

THE PROVISION OF EFFECTIVE PREVENTION SERVICES FOR CHILDREN AND YOUNG PEOPLE INCLUDING OPTIMISING THE USE OF CHILDREN'S CENTRE BUILDINGS – CABINET MEMBERS RESPONSE

Relevant Cabinet Members

Mr M Bayliss

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Relevant Officers

Director of Children, Families and Communities

Interim Director of Public Health

Cabinet Members Response

The call-in identified a number of challenges to Cabinet, all of which have been answered in turn below.

Call-in challenge one: Cabinet has failed to demonstrate a clarity of aims and desired outcomes in that the report does not clarify which prevention/early help services will or will not be consulted on and may be impacted. It is unclear how the overall vision for 0-19 prevention services has been developed and what it actually is, especially given the failure of the original 0-19 tendering process.

Call-in response one: The report clarifies that consultation will be on change of use of buildings. The overall vision and proposed development of the 0-19 prevention service was outlined in paras 9 – 17 of the 19 November Cabinet paper. These paragraphs explained that a comprehensive Early Help Needs Assessment had been completed as a first stage in the commissioning cycle and gave the conclusions and recommendations of the needs assessment. The needs assessment and other relevant documents were listed as background papers, and these helped to define the overall vision. The needs assessment included extensive data analysis as well as review of best practice guidance and national requirements. The November and June Cabinet papers clarifies that the 0-19 integrated prevention service includes health visiting, family nurse partnership, school nursing and some of the provision delivered by Early Help Providers.

Call-in challenge two: Cabinet has failed to demonstrate it has conducted and taken account of due consultation. Cabinet has failed to demonstrate that it has taken account of the original Children Centre consultation exercise in which the majority of responses were supportive of the current approach. In addition the Cabinet report does not explain what the new consultation process will consist of, who will be consulted for each Children Centre and in what manner, and how the results of this exercise will be analysed and reported. Cabinet has also failed to demonstrate that the consultation process will be understood by consultees and the public as the Cabinet report makes no references to the specific services being consulted on for each Children Centre.

Call-in response two: In November 2015, Cabinet agreed to formally consult with a wide range of stakeholders on the future use of children's centres buildings. The intention of the consultation was to establish views regarding the use of current buildings

and what other potential uses there might be for buildings. Over 2,000 responses to the consultation were received. The majority of responses were from existing service users who, as expected, continued to be supportive of the current approach regarding the use of building. However, the consultation also generated a number of ideas about how the buildings could be used to better support families and communities. All of the responses has been taken into account as the proposals for the future use of buildings as outlined in paragraphs 27 to 31 in the June 2016 report and do not include closure or disposal of buildings but retains all buildings for ongoing future use.

The June Cabinet report explains that the new consultation on optimising the use of children's centre buildings "would start on 24 June 2016 and run for six weeks up to 5 August 2016 with the intention of decisions made ahead of the new school term starting in September 2016. The Council will lead the consultation working closely with schools, existing providers and/or the new main provider of services. The consultation will be centre-specific and focus mainly on collecting views from service users on the proposals" **as well as there being the "opportunity for wider stakeholders to feed in views about the centre specific proposals using an online survey" (para 25).**

Expanding on the text within the Cabinet report, consultation documents are being prepared for each centre. These documents explain in more detail the current services delivered from the specific centre and explain what the alternative proposals will be. Face to face sessions will be carried out with service users within each Centre. These will be led by the Local Authority but be supported by the school or childcare provider (whoever is proposing to take over the lease). Results will be analysed by Worcestershire County Council's Research unit.

Call-in challenge three: Cabinet has failed to demonstrate clear reasoning for the decisions being taken. It is unclear how the overall vision for 0-19 prevention services has been developed and what it actually is, especially given the failure of the original 0-19 tendering process. As the majority of those originally consulted were also supportive of the current approach. Cabinet has failed to demonstrate clear reasoning as to why these consultation results were ignored.

Call-in response three: The overall vision for 0-19 prevention services, how it has been developed and what it actually is has been given above in response to call-in challenge one. The vision was based on the findings of a comprehensive needs assessment which was referenced in the November Cabinet report.

The tendering process did not receive any compliant bids although due process was followed. The development of the service specification included engagement with partners and the public as described in the November Cabinet paper, including the local NHS. Potential providers supported the vision of the 0-19 service specification.

As described the consultation feedback around the use of the children's centre buildings showed that many users of children's centres were supportive of the current approach with regard to the use of the buildings. The proposals for alternative use of buildings all continue to support the use of the centres for early childhood services and it is envisaged that in the majority of cases an increase of community services (e.g. early year's education) will be provided

Call-in challenge four: Cabinet has failed to demonstrate it has fully taken into account the full implications of the decisions taken. As the report does not specify which services

will and will not continue to be provided and to what degree, the Cabinet cannot make an assessment of the implication of their decision as they do not know who will be impacted by their decision.

Call-in response four: This will be addressed as in e) of the June Cabinet report. The planned consultation and further impact assessment will be carried out to inform final decision making.

Call-in challenge five: Cabinet has failed to demonstrate it has acted within an open and transparent manner in that the Cabinet report does not contain details of the services that are to be consulted upon, it does not contain details of how the consultation process will be carried out and reported back, it does not contain details of what went wrong with the 0-19 tendering process or the views of Health Partners on that tendering process and the current approach being taken.

Call-in response five: Due procurement process was followed and ended when no compliant bids were received. As explained in the report, feedback from potential providers supported the vision of the service but expressed concern about the level of transformational change required to bring the current services into line with the specification and vision. 'Potential providers' in this context included a health partner.