisation delivering children's centres across Barnet necessitates a new role for schools and advisory boards.

As part of the implementation of the early years model the council will work closely with schools to develop a solution that allows there to be a more cohesive and strategic locality based approach whilst maintaining the advantages of a close relationship with school.

The public consultation and discussions with schools picked up issues around governance, particularly the involvement of schools in the overall planning and management of children's centres. There was also a significant amount of feedback from parents and other stakeholders in the consultation process around ensuring the involvement of parents and community groups in the decision making of children's centres.

The new model will have an inclusive and structured approach to governance where schools are able to give weight to schools viewpoint and use schools experience and knowledge of the local community, families, the site and area, education and other issues picked up through school expertise and professional understanding.

We are proposing a structure with three local advisory boards serving the new localities. These will be chaired by a local parent where possible as recommended by statutory guidance and will include key stakeholders. As hosts of children's centres and close partners of the local authority, schools should be an integral part of each board.

The local board will undertake issues regarding service planning, needs analysis and joint working issues. Recruitment and selection of staff and managers will be dealt with via the board and key partners will be asked to participate in the process.

In addition to the local boards, there will be a central early years partnership which will be made up of key stakeholder representatives from local advisory boards. This will look at overall planning, strategy and issues linked to other overarching issues such as health, education, economic activity and adult learning.

There will be further work undertaken through the detailed design process to ensure that parents and community groups can be involved and have influence over decisions at a local level. We will continue to engage with parents and community groups to ensure whatever model is designed allows parents and local communities to have an influence and be involved in their local Children's centre.

#### **6.4.4 Operational changes**

As set out in section 6.2 the council has recommended that the early years service is delivered by the council. This will mean that the council has management responsibility for all children's centres.

However, the Council recognises collaboration with schools is essential to the success of the new model and will continue in discussions with schools to establish the best and most cost effective way to organisation operational issues such as premises, IT, staffing, access and other logistical issues. Where it is mutually beneficial sharing of particular services or premises this will be explored.

#### **6.4.5 Resourcing**

In the new model resourcing will be attributed by locality, rather than individual children's centres. Resourcing of the locality model will be based on a needs analysis undertaken through the early years review and the allocation of resource will continue to be based on the number of 0-5 year olds in each locality and the level of deprivation. This will ensure the council's resources are targeted and based on need, whilst ensuring sufficient resource to continue to run universal services across the borough.

#### **6.4.6 Integration of health visitors and early years**

As outlined in section 6.3 from 1 October 2015, the Government intends that local authorities take over responsibility from NHS England for commissioning (public health services for children aged 0-5.

In the new organisation objectives will be aligned to both services, and shared functions will be co-ordinated to deliver these outcomes. There are key co-ordination roles at both locality and central level which allow this integration of purpose and activity.

As part of the health visiting service (subject to parliamentary approval) the Government intends to mandate certain universal elements of the 0-5 Healthy Child Programme, namely;

- Antenatal health promoting visits;
- New baby review;
- 6-8 week assessment.
- 1 year assessment
- 2-2½ year review

#### Shared Objectives and Functions

The health visiting service's main objective is to support the Healthy Child Programme and to improve the health and wellbeing of all children in Barnet. The new early years service has been designed to share these objectives. Key functions that are shared between the services are:

- Registration
- Delivery of the universal offer
- Assessment of additional needs
- Collection of good data and Management Information
- Promotion of early years services

#### **6.4.7 Further recommendations as part of the children's centre and family support model**

##### Changing of opening hours for certain buildings

The council reviewed all of Barnet's children's centre buildings as part of the early years review and proposed significant changes to opening hours at three buildings. The review looked at the building at its location, and was not judging the quality of the service offered at these buildings. These buildings were;

- St Margaret's children's centre building
- Hampden Way children's centre building
- Stonegrove community centre

These changes were proposed as part of the early years review public consultation. Whilst the majority of respondents accepted savings had to be made, more responses did not agree with a reduction in opening hours at each site than supported the proposed changes. The following table summarises the general feedback from the consultation, with individual feedback considered in regard to each children's centre below.

The main response from families who use children's centres across Barnet was how important the support, advice and information they receive is, and has been, to their lives. This was the case in the three centres in which the Council proposed significant changes to, with parents at the drop in-sessions for these 3 centres outlining the quality and importance of the services offered.

Whilst more people agreed with the changes to the children's centres building than disagreed as part of the citizens panel survey, the early years questionnaire targeted at children's centre users had more people disagreeing than agreeing with the proposal. Comments made through the consultation included;

- Reducing opening hours is not conducive to being flexible.
- Reducing hours does not allow for quality of service and does not help parents.
- Fewer hours means a lesser service.
- There should be more services, not less.
- Continuity to services should be preserved.
- Do not close or change settings.

### **St Margaret's children's centre**

As part of the public consultation it was proposed that there would be the following changes at St Margaret's children's centre;

- Reduction in opening hours. The building will only be accessible when sessions are being provided.
- The council will explore the use of more venues in the local area, including East Barnet library, to ensure services are delivered in accessible venues for the local community.
- Potential reduction in hours of service delivery in area due to relative lack of deprivation.

The proposed changes received the following feedback;

More respondents who completed the early years targeted questionnaire (25.3%) disagreed with the proposal for significant changes to services at St Margaret's children's centre, compared to 14% who agreed with the changes. The citizen's panel was more supportive of the proposed changes, with 23.3% agreeing with the proposed changes and 14.1% disagreeing. In both surveys approximately 60% neither agreed or disagreed or answered 'don't know'. The following feedback was collected from the drop-in sessions;

- The key message was that children's centre was very important to the local community, especially in the early days when the child is young and the parents can feel isolated.
- All parents urged that services should not be reduced too much as they were important to the local service.
- There were limitations at St Margaret's with sharing with the nursery (e.g. sharing the main hall).
- Being local was very important as it meant it was easy to get there without a car.

### **Recommendation**

Although consultation feedback demonstrated the majority of people disagree with the proposed changes, in order to reduce the service budget and continue to target families with the most need the Council has to make tough decisions. St Margaret's reach area has the lowest reach of all children's centres in the borough, with only 2 deprivation wards (with an Index of Multiple Deprivation score less than 40 per cent). The needs analysis also demonstrates that the number of people receiving interventions (including social care and troubled families) is low.

After considering the responses through consultation the council is recommending that there is still a significant reduction in opening hours at St Margaret's children's centre building and that the detail of this is developed during project implementation. The next steps in regard to service provision at St Margaret's will link directly to the proposed changes to nursery schools.

This combined with the limited space within the current building, which is primarily used as a Nursery school and the relative expensive nature of the site means that the council still believes there is a strong rationale for a significant reduction of opening hours on the site. This is a decision based on the location and suitability, and not on the quality of the services offered.

There is still a commitment from the council to continue to offer services in the local area, and should, through the nursery school review, it become unfeasible to continue to offer support on this site then other local sites will be explored.

This does not mean that the site will be closed and there is still a commitment from the council to continue to offer services in the local area, although at reduced hours. Any decision around the services offered from St Margaret's will form part of the development of the new nursery school proposal, ensuring that the use of the building is in the best interest of early years services.

Consultation responses were very supportive of the service at St Margaret's, and this was taken into consideration prior to making the recommendation outlined above. However, with the reduction in base budget of £700k the service must focus its resources on meeting the need of the most vulnerable in the borough.

### **Hampden Way Children's Centre**

As part of the public consultation it was proposed that there would be the following changes at Hampden Way children's centre;

- Reduction in opening hours. The building will only be accessible when sessions are being provided.
- Services will continue to be offered at Sweets Way

The proposed changes received the following feedback;

More respondents who completed the early years targeted questionnaire (29.4%) disagreed with the proposal for significant changes to services at Hampden Way children's centre, compared to 12.5% who agreed with the changes. The citizen's panel was more supportive of the proposed changes, with 23.1% agreeing with the proposed changes and 13.9% disagreeing. In both surveys approximately 60% neither agreed or disagreed or answered 'don't know'.

The drop-in session for Hampden Way parents was held at Sweets Way (on recommendation from the children's centre manager), therefore the majority of the focus was on the Sweets Way venue, which parents felt was very important. Other comments included;

- Parents were worried about the cuts and the impact on services
- All parents thought the quality of the sessions at Sweets Way and Hampden Way were of high quality.

### **Recommendation**

After considering the responses through consultation the council is recommending that there is a significant reduction in opening hours at Hampden Way children's centre building and that the detail of this is developed through project implementation. The next steps in regard to service provision at St Margaret's will link directly to the proposed changes to nursery schools.

Although consultation feedback demonstrated the majority of people disagree with the proposed changes, in order to reduce the service budget and continue to target families with the most need the Council has to make tough decisions. Hampden Way children's centre building is part of Hampden Way nursery school and is not as suitable as Sweets Way for delivering services. Hampden Way reach area has the

second lowest number of deprived LSOA's, with 1 deprived Lower Super Output Areas (LSOAs), SOA with less than 30 per cent deprivation and 2 under 40 per cent.

It is therefore recommended that there is a significant reduction in opening hours at Hampden Way children's centre, with no impact on services at Sweets Way. The detail of this will be developed through project implementation and the nursery school review. This is a decision based on the location and suitability, and not on the quality of the services offered.

There is still a commitment from the council to continue to offer services in the local area, and should, through the nursery school review, it become unfeasible to continue to offer support on this site then other local sites will be explored.

The majority of people who responded to the consultation mainly attended sessions at Sweets Way that were delivered by Hampden Way staff. Responses were very positive about the support and sessions offered and this was taken into consideration prior to making the recommendation outlined above. However, with the reduction in base budget of £700k the service must focus its resources on meeting the need of the most vulnerable in the borough.

### **Stonegrove Children's Centre**

As part of the public consultation it was proposed that there would be the following changes at Stonegrove children's centre;

- Reduction in opening hours. The building will only be accessible when sessions are being provided.
- Provision will still be made available across the current site (and future community centre), Edgware library & John Keebles Church along with any other identified outreach venues



The proposed changes received the following feedback;

More respondents who completed the early years targeted questionnaire (30.3%) disagreed with the proposal for significant changes to services at Stonegrove children's centre, compared to 16.1% who agreed with the changes. The citizen's panel was more supportive of the proposed changes, with 22.8% agreeing with the proposed changes and 13.3% disagreeing. In both surveys approximately 60% neither agreed or disagreed or answered 'don't know'.

The following feedback was collected from the drop-in sessions in regard to the significant changes;

- Stonegrove is an area with high levels of need, especially where there is currently temporary housing / families moving due to regeneration.
- The children's centre has a very important role in the local community, any reduction in hours would have a big impact on the community.
- Trust is key to a good service and this is only built over time. The staff and support has been very positive and it was felt it is important to keep these services.
- The council should try and keep as much support as possible, but can understand the financial pressure.
- Should not close the centre, it is very important. If it was closed people would feel isolated.
- Worry that there could be a break down in the links with the community that have been built over a long period of time, and that children's centres are
- The children's centre has good relationship with the church, and other community support such as the food bank.

## Recommendations

After considering the responses through consultation the council is recommending that there is a significant reduction in opening hours at Stonegrove children's centre (St Peter's Community Hall) building and that the detail of this will be developed through project implementation.

Although consultation feedback demonstrated the majority of people disagreed with the proposed changes, in order to reduce the service budget and continue to target families with the most need the Council has to make tough decisions.

The Stonegrove community centre building is relatively isolated and a significant number of families within the children's centre current reach area access services at other locations. For example, the majority of families in the two of the three most deprived lower support output areas (LSOA) in Stonegrove's reach area access services elsewhere, either run by Stonegrove staff (John Keebles / Watling Centre) or attend sessions at Barnfield or Fairway children's centre. Furthermore, due to the regeneration on the Stonegrove estate the number of families attending sessions at Stonegrove children's centre has decreased over the past few years.

As part of the decision making process the council has considered the fact the lower super output area around Stonegrove children's centre is one of the most deprived areas in the borough (with an Index of Multiple Deprivation score of 12%). This area is deprived, but a relatively small number of people when put in context of the whole borough.

Therefore, the council has come to the conclusion that there is still a strong rationale to significantly reduce the number of hours offered at the Stonegrove children's centre building, but will continue to offer some services to meet the needs of the local area. This is a decision based on the location and suitability, and not on the quality of the services offered.

In January 2016, when the regeneration scheme is complete the current functions and services offered at St Peter's Community Hall will transfer to the new community centre. The council will continue in discussions with the community trust to ensure that early years services are offered in the community centre and work alongside the other proposed services.

The council will continue to review the need in the local area, as it will across the borough, and apportion resources in this manner accordingly.

### **Next steps**

1. Detailed design will continue and inform the service provision at all the centres, this will involve engagement with all the children's centres, school, headteachers and governing bodies, our strategic and operational partners and local stakeholders and service users and input from local parents.
2. On-going discussions around the delivery of the new nursery school review will inform what provision is offered at St Margaret's and Hampden Way.
3. The council will continue to work with the Stonegrove Community Trust and ensure the offer of children's centre and early years provision in the new Stonegrove Community Centre.

### **6.4.9 Increasing the involvement of parents and communities in children's centres**

As outlined in section 5, increasing the involvement of parents and communities in children's centres is a key strategic objective. The new model will allow for parents and communities to have more involvement in children's centres, with greater degree of flexibility, utilising the skills of parents and the community more effectively.

The involvement of parents and the local community achieves two key objectives, expanding the reach and capacity of the early years service, helping parents and volunteers develop their skills and build confidence and supporting volunteers into employment.

In order to increase volunteering the new service needs to ensure there is capacity to support, train and develop volunteers. The new model will ensure there is a

capacity within the roles of both locality management and front-line staff to support, develop and mentor volunteers. Each volunteer will have a specified role description with performance reviews, to enable to support volunteering supports individuals back into work.

## **Childcare and Early Education**

Sections 6.5 and 6.6 cover the areas of the early years in relation to childcare and early education. The proposed options are analysed against the strategic objectives outlined in section 5, with a particular focus on;

- Ensuring high quality education in Barnet
- Ensuring a sustainable (cost neutral) model for early education, including children's centre childcare.

### **6.5 Children's centre childcare**

There are currently seven children's centres offering childcare in Barnet. The childcare offer ranges from wraparound care for a small number of children (Coppetts Wood) to a large childcare setting (Fairway). Each children's centre venue is in very different locations and facilities; this means that a bespoke approach is required in each different children's centre.

#### **6.5.1 Strategic aims of childcare in children's centres**

- Offering high quality, affordable childcare.
- In particular, provision of places for those eligible for FEE2.
- Identifying and supporting vulnerable families.
- A cost neutral childcare service.

#### **6.5.2 Rationale for change from original recommendation**

As part of the outline business case a recommendation was made that childcare should continue to be offered as part of the children's centre model alongside the core children's centre offer.

Since the outline business case was produced the full subsidy to children's centres childcare has been removed (April 2014) and the current service model has proved, in some cases, to no longer be sustainable. The subsidy reduction to childcare is outlined in the table below;

<b>Children's Centre</b>	<b>Subsidy</b>		
	<b>2012/13</b>	<b>2013/14</b>	<b>2014/15</b>
Coppetts Wood	£28,447	£8,366	£0
Fairway	£54,149	£15,926	£0
Newstead	£111,398	£32,764	£0
Parkfield	£104,327	£30,684	£0
The Hyde	£65,953	£19,398	£0
Underhill	£57,192	£16,821	£0
Wingfield	£55,448	£16,308	£0

<b>Total</b>	<b>£476,914</b>	<b>£140,267</b>	<b>£0</b>
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A key strategic aim of the children's centre childcare offer is that it must be cost neutral, with funding coming from Early Years Single Funding Formula (EYSFF) payments or private payments from parents.

The council has undertaken further analysis of the business models, with the National Day Nurseries Association (NDNA) conducting a health check on two of the local authorities' business models for childcare and further work to establish the most beneficial way to move forward.

The council has also engaged with schools with a children's centre on site to establish whether there is a mutually beneficial arrangement in regard the provision of childcare at schools. These discussions are on-going but have demonstrated to the council that there may be potential for schools to continue to offer high quality child care within the EYSFF.

These options have been considered against the same factors as the original options appraisal, which were;

- Management
- Ability to use childcare for family support
- Economies of scale
- Sustainability of childcare

Options	Advantages	Disadvantages	Score
Option 1 – School provision of childcare	<ul style="list-style-type: none"> <li>• Schools are used to focusing on quality and outcomes.</li> <li>• Would require an SLA rather than a procurement exercise.</li> <li>• Schools have a more cost effective business model.</li> <li>• Can take advantage of broader early education expertise.</li> </ul>	<ul style="list-style-type: none"> <li>• Not core business for schools – especially provision for long days / during school holidays.</li> <li>• Limited 2 year old expertise.</li> </ul>	4/5
Option 2 – Part of the core children’s centre model	<ul style="list-style-type: none"> <li>• Full control over places – able to use as targeted family support tool.</li> <li>• Reduced complexity of delivery model.</li> <li>• Chance to re-evaluate the childcare model across the three centres.</li> </ul>	<ul style="list-style-type: none"> <li>• Hard to be financially competitive given council terms and conditions.</li> <li>• Management focus can be diverted to immediacy of childcare.</li> <li>•</li> </ul>	4/5
Option 3 – Outsource childcare	<ul style="list-style-type: none"> <li>• Provider will be able to utilise existing infrastructure.</li> <li>• Potential to reduce costs infrastructure.</li> </ul>	<ul style="list-style-type: none"> <li>• Private sector provider would take out profit.</li> <li>• Higher risk of community links / local focus deteriorating.</li> <li>• Hard to find provider with likely contract specifications (e.g. expanding 2FEE).</li> <li>• Introduces an additional provider which complicates running of the centres.</li> </ul>	3/5

### 6.5.3 Recommendation

It is therefore recommended that the council has two different approaches depending on the circumstances.

- 1. Where it is appropriate and in agreement with a school, the councils prefer option is for schools to continue to deliver childcare when located on school sites.**
- 2. Review children’s centre childcare not on school sites to establish an effective model for each site**

With regard to those centres based on school sites (Coppetts Wood, Fairway and Underhill) both options will be explored. If an arrangement can be made with schools

the continued provision of childcare will be formalised through an alteration to the current service level agreement (SLA).

The proposed approach to childcare for those centres not on schools sites or are under local authority management (Wingfield, Newstead and Parkfield) is to continue to deliver childcare alongside the core children's centre offer (option 2 in the table as part of the table above, 6.5.2), although review the business model across the three sites to ensure that the delivery of childcare is cost neutral and that this remains the best option for effective and efficient services.

The final children's centre which has a childcare offer is the Hyde. There is currently an interim arrangement at the Hyde children's centre where the childcare has been incorporated into the Hyde nursery class provision. This is an interim solution and on-going discussions with the Elliot Foundation will continue.

The next steps will be to continue discussions with schools and develop a set of options, developed from through the early years review to ensure that the new model of childcare in children's centres is cost neutral.

## **6.6 Early years standards and childcare support**

Currently a wide range of support is offered for childcare providers from a variety of teams. Whilst the teams work fairly well together, the fragmented nature of how the support is delivered creates a confusing system for providers to understand. A more coherent approach to support childcare settings could reduce duplication, improve the ability to target resources and improve accountability.

See section 3.3 for a clear outline of the role of the Early Years Standards and Pre-school inclusion team. This details the importance of these teams having clear links to Education & Skills.

### **6.6.1 Strategic aims**

- Increase the quality of early years provision in the borough in order to offer better life chances for children.
- Target this support to where it is most needed – children in our most deprived areas are currently more likely to be in lower quality childcare.
- Ensure there is sufficient provision of childcare in the borough and in particular that parents are able and encouraged to take-up their free entitlement for early education at 2, 3 and 4 years old.

In light of the changes to make Ofsted the sole arbiter of quality, and the non-statutory nature of some functions, the council could significant reduce the support offered to early years providers. Given the strategic aims above though, it is suggested that the early years standards and childcare support teams should offer:

- Targeted training and support to settings. This leaves Ofsted as the sole arbiter of quality and allows the council to focus on supporting the development of those that 'Require Improvement' or are 'Inadequate' to

ensure all children access a childcare setting that offers a 'Good' level of early education.

- Wider training and support should be developed on a traded basis for the full range of providers, regardless of quality.

The table below outlines a table exploring the main options for the early years standards and childcare support teams.

Potential options	Definition	Advantages	Disadvantages	Score
<b>A. Do nothing</b>	The early years standards and childcare support teams continue in their current configuration.	<ul style="list-style-type: none"> <li>- No disruption to staff.</li> <li>- The teams work fairly well together.</li> </ul>	<ul style="list-style-type: none"> <li>- The fragmented nature of how support is delivered creates a confusing system for providers to understand</li> <li>- Doesn't allow for strategic use of standards and support teams.</li> <li>- Doesn't allow for a more effective model.</li> </ul>	1 / 5
<b>B. Centralise and align to the early years service</b>	The early years standards and childcare support teams are centralised and developed into one team under Family Services	<ul style="list-style-type: none"> <li>- Can strategically use resource to target settings effectively.</li> <li>- Most cost effective childcare standards and support team.</li> <li>- Providers have one point of contact for early years support.</li> <li>- A more coherent approach will reduce duplication and improve accountability.</li> </ul>	<ul style="list-style-type: none"> <li>- Risk that if elements are moved away from education &amp; skills the 'education' element is diminished.</li> </ul>	4 / 5
<b>C. Centralise and align to school standards teams</b>	The Early Years Standards and childcare support teams are centralised and developed into one team under Education & Skills	<ul style="list-style-type: none"> <li>- Can strategically use resource to target settings effectively.</li> <li>- A more cost effective childcare standards and support team.</li> <li>- Providers have one point of contact for early years support.</li> <li>- Retains key focus on education element of early years</li> </ul>	<ul style="list-style-type: none"> <li>- Diminishes ability for a wider focus on early years.</li> <li>- Splits early years leadership.</li> </ul>	2 / 5



## 6.6.2 Recommendations

There is no change to the recommendation made as part of Outlines Business Case development and **option B – centralise and align to the early years service** is still the recommended approach to be implemented. The early years standards team has already transferred to the early years' service and the consolidation of the team will be a key part of the new model for early years, this will include the Early Years Standards Team, Business Team and Childminding Team being brought together under one management with staff aligned to localities to further strengthen links with children's centres.

There has been a change in regard to the teams which will be consolidated as part of the early years review. Initially the pre-school inclusion team and area SENCOS was included as part of the recommendation. This has change and the rationale for this change is outlined below.

## 6.6.3 Rationale for change from the recommendation made in the outline business case

The outline business case proposed a horizontal integration of all Early Years, which is no doubt required. However, parents and the Local Authority would be better served by vertical integration in a 0-25 service for children and young people with disabilities for the following reasons;

- Vertical integration allows strategic planning for the whole of the education experience for children with SEN and their parents.
- To allow key decisions such as placements to be made in the early years without reference to progression to mainstream or specialist provision later will undoubtedly create expensive patterns of increased demand for specialist placements throughout the system.
- There is already evidence of a significant increase in the number of Early Years statements as the local authority has not focussed sufficiently on directing the focus of the Pre-School Teaching Team and Area SENCOs. Steps are now being taken to redress this, in particular by taking back control of the Early Years inclusion funds, setting out new approaches to avoid early statutory assessment and instituting new processes for placements involving the local authority.

Therefore it is recommended that consolidation of the Pre-school inclusion team and Area SENCO's into the early years consolidated team risks diluting the local authorities' capacity to correct the high risk scenario faced in SEN and therefore will not continue as planned in the outline business case.

#### **6.6.4 Service model for early years standards and childcare support**

The new early years standards and childcare support team will sit as part of the early years service model, integrated into children's centre locality structure. The team will include the following functions;

- Early years standards
- Sufficiency and access

The early years standards team will continue to focus on quality and standards and will also continue to commissioning the childcare support contract currently provided by the Barnet Pre-School Learning Alliance.

Furthermore a strong links with Education and Skills need to be maintained so that the robust focus on raising outcomes for children at the end of the EYFS is retained.

The early years standards team will be designed so it can clearly link into the role of the Barnet School for Early Years Excellence being developed by the Nursery school head teachers and the commissioning of the DSG teaching advisory funding will sit as part of this team, ensuring that this funding is used in children's centres to the most cost effective and targeted manner – ensuring that children's centres are challenged and developed effectively.

Sufficiency and access covers business support to the whole early years sector, including registration support as well as the expansion of the Free Entitlement to Early Education for two year olds, brokerage for parents and oversight of the Free Entitlement for Early Education for 2, 3 and 4 year olds.

There will be links to both the Pre-school Inclusion Team and Area SENCOs and the Children's Service Workforce Development will be developed, as well as key links to other services which support the early education offer in Barnet.

#### **6.7 Delivery models**

The series of recommendations above that pull together large parts of the early years provision in Barnet into a single model (delivered by the council in the short term) it is now logical to consider who is best placed to deliver. This includes consideration of all the services considered above, apart from Nursery Schools which will be delivered separately as a maintained school.

The outline business case options appraisal considered the following options for the long term delivery model;

- In-house council led service
- Outsourced service
- Employee-owned company
- Local Authority Trading Company (LATC)

#### **Recommendation**

The recommendation in the Outline Business Case was that an employee-owned company was the desired long-term delivery vehicle for early years services. When this recommendation was proposed at Cabinet on 2 April 2014 it was not approved. The rationale was that in order to approve a recommendation for an employee owned company there would need to be evidence of staff support for the proposal.

Through the assessment phase which has informed the Full Business Case it was established that effective engagement with staff on the delivery model would not be possible until the new management structure was in place and therefore the updated recommendation is that **a timeline should be established for developing the proposal in more detail and a recommendation made to the Children's, Education, Libraries and Safeguarding Committee (CELS) in October 2015.**

It is recommended that until this proposal is made the service is delivered by the council, in-line with recommendation made in section 6.2. A separate management agreement will be put in place between the Commissioning Group and Early Years based on the full business case and the key early years outcomes.

This phased approach will allow for the first phase of transformation to deliver the new early years target operating model. Once the new management team and staff structure is in place further engagement with staff on the delivery model options can be undertaken, informing a recommendation to be made at the key gateway in October 2015. This timescale links directly to the decision on integration of health visitors, which will need to be a key consideration in the development of a new delivery model

## 7. The case for public health investment

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As emphasised throughout the business case, the early years of childhood development present us with the best early intervention opportunity across the public sector to improve outcomes for local residents and reduce the financial burden on the state. Whilst it is achievable to develop the vision outlined in the early years review of supporting more vulnerable families at the earliest stage, whilst reducing the budget by £700k, any further 'stop' savings would significantly limit the ability of the service to improve the health and wellbeing of all families in Barnet, especially the most vulnerable.

Further stop savings could be achieved by reducing the service to a statutory minimum early years service, requiring an estimated base budget of approximately £2m. This would allow the service to continue to fund approximately 5 main children's centres, which would be focused in areas of deprivation. However, it is highly likely that any such reduction would be highly likely to lead to poorer outcomes for families and as a result an increase in social care in excess of this saving.

However, with investment of £1.5m per year by 2019/20 of public health funding there is potential to manage demand for social care services, increase the life chances of all children in Barnet and for wider savings to be achieved across the public sector. The new model will allow the service to increase its reach through integration with health visitors and improve involvement of the community, including an increase in volunteers and links to community groups.

The key outcomes outlined for the early years review align with both the Public Health Outcomes Framework and a key principle of the Barnet Health and Wellbeing Strategy.

Public Health Outcomes Framework;

- Children in Poverty
- School readiness

Barnet Health and Wellbeing Strategy;

- 'Preparation for a healthy life – enabling the delivery of effective pre-natal advice and maternity care and early-years development'

Public Health England's Health and Wellbeing Framework for England includes the 'Best start in life' as one of six priority interventions for public health. The new early years model also aims to take action to empower local individuals and communities, emphasised as part of the Marmot Review.

The £1.5m of public funding would be used to support the universal outreach function and management of the service, whose role is to meet the outcomes set out as part of the early years review. Functions of this role include to;

- Provide high quality, evidence based interventions
- Deliver inclusive universal, preventative and targeted specialist services

- Outreach to encourage access and identify targeted groups

Universal services in children’s centres include stay and play sessions, baby groups and parenting advice and information. These services are key to engaging with families and identifying families who made need further support through the range of targeted services offered. Community and Outreach workers have a key role in linking with community midwives, health visitors and wider community groups and organisations.

## 8. Expected Benefits

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### 8.1 Financial benefits

#### 8.1.1 Children’s Centre and Family Support

##### Short term savings

The changes proposed as part of the new early years Full Business Case will reduce the family services budget by £700,000. As the new model will go live on 1 August 2015 the savings achieved through these changes will be profiled across 2015/16 (£525,000) and 2016/17 (£175,000).

The £700,000 savings will be achieved through implementing a new early years service model with a more cost effective and streamlined management and administrative system. The new early years model has been designed ‘from the ground up’, meaning it has been modelled based on the key functions the service needs to offer. By doing this, rather than trying to re-model the old service, inefficiencies and duplication are removed and it allows for a more efficient service model.

##### Consultation feedback

In both the early years review questionnaire and citizen’s panel questionnaire the most popular responses were ‘reductions in management and administrative costs’ and ‘relocation of services where the current location is expensive or unsuitable’. In the early years questionnaire the least popular response to be pursued was reductions in the number and/or type of activities offered, followed closely by reductions in support to childcare settings. In the Citizen’s panel survey the lowest responses were around reduction in support to childcare settings in Barnet and reductions in family support to the most vulnerable families. Reduction in opening hours at some centres was the third least popular option in the early years review questionnaire but third most popular in the citizen’s panel questionnaire.

##### Long term (avoid costs);

The new model will allow for a new early years system that will be able to identify and support vulnerable families better. By continuing to invest in early years services there is the potential to make savings through the reduction of social care costs through improved early intervention and prevention. The business case projects

financial benefits from reduced costs from the looked after children budget of £321,000 by 2019/20, with potential for further £500k savings from 20/21 to 2024/25. The table below outlines the costs avoided and where the saving will be made.

<b>Benefit type</b>	<b>Description of benefit</b>	<b>Financial year</b>	<b>Saving (Cumulative)</b>	<b>Saving breakdown (Cumulative)</b>	<b>Where is saving made</b>
Financial	Costs avoided	2016/17		£0	N/A
		2017/18	£131,000	£88,000	Looked After Children
				£43,000	Assessment & CiN
		2018/19	£291,000	£196,000	Looked After Children
				£95,000	Assessment & CiN
		2019/20	£321,000	£216,000	Looked After Children
£105,000	Assessment & CiN				

Assumptions:

- We assume LAC savings at £40k per child kept out of care.
- We assume numbers kept out of care at 114 placement weeks in 2017/18, 255 placement weeks in 2018/19 and 281 in 2019/20.
- We assume savings on assessment and CiN of 1.5% in 17/18 and 4% in 18/19 & 19/20 on total budget of £2.7m.

## 8.2 Non-financial benefits

### 8.2.1 Children's Centres and Family Support

Benefits of a locality model managed by one organisation (the council);

- The ability to share resources, learning, training and expertise across the borough.
- The opportunity to be flexible in use of venues and the service offer across localities to adapt to changing needs and demographics of the borough
- Allow a whole borough strategic approach to early years, ensuring consistency and effective performance management across the network
- Allows for integration of health visitors into the early years model
- Improve co-ordination of the early years model with a range of partners

Benefits of integration of health visitors in Barnet;

- Clear accountability for health visitors in the early years agenda
- A shared vision between health visitors and children's centres
- The best model for early identification and support of vulnerable families, increasing reach as the universal service health visitors offers reaches 100% of all new births.

Further benefits of the new model include;

- Improve the ability of early years services to identify and support the most vulnerable families in the borough, improving life outcomes for the boroughs most vulnerable children.
- Increasing the number of volunteers, which will increase the capacity of the early years service
- Relationships with community groups and the involvement of parents on advisory boards, parent forums and the decision making at children's centres.
- Improved management information and using local knowledge and data to provide the right services in the right areas for those who need them the most
- Closer working with the wider early years health agenda, including community midwives, peri-natal mental health and speech and language therapy.
- Children's centres to working with childcare providers across the borough – ensuring where a need is identified parents are referred
- Improving the relationships with schools across the borough to ensure a strong relationship and an effective use of resource
- Closer working with adult social care and public health services (e.g. mental health, domestic violence and drugs and alcohol services).

## **8.2.2 Childcare and Early Education**

Benefits of a cost neutral childcare offer in children's centres;

- Continued offer of high quality early years provision in children's centres
- Continue to offer support for the FEE2 year old places in the borough

A centralised and aligned early years standards and childcare support team;

- Provide a simpler and more streamline offer to childcare providers
- Improve targeted use of resources to support childcare providers who require the most support.
- Ensure sufficient high quality childcare, especially in regard to the expansion of the FEE2 offer.

## **8.2.3 Outcomes and benefits tracking**

The non-financial benefits outlined above are significant and are designed to improve the key outcomes below.

In order to justify continued investment in early years services it is important we have a way to measure the impact against these outcomes, and the outcomes below are all measurable and can be tracked to analyse the impact of early years provision in Barnet.

The outcomes below all fit into the wider objective of reducing child poverty in the borough and reducing the number of children going into care, onto a child protection plan or receiving support from the intense family focus team.

Outcomes	Key measures
<b>Identification and support for the most vulnerable.</b>	<ul style="list-style-type: none"> <li>• An increase in the percentage of closed cases (family support and CAF) in children’s centres where needs are met.</li> <li>• Impact on positive outcomes for targeted children and families (e.g. through outcome star framework or other appropriate evidence-based frameworks).</li> <li>• Tracking of the number of escalations from CC support (CAF and FS) to social care as well as those avoided [t</li> <li>• Consistently scoring above the 65% Ofsted inspection requirement for targeted families reached.</li> </ul>
<b>School readiness for all children in Barnet</b>	<ul style="list-style-type: none"> <li>• An improvement in early years foundation stage profile (EYFSP) scores for children in targeted groups with a decrease in the gap for those children from target groups and the local average. <i>(Note that this measurement will change in 2015 and become school-specific)</i></li> </ul>
<b>Health outcomes for all children in Barnet</b>	<ul style="list-style-type: none"> <li>• A continued high level of breastfeeding initiation and an increase in the number of supported mothers who continue to breast feed at 6-8 weeks.</li> <li>• Improved pre and post measurement obesity levels in young children due to impact of health eating interventions</li> </ul>
<b>Sufficiency of high quality childcare places for children in Barnet</b>	<ul style="list-style-type: none"> <li>• Sufficient childcare across the borough as measured through the Childcare Sufficiency Assessment (CSA)</li> </ul>



	<ul style="list-style-type: none"> <li>• An increase in the percentage of childcare settings in the borough achieving 'good' or 'outstanding' Ofsted judgement'</li> <li>• Ensure sufficiency of 2, 3 and 4 year old FEE places in the borough.</li> </ul>
<b>Increase the number of adults returning to work with young children</b>	<ul style="list-style-type: none"> <li>• An increase in the number of adults who receive education and support returning to work.</li> </ul>

These outcome measures are designed to be high level measures which indicate the success of the early year strategy and not targets set for individual teams in the early years service. Outcome measures set for individual early years teams will relate to the above objectives but will be developed as part of the more detailed design and implementation prior to go live of the new model.

The new early years model will also focus on those areas where the department of health have identified as high impact areas for health visitors and the wider 0-5 agenda. The 6 key impact areas are;

- Transition to Parenthood and the Early Weeks Maternal Mental Health (Perinatal Depression)
- Breastfeeding (Initiation and Duration)
- Healthy Weight, Healthy Nutrition (to include Physical Activity)
- Managing Minor Illness and Reducing Accidents (Reducing Hospital Attendance/Admissions)
- Health, Wellbeing and Development of the Child Age 2 – Two year old review (integrated review) and support to be 'ready for school'

It is accepted that a range of factors, alongside early years support, can influence these wider objectives such as the household income, unemployment levels and the levels of inequalities in income as well as health and wellbeing.

The outcomes measures detailed above are designed to measure the success of the early years service over the next 5 years, there are other longer term outcomes which improved early education, along with improved public services cross Barnet aim to achieve, these include;

- Reduce obesity, drug and alcohol abuse, and mental health issues in the population.
- Ensure the Wellbeing, Health and Safeguarding of families in Barnet.
- Reduce need for children's social care, special educational needs, youth offending, foster care and adoption.
- Reduce risk of anti-social behaviour and criminal offences
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## 9. Risks

The table below outlines the a summary of key risks associated with the implementation of the new early years model;

Risk Description	Risk Outcome / Impact	Mitigation
Risk to the delivery timescales of the project if agreement on detail of implementation with schools do not progress on schedule	Impact on delivery timescales and potential negative impact on relationships with schools impacting on service delivery	Plan in place for continued discussions with schools, ensuring good communication and staged transfer of operational management
A risk that an Ofsted inspection could be initiated in the transition period or the new model could trigger an Ofsted inspection	Potential impact of significant change meaning service is not resourced to react to an Ofsted inspection	Continuity plans will be put in place and additional resource provided if required to ensure service levels are protected during the transition period.
Risk that suitable individuals cannot be recruited at the required level for both implementation roles and in the new structure	This could impact on the success of change management, delivery timescales service delivery	There is a plan to allow for a sufficient period of time for recruitment, with job evaluations at market value to ensure recruitment
There is a risk that the proposed timescales slip, especially in regard to IT work stream	Delays impact on project timescales, impacting on delivery of savings, service delivery and staff morale	Detailed implementation planning with adequate resources against work streams
There is a risk of impact to service delivery during the change process.	Possible impact on service quality	Effective Change Management procedures have been planned as part of the implementation process
There is a risk that the proposed Stonegrove insourcing takes too long to be part of formal restructure.	This is likely to impact on project timelines and/or on staff transferring to the council	Early engagement with Stonegrove about transition process and plans
There is a risk that the proposed implementation costs for the project may be inaccurate as mainly based on assumptions /estimates	The actual cost may be much higher than expected that makes the project expensive and the council subject to reputational damage	Detailed review of proposed implementation costs to ensure they are robust enough

## **11. Implementation**

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This section outlines the timescales, actions and associated costs of the implementation of the new early years model.

As at October 2014, the project has reached the conclusion of the evaluation stage and is ready for implementation, subject to approval from the Children, Education, Libraries and Safeguarding Committee on 28 October 2014.

Through the implementation the project will continue to follow standards Barnet project management methodology and be managed through the early years review project board.

The delivery of the Early Years Implementation Plan will be the responsibility of the Delivery Unit with the Assistant Director for Early Intervention and Prevention, Duncan Tessier, as the Project Sponsor.

The Commissioning Group will be responsible for the delivery framework for the Health Visitor Integration with Family & Community Well-being Lead Commissioner, James Mass, as Accountable Officer.

### **11.1 Key Milestones**

Implementation of the project will commence following approval of the full business case, with implementation of the operating model by 1 August 2014.

- 28 October 2014 – Full Business Case to Children, Education, Libraries and Safeguarding Committee for approval
- Early 2015 – Staff Consultation on structural changes to early years service
- 01 August 2015 – Go live date for new operating model
- 01 October 2015 – Commissioning responsibility for health visitors transfers to public health.
- October 2015 – Detailed recommendation on form of integration of health visitors and early years services
- October 2015 – Recommendation on the future delivery model for early years to Children, Education, Libraries and Safeguarding Committee for approval

More detailed project timescales are outlined below;



## 11.2 Roles and target timelines

The table below outlines the key actions for the implementation of the new early model.

	Description
<b>Vision</b>	Delivery principles and approach
<b>Network planning</b>	Venues and buildings
	Service offer
<b>Delivery framework</b>	Policies, operational framework procedures developed
	Management framework
<b>Staffing</b>	Including TUPE, voluntary staff, transfer of school staff, childcare roles and new skills framework.
<b>Budgets</b>	Set up detailed budgets and detailed financial processes
<b>Childcare</b>	<ul style="list-style-type: none"> <li>• Develop future model for children's centre childcare</li> <li>• Develop process for childcare sufficiency and FEE2 offer</li> </ul>
<b>Contracts</b>	Service Level Agreements, contracts, estates and IT co-ordination,
<b>Governance</b>	Ensure it reflects key partners and families in locality, effective and transparent decision making process are in place

## 11.2 Resources

The Table below outlines the resource requirement to deliver the changes proposed as part of the early years review. The resource requirement for the delivery of the new early years model is **£345,290** the details are outlines in the table below;

Role	Description	Cost	Time
<b>Project Management</b>			
Project management team	Project management responsibility for delivery of Early Years Implementation outputs	£82,500	9 months
<b>Operational Implementation</b>			
Early years Transformation Manager	Strategic development and management responsibility for delivery and implementation of new operating model; includes overall management of staffing, recruitment, service delivery, stakeholder management; organisational/ policy development	£99,840	8 months
Service	Development of policy, practice and	£126,950	9

Development Team	procedures. Ensuring operational readiness for go-live of the new way of working.		months
Transformation resource (technical)	Developing service level agreements with schools and partners	£36,000	3 months
<b>Total for Operational Implementation</b>		<b>£345,290</b>	

There will be Estates and IT costs as part of the implementation of the new early years model and these will be considered as part of the capital budget cycle between December 2014 and March 2015.

Final decision on the allocation of resources outlined above sits with Policy and Resources Committee and will be part of the capital budget cycle between December 2014 and March 2015.

Further council resource will be required to support the integration of health visitors into the early years services and this will be outlined as part of the October 2015 paper which detailed a recommended form of integration.

#### **11.4 Assumptions**

There will be no delays in approval of restructure proposals either through officer boards or member committees

- Officers within Family Services and the wider council will provide the required time and input to enable the successful completion of products to time as planned

#### **12. Dependencies**

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The implementation of the new early years model has the following dependencies;

- The Unified Reward Programme may impact on project delivery timescales and the availability of resources for implementation phase
- The wider Family Services Transformation process could impact on delivery timescales for Early Years
- The project needs to link into the implementation of the Early intervention & prevention strategy.

