

Outline Business Case (OBC): 0-19 Family Hubs

Whilst using this template you should also refer to Barnet's Corporate Project Management Toolkit, which provides further detailed information on Barnet's project methodology.

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The listed headings are those which are considered to be essential for an Outline Business Case. If you have further headings or sub headings please enter them. If you consider that a heading is not appropriate to your project, please do not delete it, but rather explain why.

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1. Introduction and Strategic Context

The Children, Family and Young People Hub (formerly known as the 0-19 Hub) Programme was established in 2017. Its primary objectives are to:

- Develop improved ways of working across care, education and health services to deliver early intervention services to children, young people and their families.
- Site services closer to families, and in a way that promotes co-location and co-delivery of services.
- Create sustainability through cost effective delivery.
- Work with partners to design and deliver the improved ways of working, the siting of services closer to families, and creating more cost effective delivery.

The Family and Young People Hub Programme is part of the Family Friendly Barnet 2020 Programme, which is improving services for children, young people and families in Barnet across a range of different areas. The programme is partnership led and delivered through a range of agencies under a Programme Board that is comprised of Local Authority, schools, community health commissioners, JobCentre Plus, Barnet Homes, Police and Voluntary sector partners. This is because delivery of Early Help services is by a range of different providers, funded or commissioned from different sources. For the programme to be successful in its aims, all partners across health, education, family support, employment, housing and voluntary sector need to be part of its formulation and delivery.

The Project Board itself is advisory, with any decision making on funding or changes to the structural delivery of services resting with individual agencies. For the Council, decision making on these issues rests with the Children's, Education, Libraries and Safeguarding Committee, who may decide to delegate decision making to Council Officers in line with the Scheme of Delegation.

Improved ways of working

The Council is one provider of many that provides Early Help services to children, young people and families. The Council provides some services directly – Youth Services, Family Support and some Children's Centres – and commissions others – school run Children's Centres, Health Visiting, School Nursing and Family Nurse Partnership, and Housing. Other partners which are key providers include: schools, community health services (mental health, maternity services), welfare advice, community policing and the voluntary sector. Partners delivered services are commissioned or funded through various funding streams.

The challenge is that although Barnet has some good Early Help services in place, families (and staff) tell us that:

- Families often don't get the right help first time and can be referred on to different agencies before they access the help they need. This leads to frustration and causes delays in families getting the right kind of support to prevent difficulties escalating.
- As families' needs become more complex, or as they move around the system, the volume of professionals increases. This results in families having to tell their stories multiple times, and risks gaps in information, their story getting lost and a duplication of effort, with families having to attend multiple appointments at different times.

- Families often have children spread across pre-school, primary, secondary and post 16 age ranges. A singular focus on pre-birth, 0-5, 5-16 or post 16 services does not provide a whole family approach and unnecessarily involves layers of professionals on families.

[Source: Questions on multi agency working for practitioners and families in Barnet, October – December 2017, Strategy and Insight Team/Joint Commissioning Team]

This feedback is supported by the observations by Ofsted within their inspection report on services for children in need of help and protection, children looked after and care leavers.

“There is a range of early help provision that is offering some good-quality support to children. However, the services operate independently and do not offer an integrated early help service that provides seamless support to families. This is recognised and work is underway to develop more integrated, locality-based services.”

(Ofsted, para 36, 7th July 2017)

“Strategically, there is further work to do to ensure that multi-agency service provision responds more appropriately to meet the needs of children. This includes the need to clarify pathways with all partners to strengthen and embed the early help offer across all services...” (Barnet Ofsted, para 39, 7th July 2017)

Site services closer to families

Currently, early help services for children, young people and their families are located in a number of different places across the borough, depending on historical links, and which agency provides that activity. Examples of hub working from elsewhere in the country, including from Cheshire/Cheshire West, Southend, Barnsley and Essex, indicate that by bringing services together physically:

- Families don’t get frustrated or confused by trying to navigate local services;
- Practitioners build better relationships and knowledge of local services; and
- There is some financial benefit through reducing the number of touchdown/bases for practitioners, and sharing costs on running office/buildings.

Locally, the BOOST programme, which is focussed on the provision of joined up housing, benefits and employment advice and support, has demonstrated that multi agency hubs close to where service users live work better than individual services either centrally located, or dispersed in other locations.

Delivering cost effective services

As part of the Medium Term Financial Strategy 2015-2020, Members agreed efficiencies within the Early Years/Early Help service, and Youth Service, to be achieved before March 2020. These efficiencies will be achieved by ensuring early help for children and young people is seamless and resources are targeted at those that need them the most. 2017/18 savings have already been achieved through better targeting of existing resources to match needs including use of Public Health and DSG budgets. Further opportunities for efficiencies in 2019/20 will be identified in the development of the new model and will be submitted for consultation and committee consideration as appropriate.

2. Rationale

The rationale for the programme is outlined in section 1.

3. Project Definition

As outlined already, the programme's primary objectives are to:

- Develop improved ways of working across care, education and health services to deliver early intervention services to children, young people and their families.
- Site services closer to families, and in a way that promotes co-location and co-delivery of services.
- Create sustainability through cost effective delivery.
- Work with partners to design and deliver the improved ways of working, the siting of services closer to families, and creating more cost effective delivery.

The programme is aiming to do this via an updated partnership model of working, and has been testing what improved ways of working may look like in one of the three localities in the borough – the East-Central locality (covering High Barnet, Underhill, Oakleigh, Totteridge, East Barnet, Brunswick Park, Coppetts, Woodhouse, West Finchley and East Finchley wards).

The pilot has been delivering since September 2017, and has focussed on supporting children and young people aged 0-19 and their families who are in need of Early Help. The pilot hub has been aiming to do this through:

- Co-location of staff from different organisations in the same location(s)
- Introducing an Early Help Multi Agency Panel to allocate a lead agency/professional and co-ordinate targeted support for individual families in need of Early Help
- Improving ways of working between organisations and different professional backgrounds through shared training and development
- Reviewing our partnership offer in the locality, so it is delivered in the right places, to the right people, has the right impact and is clear to service users and practitioners

In its first three months, the pilot has had some positive effects:

- Schools have been central to developing the model, and have led the two pilots underway in both localities (East-Central and West). Informally, school staff have reported that they are receiving a quicker and more comprehensive response to requests for support for families in need of a multi-agency response.
- Families have had a quicker and more comprehensive response within days of referral. This is due to quicker decision making, better information sharing between professionals and a focus on putting the right lead professional and team in place around the family swiftly. A case study showing the success of this approach is attached to the Outline Business Case as Appendix 2.
- Professionals from 8 organisations across health, education, early help, housing and employment have agreed to co-locate in two locations in the East-Central Locality either on a full or part time basis. This cuts travel time for staff, fosters a culture of more integrated

working, as well as make it simpler to access services because more of them will be based in the same place.

- School based pastoral/family support network has been identified, and staff being supported across the locality to build knowledge and practice.
- Some gaps and duplications in service across the partnership are being identified via the needs discussed at the Early Help Multi Agency Panel and work at the development group.

The pilot has also indicated that a number of long term changes need to be made to help embed the positive improvements in service, as well as get ready to deliver within in reduced resources. These include:

- The need to bring all Local Authority Early Help services across Early Years, Family Support and Youth Services under a single 0-19 service.
- Being clear about roles and expectations for staff within the hub model.
- Having a single management structure and leadership team for Council services which can manage cross disciplinary teams (e.g. teams containing Family Support, Social Workers and Youth Workers).
- Role of delivery via Children's Centres, and how this fits into the hub model in future.
- Critically questioning current traded services that are not currently breaking even, or use of current buildings and whether we can either deliver these in a different way, or use buildings more creatively.
- The need to match the number of staff to the different needs in each locality.
- The need to improve interface with the community & voluntary sector delivering services in the localities so overlap and duplication of effort is reduced and families receive a coherent early help offer
- Further local development work required to improve the interface with statutory services, including maternity services, police, JobCentre Plus, education services and Housing.

Both the pilot, and the long term partnership model itself will need to meet a number of principles which determine whether it constitutes an improvement on the current model of operation. These principles were developed and agreed by partners, and informed by feedback from families and practitioners in service user questionnaires and national work on the effectiveness of Early Help. They also are the core measures in the evaluation programme being undertaken on current pilot work. The evaluation framework is attached to this document as Appendix 3.

These principles are:

- The child is at the centre of all we do
- One Pathway to access services
- There are no hand off points
- We are all responsible and accountable
- Families tell their story once
- Services take a whole family approach to tackling issues
- Accessible for families (both for location and time of day)
- Strong relationships between practitioners

- Right Help First Time
- Responsive and flexible service
- Shared targets and outcomes
- Practitioners share information with each other

In order to achieve these principles, the programme needs to work closely with other key areas of work (most notably around mental health and the special educational needs services for 0-25 year olds) to ensure that young people aged 19 who are in need of continuing support beyond this age have the right services in place.

This Outline Business Case puts forward the initial proposal(s) as to how this long term model can be delivered within the funding envelope available in future years.

4. Options

To resolve the long term model, this Outline Business Case outlines the initial ideas for options available for the Council to achieve the long term changes needed to introduce the hub model fully.

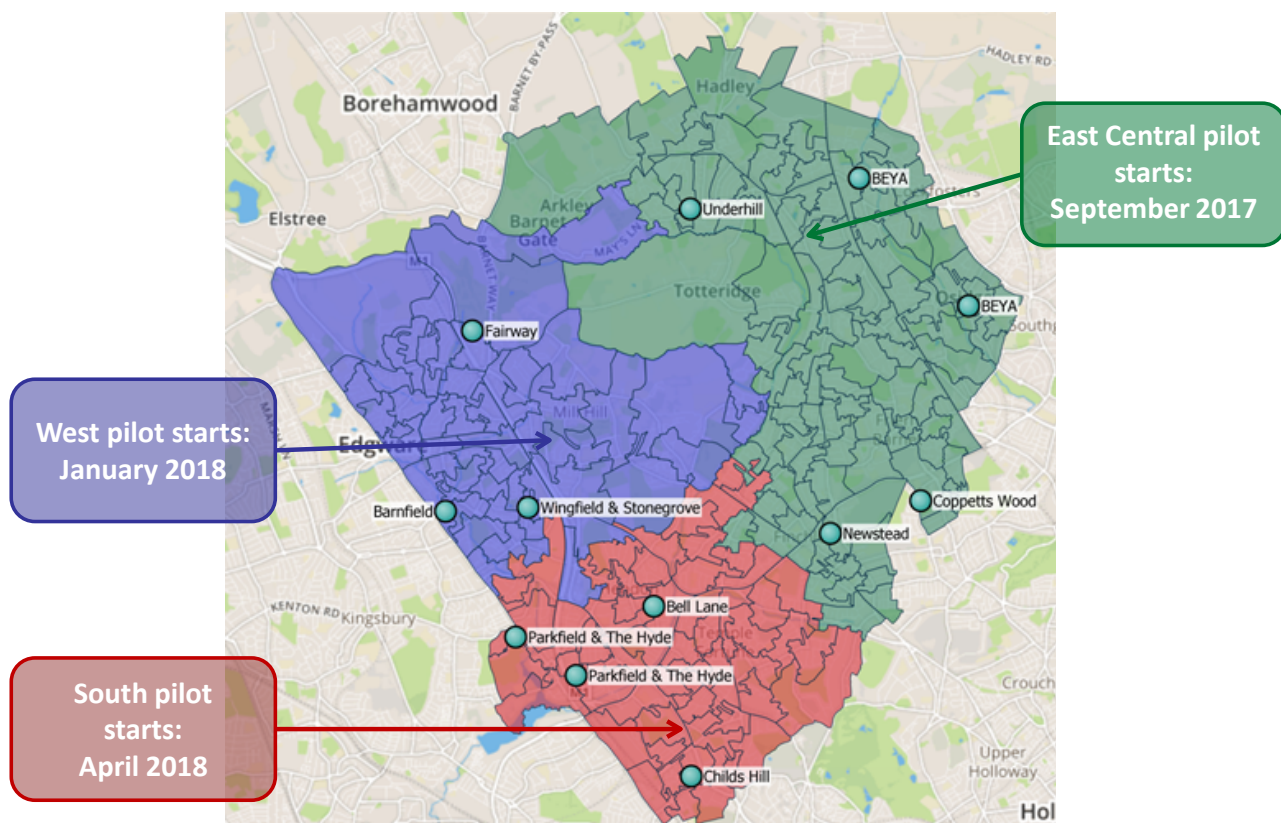
Two options are presented:

- **Option 1 – Move to an integrated 0-19 Hub Delivery Model** – this would involve a move to a single 0-19 Hub service, with shared management; integration of Children’s Centres in the hub model by redefining responsibilities and subsequent funding; Full Cost Recovery of two venues and break even or cease current traded services; and use of other sources of funding (other than General Fund) to support services. It would focus on changing practice, as well as the structure of services. This would achieve benefits in terms of service delivery improvement, as well as the efficiencies required in the timeframe given. Dependent on decisions made by members, the earliest that this model could be in place is January 2019.
- **Option 2 – Roll out of current pilot model, but with no structural change to services** – this would solely involve confirming the current pilot work as long term hub model to be used across the borough. It would focus on changing practice over structure, and involve no structural change to services either delivered or commissioned by the Local Authority. Dependent on the decisions made by members, this model could be in place earlier, i.e. Summer 2018, but it would only achieve some of the benefits in terms of service delivery improvement, and would not be cost efficient.

The preferred option – ahead of consultation and full evaluation of the pilot is option 1, as this achieves both the services delivery improvements and service efficiencies required.

Option 1 – Move to an integrated 0-19 Hub Delivery Model

We would continue to base Local Authority service delivery on the three Children’s Centre localities already in operation within the borough, building on the work of the pilots. A map of these localities, showing the location of current Children’s Centres is provided below.



There would be four workstreams that would make the Hub Delivery work, improve multi agency working and deliver within future budgets. These workstreams are:

- Move to a single 0-19 Hub Management Structure
- Integration of Early Years provision into the Hub Model
- Reach Full Cost Recovery or Break Even on Venues and Traded Services
- Use of Funding Sources in addition to General Fund

These four workstreams are outlined in more detail below.

Move to a single 0-19 Hub Management Structure for Council Services

This will move to a single Head of Service across all Early Help, Early Years and Youth Services within the council, with Hub Managers – one for each hub – leading a multi-disciplinary team working with families who have children aged 0-19 years old, or who are expecting a child, and a Deputy leading on borough wide programmes and partnerships which support the work of the three hub managers.

The proposed model will integrate services and therefore reduce the number of manager posts and aims to protect the number of frontline staff undertaking direct work with children, young people and their families. Staffing resource will be matched to identified need in each locality. Hub Teams will also be expected to be based in locality settings, rather than centrally (as the majority are at the moment). Teams will also be based alongside staff from other agencies who will use locations as touch down bases for part of the week, and co-deliver activities alongside Council staff. Staffing costs would be reduced to align with the financial envelope available. It is estimated that the

number of post reductions could be around 11. However, the final number is entirely dependent on the results of the consultation and work with partners on the future delivery model.

Integration of Early Years provision into the Hub Model

Currently, there are 12 Children's Centre venues in operation in Barnet. These are either delivered and funded by the Local Authority, or delivered by schools and funded by the Local Authority. Children's Centres are a good example of integrated working, with different types of services being offered out of a single building. However, if a 0-19 hub model is introduced across the borough, the role of current Early Years delivery needs to be reviewed so that services can focus on supporting families with children at all ages, as well as providing some specific services for children aged 0-5.

Two proposals are outlined below as to how this can happen. The preferred option is option (a), but the future option will be informed by further work with providers, public consultation and full evaluation of the current pilot working.

Early Years option (A)

Continue to commission schools to run Children Centres. They would deliver Early Help through continuation of the aspects of the core offer that include outreach and community based activities such as targeted stay and play. This would enable community engagement in relation to maintaining Children's Centre registration and reach and the early identification of emerging issues that can be supported through Children's Centre activities.).

Some children centre buildings would house the 0-19 hub teams, whilst others would continue to be utilised as delivery points for families with children aged 0-19 in order to be locally accessible for families. Reductions in spend would be achieved through reviewing the management of children's centres and reducing the overlap in roles, protecting frontline delivery as far as possible.

The Council would work with schools to build on the current Early Years model so it becomes an offer for children and young people aged 0-19 which can provide engagement and outreach in conjunction with Targeted Youth Services delivery. Option A is the Council's strongly preferred option, as it retains local expertise and knowledge about local families, and ensures that there is an existing partnership on which to build a 0-19 offer.

Early Years Option (B)

De-designate all Children's Centres, regardless of whether it is delivered by schools or the Local Authority. The core work would then be delivered through the hub teams. De-designation would mean that the term children's centres would no longer be used, legislation and inspection for children's centres would not apply and so the core offer could be delivered in a more flexible way. Early Years services and activities would be delivered by the hub teams (to include outreach and engagement across 0- 19 age range as well as direct Family Support/Common Assessment Framework work). Specific Early Years work in this area will assist with engagement of families in FEE for 2 3 and 4 year olds which is monitored by the Department for Education. Reductions in spend would be achieved by reducing management of children's centres and reducing the overlap in roles, protecting frontline delivery as far as possible.

Some children centre buildings would house the 0-19 hub teams, whilst others would continue to be utilised as delivery points for families with children aged 0-19 in order to be locally accessible for families. Reductions in spend would be achieved through reviewing the management of children's

centres and reducing the overlap in roles, protecting frontline delivery as far as possible. Standards such as reaching 80% of families specifically targeted by Children’s Centres being reached would need to be maintained, and a 0-19 hub model which need to be built on current Children’s Centre delivery.

, Within this option, we would lose the partnership with schools, and the specialist expertise that they bring.

Below is a list of venues, and the options for usage under both options A and B.

Children’s Centre name	Current usage	To be usage under Option A and Option B
BEYA Hampden Way	Children’s Centre providing targeted activity/services for children pre-birth and 0-5	Delivery of outreach and community based activities such as targeted stay and play to families with children pre-birth and 0-5 Activities and groups for families with children aged 5+, dependent on local need
BEYA Hampden Way	Children’s Centre providing targeted activity/services for children pre-birth and 0-5	Delivery of outreach and community based activities such as targeted stay and play to families with children pre-birth and 0-5 Activities and groups for families with children aged 5+, dependent on local need
Coppetts Wood	Children’s Centre providing targeted activity/services for children pre-birth and 0-5	Delivery of outreach and community based activities such as targeted stay and play to families with children pre-birth and 0-5 Activities and groups for families with children aged 5+, dependent on local need
Newstead	Children’s Centre providing targeted activity/services for children pre-birth and 0-5	Hub base for East-Central locality team Some delivery of targeted activities for families with children aged pre birth – 19 [Tarling Road Community Centre opposite children’s centre will provide venue for future delivery]
Underhill	Children’s Centre providing targeted activity/services for children pre-birth and 0-5	Delivery of outreach and community based activities such as targeted stay and play to families with children pre-birth and 0-5

Children's Centre name	Current usage	To be usage under Option A and Option B
		Activities and groups for families with children aged 5+, dependent on local need
Bell Lane	Children's Centre providing targeted activity/services for children pre-birth and 0-5	<p>Delivery of outreach and community based activities such as targeted stay and play to families with children pre-birth and 0-5</p> <p>Activities and groups for families with children aged 5+, dependent on local need</p>
Childs Hill	Children's Centre providing targeted activity/services for children pre-birth and 0-5	<p>Delivery of outreach and community based activities such as targeted stay and play to families with children pre-birth and 0-5</p> <p>Activities and groups for families with children aged 5+, dependent on local need</p>
Parkfield	Children's Centre providing targeted activity/services for children pre-birth and 0-5	<p>Delivery of outreach and community based activities such as targeted stay and play to families with children pre-birth and 0-5</p> <p>Activities and groups for families with children aged 5+, dependent on local need</p>
The Hyde	Children's Centre providing targeted activity/services for children pre-birth and 0-5	<p>Delivery of outreach and community based activities such as targeted stay and play to families with children pre-birth and 0-5</p> <p>Activities and groups for families with children aged 5+, dependent on local need</p>
Barnfield	Children's Centre providing targeted activity/services for children pre-birth and 0-5	<p>Delivery of outreach and community based activities such as targeted stay and play to families with children pre-birth and 0-5</p> <p>Activities and groups for families with children aged 5+, dependent on local need</p>

Children's Centre name	Current usage	To be usage under Option A and Option B
Fairway	Children's Centre providing targeted activity/services for children pre-birth and 0-5	<p>Delivery of outreach and community based activities such as targeted stay and play to families with children pre-birth and 0-5</p> <p>Activities and groups for families with children aged 5+, dependent on local need</p>
Wingfield and Stonegrove	Children's Centre providing targeted activity/services for children pre-birth and 0-5	<p>Delivery of outreach and community based activities such as targeted stay and play to families with children pre-birth and 0-5</p> <p>Activities and groups for families with children aged 5+, dependent on local need.</p> <p>NB – the new community centre proposed nearby will incorporate these functions, alongside a proposed health clinic and community space, once outcome known on planning permission.</p>

Reach Full Cost Recovery or Break Even on Traded Services

To support the move to an integrated 0-19 hub team, we have looked at the different traded programmes and use of current buildings to see whether we can maximise the income for these. The Council already charges for positive activities for young people, which currently covers 50% of the cost of the service. In addition to this, the new Youth Zone will be built in the borough during 2018/19, which will provide activities and opportunities to all young people between the age of 8 and 19 years old (up to 25 years old for people with disabilities).

We propose that the operating costs for Greentops Activity Centre and Finchley Youth Centre either have their full operating costs recovered (through paid use by other organisations), or alternative venues are explored to host activities taking place within these buildings at the moment. It is to be noted that if alternative venues are used, there may be a cost to the Council – this needs to be factored into the final financial profile.

The Council also delivers a number of discreet programmes or services which are traded with either schools or individuals which are being delivered at a loss (or in the case of the counselling service, being delivered for free, with the budget spent on supervision services), and which are subsidised by the Council. These programmes are counselling in schools, Duke of Edinburgh Award, childcare at Newstead Children's Centre and alternative education provision provided to schools to educate young people off site, whilst the student remains on the roll of the school. For each of these services, there are alternative providers or methods of delivering these services. Our proposal is that

we either ensure these programmes break even through reducing costs or raising income, or - if this is not possible - then we secure alternative delivery arrangements by providers other than the Council.

The table below shows these services, how they are currently funded, what the preferred option is, and what the other alternative options are to achieve service efficiencies.

Service	Current Funding arrangement	Preferred Option to achieve break even position /Full Cost Recovery	Further options to maintain service delivery if preferred option is not deliverable
1-1 counselling for young people (delivered face to face)	General Fund Counselling provided by volunteers, spend is on clinical supervision	Clinical supervision is picked up via the Early Help mental health services moving to the Local Authority from April 2018	KOOTH online counselling now in place across the borough
Duke of Edinburgh Award	Schools pay towards cost of running service	Review of costs to deliver the most efficient service, alongside raising charges for participating schools.	Use of another licensed organisation to run the scheme on a more cost efficient basis
Provision of additional/ alternative education provision for young people	General Fund	Review of costs to deliver the most efficient service, alongside raising charges for participating schools.	Transfer of service to other provider(s) of provision already active in Barnet
Childcare provision at Newstead	Funded out of Free Educational Entitlement funding / General Fund	Transfer provision to an alternative private, voluntary or independent (PVI) provider.	Review childcare sufficiency in area, and identify whether other models of provision are available to support demand identified
Greentops Activity Centre	General Fund	Lease building to lead partner(s).	New venues to be built as part of regeneration work to house activity currently delivered in Greentops
Finchley Youth Centre	General Fund	Lease building to lead partner to deliver youth	Move current activity to other venues

Service	Current Funding arrangement	Preferred Option to achieve break even position /Full Cost Recovery	Further options to maintain service delivery if preferred option is not deliverable
		activities.	within the area which can cater for young people

Use of Funding Sources other than General Fund

As the delivery of Early Help is a partnership endeavour, options for funding from sources other than General Fund have been explored. Already, the service has secured or identified funding from the Public Health Grant and the dedicated Schools Block Grant which together with cost recovery of traded services will address agreed savings for 2018/19.

An initial discussion with the Finance Team and with partners has indicated that it is unlikely that there will be further funding available from other sources. However, officers will continue to explore opportunities for this over the next few months together with further efficiencies which may arise from the remodelling and new ways of working and will be subject to further committee review and consultation as appropriate.

Option 2 – Continue to deliver within current structures

The other option available is to continue to deliver services as currently. This would consist of:

- Continuing with the current staff structure arrangements
- Continuing with current Children’s Centre and Youth Services arrangements
- Re-purposed funding from Public Health Grant and Dedicated Schools Block to fund Early Help services

However, we believe that a continuation of the current delivery model will bring some, but not the same level of benefits to families compared to our preferred solution. It would not move us entirely to address the all the concerns expressed by Ofsted in its inspection report. Cost efficiencies would be achieved through reducing demand on statutory services, and would not be realised within the timeframe set by the Council’s Medium Term Financial Strategy. The expected benefits and risks of each option will be outlined in the section below.

5. Expected Benefits

The evaluation framework for the pilot hubs is measuring the impact of the pilots for families, staff and partners.

This is measuring a range of financial and non-financial benefits of the work, including the below:

	Hub Design Principle	Method of collecting information
PARTNERSHIP	All responsible and accountable	1) Comparison against the partnership continuum
	Improving shared targets and outcomes for children and young people	2) Experience Survey - Senior Partners 3) Tracking of partner engagement in different element of hub working 4) Barnet Safeguarding Children Board (BSCB) Early Help scorecard/tracking of cases through the Early Help Multi Agency Panel
PRACTITIONERS	One pathway	5) Experience Survey - practitioners (combined with Health Visitor/School Nurses survey)
	Practitioners share information with each other We make time for reflective practice	6) Focus Groups with staff - via LSCB networks and partners on board 7) Early Help Panel review. This will include checking whether achieving the right outcomes for children/families, thresholds, right people around the table, leadership, boosts or barriers to effective working
FAMILIES	The child is at the centre of all we do	7) Experience Survey - families
	No hand off points	8) BSCB Early Help Scorecard
	Families tell their story once	9) Multi agency case audits via Multi Agency Safeguarding Hub CAF audits, Joint Targeted Area Inspection, existing CAF/Early Help Audit process
	Responsible and flexible service Families get the right help, first time	10) Data on attendance at universal sessions, including footfall in universal settings, attendance at group sessions,

The full framework is attached to this Outline Business Case as Appendix 3. This shows the precise measured being used, as well as the questions being asked to gauge service user, staff and partner experiences in the new framework.

Based on the data collected so far, as well as the impact of Family Hubs in other places, we think that Option 1 will deliver more expected benefits, as well as financial efficiencies than Option 2. A six month evaluation will be carried out in February/March 2018 on the current pilots. This data – alongside the information collected from the consultation – will be used to determine the final preferred option to be presented to Members.

6. Risks

The same risks exist for both options, but the probability and impact rating differs for each option.

Option 1 – Move to an integrated 0-19 Hub Delivery Model

Description	Cause/Consequence	Action(s) in place	Probability	Impact	Score
<i>Key stakeholders fail to engage in either the pilot or development of the preferred option.</i>	<i>Stakeholders do not invest time, resources and commitment to the pilot resulting in ineffective partnership arrangements for children and families</i>	<ul style="list-style-type: none"> <i>Carry out full stakeholder analysis and implement the subsequent strategy.</i> <i>Each element of the pilot and subsequent roll out framework is designed in partnership</i> <i>Outline benefits for families and services of participation in programme</i> <i>Regular steering groups for key stakeholders to support and</i> 	Low 2	High 4	8 Med

Description	Cause/Consequence	Action(s) in place	Probability	Impact	Score
		<i>challenge engagement</i>			
<i>Children and families affected by the proposed changes are not fully engaged</i>	<i>Poor engagement may reduce impact and relevance to local communities and have a detrimental impact on service take up. It may further mean that the public does not support the proposal and create negative publicity which will require additional resources to manage.</i>	<ul style="list-style-type: none"> <i>Public Consultation is required after the Outline Business Case</i> <i>Ensure Stakeholder strategy and communications plan is thoroughly tested and QA'd.</i> <i>Regularly review plan not just within Project Board but other colleagues to ensure dependencies are identified.</i> 	Low 2	High 4	8 Med
<i>A significant change programme causes dislocation and distraction for staff, partners and families</i>	<i>Poorly managed change programme could lead to confusion and dissatisfaction among staff, partners and families</i>	<ul style="list-style-type: none"> <i>Clear communication programme about the programme and what it means for key stakeholders</i> <i>Feedback from partners, staff and families to filter in design of long term model</i> 	Low 2	High 4	8 Med
<i>Other pressures on budgets, e.g. Designated Schools Block, Public Health Grant, Troubled Families, emerge, having a knock on impact on the delivery of preferred option</i>	<i>Unknown or increased pressures on specific grant streams reduces the money available for Early Help services</i>	<ul style="list-style-type: none"> <i>Work with partners and finance team to track trends in funding around specific grant streams</i> <i>Develop alternative plans if pressures materialise</i> 	Low 2	High 4	8 Med
<i>Children's Social Care referrals increase due to ineffective early help provision</i>	<p><i>Children will not receive the right help, first time and will be subjected to unnecessary statutory interventions at a higher cost to the council.</i></p> <p><i>Services will not have opportunity to grow to meet increased demand of population changes and increase which risks financial sustainability</i></p>	<ul style="list-style-type: none"> <i>Consultation and engagement with key stakeholders will identify approaches and services that are having impact to ensure the early prevention strategy is fully implemented and the need for more costly interventions later on is reduced.</i> <i>Ensure robust needs and demand analysis</i> <i>Work closely with demand management projects to ensure alignment of projects.</i> 	Med 2	High 3	6 Low
<i>Families continue to find it difficult to access Early Help services</i>	<i>Children will not receive the right help, first time and will be subjected to unnecessary statutory interventions at a higher cost to the council.</i>	<ul style="list-style-type: none"> <i>Structural and ways of working changes will improve service transparency and delivery</i> 	Low 2	Low 2	4 Low

Description	Cause/Consequence	Action(s) in place	Probability	Impact	Score
<i>Professionals continue to be frustrated by the complicated delivery of Early Help services</i>	<i>Staff will not be able to provide the right help, first time, leading to escalation in issues to crisis levels</i>	<ul style="list-style-type: none"> Structural and ways of working changes will improve service transparency and delivery 	Low 2	Low 2	4 Low
<i>Efficiencies are not achieved within the timescale outlined</i>	<i>Council overspends compared to budget available, requiring reductions in spend elsewhere in the organisation</i>	<ul style="list-style-type: none"> Work with colleagues to identify other options for funding reduction 	Low 2	Med 3	6 Low
<i>Ofsted inspection concerns are not addressed</i>	<i>By continuing within existing structures, partnership delivery cannot be improved to the expected level</i>	<ul style="list-style-type: none"> Roll out of programme Continue work with improvement partner 	Low 1	Med 3	4 Low

Option 2 – Continue to deliver within current structures

Description	Cause/Consequence	Action(s) in place	Probability	Impact	Score
<i>Key stakeholders fail to engage in either the pilot or development of the preferred option.</i>	<i>Stakeholders do not invest time, resources and commitment to the pilot resulting in ineffective partnership arrangements for children and families</i>	<ul style="list-style-type: none"> Carry out full stakeholder analysis and implement the subsequent strategy. Each element of the pilot and subsequent roll out framework is designed in partnership Outline benefits for families and services of participation in programme Regular steering groups for key stakeholders to support and challenge engagement 	Low 2	High 4	8 Med
<i>Children and families affected by the proposed changes are not fully engaged</i>	<i>Poor engagement may reduce impact and relevance to local communities and have a detrimental impact on service take up. It may further mean that the public does not support the proposal and create negative publicity which will require additional resources to manage.</i>	<ul style="list-style-type: none"> Public Consultation is required after the Outline Business Case Ensure Stakeholder strategy and communications plan is thoroughly tested and QA'd. Regularly review plan not just within Project Board but other colleagues to ensure dependencies are identified. 	Low 2	High 4	8 Med

Description	Cause/Consequence	Action(s) in place	Probability	Impact	Score
Other pressures on budgets, e.g. Designated Schools Block, Public Health Grant, Troubled Families, emerge, having a knock on impact on the delivery of preferred option	Unknown or increased pressures on specific grant streams reduces the money available for Early Help services	<ul style="list-style-type: none"> Work with partners and finance team to track trends in funding around specific grant streams Develop alternative plans if pressures materialise 	Low 2	High 4	8 Med
A significant change programme causes dislocation and distraction for staff, partners and families	Poorly managed change programme could lead to confusion and dissatisfaction among staff, partners and families	<ul style="list-style-type: none"> Clear communication programme about the programme and what it means for key stakeholders Feedback from partners, staff and families to filter in design of long term model 	Low 1	Low 2	2 Low
Children's Social Care referrals increase due to ineffective early help provision	<p>Children will not receive the right help, first time and will be subjected to unnecessary statutory interventions at a higher cost to the council.</p> <p>Services will not have opportunity to grow to meet increased demand of population changes and increase which risks financial sustainability</p>	<ul style="list-style-type: none"> Consultation and engagement with key stakeholders will identify approaches and services that are having impact to ensure the early prevention strategy is fully implemented and the need for more costly interventions later on is reduced. Ensure robust needs and demand analysis Work closely with demand management projects to ensure alignment of projects. 	Med 3	High 4	12 High
Families continue to find it difficult to access Early Help services	Children will not receive the right help, first time and will be subjected to unnecessary statutory interventions at a higher cost to the council.	<ul style="list-style-type: none"> Pilot work in place to help improve current services 	Med 3	High 4	12 High
Professionals continue to be frustrated by the complicated delivery of Early Help services	Staff will not be able to provide the right help, first time, leading to escalation in issues to crisis levels	<ul style="list-style-type: none"> Pilot work in place to help improve current services 	Med 3	Med 3	9 Med
Efficiencies are not achieved within the timescale outlined	Council overspends compared to budget available, requiring reductions in spend elsewhere in the organisation	<ul style="list-style-type: none"> Work with colleagues to identify other options for funding reduction 	High 4	High 4	16 High
Ofsted inspection concerns are	By continuing within existing structures,	<ul style="list-style-type: none"> Roll out of programme Continue work with improvement 	Med	High	12

Description	Cause/Consequence	Action(s) in place	Probability	Impact	Score
<i>not addressed</i>	<i>partnership delivery cannot be improved to the expected level</i>	<i>partner</i>	3	4	High

7. Financial Appraisal

The programme is currently supported by the Family Friendly programme budget, with all capital and revenue costs being covered.

If option 1 was the preferred option, then additional costs could potentially occur through redundancies or early retirement. It is difficult to estimate the level of redundancies at the current time. However, the Full Business Case will detail the estimated amount that may be spent on redundancy payments, and how this will be funded.

8. Project Approach

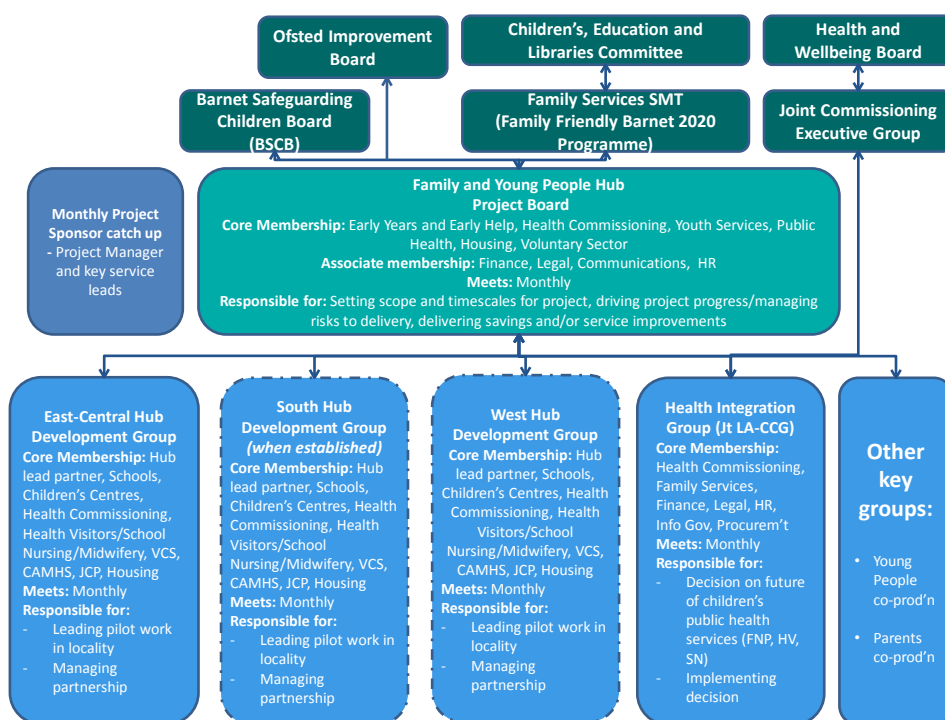
Key timeline for programme:

- Decision on preferred option at CELS Committee on 16th January 2018
- Undertake public consultation on the proposals and evaluate the current East-Central/West pilot hubs during February and March 2018
- Go live for the South pilot hub – April 2018
- Present Full Business Case to CELS, using evaluation of pilots, feedback from staff and the public consultation to councillors for decision on final option at CELS - June 2018
- Implement final structure of offer – June 2018 – January 2019

9. Project Assurance

The Programme is overseen by a Programme Board which is chaired by the Operational Director – Early Help, Children in Need and Child Protection. The Programme Board is made up of the Council and its partners, and its main aim is to develop the programme, monitor its delivery and impact, and advise on options for delivery in future.

The Programme Board itself reports into the Barnet Safeguarding Children’s Board, Family Services Senior Management Team (which monitors the Family Friendly Barnet programme), and the Ofsted Improvement Board. The Children’s, Education, Libraries and Safeguarding Committee is the body which makes the key decisions relating to the programme. A diagram of the governance arrangements is outlined below.



10. Dependencies

This programme forms part of the Ofsted Improvement Action Plan.

There is also a dependency on:

- The Council wide localities work, which is identifying local touch down bases from which Local Authority can work once the move to Colindale has completed.
- The 0-25 SEND programme which is focussing on integrating services for children and young people with SEN and/or Disabilities
- Redevelopment of Grahame Park, which will provide options for locating services in future, and
- Decision on future commissioning arrangements of Health Visiting, Family Nurse Partnership and School Nursing Services.

11. Approach to Consultation

Feedback from young people and families has been used to develop the pilot hubs that the programme has been delivering so far.

To inform a decision by Members on the Final Business Case, an eight week public consultation will start on 1st February 2018, and end in March 2018.

The results of consultation will be used - alongside the evaluation of the pilot hubs in East-Central and West localities – to inform the Full Business Case presented to Members at CELS in June 2018. In considering the findings decision makers will consider the alternatives and all the countervailing circumstances including where appropriate the budgetary requirements when making their decision, and the impact on any protected characteristics that may be impacted by the proposed changes.

A full Consultation and Engagement Plan for the programme has been developed and is being used to track how and when stakeholders are being engaged during the different stages of the programme. The consultation process will consist of open meetings, to which all members of the public will be able to attend, as well as targeted sessions, to ensure that we get a balance of views across service users/service non-users, and the different protected groups under the Equality Act 2010. The results of the consultation will also be segmented, so it can feed into the full Equalities Impact Assessment, which will form part of the June 2018 report for Members on the Final Business Case.

The Consultation and Engagement Plan is attached alongside this Outline Business Case to the report for the CELS Committee in January 2018.

12. Legal Requirements

Local authorities have a wide range of general and specific duties in relation to children and young people. The re-design of early help services will impact on a number of these duties. This section highlights the most relevant ones.

Under section 11 of the Children Act 2004, the Council and partner agencies must make arrangements for ensuring that their functions are discharged having regard to the need to safeguard and promote the welfare of children. This duty applies to all council functions and to all children in the local area, however it is particularly relevant in relation to services provided to families and children in need of support.

Under s.2B of the National Health Service Act 2006, the Council has a duty to take such steps as it considers appropriate for improving the health of the people in its area. Such steps include provision of services or facilities designed to promote healthy living and provision of information and advice. Having integrated and effective early help services for children and families support both of this overarching public health duty.

The Council has various duties in relation to pre-school and primary school aged children under the Childcare Act 2006.

- **Section 1** places a duty on the Council to improve the wellbeing of children aged 0-5 and to reduce inequalities between them.
- **Section 3** requires the Council to ensure that early childhood services are provided in an integrated manner, in order to facilitate access to maximise the benefit to young children and their parents.
- **Section 4** places a duty of relevant partner agencies to work with the local authority to improve wellbeing and secure integrated childhood services.
- **Section 5A** requires the Council to secure, so far as reasonably practicable, sufficient children's centres in its area to meet local need.
- **Section 5D** requires the Council to consult on any significant changes made to children's centre provision within the local area.

The proposal involves changes to the use and way services are delivered in Children's Centres, and it involves a different approach potentially moving to services being provided in a more holistic way to families regardless of the age of the child. When considering this proposal, the Council must bear in mind that it retains specific duties in relation to young children, including a sufficiency duty in relation to children's centres. The planned consultation will include focused questions on the proposals for future use of children's centre buildings.

In addition to its general welfare duties, the Council has a specific duty under s.507B of the Education Act 1996 to secure, so far as reasonably practicable, sufficient educational leisure-time activities and recreational leisure-time activities and facilities for the improvement of well-being of young people aged 13-19 years (up to 24 years for those with a learning difficulty or disability). The Council has a power to charge for activities provided in accordance with this section. In exercising this function, the Council must take steps to ascertain the views of young people about the need for such activities and facilities and secure that these views are taken into account. The planned consultation will include focused questions on the proposals for future use of the youth centres and services for young people.

The Council has a general duty under s.27 of the Children and Families Act 2014 to keep under review the educational, training and social care provision made in its area for children and young people who have special educational needs or a disability and must consider the extent to which this provision is sufficient to meet the educational, training and social care needs of these children and young people. This duty includes a requirement to consult prescribed persons, including relevant children and young people and their parents, schools, colleges, children's centres, early years providers and youth offending teams. The planned consultation will include these groups.

When making decisions to change the way services are delivered, the Council must consider its public law duties, including the need to make its decision in a fair and transparent way. The Council should take account of all relevant information when making its decision, including in particular the results of consultation and the equality implications of the decision, as well as the statutory framework.

Document Control

Record the information relevant to this document in this section

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If the document has been altered or amended please track the versions and changes in this section

Date	Version	Reason for change	Changes made by
18/12/17	V 0.2	Updated with comments from project team/service leads	Claire O'Callaghan
03/01/18	V 0.3	Updated with comments from DCS and Operational Director	Tina McElligott
05/01/18	V 0.4	Updated with comments from Legal and Finance leads, Programme Board, Communications and Chairman	Claire O'Callaghan
10/07/18	V 0.5	Updated with amendments from Chief Executive and DCS	Jill Barnes

Distribution List:

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Name	Role	Date

Approvals:

By signing this document, the signatories below are confirming that they have fully reviewed the Outline Business Case for 0-19 Hub project and confirm their acceptance of the completed document.

Name	Role	Signature	Date	Version

Enter the names and roles of the people who need to sign this document in order to show agreement with the business case's proposal, with space for them to sign it

You should speak to your Head of Finance about any capital project you are proposing to undertake. They will help you to complete certain sections of the business case.

APPENDIX 2 – EAST CENTRAL PANEL CASE STUDY

Background to Case

- Referred to Multi-Agency Safeguarding Hub (MASH) by Home-Start Barnet. History of past domestic abuse in family, but very little other information shared by the family with Home-Start Barnet, and no other information held by the MASH.
- 2 children are in the family, S (primary school age) and K (infant under 12 months)
- Mother had been working well with a Home-Start volunteer for 6 months and keen to address impact of the historic domestic abuse for herself and her children. Home-Start supporting her to access a place on the Women's Support Group.
- If there had been no panel, the decision would have been no further action as the family had no other support needs identified.

What happened at the East Central Panel

- At East -Central Panel, it emerged from a partner that the older child was known by an alias, which had an additional record attached.
- The Education Welfare Team shared that the child at primary school had very poor school attendance (at worst it was 58%). The mother had missed meetings at the school and the reasons for poor attendance were unclear. An Education Welfare Officer was now involved and matter was going to court for non-school attendance.
- Barnet Homes shared that the family are living in temporary accommodation and were currently in arrears with the rent. The family could be at risk of eviction if they cannot continue to pay rent.
- The Panel agreed that a Common Assessment Framework (CAF) plan would be helpful, to gain a fuller picture of the difficulties facing the family as well as their strengths, develop a clear action plan and coordinate multi-agency work
- It was agreed that the pastoral lead at the primary school would be asked to be the lead for the CAF, with support from the CAF Coordinator at the Local Authority.
- The Team Around the Family to involve Welfare Rights Worker, Home-Start and Education Welfare Officer, and a place to be offered on the next Women's Support Group.
- MASH Team agreed to merge duplicate record for older child with current record.

Impact for the Family

- Quicker and more integrated support offered to the family
- Mum attended 6 out of 8 of Women's Support Group and felt to have grown in confidence and more aware of the impact of past Domestic Violence on children.
- Home-Start helped family to obtain furniture and clothes via charity applications and helped her to link work with Barnet Homes.
- Mum still attends the Home-Start Supper evenings and feeling less isolated.
- Education Welfare Officer and school working with mother to address the school attendance issues.
- Welfare Rights worker has met family and helped get finances more under control.

- Avoidance of more severe outcomes for family, including court attendance over school non-attendance, eviction, and health outcomes linked to past domestic abuse.

Impact for Professionals/Organisations

- Professional network around this family is clearer and they are aware of each other and their roles.
- Less time spent chasing up and identifying what support is available for the family
- More comprehensive information is available to aid decision making and planning
- Less spend on more costly and intensive services, as problems are dealt with at an earlier stage.

APPENDIX 3 – PROGRAMME EVALUATION FRAMEWORK

Evaluation Framework Children, Young People and Family Hub Board 14th September 2017

1. Purpose of Paper

This paper presents a draft evaluation framework to be used for the pilot work currently taking place in the East Central locality, and soon to start in the West and South localities.

2. Evaluation Framework

When the hub programme was refreshed in June 2017, the Board agreed the hub design principles, which would be used to both guide the programme, and also test whether the programme has been successful in its delivery.

These principles were:

Hub Design Principles

- One Pathway
- The child is at the centre of all we do
- There are no hand off points
- We are all responsible and accountable
- Families tell their story once

**Already in
Early
Intervention
and Prevention
Strategy**

- Accessible for families (both for location and time of day)
- Strong relationships between practitioners
- Right Help First Time
- Responsive and flexible service
- Improving shared targets and outcomes for children and young people
- We make time for reflective practice
- Practitioners share information with each other

**Additional
from locality
hub partner
session**

BARNET
LONDON BOROUGH

During August, a small group of Board members met to outline in more detail how we would measure whether we have achieved these hub design principles.

Overleaf is the outcome of that session – a methodology and plan for collecting quantitative and qualitative data to test whether the pilots put each Hub Design Principle into practice, what has worked well, what hasn't worked well and what we could learn for the future.

	Hub Design Principle	Method of collecting information	When (East-Central milestones)	Who
PARTNERSHIP	All responsible and accountable Improving shared targets and outcomes for children and young people	1) Comparison against the partnership continuum	Dec '17, Feb '18	Claire O'C
		2) Experience Survey - Senior Partners	Pre - Sept '17 and Post - Feb '18	Claire O'C
		3) Tracking of partner engagement in different element of hub working	Feb '18	Claire O'C
		4) Barnet Safeguarding Children Board (BSCB) Early Help scorecard/tracking of cases through the Early Help Multi Agency Panel	Scorecard - Monthly Panel tracking - 8 week audit	Scorecard - Sharon Dodd Panel tracking - Karen Pearson
PRACTITIONERS	One pathway Practitioners share information with each other We make time for reflective practice	5) Experience Survey - practitioners (combined with Health Visitor/School Nurses survey)	Pre - Sept '17 and Post - Feb '18	Claire O'C / Clare Slater-Robins
		6) Focus Groups with staff - via LSCB networks and partners on board	Oct '17, Dec '17, Feb '18	Claire O'C
		7) Early Help Panel review. This will include checking whether achieving the right outcomes for children/families, thresholds, right people around the table, leadership, boosts or barriers to effective working	Dec '17 - Feb '18	Karen Pearson
FAMILIES	The child is at the centre of all we do No hand off points Families tell their story once Responsible and flexible service Families get the right help, first time	7) Experience Survey - families	Pre - Sept '17, Post - Feb '18	Claire O'C/Clare Slater-Robins
		8) BSCB Early Help Scorecard	Monthly	Sharon Dodd
		9) Multi agency case audits via Multi Agency Safeguarding Hub CAF audits, Joint Targeted Area Inspection, existing CAF/Early Help Audit process	MASH - monthly (TBC) JTAI - October '17 or February '18 (TBC) EH/CAF - every 8 weeks	MASH & EH/CAF - Karen Pearson JTAI - Sharon Dodd
		10) Data on attendance at universal sessions, including football in universal settings, attendance at group sessions,	Oct '17, Dec '17 and Feb '17	Karen Pearson/Kirsty Reed

The milestone dates in the table relate to the East Central pilot, where the evaluation period has already been agreed for 4th September 2017 – 9th February 2018. When the West and South pilots are up and running, the evaluation process and timings will be reviewed for each of those pilots.

Appendix A (page 4) outlines the indicators in the draft Barnet Safeguarding Children Board (BSCB) scorecard for Priority 1 – Ensuring the Families and Children are Supported Earlier. This is proposed to be the main dataset to be used to evaluate the programme. We are keen

to not duplicate datasets, as well as use the same indicators across our strategic working relationship with partners via the BSCB.

Appendix B (page 5) outlines the question areas to be included in the Experience Surveys for families, practitioners and senior partners. It also contains an analysis of where questions could be added or amended in the current draft Health Visitor survey due to be put into operation in the next few weeks. It is recommended that the two surveys are merged to reduce survey fatigue, as well as potentially boost the completion rate.

Appendix A – Draft Barnet Safeguarding Board Early Help Scorecard

Data to be populated when evaluation report is developed in February-March 2018

	Priority 1: Ensuring families and children are supported earlier	Month direction	target (annual)	previous year	stat neighbour	national average	Analysis
	Monthly						
1	Number of children engaged in open early help assessments						
2	Agencies as lead professionals (table)						
3	Number of early help assessment cases closed where outcomes were achieved						
4	% of step downs to early help/% of step ups into social care						
5	Contacts to MASH – BRAG and by agencies (in and out- comparison table)						
6	Number and % of Contacts to referrals						
7	Number and % of contacts to NFA						
8	% re-referrals within 12 months						
9	Number of open CIN (S17) cases						
10	Number of CFAs completed in 45 days						
11	Number of CYP being re-refereed into CAMHS SPOA reducing year on year against baseline						
	6 monthly reporting trend data						
12	Trends in contacts into MASH made from partners over the last 3 years (annual)						
13	Trends in contacts to referrals over the last three years (annual)						
14							
15	Number of children electively home educated						
16	Number of young carers						
17	Numbers of young people managed by the 0-25 disabilities team						
18	Number, ethnicity and age of children missing education						
19	Number, ethnicity and age of children permanently excluded from education (and CIC)						
20	Number, ethnicity and age of children persistently absent from school						

Appendix B – Experience Survey Questions (Families, Practitioners, Partners)

	Question areas for 0-19 evaluation	Questions to add/change in current HV and FNP surveys
Practitioners	<ul style="list-style-type: none"> - experience of co-location, the environment in which they work '- changes to practice through how they've worked '- changes for accessibility for families '- have relationship improved with families '- have they got all the information to help them work with families, sharing information - notice difference in how swiftly things get done? '- concerns about deskilling, and professional background (brought additionality to their professional background) 	<p>Maybe add a specific section to practitioner survey on multi agency working, including questions on:</p> <ul style="list-style-type: none"> - When working with families, do you have all the information you need about them? If no, what types of information are you missing? - How easy is it to engage different organisations in supporting a family? Are there any particular agencies which you find hard to engage? - Is it clear who the lead professional is for a family in need of early help? If no, how can we improve this? - How do you develop your skills in working with children, young people and their families? - Are you worried about changes to bring services together leading to deskilling and loss of your professional background? If yes, how do you think we can combat that? - Do services engage in a timely fashion [probably need to define this better] to support a family? If not, what are the problems?
Families	<ul style="list-style-type: none"> - Clear about where you could go to '- Was information clear and friendly 	<p>Slightly re word Q1 to:</p> <ul style="list-style-type: none"> - if you had a question about your child or family's health, development or wellbeing - do you know where you would go? - if yes, where would you go [add in drop down, but include some more non health websites or sources] <p>Add a supplementary question on:</p> <ul style="list-style-type: none"> - did this information help you with your question?
	<ul style="list-style-type: none"> '- experience in the past v. experience to now 	<p>No changes needed - will ask next time</p>
	<ul style="list-style-type: none"> - clear about lead worker, - reduction in hand off points [need to word more clearly] - do they get services at an early enough point [measure via self refer] - awareness of what is going to happen - have they got the resources to help manage situations in future? - was help found swiftly by the right person? 	<p>Do we need a multi agency section, with following questions:</p> <ul style="list-style-type: none"> - do you have more than one organisation currently supporting your family? - if yes, who - add drop down including family support, GP, social care, voluntary org (specify who), JCP, Housing Association, - Do you feel you need to repeat your story with each new organisation? - Are you clear who is your first port of call if you are in difficulty? [ask participant to name] - Are you clear about what is going to happen next when you meet a professional? - Did you get services at an early enough point? - Following your support from these different organisations, do you feel as though you and your family are able to thrive in future? [do we want to ask this about HV, SN, FNP as well?]
	<ul style="list-style-type: none"> '- location of services 	<p>Could adjust Q11 to focus on all professionals, not just Health Visitor?</p> <p>Would also need a question in diversity monitoring about the first part of their postcode [are we sure that people know which Health Visiting team they are under?]</p>

	Question areas for 0-19 evaluation	Questions to add/change in current HV and FNP surveys
Partners	<ul style="list-style-type: none"> - has it created more work or not? '- fit with wider organisational priorities [link with joint KPIs] '- was it easier to share information about cases? - how easy did find sharing resources, allocating resources within organisational priorities - have there been any efficiencies for operation? Where do future efficiencies go forward? - how do they view themselves as a partner, has this changed? - how engaged and involved have you been? - informed about the programme and what it means for you? 	<p>Suggest this is a separate survey to HV and FNP, as this is aimed at senior leaders.</p> <p>Questions:</p> <ul style="list-style-type: none"> - Do you know about the Locality Hub Programme? - What does it mean to you [Free form box] - Does it fit with your organisational priorities? If so, how? - How easy did you find allocating resources (people, time, money, buildings, knowledge) within your existing organisational priorities? - Do you see you and your organisation as an integral partner in the programme? Has this changed over time? - What level of involvement have you had? Would you have preferred this to be more or less? - Has it improved: <ul style="list-style-type: none"> - Sharing information about cases - Transparency about the early help resources available across the partnership - Helping to secure better outcomes for families at an early stage of issues arising - How confident have you been in sharing information about the programme, and what it means for your teams and colleagues? What else can we do to help support you in this role?