
**Manchester Health and Wellbeing Board
Report for Resolution**

Report to: Manchester Health and Wellbeing Board – 20 March 2013
Subject: Early Years Transformation – Programme Update
Report of: Strategic Director of Children’s Services

Summary

To provide a quarterly update on progress of the implementation of the Early Years Transformation Programme.

Recommendations

The Board is asked to note the contents of the report.

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Background documents (available for public inspection):

The following documents disclose important facts on which the report is based and have been relied upon in preparing the report. Copies of the background documents are available up to 4 years after the date of the meeting. If you would like a copy please contact one of the contact officers above.

- Children & Young People Overview and Scrutiny Committee Report – October 2012
- Draft Early Years New Delivery Model – September 2012
- Children and Young People Overview and Scrutiny Committee Report – June 2012
- Report to the Executive – February 2012
- Children and Young People Overview and Scrutiny Committee Report – September 2011

1. Progress Report

- 1.1 The attached report (Appendix A) providing an update on the transformation of Early Years services in Manchester, was received by the Young People and Children and Scrutiny Committee (5 February 2013) and the Health and the Wellbeing Executive (5 March). Section 2 of the report outlines in some detail the progress that has been made towards developing integrated service delivery between health and local authority services for 0-4 year olds as agreed at the Health and Wellbeing Board (September 2012).
- 1.2 The new delivery model is based on an integrated care pathway with five key stages (pre-birth, new birth visit and follow-ups, primary immunizations and vaccinations, 8 month health and development review, 2 year health and development review). Health Visitors and Early Years Outreach Workers will work together to ensure that children and families are engaged, that assessments take place at the key points and that when children and families are identified for further support, they receive the right evidenced based interventions which are delivered as part of an integrated package of public services, are properly sequenced and bespoke to the needs of the family as a whole. A catalogue of evidence based interventions has been developed for use across Greater Manchester and interventions used in Manchester for targeted support will be taken from this list.
- 1.3 The model will start to be rolled out in Manchester from 1 April 2013 in three areas of the city: Rusholme, Old Moat and Charlestown. This will take the form of full implementation of the integrated care pathway in Rusholme and phased implementation in Old Moat and Charlestown until there is sufficient health visitor capacity (September 2013).
- 1.4 Health staff who will be working in the pilot areas have been identified, Early Years Outreach Workers for the pilot areas have been appointed and induction and training materials developed; the first joint training session has taken place. The new delivery model will be supported by the roll out of the Sure Start Core Purpose and the coordination of quality daycare including for disadvantaged 2 and 3 year olds on a locality basis.
- 1.5 The Early Years Outreach Service will be fully recruited to (and externally commissioned where appropriate) by the end of September 2013. This will enable the new delivery model to be scaled up incrementally across the city as health visitors are recruited building to full implementation by 1 April 2015.
- 1.6 Data will be collected in the three pilot areas on a set of performance measures and outcomes, this information will inform commissioning decisions down the line as well as testing out some of the assumptions behind the model. It is anticipated that the pilot will include 1,000 children (0-4 years) in each of the three areas. Performance indicators have been drafted and include, for example, number of referrals to speech and language therapy, type of referral, numbers referred to parenting courses/completing parenting courses, numbers referred to early years outreach services etc. There has also been discussion on qualitative measures that can be used (life story

examples) and how the views of larger number of parents and key stakeholders will be captured.

- 1.7 Health colleagues have also identified three areas of the city where outcomes from implementing the new delivery model can be compared to outcomes from the business as usual model.
- 1.8 Longer term outcomes and benefits from the approach are linked to improving outcomes at the end of the Early Years Foundation Stage, reducing neglect and improving speech, language and communication. Specific measures are being developed for Manchester and Greater Manchester which are linked to, for example, improving the percentage of children that achieve a secure level of development in the Early Years Foundation Stage Assessment. Schools are likely to be one of the key beneficiaries in terms of outcome and costs as more children arrive at school 'school ready' and there are fewer children with special educational needs associated with poor language development or social, emotional and behavioural needs.

2. Risks

- 2.1 There is an ongoing challenge related to recruiting and retaining the number of health visitors required to roll out the integrated care pathway to scale by 2015. A shortage of Health Visitors nationally and an ageing profile in the city are contributing to this. There is a robust Recruitment and Retention plan in place which includes: increasing the number of 'practice teacher health visitors' so that more student health visitors can be taken on, an advertising campaign and a proposal to develop a system of incentives for health visitors to encourage more to come and stay in the city.
- 2.2 The need to develop a more integrated IT system to support data sharing; this includes agreement on what data and information to share at each stage in the process and the method by which it is shared. While there have been a number of 'work arounds' agreed in order for the roll out in Rusholme to start on 1 April, more needs to be done to ensure the electronic systems (health and the local authority) can support the integrated approach as it is scaled up. A joint health and local authority workshop on 15 April will further explore these issues and develop a set of recommendations.

3. Greater Manchester

- 3.1 The Greater Manchester model for the integrated pathway is based on eight stages. The additional stages that are not currently in the Manchester model are a parent-led check at 18 months and checks at 36 months and 48 months which it is envisaged would be led by Early Years providers and/or schools. The inclusion of an 18 month check in the Greater Manchester model would inform the use of the targeted two year old grant (15 hours free entitlement).
- 3.2 Further work is currently being undertaken on the development of the investment model. This is running in parallel to work on implementing the New Delivery Model across Greater Manchester, so it can be fully-operational and

fully funded for the first cohort starting 1 April 2015. This work is being supported by development of a detailed local implementation plan (LIP) by June 2013 with high level milestones that will outline the key areas of work agreed for 2013/14 and 2014/14 which will include gathering evidence to feed the cost benefit analysis and planning for full scale roll out of the new delivery model by 2015. By September 2013 full 'investable propositions' will need to have been developed with a good understanding of the groundwork in place for the investment agreements linked to budget planning and business processes.

Report to: Young People and Children Scrutiny Committee - 5 February 2012

From: Strategic Director of Children's Services.

Subject: Early Years Transformation - Programme Update

Purpose of report:

To provide a quarterly update on progress of the implementation of the Early Years Transformation Programme.

Recommendations:

Members are asked to note the contents of the report.

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Background Documents

The following documents disclose important facts on which the report is based and have been relied upon in preparing the report. Copies of the background documents are available up to 4 years after the date of the meeting. If you would like a copy please contact one of the contact officers above.

Children and Young People Overview and Scrutiny committee Report – October 2012

Draft Early Years New Delivery Model – September 2012

Children and Young People Overview and Scrutiny committee Report - June 2012
Report to The Executive - February 2012

Children and Young People Overview and Scrutiny committee Report – September 2011

1.0 Introduction

1.1 This report provides an update on the following areas:

- The Early Years New Delivery Model (EYNDM);
- A review of Phase 1 withdrawal and ongoing engagement with parents / carers;
- The market stimulation exercise;
- The next stage of the withdrawal strategy
- The Early Years Estate - Re-purposing of Phase 1 centres
- Financial update

2.0 Early Years New Delivery Model (EYNDM)

2.1 Introduction

As agreed at the Health and Wellbeing Board in September 2012, the Early Years New Delivery Model (EYNDM) will provide integrated service delivery between Health and local authority services for 0 – 4 year olds. The model is based on a clear care pathway between midwives, health visitors, GPs and early years staff using assessment tools at key stages of a child's journey which identify at the earliest opportunity any additional needs leading to a set of evidenced-based interventions.

The EYNDM builds on learning from City Region approaches that have proven to be effective and is strongly aligned to the National Health Visiting Programme 'Call for Action'. It is interdependent with the work of the Greater Manchester Community Budget Exemplar for Early Years.

The model and approach is supported by the regional NHS Commissioning Team and has been approved by the Clinical Integrated Commissioning Board (CICB) and the three Clinical Commissioning Groups (CCGs). The Local Authority, health providers and commissioners have agreed that the EYNDM will be implemented in three areas initially, one in each of the 3 Clinical Commissioning Group Areas from 1st April 2013. In this way, evidence of impact can be gathered and as the new model is rolled out at scale any refinements that are necessary can be made.

2.2 Areas for phased implementation

A set of principles for identifying the sites for the phased implementation, was agreed by the Health and Wellbeing Board in September 2012. These were:

- Starting off small to enable learning issues to be dealt with effectively;
- Commissioning agreement to bring forward Health Visitor expansion in the identified areas to the planned 2015 levels;
- Successful recruitment of Health Visitors to the three areas ahead of the 2015 roll-out;

- Existing levels of integration / co-location, maximising the local leadership role of existing champions;
- Demographic factors.

The sites that have been identified are:

- **South CCG** - Alignment to Children's Centre caseload. Old Moat Children's Centre
- **Central CCG** - Alignment to GP caseload. Robert Derbyshire Practice, Rusholme
- **North CCG** – Alignment to Health Visitor caseload. Charlestown Rd Health Centre

2.3 Model and Management

- 2.3.1 The health visiting service has introduced a skill mixed workforce of team leads, health visitor practice teachers, health visitors, community staff nurses, community nursery nurses and team assistants. This will be further developed through the EYNDM, which will encompass the role of Early Years Outreach Workers and will be tested in the sites. When fully established in each pilot area there will be 4 Health Visitors, 2 Early Years Outreach Workers and 1 Social Worker.
- 2.3.2 The integrated pathway (**Appendix 1**) identifies the key stages of delivery between Health Visitors and Early Years Outreach Workers that will enable the early identification of needs leading to better targeting of evidence based interventions and support to families that are vulnerable. The pathway will improve the reach of services to all families in the city and will improve the communication to families of universal early childhood services as well as appropriately supporting families so their needs do not escalate.
- 2.3.3 Guidelines for delegation and accountability have been developed to underpin the governance of the model based on a case management structure. The integrated care pathway coupled with these guidelines supports a matrix management framework for all partners delivering the EYNDM. The success of delegation is having a clear understanding of each other's roles and responsibilities and on having a good working knowledge of the principles of delegation and accountability to manage risk regarding the delegation of duties.

2.4 Outcomes and Benefits

- 2.4.1 An Outcome Based Accountability process has been used to assist the identification of outcomes and benefits for the EYNDM. These relate to three essential outcome areas: Early Years Foundation Stage Assessment, neglect and speech and language. The outcome measures to be evaluated during the first 12 to 24 months are:

Neglect - this will be indicated by missed appointments at the 6-8 week check with a GP, missed immunisations, missed appointments to referred services such as speech and language therapy and weight management;

Speech and language therapy - the measure will be to evaluate the demand on the service and therefore activity measures through referrals along with relevant key performance indicators from the provider.

- 2.4.2 During implementation, further work will finalise the agreed outcome metrics following the roll-out of the full operational model. These are likely to include specific metrics focussing on improving the percentage of Manchester children that achieve a secure level of development in the Early Years Foundation Stage Assessment¹.
- 2.4.3 Through the evaluation framework, a longitudinal study will be commissioned to understand the operational model's long-term impact on improving outcomes. This will include tracking the financial implications in terms of demand on services e.g. increased short term demand for targeted intervention aimed at preventing longer term issues.

2.5 Phasing of the New Delivery Model

- 2.5.1 A key element of joint working is the timely sharing of information between services, facilitated by reciprocal access through IT systems. An Information Sharing Agreement is now in place between Manchester City Council and the three Hospitals to share birth data. Further work is underway to develop IT systems and Information Sharing Protocols between the Council and Heath partners.
- 2.5.2 Early Years Outreach Workers - Through *m*people, existing staff will be moved into the new roles and commissioning will continue as per the current model. Training is being jointly developed to enable the roll-out of the new ways of working to establish and embed new practices.
- 2.5.3 There is a shortage of health visitors nationally and the requirements of 'A Call to Action' will lead to the number of Health Visitor in Manchester being increased by 70+ by 2015; this represents a significant challenge to the Service. However the Manchester Health Visiting Taskforce has set out an ambitious workforce strategy to grow the number of health visitors in combination with ongoing recruitment initiatives. At this point in time it is anticipated that the model will be implemented in the Rusholme site in entirety and will be implemented in full across the other two sites, as soon as possible, as the number of health visitors become available. Therefore, by April 2013, all parents/carers will start to receive the following:

¹ A secure level of development is currently achieving 75 points on the Early Years Foundation Stage Assessment including 6 points in each of Communication, Language and Literacy and Personal and Social development. This measure is currently being reviewed nationally.

- New Birth visit at home by Health Visitor within 28 days, and the initial part of the Manchester Common Assessment completed for all children.
- Follow up the Health Visiting Service visit within the next 2 weeks;
- Early Years Outreach Worker to contact all families to advise and sign post to services;
- 6-8 week health check by the GP;
- Primary immunisations offered by GPs at 8, 12 and 16 weeks;
- BCG immunisation within the first year by the Health Visitor service;
- 8 month health and development review;
- 2 year health and development review.

2.5.4 As a result of any of these visits the Health Visitors will identify where further support is required for the family and will draw down support from Early Years Outreach Workers and other appropriate professionals / workers. Early Years Outreach Workers will follow up any non-attendance and support families to engage with services. The assessment of child and family needs by the Health Visitor might identify at any assessment point that more targeted intervention is required. The appropriate evidence based intervention will then be drawn down tailored to individual need. Further parts of the pathway will be brought into effect using a phased approach in line with resources.

2.6 Benefits of the new ways of working

The following benefits have been identified as expected and anticipated outcomes from the new ways of working:

- improved health and wellbeing outcomes for children and families;
- integrated working through trialling new ways of working across multi-agency teams which will integrate service delivery, offering services around the child and family that will be phased to when they are required, including identifying needs early and targeting evidence based interventions as soon as possible;
- all new birth visits will be completed by the Health Visitor and information shared with Early Years Outreach Workers via the Common Assessment Framework (MCAF) to secure universal and targeted support;
- an Early Years Outreach Worker will attend weekly Health Visitor allocation meetings to support case management and operational delivery. This will enable resources to be co-ordinated and allocated across the agencies;
- targeted and specialist services will be drawn down in a sequenced manner to ensure the improved delivery of evidence based interventions.

2.7 Risks

The initial phased implementation areas will give us opportunity to assess integrated working and ensure that the integrated model will be built upon

mutual learning and will be appropriate and effective. There are risks that will need to be assessed and mitigated as we roll out an integrated model, the main risks at present are the development of an integrated IT system and the success of the recruitment drive to secure an extra 70 + Health Visitors in the city by 2015.

- 2.8 The focus of the New Delivery Model on developing an assertive outreach function which targets vulnerable or at risk families who have previously been categorised as 'hard to reach'. These are the families which, although they maybe living in close proximity to a current designated centre, have failed to engage with the current offer. The New Delivery Model has a particular emphasis on moving away from a model of buildings based delivery and looks at how agencies work across areas in an integrated way to target those families most in need of interventions and support. An outcome of this approach may be that resources are not spread equitably to meet needs. In this event there will be a review of the allocation and location of resources.

3.0 Review of Phase 1 withdrawal and ongoing engagement with parents / carers

- 3.1 As reported previously, withdrawal of day care from 14 phase 1 centres was completed according to the planned timescale of September 2012. Centre staff supported parents / carers on an individual basis and the destination of every one of the 205 children is known; all parents were able to access affordable appropriate local provision for their children due to the approach adopted. The careful way in which the process was supported by centre staff contributed significantly to this outcome; learning from this provides a strong platform for safe and satisfactory withdrawal for the next phase.
- 3.2 The following key messages summarise the feedback from centres and from parents / carers:
- Parents/carers need to be provided with as much notice as possible about the implementation date of withdrawal from their centre;
 - Drop in sessions at centres were particularly valued as a means of providing support and information for parents/carers on a one to one basis. Centre staff were able to offer, on an individual basis, information, advice and guidance and explain the criteria for accessing the Discretionary Fund;
 - Training for staff on how to explain the application process for the Discretionary Fund is essential;
 - Communication of key messages to parent/carers needs to be clear and timely; this has been helped and influenced by the Early Years Parents' Focus Group.
- 3.3 The Family Intervention Service provides support and information to all parents / carers in Manchester wishing to access day care. There are no reported issues of parents / carers being unable to access acceptable provision.
- 3.4 As set out in Section 6 of this report, good progress is being made with the repurposing of Phase 1 centres. The outcomes for Old Moat in respect of the

repurposing of the centre as a community hub and the linkages with the new Social Enterprise running a playgroup and day care facility from the new Old Moat School are particularly positive.

- 3.5 The process adopted for close down of buildings and the preparation of centres for their next use has been commended by internal audit as best practice.
- 3.6 There have been no reported cases of hardship as result of the withdrawal from day care. The take up of the Discretionary Fund is still low, with only 1 firm application to date.
- 3.7 In the professional view of the Director of Children's Services the arrangements that have been put in place have been appropriate to support parents and children through what could otherwise have been a difficult transitional process.

On-going engagement with parents/carers

- 3.8 The waiting list for MCC day care was closed in November 2012. Only 6 enquires were received about the closure of the waiting list and these were dealt with promptly by the Family Information Service, giving parents / carers full information about the alternative provision available and how to access it. The analysis of those parent/carers who might have used MCC day care had it still been available in any one of the 14 centres indicates that they have been able to secure local alternative provision.
- 3.9 The website has been improved to make it more 'user friendly'. To date there has been 195 hits on the webpage. It is thought that parents / carers are waiting to hear about a firm closure date for their particular centre before making enquiries.
- 3.10 The Early Years Parents' Focus Group has continued to meet on a monthly basis. Led by a member of the Early Years senior management team the membership has expanded. The input from the group is significant in helping to shape communication to parents/carers and provides helpful feedback which is being used to inform future parental engagement.

4.0 Update on the market stimulation exercise

- 4.1 The market stimulation exercise is an opportunity for Manchester to think more broadly about its role in the Manchester childcare market in the long term, drive up the quality of early learning and day care, as well as to address the opportunities created by withdrawal from MCC centres. The proposed approach is to present the whole of the potential opportunity to the market. This means that all centres and spaces within centres that are suitable for day care provision will be presented as assets to attract market interest. The Council's commissions for free entitlement places will also be clearly presented as an opportunity. The total number of new day care places that could be created by market stimulation is estimated at approximately 1,250.

- 4.2 The approach will be to select a framework of providers who have demonstrated a commitment to the delivery of high quality provision, are willing to participate in local accreditation and kite-marking and meet a series of evaluation criteria such as engagement with the local community, use of local labour etc. Once the framework is in place, the first 'lot' of available centres will be available through a tendering exercise. Future lots will be tendered for as they become available.
- 4.3 There are several key activities in this phase of market stimulation work:
- i. Five identical market warming events have been scheduled (two in Manchester, two in London and one in Birmingham). The reason for holding events outside Manchester is to attract national providers who are either not represented or who are under-represented in the city. Detailed work is ongoing to prepare presentation materials and information packs which will be used at these events to encourage dialogue with a range of providers both local and national. The information packs will include a level of detail that will enable providers to make an informed and appropriate decision to enter the market, for example, trends in supply and demand, and imminent developments in targeted and universal provision that the city will be providing.
 - ii Feedback given by existing providers is informing the development of a range of incentives, for example, guaranteed places for disadvantaged 2 year olds, support and advice in recruiting staff locally, etc which may increase the level of confidence providers have in their ability to succeed in Manchester, particularly if they are unfamiliar with the specific characteristics of the local market, or if they have not previously thought of expanding into it. Incentives that do not have a direct financial cost to MCC will be prioritised.
 - iii In the addition to securing the interest of national providers with a track record of delivery we are keen to canvass the widest possible interest from other providers, including from local groups and in this context interested groups will be encouraged.
 - iv As the window of opportunity is short, dialogue with interested providers will be maintained and they will be encouraged to access appropriate business support organisations to ensure that as few as possible self-select themselves out of the process. This should ensure that the maximum number of providers is as ready as they can be to submit viable bids for inclusion on the framework and, later, when tendering for buildings.
 - v A range of recommendations on how to stimulate a more developed childminding market in Manchester is being developed, together with a high level plan for implementation. A good quality childminding sector in Manchester is vital to a healthy and competitive market in childcare provision that offers parents real choice.

- vi A communications plan has been developed which includes recommendations for messages to all stakeholder groups through appropriate channels.

4.4 The market stimulation events and procurement timescale are as summarised in the table below.

Market stimulation events	London – 11 th Feb Manchester – 15 th Feb London – 26 th Feb Birmingham – 28 th Feb Manchester – 1 st Mar
Invitation to tender for the framework issued	early March
Deadline for submissions for the framework	late March
Evaluation process for the framework complete – tenderers notified of decisions (framework in place)	May
first 'lot' of buildings offered	early June
Deadline for submissions for first 'lot'	late June
Evaluation process for first lot complete – bidders notified of decisions & contracts with successful bidders commence	late July
Contracts negotiated and signed	August
CRB checks/ Ofsted registration etc complete (timescale will vary for each premises)	Late August
Providers commence childcare delivery in first 'lot' of buildings	September

5 The next stage of the withdrawal strategy

- 5.1 Sections 6 and 11 of the Childcare Act (2006) require local authorities to assess the local childcare market and to secure sufficient childcare (affordable, accessible and flexible). From an in-depth analysis of the supply of day care that has been carried out since the last report to Scrutiny in October 2012 the Council is able to demonstrate that the sufficiency duty can be met (8,390 registered places for 6,375 places taken up, an excess of over 2,000 including 1,120 PVI places).
- 5.2 The analysis has provided a strong evidence basis which has given assurance about the capacity in the sector and has provided a very high level of confidence about the next phase of withdrawal with the Strategic Director Children's Services remaining satisfied that he can discharge his statutory responsibilities regarding sufficiency and that withdrawal from the remaining 17 centres should take place in one tranche in September 2013.
- 5.3 Following the withdrawal from the 14 Centres in Phase 1, there are 473 children in the remaining 17 centres and waiting lists were abolished from November 2012, so this number will not increase. Of the 473 children 86 children attend on a full-time basis, 221 attend part-time (less than 35 hours a week), and 166

- attend on a sessional basis (15 hours or below a week). In September 2013, 308 of these children will take up a place in a school nursery or reception class.
- 5.4 The in-depth analysis of the number of quality and numbers of places within a two mile radius (deemed to be a reasonable distance) of the homes of each child has shown that there would be sufficient day-care places available of the right quality and in the right place to absorb the number of children. The analysis has been carried out based on the current cohort of children (473 children) and the number that will remain after children take up a nursery place at school in September 2013 (165 children). In addition, there will be additional places available in September as a result of the market stimulation exercise.
- 5.5 In the context of confidence in the sufficiency of available day care places an assessment was made about the viability of an early withdrawal. The assessment concluded that whilst withdrawal from some centres could be feasible in May 2013 and would deliver some savings earlier, early withdrawal would cause particular disruption in day care arrangements for the 194 children for whom this would mean moving to a new provider for a short period of up to 12 weeks, ahead of taking up their school place in September. Although 167 of these children (87%) attend day care on a part-time or sessional basis, the impact on all these children and their parents / carers of a double move within a few months, while hard to establish, could be significant.
- 5.6 Withdrawing before September would also pose a significant challenge to maintaining the carefully managed child/family-centred process adopted for Phase 1 including full engagement and timely communication with parents / carers, local members and staff in centres. The commitment to maintain this robust approach and to honour the commitments given to parents and carers would be challenging to deliver in full for May 2013.
- 5.7 The savings associated with withdrawal are being delivered according to the planned timescale. The profile of the budget savings can absorb the cost of withdrawing by September 2013.
- 5.8 In view of the analysis set out, the Strategic Director of Children's Services concluded that the withdrawal strategy should carry as planned with the final phase of withdrawal from all 17 centres taking place in September 2013.
- 5.9 The feedback from centres is that parents / carers are keen to know when the final phase of withdrawal will take place. Once this is made clear, staff at centres can start to support parents/carers to make alternative arrangements with plenty of time to make the transition to suit individual circumstances.
- 5.10 The analysis of the capacity of the sector and the number of children in the remaining centres will be updated on a monthly basis. It might be that occupancy levels at particular centres drop to such a level that it would be sensible to review the timescale for withdrawal. If a centre becomes unsustainable due to loss of children, bespoke arrangements would be made for a small number of children, in order to close the provision.

5.11 An update on the progress of the final phase of withdrawal will be included in a future report to this committee.

6 Early Years Estate – Repurposing of Phase 1 Centres

6.1 Since the last report to Young People and Children’s Scrutiny Committee in October 2012 work to progress phase one repurposing of the early years estate has continued.

- i Of the fourteen centres where withdrawal of child care has taken place an extensive audit process has been carried out to the satisfaction of Internal Audit providing assurance that Council assets are accounted for and protected during the period of repurposing.
- ii Where a centre is currently closed due to there being no service provision water and heating systems have been drained down to protect assets over the winter period. Security has been maintained by way of Red Care Alarm systems and security response teams. There have been no reported incidents.
- iii Councillors have been briefed on a ward by ward basis to ensure the proposals for the future use of phase one buildings address the priorities for each locality.
- iv One centre (Boxgrove Walk) has been repurposed as of 17/09/2012 to provide additional school places in an area of significant place pressure.
- v Manley Park Play Centre is subject to a proposal from a charitable organisation with a proven track record of delivering outcomes at a local level. Negotiations are at an advanced stage with the centre likely to be handed over by the end of this financial year.
- .vi Proposals are progressing with the housing provider and residents association local to Bushmoor Walk Family House to develop a social enterprise on site which will include (externally resourced) capital improvements to the centre.
- vii Development of the community hub is progressing at Old Moat SSCC in partnership with the local community and colleagues in Regeneration to meet identified local needs. There is an opportunity at this site to work with the wider community to deliver elements of the new 0-4 offer.
- viii Broadhurst Park SSCC will also provide an opportunity to work with the local community group. Interest has already been received from New Moston Community Associated and the proposal is currently being evaluated.
- ix Five (Carisbrook CC, Clayton Pioneer CC, Daisy Bank CC, Scout Drive CC, Slade Lane CC) of the fourteen centres from phase one withdrawal have been set aside for the exclusive use by new or existing providers of day care. These centres will be the first lot of centres offered to the market.
- x A mixed model will be sought at Higher Blackley Sure Start Children’s Centre with both the 0-4 offer and private day care to be available on site.
- xi Ashbury Meadow SSCC will continue to be a location from which a 0-4 offer will be made available. Community use of the centre will be developed subject to agreement by the school with which the centre shares its location.

- xii Park (Nell Lane) is being looked at as a possible better location for the delivery of 0-4 services in the area. It is located in close proximity to the areas of need within the ward and is a new building of extremely good quality. There could also be an opportunity to develop community use at this site and potentially rationalise surrounding buildings in the park in partnership in conjunction with the local housing provider.
- xiii In addition to the repurposing of centres within phase one withdrawal work is underway to develop plans for park play centres.
- xiv Park Play Centre has been the subject of an expression of interest from Northwards Housing but as yet no formal plan has been submitted. Alternative options are being explored.

7 Financial Update

- 7.1 Early Years savings of £22.1m were agreed in Medium Term Financial Plan for 2011-13. By the end of 2012/13 it was expected that £15.5m of savings could be achieved and £6.6m were agreed to be re-phased into 2013/14 and 2014/15. The savings for 2012/13 are on target to be achieved. The table below shows the Early Years budget for the three years 2012/13 to 2014/15.

Four year financial position	2012/13 Budget £000	2013/14 Budget £000	2014/15 Budget £000
Daycare	5,800	1,568	0
Children's Centres	5,650	3,732	3,300
Early Years Delivery	4,550	6,100	6,100
Disabled Children - Special Needs	700	700	700
TOTAL	16,700	12,100	10,100

- 7.2 As the table above shows there are savings of £4.6m required in 2013/14 and a further £2m in 2014/15. These savings do not include further savings for Early Years of £2.6m proposed in the 2013-15 Council budget presented to Executive on 23rd January 2013.
- 7.3 Savings from withdrawal of day care provision forms the majority of the savings in both years. The timeline for the withdrawal from the 17 centres in September 2013 will deliver the savings. The budget for staffing and other operational costs (excluding premises) of the phase 2 day care settings in 2013/14 is £1.568m. The projected operating costs for the centres to the end of September 2013 is £1.617m.
- 7.4 Savings of £2.350m from staffing and operational costs (excluding premises) of Children's Centres are required during 2013/14 and 2014/15. Of these savings £1.550m will be invested in the new Early Years delivery model.