1.0 Purpose of the Report

1.1 To provide information regarding ongoing work to develop the existing 17 Children’s Centres into eight integrated Family Hubs for Brent families with children aged 0-18 years, and to 25 years for those with children with disabilities. This would involve either commissioning Family Hubs as part of an integrated service with Public Health 0-19 years’ services (school nursing and health visiting), managing the Family Hubs in-house or a combination of the two. Appendix four includes profiles of all current Children’s Centres. These profiles inform the selection process for those sites recommended for development, with the necessary statutory public consultation.

1.2 Table A provides an overview of key work and estimated dates in the process to develop and commission a new family hub model to be effective from September 2020.

<table>
<thead>
<tr>
<th>Table A</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Stakeholder engagement</td>
<td>Apr – June 19</td>
</tr>
<tr>
<td>Cabinet Member Decision</td>
<td>01/07/19</td>
</tr>
<tr>
<td>Statutory public consultation regarding Children’s Centres changes (6 weeks)</td>
<td>July – Aug 19</td>
</tr>
<tr>
<td>Prototyping</td>
<td>July 19</td>
</tr>
<tr>
<td>Service specification development</td>
<td>July – Sep 19</td>
</tr>
<tr>
<td>Soft market warming</td>
<td>End of Jul19</td>
</tr>
</tbody>
</table>
The strategic oversight of consultation will be provided through the Brent Children’s Trust. Various commissioning and management arrangements for the Family Hubs will be explored and discussed at the Task and Finish Group. Options will be developed and this will include exploration of Hubs being managed in-house as well as being commissioned. An overview of this can be found in paragraph 3.22 below.

2.0 Detail

Background

2.1 The All Party Parliamentary Group on Children’s Centres (APPG) led a 2016 inquiry into the future of Children’s Centres. The APPG report focused on the role that Children’s Centres could play as hubs for local services and wider family support. By building on the existing infrastructure of Children’s Centres and extending their offer to include support for parents and all children regardless of age (as well as retaining specific provision for very young children and their (prospective) parents), the APPG concluded that Family Hubs could deliver holistic, early intervention services to families within the wider community. This approach has already been established by 17 local authorities (Barnet, Essex, Westminster, Wakefield, Medway, Coventry, Oxfordshire, Bradford, Dudley, Doncaster, North Yorkshire, Derby, Kirklees, Wokingham, Portsmouth, North East Lincolnshire and Shropshire). Other local authorities have similar models at different stages of development.

2.2 Locally, following a wide range of community research and engagement with local residents and stakeholders throughout 2017-2018, Outcome Based Reviews (OBRs) recommended more hub-based service delivery that enables holistic support in addressing the needs of the whole family.

2.3 These OBR recommendations fed into aligned budget proposals CWB002 (Recommission public health 0-19 service with children’s centres contract to realise efficiencies) and CYP008 (Develop family hubs from children’s centres). Following public consultation these proposals were agreed by Full Council in February 2019.

2.4 In anticipation of Full Council agreement, a Family Hubs task and finish group was established to jointly design a family hub model for Brent to be effective from September 2020, in-line with end dates / extensions for the contracts included in the budget proposals at 2.3. Membership of the task and finish group includes key CYP and CWB officers and senior representatives from Barnardo’s, the Fawood Curzon Partnership and Central London Community Healthcare NHS Trust.

2.5 Key pieces of work completed by the Family Hubs task and finish group include developing and agreeing Design Principles to underpin development of the model,
which have been approved by the Working with Families Strategic board, reporting to
the Children’s Trust.

Family Hub Design Principles:

- **Accessible and Safe**: An easily accessible service in an inclusive, safe and
  welcoming environment

- **Integrated**: A professional service that is committed to working as a
  partnership, with truly integrated pathways

- **Whole Family Approach**: A whole family approach is embedded across the
  service

- **Universal and Targeted Services**: A service that includes a universal offer
  and targeted provision for those most in need

- **Community Focused**: A service which is shaped by the community voice
  and builds on and connects with local community assets (including
  organisations and groups)

- **Early Intervention**: A flexible and collaborative service which responds early
  to the needs of Brent families

- **Outcome Focused**: A quality service which achieves improved and
  measurable outcomes for families

2.6 Engagement of key stakeholders based around these design principles is ongoing and
was completed in June. Outputs from this activity produced positive feedback, with a
range of stakeholders identifying and recognising opportunities in a family hub model
for their families, organisations and client groups. The outputs will inform design
prototyping activity (to run in July) and will feed into work to develop Family Hub service
specifications in order to commence a procurement exercise in the Autumn of 2019, if
this option is selected. This engagement work has included:

- Sessions with current children’s centre users across various sites throughout April
  and May;

- A workshop, held at the Freeman Family Centre on 2 May, targeted at non-
  children’s centre users / parents who would be able to access support in a family
  hub model;

- A professionals’ workshop, held at the Civic Centre on 24 April, attended by 30 core
  staff and partners, including representatives from CYP, Public Health, Barnardo’s,
  Fawood and Curzon, NHS and Citizens Advice Brent;

- Sessions and meetings throughout April and May with representatives of
  community and voluntary sector partners, including Young Brent Foundation and
  CVS Brent;


- A group session with approx. 50 head teachers at the 8 May termly meeting of head teachers and senior council officers.
- a range of community and voluntary sector partners, schools and faith groups.

2.7 This engagement work is responding in part to recommendations from the November 2018 Community and Wellbeing Scrutiny committee, that considered a report providing early details of what Family Hubs in Brent could include, as well as examples of other models in the UK.

**Scrutiny Recommendations:**

1. Greater consideration be given in relation to the way the integrated workforce would be managed in the future / under the proposed family hub model.

2. Greater consideration be given in relation to how the hub model would function taking into account the buildings available.

3. Front line staff and parents be engaged in the consultation process on the family hub model.

4. Hubs should have a strong triage service, so anyone dropping into the centre is quickly assessed.

5. Council should pay close attention to public transport routes and geographical areas when choosing potential sites

2.8 Brent Children’s Trust *Early Help Framework 2018-2020* sets clear objectives to create a substantially greater whole-family approach across services, including Children’s Centres. These objectives also form part of commitments made to the Ministry of Housing Communities and Local Government (MHCLG) as part of the Troubled Families (TF) programme.

2.9 The approach being taken is to remodel and re-scope some of the current Children’s Centres into eight Family Hubs. Early closure of Hope and Challenge House Children’s Centres has already, or is taking place for reasons not connected to this proposal. Appropriate consultation in respect of these 2 Children’s Centres has taken place. (Further details at Appendix 2)

2.10 The intention is to develop Family Hubs as part of an integrated service with the Public Health 0-19 years’ service. The 0-19 service is a universal service with the delivery of the Healthy Child Programme at its heart. Following the transfer of responsibility for commissioning of children’s public health services to the local authority under the Health and Social Care Act 2012, the service has been redesigned and re-commissioned. It is currently provided by Central London Community Healthcare NHS Trust in Brent. In addition to the Healthy Child Programme, the service also includes the Maternal Early Childhood Sustained Home visiting (MESCH) model for pregnant women and vulnerable families with children up to the age of 2, breast feeding support, school entry vision and hearing screening, national child measurement programme (NCMP) and weight management services. Some universal children’s centre early years’ services will be maintained with increased targeted provision to the most vulnerable children, young people and families. Brent early intervention services will be reviewed and Family Hubs will become a central focus for some of these services. These Family Hubs will provide both universal and targeted provision and will meet
the particular needs of Brent’s children, young people and families. These include very high levels of childhood obesity and dental decay, low immunisation rates, underachievement of some groups of children and young people (e.g. boys of Black Caribbean heritage) all of which are priority areas for action in Brent contained in the 2019 Borough Plan.

2.11 Designing a Family Hub model for Brent presents many new opportunities. These include identifying families with multiple needs as early as possible, no matter what service they first come into contact with. The aim is to make sure that any contact with a practitioner will lead to the right intervention at the right time, with greater accountability across all agencies for identifying need earlier. This offers the best route to families understanding and making changes that improve their coping skills and life chances. The Family Hub model provides opportunities to bring together or link more closely with services including (but not limited to) those in the following list. Some will be provided by key commissioned partners or by Early Help and some will be arranged and coordinated by the commissioned service:

(a) Antenatal care
(b) Healthy Child Programme
(c) Immunisation clinics (commissioned by the NHS)
(d) Oral health promotion (separately commissioned by Public Health)
(e) Breast feeding clinics, support and weaning advice
(f) Healthy Start programme
(g) Tier 1 and 2 weight management programme
(h) Targeted support and opportunities for key groups such as young parents and mums with pre and/or post-partum symptoms of feeling low/depressed
(i) Early learning opportunities associated with a Children’s Centre offer, such as early language support, new parent groups and support for effective transitions for children into nursery/school. This would include targeted support for groups/individuals identified as possibly not achieving expected age related outcomes in preparation for school.
(j) Targeted support for young people not achieving expected levels at school (including those with SEND), in the form of additional tuition, homework clubs etc.
(k) Parenting interventions including relationship support, parenting workshops and parenting programmes, coupled with drop-in advice and guidance for parents/carers who need support to overcome challenging behaviour(s) of children and/or young people
(l) Family support, including all Brent Family Solutions key workers working from the Family Hubs and the Accelerated Support Team operating sessions from the Family Hubs, giving the opportunity to further develop a Signs of Safety approach across all services
(m) Access to tier two mental health support for children, young people and families including counselling and CAMHS (aligning with wider CYP plans)
(n) Youth work and youth mentoring including for those at risk of entering the Youth Justice System.
(o) Adult education including ESOL, employment support programmes and support with healthy lifestyles
(p) Information about childcare, including regular drop-in surgeries with the Child and Family Information Service (CFIS) for families seeking specific advice relevant to their circumstances
(q) Support for peer support programmes including breastfeeding, domestic abuse, parenting and substance and alcohol misuse
2.12 In addition, specific activities/sessions can be scheduled at individual Family Hubs depending on local need as suggested as part of OBR engagement. For example, it may be that there is a need for housing appointments to be offered at a Family Hub (sourced from Housing Needs). Conversely, a need for supporting parents who find parenting teenage children challenging at a Family Hub may have been identified (and so the Youth Offending Service, for example, may be sourced to deliver the Teen, Strengthening Families Parenting Programme).

2.13 This approach has already been successfully tested through the Brent Hubs model which, at the Harlesden Community Hub, has been developing and coordinating a range of Brent and partner organisation services to respond to local needs since early 2017. Building on this success new ‘Brent Hubs’ with tailored offers are being rolled out in each of the four remaining localities (Kilburn, Willesden, Wembley and Kingsbury) which will all be operational by Spring 2020. Additionally, in-line with the new Borough Plan, the Brent Hubs model will support development of a localities approach, including providing spaces to bring together partners to share ideas, local knowledge and facilitate joint-working.

2.14 Development of the Family Hub model will progress alongside this Brent Hubs work and will maintain close links to ensure the two models are closely aligned and any unintended duplication or overlap is addressed. The views of key stakeholders regarding the naming / branding of the Family Hubs (and potential confusion with Brent Hubs) are currently being captured as part of the ongoing engagement work led by the Family Hubs task and finish group. It is suggested that the title ‘Family Hub’ may cause confusion with the Brent hubs and should be branded differently.

2.15 Children’s Centres sites for Family Hubs are best placed for whole-family work as the sites are well known, non-stigmatising, generally of good quality (with work to improve the amenity of Granville Plus taking place as part of another project), already offering a range of services delivered by Brent Council and partners and, uniquely across the Council’s estate, are designed to ensure that the youngest children’s needs can be met (e.g. bathrooms, window heights, access to outdoor space, security etc.), as well as other key communities of interest such as families with disabilities/additional needs. Some adjustments will be needed to maximise spaces and create, with local young people, spaces suitable for all age groups. Storage will be a priority in order to keep equipment safe when not in use in order to free up space for other activities.

2.16 Lessons learned from discussions with other local authorities that have already developed and implemented a Family Hub model include:

(a) Involving officers / staff and partners as early as possible in the design process is key;
(b) Experienced officers / staff and links to Early Years providers can be lost during the transformation process if focus is shifted too much to 5yrs+;
(c) Developing Family Hubs is an ongoing process - arrangements will continue to evolve after the launch of the service and transition from a Children’s Centre to Family Hub;
(d) Offering partners training and space can be a useful incentive to help to bring them on board and become part of the model;
(e) Integrated leadership teams / arrangements, that include representatives from local VCS organisations (and do not replace organisational line management), can help to improve partnership working;
(f) Work to transform traditional Children’s Centre buildings into Family Hubs that are attractive environments for 5-19/25 year olds should involve young people to help increase their ownership of the space;
(g) The Family Hub service offer can be flexible and develop in real-time to respond to local needs;
(h) Family Hubs can respond to local needs by supporting local VCS organisations to deliver against Family Hub outcomes;
(i) There are opportunities in a hub and spoke model that promotes and connects to nearby provision as part of a locality approach (e.g. a Family Hub should link closely with existing youth provision in the area);
(j) The focus of the transformation should be on something new starting rather than something ending;
(k) There are opportunities to position Family Hubs as assets that encompass much more than traditional council services

2.17 It will be important to protect some space and services within Family Hubs to meet the needs of very young children (e.g. for ante/post-natal services, child and family health services, early education and child development; parenting support) as well as to avoid any further capital clawback. This enables the identification of emerging difficulties at the earliest stage. Until children start formal schooling there is no other universal early years information base of families with young children which greatly reduces the risk of ‘unknown’ young children and unidentified safeguarding concerns.

2.18 In designing integrated services for those families and communities most likely to benefit from early help to avoid problem escalation and long-term reliance on high cost public services, key considerations in best practice research (brought together by the Early Intervention Foundation) include:

(a) Clarity of strength of purpose i.e. having a shared vision, culture and values that deliver person/family centred services based on shared outcome frameworks;
(b) Collaborative leadership at all levels, with expert change management skills and the ability to drive cross sectoral working;
(c) A culture of learning and knowledge management, that seeks to support the sharing of best practice, improvement and service development across organisational and sectoral boundaries;
(d) A supportive legislative/policy environment that seeks to create the environment within which integrated services can develop;
(e) Integrated management structures, incorporating the use of joint appointments, with unified leadership and joint governance arrangements and accountability;
(f) Trust based interpersonal and inter-professional multidisciplinary relationships across sectors, building on the strengths and unique contribution of each partner;
(g) Appropriate resource environments and financial models seeking to ensure collaborative financial models, including the need for pooled budgets;
(h) Comparable IT and information sharing systems that facilitate ease of communication;
(i) Unified performance management systems and assessment frameworks; and
(j) Collaborative capabilities and capacities, with all practitioners being skilled in integrated working and management.
2.19 Best practice principles from key partners, e.g. Health 0-19, Early Help and CYP will also be embedded. For example, practice framework principles including a Signs of Safety approach and embedding emerging practice regarding contextual safeguarding and trauma informed approaches will be important Children and Young People department principles to embed.

2.20 A key message is to avoid simply co-locating services with their own approaches to systems, processes and procedures in the hope that more informal models of information-sharing and joint work will be sufficient in realising the objectives of the Family Hubs, when they will not be. Rather, best practice points to:

(a) All key partners jointly contributing to governance, management and resourcing that supports day to day operations/ service delivery from each hub.

(b) Shared outcomes and a shared operating model across all early help providers, which is underpinned by better data sharing, a single assessment and planning process across all agencies (using the early help assessment) and closer integration between family work and employment support and opportunities.

2.21 The overarching governance structure will be the Working with Families Strategic Board reporting to the Brent Children’s Trust. An operational oversight Board that promotes shared ownership of all key partners and supports a significantly more cost effective and sustainable model of resourcing is desirable. The latter can come from reorganising existing staff and management resources to work differently. Various governance/management arrangements will be explored and discussed at the Task and Finish Group. The Children’s Trust will need to agree a preferred model. The first task is for the consideration of both a commissioned out, an in-house option or a combination of the two.

2.22 The public health 0-19 service is a clinical service. It is currently provided by Central London Community Healthcare NHS Trust and delivered, in the main, by registered health professionals. TUPE would apply and any organisation taking on the staff would need to provide terms and conditions, including access to pensions, equivalent to the NHS. This need not preclude the Council commissioning a third sector organisation to provide Family Hubs with an integrated 0-19 service. For example, the Council currently commissions WDP to provide substance misuse services with the clinical elements being subcontracted to CNWL by WDP. However, to bring clinical services in house would require the Council to establish, and fund, the requisite clinical “infrastructure”: for example, CQC registration; clinical supervision and revalidation of clinical staff; medicines management arrangements in accordance with the human medicines regulations; and infection prevention arrangements. Should members wish to explore this further, the arrangements could be scoped in more detail and costed. However, it should be noted that NHS providers would typically bear the costs of these arrangements over a wider range of services than are the case here (for example CLCH provides public health and community health services over 12 boroughs). It is therefore unlikely that bringing public health services in house would deliver the planned savings.

2.23 A detailed options paper to deliver the overall model is being prepared. The three outline models being considered are:
a) Commissioning the whole service to a provider who meets the requirements for employing health professionals and who has experience with managing social care, early years and educational requirements. They will then bring in other services as delivery partners such as housing and Brent Start.

b) Commissioning the service to an experienced provider of family services to partner with a health provider and manage the whole service bringing in delivery partners as required. This model is being used in Essex and Hertfordshire with Greenwich currently out to commission.

c) An in-house managed model where the council’s Early Help service manages the hubs and creates strong partnership across the sector, negotiating delivery of other council and voluntary sector services as identified by local needs analysis and the current consultation. This model would require health services to be commissioned separately but could be integrated with the in-house model.

2.24 Profiles of current children’s centres have been developed to assist with initial exploration of which centres would be most appropriate for becoming Family Hubs with relevant supporting documentation in appendices 2-4.

Current Children’s Centre sites proposed to become Family Hubs:

<table>
<thead>
<tr>
<th>Fawood and Curzon (managed as one Hub)</th>
<th>Preston Park</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alperton</td>
<td>St Raphael’s</td>
</tr>
<tr>
<td>Church Lane</td>
<td>Three Trees</td>
</tr>
<tr>
<td>Granville Plus</td>
<td>Willow (predominantly as a SEND hub)</td>
</tr>
</tbody>
</table>

Current sites proposed to end existing Children’s Centre provision from, seeking alternative usage options:

<table>
<thead>
<tr>
<th>Mount Stewart</th>
<th>Welcome Centre and Barham Park Annex</th>
</tr>
</thead>
<tbody>
<tr>
<td>Treetops</td>
<td>Wykeham</td>
</tr>
<tr>
<td>Wembley Primary</td>
<td>Harmony</td>
</tr>
</tbody>
</table>

Hope and Challenge House Centres are already closed or are closing for reasons unconnected to Family Hub developments.

3.0 Financial Implications

3.1 There are 2 approved savings actions relating to the development of Family Hubs. The existing CYP General Fund expenditure budget for Children’s Centres will be reduced from £3M to £1.5M and so save £1.5M, and a recommissioning saving of public health grant spending on 0-19 services aims for a £0.5M saving. This reduces 0-19 public health spending from £5.9M to £5.4M, however for the public health saving to impact the Council’s General Fund, the £0.5M will need to be repurposed to replace or offset other existing council expenditure on public health outcomes.

3.2 It should be noted that £0.75M of Public Health grant was committed as part of a previous savings measure and is already applied in the accounts and budgeted for in the CYP general fund. This commitment must remain in place so that the total available budget for Family Hubs and 0-19 Services will be £6.9M (£1.5M Children Centre budget and £5.4M Public Health), with the £0.5M Public Health saving potentially available as additional resource if repurposed for Family Hub related services. All
Public Health funding is subject to grant conditions including reporting and assurance processes.

3.3 The savings are both reported on the latest savings tracker as having an ‘amber’ RAG status, which reflects the early stage of development of the Family Hubs. There are risks to both, notably rising employee and pension costs for suppliers.

3.4 There is a risk of some capital clawback relating to any Children Centre developments funded by central government which are then identified for closure and will therefore no longer have early years provision.

3.5 The direct premises running costs included in the appendices show that premises costs make up less than £300k or roughly 10% of Children’s Centre’s current expenditure, so halving the number of sites operated will not contribute a high proportion of the intended savings. Achieving the full savings will therefore necessarily depend upon significantly reduced staffing costs for the Family Hubs when compared to the previous Children’s Centre model.

3.6 A detailed in-house model is not yet available for costing but the employee budget available after the savings are taken would be in the region of £1.25M to fund core staff across 8 hubs.

4.0 Legal Implications

4.1 Legislation relating to Children’s Centres is contained in the Childcare Act 2006 (as variously amended by subsequent Acts including the Apprenticeships, Skills, Children and Learning Act (ASCL) 2009, Education Act 2011, and Children and Families Act 2014). The Act obliges local authorities to make available sufficient Children’s Centres, so far as reasonably practicable, to meet local need; and prescribes that Children’s Centres offer integrated support for families with children aged 0-5 years to help secure outcomes relevant to:

- Physical and mental health and emotional well-being
- Protection from harm and neglect;
- Education, training and recreations;
- The contribution made by them to society; and
- Their social and economic well-being.

4.2 Pursuant to s11 of the Children Act 2004, the Council and partner agencies must make arrangements for ensuring that their functions are discharged having regard to the need to safeguard and promote the welfare of children. This duty applies to all council functions and to all children in the local area, and is particularly relevant in relation to services provided to families and children in need of support.

4.3 The 2012 Health and Social Care Act ("the Act") introduced changes by a series of amendments to the National Health Service Act 2006. The Act gives local authorities a duty to take such steps as it considers appropriate to improve the health of the people in its area. In general terms, the Act confers on local authorities the function of improving public health and gives local authorities considerable scope to determine what actions it will take in pursuit of that general function.

4.4 The Healthy Child Programme includes some mandated functions where there is a statutory requirement on the local authority to ensure these are provided.
4.5 Section 5D places a duty on local authorities to ensure consultation takes place before any significant changes are made to Children’s Centre provision in their area. The proposal to remodel and re-scope some of the current Children’s Centre is significant and will require consultation.

4.6 Amongst other things the statutory guidance requires local authorities:

- not to close an existing Children’s Centre site in any reorganisation of provision unless they can demonstrate that, where they decide to close a Children’s Centre site, the outcomes for children, particularly the most disadvantaged, would not be adversely affected and will not compromise the duty to have sufficient Children’s Centres to meet local need. The starting point should therefore be a presumption against the closure of Children’s Centres;

- take into account wider duties such as Child Poverty Act 2010 and section 17 of the Children Act 1989 i.e. to safeguard and promote the welfare of children within their area who are in need; and so far as is consistent with that duty, to promote the upbringing of such children by their families, by providing a range and level of services appropriate to those children’s needs.

4.7 In addition to its specific duties under the above Acts the Council has a continuing duty under the Equality Act 2010 when exercising its functions to have due regard to the need to (a) eliminate discrimination, harassment and victimisation, and other prohibited conduct (b) advance equality of opportunity and (c) foster good relations.

4.8 Plans to make some amendments to the current structure of the Early Help Service, most particularly Brent Family Solutions, will require staff consultation. 14 of 17 Children’s centres are outsourced to a voluntary sector provider, Barnardo’s and the current contract is due to end in September 2020. The remaining 3 are managed by the Fawood/Curzon Partnership governing board.

4.9 It is possible the Transfer of Undertakings (Protection of Employment) Regulations 2006 (“TUPE”) will apply to staff currently employed in Children’s Centres and staff may transfer by way of a business transfer or service provision change. TUPE is fact sensitive and it is difficult to determine at this stage to whom TUPE will applies. In the event TUPE applies, the staff will automatically transfer to the new provider along with certain liabilities. If TUPE does not apply, there is a potential for staff redundancies where the elements of section 139 of the Employment Right Act 1996 are met. For those with the requisite qualifying service (2 years) they will be entitled to a redundancy payment. The employer must ensure it undertakes consultation on the proposal and depending on the number of affected staff, the employer must follow strict statutory time limits.

4.10 It is accepted that roles within this sector are predominantly filled by women. Consideration will need to be given to potential equality issues that may arise. In addition, as women, in general, retain the majority of child care and caring responsibilities within families, mobility clauses may be an issue if the new hubs are located at distance from their current places of work.

4.11 Any procurement of Family Hubs will involve services falling within Schedule 3 of the Public Contracts Regulations 2015 (PCR 2015). The likely value of such contract(s) over its lifetime is higher than the EU threshold for Schedule 3 services (currently £615,27k) and the procurement of the contract(s) is therefore governed by the PCR 2015. The procurement will also be subject to the Council’s own Standing Orders in
respect of High Value Contracts and Financial Regulations, requiring Cabinet approval to tender and award.

4.12 Any procurement of Family Hubs will also involve the grant of leases and licences to the new contractor of council premises to run concurrently with the contract and to be on terms to be agreed by the Strategic Director of Regeneration and Growth in consultation with the Director of Legal and HJR Services. If premises are not in the ownership of council, it may be necessary for the council to enter into leases for the buildings and then sublease to contractors. Given that premises will used as Family Hubs, the proposed form of lease/licence will incorporate an obligation that such contractor undertake appropriate checks of persons employed in the exercise of the right granted under the licence or lease including Disclosure and Barring Service checks, and confirmation that the Licensee or Tenant have no criminal convictions or involvement in an offence against vulnerable persons, children, etc.

5.0 Equality Implications

5.1 Equality Analysis (EA) was completed in December 2018 ahead of the Cabinet decision to approve budget proposal CYP008 - develop family Hubs from children’s centres. The EA was included in the papers published for the 11 February 2019 Cabinet meeting.

5.2 The EA identified that families living in areas where children’s centres could close may not be able to access support services as easily, as they would need to travel further. To mitigate this risk, families affected will be informed and engaged at all stages of development, including through the statutory consultation on significant changes to children’s centres. Accessibility of the sites was one of the key criteria considered when developing proposals for family hub locations. Details of the public transport routes near to proposed family hub locations are included at Appendix 3 of this report.

5.3 The EA also identified a potential risk of reduced early intervention outcomes for children. This risk will be mitigated through broadening the age range of children and families that will be able to access services through the new model, improving the reach of services and supporting a whole family approach.

6.0 Consultation with Ward Members and Stakeholders

6.1 As part of the preparation for Council Budget consultation members were updated regarding Brent’s current Children’s centre provision and proposals to develop 8 family hubs and close some centres. In February 2019, following the consultation, full council approved proposals CWB002 (re-commission public Health 0 to 19 service with Children’s centre contract to realise efficiencies) and CYP008 (Develop Family Hubs from Children’s centres.)

6.2 Developing Family Hubs is now included as a key priority in Brent’s new Borough Plan (2019-23)

6.3 The Lead Member for Safeguarding, Early Help and Social Care is visiting Children’s Centres over the course of the next few months during the consultation period.

6.5 An engagement process, seeking views based around questions relating to how new Family Hubs are designed and also relating to a set of design principles developed by relevant practitioners has been agreed by the Working with Families Board and was completed in June.
6.6 The sites not selected, following consultation, as Family Hubs will be assessed by the CYP Department regarding their alternative use or disposal plans for each site drawn up.

6.7 The intention is to provide a report to Cabinet in October on the formal consultation outcome and to seek permission to tender for Family Hubs with delegated permission to award.

7.0 Human Resources/Property Implications (if appropriate)

7.1 Once the staffing implications are clear, appropriate staff consultation will take place in line with the relevant council policies and procedures. Current providers will also need to consult with their staff. All providers are aware of contracts ending and will keep staff informed of any progress.

7.2 Appendix 4 of this report (Profiles of Brent Children’s Centres) has been developed with Property input. More detailed work will commence following Cabinet decision in June.

Report sign off:

Gail Tolley
Strategic Director of Children and Young People’s Department

Phil Porter
Strategic Director of Community Wellbeing