Reason for Decision

This report requests approval of the proposed new integrated delivery model and plans for procurement of the service arrangements in respect of Early Years delivery in Oldham from April 2016. The potential implications relating to the children’s centre estate are also highlighted with options and recommendations to take this forward.

Executive Summary

The local authority currently commissions 16 children’s centres that are delivered on a district basis across Oldham. The transfer of Public Health and their commissioning responsibilities to the local authority has provided the opportunity to fully integrate the health visiting and children’s centres services to create a single service for under 5’s, within the current construct of a district delivery model. The current children’s centre contracts have been extended to March 2016 (Cabinet Decision 15th December 2014) in order to align with the procurement and implementation of the integrated delivery model.

The opportunity to integrate enables us to take a transformative approach to redesigning services for children under 5 whilst achieving savings. There are three options to consider for the delivery model (Part 1) and two options relating to the children’s centre asset (Part 2):

Part 1 – Integrated delivery model

From April 1st 2016 we intend to have an integrated model that builds on statutory elements of the health visiting service, Healthy Child Programme (HCP) and children’s centres. The service entitles families from conception to 5 years to a set of
universal and targeted evidence based services, through the 8 stage integrated assessment model and corresponding pathway of intervention.

**Option 1** – The ‘enhanced integrated model’ builds in specialist functions, such as Clinical Psychology and Speech and Language Assistants, to secure the fidelity of evidence based interventions; plus a strategic district leadership function.

**Option 2** – The ‘integrated model’ joins together health visiting and children’s centres with strategic district leadership but does not offer the added specialist functions.

**Option 3** – The ‘basic model’ joins together health visiting and children’s centres without strategic district leadership and specialist functions.

**Part 2 – The children’s centre asset**

Children’s Centre services are currently delivered from 16 children’s centres. Running costs of these buildings is met by the provider within the current commissioned funding envelope.

The children’s centre estate has been considered as part of the redesign process with the aim of achieving efficiencies on related premises costs included in the children’s centre revenue budget, and enabling greater flexibility in the operational delivery model.

**Option 1** – Progress the procurement of the integrated delivery model and disaggregate the premises budgets, allowing time for full consideration and consultation of the potential opportunities relating to the children’s centres assets.

**Option 2** – The current children’s centre assets and funding would remain as they currently are now and be included in the procurement of the integrated delivery model.

**Recommendations**

**Part 1**

1. That approval is given for the recommended option (Option 1 – Enhanced Integrated Model) for the new integrated model for Early Years services for children and families.

**Part 2**

2. That approval is given to progress Option 1 – the procurement of the integrated delivery model and disaggregate the premises budgets, allowing time for full consideration and consultation of the potential opportunities relating to the children’s centres assets.
Transforming the Early Years offer in Oldham – Integrated delivery model

1. Background

1.1 As part of the Council’s thematic approach to the budgetary challenge for 2015/16 and 2016/17, a redesign of the Council’s current offer to children, young people and their families (the 0 – 19 offer) encompassing universal and targeted services is underway in relation to this theme and has been organised into three distinct but aligned projects.

1.2 This project aims to integrate the current children’s centre and health visiting contracts, following the transfer of commissioning responsibility for health visiting (HV) from National Health Service England (NHSE), to create a single service for families with children under 5.

1.3 The proposal to integrate relies on the opportunity provided by the transfer of commissioning responsibilities to local authorities in October 2015 and the current children’s centre contracts which have been extended to March 2016 in order to align with the procurement and implementation of the Integrated delivery model [KD ref: EDS-06-14].

1.4 This report focuses on the integrated delivery model at a District level with a current funding envelope of £7,636,531 for current children’s centre and Health visitor commissions and local authority early years services in scope.

2. Current Position

2.1 The local authority has a statutory duty to make arrangements to ensure that early childhood services are provided in an integrated manner, and secure a sufficient number of children’s centres, in order to facilitate access and maximise the benefits of those services to young children and their parents.

2.2 The current children’s centre contract requires services to be delivered on a district basis and in a ‘group’ structure made up of a number of children’s centres, working in partnership with key partners such as, but not limited to, health and social care and private and voluntary sector providers.

2.3 The health visiting service is currently delivered by Pennine Care Foundation Trust (PCFT) commissioned by NHS England. The commissioning responsibility will transfer to local authorities on 1st October 2015. Oldham Council has been working with NHSE to amend the current Health Visiting contract for 2015/16 to give an end date of 31st March 2016. This enables us to align with the proposed implementation date for the integrated delivery model of 1st April 2016.

2.4 Approval for the extension of current contracts for the delivery of Oldham’s children’s centre services, for one year, until 31st March 2016 has been
requested. A decision is expected following 15th December 2014 Cabinet. This will enable full integration with wider services from 1st April 2016.

2.5 The proposal for the front facing Early Years integrated delivery model has been designed from a zero base budget, building on the ‘givens’ such as the prescribed and currently mandated health visitor function, Healthy Child Programme (HCP) and Family Nurse Partnership (FNP) along with the statutory duty to ensure sufficient children’s centres.

2.6 The new integrated delivery model for Oldham has been developed and aligned to the Greater Manchester new delivery model for Early Years, an approach that Oldham was already testing and was instrumental in shaping from the start. The model will ensure the delivery of the 8 stage assessment process, the associated intervention pathways and the direct link to the Early Help Offer.

2.6 Children’s Centre services are currently delivered from 16 designated children’s centres. Running costs of these buildings is met by the provider within the current commissioned funding envelope.

Part one – Integrated Delivery Model

3. Context - model

3.1 Key elements of the model are being piloted by current providers in Oldham as the implementation phase of the 8 stage project. Full roll out of the project is set over two phases, beginning 1st April 2015 across the borough, with full roll out to be completed by March 2016.

3.2 Variations have been made to the children’s centre contracts as part of the extension enabling the implementation of the 8 stage project for 2015/16, thus moving providers towards a state of readiness for implementation of the Early Years integrated model by April 2016.

3.3 The Early Years integrated service embodies the principles of Public Service Reform and sits within the wider framework of change for Oldham around early help and prevention with the aim of reducing numbers of people entering high cost specialist services.

3.4 The service entitles families with young children from conception to 5 years to a set of universal and targeted evidence based services, through the 8 stage integrated assessment model and corresponding pathway of intervention. The proposed model builds on the statutory elements of the health visiting service, HCP and children’s centres.

3.5 The transformational element of this project comes in the integration of two commissions; health visiting and children’s centres, to create a single service to achieve agreed and improved information sharing within the integrated model thus reducing duplication of services. As a result we are able to align contribution and accountability for key performance indicators within a single performance framework.
3.6 The integrated delivery model will be monitored on a quarterly and annual basis. A robust performance and contract cycle is under development. This builds on the current children’s centre performance requirements and the mandated health visitor performance framework. It is intended to align these to become a single outcomes framework in the future.

3.7 The performance framework consists of service delivery outputs, and direct evaluation of interventions plus contract management monitoring of key elements required by the specification.

3.8 In addition, children’s centre provision is currently subject to an Ofsted inspection regime. The local authority has a duty to contribute to such inspections and ensure that post inspection action plans are produced, published and managed.

3.9 The performance of the contract will continue to be reported, by the provider and commissioner, through the Early Years Programme Board on a bi-monthly basis.

4. Options – Integrated Delivery Model

4.1 The options proposed in this paper are based on indicative staff numbers, essential types of function and skill level required plus the mandated functions of the health visitor role which is common across the options lay out below. The contracted agency will determine how to construct their team with the essential elements defined in the service specification.

4.2 The integrated delivery model will be delivered from Oldham’s designated children’s centres, which are also required in statute.

4.3 All options outlined in the paper require the delivery of the 8 stage assessment model and Oldham’s intervention pathway, based on the GM Early Years New Delivery model. However the degree of impact achieved in the proposed options will vary dependent on the inclusion, or not, of key specialist functions outlined below.

4.4 Key functions considered for the integrated delivery model are:

- Robust district strategic leadership with a required skill mix of health, education and social care

- The health visitor function is mandated as part of the transition of Public Health commissioning responsibilities, this will strengthen the practice lead functions for health visiting/parenting, education and learning and will improve public health and early education outcomes

- Health visitors will be leaders of the integrated service ensuring a strong focus on prevention, health promotion, early identification of needs, early intervention and clear packages of support aligned to the Early Help Offer.
Health visitors are the key professional for children under 5 they will ensure tailored and specific support for children and families through co-design and promoting self care and independence. Where necessary they will adopt a case management approach with families were complex dependencies exist. The health visitor function is mandated as part of the transition of commissioning responsibilities.

Practice leads for education and learning will be expected to develop with primary schools, individually or through primary collaborative, effective joint working to have an impact on early years outcomes for the most vulnerable children in an identified district. They will also support developments and maintain practice standards within the new delivery model.

Specialisms in Speech, Language and Communication and Clinical Psychology will build capacity and enhance the competencies and skills within the team. This will ensure high quality delivery of evidence based interventions supported by clinical supervision to achieve sustained behaviour change. This also enables clinical supervision supporting effective case management where appropriate from the Clinical Psychology function.

Retain the specialist function supporting families with young children who have Special Educational Needs and Disabilities (SEND). The added value comes from the integration with health services to ensure early identification and seamless access to locally agreed home based interventions/support i.e. Early Support to aid children’s development at home.

Child and family workers will work as part of the integrated team to deliver Oldham’s Early Years universal and targeted intervention programmes where it has been identified that a package of support is required to enable the child to meet developmental milestones. They will carry a family caseload – under the supervision of a health visitor and identify child and family needs by undertaking agreed screening and assessment under the supervision of a health visitor.

Unit cost for Oldham’s preferred interventions and universal children’s centre delivery have been included in the cost modelling. The tool kit used for this incorporates national research by DfE on resource unit costing.

The Family Nurse Partnership (FNP) is a targeted and prescribed programme that is delivered by Health Professionals who have received specific FNP training. The intervention is aimed at first time young parents with ‘high needs’. This is a mandated function as part of the health visitor transition.

Oral health will have a separate specification with the integrated delivery model to secure outcomes against specific interventions and support.
4.5 Option 1

The ‘enhanced integrated model’ which builds in specialist functions to secure the fidelity of evidence based interventions; plus a strategic district leadership function.

The current expenditure for the Health Visiting, FNP and children’s centre services is £7,636,531.

The operational delivery model has been costed from a zero base to include all the functions outlined in 4.4 – The cost of option one is £6,077,424.

Running costs for the 16 children’s centres from which the service will be delivered are £372,000.

Therefore the total saving identified for option one is £1,187,107 as part of the savings detailed in the 0-19 template.

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<thead>
<tr>
<th>Category</th>
<th>Funding £'000</th>
</tr>
</thead>
<tbody>
<tr>
<td>Current funding envelope</td>
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</tr>
<tr>
<td>Cost of option 1 – operational delivery model</td>
<td>6,077,424</td>
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<tr>
<td>Premises related budget (as is)</td>
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<td>1,187,107</td>
</tr>
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</table>

Benefits:

- Most comprehensive integrated delivery model to narrow the gap in early years development and to improve outcomes in line with the Greater Manchester Early Years model and Oldham’s approach to delivering the 8 stage model of assessment and intervention

- Robust district strategic leadership providing the required skill mix of health, education and social care, this will enable the most effective and appropriate use of resources to deliver against a wider set of outcomes for children and their families

- Integrates the statutory functions for Early Years and Childcare duties, and Additional Educational Needs requirement with the Healthy Child Programme to ensure early identification and seamless access to Children’s Centre provision and locally agreed home based interventions/support.

The additional cost in this option will provide:

- Clinical specialisms to ensure fidelity of the specific interventions and build capacity in the wider team thus securing sustained behaviour change and a greater level of improvement against the required outcomes;
• A Clinical Psychologist who will provide clinical supervision for staff, case hold families where appropriate, link to Child and Adolescent Mental Health Services (CAMHS) to strengthen partnership working to achieve better outcomes for children and their families.

• This will enable us to target support in Districts where there are specific gaps in provision that will specifically focus on speech, language and communication difficulties and early attachment approaches to support positive family relationships from the start.

Further links and joint commissioning opportunities:

The Clinical Psychology function included in option one also provides us with an opportunity to jointly commission a Parent Infant Mental Health (PIMH) model with the Clinical Commissioning Group (CCG). There is a commitment from CCG to fund elements of the PIMH model, plus the creation of a joint pathway and supervision functions required via CAMHS to align with implementation of the enhanced integrated delivery model (Option 1).

The additional outcomes that would be achieved from the PIMH model are:

• Provide a clinical service to improve responsiveness and sensitivity between parents and infants.
• Support and provide intervention to families where there are attachment difficulties.

The Speech and Language Assistants included in option one support the implementation and delivery of the language interventions required by the model. The CCG are working with us to align the specification for the Speech and Language Therapy service to oversee the delivery and evaluation of the language interventions in the enhanced integrated delivery model.

Risks:

• Highest cost option of the three, the savings offered by this option would mean a greater level of savings being required from other areas of Early Years spend in order to meet identified targets.

4.6 Option 2

The 'integrated model' which integrates the two services with district leadership but does not offer the added specialist functions.

The difference in option two from that outlined in option one is the removal of key specialist functions such as Clinical Psychology and Speech and Language Assistants.

The current expenditure for the Health Visiting, FNP and children’s centre services is £7,636,531.
The operational delivery model has been costed from a zero base to include all the functions outlined in 4.4 – The cost of option two is £5,947,294.

Running costs for the 16 children’s centres from which the service will be delivered are £372,000.

Therefore the total saving identified for option two is £1,317,237 as part of the savings detailed in the 0-19 template. This is a £130,130 additional saving on option one.

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<td>Total</td>
<td>6,319,294</td>
</tr>
<tr>
<td>Saving for option 2</td>
<td>1,317,237</td>
</tr>
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</table>

Benefits:

- Lower cost operating model, therefore achieving greater efficiencies
- Robust district strategic leadership providing the required skill mix of health, education and social care.
- Integrates the statutory function for Early Years Additional Educational Needs with Healthy Child Programme and Children’s Centre provision to ensure early identification and seamless access to locally agreed home based interventions/support i.e. Early Support to aid children’s development at home.

Risks:

- The lack of clinical specialist functions to support delivery of required interventions significantly reduces the ability to deliver sustained behaviour change and achieve improvement of the required outcomes;
- Potential risk of higher referral levels to specialist services as capacity not available in the model;
- Less able to reduce the gap in early years development and public health outcomes;

Further links and joint commissioning opportunities:

- The joint commissioning opportunities discussed in option one are dependent on the inclusion of the Clinical Psychology function within the model. As these are not included in option two this means that the Council
does not have the same leverage to negotiate additional funding to create the PIMH model.

- The lack of Speech and Language Assistants in option 2 will mean a status quo in terms of the speech and language interventions currently offered via the children’s centres. Alignment of the speech and language therapy specification would have limited impact without the inclusion of speech and language assistants in the model.

### 4.7 Option 3

The ‘basic model’ which integrates the two services but without district leadership and specialist function.

The difference in option three from that outlined in option one is the removal of key specialist functions such as Clinical Psychology and Speech and Language Assistants plus the District Leadership function.

The current expenditure for the Health Visiting, FNP and children’s centre services is £7,636,531.

The operational delivery model has been costed from a zero base to include all the functions outlined in 4.4 – The cost of option three is £5,882,434.

Running costs for the 16 children’s centres from which the service will be delivered are £372,000.

Therefore the total saving identified for option three is £1,382,097 as part of the savings detailed in the 0-19 template. This is an additional £194,990 saving on option one.

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<tr>
<td>Premises related budget (as is)</td>
<td>372,000</td>
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<tr>
<td>Total</td>
<td>6,254,434</td>
</tr>
<tr>
<td>Saving for option 3</td>
<td>1,382,097</td>
</tr>
</tbody>
</table>

Benefits:

- Lowest cost operating model, achieving the greatest efficiencies
- Integrates the statutory function for Early Years Additional Educational Needs with Healthy Child Programme and Children’s Centre provision to ensure early identification and seamless access to locally agreed home based interventions/support i.e. Early Support to aid children’s development at home.
Risks:

- The strategic leadership function is not included meaning the leadership of the model would be reliant on the practice lead functions. This would also mean reduced capacity to lead and co-ordinate wider partnership working whilst maintaining essential service delivery.

- As a result of the above point, health and education practice lead functions will be compromised and impact on the mandated requirements of the Health Visiting Service core specification and case holding responsibilities.

- No specialist functions to support delivery of required interventions;

- Potential risk of higher referral levels to specialist services as capacity not available in the model;

- Less able to reduce the gap in early years development.

Further links and joint commissioning opportunities:

- The joint commissioning opportunities discussed in option one are dependent on the inclusion of the Clinical Psychology function within the model. As these are not included in option two this means that the Council does not have the same leverage to negotiate additional funding to create the PIMH model.

- The lack of Speech and Language Assistants in option 2 will mean a status quo in terms of the speech and language interventions currently offered via the children’s centres. Alignment of the speech and language therapy specification would have limited impact without the inclusion of speech and language assistants in the model.

4.8 The ability to deliver a greater level of improvement against current outcomes will vary according to the core functions included in the individual models. For example, option one is most likely to achieve a greater level of improvement on outcomes than option two or option three. This is based on evidence outlined in the GM New Delivery Model business case.

5. **Preferred Option – Integrated Delivery model**

5.1 **Option 1** - That approval is given for the recommended option for the new enhanced integrated model for Early Years services for children and families.
Part Two- The Children’s centre Asset

6. Context – Children’s Centre Asset

6.1 Usage of the related children’s centre estate has been considered as part of the redesign process, in consultation with the Corporate Property Team, with the aim of achieving efficiencies on related premises costs included in the children’s centre revenue budget, and enabling greater flexibility in the operational delivery model. The existing premises related budgets have been reviewed and currently stand at c£372,000.

6.2 We are proposing to investigate opportunities for ‘repurposing’ to enable space within the current children’s centre footprint to be utilised to extend delivery of the free two year old early education entitlement and/or pupil places, where there is an identified place shortfall and where children’s centre core purpose activities would not be compromised.

6.3 Investigation of opportunities will be conducted within the context of the wider District Asset Review and Corporate Service Transformation proposals, ensuring that potential opportunities within the Council’s Corporate estate are maximised. In addition, within a wider context, the Corporate Property Team have recently established an Oldham Strategic Estates Group, including an extensive range of partners, in order to develop a ‘One Public Estate’ approach, key themes being to promote economic growth and support regeneration, facilitate more efficient and effective delivery of public services via shared accommodation and potential service re-design, supporting Public Sector Reform agenda.

6.4 In reviewing the offer, we will need to be mindful of our statutory duty to, so far as reasonably practicable, include sufficient provision of children’s centres to meet local need. It is also necessary to consider our duties under the Equalities Act 2010.

6.5 Furthermore we must consider the risk of capital claw back from DfE and ensure that any repurposing of a children’s centre is done so in a way that means that the asset is used, or monies reinvested for a similar purpose that is consistent with Sure Start, Early Years and Childcare aims.

6.6 Any realignment of the children’s centre footprint would mean that the ‘school or setting’ would therefore be responsible for the running costs for the space aligned to them, thus achieving savings against the existing premises related budget.

6.7 As proposals are developed there will be property implications which will need to be taken into account. These will be identified during the review process and approval sought throughout. It is our intention to make use of existing premises that are available, both within the existing service portfolio and wider corporate estate, to ensure best value for the council and this will be a key consideration.
6.8 Due to the complexity of the circumstances around individual assets, detailed work will need to be undertaken on an individual basis to be able to consider options and any future change of purpose. It is anticipated that this work will not be completed to meet the procurement timescales.

6.9 The potential for making savings against the property related budgets could be up to c£141,000 whilst retaining sufficient children’s centres to safeguard delivery of the core purpose - This equates to 2% of the total funding envelope for the recommended option for the integrated delivery model.

7. Options – Children’s Centre Asset

7.1 Should opportunities for repurposing be identified further approval will be sought to determine the Council appetite for taking up such opportunities.

7.2 Public consultation on the use of premises related issues would be required and need to be detailed and timely to avoid risk to continued confidence in the model and the Councils reputation.

7.3 We anticipate such detailed consultation would impact on the preferred timetable for the procurement of the new integrated delivery model (options for which are outlined in section 4 of this report) and therefore options to mitigate a delay are laid out below.

7.4 Option 1

To disaggregate the premises related budgets from the children’s centre operational budget from 2016/17 onwards, subject to those budgets being entirely adequate to fully support the premises and associated property management function.

Opportunities:

- For procurement of the integrated delivery model to be on the basis that the Council will provide sufficient appropriate premises from which the service will be delivered and the provider is granted appropriate occupational agreements, aligned to the service contracts

- To investigate opportunities for ‘repurposing’ to enable space within the current children’s centre footprint to be utilised to extend delivery of the free two year old early education entitlement and/or school places, where there is an identified place shortfall and where children’s centre core purpose activities would not be compromised and therefore risk of claw back entirely mitigated.

- For wider community activity to take place within the Children’s Centre
Risks:

- Corporate Landlord function would be required to manage the premises related budgets internally, and consequently the costs associated with this would need to be factored into budget planning.
- Savings would not be achieved against the premises related budgets prior to 16/17.

7.5 **Option 2**

The current children’s centre assets would remain as they currently are now and be included in the procurement of the integrated delivery model.

Benefits:

- Reduced risk to corporate reputation.
- Remains ‘As is’ in terms of children’s centre asset and designation status.

Risks:

- Reduced opportunities for the children’s centre estate to be used to maximise council resources.
- Savings against the premises related budgets would not be achieved prior to 16/17.

8. **Preferred Option – Children’s Centre Asset**

8.1 The preferred option is ‘**Option 1**’ - That approval is given to progress the procurement of the integrated delivery model and disaggregate the premises budgets, allowing time for full consideration and consultation of the potential opportunities relating to the children’s centres assets.

9. **Consultation**

9.1 Consultation on the various stages of the redesign has included multi agency partners represented via the Early Years Programme Board and project group.

9.2 Current providers have piloted and co-constructed the 8 stage assessment and agreed intervention pathways throughout 2013/14. Full roll out will begin during 2015/16. Therefore providers have a good understanding of the expectations of future delivery for Early Years services in Oldham.

9.3 Wider consultation with current providers and other voluntary sector organisations has taken place throughout Summer 2014 as part of ‘Society
Works’ events. Feedback from these sessions has informed the development of the model and specification.

10. **Financial Implications**

10.1 The redesign of the Early Years delivery model for children and families is part of the Council's budgetary challenge for 2015-16 and 2016-17 and is encompassed within the wider 0-19 offer.

10.2 **Integrated delivery model**

The preferred option outlined in 5.1 is to commission option 1 which identifies an indicative saving of £1.187m and excludes any anticipated saving on asset rationalisation.

The funding envelope is identified as follows:

<table>
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<tr>
<th>Description</th>
<th>Amount</th>
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</thead>
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<tr>
<td>Council budgets within Early Years</td>
<td>3,379,531</td>
</tr>
<tr>
<td>Health visiting - transfer to Public Health</td>
<td>3,833,000</td>
</tr>
<tr>
<td>Family Nursing Practitioners (FNP) - transfer to Public Health</td>
<td>344,000</td>
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<tr>
<td>Infant feeding &amp; oral health - transfer to Public Health</td>
<td>80,000</td>
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<tr>
<td><strong>Total funding available</strong></td>
<td><strong>7,636,531</strong></td>
</tr>
</tbody>
</table>

The new delivery model has been costed up using a number of assumptions around staffing levels however it will be left to the preferred bidder how they construct the delivery of this service. The procurement exercise may realise savings in excess of £1.187m and any additional saving will be attributed to the wider 0-19 offer.

10.3 **Children’s Centre Asset**

The preferred option outlined in 8.1 is to exclude children’s centres premises related budgets from the procurement of the new delivery model as further work is required to ensure statutory duties are met. This includes scoping the risk of capital claw back from the DfE.

(Nicola Harrop)

11. **Legal Services Comments**

11.1 Any contracts for the supply of works, goods or services made in the name of the Council will need to comply with the Council’s Contract Procedure Rules and all Relevant EU regulations. Legal officers understand that it is possible to carry out the recommendations in the Report within the current envelope of the current operational service contracts without requiring amendment to allow sufficient time for the repurposing proposals to be fully scoped and evaluated.

11.2 In relation to Academy conversions, the risk of Children’s Centre facilities being used for school purposes and then transferring to the Academy on any transfer as part of the conversion process needs to be assessed and avoided
if at all possible on a site by site basis as this could invoke clawback and repayment of grant monies to the DfE (see 11.3 below).

11.3 Any land transactions will need to comply with the Council's Land and Property Protocols. The current incumbent operators have service contracts and leases of the premises that run alongside the service contracts. The risk of invoking clawback provisions requiring payback of grant monies to the DfE must be carefully evaluated at each site. Any doubt as to the effect of clawback on a particular site should be checked and if necessary, signed off by the DfE as not requiring repayment. The same applies in relation to paragraph 11.2 above.

11.4 The Council has power to take the decision but must follow correct process and procedures and carry out and take all proper account of all necessary due diligence and consultations and in particular, public consultations. The ultimate delivery model must meet the statutory duties and legal requirements of the Local Authority in relation to the Early Years offer. Legal Officers understand that the delivery models under consideration in this Report meet those requirements. (Rebecca Coldicott)

12. Cooperative Agenda

12.1 The objectives of the children’s centre programme reflect and reinforce Oldham’s co-operative agenda and aim to strengthen relationships at local level between people from different backgrounds within neighbourhoods. The 8 stage assessment model is a parent led process encouraging and supporting parents to understand and take responsibility for their child’s development.

13. Human Resources Comments

13.1 There are no HR implications at this stage; however going forward implication for the local authority teams, included in the above options, will need to be reviewed in readiness for the implementation of the new proposed model. The teams that remain will be subject to a TUPE process in line with agreed procedures. (Daksha Mistry)

14. Risk Assessments

14.1 N/A

15. IT Implications

15.1 A full audit of existing ICT provision will need to be undertaken and an assessment of how best to provide the necessary ICT access for the new integrated service both in terms of infrastructure and data access.

Information Governance will need to be considered and data sharing agreements, SLA’s and Privacy Impact Assessments put in place.

Some rationalisation of ICT systems may be possible.
The data access requirements of the Health Visiting Team will need further investigation to understand any potential requirements to access the N3 secure network which will have infrastructure implications. (Alison Heneghan – ICT Client Team Manager)

16. Property Implications

16.1 It is proposed that the Corporate Landlord function manages the children’s centres portfolio moving forward and it is acknowledged that associated costs will need to be factored into budget planning.

16.2 Review and potential re-purposing of the portfolio, within the context of the wider corporate estate will ensure that potential opportunities are maximised. (Cath Conroy, Head of Asset Management)

17. Procurement Implications

17.1 The Procurement Team will undertake a full procurement exercise in accordance with EU Regulations and the Council’s Contract Procedure Rules. The tender process will secure a commercial model which will offer best value to the Council and excellent service levels.

17.2 The tender process will also secure added social values through the life of the contract and the strategic contract management will ensure these are delivered and stretched throughout the contract term. (Helen Kostyk, Procurement Manager).

18. Environmental and Health & Safety Implications

18.1 N/A

19. Equality, community cohesion and crime implications

19.1 The impact of the new Early Years assessment model is intended to be positive for children and their families. AN EIA has been completed and is attached at Appendix 1. The monitoring of the implementation will need to be robust to ensure that any specific equality impacts are picked up and dealt with. The EIA will also be reviewed before procurement begins.

19.2 Any investigatory work agreed to in terms of repurposing the Children’s Centre estate will also need to undergo an EIA to ensure that we have thought through any potential disproportionate adverse impacts on any of the groups protected under the Equality Act 2010.

20. Equality Impact Assessment Completed?

20.1 As savings have been identified as part of the redesign a Stage 1 EIA has been undertaken. The outcome of this has been that a full EIA is not required. It will be reviewed prior to the procurement process.
21. Key Decision

21.1 Yes

22. Key Decision Reference

22.1 EDS-09-14

23. Background Papers

23.1 The following is a list of background papers on which this report is based in accordance with the requirements of Section 100(1) of the Local Government Act 1972. It does not include documents which would disclose exempt or confidential information as defined by the Act:

KD Ref: EDS-06-14
Name of File: Contract Extension for the delivery of Oldham’s Children’s Centres 2015/16
Records held in Joint commissioning Department, Level 4, Civic Centre
Officer Name: Jill Beaumont
Contact No: x 4778

24. Appendices

24.1 Appendix 1 - Early Years EIA