Southend-on-Sea Borough Council

Report of Deputy Chief Executive (People)

To

Cabinet

On

18th September 2018

Agenda **Item No.**

Report prepared by:
Jacqui Lansley, Director of Integration and Partnerships
Jon Gilbert, Interim Commissioner

0-19s Model – Delivering Better Outcomes for Children's Health Services (including 0-5s Health Visiting service)

People Scrutiny Committee

Executive Councillor: Councillor Lesley Salter

A Part 1 (Public Agenda Item)

1 Purpose of Report

The purpose of this report is:

1.1 To provide an update to Cabinet on SBC's vision for developing an integrated children's service (0-19s Model) which delivers better outcomes for children and families through more effective services and improved pathways;

1.2 To provide an update to Cabinet on the recommissioning of the 0-5 Service (Health Visiting), including feedback from a public consultation; and

1.3 To seek Cabinet's approval to the recommendations set out in section 2.

2 Recommendation

It is recommended that Cabinet approves:

2.1 The creation and development of an integrated children's service (0-19s Model);

2.2 That the 0-5 Service (Health Visiting) is brought in-house from 1 April 2019, alongside the in-house 5-19 Service (School Nursing), to form the core of the 0-19s Model; and

2.3 Delegated authority to the Deputy Chief Executive (People) in consultation with the Cabinet Member for Health and Wellbeing and the Director for Public Health to finalise the structure and mobilisation of the 0-19s Model (including bringing the 0-5 Service in-house).

3 Background and Context

3.1 Developing a Vision for Integrated Children's Services (0-19s Model)

3.1.1 SBC has a vision for children's services which has developed through a process of co-design with a focus on the child and family. The vision has been designed to incorporate both the Locality approach and the emerging Southend 2050 vision. The development of the vision has also engaged key partners within Southend that includes Southend Clinical Commissioning Group (SCCG) and members of the Success for All board.

3.1.2 SBC's vision is to commission an integrated children's service which will deliver better outcomes for children, young people and families. This vision will be realised through the delivery of more effective integrated services with improved pathways and seamless transitions. In this model, Health Visitor services and School Nursing services would be integrated with wider SBC services and with services commissioned by SCCG, including the community paediatrics service.

3.1.3 Integral to the development of the 0-19s Model is the learning from A Better Start Southend (ABSS). ABSS have been a key partner in developing this vision through engaging with service users and the applying the learning from pilots which currently underway or planned for the future.

3.1.4 The vision is completely aligned to the development of Localities within Southend and will ensure the local need within each Locality is understood, Locality-specific outcomes are developed and services are designed to deliver these outcomes. For example, the needs in East Central are very different to West – with higher levels of birth rates, deprivation and poverty requiring a different Locality-specific outcomes.

3.1.5 The exact scope of a Locality-specific integrated children's service depends on a number of factors which requires a bespoke model to be developed with related services and other partners. It is proposed that this should ensure:

- SBC's statutory obligations are met to commission a Health Visitor service (i.e. 0-5 Service) and a School Nursing service (i.e. 5-19 Service) from April 2019;
- better integration between services is delivered from April 2019, in order to maximise the benefits which can be delivered in the short-term; and
- the groundwork is laid for further integration beyond April 2019, especially as regards integration to SCCG services.

3.2 Statutory Obligations

3.2.1 SBC has a statutory duty to commission Health Visiting and School Nursing services, as part of the nationally mandated 'Healthy Child Programme'.

3.2.2 The School Nursing service is delivered in-house by SBC and received a positive CQC inspection in 2017.

3.2.3 The Health Visiting service is currently delivered by Essex Partnership University NHS Foundation Trust (EPUT) as part of a contract covering 0-5 Services. This contract will expire on 31 March 2019 and there are no options to roll this contract forward. To comply with its statutory duties, SBC must therefore ensure that Health Visiting services are recommissioned and in place by 1 April 2019.

3.2.4 The existing contract with EPUT covers more than the mandated Health Visiting services. This contract for 0-5 Services includes:

- Health Visiting (HV)
  - Universal and targeted support to families and children, covering the requirements of the Healthy Child Programme: 4 levels of service, 5 universal & mandated visits, 6 high impact areas.
- Family Nurse Partnership (FNP)
  - Targeted support for first-time teenage mothers and families (48 families are funded by Public Health funding)
  - It should be noted that, separate to this contract, A Better Start Southend (ABSS) funds a variant of FNP within 6 specified Southend wards. This ABSS FNP covers 80 families.
  - Both FNP services rely on a shared workforce to provide efficiencies of scale and resilience.
- Health support for Multi Agency Safeguarding Hub (MASH+)
  - Health representation and input into a co-located, multi-agency safeguarding hub which provides the front door to safeguarding services for children of all ages (i.e. beyond 0-5 years)
- Health support for Multi Agency Risk Assessment Team (MARAT)
  - Health representation and input into SBC's multi-agency risk assessment team to provide a targeted response to situations facing children of all ages (i.e. beyond 0-5 years) and adults.

3.3 Recommissioning the 0-5 Service

3.3.1 SBC has conducted a public consultation to support the recommissioning of the Health Visiting service. 77% of parents/carers and 84% of practitioners/professionals supported SBC's vision for an integrated 0-19 children's and young people's service. An overview of the consultation process is set out in Appendix 1 and the full draft report is set out in Appendix 2.

3.3.2 The outcomes associated with Health Visiting are well documented within the Healthy Child Programme[1], however it is important that any future service is aligned to the Locality approach and meets the local needs of the population of Southend.

3.3.3 The Health Visiting service includes the provision of 'Universal' services available to all 11,400 children across the borough (e.g. five mandated HV visits for families). Additional levels of service ('Universal Plus' and 'Universal Partnership Plus') are provided on a targeted basis to children requiring additional support (40% of children) (e.g. complex additional needs). The population needs for these additional services differs significantly across each Locality.

3.3.4 The local priorities are set out in the Children and Young People's Plan for Southend[2] and PHE's Child Health Profile (Southend-on-Sea). Key areas of focus include breastfeeding, obesity, smoking during pregnancy, teenage

[1] See https://www.gov.uk/government/publications/healthy-child-programme-pregnancy-and-the-first-5-years-of-life

[2] (http://www.southend.gov.uk/southendchildrenspartnership/download/downloads/id/367/cypp_2016-17.pdf)

pregnancy and emotional wellbeing & mental health. It is recognised that a multi-agency, Locality-specific model is required to address these priorities.

3.3.5 The existing Health Visiting service operates four separate teams across Southend. Those teams do not currently align to the Locality model for Southend. In moving towards a 0-19s Model, Health Visiting teams will be realigned on a Locality approach which will encourage better integration with other children's services and deliver improved outcomes.

3.4 Proposed Model: 0-19s Model

Outcomes

3.4.1 The outcomes of the 0-19s Model, with Health Visiting and School Nursing at its core, align with those of the Healthy Child Programme.

3.4.2 These outcomes include:

- helping parents develop and sustaining a strong bond with children;
- supporting parents in keeping children healthy and safe and reaching their full potential;
- protecting children from serious disease, through screening and immunisation;
- reducing childhood obesity by promoting healthy eating and physical activity;
- identifying health issues early, so support can be provided in a timely manner;
- focus on health needs of children and young people ensuring they are school ready;
- making sure children are prepared for and supported in all child care, early years and education settings and especially are supported to be 'ready to learn at two and ready for school by five';
- having a co-ordinated response across education, health and social care, with improved integration;
- supporting the Locality-based model in Southend; and
- alignment with the emerging Southend 2050 vision.

3.4.3 These outcomes will be further developed over time, to align with the Southend 2050 vision and a maturing Locality model. As the scope of the 0-19s Model extends to integrate with other children's services, the outcomes will be updated to reflect this.

3.4.4 The 0-19s Model will place children and families at the centre of the service and, through a process of co-design and restorative practice techniques, will work with parents/carers to achieve jointly defined outcomes.

Bringing the 0-5 Service In-House

3.4.5 In order to form the initial core of the 0-19s Model, it is recommended that SBC brings in-house the 0-5 Service (i.e. Health Visiting, currently delivered by EPUT) alongside the 5-19 Service (i.e. School Nursing, already delivered in-house).

3.4.6 This 0-19 service would initially include Health Visiting (plus FNP) and School Nursing. SBC would also take in-house the delivery of the health representation for MARAT and MASH+. This would ensure that benefits already gained from recent Health Visitor integration into these multi-agency teams can be preserved and built upon.

3.4.7 Unless the 0-5 Service is delivered in-house, there would be significant risk associated with developing a 0-19s Model. The 0-19s Model must be explored and developed with other in-house services commissioned by SBC (and SCCG) to find ways of improving integration and pathways. For example, this might involve co-locating staff or sharing responsibilities across different teams. This exploratory / developmental approach would not be compatible with a third party provider delivering a core element of the 0-19s Model (i.e. Health Visiting).

Developing the 0-19s Model

3.4.8 The 0-19s Model will be developed through a process of co-design, incorporating innovation and best practice.

3.4.9 Initially, the 0-19s Model will include Health Visiting, School Nursing, Early Years (including Children's Centres) and Early Help, delivered on a Locality-specific approach – together with input from ABSS, Children's Social Care and Maternity.

3.4.10 It is proposed that SBC would continue to develop the 0-19s Model to further improve integration with other children's services over the following two years, with particular focus on integration with SCCG services.

3.4.11 In line with the themes from the Public Consultation, the development of the 0-19s Model would support the work undertaken by ABSS in developing Locality-specific, community-based assets across Southend which could provide a broader range of services beyond those commissioned directly by SBC. This also presents an opportunity to harness use of technology (apps, websites, social media) as a way to support the delivery of outcomes for family and children.

Benchmarking & Workforce Modelling

3.4.12 SBC engaged Benson Wintere to conduct a benchmarking and workforce modelling exercise of the current Health Visiting service in Southend. The Benson Model is a demand led approach which starts with the needs of the local population ensuring local requirements and Healthy Child Programme objectives are part of the service offer. Demand profiling demonstrates support requirements for the local child population in each team, sensitised in accordance with local complexity and demographics. This identifies a theoretical workload and facilitates development of new workforce structures and assessing effectiveness of the existing workforce across the Localities.

3.4.13 The modelling was completed via a series of sessions and workshops in August 2018. The main findings from the model were:

- The existing workforce has capacity to deliver the vast majority of the current service specification.
- The workforce analysis suggests that it would be possible to meet local demand more efficiently by enhancing the skill mix.
- FNP and health support for MARAT and MASH+ were not included within the modelling.

Clinical Governance

3.4.14 For a local authority taking on health services there is a requirement for decision making and operational policies and procedures to be assured and robust. This is known a clinical governance.

3.4.15 If SBC brought in-house the provision of the 0-5 Service, this would require additional clinical governance processes to be established. SBC has reviewed national guidance on this and liaised with other local authorities (and the in-house 5-19 Service) to determine the scope of this.

3.4.16 SBC would need to appoint a Head Nurse within SBC whose role includes overseeing the service from a clinical perspective. It is unlikely that this role will TUPE across from EPUT. In which case, it would be necessary for an individual to be recruited to this role.

3.4.17 SBC would also need to extend SBC's existing CQC registration to include Health Visiting and to register SBC with the National Prescribing Authority.

Safeguarding

3.4.18 The safeguarding function to support the current Health Visiting and School Nursing teams is currently commissioned by SCCG and provided by EPUT. The service provides:

- statutory health safeguarding systems and processes
- training to EPUT/SBC staff
- safeguarding supervision and support to EPUT/SBC staff
- undertaking audits & reviews and responding to Local Safeguarding Children's Board requests

3.4.19 In conjunction with SCCG, a number of options have been identified to ensure continuity of the safeguarding support. This may involve continuing to commission EPUT or may involve bringing the provision of this support in-house.

Timeline

3.4.20 The following timeline is proposed to develop the 0-19s Model and bring in-house the delivery of the 0-5 Service:

Timescale	**Area**	**Activities**
September to October	Governance	Cabinet 18 September Scrutiny 9 October (if called in)
September to November	Development of 0-19s Model:	
	• Develop integration opportunities	Task & Finish groups to develop areas of integration; Development of 0-19s delivery model
	• Preparation of integrated staffing model	Updated in light of integration opportunities identified
	• Preparation of updated financial model	Updated in light of integration opportunities identified
	Development of Clinical Governance Structures	Including further engagement with SCCG re safeguarding
September to October	Development of Logistics Plan for taking in-house 0-5 Service	Including: - Estates - IT - HR / Pensions - Legal
October, November, December, January, February, March	Take in-house 0-5 Service, within 0-19s Model, to include:	
	• Service Model	Implementation of initial 0-19s Model
	• Clinical Governance Structures	Extension of registration with CQC Registration with prescribing authority Safeguarding structures
	• Logistics (Estates / IT)	Office space

		SystmOne & N3
	• HR	Early engagement with staff [January] TUPE consultation [February – March] Pension transfer [February – March]
February, March, April onwards	Further development of 0-19s Model.	Develop mid-long term 'further integration plan' Implementation of 'further integration plan' [April onwards]
April 2019	Service Delivery	Go-Live [1 April 2019]

3.5 Key Benefits

3.5.1 The creation of a 0-19 Model would deliver enhanced outcomes for children and families in Southend. This would be achieved through:

Maximising Integration

3.5.2 This model provides a significant opportunity for improving integration with other SBC-commissioned children's services.

- Integration with other SBC services delivered in-house (e.g. Early Years & Early Help) would be more easy to lead and implement if the Health Visiting service was also delivered in-house. Staff could be co-located with associated teams more easily and staffing structures could be more flexibly adapted through test and learn approaches. Where similar integration has been carried out already, this has been shown to significantly improve outcomes for children and families. For example, where Health Visiting and Early Help providers deliver an integrated 2-2½ year review, it has allowed parents/carers to benefit from single unified review meeting (covering health and education) and ensures health practitioners benefit from the insights of the nursery providers who will have seen the child more frequently.
- Early Years: standardised parent programmes could be developed across services and the current integrated 2-2½ year review could be built upon. This could help ensure that children are ready to learn at two and ready for school by five, with additional support provided where needed.
- Better use could be made of Children's Centres, using Health Visitor sessions as a catalyst to stimulate additional activities led by community asset. This would provide families with more services locally and would build additional capacity within the community.
- Early Help: identifying areas where the continuum of support can be improved to ensure this is consistency and a 'family' approach at all times. This should help avoids gaps and overlaps in the service offer and ensure families receive the earliest support possible when they need it. This has the potential to deliver better outcomes to some of the more vulnerable families within Southend. There are also opportunities for greater knowledge sharing or joint working (e.g. inviting HVs to jointly attend the first appointment with those families) to unlock access to harder-to-reach families. Standardised plans for families could be introduced.
- ABSS: work with ABSS to help build additional capacity within community based assets, to support the work undertaken by HVs and deliver broader services. Where additional capacity can be generated, this can provide a more complete framework of services across health, social and emotional wellbeing services across Localities.

- School Nursing: stronger working relationships could be developed between Health Visiting and School Nursing (e.g. regular contact / joint working). This might support the child's transition between the two teams, or broaden the health input which is provided for MASH+ / MARAT.

3.5.3 This model also provides an opportunity to work with SCCG to develop improved pathways between the 0-19 Service and the Children's Community Services and Community Paediatrics. This could mean that families requiring these specialist services would have their needs identified as early as possible.

- SCCG has indicated that it initially wishes to implement service improvements with EPUT, rather than fully recommissioning its children's services. However, if service pathways are further developed with those services, then this could provide a better basis for jointly commissioning a fully integrated children's service with SCCG at some point in the near future.

3.5.4 The benefits of sustained integration will have positive outcomes for children, families and young people across Southend in years to come and will result in longer term efficiencies.

Improving Service Provision Through Co-Design To Meet Local Need

3.5.5 This model enables the families and children to be at the centre of the 0-19s Model through the co-production and co-design of Locality-specific outcomes.

- This would allow SBC to focus the service on Locality-specific outcomes, without needing to negotiate these with an arms-length provider.

3.5.6 This model provides SBC with the ability to adapt service delivery.

- Developing a more integrated service model is likely to require significant amounts of activity before the service commences. However, it is likely that further on-going changes will also be required. It has proven difficult to encourage arms-length providers to adopt certain aspects of service delivery, even when this is expressly stated within specifications. It has proven even more difficult to encourage those providers to make subsequent changes to their specifications and service delivery.
- By taking the 0-5 Service in-house, SBC would be able to adapt service delivery for the future to meet the Locality-specific needs of families and children. For example, where an ABSS pilot demonstrates that a tested approach delivers better outcomes within the ABSS wards, the 0-19s Model would be able to make changes across the borough to deliver those outcomes for all families and children in Southend.

Improving Stability

3.5.7 This model removes the requirement to retender services every few years, providing greater stability for staff:

- Staff delivering the service are unsettled prior to each tender process, which can make recruitment / retention more difficult.
- Typically, there is a dip in a service's performance levels prior to and following any transition between providers. This would be avoided if the service is brought in-house.

3.5.8 In addition, SBC could avoid destabilising ABSS services:

- The existing FNP service currently shares a workforce with the ABSS-funded FNP service. The ABSS FNP service might have been destabilised by changing the provider of the 0-5 Service. However, the proposed model allows EPUT staff delivering ABSS FNP to be co-located within SBC, or for both FNP elements to be brought in-house. Either of these options would avoid any destabilisation to FNP.

3.6 Key Risks

3.6.1 However, the creation of a 0-19s Model, including an in-house 0-5 Service would carry a number of risks:

Risk of Unaffordability

3.6.2 There is a risk that 0-5 Service may be unaffordable within reduced budgets:

- As stated below in section 6.2, the 0-5 Service is subject to cost pressures. By taking the service in-house, SBC would need to find those efficiency savings itself.

➢ To mitigate the risk that the new 0-5 Service may be unaffordable:

  - A financial model is being developed and the development of the 0-19s Model will allow additional efficiencies to be made.
  - Public Health has recommended that an expert is commissioned to 'walk the floor' of the existing 0-5 Service to understand how staff currently operate and to identify any cost saving ideas which could be reflected within a revised model.
  - SBC has the option to consider reallocating funding from its existing People Departmental budgets where it can be demonstrated that funding better integration would alleviate later pressures on the system and reduce the overall cost of services.

Service Interruption

3.6.3 The 0-5 Service is required by statute. There is a risk that the minimum workforce required to deliver this service does not TUPE across to SBC resulting in a destabilisation of service provision. This could arise if EPUT staff choose to leave the 0-5 Service or secure alternative roles within EPUT.

➢ To mitigate this, SBC will:

  - seek open dialogue with EPUT and Health Visiting staff at an early stage in process; and
  - mitigate any remaining understaffing issues by using bank staff while recruitment take place.

High Level of Commitment Required for Mobilisation & On-Going Management

3.6.4 Developing a 0-19s Model and bringing the existing 0-5 Service in-house requires significant mobilisation and is a significant on-going commitment.

- It would require additional clinical governance processes to be established:
  - appointing a head nurse (or similar) to fulfil the governance requirements

- registering SBC with the National Prescribing Authority (so that Health Visitors can prescribe) and/or putting in place Patient Group Directions (PGDs)[3]
- extending SBC's CQC registration to include Health Visiting
- In addition, SBC must ensure that the 0-19 Service receives appropriate safeguarding support and liaise with SCCG who currently commissions this support from EPUT.

- It would require capital expenditure (e.g. IT hardware & N3 connection).
- It would require staff to agree to TUPE to SBC.
- It would require staff to be provided with office space / hot-desks and parking for the time they spend in the office (albeit that this may be better managed by adopting a locality approach to reduce overheads).
- It would involve SBC accepting on-going direct clinical responsibility for service delivery and ensuring indemnity insurance is in place for this service.
- It would involve SBC dedicating significant time and energy to realise the benefits of service integration through service change management and the development of the 0-19s Model.
- It would involve SBC dedicating significant management time to this service on an on-going basis.

➢ To mitigate these factors, SBC has:

- subject to Cabinet approval, secured operational and high level stakeholder support to the development of the 0-19s Model;
- liaised with SCCG and other similar services (e.g. other local authorities and SBC's in-house 5-19 Service) in relation to the development of clinical governance and safeguarding model;
- developed an implementation plan;
- agreed a plan with HR engage at an early stage with EPUT to reduce the risk that staff do not agreed to TUPE to SBC (and would use bank staff in the short term if necessary to further mitigate this risk); and
- has set up a number of workstreams to address each of the mobilisation elements.

Risk of Assuming Clinical Responsibility for the 0-19 Service

3.6.5 Clinical governance is already required for SBC to deliver the 5-19 Service (School Nursing) in-house. However, the 0-5 Service (Health Visiting) is far more of a clinical service. By bringing this service in-house, SBC would be assuming a higher level of direct clinical responsibility for that service. SBC would meet those responsibilities by establishing appropriate clinical

[3] These provide a legal framework that allows some registered health professionals to supply and/or administer specified medicines to a pre-defined group of patients, without them having to see a prescriber (such as a doctor or nurse prescriber).

governance structures – but the direct clinical responsibility for the service would still rest with SBC.

3.6.6 In addition, it will be very important to ensure that the 0-19 Service receives appropriate safeguarding support from SCCG. Early conversations have already taken place with SCCG's Chief Nurse in relation to this.

4 Other Options

4.1 The alternatives to developing a 0-19s Model (and taking in-house the 0-5 Service alongside the 5-19 Service) are set out below (and further detailed in Appendix 3):

4.1.1 No change – recommission an outsourced 0-5 Service and do not create a 0-19s Model

- This would represent a wasted opportunity to improve outcomes for children and families and improve service integration
- There are concerns that prospective bidders may not have bid for this service given the available budgets

4.1.2 Commission an outsourced 0-19 Service (comprising Health Visiting and School Nursing)

- This would represent a wasted opportunity to improve service integration with in-house services

4.1.3 Jointly commission an outsourced 0-19 Service, which includes SCCG-commissioned services (Children's Community Services and Community Paediatrics)

- This does not align with SCCG priorities at this time
- This would not be deliverable within available timescales

5 Reasons for Recommendation

5.1 The creation of a 0-19 Model (with an in-house Health Visiting service) would improve integration with other children's services commissioned by SBC and SCCG and provide SBC with direct control over the quality and delivery of the service. This would deliver enhanced outcomes for children and families in Southend, including by allowing SBC to:

5.1.1 identify any gaps / overlaps in service across all children's services to ensure families receive a more complete set of universal and targeted services;

5.1.2 identify opportunities for co-locating staff and combining visits where this will support families to receive improved services or for staff to provide better input into multi-disciplinary teams; and

5.1.3 co-design and adapt service provision to incorporate best practice and innovation identified by A Better Start Southend pilots, the Locality-based model and themes emerging from Southend 2050.

5.2 It would also ensure SBC can comply with its statutory duty to commission Health Visiting services by 1 April 2019.

6 Corporate Implications

6.1 **Contribution to Council's Vision & Corporate Priorities**

6.1.1 Healthy: Improve the life chances of our residents, especially children, by working to reduce inequalities and social deprivation across our communities.

6.2 **Financial Implications**

6.2.1 The budget and forecast expenditure for the 0-5 Service and 5-19 Service for 2018/19 are shown below.

Service	**Budget**	**Forecast Expenditure**[4]
0-5 Service	£2,315,540	£2,459,856
5-19 Service	£612,000	£612,000

6.2.2 It is recognised that the 0-5 Service is currently subject to cost pressures:

- EPUT has indicated that the existing service is currently operating at a loss. This is caused in part through significant Agenda for Change increases together with staff progression within the bandings.
- Efficiencies have already been made in recent years, with £212,000 of savings being found in 2017/18.
- The cost of health input into MARAT (£49,320) is currently funded by Public Health reserves.
- A budgetary reduction for the 0-5 Service in 2018/19 (£94,996) is currently met through Public Health reserves.

6.2.3 The budget for the 0-5 Service for 2019/20 has not yet been finalised. To support setting this budget, SBC is identifying and quantifying anticipated costs of the 0-5 Service and building a detailed cost model.

6.2.4 EPUT has provided an initial TUPE list which includes outline staffing costs. However, there are unquantified costs associated with the provision of various resources, including:

- clinical governance resource
  - It is unclear at this stage to what extent this resource will TUPE across to SBC.
  - If this is not included within the TUPE list, it will represent a cost pressure.
  - The cost of the extension of the CQC Registration is unquantified.
- safeguarding resource
  - The exact model to deliver a safeguarding function to support the service is still to be defined.
  - However, the resource is not currently included within the TUPE list and so represents an additional cost pressure.
- estates

[4] The shortfall for the 0-5 Service will be covered by Public Health reserves as detailed in section 6.2.2.

    - It is anticipated that the HV staff will deliver services from community settings or in the home. The location of these community settings is still to be defined and so represents a cost pressure.
- IT
    - The IT model is not yet defined, although staff will require access to SystmOne. The IT costs represent a revenue cost pressure.
- indemnity costs
    - The costs of extending the indemnity insurance to cover the 0-5 Service are not yet quantified.
- capital and setup costs
    - The capital costs associated with the project management of the mobilisation and the setup are not yet quantified. This represents a cost pressure.

6.2.5 The financial benefits of integration will be realised during the development and delivery of the 0-19s Model. For further details see section 3.5.2. SBC will seek to realise these efficiencies and target a reduction in expenditure across all children's and young people's services.

6.3 **Legal Implications**

6.3.1 None at this stage that are not noted in the above paper.

6.4 **People Implications**

6.4.1 The recommendation to take in-house the 0-5 Service will trigger the application of TUPE to transfer the employment of c.55 WTE (c.74 headcount).

6.4.2 There are no other people implication which are not noted in the above paper.

6.5 **Property Implications**

6.5.1 It is anticipated that the Health Visiting staff will deliver services from community settings (or in the home). Work is underway to identify the preferred location for these settings, within the existing asset list of SBC (e.g. children's centres).

6.6 **Consultation**

6.6.1 There are a number of groups who have a stake in the provision of children's and young people's services, including providers, commissioners, third sector organisations, residents, parents/carers and children, all of whom will have views and concerns which require consideration as part of the development of a 0-19s Model.

6.6.2 In developing the 0-19s Model, SBC has consulted widely. The views of the stakeholders outlined above have been sought and incorporated into the development of the 0-19s Model.

6.6.3 A formal consultation period took place over the summer 2018 and the outcome from this consultation is provided in Appendix 1 (Overview) and Appendix 2 (Full Report).

6.6.4 The engagement and co-design process will also continue beyond the end of the formal public consultation, including through an online ideas forum to support co-production and alignment to emerging themes from Southend 2050.

6.7 **Equalities and Diversity Implications**

6.7.1 The development of a 0-19s Model has been drawn up in accordance with the requirements of the Equality Act 2010.

6.7.2 The development of the 0-19s Model and the provision of a 0-5 Service in-house is considered to be positive in terms of its impact on equality/diversity.

6.7.3 An initial Equality Assessment has been drafted which supports this position. This will be updated as the 0-19s Model is developed.

6.8 **Risk Assessment**

6.8.1 Key risks and associated mitigations, supported by a risk log, are noted in this paper.

6.9 **Value for Money**

6.9.1 The financial benefits of integration will be realised during the development and delivery of the 0-19s Model. For further details see section 3.5.2. SBC will seek to realise these efficiencies and target a reduction in expenditure across all children's and young people's services.

6.10 **Community Safety Implications**

6.10.1 There are no community safety implications.

6.11 **Environmental Impact**

6.11.1 There are no environmental impact implications.

7 Background Papers

None

8 Appendices

Appendix 1 – Public Consultation (Overview)

Appendix 2 – Public Consultation (Report)

Appendix 3 – Options Paper: Alternatives to 0-19s Model