



**Date: 3<sup>rd</sup> March 2022**

# **Service Design and Commissioning of Family Hubs**

**Claudia Coussins 00:00:01:20**

Good morning and welcome, everyone. Thank you so much for this webinar, coming to this webinar on service design and commissioning of Family Hubs. It is so brilliant to see so many of you here this morning. I'm Claudia Coussins and I'm the senior programme manager here at the National Centre for Family Hubs at the Anna Freud Centre.

Today's events will be exploring service design and commissioning in relation to family hubs. We have a wide range of commissioners and service designers involved with varying experience.

So today will be a mixture of some really useful information for those who are just starting to think about this, as well as some more focussed information and case studies for those who are further along in the process.

So just briefly for anyone who is joining us today for the first time. The National Centre for Family Hubs is an online resource hub and learning network which has been funded by the Department for Education and is being led by the Anna Freud Centre the UK's leading evidence-based children and families mental health charity. The National Centre is designed to support the development of family hubs and spread best practice across England considering what families say they want and need. What providers tell us about the best practice and what we know from evidence about what works. Today's webinar is part of a rolling programme of learning events hosted by the National Centre and recordings and resources from all of our previous events are available on our website.

We also have two more events coming up this month. The first one is on using behavioural insights to increase the reach and take up of Family Hub services. Where the DfE will open round two of the expression of interest process, behavioural insights research projects. And the second event is exploring how family hubs can improve the lives of children and young people with special education needs and disability.

And you can book your place to these events via our website which we'll share in the chat now. You can also join our Family Hubs in Mind learning network to receive our newsletter where we'll share details of future learning events and resources. Today we're joined by brilliant line-up of speakers to explore this topic. We'll start with Andrea King, the director of the Clinical Division who will give an overview of our new module, which has been published on our website this morning.

Then we'll hear from Carolyn Terry from Essex County Council, who will talk about Essex Family Hub commissioning journey. Next, we'll hear from Kerry Clarke from NHS Surrey Heartlands Clinical Commissioning Group and Dr Ann Kenney from Surrey Wellbeing Partnership.

They'll be talking about a consortium commissioning within the voluntary sector.

And finally, we'll hear from Rebecca Bibby and Kate Berry from Salford City Council, who will talk about their family partnership 0 to 25 and early help offer. If you have any questions or comments, please put them into the Q&A during the presentation. We'll have the opportunity to ask questions after each of our speakers this morning.

Anything we don't get to today we will collate a list of FAQs which we'll make available on our websites and build into the further development of the service design and commissioning module in our implementation toolkit. You can also get in touch with us via email if you have any questions following the event. Also, just to let you know that we'll be recording this event and the recording and slides will be available on our website within the next week or two. It's a pleasure to now introduce Andrea King, who is the director of Clinical Services at the Anna Freud Centre. Andrea has worked in the public sector for over 20 years, specialising in children's service, multi-professional systems improvement. Andrea's work has included leadership roles in local authorities spanning both children's and adult's mental health and criminal justice services. She has led innovations in the world of children's mental health service design and safeguarding. And more recently she has overseen child and young people's mental health transformation and improvement in the South East and provided pan-regional national leadership on vulnerable children's access to timely, good quality mental health support. Over to you, Andrea.

### **Andrea King 00:04:21:14**

- Thank you so much, that's really kind. Everyone, it's so lovely to see you here. Thank you so much for taking the time in a busy week to join us. I'm going to speak very briefly just for about 10 minutes about the content of our most recent module on commissioning and service design. Next slide, please. Rachel.

So, the thing to note about the content we've written for you and our approach today is that we are catering for a range of audiences in our meeting today, some of you will be quite new to commissioning and service design and transformation. And others will be really experienced commissioners and service transformation leaders, so bear with us as we provide for you a kind of a range of content that's designed to meet both needs and wants. Next slide, please.

Before you start with the service transformation and commissioning design work for family hubs, can I encourage you just to stop for a moment?

We'd like you really to think both quantitatively and qualitatively as you embark on this partnership conversation to design family hubs locally. The most important thing is listening to your children and young people, to parents and carers, spanning that 0 to 25 age range in your local area to understand what's working and what's not, what the gaps are and how easy local support is to access. What we're interested in is who are we reaching and who are we missing?

Where are the relationships? Where are the places of trust that children, young people, families feel comfortable accessing and asking for help and support?

The other thing we'd ask you to do before you launch in with analysing the numbers and the need more quantitatively is to think about what is a service transformation happening in your local area. So, we know with the development of ICS there'll be a whole lot of stuff around local transformation planning, maternal mental health transformation, SEND

transformation, children's partnership led transformation. This needs to fit as a synergy in that wider landscape.

So, take account of the other things that are happening. Think what's the integration potential here? You've got licence to not just build on the evidence base, which we are kind of strongly bringing to you with the EIF but also to build on what works locally.

If you think about innovation, think about the potential for creativity, think about where you're seeing impact, evidence of change. Next slide please, Rachel.

So, in the module that we've written for you in partnership with others you'll see a kind of systematic approach to commissioning and to service transformation, which is designed to help and support you if you're new to this, this will be really helpful. So, the first thing is building that consensus with your community children, young people, families and partners about what the need is for change. You won't be able to do everything. So it's about focussing on where you can make the difference, understanding them, what we're describing as what is it that you want to really start to lead and develop? What are your options for that? And then systematic planning for implementation, project management and governance, understanding impact, particularly for those who are marginalised or disadvantaged and thinking about quality, thinking about evidence and review.

On the next slide, we've presented that in a slightly different way so that you've got a couple of different options. Next slide please. This will feel familiar to those of you who are in commissioning roles, a kind of commissioning cycle. So, we're starting with the understanding there's a huge amount in your joint strategic needs analysis and wider specific needs analysis for other system transformation work.

Your ICS, integrated care system, will have a lot of this. Public health will have a lot of this that you can draw on putting that together with the co-production of voice of children and families. In the planning stage, we've produced a whole load of additional resources for you.

Start the Life, NCFH resources, National Centre for Family Hubs resources and we've given you some guidance on how to think about unintended consequences. What are the strategic and operational risks? Thinking about equity, diversity, and inclusion? Also, some guidance on the core components of governance, written agreements, financial agreements, capital building assets.

We give you some examples of that and you'll hear some more about that later this morning. There's one more point on this slide, which is review. At the outset start to think about how you are evaluating how you are reviewing impact plan that from the beginning so that you really clear what you want to see change and how you're going to measure that. Next slide, please.

In the module, we've provided a whole load of evidence of what works. And a huge thanks to EIF for their help with putting together some superb resources there. We've emphasised some clarity on what, then, is your vision for children, young people and families and the breadth of what you want to do? How would you describe your vision for family hubs locally? What's the impact you want to see and where are the gaps and the reach? Next slide, please Rachel.

I'm going to challenge you now to think a bit deeper too. We know the disproportionate impact of Covid. We know the impact of exclusion. We know the reality of poverty at the moment for children and people and families, it's very real. As you're doing this work can you test it consistently against the impact on people with protected characteristics? Please

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think about your children in care. Neuro-diverse children, children with SEND disabilities. And think about that potential or transition, 0 to 25, particularly for these groups and more vulnerable children So that's a kind of challenge to think a bit deeper.

Click again for me, please, Rachel.

The other thing to think about is the enabling of your other strategic groups. So please think about how your other strategic partnerships could help your health and wellbeing, those ICS, your safeguarding boards will have an interest here, they'll have a contribution. Next slide, please, Rachel.

So, in summary, we've produced some top tips for you, and we really hope these are useful. For those of you who are very experienced in this area already, there are some kind of additional examples of how you can bring financial resources together aligned or improve budgets or approach your capital, IT and HR in transition work.

For those of you who are new to this, it will give you a kind of overview of all the key things to think about. So, the aims and the impact, what you think those benefits will be so that you can talk to partnership leaders about the co-design together. How you're going to manage those key risks and watch for unintended consequences as well as intended consequences and being very clear about governance and reporting and your agreements and your arrangements.

How long will they last? So, I hope this material is really helpful for you. Just giving you a brief overview in this 10 minutes and we will have some time for questions as well. So next slide, please, Rachel.

Please let us know what you like to talk about or think about together on those questions. Thank you very much, everybody. I hope you really enjoy this morning I'll hand back to Claudia now to see if there's anything further for us to think about in terms of questions or comments.

### **Claudia Coussins 00:12:47**

- Thank you, Andrea. So, we're going to move straight into the presentation from Carolyn now. And then after that, we will go into some Q&As for everything so far. Thank you.

### **Carolyn Terry 00:13:05**

- Thank you. Morning, everybody. So as Claudia said, my name is Carolyn Terry. I work at Essex County Council as one of the commissioners working on our family hub journey. So if you can move on to the next slide for me, please, Rachel, Thank you.

I thought it'd be helpful just to give it very quick overview of the journey we've been on and where we've got to where we are now. So, we've commissioned an outcomes based commissioning model, which was very different for us and very new. So there's a lot of work involved in that.

And just thinking what Andrea was just saying about making sure that you reach out and you understand what else is going on. We did spend a lot of time actually undertaking early years review and thinking about the wider system who was in that system and how we could actually join up together and collaborate differently. So, I think that really helped us at the beginning to really sort of set the scene and that landscape, where

wanted to go. So, our model that looked across Essex, is that we've now got 12 family hubs with a large local authority.

So, we've got one family hub per district with a number of linked local sites, and we've moved to a pre-birth to 19 service as well. And as part of that we've put together a fully integrated workforce. So not just co-location, but those teams are actually working together in an integrated way. They are teams together, they work together, they think about how they support families together and work across the communities together as well. And you'll just see there where these contracts came from originally and who we've actually joined as part of the commission. So that was the workforces, that was a previous contract we had that we've merged into this one, an outcomes commissioning based contract. And we've also worked with our West Essex CCG. And we've got a number of CCGs across the council. But West Essex were the ones that wanted to partner with us on this. And so, we have an even greater integration across West Essex, which is Harlow, Epping and Uttlesford. And those teams work really well together. It's really joined up and it's really effective for the families. We've also commissioned a seven year contract with the option to extend for another three.

This was the first we've ever done this we've previously had three year contracts and then as I'm sure you probably realise yourselves, you're constantly in that commissioning cycle and this was such a big change for us. We really wanted the opportunity actually to do the transition into the new model, you know, think about how we would stabilise what we were doing and then really get the opportunity to start to see the impact of a new way of working.

But we were able to get the consent actually to have a much longer contracted time. And we're just thinking about the, the last three years now about taking the governance steps to move to implementing that early. So, you know, we know we've got that offered right across the county for our families, so it creates a much more stable offer.

And one of the other really big differences and it seems like a silly thing to say, but we've moved to a much more collaborative working relationship with our commissioned provider and their subcontractors. Previously it's been a very traditional commissioner and provider, whereas this is much more about working together, trying to create the right environment to try things different that we haven't done before and not be frightened to try things differently. And if it didn't go well, actually, what was the learning from them? And then what could we implement?

It's an interesting one because when the going gets tough, you're not quite sure you know how things are going. It's very easy to revert back to, you know, the typical relationships. We had to work really hard at that and even five years in, I think that's something we have to remind ourselves sometimes. I think it's better. It's much more natural, it's something we very, very definitely wanted to set up. Can we move to the next slide, please?

So, I just want you to think about hindsight, what we would have done differently. If we were starting this all over again what were the things that we might want to have that focus on? And it's hard, isn't it?

When you start somewhere, it's hard to sort of think back sometimes. But we have some big ticket items that I think if we were to do this differently to start again, we would do these differently. So, the first one is around the workforce.

Now, we spent a lot of time thinking about the workforce, what the workforce meant to families. We spoke to families about the identity of different roles, what worked for them.

And the one thing parents told us overwhelmingly, which you probably won't be surprised about, is parents are not really worried about your job title. So, they just want to know you can be there for them and support them.

But of course, if you are that member of that workforce and you have a very clear identity to your job title, it does matter. So going forward, we started to do that work with the sector for the workforce rather, which we had already started to do. But we could have done more of this because what we wanted to do was decide what skill set was right to meet the needs of that family, it doesn't have to be the other traditional job titles, boundaries of the job titles. If a family was connected to a member of staff that they trusted, and would engage with, they could actually take the lead in supporting them.

But of course, it was difficult starting to implement that. And I think for some people they found that really difficult. So, thinking back on it, we probably should have spent some more time on this. We thought we'd done this. We thought we were taking the workforce with us. But that did cause some quite intense anguish actually for some of our workforce. And some workforce did leave as a result of it. So, I think that's one I would really say if you're looking at doing things differently and you're looking at creating different age ranges a role might be working with, skill sets, a way of working, I think maybe sort of just to walk in the shoes of that workforce and think what that might mean for them and how we can support them and take them on the journey and reassure them. And we were also trying to describe a vision to families on an outcomes based commissioning model. So suddenly, as the local authority, we weren't telling our providers that we expected to see services delivered in a certain way and that we wanted certain programmes of working implemented.

We gave them the outcomes that we wanted, which was about improving health and emotional wellbeing and children's early learning experiences. But actually, when we were consulting with families on this they couldn't understand, they couldn't see what we were describing and the default position for a lot of our families was this was like just cutting services by stealth. And so, I think we had to manage a lot of complaints, queries and challenges, objections.

Families went to the local councillors, their local MPs, we had probably the biggest amount of opposes to it, people signing up to say we don't agree with this, we want you to stop this. And we received such levels that they needed to be heard and dealt with formally through our process, which of course we did. And that's what was expected of us.

I think if we could have bought that journey and that vision to life for families better, I think we wouldn't have had to spend so much time on all of that. And that in itself then fed the anguish of our workforce as well because they couldn't understand what that vision was. So it's about being really clear and articulate.

We were clear, we knew it was an outcomes commission. Of course, if you are again, think about the family that is accessing services what is that going to look like for them? What will it feel like for them is really important? When I think about how we merged our range of health and family support outcomes, it was really important to get the balance right and not have a model that was more health focussed or more family support focussed.

And I think when we were bringing the teams together, we were merging the teams I think there were some tensions there as well as there was a more dominant area over another which we didn't want there to be, but I think just different strengths of

personality. We had to work with our provider on that and talk to them. They really listened to that, and they set up their senior leadership teams, so that the senior leadership team reflected all aspects and I think once we moved to that, I think things were better. They'd calm down more and people could see the wider mix there. An outcomes based commissioning is a really interesting model. So if it's not something you've done before spend your time understanding it.

We were really clear what we wanted. We've got an outcomes based toolkit and model. It takes time to start to see some of the outcomes from it. So, we're thinking we're moving with and liaising with our political parties and member engagement they were wanting to see actually what difference you're making. And actually, some of this just takes time to embed and start to see the benefits because we're looking at it quite differently. So, I think it's important that everybody understands that. And you know, again, reverting to the traditional commissioner provider relationship it's easy to do if you don't stick with the outcomes based commissioning.

So why are you not delivering that service? Why you're not doing that? As the commissioners, we had to let go and trust that our providers just knew the right services to deliver. They had reached out and consulted with families and looked at the local needs assessments. So, they were approaching it differently to how we would have done or how we'd seen it before. And that's hard, you have to go with it. You have sort of a leap of faith. So, I think it's definitely been very worthwhile, but it is hard to keep yourself so disciplined in that way. I think we've got the relationship now that we challenge each other, we can sort of push back when we're starting to revert back to type.

I think this really helped as well because our provider was able to be really creative and flexible in how they were delivering different services and offering resources. So again, I think that outcomes based commissioning model within the framework to be able to do that.

So this next one is a bit a bit dry really, but it's one of those that if you don't get it right, it does just create problems. And so we know from many years of recommissioning children's centre contracts and the whole estates and the properties is really important. So, we did start this work early, we did start, and we offered all of our providers that were bidding for the contract the opportunity to go and visit the sites that was there. And actually, through the process what happened is as we came to our preferred provider and some providers were not part of that. If there were services being delivered from their premises, which we thought would continue, they started to pull back from that offer. So, although we had a core offer with provision, it was really difficult to ensure that we got everything that we needed.

And of course, when you're looking at delivering health services versus your family support services, the environment is different. So you need to create spaces within your buildings that actually meets all of that. So it's not just a clinical space. It could offer that home from home family support and equally there just need to be clinical spaces for some of the services that are being provided. So that was complicated. There was a whole workstream working on this and as I say, it's really dry. But if you don't get it right and you haven't got the buildings to deliver from or the outreach sites, the local delivery sites to deliver from, it does make anything you do difficult and the whole branding of all of that as well, you know, so actually for your families. They recognise what that is in the community, and they know it's theirs and they reach out to it. And things like the associated infrastructure, you know, your IT connectivity and your systems of recording

what are those systems going to be like, we had to merge, because we were merging so many contracts into one.

We had to merge all of the data and the resources, information sharing agreements and that all takes time. We thought we'd allowed enough time. We started this about two years before but actually could have done with another six to eight months on this.

So, make sure you remember that aspect as well. Now, across Essex, we're a large county, were a two tier authority, so we've got our county councillors, we've got our local district and city councillors and we've got a number of MPs across the county as well. And we did briefings for them, we shared information with them.

But looking back, I think when we were at the design stage, I think if we had involved them more at the design stage, I think we would have had an easier journey from a governance point of view, particularly when, you know, as I described earlier, the families and the parents were reaching out and not being happy with what their perception of what we were doing was, they were agitated about it. So, although as we started to go through the formal consultations, we did a lot of engagement with all of our political parties. I think we should have more to include them in our design phase. And I think things would have been different at that point.

We were also through this process consulting from a children's centre point of view on the number of buildings that we had. And I think there was a sense that we were shutting our children's centre offer down as opposed to offering it differently and through less buildings. So, I think people thought less buildings meant less service. Actually, what we were saying is we want less buildings, as we want a workforce that can actually go and be within the community and go to where families want them to go to. So, it's really important to get that kind of messaging right and for people to trust what you're saying. So next slide please.

Looking at what difference this approach has made. And I think this has really helped us to rip up the rule book actually and look at doing things differently and really think about prioritising the support where it's needed.

So rather than having those set metrics as it says there, we can think about a more joined-up system approach. We can be more creative, we can work differently, we can reach out to different agencies, different community groups, different ways of engaging with them. You know, it can be very, very different. And there's a very clear message with how we've been working, is that families need to be joined up and involved in the design of their services. And one of the things we do as part of the contract monitoring process, which is we always have a family voice.

We hear from families, which I think one hand that keeps us grounded in what we're doing and reminds us about what we're doing. But equally, I think it gives us, you know, we can hear how it feels for families and there's that critical frame that push and shove between us and the provider, you know, and it's something that's working one area. It's going to work in another area, you know, who are the groups they're not reaching?

We've also had a real focus on identifying our priority groups and thinking about families that have multiple flags as priority groups. So, you know, as you know, the more flags they have, more vulnerabilities they have, the more important is that we reach out for them when we meet them and engage with them in a way that really works for them, take services to them you know, what that work looks like, which agency, which member of staff is working with them. So, I think it's really helped us to think differently about how we reach, you know, rather than sitting in a building and thinking they will come to

us, we go out and talk to them, we find them, and we can reach out in a way that works for them. Thinking about the hours as well. So, you know, there's a sense of it's not a nine to five or eight to six service. It should be evenings; it should be weekends.

It's what works for those families and enabling those families to use the buildings for themselves as well. And we also have this holistic whole family approach now. So a health visitor would normally work with them 0 to 5 if they're working with a family that's got seven and eight year olds and maybe teenagers, they can work with the whole family, then not just working with the family from 0 to 5, maybe a school nurse working with the older children. Sometimes it's appropriate, but we can have one person that's having that whole look at the family and the support for the family. So I think that's really enabled that.

So real flexibility and to look differently how we how we work. So, thank you, I hope that's been helpful in giving you a sense of the journey we've been on and some of the areas that we would do differently if we had our time again. Very happy to take any questions anyone has.

### **Claudia Coussins 00:30:10**

- Thanks Carolyn. That was really interesting and really appreciate your honesty because we get a lot of comments about it's great to hear about everything that's gone well and best practice, but also to think back on what could have been done differently is really, really valuable. And particularly your comments around balancing the health and family support outcomes.

That seems very relevant, especially in light of ICS. I know you describe this as dry your thoughts on estates and infrastructure is crucial and something else that we get asked questions on. And so, we'll also be incorporating this into one of our future modules as well.

And then and finally, the stuff on EDI is so, so important. And so thank you for highlighting your holistic work and also practically how you incorporated the family voice into the contracting process to help remind us who the priority groups are. And that kind of picks up on what Andrea was saying as well about how important it is to understand who were reaching but also who were not reaching and how we can fill that gap. And so we've had a few questions.

The first question which was asked during Andrea's presentation, but it would also be helpful to get your input Carolyn, was started with a comment that gathering evidence is challenging. Is there a guide that you recommend that has been used or that we can share that can help us with evidence gathering? So maybe we'll start Andrea, if you could comment on that and then perhaps we could come back to you, Carolyn, to think about how you've gathered evidence and how you kind of use that in the beginnings of your commissioning process

### **Andrea King 00:31:55**

- Thanks Claudia. I think it's an excellent question. So, you'll appreciate that from an Anna Freud perspective the kind of evidence-based practice is a huge driver for us. They're really committed to that. And in partnership with EIF, what we've done, for you in

this module is provided a summation, really summary of the evidence that you might want to draw on in terms of impact on outcomes for children.

So really improving children, young people and parents and carers experiences and their outcomes, as Carolyn described so well. And so, you've got that. The other thing I'd encourage you to do is have that active co-production conversation with parents and carers and with children and young people. What has worked for them, your frontline workforce multi-agency workforce will have clear insight about where they've seen real difference. Don't neglect your quality assurance learning, QA in your practice what's really effective there because that is part of your evidence. Carolyn, I'm sure you've got more to add on that.

### **Carolyn Terry 00:32:57**

- Thanks, Andrea. Yes, talked about the early years review we did at the beginning, which we reached out right across the system. And we did actually commission an outside agency to do that piece of work for us because they were really helpful at being a critical friend as well for us.

But they facilitated discussions. They analysed, they fed back what people were saying. So it was quite time consuming, but the insights it gave us was immense. And it was the opportunity to start looking at this very, very differently. I don't think we would have got there if we hadn't spent so much time and used that kind of methodology to do it. I think we would get stuck. We wanted to be innovative, but you do get stuck, don't you? You have that regular challenge from external agencies looking in.

### **Claudia Coussins 00:33:45**

- Thanks both. So we have got another comment that says, Carolyn, fantastic to see the seven plus three year commissioning tender and this gives say much more time for embedding forming and norming. What practical steps were put in place to aid the integration moving past co location? I'll let you come back on that and there's a couple more questions linked to this.

### **Carolyn Terry 00:34:10**

- Okay, so I think we spent a lot of time, once we identified our provider and they had a sort of a key subcontractor as well that was working. We spent a lot of time with them about the vision and workshops with the staff, but we had also spent time going out and visiting the staff teams in the previous contracts and how they were working and hearing from them.

And we were trying to play back to them. This is what you've told us. This is this is what we're bringing together and at the point of the contract going live, they the providers opted to do like an initial, they did the mobilisation everybody worked as they were. And then they started that workers as people started to create relationships and they started to put the management levels in, and they were very clear to have management levels from the family support provider and the health providers so that could be seen at the level. So, depending on which side of the workforce where you could see actually you

were represented at that level. And I did a lot of listening, I spent a lot of time in the workforce and hearing from them and in training sessions with them. It was hard of course if in a shorter contract we'd have got to the we'd have needed to recommission and staff would have been destabilised, so I think it was so important to have had that longer contract and conversations, communication, and a clear vision I think was key there.

**Claudia Coussins 00:35:38**

- Thank you. That is so useful and what I'll do, I have seen a few more questions pop up. So, I'll go to them and then maybe come back to some others that link to that. People are asking about the holistic whole family approach and just wondering if they can understand a little bit more about that and specifically how would challenges overcome with staff groups moving to the whole family working approach?

**Carolyn Terry 00:36:03**

So, I think because some of this has come from the conversations we have with the workforce, I think it was easier to play back about the whole family.

If they were saying, you know, we had a conversation with health visitors, for example, that was saying I'm going to see this family, with the young baby. But I know there's a seven and eight year old there and I've got a relationship with that family and I'm not having any conversations, with anybody about the seven or eight year old. So I know I can make a difference.

So, I think we were playing back some of the conversations they had, and we were also using different staffing resources. So, we were trying to bring capacity to, for example, the health visitor team We brought the family support role around that as well. That was difficult because I think people were struggling with letting go. So, I think it's about introducing it the way you want to go, having incremental steps, being clear about why you want to go there, keeping an open dialogue on conversation, you know, because these are real people we're talking about. When they start to see the benefits to the families I think people are more comfortable with it.

And there was a real sense of a loss of professional identity for some and a concern over their own professional registrations, for example, if they weren't working in a certain way as well. So we had to spend a lot of time on that and we still have those conversations with some people now. So I suppose, it's just don't expect it to be easy be prepared to work, and be prepared to keep dialogue open.

**Claudia Coussins 00:37:32**

- Thanks, Carolyn. And a broader question then, Andrea, you might want to comment on this one is would you consider the commissioner to be an equal partner?

**Andrea King 00:37:44**

- As I was listening to Carolyn speak, I was thinking you describe so well what it feels like to move that dialogue, that kind of entrenched authority position from commissioner providers to a more equal partnership. So, yes I mean, it is absolutely crucial. But what I'd encourage everyone to do is look at the new arrangements to integrated care systems, which are reaching some real maturity in areas like children's mental health, for example, where the commissioner provider relationship is completely redefined. It's hard. It takes time. That's defaulting to what we know what we've done for years is, is often the kind of common experience. I think when we go on to listen to Surrey, we'll hear some of that kind of learning and journey for them to in terms of creating an equal third sector partnership that moves away from traditional commissioner provider but the value of commissioning, the value of looking at the whole landscape remains it's just renegotiating that relationship together.

### **Claudia Coussins 00:38:46:**

- Thanks very much, Andrea and Carolyn. We have to stop the Q&A there. But for those of you who haven't had your questions answered, we've made a note of them and we will respond to them as a follow up to the module. And there's been there's actually a couple more that's come through about equality, diversity and inclusion and about involving service users and other groups.

So, we will come back to them. That is really, really important so thank you, Carolyn and Andrea. And we're now moving on to the presentation from Kerry Clarke.

### **Kerry Clarke 00:39:33**

- Can you bring Ann Kelly in because she's doing the presentation with me.

### **Ann Kelly 00:39:39**

- Hello, yes I'm on screen.

### **Claudia Coussins 00:39:41**

- Oh, great.

### **Kerry Clarke 00:39:42**

- Hi. Lovely. Thank you, everybody. So, we've been invited to talk to you about the benefits of working alongside the third sector in arrangements of delivering services. And it was really lovely coming in after Carolyn because everything that she was saying about the commissioning journey, I was nodding away here saying, oh my God, that is so right. And she's really captured some great learning that we've experienced as well. So next slide, please.

I'm not going to spend a long time going through our commissioning journey because it is very similar to how Carolyn explained it and interesting when we were just talking about a commissioner one of the things that I found was one of the things that made me realise

we are getting it right was someone said to me in a meeting, you're not like a normal commissioner because you work alongside us.

I think that's really that commissioning relationship is really important to get alongside each other. So, our journey is similar in terms of we were looking at children and young people's mental health in 2018 and realised whilst we had got strong commitments to mental health, we weren't delivering it right. We had local discussions as we were planning for our ICS and moving towards an integrated commissioning unit with Surrey County Council.

But we really wanted to do things differently by focussing on early intervention and shift away from our emotional health and wellbeing offer focussing on the more specialist services. It was at the same time there was conversations about funding from the National Children's Commissioner and various things that were going on at the time that led to us having a pooled budget. So, we have a pooled budget between ourselves Surrey County Council and ICS and we have also moved into the seven and three year funding agreement.

So, we re-procured a new pathway, a new set of services, called MindWorks Surrey we started this year, so our procurement process was during the early stages of the pandemic.

The clear vision that we want from this service is a culture. As you can see on the right hand side, it's a culture of emotional wellbeing, supporting children and families based on early intervention, prevention and building resilience.

We will listen and work alongside our partners and those are key foundations of our offer. Next slide, please.

This is our partnership, it's really exciting to see when it was all put together. So, you can see we have our health provider and then we have Surrey Wellbeing Partnership, which consists of 12 or 13 partners, Ann will confirm that, we have three partners that are in our learning neurodevelopmental space.

So, we have learning space. We have a National Autism Society, and we have Barnardo's and they are really helping us. Not only look at what we do to support children but to support families. And then we have Tavistock and Portman driving the THRIVE model. Next slide please.

Ann is going to take you through the next few slides. And what this slide shows you is our Surrey Wellbeing Partnership.

Our third sector partnership is within the space there. That's around supporting our system, around thriving and then supporting, around getting advice and getting help. So I'll pass you over to Ann because she's the person that you really want to listen to

Next slide, please.

### **Ann Kelly 00:43:37**

- Thank you. Thank you, Kerry. So, I'm the independent chair for a consortium in Surrey called the Surrey Wellbeing Partnership. And I was asked to sort of give a bit of a case study about how we built the consortium in order to tender with our NHS colleagues for this piece of commissioning that was just outlined.

And I wanted to start with some very early conversations. So tapping into what Carolyn was saying. For some years now, the voluntary sector has been chatting with the local council about early intervention prevention and all the different things that voluntary sector organisations can do in this space of emotional wellbeing and mental health. And then as people were talking about the joint commissioning, there were some key people and some key relationships that were already in play.

So, we were able to tap into just kind of bring us a groundswell of enthusiasm for building a consortium. So, I thought it's worth mentioning we had a chap called Dave Hill who sadly passed away, who has done a great load of work around the repositioning and re-engaging with families and finding out what they needed.

And so, he was a key driver within Surrey County Council with the new type of commissioning. We have Surrey Youth Focus which is an umbrella organisation in Surrey for children and youth organisations, but they also have a remit for kind of helping us tap into the kind of broad infrastructure in Surrey and look for opportunities for growth and co-production with the local authority and so they were very helpful in kind of steering some of these conversations and bringing partners around the table. We also had an old joint venture agreement that had been that was kind of dormant but had been set up a number of years previously, which had come out of the Surrey Youth Focus, which was about five or six organisations that came together, built a joint venture agreement as the Youth Consortium and were providing youth work.

So we had that sort of knowledge of how to bring a joint venture together and that remained dormant and had some commissioning and some work. Then that commission finished so it lay dormant for a few years and then more recently with our partner, the SABP I think around five or six different organisations have come together across the MindSight project which finished just before this commission started, which was around bolstering the clinical CAMHS counselling offer for children, young people in that health and emotional wellbeing and mental health space.

So, we ran a number of partnerships and a number of partners already having conversations with health colleagues, with the local authority and we also had knowledge of how to bring this together. So that was very much the basis of starting to talk about how we could build a partnership of organisations that could come together and create a really comprehensive offer to be part of the early intervention side of this tender for the new commission.

The best, most important thing to do for us and launch organisations was creating a joint venture is to really co-produce solid vision and our values and talk about how we want it to work as a partnership. And we did spend a lot of time on that together which allowed us to talk to people and ask them what, you know, bring in people with certain different types of expertise so that we can have a range of offers and based on the strengths and evidence base of good work in the community that was respected, that families trusted, that the commissioner understood and trusted. And we absolutely wanted to help change things, to move away from the competitive commissioning landscape that we are all involved with. Very short term and actually competing with each other for the work and rather help create a system which allowed us to collaborate as an organisation any organisations.

So, through that process and taking the time that you need to do that, we developed shared values on which to establish our consortium. So, our aim was to build a consortium that would help working at a pan-Surrey Alliance that will transform emotional wellbeing and mental health. And very specifically we wanted to lead in prevention and

early intervention in the approach so that over time our work in the communities on the ground, if you like, to help reduce the need for clinical interventions later.

And we were really tapping into those two strategic pieces of Surrey one around emotional wellbeing and mental health, which should be no wrong door, for getting help. The other one around the Surrey vision for 2030 which is no one left behind. So, making sure that we look at all the groups and try and provide an offer for everyone so that we can talk to everyone. So, these are the number of organisations we're able to bring together. We are fortunate in Surrey that we've got some really great organisations working in this space some time, with different types of work. We've got about five or six partners that are providing one to one counselling. We've got again another five or six different partners that are providing activity groups on the ground so that people get involved in peer groups and activities and sports and issue based groups.

We've got peer production that can provide theatre workshops, really interactive way of learning about different issues and in a really non-confrontational way, but can engage children, young people perhaps and some tricky issues and really support school space. And then we had a providers who were specialists in the ND area but would also wanted to come in and get involved with young people who might be have had ND traits, not necessarily a diagnosis of work around early intervention they're working with families. We have 12 full members of our consortium in our joint venture agreement and then we also do some work with Emerge Advocacy as an associate member. So that's how we pulled our joint venture agreement. So, there's an agreement that we have 12 full members, and each member has a representative on our board and I'm the independent chair of that board. Next slide, please.

That really allowed us to do things differently to bring a really broad range of intellectual activity and choice under one umbrella for this alliance, MindWorks. The sorts of things that are in our offer we've seen the aim was to reduce the need for clinical interventions over time. So, we know that this whole contract will take time bed-in to get an intervention.

And actually, it's a £24 million commission and early intervention prevention has four and a half million. So we're a small partner. There's a commitment to grow it over time and we know it's going to take time to embed. So, this is just my attempt at a pictorial diagram of the comprehensive offer that we've got on the ground in the community counselling with young people and families in the schools are working together, co-located, ideally working alongside each other around that single point of access, or what we're now calling access and advice, also working in clinical settings alongside clinicians, youth workers alongside clinicians, emergency centres and also a network of volunteer wellbeing mentors so quite a comprehensive offer.

So, we can really have that conversation with families around what is it you're experiencing? These are the sorts of things we think might be helpful for you. What would you like provided? So, we can do that as a shared decision and offer a real choice. And at the top there, that's how we sit with our partners around the Alliance board with commissioners. So our challenges and achievements really. We are only in year one.

We're not even at the end of year one, just approaching year one of this contract. And because of Covid this tendering was done in the middle of the pandemic. And so, this conversation started beforehand. So inevitably there were other challenges going on. And we ended up having quite a short tendering process. And then and even shorter than expected mobilisation period.

And actually, to be fair, we probably didn't have the learning from the Essex model about how much time it would have taken to do all of these conversations. So, we had some real challenges. Trying to change the model that we wanted everybody across the system to use. We're mobilising new services. We already had a legacy backlog of referrals that we really needed to address and the subsequent reputation with families and politicians around that.

So, we were having to have those conversations get new services out and manage expectations as well. So, making sure we communicated with all the stakeholders and then the impact of Covid 19 which then actually increased referrals further.

There were some real challenges, but we are working through all of those, and we have been making progress on all of those. So, I wanted to talk about some of the lessons. Next slide, please. So, if we had our time again, we would take more time around the whole process. We did some great work around the consortium in Surrey Wellbeing Partnership around values and culture and vision.

But it would have been better if we had more time to do that as a whole alliance. And I think we're still working through some of that now. The partnership working, the time and resource that you need to put in to learning how to do the partnership working. Some of the things that Carolyn was talking about, people working in different ways, respecting each other's expertise, but also their differences and understanding those, that takes time and resource and trying to act as equal partners rather than a master and servant situation. And we're all learning through that really.

And I think one of the things we've learnt is that our contractual constructs are not helping us have the freedom to move around and to be those equal partners. So we are working through that. So, we didn't have outcomes based commissioning, so we did have a prime contractor and subcontractors and we've got a clash of cultures, attitudes to risk sharing, learning challenges it's all coming along, but it's taking some time.

I think Carolyn mentioned very much around the data agreements working through exactly what you need to allow people to have the freedom to do the right job for the children and young people and be able to report the right quantitative and qualitative data and insights more importantly, and how you use those to co-produce and iterate the process so that can feel really, really messy.

But I think this kind of bringing cultures together and trying to work in a much more outcomes focussed way can feel messy and uncomfortable. I think Carolyn alluded to that too, but we're working through it and it's all about people.

And I think what she said before about the conversations and the communication and the shared vision really important around the whole workforce and commissioners as well, so if we had our time again, we would have taken much more time, I think, to work through all of these challenges so that we could bring everybody on board as quickly as possible.

But we're in year one. There's no lack of enthusiasm or a commitment to do it. And so we're working through all these challenges so that's it for me.

### **Kerry Clarke 00:56:07**

- Can I just add to that? So, we've got one more minute. So, we're a year on, and what do we see different? Why are we really pleased that the third sector are part of our partnership? As Ann said, coming out of Covid all of you will realise how challenging that

will have been from an emotional health and wellbeing perspective. So a lot of our focus was on backlog.

What we're now beginning to see we're just beginning to see the reach around early intervention so the activity in engaging and reaching children and families earlier is just beginning to start, we're just starting to see that. We're starting to get some feedback that actually we're looking much more holistically and thinking of the family and the parents and supporting the parents.

So, we're beginning to get some nice, soft intelligence from our family that were wider. We have had a challenge in terms of helping our system not look to mental health. Just the CAMHS work but actually a much broader offer and that is beginning to start to show benefits now. We're beginning to sort of shift that culture.

We still have a long way to go, but we're getting some really good feedback from our children and young people about the breadth of offer that there is. And that is not just a therapeutic service. We have a breadth of offer with a different length of relationship. So the strengths we're just beginning to see is the breadth that it brings, the difference for our children and young people are saying because we've got that breadth of and as Ann said, we're on a journey, we're a year in. We've got a long way to go, which is really exciting, really. Okay, we're exactly on our time.

### **Claudia Coussins 00:58:08**

- Thank you Kerry, and Ann. And it's been really, really interesting again to hear all the successes and especially in the context of not being a year old yet and also in the context of Covid and the circumstantially environmental challenges that we've been facing. Kerry, thanks for talking us through the approach of early intervention and building resilience.

And Ann, you were talking about using a lot of the existing knowledge that you described as lying dormant. And I think that really speaks to lots of local areas who have that as a lot of information there it's just about how to galvanise and harness it.

So, in light of the broad range of your offer, we had a couple of questions around that. So, how do you ensure the workforce across so many different organisations offer consistency of approach, particularly to make the 'no wrong door' aspects of the work?

### **Dr Ann Kenney 00:59:03**

- I think that's a work in progress. I think that's absolutely something we are constantly talking to each other at constant meetings and checking back and checking in and rolling stuff around, checking in again. So, in terms of that, trying to make sure we have a consistent approach and no wrong doors.

So that is a really interesting piece of work actually, because we want to be able to have some consistency around triaging and making sure that we can offer the right support to the right family. But we also want people to be able to ask us to help from wherever they are.

And so that absolutely could lead to inconsistency. We've done a lot of work around our access and advice team. And in truth, most of the referrals through that team come from other health professionals and schools. But some of those referrals might actually be early

intervention. So, we've got a co-located early intervention team there to flow that through to partners, but there are still other parts of the system that take referrals. And there are also our charity workers on the ground who we want to be able to take straight away for young people.

And so, we're still working on some of that. So, within SWP, we've got agreements with partners about the sorts of introductions they need to do, the sorts of data they need to collect, etc. And then we're mapping that and then talking to NHS colleagues, so it fits with what they need as well. But I know that we are having more conversations about making that more consistent across the piece aren't we Kerry.

### **Kerry Clarke 01:00:52**

- We do a series of stock checks. So deep dives might be a way that you look at it. So every now and again, we'll do a deep dive to have a look at what's happening. We use the, Ann's really good at getting everybody to do that child's journey.

We look at things through a child's journey lens. There's sort of processes that we come together to look at. We really are focussing on looking at risk management and how we have that collected. We're looking at training. We all have a similar training across the piece. So training, deep dives, child journey studies as well as the conversations that Ann just highlighted.

### **Claudia Coussins 01:01:36**

- Great, thanks Kerry. And just briefly before we move on, you talked about incorporating the children and young people's voice and family voice at the end. There's a question around governance structures and how you are using young people and families in governance structures?

### **Kerry Clarke 01:01:56**

- Should I have a go first? So, we have again, we are constantly reviewing and strengthening, but we have a young people's group that is called Amplified. And we employed a person with lived experience who brought that group together. So we have the voice of young people through that group. And that's quite a new group. So, at the moment, we're focussing on year one, year one benefits and connecting with the system. Surrey County Council has an existing group, a user voice participation team and they connect with a number of different groups. Quite a focus on protected groups, protected characteristic groups, and they do action cards so they do processes where the young people will go out and have conversations in the community, in schools and there'll be issues that they bring to the forums for us to hear back.

So, crisis response, promotion around crisis lines was one of them and they issue us an action card that we have to respond to, and they are just joining our quality and performance structure. We have subgroups where they're involved. We have family voice that's a connection with family that they're on work stream, they're involved in work streams. So, we have a number of routes in which we connect.

We're just about to recruit, through the third sector, a participation lead. So, we have a participation lead that will really strengthen that and pull that all together. And we also

bring in the mental health support teams alongside this. And we're just about to recruit for posts that have a lens around inequality groups to make sure that we strengthen that voice. So I suppose in a nutshell, we look forward to existing structures in Surrey, family voice and user voice participation.

We've started to build it with recruiting new people into our team with that lens, and we're strengthening that going forward and connecting up.

#### **Dr Ann Kenney 01:04:21**

- Yeah, just to add that during mobilisation we've got so many partners, I think it's 12 or 13 or 15 partners and something in the whole of MindWorks. And so we did draw young people from all of those partners to be a focus group through mobilisation so that we could check back with what we were doing and everything even around the title of the new post I think Carolyn was talking about as well, you know, checking in how they felt about those.

And the user voice and participation lead that we're about to do is really to try and make sure that all partners are using a similar strategy to engage with users and get that feedback which would be based around authorised models, really trying to get that sense of consistency. But even before having that lead in we've been, as Kerry said, drawing on all the other parts of the user voice around the system to make sure that we've got that user voice embedded. And as she rightly said, into our subgroups and our governance as well.

#### **Kerry Clarke 01:05:27**

- And the last thing just one more thing is that the whole structure of the commission was done as a result of the emotional health wellbeing strategy, and that was created with our children and young people. So, we've got a set of statements that children and young people have given us as our challenge to make improvements so they're our top level outcomes that young people in Surrey described them for us.

And that's where we've started in the contract.

#### **Claudia Coussins 01:05:52**

- Thank you both so much. I'm sorry to have to cut you off because we have to move on now, but that's so interesting. And it's also speaking to lots of the comments that we have around EDI as well and something that we'd really like to find out more about because you're doing so much and it's such a strong and robust answer to that question. So, thank you both again. Sorry we ran out of time.

We're moving on now and to our speakers from Salford. I'd like to introduce Kate Berry and Rebecca Bibby.

#### **Rebecca Bibby 01:06:28**

## Anna Freud National Centre for Children and Families

- Kate, are you going to share the screen? Hi, my name's Becky Bibby. I'm one of the assistant directors at Salford City Council, in our People's Directorate and I'm joined by my colleague today, but I'll let her introduce herself.

### **Kate Berry 01:06:45**

- Hi, I'm Kate Berry I'm the service manager Early Help in Salford. Nice to meet you all.

### **Rebecca Bibby 01:06:50**

- Thanks for the invite today. We're just going to talk to you about our early help offer, which is our Salford family partnership and within the context of that, we can talk to you about how we've used family hubs to support that early help delivery across the city. So, we've been on this journey for some time now and we restructured and redesigned services back in 2017. We started an 18 month pilot which was looking at internal services around delivery of early help and also the commission services and what that partnership arrangement looked like.

We initially brought together what was kind of well what was our traditional family support offer, our children centre offer and our youth service under one new structure which we called the Salford Family Partnership. So, we had a range of staff who then became whole family workers working across that whole holistic view from a family perspective.

But right from the ages of 0 to 25. And I think it's really interesting based on other presentations about the significance of the work force within this and how we really of had to shift minds and hearts and change that culture in order to get back not only that kind of shift in the way that we work with children at different ages, but actually how we ensure that we're positioning that child within the whole family context and what that looks like in relation to the partners that we're working with and how we ensure we're not duplicating services.

Salford Family Partnership is built on a relational a kind of relational practice model, it's called the Family Partnership Model. It's an evidence-based model. But what it enabled us to do was to have a really clear structure and a really clear approach on how we wanted our workforce to work with families, how we wanted them to deliver services, but more important to empower the families to support themselves within that early help offer.

And it did require a big commitment from our partner services, a commitment in terms of how they worked with the families, how they approached the children and the young people they were working with and how we were able to identify together who those families were, who needed to work with them at what point in order to intervene at the right time and at the earliest opportunity that

So, moving on, I think what was really interesting in the way we looked at this when we did the kind of redesign in the structure went in line with the work we were doing around our integrated governance arrangement with our CCG and public health. So, we looked at a redesign of how we then had joint governance arrangements around this. And as early as talked about in presentations, we went down the avenue of a pooled children's budget. So, we looked at pooled children's and funding, joint commissioning arrangements and actually joint posts that sat across both the CCG, public health, and the local authority.

So, we were able to make decisions jointly that affected what we wanted to deliver for children, young people, and families. And this is a bit of a kind of overview about what governance arrangement looks like.

And you can say that the family hubs are a kind of partnership subgroup of that whole governance arrangement and unlike what was mentioned earlier, we have a participation group and the youth council that reports directly into the 0 to 25 advisory board.

So, we can really understand the needs of children and young people but actually from a family perspective as well. And part of the participation group is that family involvement. So from a kind of Salford context this fits into a much wider piece of work around place-based working and neighbourhood working and I'm fortunate as well to be leading on our all age model at a council level. So, we're really able to kind of look at the connectivity from a family perspective into adult services so we use the ecological model, which is part of the family partnership model, to help us really understand how we do that and how we bring in services to connect at the right time to support that kind of child development, young people's development and achieve that wider family context. So, I'm going to hand over to Kate who will operationalise what we've done and will be able to give you some tangible detail and pathways about how we have integrated.

### **Kate Berry 01:11:50**

- I'll just stick on that slide with the Bronfenbrenner model, and you mentioned because that actually forms the relational practice model approach from the partnership so when a practitioner goes out to visit a family what we really wanted to ensure with our workforce is that they were working alongside families in true partnership, not just going in and saying this is kind of the interventions we've got, this is what you need.

But actually, really listening to that child, young person and the family's voice about actually what's important to them, what do they want to focus on in order to get to the levels of need that they recognise? Because sometimes as professionals it can be very varied as to what we're labelling, as to what a family actually feels. We're living within that community, and we recognise that in Salford that actually all our communities are different. So we've got like four localities and I'll show you on the next slides and what it looks like in terms of our family hubs. So, we're delivering services for children and their families age 0 to 25. So as Becky said earlier, what we did was we reframed our model, so what were children's centres, and those sites became the hub sites. And then we've also looked over sites within the community which families access. And because we really knew from the work that we're doing with the children's centres that families, we have the whole pram pushing distance and you have to have this building, but we knew we weren't getting full engagement from that model because actually families were choosing where they were going to in their neighbourhoods and localities and that's where we needed to go find those.

So that's why it was really important to build that Salford Family Partnership because it is about the right professional, at the right time and it's not owned by one singular agency and that's what we're really keen to kind of and ensure that partners across Salford are really aware of and our relational practice model really helps us to do that actually for them to really see what it's like and feel like to be a family in Salford.

We've got co-location of services in some of our buildings, and they range from our youth service teams, skills coordinators and school readiness advisors. And we've got early help key workers, so we have quite a breadth of an offer really and we pool at the time all

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those services that were supporting 0 to 25 so I'll take you onto the next slide because obviously you can read that for yourself.

But this is the visual of Salford. So, we had four existing what were children centres that we changed into family hubs. But as I said before, it was more about a model within that community and how we align that.

And it's been really interesting actually during the pandemic to see the shift in our service provision. So, we really strengthened our digital offer and looking at different ways for families to engage in services as well. We've got our youth centres that are aligned with our family hubs, but we also deliver older services out of those family hubs as well.

And we did a piece of work around what those buildings actually look like to ensure that we weren't seen as early years buildings, children's centre buildings. We wanted families to come in and feel that those were co-owned by them and actually the visual when you walked in, and we got feedback from families saying that "we just thought it was early years" and "we just thought we were nurseries" and we wanted to really get away from that.

So, I think the main point, of that was, we just want the families and the family hubs to be truly owned by the communities that they reside in. So, we've actually got a birthing suite in Salford. We're fortunate to have a midwifery led birthing suite and we're hoping to put family hub services, that's our next phase of development extended into there because we know that we've got a need around our antenatal and postnatal offer. And even though we talked about moving away from the early years really we know that if we engage with families at the earliest point antenatal and postnatal we're likely to sustain that relationship throughout their family journey. So, it's really important that we explore different venues, and we also have gateway buildings in Salford which have different services running in them, they have libraries in them, we have kind of our customer support. You can go and sort your council, tax out, you can go for coffee and chat around benefits.

And that's the breadth of where we're aiming, with our family hubs to kind of look at our whole population and what we can do to support families. So a typical example of our family hub delivery, as I said, is around antenatal and postnatal support and our midwifery services and health visitors are key in that. As part of Greater Manchester, we have an eight stage delivery model and that's to ensure that those children aged 0 to 5 are seen universally but actually are connected in with the right services.

And then once they move on to school, we have our team around the school approach which we're changing to our Salford School Partnership. That's going to be our new branding and we've done a piece of work with different providers to look at that and ensure that actually that support continues because that was a big part of our big learning in the previous five years was actually wages that support start and end at a universal level to ensure you still get that targeted response where you need it to be.

We've got our early help locality teams working out of the family hubs. We've got co-location with our health visitors in the family hubs as well as a midwifery service is being delivered from there. And as I said earlier, our youth services as well but our youth services do a lot of detached work. And so again, going to where the young people are. It's not again about getting them to go into a specific building. It's about looking where they are, where do they congregate, how can we support them, what do they need, capturing their voice as well. And then we've got our relationship support, so we've done

a piece work around reducing council conflicts. But with all our interventions, what we do ensure that they're aligned with the Family Partnership model.

So, when you are working with a family, it's not seen as something that's an add-on. It's actually, this is what we've got to offer you and, actually, what do you want from us? And we really worked hard on that, to make sure that our interventions were evidence-based as well. So, anything we did offer, we were confident that it would affect change for families and our parenting support actually changed the most during the pandemic. So, we now use Solihull as our online parenting courses.

We had incredible years and we still have that from group face to face. But we did a consultation with our families and about how they would like to access parenting support. And it was overwhelming actually. And they said, we really like the online offer. We like the ability to log on in our own time, but then be able to connect back to a parenting worker if there is any other support that we need.

So, we've retained that, and we are going to carry on with retaining that and the Solihull programme is really good actually as it offers around SEND, it's in various different languages, so we can capture a whole host of families that we weren't able to before with just our face to face offer. We have early support and portage workers as part of our teams, and we support the normal development pathway as well to ensure again that whole family working. And so it's not just a single need but actually what else is going on for that family, what else can we put in to support them.

We've got our adult and child mental health support, so we're just developing our perinatal mental health pathway from a specialist, we've got a universal support and our specialist support in strengthening families and that's working with families who have had children previously removed and again linking them in with all the offer that we've got because it's not just specialist but all the universal provision that as a parent they're entitled to and can access to support them. As I mentioned earlier, the Better Off, which is our debt and welfare advice. So that's just a bit of an overview of what we've got at the minute, where we are going, which is really exciting, and it links into some of our previous kind of speakers have been saying we bid for DfE recovery and Build Back Better funding and because we recognised that we needed to do more with our family hub delivery and actually the pandemic has provided us with a unique opportunity to really re-evaluate our service offer.

What is it that we need, what do families need, what do our communities need? What can we do where we truly work together in partnership? So, we funded an engagement and participation coordinator. That's really tricky to say, but through our Salford VCSE sector, so it won't be owned by the local authority, it'll be matrix management and it'll actually be owned by the staff, VCS and also a volunteer coordinator, because what we want to do is really make our family hubs come alive again and really get them co-owned by the communities that they reside in, services that families want to access and get feedback from partners about what they can offer.

But again, not local authority driven, driven by the partners in that area. And we've also just recruited a Family Hubs Co-ordinator to help pull all of that together. And then, as I said earlier, extending family hubs sites into additional resources buildings. Wherever we can go, we're going to go and make sure we're capturing the families.

And then we've also got an ASSURE platform that we developed, which is an app that all partners can access. So, we can really look at early need for families and ensure that we're supporting them as best we can.

So, we're going to strengthen that. And then as we said, the Family Partnership model approach. Becky, do you want to come in on that?

### **Rebecca Bibby 01:20:43**

- I was just going to say particularly a shared platform, that's where we use that to support some of our supporting families outcomes framework. So, what we've developed through that is a single view and we've integrated that across the partnerships. So, we're really able to understand the intelligence relating to that wider contextual family issues, and we can use them in supporting families. And it's probably fair to say that our supporting families is embedded in this early help offer. So, the outcomes framework and the framework that we use and is around the supporting families and then that sits within our governance arrangements as well. So, we've got a shared outcomes framework that kind of belongs to that early help and partnership.

### **Kate Berry 01:21:32**

- So, the next slide is any questions?

### **Claudia Coussins 01:21:39**

- Thank you both so much. And it is really interesting to hear so clearly about the integrated governance that you have and the practicalities of some of the joint posts that sit across CCG and other structures and also such an informative overview of all the different things that you offer to respond to the needs in the context of having different localities as well. So thank you. And we've got some questions. So, we have one about the integration of early years governance, family hubs and supporting families.

So, do you have a shared governance process that kind of links into early help and supporting families as well? And just in light of the diagram that you showed earlier, just could you expand on that?

### **Rebecca Bibby 01:22:20**

- So, our March 25 advisory board is chaired by the CCG Chief Exec and our Director of People Services. And within that we have the 0 to 25 outcomes framework and that's quite a broad framework but there's subcategories underneath that.

So, from an early help perspective, that's where the supporting families sits within that and then we have what we call an early help neighbourhood steering group which is at that kind of next level down the 'doers' of the work and that meets on a quarterly basis, and they oversee the integration, and the partnership delivery of early help and early years is part of that. So, the early years offer is part of that early help offer, it's not it's not separate.

### **Claudia Coussins 01:23:12**

- That's great. Are there examples of outcomes that have been identified and monitored that you could give to attendees?

**Rebecca Bibby 01:23:22**

- Do you mean from a kind of shared outcomes? So, speech, language and communication were a big issue in the city across early years from a CCG perspective right up to our SEND.

So ,we've got a shared outcome around speech language communication. And we have a joint commissioning, so we joint commission that through a kind of one commission programme and that's overseen through 0 to 25 board I think from a kind of overall support families agenda. You know, we monitor our supporting families through early help. We have earned autonomy because we're part of Greater Manchester. So, supporting families so we're an earned autonomy area so we're able to kind of deliver some of that.

A little bit different to the kind of payment by results, but most of that is moving away from that but success, you know delivering successive supporting families usually is within the region of 85% success criteria and we monitor that and that's part of our performance management and monitoring.

**Claudia Coussins 01:24:32**

- Thank you. That's really helpful and I'm just making a choice here because we've had a question about relational practice which I think would be really interesting to follow up with.

But just on the same channel as the outcome someone's been asking on the macro level, has there been an impact on things in other areas of children's services, like a reduction in the number of children in need, early years foundation stage results. And if you would of mind just answering in a minute or so.

**Rebecca Bibby 01:25:01**

- Do you want me to take that Kate? We have early help that sits in the bridge, which is our front door. So, we have an early help resource that sits in there. And part of that monitoring framework is to look at the reduction of referrals that go to early help as opposed to social care and we monitor that through a performance management framework and that links in to our safeguarding partnership. And so, we are seeing a reduction in demand at social care level and that's part of an investor safe proposal as well because we've got the evidence to say if we invest it here, we've developed this into a business plan. If we invested in early help within our front door we've got the evidence to show the reduced demand from a social care perspective so we can share further information on that. We've got a full worked up business case on that.

**Claudia Coussins 01:25:55**

- Thank you so much. And to those people who didn't get their questions answered, we will collate the questions and some answers in the follow up. Thank you so much, Kate and Becky. It's a really, really interesting session. And I'm sorry to rush you at the end. We're just coming up to the end of the webinar now, so thank you so much to everyone. And so all other speakers that are really interesting and informative session and thank

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you to the audience as well for sharing your questions. You'll receive the slides and a follow up survey by email after the event.

And also, just wanted to say thank you to our brilliant training and events team who put this together. Please do head over to our website to look at the new service design and commissioning module in our Family Hubs Implementation Toolkit. A reminder that you can book onto our upcoming learning events via our website that we have the 'Using Behavioural Insights to Increase the Reach and Take Up of Family Hub Services'. That's on the 10th of March.

And we have 'How Family Hubs Can Improve the Lives of Children and Young People with Special Education Needs and Disability'. And that's on the 29th March. Sign up to our Family Hubs the Mind Learning Network, to receive our newsletter where we'll share the details of future events and resources. And thank you again for our speakers and everyone who has attended.