

## Stakeholder Meeting

### Group 1

Capacity in buildings is a main concern from health colleagues.

#### Challenges and Opportunities with the proposals –

- engagement with 12-19 young people through Neighbourhood Centre's feel that there is a better opportunity for this.
- Feel that there would be better integrated working opportunities and there may be opportunities for partnership working through other outlets.
- \*NHS ICT link in Neighbourhood Centre's needs to be maintained.

Need to ensure service provision can be maintained – particularly for health provision. There would be a real challenge if Health couldn't deliver from the neighbourhood centres. It felt that there would be consequences for families if midwife and health visitor clinics can't be delivered. It is felt that there would also have consequences on Health Visiting/Midwifery/School Nurse delivery.

Discussion about "names" of services. It was felt that the loss of branded names eg. "Appletree children's centre" may be an issue and therefore branding is very important and needs to be considered.

Staff bases and hot desking – NHS have experienced difficulties with this internally. How will LCC look at this for their own staff and multi-agency staff?

Discussion about "reach" where centres are closing how will the service ensure that the centres can meet their reach requirements.

Feedback was that conferencing facilities are already limited – problem feels like getting worse now. Conferencing needs discussion and working from non LCC/Health Buildings eg. Church Hall. Concerns about how this may work in practice.

Schools – stretched to host meetings on site. Discussion about the possibility of use of community rooms at supermarkets for delivery.

Cost implications for service users to access buildings where they are having travel as they are further away. Also there were concerns about access 30 minutes walking with a pushchair.

Parents with Children with Disabilities and access to provision and centres was raised as an issue.

Partners wanted clarification about how many staff would be designated to deliver outreach.

It was felt that we needed to ensure that there was knowledge, based around local community needs and how we retain local area knowledge where there is not a base within that community. NHS shared experiences around challenges of travel, time planning of staff resource.

Concerns were raised about skills mix within staffing to be able to work across 0-19 age range.

Health raised concerns about School Nurse and Health visitors ability to deliver support across the whole of the Continuum of Need as Child Protection and Child in Need work has more than doubled recently.

Is there the opportunity to co-locate services from multi-disciplinary partners rather than just LCC services in Neighbourhood Centres.

Risk Sensible model was discussed and how this would be used in the service.

## Stakeholder Meeting

### Group 2 – Consultation

- Designated Buildings. This is confusion about who is responsible when it comes to Ofsted inspections of Children's centre provision. Department for Education number currently sits with governing body on school based CCs and this needs to be addressed.
- Health and Safety part of building – who is responsible for locking up and meeting and greeting. Particularly when we are wanting to use a school/ nursery site for a neighbourhood centre.
- Bear in mind any duplication of tasks – in invoice paying/contracts.
- Universal provision is a gateway to identifying families. Less universal access will have an impact.
- Early Notification Forms – all families are visited within some of the school based centres. This has drawn children into early education. If this contact disappears will have a huge impact. Will still need to evidence all children under 5 – need to look to work with partners. Need to be able to evaluate.  
Will be hard to signpost to services in the area as other services have reduced.
- Local knowledge is valuable – working in the community is key. If any capacity is available in the recruitment process to keep workers in areas where they have relationships with families.
- If all work is targeted, this would cause some problems.
- Working together – separate entrances/office bases become a divide.
- Professionals are concerned that families suspecting there is change, they will stop coming. Feedback numbers falling in a building that proposed to close.
- Important to get feedback from young people/families.
- At what point do we stop taking on new cases/pieces of work?  
What would be transition arrangements for these families?  
Would need to work with partners to share these transition plans including the schools and school based centres.
- In structure proposals – worried number of cases managers to case workers to supervise are huge. (Safeguarding risk)  
Feels like – what can we afford rather than who we working with at moment.
- Burnley came out quite well. Other areas have more issues.  
Hyndburn – number of buildings not a problem due to locations.
- Concerns are the premises costs? What do we do with all the equipment bought with centre money. Apportionment between Children Centre and Schools finances, details available with estates team.
- Lots of good will that costs nothing will be lost with changing the working arrangements.
- Flagged up – how do we manage health & safety.  
What are arrangements to come out of buildings.

- Nursery schools have good outdoor areas – contact visits with parents after school often take place in these.  
Not part of core services WPEHS offer to supervise contact visits.
- Costs for others service make the finances complicated. More information we have about what is delivered will help. Meetings rooms bookings – don't change if its core business – ad hoc hard to capture.
- Will groups (health) be charged – universal services. Not currently charged. Part of care offer.
- Are we retaining any phase 3 buildings?
- Few parents' feedback would be not happy to bring young children to venue where older young people are. Similar feedback from older young people.
- Opportunity to how do we keep these families engaged in services and it is all about perception eg. Wouldn't want to come into a building where there is a CSC sign or where they feel it is a targeted service. May loose this.
- Will need to look at the "Brand"!
- Early excellence since then – lots of research, on the grand learning that could be utilised – no need to start all this from scratch. Wealth of opportunities to look at how other authorities have delivered services or made changes.
- Gaps in the Furth Education. Some of the adult learners will be WPEHS families. Local based college buildings may be able to fill the gap for outreach and working with children and young people and families.
- Not many people know that other work is being undertaken with adults in families, not just the 16-19 years – these are not the largest cohort.
- Make sure Troubled Families Unit lead professional's link with FE colleges.
- Query how Early Action fits in this – Pilot in Preston