

Sure Start All Party Parliamentary Group, Inquiry Session, 14th December

Meeting minutes.

Attendees: Annette Brooke MP (Chair)
Andrea Leadsome MP (Deputy)
Sharon Hodgson MP (Deputy)
Anne Longfield (4Children)
Jenny Andrews (Manchester City Council)
Nick Whitfield (Richmond-upon-Thames Council)
Cllr Christine Percival (Richmond-upon-Thames Council)
Trevor Doughty (Cornwall County Council)
Cllr Neil Burden (Cornwall County Council)
Cllr Rita Krishna (LGA)
Paul Goggins MP
Dan Rogerson MP

Cllr Rita Krishna appeared for the Local Government Association

- Local authorities are experiencing cumulative cuts of 25%
- 3% of Children's Centres have closed, though these are mostly mergers – fewer children's centres doesn't necessarily mean less provision
- Local government means that people don't make an over arching decisions, and need to have the ability to respond to local circumstances

Question: Do LA's have enough information to share best practice? Are there any gaps for the LGA to fill?

- LGA 'does what it can' to get all members on the same page
- It is not directly involved in sharing best practice – but aim to improve performance and service delivery via the Children's Improvement Board
- There is some difficulty in sharing best practice – we cannot conclude that the best model somewhere is a best model elsewhere
- The LGA isn't prescriptive, members lead the organisation
- Members share information in regional networks, and gather best practice in that way
- Information may be shared in party groups more openly than in general networks

Question: How well are health partnerships working across local authorities?

- Can't say – will provide more information later

THE LGA SUPPLEMENTED THIS INTERVIEW WITH WRITTEN INFORMATION, ATTACHED AT ANNEXE A

Nick Whitfield (DCS) and Cllr Christine Percival for Richmond-Upon-Thames Council

- Richmond currently has seven children's centres in 10 buildings, and will have 8 centres in 11 buildings in 12 months time. This compares to a previous target of 12 overall, set in 2008. The cuts to the capital grant have affected progress on the remaining centres.
- Two centres which specialises in supporting children with learning disabilities
- Outreach and family support sits above Child centres so there's an overreaching responsibility
- A lot of commissioning to the VCS multi agency approach stops people from falling through the gaps

- Want a long term commitment to early intervention; want a commitment to continue the family intervention grant beyond the next 2 years.

Question: What has been the impact of the cuts?

- The removal of the Sure Start ring-fence has been a positive move – and has allowed much more budget flexibility
- Council saved the money by cutting back the managerial oversight, and is spending £80k more in 2012/12 than in 2011/12
- Some private provision for children’s centres are being considered – in Richmond these can be reliably self funding

Question: How do you evaluate the success of your centres?

- Will maintain existing reports and evaluation procedures, despite them becoming non-statutory.

Question: Why has the achievement gap between the top 20% and bottom 20% of respondents widened in Richmond?

- Attainment gap widening is due to high achievement and low numbers of respondents

Question: Do you deal effectively with disability and diversity in your local authority?

- Disability services are quite advanced, but do not provide enough respite care
- Specialist speech and language support is offered, but supply of therapists is not high enough nationwide
- People with English as a second language are particularly at risk in South London
- A range of outreach services have been used to really get in contact with ESL and different cultures. E.g. use of use of education regarding healthcare in Korean communities.

Jenny Andrews (Ass. DCS) for Manchester City Council

- Manchester have 64 centres, of which 40 are designated Sure Start, and will still have 64 centres in 12 months time. These centres include 6 specialist learning difficulty centres.
- Community engagement is key to success – those centres linked with schools are delivering the best results
- Manchester are using the Total Place Initiative to develop an outreach service, maintaining the Sure Start offer, but also using buildings for the community

Question: What is the basis for the current service reforms?

- Manchester had a problem with identifying families that were most in need, so focussing on home visits in the first three months – though there is no guarantee that all families will be visited
- This service will be supplemented by written information sent by post regarding child development, and the availability of local services
- This expansion in outreach will run alongside the expanded Health Visitor programme
- All centres will be run by paid staff
- Considering charging for stay and play sessions to counteract decreasing budget
- 0-18 is the best form of family support, with the youth club too – so trying to build stronger family involvement

Question: How many families (0-5) is each local authority in contact with?

- Manchester reaches 35,000 children per year, which accounts for 25% of children in the region. They are committed to widening access.
- The current pilot has successfully reached 80% of children in the pilot area, and Manchester are keen to replicate this across the city

Question: How does evaluation work?

- Will need to be much more sophisticated than it has been so far. Work in progress.
- Used to provide excellent services but there are tiny service cuts-hope that the services can continue to deliver.

Trevor Doughty (DCS) and Cllr Neil Burden for Cornwall County Council

- Cornwall is a very large local authority, which poses some problems for the council – some good outreach work from children’s centres, but the service is still patchy in some areas
- Cornwall is going from 40 centres to 18 centre hubs – though there are no plans to close individual buildings (currently numbering 53)
- 7 speech and language specialist schools in Cornwall and 4 child development centres in Cornwall.
- Plans to build stronger links with health and midwifery are central to future outreach plans
- The Health and Wellbeing Board can be a springboard to get GPs connected

Question: What has been the impact of the cuts in Cornwall?

- Facing a £3m budget cut – Cornwall decided to go early and deep to allow the centres to offer a consistent service for as long as possible
- The centres have consulted locally to achieve budget cuts
- The money has been saved by cutting back in managerial oversight, and reducing centre management
- Centres will offer a large range of activities for families and more specific outreach services
- Staff will be maintained, but Cornwall have never offered childcare in their settings
- Special schools take children from the age of 2, includes sessions in children’s centres – and Cornwall seek to embrace this model more generally
- Fighting to maintain funding for children’s services and early intervention

Question: How many families (0-5) is each local authority in contact with?

- Cornwall reach 57.5% of 32,000 families with children - around 17,000. Not yet enough, plans are to increase numbers
- It is very difficult to engage with military families, due to very high turnover and mobility – and the council is very concerned about these families
- No difference in service from last year to this year. Aim is to ensure that parents do not feel intimidated.

Question: How does evaluation work?

- Early days for overall input will need to develop better analysis, but Cornwall are not sure if Sure Start is delivering what it could

MEETING CLOSED

Local Government Association's Submission to the All Party Parliamentary Group on Sure Start's Inquiry Session into delivery models of Sure Start Children's Centres

About the LGA

The Local Government Association is here to support, promote and improve local government.

Local government is facing the most radical changes, as well as the most significant opportunities, in a decade.

We will fight local government's corner and support local authorities through challenging times by focusing on our top two priorities:

- representing and advocating for local government and making the case for greater devolution
- helping local authorities tackle their challenges and take advantage of new opportunities to deliver better value for money services.

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Introduction

1. On 14th December 2011, a representative from the Local Government Association (LGA) gave oral evidence to the Sure Start All Party Parliamentary Group, Inquiry Session. The LGA was invited to supplement this with written evidence.
2. We therefore take this opportunity to provide further detail on the work of the LGA in supporting local authorities to provide children centres, focusing much more effectively on those families who need them the most, whilst achieving value for money.
3. Local authorities are facing combined pressures of a 25 per cent reduction to the central funding for children's centres and services. Whilst at the same time having to provide additional services; for example following the Baby P case demands on child protection services rose sharply. These increases will very likely need to be sustained into the future, and of course need to be funded.

Does LGA evaluate the performance of local authorities in delivering children's services?

4. The LGA is a national membership organisation run by its members from all different political parties. We are not an inspectorate and as such do not evaluate the performance of local government. Instead we support, promote and improve local government. One of the main ways we do this is through "Taking the Lead", our self-improvement offer to assist councils to strengthen their accountability and revolutionise the way they evaluate and improve services.
5. The new approach to sector-led improvement in children's services is being developed by the Children's Improvement Board (CIB), a partnership board set up in 2011 by the LGA, the Association of Directors of Children's Services (ADCS), SOLACE (Society of Local Authority Chief Executives) and the Department for Education (DfE).

Does the LGA have a role to play in sharing good practice around delivering children centres between local authorities?

6. Yes. A key methodology for supporting self-improvement is through sharing good practice amongst our members. We do this through numerous tools:
- LGA's Children and Young People Programme's monthly bulletin which is circulated to around 18,000 local government officers and members.
 - LGA's Communities of Practice is a website for sharing information across local government and the public sector. It currently has around 100,000 sign ups. It will be replaced in the near future with Knowledge Hub, which will provide an improved platform to share information and good practice.
 - Local Government Inform is a free online benchmarking service which allows anyone in the local government sector to access, compare and analyse performance data, and present their findings (see <http://www.local.gov.uk/about-lginform>).
 - LGA recently funded a research report on "Targeting children's centre services on the most needy families", September 2011. This report included numerous good practice case studies.
 - LGA's Children and Young People Programme run events to share good practice with members.
 - The Children's Improvement Board (CIB) is a key tool to drive self-improvement in local authorities' Children and Young People's services and plays a key role in sharing good practice. See section below for information on the ways it does this.

What is the purpose of the Children's Improvement Board?

7. The LGA's new Children's Improvement Board is overseeing a new programme to help councils benefit and learn from each other and from voluntary organizations to build even further on their record of delivering new and better ways of doing things.
8. The CIB's mission is to deliver:
- Excellence through universal improvement in outcomes
 - Targeted support in the event of service failure or declining performance
 - Innovation and implementation of new policy initiatives.
9. The Children's Improvement Board (CIB) is a direction setting and decision-making group that is responsible for the overall delivery of the programme to develop a sector-led improvement system for children's services.
10. Following on from this, CIB has agreed to continue the support to councils on children's centres sufficiency. In addition 27 payment-by- results trial areas have been approved and councils are developing their work and supporting each other through action learning sets.
11. CIB commissions work to identify and share good practice within the sector. This has included commissioning SERCO to undertake sufficiency work for Sure Start Children's Centres, including sharing good practice case studies. Furthermore, CIB have recently commissioned C4EO to identify innovative examples of emerging local practice in relation to children and youth services to share with the sector.

What is the LGA's view on the strength of health partnerships at a local level?

12. Health and wellbeing boards (HWBs) will be at the heart of the local health system and are the new partnership arrangements between local councils, GPs and other health professionals, and local Healthwatch. HWBs will be responsible for improving the health of the local population and tackling health inequalities. The LGA's research has shown that local areas are taking different approaches to setting up HWBs and it is too early to identify which will be most effective. In general, the most effective approach is dependent on what works best locally. There are a number of areas showcased in the recently published resource "New Partnerships, New Opportunities" which identify universal good practice.
13. The LGA is working with the Department of Health to support the early implementers of the HWBs through the national learning network for HWBs. Support includes a virtual learning hub hosted by the Communities of Practice platform; national learning sets with a number of key themes including one on "Improving services through more effective joint working for children and families"; and leadership development for elected members, clinical leaders and other local partners. This is to help ensure HWBs are developed in line with the development of clinical commissioning groups, Healthwatch, and guidance around Joint Strategic Needs Assessment and a Joint Health and Wellbeing Strategy.
14. The LGA will continue to work with key stakeholders to ensure strong partnerships. We will continue to support councils as they tackle challenges around HWBs' statutory functions.
15. The responsibility for children's public health services will be split between the NHS Commissioning Board (for children aged 0-5) and local authorities (for children and young people aged 5-19) until 2015. After this time it will be transferred to local government. The LGA is concerned about the fragmentation of children's health and wellbeing services until 2015. Many local authorities believe that the split responsibility will lead to the fragmentation of children's services and may undermine existing services such as Sure Start Children Centres which are already established in every local authority area. Instead, we propose local authorities should have responsibility for commissioning children's public health services from pregnancy throughout childhood.