**![\\ch-fs2\Userdirs_Q-T\SFBarker\Desktop\SCC_Logo_Strapless_Large[1].jpg]()Family Support Services – Market Engagement Event, 26.09.2017**

Feedback from S.W.O.T. analysis workshop discussions in relation to the proposed integrated service:

**Table 1**

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| --- | --- |
| **Strengths** | **Weaknesses** |
| * Integration would help achieve positive outcomes e.g. transitions could be more easily facilitated especially for vulnerable families
* Community Assets
* Would harness whole view of the family e.g. worklessness and therefore aid the tackling of deprivation
* Timeliness – interventions can happen at an earlier stage (prevention)
* Improved links with other organisations e.g. Job Centre plus
* Whole community approach (see One Team example)
* Consistent approach to dealing with other agencies/ clear pathways
* Single entry point for families – single entry point for other organisations
* Efficiencies – creation of new, mixed workforce
 | * Challenge of rural nature of Somerset. How can this be overcome practically e.g. mobile working
* Issue of DNA on appointments – wasted time and travel time
* Cultural changes required are a potential challenge when integrating services
* Length of time to successfully change ways of working
* Perception of ‘closure’ of buildings – need to make vision clear
* Single point of access can be perceived negatively as ‘only one way in’
* Difficult messages re: - improvements in service when perception may be around reduction in spend = reduction in service provision
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| **Opportunities** | **Threats** |
| * Need to be clear from the start if we expect collaboration/ be clear about expectations
* Don’t be over specific about KPIs from the start – outcomes are key; develop KPIs as part of on-going contract management – opportunity to be flexible
* Create a balance between efficiencies and local provision
* Expand mobile provision
* Make increased use of technology e.g. staff could be home based with access to their rota etc. via tablet/ text message
* Create an ability to post questions to Health Visitors and School Nurses online and build up a list of FAQ
* Schools are critical to the model to support and enable the service (therefore need to be on board)
* ‘Hub’ schools used in Wiltshire – more efficient way of dealing with schools
* Think about the broader staff role
 | * Splitting contracts into Lots not as efficient – recreates the barriers addressed through integration
* Requirements to make savings
* Issue if schools are not consulted with sufficiently
* Schools blocking access to online content (in line with policy for blocking applications such as Facebook and Twitter). Need to ensure that schools are able to have a separate policy so online content is permitted
* Timescales – limited contract length can create issues when planning for cultural and technological change
* Single submission procurement process – dialogue can potentially provide a better outcome
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**Table 2**

|  |  |
| --- | --- |
| **Strengths** | **Weaknesses** |
| * Strong local volunteer sector
* Good HV skill-mixing
* Teams are already used to working in Hub environment
* Universal still present
* Buildings will still be there and can be used differently
 | * Making sure having one Lot only will not detract from local need
* Recruiting and developing the workforce
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| **Opportunities** | **Threats** |
| * Digital offer – good for service users and practitioners e.g. case files
* Greater collaboration with the voluntary sector e.g. pathways in for volunteers
* Extend HVs to 8 years old (supported)
* Pathways across agencies important
* ‘Activating’ the ‘communities’ around families
* Evidence based community approaches
* Working on pilot projects/grants to add value
* Sharing of good practice e.g. training and create funding from this
 | * Fragmented/different local providers giving different approaches and may become confusing for families
* Need to simplify tender process if more than one Lot
* Network/signal issues for digital offer
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