

# CHILDREN AND YOUNG PEOPLE COMMITTEE



Cambridgeshire  
County Council

**Date: Tuesday, 09 February 2016**

**Democratic and Members' Services**

Quentin Baker

LGSS Director: Law, Property and Governance

**14:00hr**

Shire Hall

Castle Hill

Cambridge

CB3 0AP

**Kreis Viersen Room  
Shire Hall  
Cambridge  
CB3 0AP**

## **AGENDA**

**Open to Public and Press**

### **CONSTITUTIONAL MATTERS**

#### **1. Apologies and Declarations of Interest**

*Guidance for Councillors on declaring interests is available at  
<http://tinyurl.com/cccd-dec-of-interests>*

#### **2. Children and Young People Committee Minutes - 19 January 2016      5 - 20 and Action Log**

#### **3. Petitions**

## KEY DECISIONS

- |    |  |                 |
|----|--|-----------------|
| 4. | <b>Mutualisation of the Multi Systemic Therapy Teams</b> | <b>21 - 104</b> |
|----|--|-----------------|

### **Note:**

*Appendix 3 to this report is exempt and not for publication by virtue of paragraph 3 of Part 1 of Schedule 12A of the Local Government Act 1972. If Members wish to discuss this appendix, it will be necessary to exclude the press and public as indicated in item 14 below.*

## OTHER DECISIONS

- |     |   |                  |
|-----|---|------------------|
| 5.  | <b>The Establishment of Denominational Schools</b>                              | <b>105 - 112</b> |
| 6.  | <b>Elective Home Education</b>  | <b>113 - 124</b> |
| 7.  | <b>Revised Policy on the Provision of Early Years Education and Childcare</b>   | <b>125 - 138</b> |
| 8.  | <b>Establishment of a new Secondary School at Wisbech</b>                       | <b>139 - 154</b> |
| 9.  | <b>Educational Performance in Cambridgeshire</b>                                | <b>155 - 162</b> |
| 10. | <b>Early Help Strategy</b>  | <b>163 - 212</b> |
| 11. | <b>Finance and Performance Report - December 2015</b>                           | <b>213 - 262</b> |
| 12. | <b>Children and Young People Agenda Plan and Appointments to Outside Bodies</b> | <b>263 - 270</b> |
| 13. | <b>Exclusion of Press and Public</b>  |                  |

That the press and public be excluded from the meeting during the consideration of the following report on the grounds that it is likely to involve the disclosure of exempt information under paragraph 3 of Part 1 Schedule 12A of the Local Government Act 1972 and that it would not be in the public interest for the information to be disclosed (information relating to the financial or business affairs of any particular person

(including the authority holding that information).

## KEY DECISIONS

### 14. Mutualisation of the Multi Systemic Therapy Teams (Appendix 3)

- Information relating to the financial or business affairs of any particular person (including the authority holding that information);

**Note:**

*If necessary to enable any Member discussion on the exempt Appendix 3 to the report at item 4 above.*

The Children and Young People Committee comprises the following members:

Councillor Joan Whitehead (Chairwoman) Councillor David Brown (Vice-Chairman)  
Councillor Sir Peter Brown Councillor Simon Bywater Councillor Daniel Divine Councillor  
Peter Downes Councillor Stephen Frost Councillor David Harty Councillor John Hipkin  
Councillor Maurice Leeke Councillor Mervyn Loynes Councillor Fiona Onasanya and  
Councillor Julie Wisson

*For more information about this meeting, including access arrangements and facilities for people with disabilities, please contact*

Clerk Name: Kathrin John

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Public speaking on the agenda items above is encouraged. Speakers must register their intention to speak by contacting the Democratic Services Officer no later than 12.00 noon

three working days before the meeting. Full details of arrangements for public speaking are set out in Part 4, Part 4.4 of the Council's Constitution <http://tinyurl.com/cambs-constitution>.

The Council does not guarantee the provision of car parking on the Shire Hall site and you will need to use nearby public car parks <http://tinyurl.com/ccs-carpark> or public transport

**CHILDREN AND YOUNG PEOPLE COMMITTEE: MINUTES**

**Date:** Tuesday, 19<sup>th</sup> January 2016

**Time:** 2.00pm – 4.26pm

**Present:** Councillors D Brown (Vice-Chairman), P Brown, S Bywater, D Divine, P Downes, S Frost, D Harty, G Kenney (substituting for J Wisson), M Leeke, M Loynes, F Onasanya and J Whitehead (Chairwoman).

**Apologies:** Councillor J Wisson, Mr P Rossi (Roman Catholic diocesan representative) and Mrs P Stanton (Church of England diocesan representative)

Prior to the commencement of the meeting, the Chairwoman noted, with sadness, the recent death of Councillor Steve Van de Kerkhove who had been a member of the Children and Young People Committee since its inception. The Committee stood in silence in memory of Councillor Van de Kerkhove.

**138. DECLARATIONS OF INTEREST**

There were no declarations of interest from Committee members. However under item 6 (Bottisham Multi Academy Trust's Proposed Sponsorship of the Netherhall School) Councillors Shuter and Taylor, who were speaking as local members, declared non-statutory disclosable interests in the item and having made representations, left the meeting

**139. MINUTES 8<sup>th</sup> DECEMBER 2015 AND ACTION LOG**

The minutes of the meeting of the Committee held on 8<sup>th</sup> December 2015 were confirmed as a correct record and signed by the Chairwoman.

The Action Log was noted.

During discussion on the Action Log:-

- Item 123 – it was requested that the written explanation to Councillor Leeke on why the number of Statements of SEN/ECHP had dropped 12 months ago should be circulated to all members of the Committee. **Action required.**
- Item 129 – Councillor Bywater commented that he had not yet been provided with a written explanation on why there had been an underspend on the budget for Early Years Access Funding in 2011-12. **Action required.**
- Item 132 – it was requested that the briefing on Trinity School be circulated to all members and substitutes of the Committee. **Action required.**

**140. PETITIONS**

No petitions had been received.

## 141. REVIEW OF POLICIES AND WORKING PRACTICES IN RESPONSE TO DEMOGRAPHIC PRESSURES

The Committee received a report which set out proposed policy revisions to inform the specifications for new schools and the expansion of existing schools. The revisions were proposed in order to ensure that the Local Authority (LA) was best able to fulfil its statutory duty to provide sufficient early years and school places in response to demographic changes. Members' attention was particularly drawn to the table in paragraph 6 of the report which summarised the current position and the proposed policy provisions in response to demographic pressures.

During discussion, Members

- Emphasised that the revised number of school places shown should be regarded as the maximum and not the norm.
- Noted that paragraph 2.1.5 of the report suggested that the case for two sites each able to accommodate a 4 form of entry (FE) school would be more palatable for developers, but commented that the LA should be more concerned with what was right for the local community, the school and its pupils.
- Suggested that the proposal in paragraph 2.1.6 should be amended by the substitution of the word "could" for "should".
- Expressed a preference to retain the wording in the existing policy (paragraph 1.6) in so far as it referred to considering size on a case by case basis and to new schools having defined catchment areas informed by the LA's Sustainable Travel Strategy.
- Indicated some reservation at the proposal for the first primary school in any new community to serve the 2 – 11 age range given the difference in size and age between the youngest and oldest pupils in that range.
- Expressed concern at the proposal to increase the maximum primary school size from 3FE to 4FE referring to research which indicated that children with special educational needs and those from disadvantaged backgrounds performed less well in large schools.
- Commented that there was no ideal school size and that the appropriate size depended on the location, local community and internal organisation of the particular school concerned. There could be benefits in developing larger schools, however it was important for appropriate advice to be obtained when designing a school, both on structure and organisation, in order to overcome any disadvantages of operating a larger school. For example, it was possible through good design and internal organisation to overcome the concerns expressed earlier regarding the mix of the youngest and oldest children in a primary school on the same site.
- Noted that the new policy was intended for future new schools and school expansions and that Ermine Street Academy at Alconbury Weald, due to open in September 2016, which had been planned as a 3FE school, would not be affected.

In response to Members' comments, the Executive Director: Children, Families and Adults Services emphasised that the policy was designed to provide the LA with more flexibility in the provision of school places. The number of places specified in the policy was not intended to set new standards and to automatically provide 4FE in primary schools, rather it was intended to prescribe the maximum number of places in order to provide greater flexibility in responding to local circumstances and pressures. It was believed that many of the disadvantages identified with operating larger schools could be addressed by good design and planning. The Executive Director confirmed that, in

updating the policy document, officers would have regard to the comments raised by Members during discussion.

As an amendment to recommendation (d), it was moved and duly seconded that the words “up to a maximum of” be deleted. Upon being put to the vote the amendment was carried.

It was resolved, with one abstention:

to endorse the recommended policies set out in sections 2, 3, 4 and 5 (summarised in section 6) to:

- (a) establish new primary schools with up to 840 places;
- (b) expand existing primary schools to up to 840 places;
- (c) establish the first primary school in a new community/development for 2-11 year olds;
- (d) establish/expand a secondary school up to 1800 places; and
- (e) provide ancillary facilities for mainstream pupils with special educational needs and disabilities (SEND) as part of the design specification for new schools.

#### **142. SCHOOLS FUNDING 2016/17**

The Committee received a report which advised of the Dedicated Schools Grant (DSG) allocations published by the Department for Education (DfE) on 17 December 2015 and sought approval of the local funding formula for primary and secondary schools as set out in the table at Appendix A to the report.

With reference to paragraph 2.2 – 2.4 of the report, the Strategic Finance Manager (Children’s and Schools), reported verbally on discussions at the meeting of the Cambridgeshire Schools Forum on 15<sup>th</sup> January 2016 in relation to the use of new Income Deprivation affecting Children Index (IDACI) data. The DfE had issued revised IDACI datasets in December and some schools had been adversely affected by the changes. The Schools Forum had voted in favour of applying, subject to DfE approval, the previous year’s IDACI data with a view to providing a smoother transition for those schools most adversely impacted by the revisions. A disapplication request had accordingly been submitted for permission to apply the previous year’s IDACI data for those schools most adversely affected by the changes. The Committee was requested to endorse the proposed approach to the use of the previous year’s IDACI data, as recommended by the Schools Forum and subject to the approval of the DfE.

During discussion:

- In response to a question, officers confirmed that whilst the Schools Forum had voted to use the previous year’s IDACI data, ultimately it was a decision for this Committee and was subject to DfE approval.
- It was confirmed that whilst funding levels for schools had been protected, no provision had been made for an inflationary uplift, resulting in a real term decrease in school budgets.
- The Strategic Finance Manager (Children’s and Schools) was commended on his professional support to the Schools Forum

The Chairwoman, sought and gained the consent of the Committee to the inclusion of the following addition at the end of the recommendation set out in the report:

“and, in particular, to endorse use of the previous year’s Income Deprivation affecting Children Index (IDACI) data, subject to Department for Education approval.”

It was resolved:

to approve the local schools funding formula, prior to submission to the Education Funding Agency (EFA), **and, in particular, to endorse use of the previous year’s Income Deprivation affecting Children Index (IDACI) data, subject to Department for Education approval.**

**143. BOTTISHAM MULTI-ACADEMY TRUST’S PROPOSED SPONSORSHIP OF THE NETHERHALL SCHOOL**

The Committee received a report regarding the funding strategy for Bottisham Multi Academy Trust’s (BMAT) proposed sponsorship of The Netherhall School in Cambridge. In introducing the report, the Executive Director: Children, Families and Adults Services advised that the financial projections contained in the paper originally published had been updated. A copy of the report containing the updated figures had been circulated.

The Executive Director highlighted the background to the proposal, noting that The Netherhall School had been judged as “Requires improvement” following the Ofsted inspection in 2014. The Local Authority (LA) had commissioned Bottisham Village College, judged “outstanding” by Ofsted, to provide support for The Netherhall School. The support had been highly effective with a positive impact on both standards of education and the school’s financial position. In January 2015, the Governing Body of The Netherhall School had voted to become a sponsored academy and subsequently BMAT had been selected as the preferred sponsor. As part of their due diligence exercise, Bottisham had raised concerns with the LA about potential liabilities going forward and intensive discussions had taken place since then. The amount of liability had decreased from that shown in the original report and the projected deficit had now reduced from £200k to £34k at the time of conversion. The projected deficit for 2016/17 and 2017/18 was £650k depending on final student numbers. Funding of £500k had been approved by the DfE resulting in an estimated funding gap of £134k - £184k. The LA was responsible for writing off the school’s deficit at the point of conversion (estimated at £34k) leaving a final gap of between £100k and £150k. It was proposed to meet the funding gap from a combination of in year revenue underspend and reserves given the improvement in Children, Families and Adults outturn position. It was further proposed to retain £50k depending on the final number of students on the roll in the October 2016 census. Officers were confident that this proposal would secure the future of The Netherhall School and the finances of both the school and the LA.

The Committee then received representations from two Local Members:

- Councillor Shuter

Councillor Shuter spoke both as a Local Member and a Director of BMAT and expressed his strong support for the proposals in the recommendations. He emphasised the hard work and effort that the Executive Principal of BMAT, the Acting Principal of The Netherhall School and their teams had put into turning around both performance and the finances of the school. Councillor Shuter referred to the most recent Ofsted inspection report that highlighted the improvements in pupil achievement and in closing the attainment gap, since the school had been working in partnership with the new sponsor. He accepted that



pupil numbers were challenging but, given the growth agenda, was confident that numbers would rise. Councillor Shuter expressed his confidence that this was the right way forward for the school and urged the Committee to set aside any ideological views on the principle of academy conversions and to support the recommendations in the report.

In response to questions from Members, Councillor Shuter:

- Commented that parents appeared to be supportive of the proposal.
- Noted that parents of children at Bottisham Village College, whilst originally having some reservations, now also seemed supportive of the proposal.

Having noted his non-statutory disclosable interest, Councillor Shuter then withdrew from the meeting.

- Councillor Taylor

Councillor Taylor spoke in her capacity as a Local Member, noting also that she was a parent of a student at The Netherhall School. Councillor Taylor highlighted the improvements in performance and closing the attainment gap as evidenced in the Ofsted report. She further commented that parents had demonstrated their confidence by supporting the proposed conversion to academy status under the sponsorship of BMAT. Whilst recognising the need for the LA to make best use of public funding, Councillor Taylor urged the Committee to approve the recommendation in order to continue the progress at The Netherhall School and to secure its future success.

Councillor Taylor then responded to questions from Members. In particular, she confirmed that parental engagement at Netherhall appeared very effective, both on the proposed academy conversion and also more generally.

Having noted her non-statutory disclosable interest, Councillor Taylor then withdrew from the meeting.

Kate Evans, Executive Principal of BMAT then addressed the Committee. Mrs Evans:-

- Highlighted the challenging nature of the task faced by Bottisham when first providing temporary leadership to The Netherhall School, with a projected deficit of £1m for March 2016, rising to £1.9m in 2018.
- Explained how BMAT had responded to the financial challenges by implementing cost saving strategies and restructuring to reduce the deficit.
- Commented on the outstanding leadership provided by BMAT evidenced by the success achieved in improving educational performance and closing the attainment gap between disadvantaged pupils in the school and other pupils nationally.
- Emphasised BMAT's commitment to seeing through the transformation of The Netherhall School.
- Recognised the need to increase school numbers.
- Suggested that it was not reasonable for the Trust to bear the costs of the deficit accrued prior to conversion.
- Spoke of her confidence that The Netherhall School would develop into an outstanding school.

During questions:-

- A Member referred to the opening of the Trumpington School and the potential impact on pupil numbers at Netherhall. In response, Mrs Evans explained the anticipated approach to increasing pupil numbers, including developing relationships with primary schools and working on transition arrangements. It was acknowledged that a favourable Ofsted judgement would also assist in increasing pupil numbers.
- An explanation was sought for the proposed increase in the deficit to £650k over the next two years. Mrs Evans pointed out that this was due to legacy of lower pupil numbers. Once pupils had been placed in a secondary school it was unlikely that they would change schools and thus the current cohort needed to work their way through the school and a focus was therefore needed on seeking to increase pupil numbers transitioning the school from primaries.
- With reference to paragraph 2.1, Mrs Evans noted that whilst it had been an original aspiration to enhance senior leadership capacity, benchmarking had indicated a need to reduce staffing expenditure and restructuring had therefore taken place.
- The Strategic Finance Manager (Children's and Families) confirmed that two separate disapplication requests had been made to the DfE; the first to allocate up to £500k of Dedicated Schools Grant (DSG) carry forward to support the school and the second to request the allocation of up to a further £500k. The DfE had approved the first request but not the second. It was confirmed that if the first tranche of DSG had not been used to support the school it would have been retained in a contingency to meet other DSG demands arising through the year.
- It was confirmed that BMAT had received funding for their role in supporting The Netherhall School but that this did not fully compensate for the work undertaken.

During discussion, Members:

- With reference to paragraph 2.13, received confirmation that the Executive Director: Children, Families and Adults Services, had delegated authority to review CFA earmarked reserves but that any decision falling outside his delegated thresholds would need to be referred to the Children and Young People Committee.
- Noted that the final payment would depend on the number of students on the roll in the October 2016 census. There was a sliding scale of thresholds and officers had budgeted on the basis of the upper limit of the threshold and were therefore confident the sum earmarked would be sufficient.
- Suggested that this approach could be used as a template to support failing schools in future. In response, the Executive Director commented that, whilst the Council retained a school improvement service, its approach now was generally to seek to broker arrangements between schools to drive up performance.
- Concurred that there was a need to seek to increase parental engagement in the education of their children. It was agreed that officers should look at how the Council might better support parental engagement, reviewing research and best practice, as appropriate. **Action required.**
- Remarked that the projected funding gap appeared to have decreased from £300 - £350k to £134 - £184k since publication of the original report and sought an assurance that there would not be further changes in the projections. In response it was explained that the original figure represented the deficit as at September 2015. The figures now presented represented the most up to date projections and officers were confident in the projection for the deficit as at the point of conversion.

- Noted that the liability would remain regardless of who sponsored the school and would be the responsibility of the LA if it remained a maintained school.
- Expressed concern that the Committee's decision should not represent a precedent for other schools.

An amendment was moved and duly seconded to insert the words "without setting a precedent for other schools" after the word "agree" in the first line of the recommendation. Upon being put to the vote, the amendment was carried.

It was resolved unanimously:

to agree, without setting a precedent for other schools, the additional spend of between £100k and £150k of budget to secure Bottisham Multi Academy Trust's (BMAT) sponsorship of The Netherhall School, in addition to the estimated £34k that the Local Authority (LA) is required to spend to clear The Netherhall School's deficit at the point of conversion to a sponsored academy.

#### **144. ALL AGE CARERS STRATEGY 2016 - 2020**

The Committee received a report inviting consideration of the All Age Carers Strategy 2016 – 2020, a copy of which was set out at Appendix A to the report. The strategy set out the Council's approach to supporting carers in Cambridgeshire. In introducing the report, the Executive Director: Children, Families and Adults Services explained that the scope of the strategy had been extended to include parent carers and young carers.

The strategy had been considered and supported at the meeting of the Adults Committee held on 12 January 2016.

Noting the indication within the Strategy that young carers were likely to have lower attendance and attainment than their peers, a Member asked whether this was also the case for peers from the same deprivation background. The Executive Director understood this to be the case but agreed to confirm this and report back to the Member in question. **Action required.**

The Chairwoman indicated that it would be helpful for the Committee to receive a report on young carers and, in particular, the identification of young carers. **Action required.**

The Chairwoman sought, and gained, the agreement of Members to vary the first recommendation to indicate the Committee's support for the direction of travel within the Strategy.

It was resolved to:

1. Support the direction of travel in the All Age Carers Strategy 2016 – 2020.
2. Delegate authority to the Executive Director: Children, Families and Adults Services to approve the strategy, which has also been presented to the Adults Committee, following discussion with the Chairman of the Adults Committee and the Chairwoman of the Children and Young People Committee.

## **145. FINANCE AND PERFORMANCE REPORT – NOVEMBER 2015**

The Committee considered the Finance and Performance report for Children, Families and Adults (CFA) outlining the financial and performance position as at the end of November 2015. The report was for the whole of CFA services and as such, not all the services were the responsibility of this Committee.

The Executive Director, Children, Families and Adults Services reported verbally that at the end of December there was a projected underspend of £88k across the whole of CFA.

It was reported that officers were reviewing the presentation of performance in respect of Looked After Children with a view to presenting figures relating to unaccompanied asylum-seeking children separately. Members were reminded that Government funding was available for the support and care of such children.

It was resolved:

To review and comment on the report.

## **146. SERVICE COMMITTEE REVIEW OF DRAFT REVENUE BUSINESS PLANNING PROPOSALS FOR 2016/17 TO 2020/21**

The Committee received a report which provided an overview of the draft revenue business planning proposals for Children, Families and Adults Services that fell within the remit of the Children and Young People's Committee. The report also provided a summary of the latest available results from the budget consultation.

The Executive Director: Children, Families and Adults Services introduced the report, highlighting that the overall impact of the Local Government Finance Settlement had been to worsen the impact on the Council by approximately £5m. Officers were working through the implications of this reduction, but it was understood that there would still be scope to reverse a limited number of the savings proposals. There had also been clarity on public health funding with confirmation that the ring fence for such funding would be retained but that funding for public health would be reduced. This was likely to have some impact for Children and Young People's services, most notably the Personal Health and Social Education service.

The Executive Director then reminded Members of the savings proposals, as set out in paragraph 5 of the report submitted to the Committee on 8<sup>th</sup> December 2015 (a copy of which had been re-circulated to Members).

With reference to paragraph 2.9 of the report now submitted, the Executive Director highlighted those savings which it was proposed could be reduced or removed.

During discussion:

- It was confirmed that the cost of providing support for The Netherhall School did not impact on the savings proposals now before Members and would be met from revenue underspends and reserves as outlined earlier in the meeting.
- In response to a question as to the scope for retaining the rural youth work provision, officers reported on discussions on-going with partners with a view to retaining Connections bus services. Reference also was made to the proposal to put in place youth and community co-ordinators who would have access to a small

commissioning budget.

- A Member highlighted a reference in the report to the statutory expectation for the delivery of carers advice and support to sit with schools, rather than the Local Authority and questioned if this was an additional burden falling upon schools. Members were advised that schools were aware of their statutory responsibility in this area and it was noted that some schools were working collaboratively on delivery of careers advice and guidance.
- It was noted that vacancies arising in Children's Centres would not be filled in order to contribute towards the savings target.
- It was acknowledged that the paper circulated to members of the Committee on bursaries for FE students had been valuable and, as previously agreed by the Committee, the Council should promote a campaign so that young people were aware of the availability of bursaries.
- Members noted that whilst the number of unaccompanied asylum-seeking children could not be separated from other looked after children in the statutory key performance indicator, it was intended to do this for the purposes of the performance management report.
- A Member commented that that slippage on a capital project in his division was due to the lack of tenders from electrical contractors.
- The Committee was reminded that the main savings proposals for Children's Centres were earmarked for 2017/18 thereby allowing time for exploring alternative ways of working and the scope for greater alignment and integration with a range of other County Council and partner services, as well as options for income generation. It was suggested that an early update should be presented to the Committee on progress in this area and procurement proposals and following officer advice, agreed that an item should be added to the Committee agenda plan for May 2016. **Action required.**

As an amendment to recommendation b) it was moved by the Chairwoman and seconded by Councillor Leeke, that the word "endorse" be deleted and replaced by "agree to forward". Upon being put to the vote, the amendment was carried on the casting vote of the Chairwoman.

It was resolved to:-

1. Note the overview and context provided for the 2016/17 to 2020/21 Business Plan proposals for the services, updated since the last report to the Committee in December.
2. Comment on the draft revenue savings proposals that are within the remit of the Children and Young People Committee, including the suggested reductions in savings listed in sections 3.6.3 to 3.6.5 and agree to forward them to the General Purposes Committee as part of consideration for the Council's overall Business Plan.
3. Note the changes to the capital programme in paragraph 4.1 and endorse them to the General Purposes Committee.
4. Note the ongoing stakeholder consultation and discussions with partners and service users regarding emerging business planning proposals.
5. Endorse the proposed Key Performance Indicators as part of the Strategic Framework, alongside the 2016-21 Business Plan.

## 147. CHILDREN AND YOUNG PEOPLE COMMITTEE AGENDA PLAN; APPOINTMENTS TO OUTSIDE BODIES AND COMMITTEE TRAINING PLAN

The Committee received a report which:

- (a) Presented the agenda plan for the Children and Young People Committee, as set out in Appendix A;
- (b) Invited reports back from representatives on outside bodies; and
- (c) Presented the updated Committee Training Plan, a copy of which was attached at Appendix B to the report.

With respect to the agenda plan at Appendix A, Members:-

- Were reminded that the Committee had agreed to add an item on Children's Centres to the agenda plan for the meeting of the Committee to be held on 24<sup>th</sup> May 2016.
- Noted that the item on "Review of Primary Provision in Cambridge" had been moved from 8<sup>th</sup> March to 24<sup>th</sup> May 2016.
- Were informed of the addition of "Proposal to Expand Fordham CE Primary School" to the agenda plan for the meeting on 24<sup>th</sup> May 2016.

The Committee received updates from Councillor Downes on his attendances at meetings of the Cambridgeshire Music Hub; the Accelerating Achievement Group and the School Improvement Board. With respect to the Cambridgeshire Music Hub, Councillor Downes highlighted the pressures facing the development of music in the County and following discussion, the Committee agreed to request the submission of a report on the Cambridgeshire Music Service to a future meeting. **Action required.**

Members noted that meetings of the Corporate Parenting Panel and the Child Poverty Group would be held in February.

With respect to the training plan at Appendix B, the Executive Director: Children, Families and Adults Services undertook to liaise with Heads of Service with a view to identifying dates for training highlighted in the plan. **Action required.** In the meantime, Members were encouraged to contact lead officers if they wished to attend any of the training identified in the plan or if they wished to suggest any further subjects for training.

It was resolved:

1. To note the agenda plan as set out at Appendix A and the oral update provided at the Committee meeting.
2. To note the oral updates from representatives on outside bodies.
3. To note the Committee's Training Plan, as set out at Appendix B.

## 148. EXCLUSION OF PRESS AND PUBLIC

It was resolved to exclude the press and public from the meeting during the consideration of the following report on the grounds that it was likely to involve the disclosure of exempt information under paragraph 3 of Part I of Schedule 12A of the Local Government Act 1972 as it refers to information relating to the financial or business affairs of any particular person (including the authority holding that information).

**149. PROCUREMENT OF INFORMATION MANAGEMENT SYSTEMS FOR CHILDREN, FAMILIES AND ADULTS SERVICES**

The Committee received a report regarding the outcome of a recent procurement exercise for the Information Management systems to support the Children, Families and Adults Directorate.

It was resolved:

1. To delegate to the Executive Director: Children, Families and Adults Services, in discussion with the Chairwoman and Vice-Chairman of the Committee, the final decision of the contract to award to the contractor identified in the submitted report for a Local Authority Early Years and Education Management System.
2. To agree the contract award to the contractor identified in the submitted report for the Children's Case Management and Social Care System and the Adults Social Care System.
3. To note the planned implementation of the new systems over the period 2016 to 2018.

Chairwoman





## CHILDREN AND YOUNG PEOPLE COMMITTEE

### Minutes-Action Log



Cambridgeshire  
County Council

#### **Introduction:**

This log captures the actions arising from the Children and Young People Committees since November 2014 and updates members on the progress on compliance in delivering the necessary actions.

This is the updated action log as at **29 January 2016**.

<b>Minutes of 10<sup>th</sup> November 2015</b>					
<b>Item No.</b>	<b>Item</b>	<b>Action to be taken by</b>	<b>Action</b>	<b>Comments</b>	<b>Completed</b>
<b>122</b>	<b>Finance and Performance Report – September 2015</b>	<b>Adrian Loades/ Martin Wade</b>	<ul style="list-style-type: none"> <li>Finance and Performance Report to be circulated to Committee Members on a monthly basis.</li> <li>Finance and Performance Report to include a glossary of Ofsted codes in future.</li> </ul>	Noted and all reports will be circulated monthly or presented when a reserve Committee meeting takes place	<b>On-going</b>
<b>123&amp; 130</b>	<b>Committee Review of Draft Revenue Business Planning Proposals for Children and Young People's Services 2016/17 to 2020/21</b>	<b>Meredith Teasdale</b>	<ul style="list-style-type: none"> <li>Councillor Leeke to be provided with a written explanation as to why the number of Statements of SEN/ECHP dropped 12 months ago (as indicated in the graph at paragraph 4.3 of report).</li> </ul>	Email sent on 8 December and 28 January 2016.	<b>Completed</b>

Minutes of 8 <sup>th</sup> December 2015					
129&139	Proposal for the Future Approach to Support Complex Special Educational Needs for Children in Early Years Setting	Judith Davies	<ul style="list-style-type: none"> <li>Briefing note to be provided to Committee regarding Education Health and Care Plans (EHC Plans)</li> <li>Councillor Bywater to be sent a written explanation of why there was an underspend on the budget for Early Years Access Funding in 2011-12 given the overspend in other years.</li> </ul>	E-mail sent 28 January 2016	<p><b>In progress</b></p> <p><b>Completed</b></p>
130.	Recruitment and Retention Strategy: Social Care Services	Adrian Loades	<ul style="list-style-type: none"> <li>Arrangements to be made for reporting on any trends emerging from exit interviews to the relevant Committee.</li> <li>Scope for provision of mortgage support scheme to be provided to be investigated.</li> </ul>		<b>In progress</b>
132&139	Future Configuration of Trinity School	Keith Grimwade/ Hazel Belchamber/ Judith Davies	<ul style="list-style-type: none"> <li>Briefing note to be issued to Members on management of Trinity School</li> </ul>	Briefing note emailed to Committee members, substitutes and local Members on 29 January 2016	<b>In progress</b>



		<b>Dee Revens/ CYP Service Heads</b>	<ul style="list-style-type: none"> <li>Dates to be added to training plan</li> </ul>		<b>In progress</b>
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**MUTUALISATION OF THE MULTI SYSTEMIC THERAPY TEAMS**

**To:** Children and Young People Committee

**Meeting Date:** 9 February 2016

**From:** Sarah Ferguson, Service Director: Enhanced and Preventative Services

**Electoral division(s):** ALL

**Forward Plan ref:** 2016/009      **Key decision:** Yes

**Purpose:** To seek Committee agreement to progress the mutualisation of the Multi Systemic Therapy Teams (MST Standard and MST Problem Sexual Behaviour)

**Recommendation:** It is recommended that the Committee;

- a) Agree to the mutualisation of the Multi Systemic Therapy Service
- b) Give permission for a Social Impact Bond to be explored as a potential future form of investment for financing the procurement of the service

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## 1.0 BACKGROUND

- 1.1 The Council has been exploring whether options to 'spin out' MST (Multi-Systemic Therapy) Services of the Local Authority and trade as an independent company would be viable or desirable. This would be on the basis of creating a staff led mutual. Following an initial piece of development work and the securing of a grant from the Department for Education, the first draft of a business plan was presented to the Children and Young People Committee in March 2015.
- 1.2 The feedback from the Committee was to develop the plan further and to quantify risks and opportunities for both the Council and for the company and staff. The Committee expected the proposal to be submitted again for a decision to be reached once these further questions were addressed. Extensive work has been undertaken since then, the outcome of which is available through the attached supporting documents.
- 1.3 There are three questions which the County Council needs to address in order to move the project forward:
  1. Does the County Council wish to continue to deliver or procure MST Services in Cambridgeshire as part of the LAC Strategy?
  2. Does the Council want to externalise the service through the establishment of a staff led mutual, in order to gain wider benefits?
  3. Does the Council want to explore alternative means of funding MST for 2016 – 2019, such as through a Social Impact Bond?
- 1.4 This paper concerns itself with considering the first two of these questions, with permission sought to explore the third.

## 2.0 KEY QUESTIONS

### 2.1 Provision of MST Services as part of the LAC Strategy

#### 2.1.1 *What is MST?*

**MST Standard** is an intensive, home and community-based therapy service for families of children aged 11-17 with severe antisocial and behavioural difficulties, school exclusions and offending history. These difficulties are deemed to be severe if they are putting the young people at risk of out of home placement through local authority care or custody. MST is a licenced programme. This means that there is a licence agreement between the intellectual property right holders in the USA and the service. This protects the integrity of the model through consultation, continuous quality assurance processes and training.

**MST Problem Sexual Behaviour (PSB)** is an intensive, home and community-based therapy service for families of children aged 10-17 displaying problem sexual behaviour. These difficulties are deemed to be severe if they are putting the young people at risk of out of home placement through local authority care or custody.

- 2.1.2 Cambridgeshire was the first local authority to establish MST in Britain in 2001 and has led the way in the development of the practice.
- 2.1.3 MST has a very strong evidence base for cost effectiveness and is known as one of the 'evidence based programmes' for the high risk edge of care or custody population. Independent international research places MST outcomes and cost benefit models amongst the strongest and most reliable. **Appendix 1 – Evaluation Report**. MST forms one of the 'edge of care' services as part of the LAC Strategy. As such, it is seen as an element of the delivery of savings attributed to the LAC Strategy, and has been refocused in order to concentrate impact on this cohort of young people and is being monitored to ensure delivery.
- 2.1.4 As such, there is a current commitment to continue to ensure that MST is available as a service for our most vulnerable young people and families.

## **2.2 Does the Council want to externalise the service through the establishment of a staff led mutual, in order to gain wider benefits?**

### **2.2.1 *What is a 'Mutual'?***

A mutual is a form of social enterprise. There are different legal forms of social enterprise and a mutual can either be a charity, a cooperative or a community interest company. The staff group have worked with a legal adviser to determine what sort of mutual should be created. The choice has been to establish a community interest company limited by shares. Essentially this is a trading company with a not for profit ethos in which all members of the company are stakeholders or owners. This allows for external investment to be raised by the company without giving up equity. The staff will become the shareholders as members of the company but the County Council will not hold any shares. There will be a board which will include Non-Executive Directors. The company will aim to make a profit (as otherwise it is making a loss) but any surplus will be reinvested into the company and will not be distributed to shareholders. In time a subsidiary charity will be formed to receive any profit in excess of investment requirements. Government is keen to see staff led mutual companies enter the market place.

### **2.2.2 *What are the risks and benefits in establishing the service as a staff led mutual?***

#### **2.2.3 *Risks***

- The unit cost of providing the service once externalised will need to include overhead costs which are currently absorbed within the Local Authority's existing structure. This includes management costs, 'back office' functions such as HR and finance support, as well as costs of accommodation for the team. As such the actual cost of commissioning the service will look greater than it does currently.
- The proposal if agreed is predicated on the success of the business plan. If for reasons which haven't been anticipated the company fails, there is a risk that staff who have been transferred are made redundant and the service is no longer viable. This could lead to the loss of the provision of MST support to families at a time when the provision may be most needed to make an impact on our LAC numbers, and will have a personal impact on staff who have left the protective environment of the County Council. However, given

the financial climate for the County Council, this is a situation common to many teams within the County Council.

- An initial commitment of a three year contract with the MST company would be sought. Whilst this could be seen to commit the Council to a contract at a time of financial constraint, flexibility in the contract terms would need to be agreed with the company to allow maximum flexibility for the Council and potential reduction in funding or termination if required with that period.

#### 2.2.4 *Benefits*

- Being able to continue to access a specialist service at a time of increasingly constrained finances for local authorities, where economies of scale could be realised over time through trading activity. In time the overheads of the company will reduce as it reaches economies of scale although these will take time to realise.
- Maximising the expertise within Cambridgeshire in relation to MST. Cambridgeshire County Council has been a lead authority in the development of the evidence based practice nationally and internationally. Externalising this activity will provide greater potential for Family Psychology Mutual to exploit and develop this national and international network of evidenced based practice in MST. Keeping close links with the new company will retain this close relationship and benefit the development of practice within Cambridgeshire.
- Establishing the company will create capacity to trade with an increased likelihood of retaining a high intensity intervention in Cambridgeshire. The pricing of the services for Cambridgeshire will be competitive in comparison to charges to other Local Authorities. This will be ensured as the primary contractor and with a contracted rather than a spot purchased rate for services.
- The establishment of the company as a specialist service with a broader based in evidence based programmes, with a strong relationship to Cambridgeshire, will increase access of the Local Authority to specialist support and expertise in relation to a wider set of effective interventions.
- It is anticipated that the growth strategy for the company will indicate that the unit costs to the County Council will reduce over the next few years.
- The strong correlation between MST and positive outcomes lends itself to exploring different forms of investment, for example social impact bonds. This is an area which the County Council is exploring further as a model of future financing. In addition, as an independent company, Family Psychology Mutual can raise external finances and enter into outcomes based contracts with the County Council.

2.2.5 In summary, it is the recommendation to Members that moving to externalise MST Services could lead to greater opportunities for innovative practice to be developed within the Council and could also provide a vehicle for new forms of funding.

### 2.3 **Does the Council want to explore alternative means of funding MST for 2016 – 2019, such as through a Social Impact Bond?**

#### 2.3.1 ***What is a Social Impact Bond (SIB)?***

2.3.2 A Social Impact Bond is a financial mechanism in which investors pay for a set of interventions to improve a social outcome that is of social and/or financial



interest to a government commissioner. If the social outcome improves, the government commissioner repays the investors for their initial investment plus a return for the financial risks they took. If the social outcomes are not achieved, the investors stand to lose their investment. Social Impact Bonds provide investment to address social problems and look to fund preventative interventions, aligning funding more directly with improved social outcome.

- 2.3.3 Social Impact Bonds encourage a rigorous approach to performance management including objective measurement of outcomes which contributes to building a broad evidence base for what works. A rigorous data collection system allows impact to be tracked and reported to both the investor and the commissioner; and through data tracking, allows commissioners learn from what achieves the best outcomes regarding edge of care services to continually inform commissioning decisions.
- 2.3.4 A key component of the LAC strategy and a tool needed to inform future commissioning of edge of care services is a clear framework of specialist and edge of care services. This framework is to be used to monitor and track services to develop evidence that can be used to best inform future commissioning intentions. This work could be supported through use of a social impact bond, as this framework is a required part of the performance management system of a social impact bond.
- 2.3.5 Given the strong evidence base, and the role of MST Services in delivering the LAC Strategy, there are opportunities to consider a social impact bond as a means for securing funding for procuring the service. This would support the appetite in the County Council to explore innovative ways of securing external investment to deliver services.
- 2.3.6 To put commissioners in the best place to review the opportunities of investment in MST, we have commissioned Social Finance Ltd to assess the feasibility of structuring investment through a Social Impact Bond. This would align funding more directly with improved social outcomes.
- 2.3.7 This work is being undertaken on behalf of Cambridgeshire County Council Commissioners. This is independent of the mutual and will include a review of the MST cohort, considering the probability of care entry for the cohort and the volume of expected cases. It is being funded through the MST innovation grant. Undertaking this detailed analysis will take some weeks, after which the financial risks and benefits of the funding model will become clear. If agreed as a way forward, establishing the SIB itself will take a further number of months.
- 2.3.8 Permission is sought from Members to consider a SIB as a potential model for investment, as part of the development of the financial plan for the Mutual. The business plan has been developed on the basis of viability being achieved on a fee for service contract. Therefore the decision to progress to mutualisation is not predicated upon the development of a social impact bond. However a SIB with the County Council could increase the security of the contract, and may more readily open up opportunities to expand to two teams, which in turn would potentially deliver an economy of scale.

### **3.0 PROGRESS IN DEVELOPING THE MUTUAL**

### 3.1 ***Developing the Company - Family Psychology Mutual***

- 3.1.1 Following an initial piece of development work and the securing of a grant from the Department for Education of £589,000, the first draft of a business plan to create a staff mutual was presented to the Children and Young People committee in March 2015. Agreement was given to pursue the development of the business plan which has formed the bulk of the work since then, and been presented to Spokes on 1 October and 3 December 2015 for further discussion. **Appendix 2 – MST Business Plan.**
- 3.1.2 The nascent company has been registered as a community interest company (CIC) limited by shares under the trading name **Family Psychology Mutual**. This is a not for profit structure which has a community benefit described and enshrined within the company articles. The company cannot be sold commercially nor can it sell more than a single share to any investor; however there may be more than one investor in the company.
- 3.1.3 Work with the Cabinet Office Mutual Support Programme for business, financial and legal support as well as mentoring support from a local Social Incubator programme has been sought. A virtual office and access to shared office space at the Future Business Centre in Cambridge has also been set up.
- 3.1.4 A growth plan has been developed outlining financial modelling and market analysis for the business to develop a broader business base over the next three years and to be able to sustain itself in the long term. **Appendix 3 – Summary of Financial Projection – Confidential.** An independent evaluation has been commissioned via the Rees Centre at Oxford University. This is expected to be completed by June 2016 and will confirm whether the new company form improves outcomes.
- 3.1.5 The company is seeking to negotiate with the County Council to provide two elements: provision of services for MST Standard and MST PSB (Problematic Sexual Behaviour), both of which are currently provided by the Local Authority.
- 3.1.6 Costs incurred by the County Council associated with the establishment of the Mutual are being charged against the Innovation Grant by the County Council.
- 3.1.7 Negotiations regarding a partnership agreement for the continued supply of NHS staff, employed and seconded by Cambridgeshire and Peterborough NHS Foundation Trust (CPFT) are progressing. An agreement in principle in support of a partnership agreement is expected with a business case put to the CPFT Board at the end of January 2016.

### 3.2 ***Local Authority Arrangements***

- 3.2.1 There is a need to distinguish between the interests of the County Council and its staff, and the future interests of the company and its trading activity. As such, the following measures have been put in place:
- Director for Law and Governance is acting as the monitoring officer for the Local Authority in relation to the proposed transfer.
  - Costs incurred by the County Council associated with the establishment of the Mutual are being charged against the Innovation Grant by the County Council.

- The LAC Commissioning Board (chaired by Service Director: Strategy and Commissioning) will act as the Commissioning body for MST, and excludes employees with a vested interest in the company as needed.
- Performance management arrangements will be established to manage the contract if and when a contract is agreed.
- A project manager has been identified to oversee the process and delivery of the project on behalf of the County Council.
- A project board has been established for the County Council, chaired by the Service Director for Enhanced and Preventative Services. This brings together internal partners (Pensions, HR, Finance, staff from Strategy and Commissioning Directorate) and external partners (CPFT).

#### **4.0 ALIGNMENT WITH CORPORATE PRIORITIES**

##### **4.1 Developing the local economy for the benefit of all**

- 4.1.1 The mutualisation of MST Services is linked to multi-agency efforts to support families to overcome deprivation, find work, manage debt and address other economic issues. Additionally there are links to the Commissioning Strategy for Reducing Looked After Children which aims to help families to build their resilience so that more children are able to stay safely at home. **Appendix 4 – Commissioning Strategy for Reducing Looked After Children – draft** – (Note: appendix not attached – see link at end of document or hard copy available on request)

##### **4.2 Helping people live healthy and independent lives**

- 4.2.1 As laid out in the Commissioning Strategy for Reducing Looked After Children we want to support families, where possible, to stay together in the interests of children and young people. The strategy has a clear focus on further reducing the number of children becoming looked after in Cambridgeshire over the next five years; on minimising safely the time children spend in care and therefore reducing the expenditure on care arrangements for children and young people.

##### **4.3 Supporting and protecting vulnerable people**

- 4.3.1 In support of the Corporate Parenting Strategy 2015 Council Officers and partner agencies pledge to help develop Council services to make sure that the Corporate Parenting Strategy is being put into practice. **Appendix 5 – Corporate Parenting Strategy 2015**. (Note: appendix not attached – see link at end of document or hard copy available on request)

#### **5.0 SIGNIFICANT IMPLICATIONS**

##### **5.1 Resource Implications**

- 5.1.1 The overall level of resource to deliver direct County Council services is being significantly reduced. The resource reductions will have an impact on the amount of early intervention and preventative support provided and will need to be targeted to minimise any increased demand for specialist, acute and intensive services such as Children's Social Care Services.

## **5.2 Statutory, Risk and Legal Implications**

- 5.2.1 The proposal has not identified any areas where the County Council will be unable to meet statutory requirements. However, overall reductions in County Council services will put pressure on our performance in statutory service areas such as:
- safeguarding vulnerable children
  - impact on the numbers of young people who are Not in Education, Employment and Training (NEET)
  - the reduction in both numbers of children in care and the expenditure on the support we provide as laid out in the Commissioning Strategy for Reducing Looked After Children.

## **5.3 Equality and Diversity Implications**

- 5.3.1 There will be a need for specialist services, such as MST, to provide direct support where needs are more complex or a statutory intervention is required.

## **5.4 Engagement and Consultation Implications**

- 5.4.1 We have not consulted with service users at this point regarding the spin out but we intend to develop service user participation into the company structure. We have asked service users about potential names and have received feedback on options.

## **5.5 Public Health Implications**

- 5.5.1 There are no public health implications.

## **5.6 Localism and Local Member Involvement**

- 5.6.1 There are no significant implications within this category, however, Spokes have been briefed throughout on progress of proposals.

## **6.0 FINANCIAL, HR AND PERFORMANCE IMPLICATIONS**

- 6.1 This work has a number of risks, practical, reputational, financial and operational in nature. These are detailed in the business plan but clearly the idea of trading on the open market and leaving the County Council exposes the service and the County Council to new risks.

## 6.2 Financial Implications

6.2.1 Projected indicative costs for the company compared to current expenditure is as follows, but is subject to further change.

### MST Standard

Current Cost	No. Places	Price/ Case	Proposed Cost	No. Places	Proposed Cost/Case
431,463	35	12,238	430,772	35	12,308

### PSB

Current Cost	No. Places	Price/ Case	Proposed Cost	No. Places	Proposed Cost/Case
201,118	8	25,140	208,693	8	26,086

6.2.2 Assumptions:

- Current cost includes CCC Corporate Overheads. This is consistent with the Section 251 return for Children's Services budgets which apportions £10,951,218 of corporate overheads to Children's Services based on an amount per FTE (£5,764 per FTE).
- Proposed costs are based on the actual operational costs plus 20% to cover overhead costs. These are subject to negotiation although the parameters for negotiation are narrow. Further analysis is required regarding cost inflation assumptions. The company will have to meet many overheads which are currently covered in corporate costs by the County Council which is able to achieve economies of scale. The overhead assumptions are similar to the £5,764 FTE although this estimate is likely to be on the low side as it does not cover some all of the costs to the County Council such as democratic accountability.
- MST PSB current and proposed costs represent 50% of the cost of an MST PSB Team. It is proposed that CCC commission equivalent places to sustain 50% of a team. The proposed cost is based on the actual cost of half a team capacity and 20% percent for overhead costs. The mutual is prepared to reduce this overhead cost to 12.5 % to make the unit cost more attractive and more in line with the current cost. This would amount to £208,693 with a unit cost of £26,087. With this reduction the overhead costs would only be covered for 78% and further contracts will need to cover this deficit over time
- The proposed cost is a provisional and remain subject to change, for example negotiations are underway with LGSS regarding the support services that may be provided and the potential cost to the company.

6.2.3 Commissioners are continuing to work through a number of financing options. This will be through the business planning process, financial planning in relation to the LAC Strategy, and exploring the potential for an internal invest to save model and/or an external invest to save proposal linked to a Social Impact Bond. It is proposed to link this work to the LAC strategy and LAC action plan, with a focus on delivering savings to the LAC placements budget, through the management of expected demographic pressures and future cost avoidance. A comprehensive financial appraisal of all potential options will be supported by Social Finance, and will help define the most suitable commissioning option, as well as securing best value for the local authority.

- 6.2.4 Social Finance Ltd will continue to provide support to amend the financial model and associated parts of the strategic business plan for the mutual, as negotiations and judgements on key assumptions (such as pensions liabilities, review of support services with LGSS etc.) continue to evolve. In this context, it is anticipated that as the company expands, that some further economies of scale will be achieved, leading to a reduction in overheads in the medium term. It is anticipated that this would be passed on to the Local Authority in the medium to longer term through a reduction in the overhead charge. In addition to this, by securing growth, the service would be sustained.
- 6.2.5 Ongoing discussions around pension liability for existing CCC staff transferring to the mutual are taking place. Initial indications are that the local authority will agree to be guarantor for existing liabilities for current staff but not ongoing future liabilities for existing and new staff. The mutual would need to make provision for liabilities thereafter.

### 6.3 HR Implications

- 6.3.1 Should the proposal be approved by Members in January 2016 then a TUPE transfer for the staff concerned will be initiated. Admitted status to the LGE and NHS pension schemes will also be sought.

## 7.0 NEXT STEPS & PROGRAMME TIMELINE

- 7.1 The Implementation will be a staged process. If the company achieves a fee for service contract then there will need to be a statutory transfer period for the affected staff and a series of work streams will need to be finalised for issues such as pensions, partnership agreement and information governance. Should an agreement be reached for the creation of a Social Impact Bond then a further period of development will be required to step through the necessary legal and financial raising processes to establish this type of funding arrangement. It is likely that the company could be running independently by the summer, subject to the implementation process being agreed.

Source Documents	Location
Appendix 1 – Evaluation Report	Attached to committee paper
Appendix 2 – MST Business Plan	Attached to committee paper
Appendix 3 – Summary of Financial Projection - Confidential	Not for publication by virtue of paragraph 3 of Schedule 12A of the Local Government Act 1972
Appendix 4 – Commissioning Strategy for Reducing Looked After Children – Draft	<a href="http://www.cambridgeshire.gov.uk/info/20076/children_and_families_practitioners_and_providers_information/370/providing_children_and_families_services/5">http://www.cambridgeshire.gov.uk/info/20076/children_and_families_practitioners_and_providers_information/370/providing_children_and_families_services/5</a>
Appendix 5 – Corporate Parenting Strategy 2015	<a href="http://www.cambridgeshire.gov.uk/info/20076/children_and_families_practitioners_and_providers_information/370/providing_children_and_families_services/5">http://www.cambridgeshire.gov.uk/info/20076/children_and_families_practitioners_and_providers_information/370/providing_children_and_families_services/5</a>

# Evaluation report MST Cambridgeshire 08-2015

## Summary

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Young people with antisocial behaviour pose substantial difficulties for local authorities. In addition to threatening public safety and disrupting the education system for other young people, families of these children incur heavy financial costs.

These behaviours significantly impact functioning and quality of life during childhood and adolescence and are associated with an increased rate of mental health need during adulthood (NICE 2013)

Multisystemic Therapy (MST) is a unique evidence based intervention that has established a proven record of success with this challenging population. This report summarises the outcome of work by the Cambridgeshire MST service. It includes data from multiple studies, reports and audits.

June 2008 – July 2015:  
160 MST standard  
cases completed

Additionally, this report includes data from the highly specialized MST-PSB service, dedicated to stopping problem sexual behaviour in young people.

June 2012 – July 2015:  
31 MST-PSB cases  
completed

## Results from multiple sources show dramatic improvement for families through MST treatment.

### MST-Standard

- From the start to the end of treatment young people of families in the MST programme improved in every aspect measured; from a reduction in necessary social care involvement, police involvement and mental health difficulty – to improvement in education attendance and achievement
- 90% of children on the 'edge of care' remained with their families for at least 12 months after discharge.
- 66% of convicted young people did not reoffend after MST in a twelve month follow up study.

### MST-PSB

- 95% of children remained at home with their families 12 months after discharge.
- 94% of children did not reoffend

## Over £4 million in savings to Cambridgeshire since June 2008 from MST standard alone...

- Reports suggest that on average 52% of young people suitable for MST but receiving other services instead become looked after within a year of referral, with an average LAC cost of £68,000 per young person.
- A full five months of MST treatment costs Cambridgeshire only £12,000 per family.
- That's a savings of £56,000 per family.
- 90% of the 160 young people (i.e. 144) remained at home at least 12 months after discharge.
- MST is creating and sustaining behavioural change.

# Introduction

The Multisystemic Therapy (MST) service is an intensive, home and community-based therapy service for families of children aged 11-17 with severe behavioural difficulties. These difficulties are deemed to be severe if they are putting the young people at risk of out of home placement through local authority care or custody.

Referrals to the MST service can be made through social care, the youth offending service and child & adolescent mental health

Prior to MST:

1.5 convicted offenses per young person within the 12 months prior to referral

70% of cases have social care involvement – 57% have a CIN plan

## Features

From the time in which the case is allocated the family has access to the MST service 24 hour on call service, which has been highly valued by the families.	Once engaged the MST therapist visits the family at least three times per week in their home.	In the 5 month treatment time the MST team empowers families to stop or reduce referral behaviours and build tools to meet new challenges after discharge
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Cambridgeshire MST was one of the first three teams to launch in the UK in 2001. Now there are over 35 MST teams across England, Scotland and Northern Ireland.

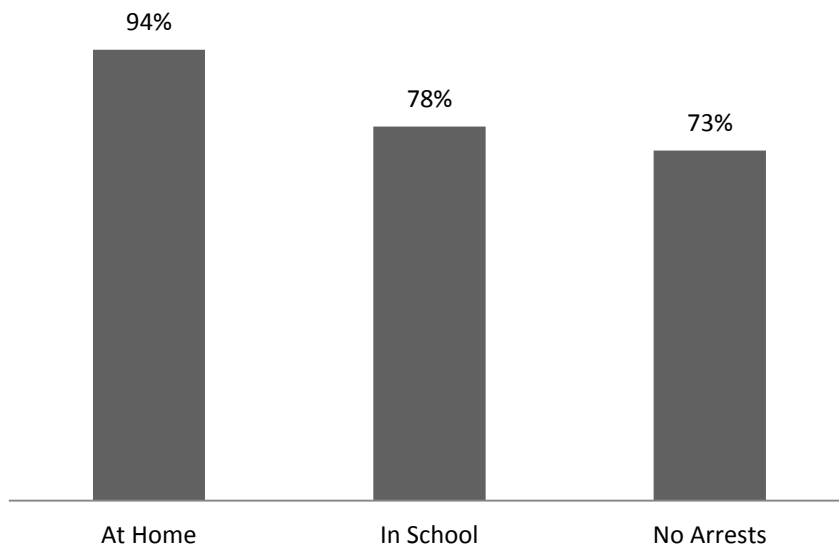
**MST has been established through over 30 years of research and over 12,000 cases completed worldwide each year**

MST is a licensed programme that has a proven track record of effectiveness. MST services oversee the intensive psychology led supervision and quality assurance system.



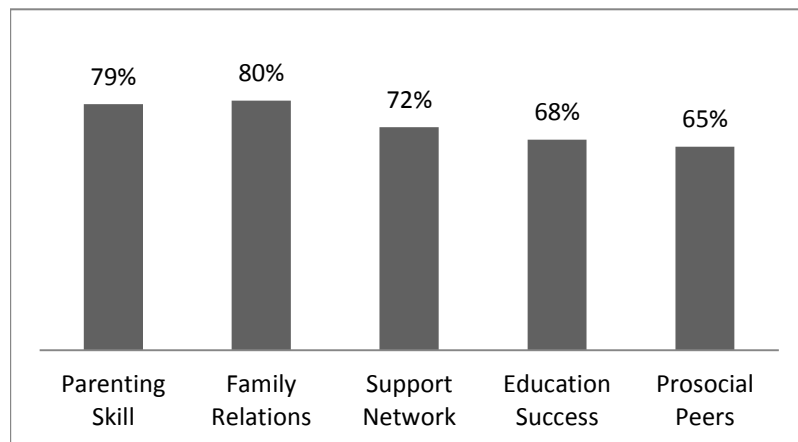
# Ultimate Outcomes at Discharge

## Data Sources



This data records the outcomes at the time of case closure for all of the 160 families with an opportunity for a full course of treatment in Cambridgeshire since June 2008. That's 94% of cases accepted by MST completing treatment.

A child is seen to be living at home if they are not in local authority care or custody at the time of discharge. A young person is seen to be regularly attending school if they attend at least 85% of the amount of time offered by education. Offending is recorded if a young person has been charged.



This chart reflects the % of families that improved in areas instrumental to the overall success.

Cambridgeshire MST was evaluated by Oxford University in 2004 and showed better outcomes than other YJB alternative to custody programmes. The change in number of recorded offences pre and post 24 months was 65% in comparison to 39% nationally.

Since 2008 programme data has been collected using multi-agency databases.. This report considers the 160 standard cases and 31 PSB cases completed by Cambridgeshire MST since MST was reconfigured as a stand-alone service.

The ultimate outcomes of MST include; a young person being at home and in school with no new charges since the beginning of treatment. The success of outcomes in each case is agreed by the MST therapist and supervisor in collaboration with the referring professional. Any challenge to these outcomes by a professional results in the outcome not being met. Results are entered into the worldwide MST database (MSTI).

Data on number of days in care post discharge is available in the shared database 'ONE.'

Demographic, mental health and family functioning data are collected by the MST team at the start and end of treatment using measurements from well-established publications.

## Mental Health Data

4

The strengths and difficulties questionnaire (SDQ) developed by Goodman *et al* (1997) has been used to collect the data below. Norms for the tool now exist for the United States of America, Australia, the United Kingdom, Denmark, Finland, Italy, Germany, Japan, Spain & Sweden. The questionnaire is used in research worldwide and is recognised as an accepted screening tool providing sound psychometric properties across 48 validity and transportability studies at the time of this report (see [www.sdqinfo.org](http://www.sdqinfo.org) for a complete list).

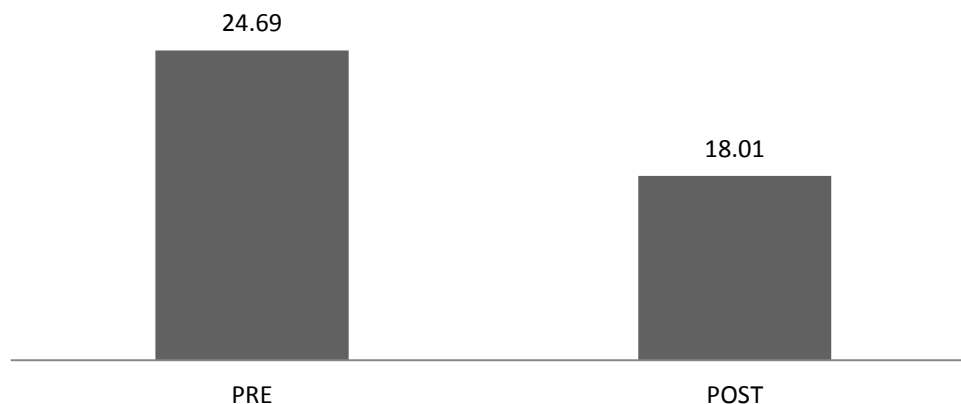
The SDQ is a set of 25 brief items aimed at identifying factors across six domains:

- 1) Emotional symptoms
- 2) Conduct problems
- 3) Hyperactivity/inattention
- 4) Peer relationship problems
- 5) Pro-social behaviour
- 6) Impact

## Total Difficulties

The SDQ was delivered to families by an MST therapist at the start and end of treatment.

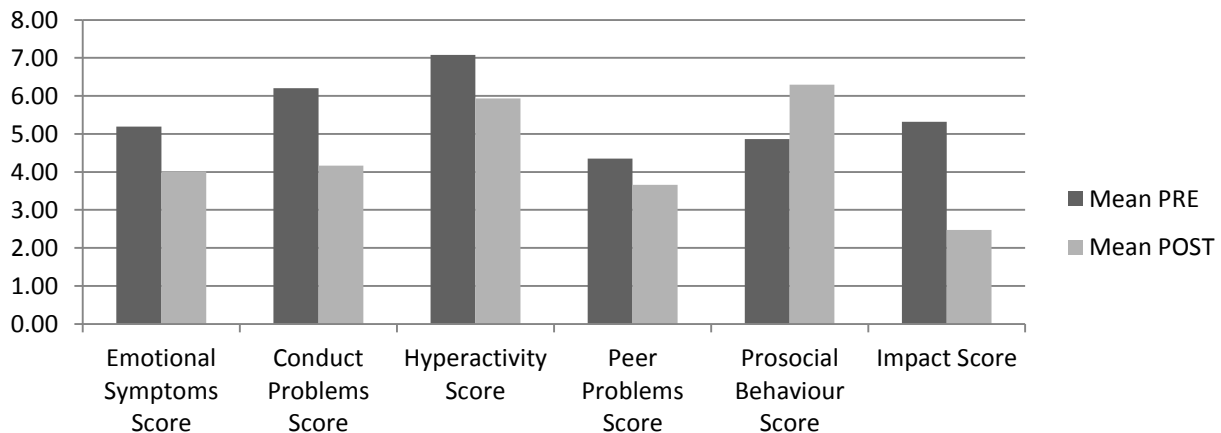
These results have been collected by our team.



Results from 56 Cambridgeshire parents indicate that the difference in overall difficulties from the beginning to the end of treatment is significant. It represents a 41% improvement toward normative values for the UK. Scores greater than 17 represent abnormal behaviour.

## Mental Health Data Continued

5



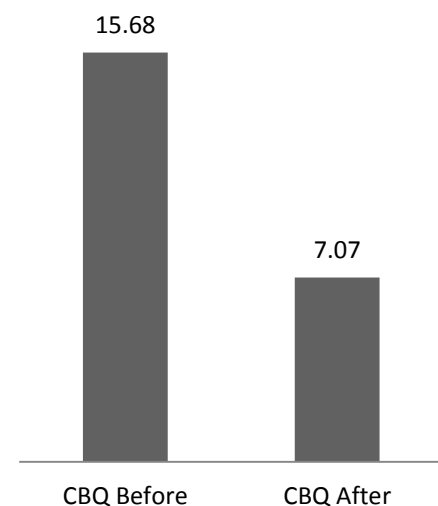
Mental health data broken down across each of the domains indicates that 56 parents report young people benefit from MST treatment in each area measured.

All of these differences are statistically significant.

The highest change in pre and post scoring is the impact score. This indicates that although issues may remain the impact on their daily functioning has significantly been reduced.

## Conflict Behaviour Questionnaire

A 20 item conflict behaviour questionnaire (Robin & Foster, 1989) was delivered to families before and after MST treatment. The scale is true/false and generates a single score representing the level of conflict present over the last two weeks of interaction. Scales have been validated for various members of the family. The scale used here is completed by parents with respect to conflict between them and their child. As an example: My teenager often seems angry at me (true or false). A copy of the questionnaire was delivered to parents before and after treatment. Each parent receiving treatment in the 2012-13 and 13-14 financial years received a copy. The data included here represents the 30 families that completed both the start and end questionnaires.



If a family scores 15 or higher on the questionnaire they are considered 'distressed.' On average, families are no longer considered 'distressed' at the end of MST treatment.

## Parenting Changes

6

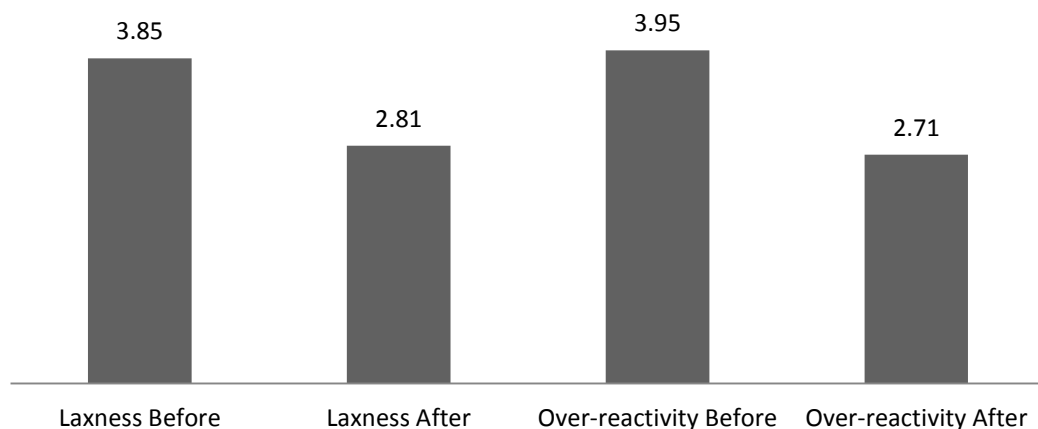
A 13 item parenting scale was administered to families in the MST programme both before treatment and after case closure. It asks parents to estimate on a 7 point sliding scale how closely they identify with statements responding to various parenting scenarios over the last two months. Examples include:

When my child misbehaves...

I raise my voice or yell 1 2 3 4 5 6 7 I speak calmly to my child.

This specialist 13 item scale for adolescents was developed and validated by Irvine, Biglan, Smolkowski & Ary (1999) as a brief version of the 30 item parenting scale originally developed by Arnold, O'Leary, Wolff & Acker (1993), and has been used by the Triple P programme to demonstrate effective change in parenting. The aim is to measure if parenting has become more consistent as an outcome of treatment.

## Results



Results from 30 families indicate a significant decrease in both laxness and over-reactivity, suggesting a more consistent and authoritative parenting style.

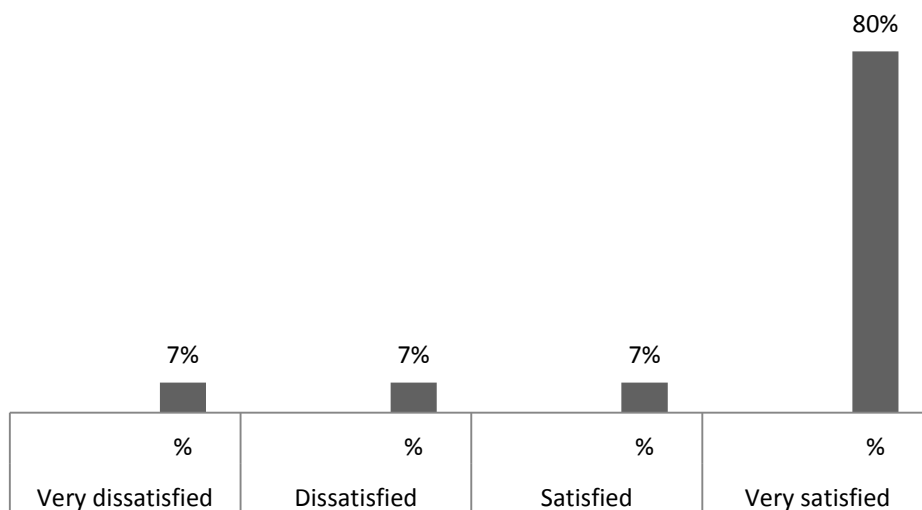
MST works with parents to establish clear rules and expectations with rewards and consequences so that parents move towards an authoritative parenting style rather than a permissive or authoritarian.

## Client Satisfaction Data

7

High levels of client satisfaction with a service increase the likelihood of families continuing to practice the strategies and habits developed through therapy.

A client satisfaction questionnaire was administered to all 29 families in the 2013-14 financial year. Of the families receiving the questionnaire, 17 responded. The responding families likely constitute a representative sample of the population served, in that the average outcomes for those families did not differ significantly from the full group.



*"MST has transformed our family life. We couldn't be happier with the outcome and we feel prepared to deal with our children in the future. MST has been amazing and has worked hard with our family. It's built our confidence as parents and has helped us save our family and even our marriage. We are a happy family that's working together for a better future, prepared with the tools MST helped us gain."*

*"MST has been fantastic for me and the family and will remember the advice and strategies to keep my family happy."*

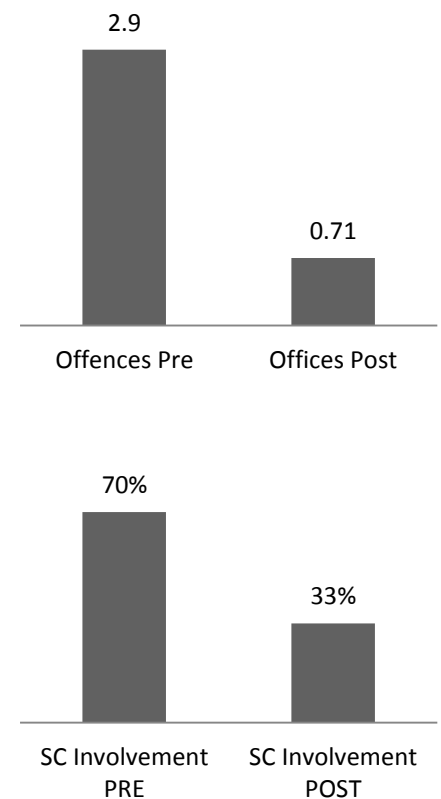
*"Found MST very supportive. Always ready to listen with a kind ear."*

*"MST has made a huge difference with the way my family solves problems"*

## MST-Standard Sustainability

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- A sample of high risk offending cases was selected from the total number of MST cases reported above. This group of 24 young people is defined by young people having at least one recorded offence within the 12 months prior to MST intervention. The number of offences per young person within the 12 months following MST is reported below, and represents a 76% reduction in offences per young person 12 months after MST. Within this cohort, 66% of young people did not reoffend at all.
- A 12 month follow up audit completed in 2011 revealed that of the 24 audited cases, 70% of them were open to social care at the time of the referral (57% on a child in need plan). Twelve months following discharge the percentage involved dropped to 33% (27% on a child in need plan).
- There is an urgent need for all edge of care services to demonstrate a reduction in LAC numbers. The MST standard service has an established track record of preventing young people from becoming looked after.
- The MST standard team also has a history of successfully reunifying families, bringing young people from the LAC population back into their homes. The data above represents the percentage of young people from the start of the 2012 financial year to the present.
- As cases are allocated from a pool of referrals based on need, all of the cases receiving treatment have been agreed by a panel to be in urgent need of the service in order to avoid LAC.
- Of the last 90 cases with an opportunity to be followed up for 12 months post discharge, 2 of those cases were classed as reunification (i.e. young person outside the home and classed as LAC at the time of opening). One of those reunification cases is considered successful, with the young person remaining at home without any stays in care within the 12 months after discharge. The other case had a short stay in care. The MST standard team has taken on further reunification cases within the last 12 months. The case example below is one such case. Of the 88 edge of care cases reviewed, 4 entered care within the 12 months following discharge.



Clarice, aged 16, was referred into MST following an incident of violence in the home in which she was taken into care. Parents were reporting that they were unable to manage her behaviour within the home, describing it as abusive and violent. Parents reported that Clarice had attacked her mother with a rolling pin. She and her family had been working with the specialist family support service (SFSS) for approximately three weeks prior to the incident. Clarice had been open to CAMH for some time prior to the incident, which concluded with a diagnosis of oppositional defiant disorder. At the time of the referral to MST it was observed by the social worker that Clarice's mental health had been deteriorating to the point where she self-loathed, had little confidence or self-esteem and reported feeling confused about her family life. Clarice was reporting that she wanted to return home.

A comprehensive safety plan was drafted ahead of Clarice's return home. This involved identifying warning signs of a potential incident and establishing means of de-escalating or avoiding conflict. Clear behaviour plans were put in place to ensure that parents did not need to engage in debate with Clarice around the consequences for negative

behaviours. Parents were coached in ways of communicating effectively with Clarice, how to display warmth and empathy when dealing with Clarice's anger and frustration, and how to ensure a calm environment when setting boundaries. These skills were practiced in session using cognitive behavioural therapy techniques to help parents overcome their personal barriers to implementing interventions with Clarice.

Parents worked with the MST therapist to identify pro-social activities for Clarice. They identified her peers as being positive or negative, and introduced incentives for Clarice to spend time with positive peers and engage in pro-social activities.

Throughout treatment, the whole family engaged well in the service. Each family member contributed to discussions around the strategies to overcome any potential barriers that had been identified. Parents developed an ability to explore the different drivers for Clarice's behaviours and understand what they control. By the end of treatment parents were using effective incentives for behaviours and were able to develop appropriate strategies to manage Clarice's behaviours outside of MST sessions. A positive and warm

relationship developed between parents and Clarice through treatment.

The family still identify some challenging behaviours, however parents are consistent with consequences and are clear in communicating these to Clarice. Due to this Clarice has significantly reduced her physical and verbal aggression and has also improved in her time keeping and school achievement.

When asked at the end of treatment whether there were any other comments about MST- Mum wrote;

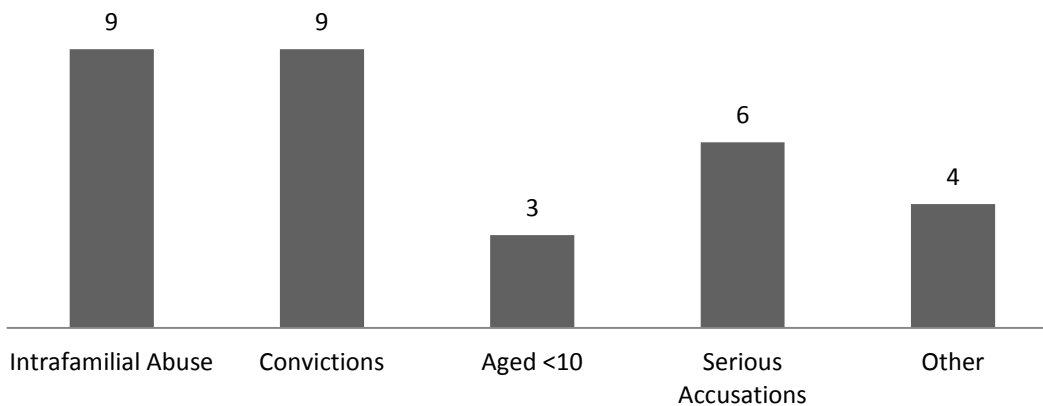
"MST has helped us find ways to put things right to work well for all the family. We have set goals and been given the help to achieve those goals and give us the confidence that we can deal with the future issues that may crop up".

The strengths and difficulties questionnaire for this family revealed that Clarice's mental health has improved significantly from the start of treatment, particularly around her emotional symptoms and the impact her family difficulties have on her life. Clarice is still living at home with her family.

The MST PSB (problem sexual behaviour) service is a highly specialist service targeted at families of young people aged 10-17 who have committed a sexual offence, or who are exhibiting concerning sexual behaviour that places them at imminent risk of being removed from their home and placed into local authority care or custody.

The MST PSB adaptation is built on the foundation of MST standard and has its own evidence base of three randomized clinical trials since 1990.

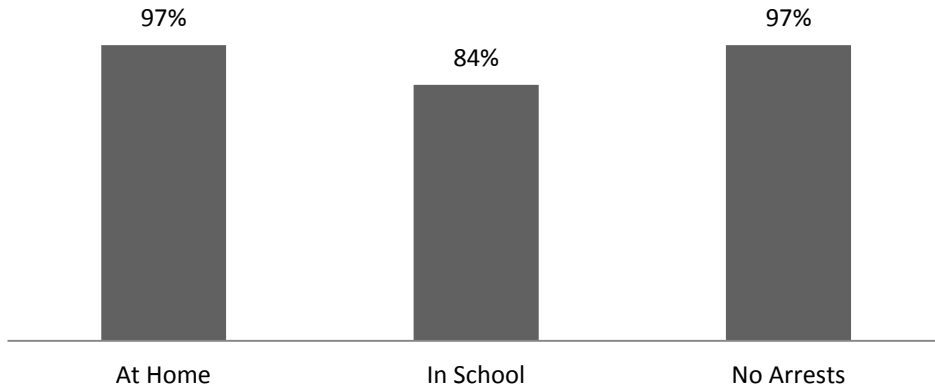
Young people presenting with sexualised behaviours are at particularly high risk of being placed into care due to high concern from parents and professionals around sexual behaviours. This same level of concern applies to the education system, with schools more reluctant to admit young people with a history of problem sexual behaviour.



The 31 cases with an opportunity for a full course of treatment through Cambridgeshire's MST-PSB service have been sorted by the type of behaviour leading to the referral. As seen above:

- Intrafamilial abuse: a young person has sexually assaulted someone living in the home (e.g. a sibling) and as a result the referring professional assesses that the young offender and the victim must live separately. The MST-PSB team then aims to either keep the family together or reunify the family.
- Convictions: this section pertains to young people that have been convicted of a sex offence, typically rape.
- Aged <10: these are young people who have been accused of a sex offence but are under the age of 10. It is assessed by the MST-PSB supervisor that these young people are likely to reoffend without treatment.
- Serious accusations: this section represents young people who have been accused of a serious sexual offence such as rape, but are not being prosecuted due to lack of evidence.
- Other: In this category there is a young person who sexually assaulted his mother but was never charged, a young person who engaged in sexual touching of others in school but police were not involved, one young person who accessed child pornography and the police investigation is ongoing, and one young person at risk of family breakdown due to atypical masturbation habits within the home.





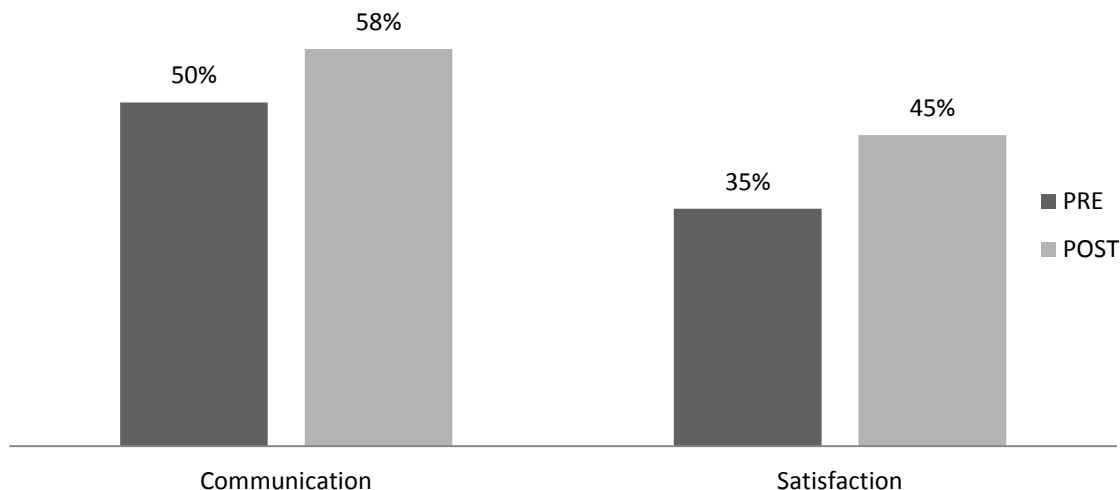
This represents the ultimate outcomes of the PSB service at the time of case closure.

**12 month follow up:** 21 of the 31 families were discharged at least 12 months prior to this report, and have follow-up data available. Of those 21 families, 19 of them still have the young person living at home. Of those 19 families, 18 of them have no further reports of problem sexual behaviour.

## MST PSB Mental Health Outcomes

The MST PSB service uses the Family Adaptability and Cohesion Evaluation Scale (FACES) developed by David Olson and colleagues to measure family functioning. It is a well-established tool for the measurement of family functioning and has been validated worldwide.

- Communication is the level of skill used in positive communication in the family
- Satisfaction is the level of contentment of the family's current mode of interaction



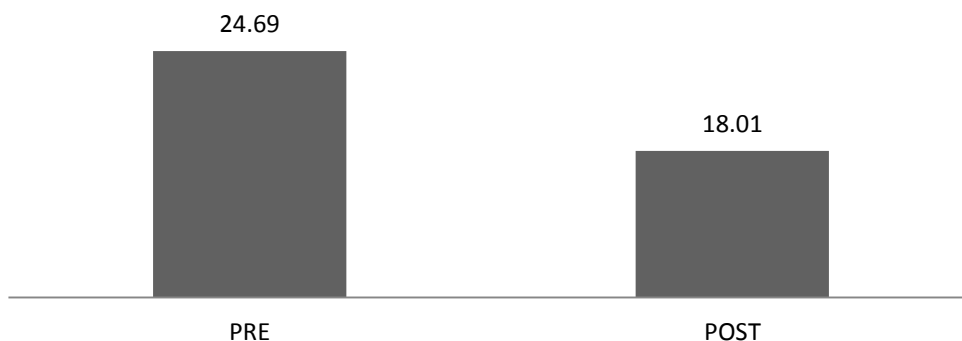
Families improved in all measured areas from the start to the end of MST PSB treatment. These differences are significant.

## MST PSB Mental Health Data Continued

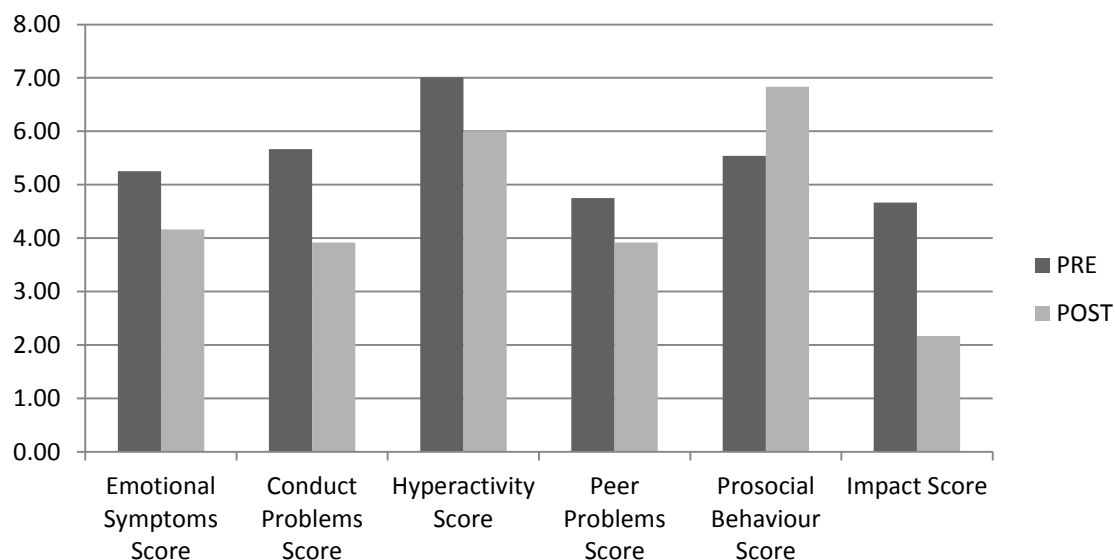
12

The same strengths and difficulties questionnaire used for the MST standard data above was applied to MST PSB, with the following results:

### Total Difficulties



Results from 23 Cambridgeshire parents indicate that the difference in overall difficulties from the beginning to the end of treatment is significant. It represents a 36% improvement toward normative values for the UK.

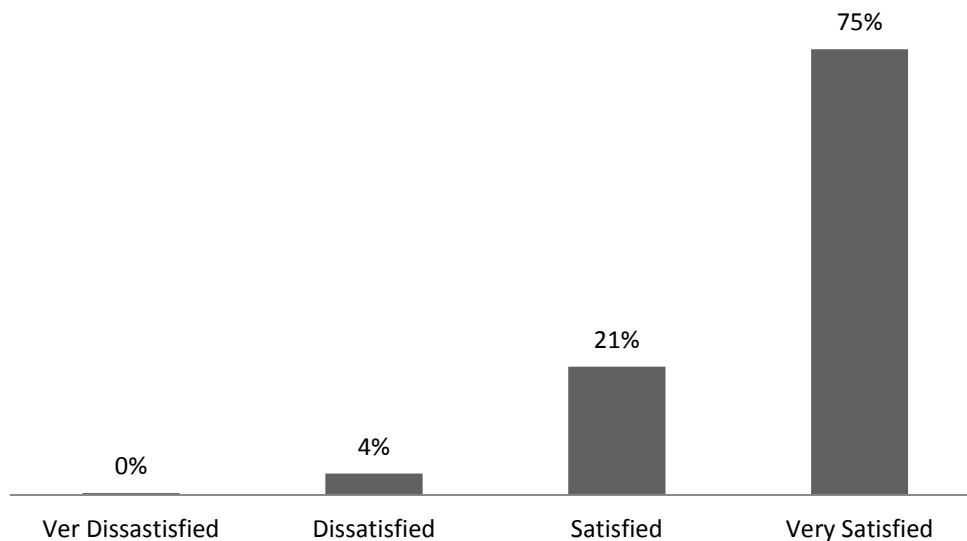


## MST PSB Client Satisfaction

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High levels of client satisfaction with a service increase the likelihood of families continuing to practice the strategies and habits developed through therapy.

A client satisfaction questionnaire was administered to all 29 families in the 2013-14 financial year. The following data is based on 33 parental questionnaire responses and 22 child questionnaire responses.



*"I think that they helped me a lot and now I've spoken to someone it's helped me because before I was really worried and scared about the consequences. They helped me more than what I thought. They have also helped me behave in school."*

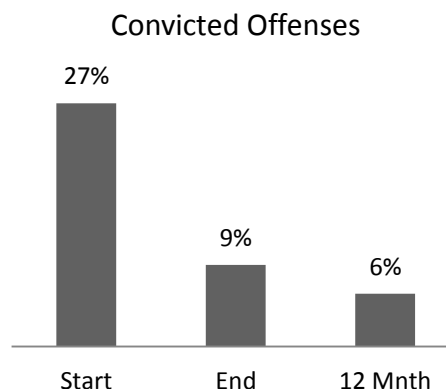
*-Written by a young person in MST-PSB*

*"Thanks to the hard work of everyone on the MST team, [my child] has a better understanding of keeping himself safe and how things can get said, twisted. I now believe [my child] has a bright future."*

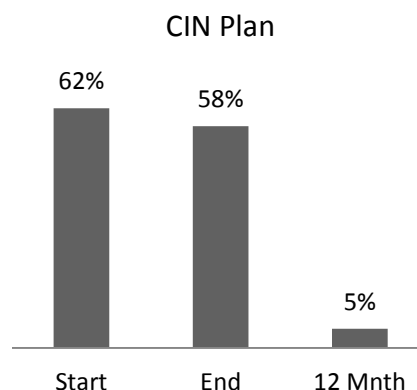
*"It's been a pleasure to have a very good / brilliant therapist on hand to help when we have needed him most."*

*"Would just like to say how grateful I am for all the work MST has done for my family to make us whole again."*

- An essential factor of the success of the MST-PSB service is the cessation of problem sexual behaviour. The MST-PSB service provides an assessment and safety plan at the start of treatment to ensure that the chance of problem sexual behaviour occurring is as low as possible. Following the safety plan, the family receives treatment to ensure that the factors driving problem sexual behaviour are mitigated, and that the family is able to sustain this change long after discharge.



- The MST-PSB service has tracked incidents of offending prior to commencing treatment and compared that to offending data 6, 12 and 18 months after case discharge. These results are indicated to the right, and represent the percentage of young people arrested for a sex offence.
- Of the cases beginning treatment (n=37), 27% of them had a convicted offense prior to MST. In a 12 month follow up study (n=17), one young person had been convicted for an offense committed after MST closure.



- Confidence in the cessation of problem sexual behaviour is further indicated by the percentage of young people on a CIN plan 12 months following discharge.
- In the current climate a reduction in looked after children is paramount. There is the potential for a looked after child to be referred into MST-PSB with the aim to return them home. The young person may have entered care for safety reasons (i.e. to protect a potential victim) or because the family cannot cope with the problem sexual behaviour.
- Two cases were LAC at the beginning of MST PSB; one (A) was already living within the family ecology (with grandparents as a formal arrangement) and the other (B) was returned home during MST PSB involvement. At the end of MST PSB involvement, both cases remained living in the family ecology (one remained LAC, living with grandparents). Two further cases (C and D) had previously been LAC in the year prior to MST PSB referral, but were living within the family ecology at case opening. At case closure, one further case (E) became LAC during MST PSB involvement (as a result of neglect within the family home). At 12 month follow up of 20 cases, two cases were LAC (C and E).

Tom, aged 13, was convicted of three charges of rape against his younger sister, Rose, and was subject to a referral order with a requirement to engage in MST PSB. He was living with his maternal grandparents, and had had no contact with Rose, who remained living with her mother, since the initial disclosures were made. School staff were also concerned about Tom sending sexually explicit texts to his peers, and inviting them to his house.

The professional system, including education, youth offending and social care, was highly concerned about the risks that Tom might pose. The MST PSB therapist initially developed a robust safety plan with Tom's family and school, to ensure the safety of the community. Regular professional meetings were also held, which provided a useful way to contain professional anxieties, and to review the safety plan. Rose's own therapist attended these meetings, allowing the opportunity for the views of the victim to always be kept in mind.

The MST PSB therapist engaged with Tom's mother, father and grandparents, which spanned three households. Although Tom's mother and grandmother were highly motivated to

support Tom and engage in the therapy, his father and grandfather were more reluctant, and found it hardest to contemplate what had occurred within their family. The therapist worked alongside social care throughout, to keep father and grandfather informed of the intervention and to ensure they were aligned with the safety plan.

The therapist initially supported mother in taking the lead in some conversations with Tom, known as clarification, which entailed exploring in detail episodes of sexually harmful behaviour. Whilst these conversations were emotive and challenging for all, they allowed a better understanding of the factors which led to Tom engaging in such behaviours, and provided the beginning steps of him taking responsibility for what had happened. This was the scaffolding that eventually led to Tom writing an apology letter to his sister, and to subsequently, with the support of Rose's therapist, meeting with his sister for the first time.

A range of interventions targeted the drivers to Tom engaging in sexually harmful behaviour. The interventions included developing an understanding of the impact of pornography and how this leads to myths about sexual

relationships, as well as education around consent and the law. Grandfather felt more able to join in this stage of the work, and of his own accord had some very useful conversations with Tom, for instance, around dating girls, and around appropriate masturbation. Over time it became evident that Tom held some unhelpful attitudes towards women, which in part stemmed from him witnessing domestic violence in his own parents' relationships; the therapist was able to gain alignment with Tom's father, helping him to recognise that these unhelpful attitudes continued to put Tom at risk of further offences. Father was able to reflect on the impact of his own behaviour on Tom, and to talk with Tom about how he would want Tom to treat women.

At the end of the intervention, Tom remained living with his grandparents, and was having monthly contact with his sister, supervised by his parents. At a review nine months later, Tom had moved to live with his father, there had been no further concerns about sexually harmful behaviour, and Tom and Rose continued to enjoy monthly contact with each other.

The actual cost of a single MST case varies per year depending on staff turnover and changes to staff salary. The average cost for an MST standard case is approximately £12,000, and the average cost for an MST PSB case is approximately £26,000.

Savings is calculated using the following method:

$(\text{cost of placement}) - (\text{cost of MST}) = (\text{potential savings})$

$(\text{potential savings}) * (\# \text{ of successful cases}) * (\text{chance of placement without service}) = \text{total}$

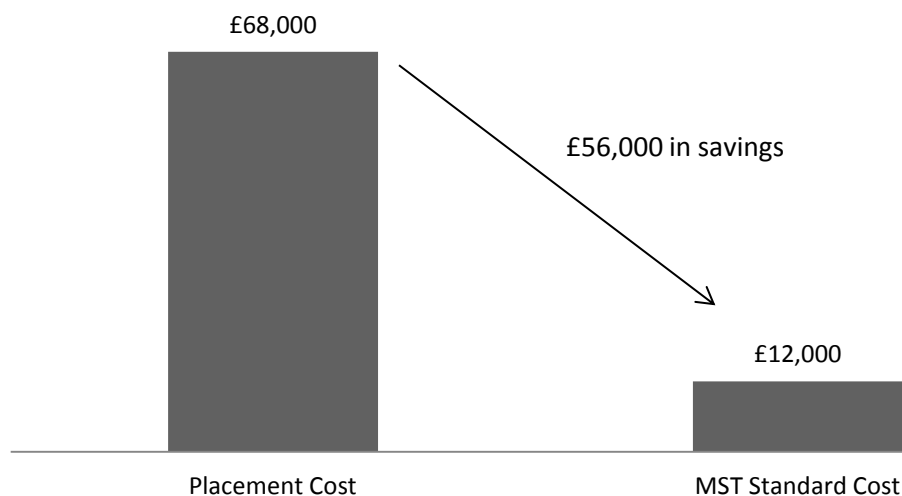
## Likelihood of placement & Placement Cost

**MST Standard:** The likelihood of placement for a young person without MST treatment depends on multiple factors which can be summed up as the effectiveness of treatment as usual without MST. Reports into the chance of placement of a young person without MST compare outcomes for families that received MST to those for similar families that received treatment as usual. These conclude a chance of being looked after without MST has shown to vary from 33% (i.e. Leicester report) to 70% (i.e. Essex report). This report uses an average of the range (i.e. 52%). The average cost of placements (calculated by the CIPFA) for this population is £1,074 per week. A 2011 report from the MST team indicated that if a young person was suitable for MST but did not access due to either service capacity or family refusal, the average placement duration was 443 days.

**MST PSB:** In fulfilling a duty of care for this population professionals often conclude that there are no options other than accommodation as evidenced by referral forms. Of the 9 cases of convictions, 4 of them had a high probability of custody without the option of MST-PSB. In each of these cases the youth offending service recommended MST-PSB as the only alternative to custody. Of the remaining cases there were 6 cases of intrafamilial abuse in which a young person was already living outside of the home at the time of referral or MST-PSB was the only proposed option to imminent removal; 3 further cases were care leavers in which there was a high probability of repeated family breakdown without MST-PSB involvement. These 13 cases represent 42% of the total number with an opportunity for a full course of treatment. The typical placement cost for this population (e.g. Castlecure @ the Warren) is £4,338 per week. A placement duration of one year is used for this report.

## Savings of MST Standard

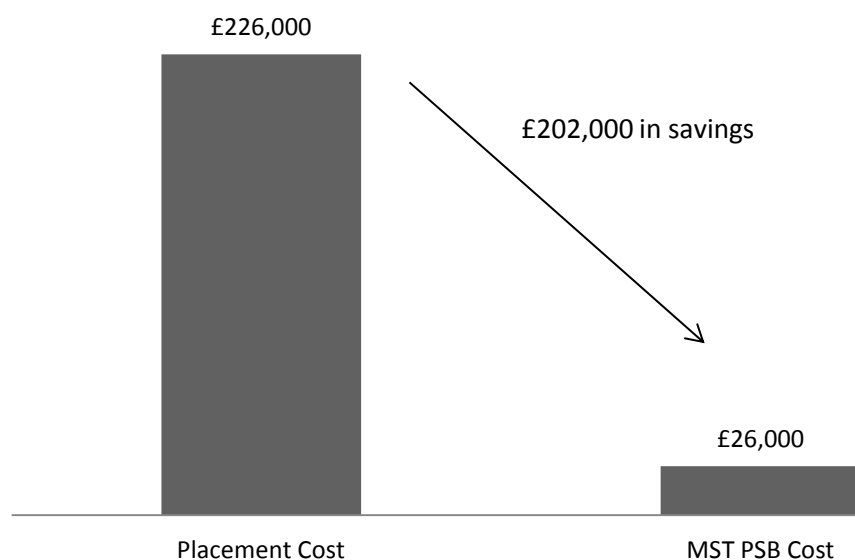
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**MST Standard:** the average placement duration of 443 days for children in this population is 63.28 weeks. With an average cost of placements of £1,074 per week, the average cost per placement is £67,969. The cost of MST standard per case is £12,000, for £55,969 in potential savings per case. Since June 2008 144 families have completed MST *and* sustained the changes for at least 12 months. If 52% of those cases would have resulted in a child in care, that is 75 instances of avoiding the average cost of a placement.

$$£55,969 * 75 = £4,181,800$$

## Savings of MST PSB



**MST PSB:** the average placement duration used here is 52 weeks (i.e. one year), though it is likely that placements are lengthier for most children in this population. The Warren is a specialist care home for children exhibiting problem sexual behaviours, and is the most likely placement for a young person in PSB due to the need to supervise their activity and provide access to therapy. The cost of the Warren is £4,338 per week. That cost for one year is £225,606. The cost of MST PSB is £26,000 per case. Since June 2012 there have been 30 successful MST PSB cases, 42% of which would have entered care without treatment.

$$£199,606 * 13 = £2,515,037$$

## Summary and Conclusion

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This evaluation report is based on several audit reports since 2008 that are available upon request. It shows that MST is obtaining sustained results with young people remaining home and in education with a measured reduction in offending at end of treatment. These results are further established by 12 month follow up.

A cost effectiveness study shows that MST in Cambridgeshire is making significant cost savings as it keeps young people at the edge of care out of care and custody. These savings projections are predicated on the percentage of young people suitable for MST that were not referred in or unable to be accepted due to service capacity. Rarely is an edge of care service able to provide a probability of a young person being accommodated without the service being utilized.

Further substantiating these savings projections is the 12 month follow-up data indicating that the results at the time of MST case closure are sustained in 90% of cases in MST standard and 95% of cases in MST-PSB.





# **Cambridgeshire Multi-Systemic Therapy Services**

## **Business Plan**

**Version 0.12**

## Document Control Sheet

Document Title	Cambridgeshire MST Business Plan
Version	V0.12
Author	Brigitte Squire and Tom Jefford
Date	26/01/16
Further copies from	Judith Hill

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## 1. Executive Summary

This Business Plan has been prepared to obtain approval from Cambridgeshire County Council (“CCC”) to ‘spin-out’ the Cambridgeshire MST service into a staff-led mutual whose ambition will be to expand the MST service and other evidence based practices regionally. The plan covers:

- Our vision;
- An analysis of the market place we will operate within;
- An explanation of the range of services we will offer;
- A description of our legal form and our governance arrangements;
- An overview of the infrastructure needed to underpin our business;
- Our financial forecasts demonstrating the viability of our business; and
- A transition plan outlining how we will establish the new organisation.

Our business plan sets out our ambition to build on the established track record of our staff and their outstanding skills and expertise. We believe that it is not only a viable proposition, capable of maintaining the current service, but that it represents an exciting and enterprising route to expand the service regionally and beyond. There are new opportunities for the involvement of social investment in public services. We intend to position ourselves to capitalise on these through partnerships between commissioners, financial intermediaries, socially motivated investors and public services as outcome based commissioning develops. Our aim is to deliver high quality evidence based practice in order to create sustainable outcomes for families and young people.

The name of our new social enterprise was developed during the transition phase in collaboration with staff. The company has been registered with Companies House and with the Regulator for Community Interest Companies and will be referred to in this document as **Family Psychology Mutual**.

The business planning work has been led by a project team consisting of senior Cambridgeshire MST staff in collaboration with all of the affected MST staff. This work is supported by the specialist consulting services of Social Finance, Mutual Ventures and Winckworth Sherwood (as part of the Cabinet Office’s Mutual Support Programme).

### 1.1 Drivers for change

There is significant encouragement and support from Government to create new organisations to deliver public services and in doing so unleash the creativity and entrepreneurship potential currently held in Local Authorities and the NHS. Therefore the decision to seek to ‘spin out’ this service from the Local Authority is a both an opportunity and a positive choice. The public service delivery landscape is increasingly diverse and in an age of austerity the need to focus on outcomes for young people and families with entrenched and enduring needs is a high priority. This is not simply about the cost of services but about the effectiveness of services in delivering outcomes for families and young people which can be sustained for the long term and therefore benefit those concerned and society in general.

The emergence and spread of evidence based practices such as Multi Systemic Therapy (MST) and other programmes have demonstrated a clear relationship between intensive services delivered with a high degree of fidelity and the predictable achievement of outcomes which outperform treatment as usual. However it is known that such programmes challenge established practices and the systems into which they are introduced. There are challenges for implementation, professional practice, identification of referrals and for the full utilisation of the team or service. It is vital that the maximum

potential of the investment in a programme can be realised. Having worked in this area for longer than any other organisation in mainland Britain, Family Psychology Mutual has significant experience to bring to the market. The offer will be to either assist organisations to establish themselves through implementation or programme management or to take a service on as the direct service provider.

Currently the MST Teams are embedded services based in Cambridgeshire (MST standard and MST Problem Sexual Behaviour (PSB)) The MST PSB team is currently embedded in Cambridgeshire but also contracted by Bedford Borough and Central Bedfordshire. It is intended to continue to work in this way. Operating an MST team requires a team to be built at an optimum operating size which is dictated by the developers. Teams cannot grow by one or two staff and so are of a fixed size with a licence agreement to operate. This means that a commissioning authority must be assured that the throughput will match the team capacity and that systems are able to keep the referral pipeline of suitable cases flowing. Given the high implementation and set up costs of a team it is most cost effective if it is utilised efficiently without voids. This business model can make smaller authorities uncertain regarding the investment costs. A mixed commissioning model of a minimum number of contracted cases and then a commercial arrangement for spot purchasing above the contracted cases is one way to spread the risk of commissioning a team for both the small authority and for the service provider although our preference is for a wholly contracted service by one or more local authorities, if possible. This kind of flexible arrangement is suited to a traded market based approach which is quite different from operating from a Local Authority.

To move into an emerging social investment market to develop both the provision and commissioning has some risks but also holds opportunities. There is a task to develop the organisation as a provider as well as to develop new commissioning options. The use of social investment is very new in public services. The understanding and potential applications of new financial instruments such as Social Impact Bonds (SIB) are not well developed either by service providers or Local Authority Commissioners. This means that the relative immaturity of the market itself becomes a risk. Government and financial intermediary organisations therefore have to spend time creating the conditions into which commissioners can learn and understand the risks and potential of social investment. The lead in time to initiate and then mobilise new services can be a long one if commissioners have to be supported through a development journey before they are sufficiently confident to embrace social investment. The company Directors have knowledge and experience garnered via the MST SIB in Essex which means that this can be brought to bear in discussions with potential new clients. It does appear that there are translational gaps between the language spoken by social investors and by Local Authority commissioners which the company may be able to successfully bridge in order to develop the market further. There is also a considerable time lag between the decision to commission and the outcomes being achieved.

## **1.2 Vision for the future**

The vision is to create a company which is wholly owned by the staff group and one which values and practices evidence based approaches. The purpose of the company will be to deliver services to young people and their families, commonly described as being on the edge of care or the edge of custody. The methodologies employed will be rooted in research proven approaches. The company will be guided by evidence of effectiveness, including promising practices which will be evaluated by routine outcome measures and comply with practice based evidence.

The vision is to develop strategic relationships with Local Authority and NHS commissioners so that outcome based commissioning can be realised in public services. There is also a desire to use social investment via innovative financial mechanisms and vehicles such as Social Impact Bonds to create new investment opportunities promoting the expansion of evidence based programmes. This may

include participation in outcome based contracts or arrangements. The company may also act in a brokerage role between public services and socially motivated financial intermediaries.

It is intended to make a broad market offer with a range of services concerning evidence based practice. The offer will include direct service delivery, programme management, consultancy and training.

### **1.3 Service Delivery**

The company will bring the experience of the last 15 years of delivering evidence based practice with it. The staff group who will move into the new company from the Local Authority and the NHS are the two existing MST teams. Senior staff already programme manage two contracted MST teams in Northamptonshire on behalf of Cambridgeshire and Peterborough Foundation Trust (CPFT) and we seek to take this programme management contract with us into the new company subject to the agreement of CPFT. The company has been contracted to programme manage two MST teams in Essex under contract from Action for Children. This began in July 2015. The company will also provide consultancy to Children's Support Services Limited (CSSL) a special purpose vehicle company which is delivering the Social Impact Bond for Essex County Council.

The company is following up leads with several Local Authorities whom are interested in developing evidence based services. It is intended to compete for tendered work. Having previously offered sector support through the Department for Education sector adviser role, it is anticipated that paid for consultancy support of Local Authorities will form part of the business offer.

### **1.4 Organisational form, ownership and governance**

The company is a Community Interest Company limited by shares. This is a not for profit structure which has a community benefit described and enshrined within the company articles. The community benefit has been approved by the CIC Regulator. The choice of a share ownership structure will allow for the company to raise equity funding should it be necessary to do so. The company cannot be sold commercially nor can it sell more than a single share to any investor; however there may be more than one investor in the company.

A board will be formed which will provide the company with governance and strategic direction. There will be two Non-Executive Directors from professional backgrounds who will provide advice and external challenge from a business and trading perspective. Employee representation will be a clear part of the board but will also be infused throughout the company in the operational delivery of services.

Any profit above that required for investment in the company will be gifted to a charitable organisation set up by and for the benefit of the company objects. As a separately constituted charity the governance arrangements will be directed by charity rather than company law. This is in keeping with the values of the founders of the company and will provide the means to operate with certain beneficial tax advantages.

### **1.5 Our staff and leadership**

The staff group and our collective experience of evidence based practice are the key assets which the company will hold as it moves into the market. Maintaining a vibrant and committed staff group is essential to the survival and growth of the business. This aim will be significantly assisted by the mutual nature of the company in which every member of staff will be a shareholder (following completion of a probationary period for new staff). The company structure will provide every member of the staff group with a vested interest in high performance and accountability. Employee



representation will be decided by the staff group through the election of an employee representative for the board.

The co-leadership of the company by Brigitte Squire and Tom Jefford will provide a strong basis for business growth, clinical accountability and sustainability. The Supervisors and Business Manager are part of the project planning team and will transform into the company leadership team once the company is established. This will be the main operational management group and it will report to the board.

## **1.6 Resources**

It is anticipated that the company will negotiate a contract with Cambridgeshire, Bedford Borough and Central Bedfordshire for the provision of MST and MST PSB. The contracts for programme management of Northamptonshire teams and the Essex teams will transfer, subject to agreement with respective commissioners, as will the advisory position with CSSL.

The company will be initially supported by the Innovation Grant secured from the Department for Education in the start-up phase. The business plan is based on the growth and development of new services and diversification of the business base and this is described in the growth plan which is a separate appendix.

As part of the grant funding an evaluation has been commissioned from the Anna Freud Centre via the Rees Centre at Oxford University. This takes the form of action research and will assist the company in early development. The company aims to be prepared to be a business which can offer long term evaluative capacity.

## **1.7 Financial Viability**

A financial plan has been prepared as part of the business plan which shows that the organisation will be financially stable over the period analysed. The costs of Tom Jefford will be part time for a fixed period so that the company can build business and respond to tenders without the full cost of this post accruing to the company in the early stages.

Making sustainable financial plans will be key to the successful operation of the business and advice will continue to be taken from a wide range of commercially minded advisers.

## **1.8 Transition**

It is our ambition to establish Family Psychology Mutual as a social enterprise and be fully operational by late spring 2016, having fully transitioned all necessary staff, resources and services in the run up to establishment.

The Transition Plan is based on the assumption that the Council agrees (at the 9<sup>th</sup> February 2016 Children and Young People Committee) that spinning out the MST service to an independent social enterprise presents a commercially viable business.

Further details of the transition phase are given in Section 12 and Appendix 2 (Transition Plan).

Funding for external support for the transition implementation phase is included in the Cabinet Office MSP grant which provides specialist support from Social Finance, Mutual Ventures and Winckworth Sherwood during this period.

## 2. Context and Planning Assumptions

### 2.1 Context and drivers for change

In the year ending 31 March 2014 over nearly 69,000 children were looked after<sup>1</sup> by local authorities in England; the number of children in care has risen by 7% since 2010 and is at its highest level since 1994<sup>2</sup>. Of those children looked after, 37% were aged 10-15 and when combined with those aged 16 and 17 this rises to 58%<sup>3</sup>. 28% of all children in care in 2014 were accommodated under 'voluntary' s.20 placements, which are usually enacted due to children's disruptive behaviour/other relevant Child in Need (CIN) categories; these placements are disproportionately utilised in the 10-17 age group, and so we would expect that an even greater proportion of adolescents enter care as a result of parents being unable to cope with their children's challenging behaviour.

Outcomes for children in care are notoriously poor: 16.3% of LAC achieved 5 A\*-C GCSEs in 2014 compared to 54.3% in the general population<sup>4</sup>. 34% of young people leaving care are NEET (Not in Education, Employment, or Training) at 19 compared to 15.5% in the general population<sup>5</sup>. 33% of boys and 61% of girls aged 15-18 in young offender institutions said in a survey in 2013 that they had spent time in care<sup>6</sup> and 40% of prisoners under 21 were in care as children<sup>7</sup>. Around 60% of looked after children and 72% of young people who are looked after in residential care settings have some level of emotional or mental health problem<sup>8</sup> and children who are or have been looked after are 4-5 times more likely to attempt suicide as adults<sup>9</sup>.

Furthermore, councils spend an average of £137 per day, equating to just over £50,000 per year, supporting each child they look after<sup>10</sup>. A standard foster care placement costs around £400 per week, with residential care – which serves many adolescents, particularly those with disruptive behaviour – rising to up to £5,000 per week. The average cost of incarceration ranges from £60,000 in a young offender institution to £160,000 in a secure training centre and £125,000 in a local authority secure children's home<sup>11</sup>.

Data from the Washington State Institute for Public Policy<sup>12</sup> indicates that evidence based interventions such as Multi Systemic Therapy (MST) generates savings per \$1 spent of \$12 – \$28<sup>13</sup>. This original work is being translated into a UK context by the Dartington Social Research Unit. Nationally and internationally there are now well-evidenced programmes which aim to prevent children from entering public care by addressing behavioural difficulties and strengthening families<sup>14</sup>. As one such programme, Multi Systemic Therapy (MST) is a manualised programme originally

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<sup>1</sup> SFR36/2014, Department for Education

<sup>2</sup> *Children in Care*, National Audit Office, 27 November 2014

<sup>3</sup> SFR36/2014

<sup>4</sup> SFR50/2013 – Outcomes for Children Looked After by Local Authority, Dec 2013

<sup>5</sup> DfE, National Statistics First Release, 2007

<sup>6</sup> Prison Reform Trust, *Keeping children in care out of trouble: an independent review*, launch article

<http://www.prisonreformtrust.org.uk/ProjectsResearch/CareReview>

<sup>7</sup> DCSF 2007, *Impact Assessment for White Paper on Children in Care* p35

<sup>8</sup> NICE: Promoting the quality of life of looked-after children and young people. NICE public health guidance 28. 2010., quoted in "Report of the Children and Young People's Health Outcomes Forum – mental health sub-group, July 2012

<sup>9</sup> "Report of the Children and Young People's Health Outcomes Forum – mental health sub-group, July 2012

<sup>10</sup> 'Councils' expenditure on looked after children: Using data from the Value for Money Profiles, August 2014, Audit Commission

<sup>11</sup> Hansard, House of Commons, 15 October 2009: col 1018W, quoted in Reducing the number of children and young people in custody, NACRO, July 2011

<sup>12</sup> [www.wsipp.wa.gov](http://www.wsipp.wa.gov)

<sup>13</sup> Aos et al 2001 quoted at [www.mstuk.org/mst-outcomes/cost-effectiveness](http://www.mstuk.org/mst-outcomes/cost-effectiveness)

<sup>14</sup> See [www.blueprintsprograms.com](http://www.blueprintsprograms.com)

developed in the USA and designed to prevent entry to custody by young people. It has been shown to reduce re-arrest rates by 25 – 70% and reduce out-of-home placements by 47– 64%<sup>15</sup>.

However the successful implementation of such programmes can be challenging: successfully implementing a new and highly-prescribed service requires a strong fit with local services so that mutual adaptation of the model and of the organisational setting can allow the programme to flourish. The emerging body of research known as implementation science demonstrates how the quality of the implementation process can dictate the later success or failure of an evidence based programme. In the current economic climate commissioners may lack the available funds to pay upfront for such intensive preventative services even when there is a strong economic case.

Since the service was established 15 years ago, Cambridgeshire's MST Standard services have served several hundred adolescents and their families. A local research sample of 57 cases eligible for MST between January 2009 and November 2010 demonstrated significant differences in outcomes in both the number of days in care and the continued involvement in services between the MST and non-MST groups at 12 month follow up. Implemented in 2012 the service for adolescents with Problem Sexual Behaviour has seen 100% avoid further reconvictions and all 23 cases have remained living at home. Unlike most services the MST teams all report back to commissioners with outcomes at a defined follow up stage post treatment unlike most other services. (*Please see Appendix 1 of the Committee Report for the full outcome data*). Reflecting at least in part the success of these services, Cambridgeshire has one of the lowest rates of youth offending in the region (0.35 per 1000 10 – 17year olds in 2013). Other areas have rates up to 3 times worse: Bedford Borough and Central Bedfordshire have a rate of 0.56 per 1000, while Luton and Peterborough are at 0.90 and 0.93 respectively<sup>16</sup>. This demonstrates a need for preventative services to divert young people from committing crimes, and may therefore suggest a role for MST in these areas. Furthermore, 3 of the authorities mentioned above have comparatively high rates of looked after children compared to Cambridgeshire and other LAs in the East of England: Cambridgeshire had a rate of 39 per 10,000 at March 2014, compared to 74 per 10,000 in Bedford Borough and Luton, and 80 per 10,000 in Peterborough. This further suggests that these areas could benefit from an MST service in terms of diverting new entrants to care<sup>17</sup>.

Some of the local authorities in the region and further afield are significantly smaller than Cambridgeshire such that they are unlikely to be able to generate sufficient referrals to sustain an entire team of MST therapists. The MST-PSB service managed by Cambridgeshire County Council is commissioned and referred to by Cambridgeshire, Bedford Borough and Central Bedfordshire Councils. This model proves the viability of a shared service, thereby representing a solution to the issue of smaller individual authority volumes/caseloads. This model of commissioning and operation could be taken to other areas where joint ownership and/or use of a single service could make a crucial difference in terms of service viability.

We know that establishing new services is challenging, complex and a skill in itself with an emerging academic discipline of implementation science. At present evidence based practice represents a very low volume of commissioned activity and not every site that has done so has achieved the full benefit due to poor implementation issues. Organisations are sometimes reticent to establish wholesale new services, particularly manualised programmes with reasonably strict license requirements. Cambridgeshire's MST's managers have been asked to consult on various implementation and operational projects across the UK including Newcastle, Sheffield, Northamptonshire, Essex and

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<sup>15</sup> A complete research overview is provided at: [www.msts services.com/outcomesstudies.pdf](http://www.msts services.com/outcomesstudies.pdf)

<sup>16</sup> Young People receiving a conviction rate per 1000 of 10-17 population, featured in the DfE LAIT, last updated January 2014, Source: Youth Justice Statistics

<sup>17</sup> SFR36-2014, Department for Education

Coventry and have been able to bring expertise and experience to those other authorities, which have enabled them to avoid common implementation pitfalls and establish effective and efficient services.

## 2.2 Planning Assumptions

The development of the business plan and financial model is naturally predicated upon a number of assumptions in various areas. Relevant assumptions are discussed in greater detail in the sections of the business plan to which they relate.

The assumptions in this section are intended to give a high level overview of the headline points that impact the business plan as a whole:

- **Funding** – Family Psychology Mutual to be funded through service contracts with Cambridgeshire County Council (CCC), for a minimum 3 year contract. Family Psychology Mutual will also look to develop additional revenue streams through winning tenders and attracting other forms of investment (e.g. Social Impact Bonds). It may be possible to convert a fee for service contract into a Social Impact Bond in Cambridgeshire should the Council seek to do this.
- **Commissioning Route** – Family Psychology Mutual will also be an approved provider to CCC with additional opportunities for income invoiced on a spot purchase basis over and above the core three year contract .
- **Staff** – All staff employed by the service at the point of spin-out will transfer to Family Psychology Mutual on existing terms and conditions to those enjoyed within CCC. Staff will retain membership of the Local Government Pension Scheme, on identical terms. Any future staff will be recruited on competitive rates that will be in-line with the living wage. CCC staff that TUPE into the new company will retain all their obtained benefits. Discussions with CPFT indicate that NHS staff will continue to work within a partnership agreement with the new company and therefore will automatically retain access to the NHS pension scheme. Pension liabilities for new staff are being considered presently as to whether a closed or open scheme will be created for new entrants. The market may dictate that new staff who are employed by the NHS or Council can only be recruited if they continue their pensions with the NHS / Local Authority. The partnership agreement with CPFT will seek to establish this principle for new staffing.
- **Assets** – Operational assets will transfer in ownership from CCC to Family Psychology Mutual, where legally practicable.

**Liabilities** – Whilst yet to be negotiated it is likely that from the point of spin-out, Family Psychology Mutual will bear the portion of any redundancy liability based on service with Family Psychology Mutual whilst CCC & CPFT will retain liability for the portion based on service with the Council. However, this is subject to negotiation.

Family Psychology Mutual will become liable for meeting future pension contributions for relevant employees. The final pension liability for existing LGE staff who TUPE to the new company has yet to be finally agreed with the Council.

- **Property** – It is assumed that the relatively small head office functions will move out of CCC although this has yet to be negotiated with LGSS. However, the embedded nature of the service provision means that it is both operationally desirable and mutually beneficial for the MST teams

to remain in situ at Scott House in Huntingdon. The nominal costs which this arrangement will cost CCC can be set out in the financial plan but a recharge for the desk, computer, phones and office space is not planned, with negotiations with LGSS taking place via the project board. However these actual costs should be recorded in terms of the bottom line costs used to evaluate and price services for both the commissioner and for the company.

- **Support services** – Support services will be delivered through a combination of outsourcing and in-house delivery. Family Psychology Mutual will look to recruit for certain required positions e.g. a Finance Director and contracted Marketing/Business Development manager as the business grows.

Other services will be purchased from the Council /third party providers based on best value and their ability to provide the service required.

The full list of assumptions used in developing the financial projections is shown in a separate appendix.

### 3. Vision and Purpose

Our vision, mission and values are a result of continuous consultation and engagement with staff, service users and other stakeholders. They will be the overarching principles that will drive our strategic and operational plans. These are reflected in the choice of company structure and stated community benefit.

#### 3.1 Vision

Our vision describes our ambition and what it is that we hope to achieve. It reflects both how we currently operate our services and our drive for the future organisation:

***“Empowering families towards a safer and happier future”***

#### 3.2 Mission

Our mission sets how we will achieve our vision:

***“Working together with young people and families in their homes and communities to create and sustain positive changes, using high quality outcome-based psychological therapeutic interventions.”***

Family Psychology Mutual is built on a foundation of staff experience working for and in collaboration with young people and families where there are high levels of risk and conflict. Our mission represents a commitment to continue in this work and to utilize our valuable expertise making the home a safer and a happier place for all. A cornerstone of current evidence-based practices such as MST is the need to provide ecologically valid therapeutic treatment. In that regard, all of our work with families is done in their homes and communities. This ecologically valid approach fuels our mission to sustain positive change through ensuring that all of the services offered by Family Psychology Mutual can continue to thrive within the homes and communities we serve following the conclusion of service delivery. We therefore endeavour to empower family members to use new skills and understanding to be able to deal with problems which they may face in the future. Our commitment to being a centre of excellence in the field of evidence-based practice demands that we continuously deliver outcome-based psychological therapies of the highest possible quality. This will be achieved through the active utilization of feedback from our service users, commissioners and fellow professionals.

### 3.3 Strategic Objectives

Our strategic objectives reflect our ambition to build an effective staff-owned organisation. The new company will benefit the community, while addressing the challenges of the current and future environment within which the service will operate. These objectives are listed below:

#### **Build a “mutual” culture within the new organisation:**

- We will continue to consult and engage staff to ensure that they take more ownership of the organisation through personal and professional accountability.
- We will ensure that staff understand the new organisation and their role in it as owners of the new company with a new culture established.
- We will encourage active participation of the staff in the operation of the new company and service delivery by representation on the board and we will continuously seek their feedback on operational and strategic decisions.

#### **Become an outcome-based led organisation:**

- We will have a sophisticated data collection system that will provide outcomes of the goals we will work towards with families. This data will inform service improvement and enable smart report writing to commissioners.
- We will continuously gather robust data from our service users about their progress and their experience of the service received in real time.
- We will seek user feedback and involvement in the ongoing service development (e.g. involving current and ex-service users in recruitment, setting up an advisory board).
- We will seek feedback from referrers and other relevant stakeholders and incorporate these in regular reviews about the functioning of the service to strive for optimal effectiveness and efficiency.
- We will review all data collection on a regular basis to ensure we are a flexible, efficient and resilient organisation. We will continue to develop a range of personalised services which meets people's needs using routine outcome measures to ensure progress and engagement in therapy.

#### **Build a sustainable organisation:**

- We will manage our financial objectives by improving efficiency and managing costs to ensure the future stability of the organisation.
- We will invest in securing excellent working relationships with established contractual partners and communicate effectively with them.
- We will identify new business opportunities to help grow and develop our organisation.
- We will invest in service delivery, quality and innovation, seeking opportunities to pilot new approaches and to work with research partners.
- We will identify and partner with organisations that will help us achieve our strategic objectives.

#### **Improve outcomes for our service users and the community:**

- We will strive for the best outcomes for our service users in collaboration with other agencies and provide individualised service applications within the evidence-based framework.
- As we embrace an ecological theoretical basis and practical implementation, we work directly with and within the community and enable families to re-connect with their local provisions and reduce violence in neighbourhoods.
- As a CIC we will invest any surplus for community benefit.

### 3.4 Values

Our values have been developed through consultation with staff and will be at the heart of the organisation. These values will create our culture and influence the way our organisation and its members conduct themselves. We will be:

**Strengths-based** in our approach to working with families and young people  
**Committed** to those with whom we work, through challenges and difficult times, and committed to the organisation as employee stakeholders to secure its sustainability and high quality  
**Honest** in our work with families, professionals and ourselves  
**Accessible** to those with whom we work  
**Non-judgmental** in the way in which we work with families and think about them  
**Accountable** for our actions and outcomes to families, ourselves and commissioners  
**Empathetic** to the needs of families and their life experiences  
**Creative** in our service delivery and ready to work in new ways to create sustainable change  
**Supportive** of families, each other and of the professional systems with whom we work  
**Ethical** in our working practices as we strive to attain high standards in all our interactions  
**Investors** in staff training, wellbeing and safety

### 3.5 Parent body benefits

The set-up of an independent social enterprise presents many important benefits for CCC as highlighted below:

- **Reduced liability** for service provision.
- **A clear outcome based commissioning pathway.** The mutual will demonstrate in data reports how the service is performing and what outcomes have been made. This will allow CCC to have a clear understanding of the benefits of the service and assess whether the service is addressing the identified needs. It will show an example as to how other services might want to report on their effectiveness, something that is still very much in an infant stage.
- **Expanded service offering** to communities with edge-of-care needs through the ability to reinvest surpluses in service development and adopt an innovate approach to service design: in a time of austerity it becomes increasingly challenging for local authorities to invest in the development of new services designed specifically for their needs. Working as an independent mutual with a financial model which thrives on data-driven service development and design will allow CCC to request service provisions designed specifically to target its identified gaps or challenges.
- **A new entrant to the marketplace** from which to commission services: having an option as to which service provider to commission allows for flexibility in strategic thinking within CCC, and pushes for increased value within service offerings.
- **Retention of skills** in the area: during a time in which certain services may be downsized or closed, retaining specialist skills for cases necessitating those skills becomes a challenge. Spinning out allows for CCC to have access to these specialists in a dynamic way.
- **Improved reputation** with partners for embracing the new model of public service delivery: moving forward and embracing a new delivery model demonstrates a resilience and commitment to maintaining vital provisions for vulnerable populations while remaining a leader in innovation and implementation practice.



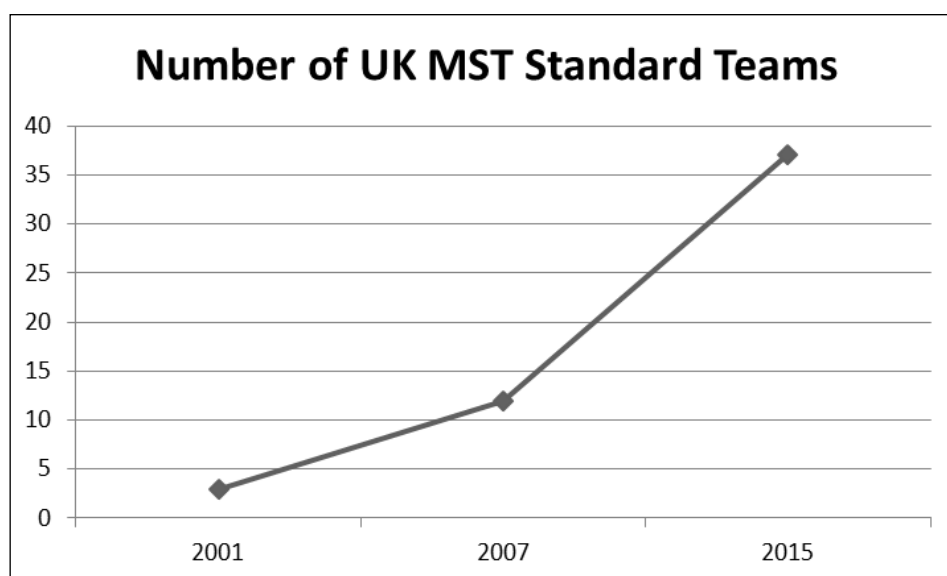
## 4. The Market

The research in this section indicates the key market considerations that will impact the future success of the MST service as an independent mutual organisation. This also relates to the growth plan which has been commissioned from Social Finance.

### 4.1 Current Market

#### Market Overview – Nationally

The number of MST teams in the UK grew rapidly following the success of the first three MST sites (which included Cambridgeshire MST). In 2007/8, 10 new MST teams launched with the aide of Department of Health (DoH) and Department for Education (DfE) funding. 9 out of 10 took part in the START national MST research trial. The steady increase in the number of MST teams in the UK represents a trend of commitment within local authorities to maintain the service following the removal of DoH and DfE funding. Numerous teams have been successful in starting up without government funding, including 5 in Scotland and 4 in England with no financial support, and 5 with only minimal support for start-up costs.



Established MST teams typically sustain themselves through financial savings or cost avoidance strategies. Some Local Authorities are using Troubled Family funding. Of the 13 MST teams established by 2009, 11 remain in effect without the aid of government subsidy. Of the current total number of MST teams, 6 have expanded to include additional teams to accommodate the need of the local area. Only 4 MST sites have closed since MST began in the UK. Of those 4 closures, it was the loss of the supervisor which was key in the closure of 3. One of the strengths of Family Psychology Mutual is its team which includes two supervisors and a programme manager who can also supervise, mitigating the risk of losing a single supervisor by distributing work.

#### Market Size – Locally

The Cambridgeshire MST standard team takes on an average of 33 appropriate referrals per year (based on the number of referrals from 2011-2015) given the high travel times for the County.. Social Workers, Youth Offending Officers and CAMH professionals must seek advice from their manager or supervisor before referring in and the threshold to be able to refer is very high. MST does not hold a waiting list due to the high risks in the families who are considered for referral. Potential referrers check out with the supervisor if there are any vacancies before they decide to refer. In this way it is



difficult to assess the exact local need. The service is refocussing on edge of care adolescents in Cambridgeshire via the section 20 panel as the drive to reduce the LAC population continues. The MST service now sends a representative to each meeting which is proving successful. We know from experience that the number of appropriate MST cases within the population and the demand on the service is far greater than the number of referrals sent to the MST service. This has been evidenced anecdotally by the number of enquiries received by professionals that must be turned away due to the lack of vacancies. The LAC Board development work is establishing a more accurate picture of the potential demand. The recently completed service review by Shirley Magilton identified a number of opportunities for the commissioning of services at the edge of care including expanding MST standard to a second team. This is now under active consideration and financial appraisal.

The MST PSB team is a relatively unique offering, as nationally only three MST sites presently offer PSB service. The PSB team received an average of 14 cases per year and operates at capacity. Spinning out will enable Family Psychology Mutual to utilize the specialist knowledge of the PSB team to offer this service to new local authorities as either a fully specialized PSB team, or a blended team able to accept both PSB and standard cases.

### PESTLE analysis

Provided below is a summary of the key trends affecting the MST service from a macro-economic perspective. This was developed by the service at a planning workshop. By understanding the current environment and assessing any potential changes, we believe that our organisation will be better placed to respond to changes.

<b>Political</b> <ul style="list-style-type: none"> <li>Increasing prevalence of social impact bonds</li> <li>Government Support for Mutuals (PCR 2015)</li> <li>Positive view of evidence-based practices by central gov.</li> <li>A mixed picture of LAs being supportive of MST</li> <li>LA driven by data/results of evidence-based practices (social impact needs to be proved)</li> <li>Cuts to NHS services</li> <li>Move towards payments by results</li> <li>Increased focus on troubled families agenda</li> </ul>	<b>Economical</b> <ul style="list-style-type: none"> <li>Short term focus for investments by LA</li> <li>Drive for lower costs and immediate savings</li> <li>Cuts of preventative services due to budget constraints</li> <li>High fixed costs for MST services impact its attractiveness</li> <li>Cuts to educational psychology services</li> </ul>
<b>Social</b> <ul style="list-style-type: none"> <li>Adolescence needs are increasing</li> <li>Cases are more complex after user leaves service</li> <li>Increase in pressure on families due to economic environment</li> <li>Fewer social activities options for young people</li> </ul>	<b>Technological</b> <ul style="list-style-type: none"> <li>Productivity gains through use of mobile technology</li> <li>Surveys through use of tablets</li> <li>Classroom-based training still preferred</li> <li>IT system needed for client database</li> <li>System to track performance of organisation and KPIs</li> </ul>
<b>Legal</b> <ul style="list-style-type: none"> <li>Safeguarding legislation</li> <li>Potential Children's Bill in the making (or ring-fencing of budget)</li> <li>Implementation of Social Care Act</li> <li>Implementation of Family Drug and Alcohol Court measures</li> </ul>	<b>Environmental</b> <ul style="list-style-type: none"> <li>Licence agreement of 1.5hrs travel limit from base to client homes</li> <li>Resources constrained by case load capabilities</li> <li>Predominantly home-based service, therefore much travel</li> <li>Recruitment constraints due to type of service offered (24hr on-call / travel / increased levels of stress / values of organisation)</li> </ul>

As listed in the table above, there are risks as well as potential opportunities in the market environment. Local Authorities are exploring ways to achieve significant cost savings so the opportunities for evidence based and outcome led commissioning are increasing. The devolution deals currently being considered across England provide a new opportunity for thinking about and delivering services in new ways.

## 4.2 Future Market

As we can see from the trend in the expansion of MST teams nationally in recent years without government funding, several Local Authorities have looked at the local evidence of outcomes and cost savings and have committed funding for the set up and expansion of teams. These Local Authorities are making strategic long term investment in proven evidence based services for adolescents on the edge of care or custody. But there have been a smaller number of MST teams that have lost local funding. We can assume several reasons for this. One reason might be that the team was not fully embedded in the local services and with the loss of the supervisor; there was not local championship for the service. Some local authorities are seeking to reduce services in the age of austerity and so make short term financial decisions. There can also be cultural reasons related to ambivalence in social work about the value and utility of evidence based programmes and the preference to stay with business as usual. Some of the reasons may be programme specific whilst others relate more to issues of implementation and sustainability planning.

A potential solution to the pressure on local authorities to make strategic savings while investing in evidence based practices is the consideration of Social Impact Bonds (SIB). The social investment market is a new and emergent one. The first (SIB) for children in Essex County Council has achieved proof of concept as an investment structure delivering strong outcomes. Whilst this model has been replicated in Birmingham and Manchester it appears likely that it can be brought to scale with a much reduced start up process. A risk in this new market is unfamiliarity with the concept of social investment generally by Local Authority commissioners and political leaders. Outcome based commissioning has been described in policy and is not a new concept but it has yet to be adopted or embraced by Local Authorities and NHS Commissioners. This means that the technical ability of commissioners and the appetite to take on risk with an outcome based investment approach requires significant support at this stage. This is often led by the social investment sector itself with support also emanating from central government departments. The early stage of the market is a risk in itself. However, it is advantageous to be ready for the market expansion whilst there are a limited number of organisations competing for work. The social investors with whom the company has been in touch have been highly encouraging in regard to a new service provider organisation being established with a clear orientation to evidence based practice.

One of our strengths is the experience and connection to social investment which we can bring to the marketplace. This has been gained through the work of several members of the company in the Social Impact Bond in Essex at operational and at strategic levels.

The delivery of outcomes for young people at the edge of care or custody is an area of increasing attention by Local Authorities given the various policy drivers of Troubled Families, delegation of remand budgets and the increasingly high costs of public care. Safely retaining young people in the community with their families during periods of offending, acute stress and disruptive behaviour is a key aim of the evidence based practices we shall be employing.

It is intended to find new ways to create capacity to deliver evidence based practices which can be commissioned through contracting and also spot purchase. This does create some challenges in regard to implementation best practice. This is because the system into which a practice may be purchased is unlikely to have adapted to or be familiar with the requirements of the programme being bought in. Therefore a foreshortened implementation approach may have to be created around the

individual case so that a micro system or wrapper around an individually purchased case can facilitate the best means of achieving success. There is a danger that a trial case in an un-adapted setting may lead to a failure on behalf of the setting rather than the programme itself.

The best examples of evidence based practice and its successful implementation have tended to be where Local Authorities have developed their understanding of local need through a thorough needs assessment followed by commissioning which is outcome led. The integration of Public Health into the Local Authority is beginning to change the way in which commissioning decisions are made with greater focus on data and outcomes. The company has experience of making the case for an evidence based programme through the analysis of needs assessments. The evidence based programmes themselves are highly data driven and are strongly quality assured to maintain adherence and fidelity to the model. MST can demonstrate consistency in achieving both short and long term outcomes so has good potential to demonstrate cost savings. The international evidence base is broadly supportive of this in regard to cost benefit analyses.

In March 2013, NICE published guidelines for the treatment of conduct disorders and they recommended MST as the most promising Evidenced Based Practice (EBP) for adolescent conduct disorder. Although some NHS based CAMH Services are reducing their offer for conduct disorder as they struggle to deliver these specialist services from their clinic base, there is still a growing need for these services, which means that Local Authorities are increasingly filling these gaps themselves or seeking joint commissioning arrangements to do so.

### 4.3 Customer Analysis

The growth planning work will undertake a market sensitivity analysis to test the following assumptions and gauge market conditions

#### **Current customers**

*Cambridgeshire County Council* – Provision of an MST standard team for young people on the edge of care or custody with a referral pathway from social care, YOS and CAMHS. Provision of MST PSB for young people with problematic sexual behaviour in partnership with Bedford Borough and Central Bedfordshire, a contract for services will be negotiated.

*Bedfordshire Borough Council* – Currently spot purchase MST PSB and may be interested in MST Standard. The support of the Bedfordshire Clinical Commissioning Group may prove helpful in securing the long term support of MST across the two Bedfordshire authorities.

*Central Bedfordshire Council* – Currently spot purchase MST PSB and may be interested in MST Standard.

*Milton Keynes Council* – Currently undertaking a trial case for MST PSB.

*Northamptonshire County Council* – Two MST teams which are contracted from Cambridgeshire and Peterborough Foundation NHS Trust (CPFT) programme managed by Brigitte Squire. They are also developing MST (FIT) for the return of young people from custody or care which may be a service in which other areas may be interested.

*Action for Children* – We currently programme manage two Action for Children MST standard teams in Essex.

## **Potential customers whom may be interested in commissioning a service from us**

*Peterborough City Council* – Have expressed interest in using Troubled Families funding to establish a Functional Family Therapy (FFT) Team and have indicated that they would like to buy MST Standard cases on a spot purchase basis.

*Luton City Council* – Bridges Ventures have suggested that there is interest in developing MST because of gang related issues with young people and that this might be funded via profits held in trust by the airport.

*Buckinghamshire and Hertfordshire County Council* – have expressed an interest in MST standard although have no firm plans.

*Suffolk Clinical Commissioning Group* – Brigitte Squire attended a commissioner and provider event for tier 2 services in May 2015 and there may be interest in MST or other evidence based services.

*Diabetes UK* – We are developing work on MST Health for young people with poor control of type 1 diabetes. A development grant application to Big Lottery's *Commissioning Better Outcomes Fund* was successful and feasibility work is underway to test the viability of this as a new adaptation in the UK..

## **Customers for other services (consultancy)**

*Bridges Ventures* – have expressed their support and interest in a service provider coming on stream.

*National Implementation Service* – There is some potential for collaborative working regarding consultancy work which may be explored.

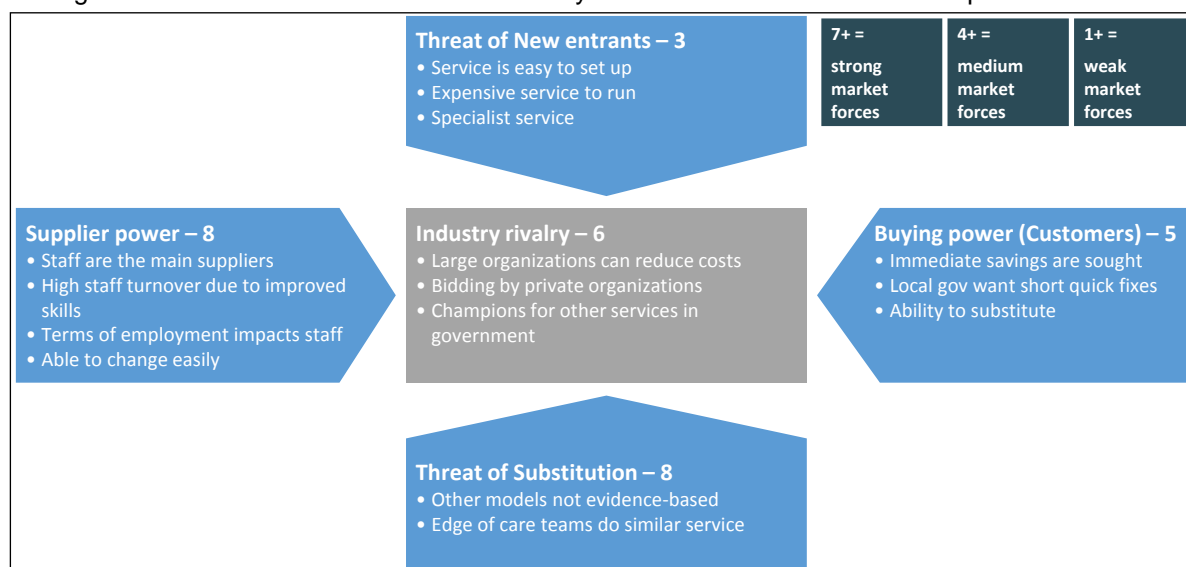
*Evidence Based Social Investments (EBSI)* – Are seeking to bid for work with secured social investment and are interested in consultancy support regarding implementation. An initial piece of work with Manchester City Council has been commissioned by EBSI from the new company.

*Catch 22* – May be interested in consultancy as they begin to build their own business base of evidence based practice.

## 4.4 Competitor Analysis

In our analysis of the competitive intensity and the residual attractiveness of the MST market, we have assessed that Family Psychology Mutual possesses a competitive advantage in the market given the level of service we currently provide, and the difficulty in setting up a new service.

The figure below outlines the market forces analysis conducted at a staff workshop.



MST Market Forces Analysis

Our main competitors and the services they offer are outlined below.

**Action for Children** is a large children's services provider charity with a national presence and significant scale. They are currently operating the MST teams in Essex under contract. They have been funded to develop a combined service in London with MST, FFT and Treatment Foster Care. They are not a specialist supplier of evidence based programmes but are developing a track record for delivery. They also run a fee for service MST team in Greater Manchester. They are likely to be able to make strong bids on the basis of size and financial stability

**Catch 22** is a children's services charity that wishes to enter the market place for evidence based services but have no current services.

**The Brandon Centre** in London is a well-known mental health charity in North London who have substantial experience of MST. They do not seek to expand outside of North London at this point.

**Cambian Group** is a venture capital backed private provider of specialist residential care who wish to develop market presence through aggressive growth into evidence based practices.

**Cambridgeshire and Peterborough NHS Foundation Trust** are currently contracted to deliver the MST Teams in Northamptonshire although these are programme managed by Brigitte Squire from the company. It remains to be seen if they will seek to re-tender for the work once it comes up for re-commissioning in 2016.

## 4.5 Strengths, Weaknesses, Opportunities and Threats

Having identified a market for the provision of MST services, we have performed an analysis on our current capabilities to identify any challenges and opportunities that would impact the performance of the new organisation.

Below is an outline of the factors upon which we aim to work to improve the performance of the new organisation.

<b>Strengths</b> <ul style="list-style-type: none"><li>▪ Long history of delivery MST</li><li>▪ High qualification of staff and experience</li><li>▪ Quality-assurance service provided</li><li>▪ 2 delivery teams and clinical program manager</li><li>▪ Reputation of teams and individuals in the team</li><li>▪ Financial backing due to grants</li><li>▪ Transferrable implementation model (so can set up quickly)</li><li>▪ High political currency for type of service</li><li>▪ Links to social investors and grid concentration</li><li>▪ Unique aspects of service, e.g. on call service, home service</li></ul>	<b>Weaknesses</b> <ul style="list-style-type: none"><li>▪ Expensive service – hard to drive down costs</li><li>▪ Relative high staff turnover (work not company related)</li><li>▪ Not enough champions of service and organisation politically</li><li>▪ Lack of business experience</li><li>▪ Too specialist in terms of service</li><li>▪ Lack of technology in business</li><li>▪ More analysis of internal assets needed</li><li>▪ Lengthy analysis of cases (PIRs) – puts off some customers</li></ul>
<b>Opportunities</b> <ul style="list-style-type: none"><li>▪ Plenty of unmet need (increasing needs in society)</li><li>▪ Government support of mutuals</li><li>▪ A wide variety of funding available such as: Innovation funds for Edge of Care services / Adoption fund for purchase of service / Social Impact bonds</li><li>▪ Potential to create community change and drive systemic change</li><li>▪ Developing different relationships with other local authorities, commissioners and service developers</li><li>▪ Bid for work and expand services</li><li>▪ Different training opportunities available (staff can develop different career paths)</li></ul>	<b>Threats</b> <ul style="list-style-type: none"><li>▪ Ideological rejection by some commissioners</li><li>▪ Cash flow impact (by being an independent organisation)</li><li>▪ Basic business errors</li><li>▪ Susceptible to economic and political uncertainty</li><li>▪ Competitive environment</li><li>▪ Difficulty in recruiting</li><li>▪ Keeping staff when transferring to a mutual</li><li>▪ Perception of new organisation by families and service users</li><li>▪ No cushion/security of local authority (in terms of funding)</li><li>▪ Being a small team – impacted by sickness/maternity leave</li></ul>

## 4.6 Differentiation and Unique Selling Points

A major unique selling point of the organisation is the pedigree and history of the delivery of MST in England. MST was introduced in 2001 by Tom Jefford and Brigitte Squire in the Youth Offending Service in Cambridge within an Intensive Supervision and Surveillance Programme for young people as an alternative to custody. This was originally funded by the Youth Justice Board. Since this time Brigitte has been the key clinical psychologist and programme manager who has developed a deep understanding of MST and work with young people on the edge of care and custody.

Brigitte and Tom have introduced new clinical variants of MST into the UK with MST Child Abuse and Neglect and also with MST Contingency Management (substance abuse). For both services Brigitte and Tom worked with stakeholders and programme developers from MST Services in the USA to understand the clinical and system requirements for the set up and delivery of these new options. Brigitte and Tom have offered consulting advice as Sector Advisors for the Department of Health and Education to a number of areas who have set up MST. Brigitte has a long history of sharing her clinical experience through direct support, programme management and also in recruitment and selection of MST Supervisors. Brigitte and Tom have a wide network nationally and internationally for

evidence based practice and implementation. Brigitte and Tom are founding members of the UK Implementation network, and Tom is a founding director of the European Implementation Collaborative.

The way the service is set up within the new organisation will secure sustainability of service provision. The operational working of an MST team is very dependent on staff retention, especially of the supervisor. It takes on average 5-6 months to recruit to a new supervisor and this can jeopardise the delivery of treatment significantly. Without a supervisor, other staff might be more likely to leave too. The fact that our organisation has 2 supervisors and a clinical programme director who can back-up any supervisory vacancy, this is a unique advantage over other potential providers.

The team also has experience of programme management, which contributes to the effective and efficient delivery of MST services, in a number of ways, and which encompasses roles that sit aside the role of the MST expert. We recognise the importance of understanding the positions and intentions of commissioners and other key local authority staff, in order to deal with issues of local delivery and to ensure the embedding of the MST service, tasks which are often beyond the remit of MST supervisors, particularly within the time constraints of their role. Secondly, we are mindful of the need for on-the-spot clinical leadership from experienced clinicians, particularly when working with challenging difficulties that pose safeguarding and ethical dilemmas; we believe it is essential that supervisors have recourse to their own clinical supervision in order to best meet the needs of families, and to ensure their ongoing safety. Finally, our significant knowledge of MST processes, for instance, the robust QI processes, means that we are able to help MST teams ensure that these demands are met in as vigorous a way as possible, and to problem-solve when difficulties arise.

MST Cambridgeshire works with well qualified staff with significant experience to be able to secure the quality of the service delivery. MST works with very risky and sometimes volatile situations and we want to provide a safe service to staff, families and the community. Other MST teams might employ less qualified staff and this might indirectly affect the safety of all involved.

As an organisation, we would profile ourselves as delivering evidence based services that have a research track record of effectiveness and when developing a new promising service we would use routine outcome measures that secures high performance by reducing drop-outs and increase positive outcomes significantly. As a small service, we can use robust data collection with sophisticated IT facilities.

We are in a unique position to develop and offer new services to existing local authority clients with which we have trusted relationships. This affords us a development platform to proliferate established evidence-based practices to new clients. Being a relatively small organization and a staff-led mutual makes it possible for us to respond quickly to the needs of clients and offer unique packages of services based on their requirements.

## 5. Services

The initial services to be offered by Family Psychology Mutual will be those that are currently delivered to CCC, Bedford Borough, Central Bedfordshire, Northamptonshire and Essex by the MST teams. The company is interested in opportunities to advise and consult upon the implementation of evidence based practice, building both on our experience of doing this and upon the emerging body of academic and published work known as implementation science. It is considered that there are a number of opportunities in this field which also align to social investment. Our plans are based on growth and development of a broad service offer. Both our initial and future services are described below.

Our initial objectives are as follows:

- To sustain our current activity through the conversion of existing work into contracted work
- To grow in a planned way by providing similar services to other Local Authorities, initially in the Eastern region but with the ambition to spread more widely
- To broaden our service offer so that we are less reliant upon one form of intervention
- To work with social investors and commissioners to develop new services with other Local Authorities either as consultants, programme managers or as direct service providers

### 5.1 Initial Services

The initial services offered will be the MST standard team and the MST PSB team. The company will also be programme managing two MST teams in Northamptonshire and two MST teams in Essex. It is anticipated that further consultancy regarding implementation or the use of evidence based practice will be forthcoming.

### 5.2 Future Plans and Services

The core activities of the company are mainly centred upon the delivery of evidence based programmes for adolescents on the edge of care or custody. In doing so the company wishes to continue to deliver the Multi Systemic Therapy (MST) standard team in Cambridgeshire and the MST Problem Sexual Behaviour service in Cambridgeshire, Bedford Borough and Central Bedfordshire.

We wish to explore the potential to offer Functional Family Therapy (FFT) and we have had initial discussions with Peterborough to look at this option which have been interrupted by their Ofsted inspection. We have established good links with one of the FFT programme developers, who has shown his interest to work with us.

There is work ongoing to explore the potential for MST Health (Reach for Control) for young people with poor metabolic control of type 1 diabetes. A grant has been awarded by the Big Lottery Fund for a feasibility study and deeper investigation of the programme requirements. An initial group of clinicians, commissioners and Diabetes UK have been drawn together in order to deliver the project by next July.

One of our service offers is the programme management of evidence based programmes. This is already taking place in Northamptonshire and will be taking place in Essex at the start of the mutual with each County having two MST teams. We believe that expanding the programme management skills of our senior staff and this experience will help us to deliver evidence based services and high utilisation in the areas which we support.



Leading clinical guidance in the UK often refers to the NICE Guidance which is a credible clinical resource. There are evidence based programmes referenced in the NICE guidance for conduct disorder. There is a wider set of programmes and practice which have not made the NICE lists. Whilst the company is primarily interested in evidence based practice the company will also consider exploring promising work which is not yet at this stage. This is usually known as either emerging practice or practice based evidence.

The company has discussed what opportunities may exist to set up and deliver home based parental psychological therapeutic work. Our interest is in seeking to improve the parenting capacity of adults whose lives have been affected by trauma or abuse. This may have created long term impairment in parenting capacity which prevents parents from being able to adequately parent their children. Traditional family support services may be able to support and assist parents through active practical involvement and monitoring but are unlikely to see gains sustained after case closure as parents continue to be blocked by their psychological experiences. There is therefore a strong case to be made for a home based, therapeutic offer which can treat parents and achieve sustained change. This experience has been gained following the 5 year pilot of MST Child Abuse and Neglect which closed in September 2015. The majority of these parents would not meet the threshold for adult mental health services nor were they likely to attend clinic based services. The company wishes to explore this when time allows. It is not our interest though to consider adult only work.

Our experience can be utilised in training of staff in evidence based practice, who work with adolescents at risk of care or custody or in the field of implementation. We are open to the idea of offering clinical supervision and consultation to Local Authorities and the NHS given previous experience of offering supervision to a variety of staff in the Local Authority.

## 6. Organisational Form

In forming the business plan there has been expert legal advice offered via the Cabinet Office Mutual Support Programme. The staff have been through a series of legal workshops to understand the options for the legal form of the company and the advantages and disadvantages of each. The decision has been reached following further advice and consultation including reference to and advice from other employee owned social enterprises.

It is proposed that Family Psychology Mutual be established as a social enterprise. Through internal discussions and with the advice and assistance of Winckworth Sherwood, Mutual Ventures and Social Finance, it has been decided that it shall be established as a Community Interest Company (CIC) limited by shares. The governance structure will provide for up to 7 directors who will also be shareholders of the company.

### 6.1 Key Priorities and Considerations

The discussions to date have centred upon the actual legal form and the opportunities which each will afford the company. The staff group have been clear in their view regarding being a community interest company as opposed to a charity or private company. There is a strong desire to ensure that the company is based on values resonant with public services and not one which offers personal financial gain for staff. The choice is to become a community interest company limited by shares. This choice was made in part by the potential business requirement to raise capital investment, which would more difficult if the company was created as a community interest company limited by guarantee. In order to be true to the employee owned aim, the company will never offer an investor control of the CIC and dividends on those shares are capped. The objects and articles of the company will enshrine these values by both structure and composition and are being prepared as such.

Individual shareholders will not receive dividends nor will they be able to sell their share. Share ownership will accrue after the completion of a probationary period and will cease at the point of resignation. In deciding upon a legal form, it was essential for us to identify the key priorities relating to the legal structure and governance which we identified as follows:

- The bulk of the CIC's income will come from its fees for supply of services under contracts.
- Any grants/donations/crowd funding from trust and foundations and members of the public is likely to be minimal. (This suggests it is not a priority for the entity to be a charity to qualify for charitable tax reliefs/maximise grants and donations).
- It is not intended that there will be any private gain for employee shareholders/directors as a result of the positions they hold in the governance of the entity. In particular, no employee shareholders of the entity should be eligible to be awarded dividends out of profits.
- It is crucial that employees are involved in the governance of the entity – both as directors and members.
- It was recognised that there needed to be a balance in the composition of the board with a number of independent (non-executive) directors required who could bring additional skills to the board.
- It is anticipated that each of the directors must also be shareholders of the entity with the right to vote in the directors and remove them but with no right to receive any dividends out of the profits.
- Only the 3 senior managers and 2 staff directors would be employees with the wider staff group electing the staff directors. This would involve the staff in the governance structure.
- We are keen to involve service users or their representatives/advocates in governance issues and would aim to have one of the independent directors representing service users.

- A mutual structure (whereby the staff group wholly or mainly owns the entity) would have support at Council level and from the general public/Service community.

## 6.2 Legal Form

The options paper prepared by Winckworth Sherwood focused on two legal structures; a Community Interest Company and a Community Benefit Society. Other legal forms were briefly touched on, these included:

- **Company limited by guarantee with charitable status** - Although this has the advantage of benefitting from various tax breaks and could attract support/donations from the public and funders, the key disadvantage was the difficulty in having staff as majority shareholders and serving as directors on the board of the charity.
- **Company limited by guarantee (without charitable status)** - Although a well-established legal form which allows for paid directors, it does not have a mandatory community or public benefit established in its constitution.
- **Charitable incorporated organisation** - This was discounted for the same reasons as for the charitable company limited by guarantee.
- **Company limited by shares** - This was discounted as it was not felt that it was appropriate for the new entity to be created as a profit making entity and award dividends to its shareholders.

### Community Interest Company Limited by Shares

Having considered both the Community Benefit Society (charitable and non-charitable) and Community Interest Company models in detail it was decided to establish a Community Interest Company Limited by shares.

A CIC is a particular type of company which is a bespoke model for social enterprises that uses its assets and profits for the community benefit; the services to be undertaken by this company would clearly be for community benefit. CICs are regulated by the CIC Regulator in Companies House. In order to be registered as a CIC, a company must show that it will benefit the community; each year the directors must complete a Community Interest Report demonstrating how the CIC has benefited the community. This is filed as a public record at Companies House. The company articles have an asset lock which means that the assets of the company can never be distributed privately to individuals for non-community interest purposes unless sold at the market rate and its surpluses are reinvested in its services.

The key issues/considerations that led to the decision to establish a CIC included the following:

- Banks and commercial partners may be more likely to understand the CIC structure (as they will typically be comfortable with a type of company).
- Companies House/CIC Regulator are more efficient regulators than the Financial Services Authority (FSA) was although it remains to be seen how efficient the Financial Conduct Authority (FCA) will be in relation to co-operatives.
- It is more expensive to register a community benefit society than a CIC and the FCA charges higher annual fees than Companies House.
- There is greater transparency as a CIC with the requirement to publish an annual Community Interest Statement and instant access to information such as annual accounts and directors' appointments through the Companies House register.
- The regulation of CICs is unlikely to change in the foreseeable future, whereas the future for charitable community benefit societies is less certain as it is not clear when (if at all) the Charity

Commission will require community benefit societies to register with the Charity Commission or if a principal regulator will be appointed. The regulation of non-charitable community benefit societies is unlikely to change.

- The CIC structure is more suited to a smaller membership. It was decided that a smaller membership was more appropriate (see governance section below).

## **6.3 Governance**

### **Membership**

A number of different options in relation to governance were considered.

Whilst a wide shareholding membership involving all stakeholders (such as staff, service users and their families, the local authority, funders/commissions) was considered, managing such a structure would be costly and time consuming at a time when the resources of staff will need to focus on service delivery. Stakeholders may not have any real or sustained interest in taking on the responsibility of being a shareholder. In addition, having the wider staff as members, with the power to remove the board, could fetter the ability of the board of directors to make tough decisions.

It was therefore decided only to give all staff the opportunity to buy a £10 share with the independent directors also becoming shareholders providing a simpler, leaner governance structure. Rather than having other stakeholders as shareholders, stakeholders such as service users would be meaningfully engaged in the governance of the CIC through advisory groups referred to below. The staff shareholders will be able to nominate or elect the staff director and any other rights set out in the Articles (such as attending meetings or being consulted). The company structure will be a board of up to 7. There will be up to 2 independent (Non-Executive) Directors, 2 elected staff Directors and the three Management Team Directors. The board will meet a minimum of 4 times a year. Discussions with CPFT are ongoing in regard to the position of NHS members of staff being permitted to become share owning stakeholders.

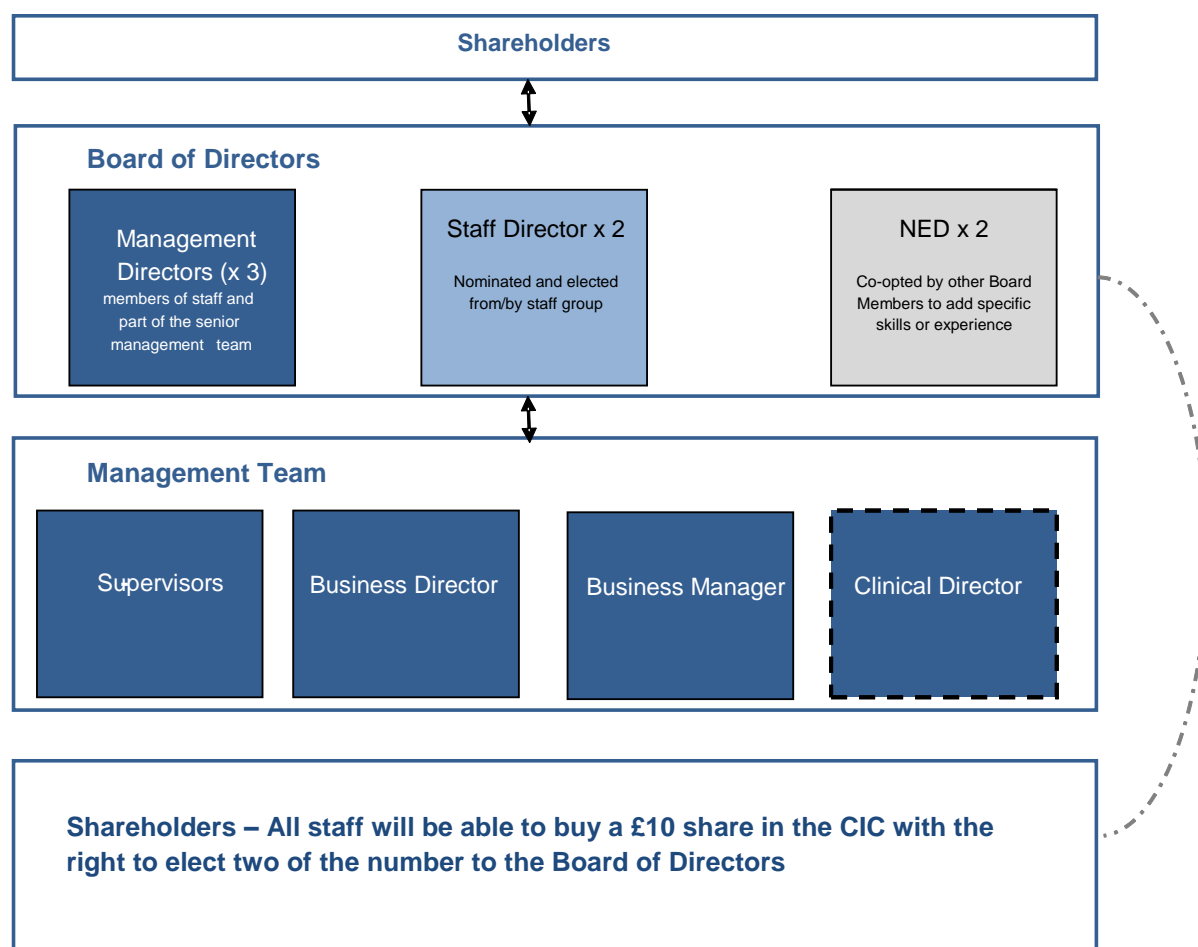
The company will develop employee representation so that it is infused through the company structure. Operational management will be led by the senior management team.

### **Board**

It was agreed that Brigitte Squire, Tom Jefford and Judith Hill will be directors of the CIC by virtue of their office. Two independent non-executive directors will be appointed by the directors for their skills and/or experience to help establish a balanced mix of experience, sector and business skills on the Board, with up to one of these being a service user advocate or representative. Finally, two directors will be elected by the staff shareholders from amongst their number. This brings a total of 5 directors from the staff, thus ensuring that at least half the board are staff and thereby confirming its mutual status.

The Board of Directors will delegate the day to day running of the CIC to a Management Team as above. The Management Team will report performance to the Board on a regular basis, at least quarterly, and possibly every 2 months initially.

## Proposed governance structure of CIC



## Advisory Groups

We also discussed how other key stakeholders could have a voice/influence on the running of FAMILY PSYCHOLOGY MUTUAL in a meaningful and practical way. To achieve this, we propose that the following 3 Advisory Groups are established:

1. Service users.
2. Carers / service users' families.
3. Staff.

These groups will be chaired by Directors thereby giving a greater degree of connection between the Advisory Groups and the Board of Directors. An elected Staff Director would chair the staff group, which would comprise a cross section of staff, and a Non-Exec Director would be selected to chair each of the other advisory groups. The advisory groups would not have any formal decision making power within the new organisation.

## Transition

We propose that the above governance structure is established and run in shadow form (pending the decision of the Children and Young People Committee) from February 2016 up until go-live in July 2016. This will enable coaching and mentoring of the Management Team (and Board), as well as any issues to be identified and rectified before the new organisation is formally launched. Whilst the social

enterprise would operate independently to the Council it is recognised that a strong partnership would be essential. The Council would maintain a proactive commissioning role based around a shared vision, and a robust delivery plan would underpin the agreed objectives. Regular reporting back to the Lead Member can also take place.

#### **6.4 Distribution of Surpluses**

It is our intention (and requirement as a CIC) to reinvest any surpluses we make into the service to offer enhanced service offerings to our customers. We do intend to encourage shareholders to have a direct say in how a proportion of surpluses are used. Current thinking is that they will have the opportunity to vote on a number of options for use of some surpluses (c.25%) presented to them by the Management Team which might include staff training opportunities.

The company will establish an independent wholly owned charitable subsidiary which will exist to further the charitable objects of the company. After investment a proportion of the surplus of the company will be gift aided to the charity to save corporation tax. The company will have representation on the charity as a Trustee but will not be in the majority required by the charity commission. This development will take in year two or three of the new business as it requires a significant amount of work to establish.

## 7. The Team

### 7.1 Leadership

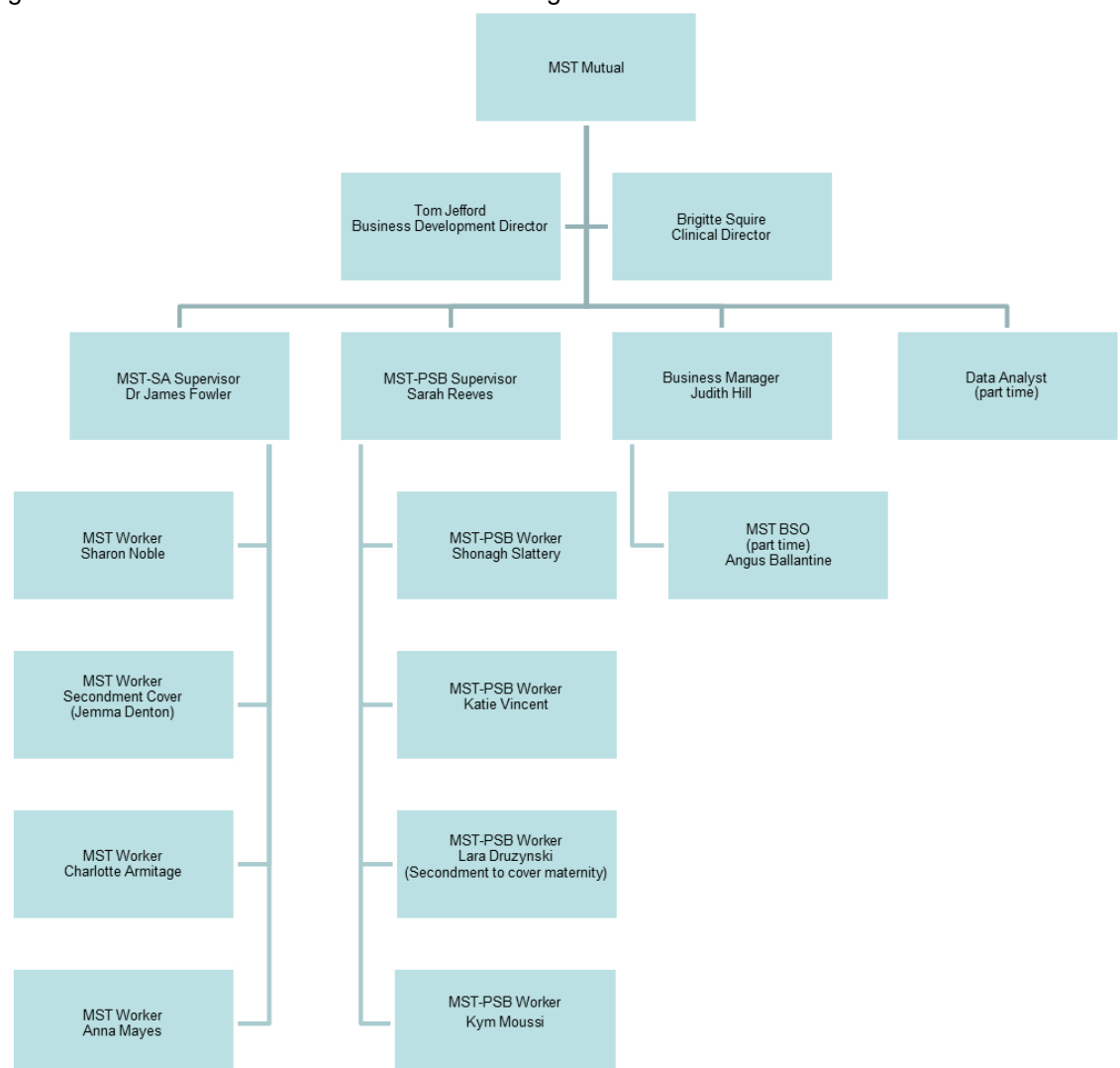
The company will be co-led by Brigitte Squire and Tom Jefford as joint CEO. Brigitte and Tom have worked together for the last 15 years. The decision to establish a trading company has been a result of a desire to develop and advance the adoption of evidence based practice and to deliver high quality, sustainable outcomes for families with high needs and for young people on the edge of care or custody.

The senior leadership team will include Sarah Reeves, Consultant Clinical Psychologist and James Fowler, Forensic Psychologist, and Judith Hill, Business Manager.

The involvement of employees in the leadership will be determined throughout the company including the board.

### 7.2 Team Structure

Below is an organogram of the mutual which includes the following 14 roles within the current team.



- Business Development Director (currently the Head of Youth Support Service)
- Clinical Director (currently Cambridgeshire MST Programme Manager)
- MST-SA Supervisor
- MST-PSB Supervisor / Essex MST Programme Manager (0.5 FT for each)

- Business Manager (currently MST Business Support Manager)
- Business Support Officer (0.5 FTE)
- Data Analyst (0.5 FTE) New post
- MST Worker (4 x 1 FTE)
- MST-PSB Worker (3 x 1 FTE)

### 7.3 General Job Descriptions

Below are general summarised job descriptions of the current roles within the team.

#### **Business Development Director.**

Business Development Director develops the business and organisation. Co-leads business development opportunities.

#### **Clinical Director / MST Programme Manager**

The Clinical Director / MST Programme Manager provides leadership and strategic oversight and has overall clinical & management responsibility for the two MST clinical service delivery teams. She is interested in service development and expansion and holds the budget of both teams.

#### **MST-SA / MST-PSB Supervisor**

The MST Supervisor is the clinical lead and supervisor of the specialist MST team and assures that the MST staff are adherent to the MST principles and guidelines. The Supervisor provides weekly supervision to the MST team and manages all the aspects of the service including active supervisory participation and planning of the 24/7 on call service. The Supervisor is responsible for securing a steady case referral stream and to communicate with the relevant stakeholders to promote the service and discuss any barriers as they arise.

#### **MST / MST-PSB Worker**

The MST Worker has an active case load of 3-4 families and sees families intensively in the home and community 3-4 times a week. The Worker is the lead professional during the MST intervention in collaboration with staff of other agencies. The work is very goal focused and is reviewed on a weekly basis with the Supervisor and the Consultant. The work is intensively supervised and quality assured to be able to adhere to the model. The MST Workers all participate via a rota in the 24/7 on call service for the families

#### **MST Business Support Manager**

The MST Business Support Manager is responsible for the operation of the administrative element of the MST service by supporting the teams to ensure that they can carry out their roles and responsibilities in an effective & efficient manner. This includes the support of both NHS and CCC staff and their respective IT, HR, Payroll and HR services.

#### **Business Support Officer (part time)**

The Business Support Officer provides office administrative and secretarial support to the MST teams and ensures adherence to the MST model by conducting the TAM telephone questionnaires. The analyst will gather collate and interpret data.

#### **Data Analyst**

The current team does not have a Data Analyst and this post will need to be recruited into.

The Data Analyst will be responsible for identifying, collecting and analysing clinical pre and post audit data to report on the effectiveness of the therapeutic interventions. He/she will present reports to different stakeholders about the output and outcomes of the service.



## **Skill transfer**

The transferring staff group have significant clinical skills and are adept at working with strategic, operational and front line staff and partners. Engagement skills are absolutely key for working with the families and young people who will receive services. The senior managers have experience of operational strategic management, Human Resources, law, budget management and negotiation skills, all of which can be stretched when necessary.

It is acknowledged that transferring from the public sector to a commercial trading company will require all staff to change and adapt. There are some skills deficits to overcome in regard to financial management and accountancy, company law and business development skills. However, the company will seek to develop these skills and to also buy them in when necessary and appropriate to do so.

There are new skills to acquire including marketing, web development, social media, a new financial management system and commercial way of working that will crucially involve credit control and cash flow management and contract law. Also, we will have our own IT infrastructure and security measures to implement. We will also need to look at how we work and manage the business.

## **7.4 Training and Development**

MST teams are vulnerable to turn over of both therapist staff and supervisors. There is not a pipeline of qualified and experienced staff to draw upon. Therefore the recruitment and training of staff and the lead in times to do so are long as staff have to be recruited and trained. The company will develop internal capacity for a therapist in a training role in order to reduce the risks of therapist turn over and the strain which this can place upon the remaining team if gaps exist for long periods.

The mandatory 5 day training requirements for MST Therapists and the discipline of booster training for the team and for their supervisor will remain. Additional training will be provided in house although some will be bought or supplied by the Local Safeguarding Children Board (LSCB), for example child protection training. Clinical Psychologists and family therapist have an annual CPD requirement for their continued registration.

A training and development plan will be established and a senior manager will be allocated this as an area of corporate responsibility.

To move the team from a service provision with a local authority to an external commercial enterprise will involve a steep learning curve and training will be required in the following areas:

- General Business Management training
- Xero Finance Package Training
- Taxation Appreciation training
- General Finance Understanding and appreciation. – credit control, debtor control
- Pensions & Payroll
- Contract & Procurement Law – especially for government & NHS
- Marketing and Brand Management – including Social media and SEO.
- IAPT training
- IT & Data security (DPA) training

## 8. Stakeholders

### 8.1 Stakeholder mapping

A stakeholder mapping exercise was conducted to identify all stakeholders relevant to the service. Once the service stakeholders were identified, they were then assembled into groups based on the type of organisation and communication need.

The table below illustrates these stakeholder groups and identifies stakeholders within each.

#### *Stakeholder groupings*

Stakeholder Group	Stakeholders
<b>Council Members</b>	Children and Young People Committee (chair Joan Whitehead; vice-chair David Brown) Group Leaders/Spokesperson Council Members (various)
<b>Council Managers and LGSS staff</b>	Chris Maylon (Chief Financial Director) Kim Dodd (Mental Health Commissioning) Rob Stephens (Finance, LGSS) Jenny Butler (HR Manager, LGSS)
<b>Council SLT</b>	Gillian Beasley (Chief Exec) Adrian Loades (Director of Children's Services) Chris Maylon (CFO) Quentin Baker (Head of Legal) Sarah Ferguson (Service Director Enhanced & Preventative Services) John Gregg (Director of Social Care) Children & Families Management Team (chaired by Adrian Loades)
<b>MST Board</b>	MST Board
<b>Cabinet</b>	Liz Robin (Director of Public Health)
<b>Unions (NHS/Council)</b>	Council Union (Unison) NHS Union (Unison)
<b>CCG (Health Commission)</b>	CCG (Jo Rooney Health Commissioners)
<b>MST International Services</b>	MST Affiliates (Adaptations) MST Health (Reach for control) MST Consultants (Phillippe Cunningham & Naamith Heiblum) MST Services (Keller Strother CEO) MST Network Partnership (Cathy James, NHS England)
<b>Cambridgeshire &amp; Peterborough Foundation Trust (CPFT)</b>	CPFT Business Development (Steve Legood) CPFT Chair (Julie Spence) CPFT Chief Exec (Aidan Thomas) CPFT MT & HR (Rachel Higgenbottom)
<b>Transferable Staff</b>	Brigitte Squire MST Standard Team (James + 4 Specialists) MST Business Support (1.5) MST PSB (Sarah + 3 + 1maternity)
<b>Adolescent Edge of Care Developments</b>	Adolescent Edge of Care Developments
<b>Service Users</b>	YP & Families
<b>CAN Team</b>	CAN Team (disbanding)
<b>FFT</b>	FFT
<b>Essex Social Impact Bond</b>	Essex County Council Action for Children Social Finance CSSL

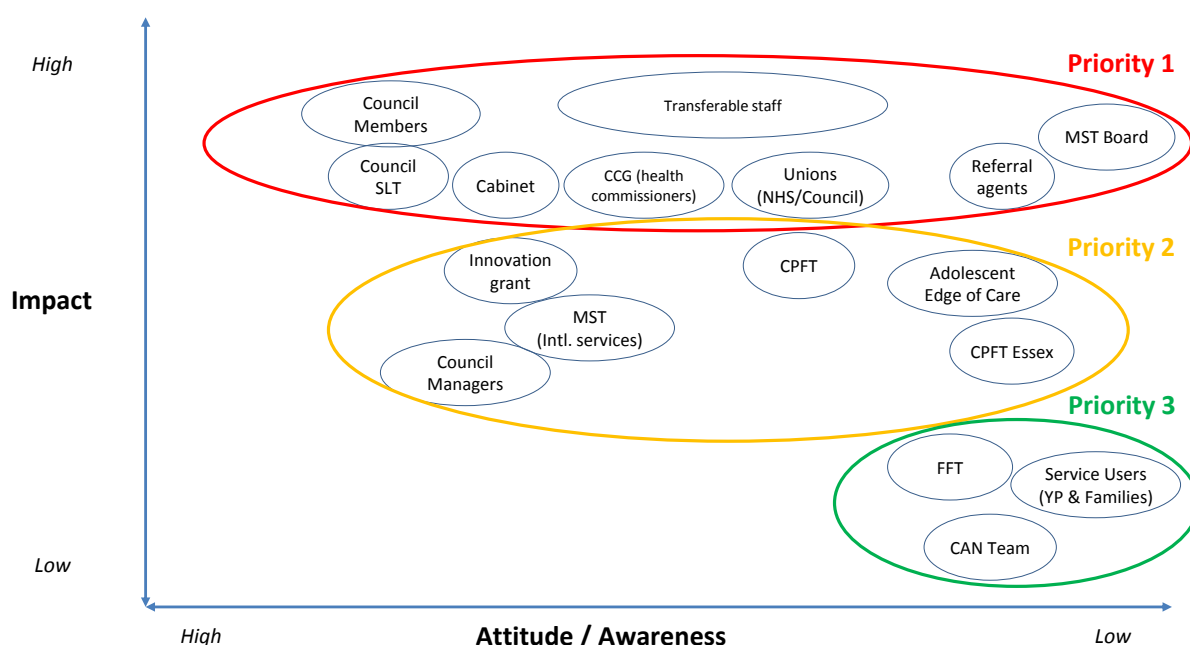
<b>Innovation Grant</b>	Innovation Grant
<b>Referral Agents</b>	Central Bedfordshire Bedford Borough Cambridgeshire

## 8.2 Stakeholder Prioritisation

Once we identified the groupings of the stakeholders, we conducted an exercise to understand each group's communication requirements. A technique for understanding stakeholder engagement is to consider their impact in terms of influence on the programme and their current attitude and awareness of the change and map it on a matrix.

We mapped the stakeholder groups to the matrix below. The level of impact and current awareness and attitude determines the type of engagement the team should undertake with them and the priority stakeholders for communication.

### Stakeholder Prioritisation



Stakeholder groups have been allocated to different priority groupings based on the following:

- **Priority 1 Communications:** These stakeholder groups are highly influential to the success of the proposed change. They may be unaware of the change or currently have an unfavourable view. They require focused and timely communications.
- **Priority 2 Communications:** Whilst these stakeholder groups do not necessarily have a more favourable view of the proposed change they are less critical to its success. They are likely to require less frequent and less focused communications.
- **Priority 3 Communications:** These stakeholder groups are least critical to the success of the proposed change, and will only require some informative communications.

### 8.3 Stakeholder Communications Planning

Once the communication priorities were understood, we developed an outline communications plan. There are a wide range of possible communication channels and activities that can be utilised to reach the audiences across the stakeholder groups. The Communication Action Plan shown below outlines the plan for some of the Priority 1 stakeholder groups, and will be completed for each priority group and actioned during the transition phase as communication requirements can change over time and the key messages at the this point may be different to those at a later stage.

Who (Stakeholder Group)	What (Key messages)	How (Channel)	When	Responsible Person
<b>Transferable Staff</b>	<ul style="list-style-type: none"> <li>▪ Rationale for the proposed change</li> <li>▪ Benefits of the proposed change</li> <li>▪ View of now versus future (in terms of service delivery, work responsibilities)</li> <li>▪ Consequences of not moving (re-deployment / resignation)</li> <li>▪ Status update on business plan – outputs from various workshops</li> <li>▪ Importance of involvement of staff in business planning (involved in decision-making)</li> <li>▪ Raising queries to any member of the project team</li> </ul>	<ul style="list-style-type: none"> <li>▪ Staff team meetings</li> <li>▪ Service leads team meetings</li> <li>▪ Emails from project team (Tom, Brigitte, Judith, James, Sarah)</li> <li>▪ FAQs</li> <li>▪ Central shared drive for minutes of meetings</li> </ul>	<ul style="list-style-type: none"> <li>▪ After each workshop</li> <li>▪ Team meetings</li> <li>▪ Fortnightly status updates emails</li> </ul>	<ul style="list-style-type: none"> <li>▪ Judith/Tom/Brigitte</li> </ul>
<b>Children Families and Adults Management Team</b>	<ul style="list-style-type: none"> <li>▪ Rationale for the proposed change</li> <li>▪ Benefits of the proposed change</li> <li>▪ Key milestones reached</li> </ul>	<ul style="list-style-type: none"> <li>▪ Set up 1hr meeting with each member</li> <li>▪ Email from Tom &amp; Brigitte</li> </ul>	<ul style="list-style-type: none"> <li>▪ Meetings &gt; monthly</li> <li>▪ Emails &gt; after each milestone</li> </ul>	<ul style="list-style-type: none"> <li>▪ Tom &amp; Brigitte</li> </ul>
<b>Council SLT</b>	<ul style="list-style-type: none"> <li>▪ Rationale for the proposed change</li> <li>▪ Benefits of the proposed change</li> <li>▪ Key milestones reached</li> </ul>	<ul style="list-style-type: none"> <li>▪ 1hr meeting with each member</li> <li>▪ Email from Tom &amp; Brigitte</li> </ul>	<ul style="list-style-type: none"> <li>▪ Meetings &gt; monthly</li> <li>▪ Emails &gt; after each milestone</li> </ul>	<ul style="list-style-type: none"> <li>▪ Tom &amp; Brigitte</li> </ul>
<b>Unions (NHS/Council)</b>	<ul style="list-style-type: none"> <li>▪ Rationale for the proposed change</li> <li>▪ Benefits of the proposed change</li> <li>▪ View of now versus future (in terms of service delivery, work responsibilities)</li> </ul>	<ul style="list-style-type: none"> <li>▪ Email from project team (Tom, Brigitte, Judith, James, Sarah)</li> <li>▪ FAQs</li> </ul>	<ul style="list-style-type: none"> <li>▪ Monthly</li> </ul>	<ul style="list-style-type: none"> <li>▪ Judith/Tom/Brigitte</li> </ul>

## 9. Quality Assurance and Monitoring

### 9.1 Quality and Performance Management

The company will be strongly outcome focussed and data driven with significant attention paid to providing performance information back to the commissioners on outcomes for cases. A data analyst function is seen as an important part of the company structure and will be central to the commissioning cycle.

Family Psychology Mutual will continue to operate within the well-established framework of quality assurance within the MST model along with additional quality assurance measures aimed at developing a robust data base about the service user experience and staff performance. As part of the MST license agreement all MST sites must adhere to the quality assurance mechanisms offered through MST services. These include the use of the therapist adherence measure – a user survey conducted by business support staff in which families answer questions that reveal their therapist's level of adherence to the MST model. Therapist adherence data is fed back into performance management and clinical supervision. The supervision process involves weekly group supervision meetings, fortnightly one to one supervision meetings, and weekly consultation with an expert provided by MST services. The supervisor and consultant performance is measured through surveys administered bi-monthly to therapist staff through an electronic gateway. The ultimate and instrumental outcomes of each case are measured at the time of case closure. This information, along with the average number of cases per therapist, therapist adherence, and other programme-level data is reviewed in a semi-annual meeting by the supervisor, consultant and programme manager. This programme implementation review is then shared with the team and community stakeholders, with actions agreed by all involved. Trends in instrumental outcomes are used to develop booster trainings, which are conducted quarterly by the MST consultant.

In addition to the typical measures built into the MST service agreement, Family Psychology Mutual will continue to employ methods of data collection which have served to inform service implementation and development. These include use of evidence-based questionnaires and measures from established research in the field. Strengths and difficulties questionnaires, client satisfaction questionnaires, parenting scales and conflict behaviour questionnaires are collected at the time of case opening and closure.

For new services other than MST, Family Psychology Mutual will adopt session by session outcome measures to collect evidence of the effectiveness of the services. There are well established measures in the field to collect ongoing progress of clients and their level of engagement in real time. Miller (2011)<sup>18</sup> summarised the impact of routinely monitoring and used outcome and alliance data from 13 RCT's involving 12,374 consumers demonstrating that it doubles the effect size, decreases drop-out rates by half and decreases deterioration by 33 percent. As the alliance between client and therapist accounts the most for treatment outcomes, monitoring of this alliance by using client feedback allows clinicians to identify and correct problems with engagement and reduce early dropout or risk of negative outcome. Agencies that adopt session by session feedback can improve their services and evaluate all treatments that take place in their agency and make the real time treatment more effective. This practice based evidence approach can supplement the evidence based programmes that cannot reach all clients in need of treatment. These measures have sophisticated IT systems attached that provide ongoing outcome progress for the client, therapist and supervisor. This data is used to evaluate the interventions during supervision and reports are used to review and

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<sup>18</sup> Miller, S. (2011). Psychometrics of the ORS and SRS. Results from RCTs and Meta-analyses of Routine Outcome monitoring & feedback. The available evidence. Chicago, IL

modify service provision as a whole. The company is committed to adopt this practice and invest in the IT systems attached to the routine outcome measures.

All the data collected for quality assurance will be used to improve the quality of service offered, and has the potential to inform development of new service offerings.

Beside the collection of client outcome data, the company will have a robust performance management structure in place.

## 9.2 Risk Management

The MST teams are attuned to risk and safety planning is a central part of the initial assessment and ongoing work of the therapist. Working in people's homes can be more risky than in an office base or clinic and remote working requires effective systems for checking back and for the safe delivery of service. Risk assessment is a dynamic process and not a fixed or static description of subjects. Risk management requires the effective and contemporary sharing of information as events and needs change. Therefore close working relationships with partner agencies, robust information agreements and access to data systems will all contribute to risk being managed safely and effectively.

The company will establish a risk matrix and log (Appendix 3) which will be reviewed at each board meeting. This will be wider than practice issues as it will also evaluate company and corporate risks.

## 9.3 External Regulation

### *Ofsted*

It has been clarified that we do not need to be registered with Ofsted. Ofsted advised that that social care providers including adoption & fostering agencies, Childrens Homes need to be registered and therefore we do not.

### *Care Quality Commission (CQC)*

Family Psychology Mutual will need to register with the CQC. The CQC website advises that there are "five questions we ask of all care services. They're at the heart of the way we regulate and they help us to make sure we focus on the things that matter to people".

We ask the same five questions of all the services we inspect.

- Are they safe?
- Are they effective?
- Are they caring?
- Are they responsive to people's needs?
- Are they well-led?

Each of our five key questions is broken down into a further set of questions. We call these our *key lines of enquiry*. When we carry out inspections, we use these to help us decide what we need to focus on. For example, the inspection team might look at how risks are identified and managed to help them understand whether a service is safe. We use different key lines of enquiry in different sectors.

One person from Family Psychology Mutual will need to be the CQC registered "responsible and accountable" person.

*NHS Information Governance.*

Any external company wishing to provide services to a CCG or NHS organization must be registered, audited and approved with the NHS Information Governance Toolkit. It provides standards and guidance for the NHS and partner organizations

The Toolkit enables organizations to demonstrate and evidence adequate practice, management and governance in the following key areas:

- Information Governance Management
- Confidentiality and Data Protection Assurance
- Information Security Assurance
- Clinical Information Assurance
- Secondary Use Assurance

Whilst Family Psychology Mutual will initially be providing services to Local Authorities, strategic growth plans may result in CCG or NHS organisation commissioning services which would necessitate registration and compliance with the Toolkit. It therefore would be prudent to design our technology solutions and information governance models with the toolkit in mind, not only for best practice but also to proactively indicate our organisational readiness in this key area.

## 10. Resources

Below is a list of practical resources that we will need to deliver Family Psychology Mutual. Although at this stage the list is not exhaustive it is meant to demonstrate that there has been active thinking about what we need to deliver the service and new company.

### 10.1 Assets

The company will have limited tangible assets. It is intended to invest in a data system and a web site. The staff will have access to the data systems and computers of the organisation in which they are working. There may be a requirement to buy tablet computers for some direct work with young people and families. IT which facilitates remote working will be employed in order to efficiently use staff time given the geographical dispersal of the staff and the home working nature of the business.

### 10.2 Staff

The staff group are the most valued asset in the company. Maintaining a viable staff group is the most important resource imperative. The nature and intention of the mutual company should ensure the most conducive environment for staff to be able to develop professionally and to direct the development of the business.

### 10.3 Procurement & state aid

Advice has been sought in regard to the procurement requirements for the contract which will be applied for by the company from Cambridgeshire.

The Public Services (Social Value) Act 2012 came into force in 2013. It requires people who commission public services to think about how they can secure wider social, economic and environmental benefits. It requires commissioners to think about the services which they buy and if the ways in which services are bought can secure social benefits. The Act is a tool to help commissioners get more value for money out of procurement. It also encourages commissioners to talk to their local provider market or community to design better services, often finding new and innovative solutions to difficult problems. It is this Act which may be used to argue for consideration of value in tendering processes.

The company will be supported in the initial start-up phase via a grant from the Innovation Grant from the Department for Education. This is granted under the provisions of the Local Government Act and is not state aid.

### 10.4 Support services

LGSS is the shared services organisation for Cambridgeshire County Council. Negotiations with LGSS for support services have begun. So far, LGSS have offered the following services at zero cost to support the provision of the MST services provided as the numbers are so small they can easily be absorbed by the organisation:

- HR Advisory - unless new employment policies and practices, or bespoke services are required.
- Health and Safety - unless new H&S policies and practices, or bespoke services are required
- Occupational Workforce Development



LGSS / Cambridgeshire County Council have offered the following services for a financial fee:

- LGSS Law – on an hourly rate
- LGSS Pensions – £3,300 + ongoing costs
- LGSS Insurance – Annual fee £3700 however, LGSS will need a better understanding of the nature and scope of the transfer in terms of size and services.
- LGSS Procurement - Ad-hoc support as and when needed at a chargeable daily rate .
- LGSS Finance – a minimum of £10K per year.

LGSS / Cambridgeshire County Council are still considering the following services where a corporate decision needs to be made:

- Facilities and Accommodation. Information has been provided about the requirements to provide the MST teams with the accommodation required for them to fulfil the MST licence agreement.
- IT. It has been agreed that an audit of requirements will need to be completed before a price per user can be offered. The cost to Family Psychology Mutual for this piece of work is £1600.

LGSS / Cambridgeshire County Council have offered the following service which will not be taken by Family Psychology Mutual due to the excessive cost involved:

LGSS Oracle Enterprise Business Systems: £25K setup fee.

This therefore means that the following services cannot be offered:

- HR Transactions including payroll (for 9 employees using the LGSS Pension scheme)
- Accounts Receivable / Account Payable

## 10.5 Contracts

A necessary pre-courser to the contract negotiations is the setting up of a commissioning group in Cambridgeshire County Council. There is also a need for the County to take advice and to consider its position and commissioning intentions without the involvement of the company members. These processes are evolving and will allow for a negotiation to begin with appropriate measures of probity and conflicts of interest dealt with.

The aim is for a contract with Cambridgeshire for a minimum of 3 years with a period of potential extension so as to avoid a new tender process at the end of the first period.

## 10.6 Licenses and insurance

There have been discussions with the UK Network partnership for MST and also with MST Services in the US regarding the development of the company. There is no issue with the company holding or managing an MST licence. The licence is site specific.

The company will be required to hold public liability insurance and public indemnity insurance. The costs of this have not yet been sought.

## **10.7 Financial Reserves**

The company will seek to build a reserve over time and this is a safety net for liabilities, cash flow and adversity. The aim will be to secure three months running costs as an operating reserve in the next two years.

## **10.8 IT Infrastructure**

A new IT infrastructure (website, e-mail, file storage, collaboration tools) will need to be designed and setup to support the “head office” function of the new company. At this time it is envisaged that the infrastructure will make full use of cloud technology and flexible off the peg solutions.

## **10.9 Information Governance & Security**

As Local Authorities and potentially NHS bodies will be our main customers there will be a necessity to conform to Information Governance rules. These rules are largely incorporate best practice for Information Governance and Security – for example, evidencing the security of any case or patient data storage. This area will need further thorough investigation.

## **10.10 Financial System**

Initial investigations have identified a potential suitable cloud based financial package to operate and manage the financial aspects of the company. This will also require the recruitment of an accountant to assist with financial aspects of running the new company.

## **10.11 Office Space and Furniture**

It is anticipated that the two teams will remain located physically within Cambridgeshire County Council. Although the new company will exist within the Cloud with the strong aim to be available anywhere, anytime with a cabled internet or Wi-Fi connection there will still be need to have access to office space for the day to day access to resources such as a postal address for Royal Mail post, MFDs for printing, scanning and copying etc. and for meeting rooms. Initial investigations have identified hot-desking options which will give access to the resources needed at a reasonable monthly per desk cost. Discussions with LGSS are on-going.

## **11. Finances**

Please see Annex 1

## 12. Transition Plan

It is our ambition to establish Family Psychology Mutual as a social enterprise and be fully operational by July 2016, having fully transitioned all necessary staff, resources and services in the run up to establishment.

The Transition Plan is based on the assumption that the Council agrees (at the Children and Young People Committee in February 2016 meeting) that spinning out the MST service to an independent social enterprise presents a commercially viable business

The full details of the transition phase are given in Appendix 2 (Transition Plan). This includes details of the implementation of the following:

- Support services
- Legal form and governance
- Employment and TUPE
- Pensions
- Financial model
- Existing contracts
- Assets and properties
- Procurement process

Outlined below is a high level summary of the plan with timelines for delivery.

CAMBS MST HIGH LEVEL IMPLEMENTATION PLAN		2015																											
No	ACTIVITIES	Jan				Feb				March				April				May				June				July			
1	Project Management and Communications																												
2	Key Milestones																												
3	Business Plan Development																												
4	Support Services																												
5	Legal Structure	Done																											
6	Governance Structure																												
7	Employment / TUPE and Pensions																												
8	Financial Model																												
9	Existing Contracts																												
10	Assets and Properties																												
11	Procurement																												

Funding for external support for the transition implementation phase is included in the Cabinet Office MSP grant which provides specialist support from Social Finance, Mutual Ventures and Winckworth Sherwood during this period.

### 13. Risks

The development of a spin out company holds a number of risks at an individual, team and organisational level. There is reputational risk to the County Council should the venture quickly fail or be unable to sustain itself. The County is also being asked to consider a contract which is longer than the current budget planning cycle during a time of continued financial restraint. This is new process and so the pathway to achieving a functioning company is novel for the company and for the County. Managing conflicts of interest and sufficient separation of the commissioning process requires careful negotiation.

The employees who transfer via TUPE to the new organisation are taking a risk as they move from the relative security of the Local Authority and NHS to a new company without a track record of trading. The market is still at an early stage of development and whilst initial business may be secured, the success of the company is predicated on long term growth and diversification.

The team is currently a cohesive group with a committed senior management team. The threat of change, turnover and adversity will be harder to absorb in a smaller traded company although of course can be more nimble and responsive to change in a positive way too. The new company is ready to seek advice and support from a range of sources but will need to establish viable business and trading credentials as it stands on its own in a competitive market.

A full risk log has been developed which details the known risks and mitigation – see Appendix 3.

## **14. Appendices**

The appendices which follow are to support the business plan and provide further details which have been considered/produced to ensure the sustainability of the new organisation.

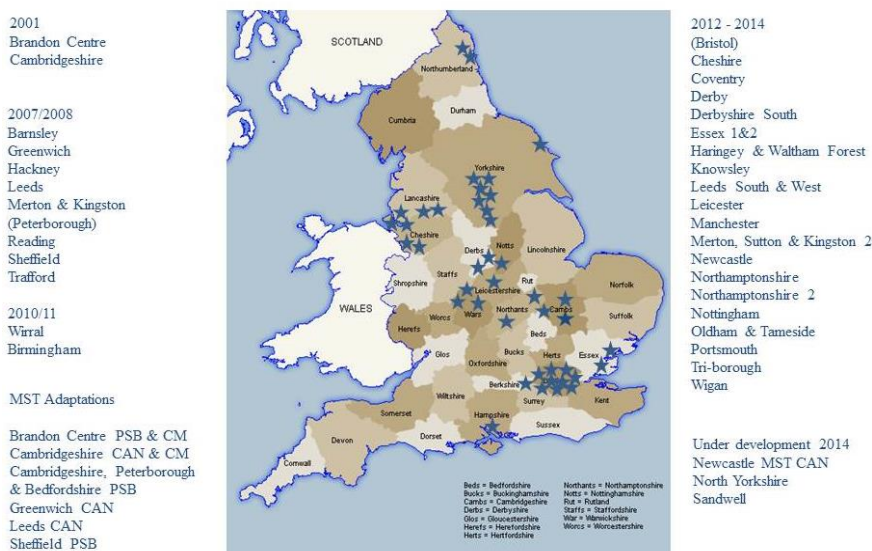
## Appendix 1 – MST Background and Evidence

MST has an unrivalled pedigree of Randomised Control Trials and over 30 years of successful implementation. It is designed for families with a young person between the ages of 11 to 17 with serious behavioural problems and at risk of going into care or custody. It was originally developed with a focus on reducing youth reoffending but has increasingly been used to prevent care entry, particularly in the UK. MST is the programme of choice in Norway where there is national coverage of the service.

MST has strong evidence of improving child and parent outcomes in the short and long term from 26 published studies. The START trial, led by Dr Peter Fonagy, will report this year on the outcomes following the expansion of MST in 2007/8 and is the largest study into adolescent conduct disorder in the world. RCTs have been conducted in the USA but also in New Zealand, the UK and Norway which has a highly developed social welfare system. MST has consistently demonstrated positive outcomes in reducing long-term re-arrest rates (by 25-70%), reducing out-of-home placements (by 47-64%), improved family functioning, decreased substance use and reduced mental health problems for youth<sup>19</sup>.

MST was first introduced to the UK in 2001 in Belfast, then Cambridgeshire and then at the Brandon Centre in London. A further ten teams were established in 2007/8, and there are now over 35 teams in England, Scotland and North Ireland<sup>20</sup>. The vast majority of these provide MST Standard, though MST for Child Abuse and Neglect is provided by 3 teams, as is MST for Problem Sexual Behaviour; both of these variations are provided in Cambridgeshire. It is hoped to develop MST Health for young people with chronic and enduring health conditions and this is being explored with commissioners.

### Growth of MST in England



Many, if not all of the new teams have had either formal or informal contact with Cambridgeshire or have received implementation advice.

<sup>19</sup> A complete research overview is provided at: [www.mstservices.com/outcomestudies.pdf](http://www.mstservices.com/outcomestudies.pdf)

<sup>20</sup> [www.mstuk.org/mst-uk/mst-uk-teams](http://www.mstuk.org/mst-uk/mst-uk-teams)

## Appendix 2 – Transition Plan

The table below shows the plan for the transition activities required to enable the new organisation to become operational by July 2016.

ACTIVITIES	CAMBS LEAD	Cambos NAME	SF LEAD	MV LEAD	WS LEAD	01-Jun	08-Jun	15-Jun	22-Jun	29-Jun	06-Jul	13-Jul	20-Jul	27-Jul	03-Aug	10-Aug	17-Aug	24-Aug	31-Aug	07-Sep	14-Sep	21-Sep	28-Sep	05-Oct	12-Oct	19-Oct	26-Oct	02-Nov	09-Nov	16-Nov	23-Nov	30-Nov	07-Dec	14-Dec	21-Dec	28-Dec	04-Jan	11-Jan	18-Jan	25-Jan	01-Feb	08-Feb	15-Feb	22-Feb	29/2				
Project Management and Communications																																																	
Obtain project management resource	Project																																																
Weekly project team meetings	Project																																																
Bi-weekly program meeting	Project		HG, LB	AL, BA	SR																																												
Identify and appoint specialist PR/marketing organisation to support the implementation of communications plan/branding	Project			AL, BA																																													
M&T Team Comms	Project																																																
Priority 1 Comms	Project																																																
Priority 2 Comms	Project																																																
Priority 3 Comms	Project																																																
KSD 1 - Lessons learnt case study	Project			AL, BA																																													
KSD 2 - Guide to obtaining buy-in from children's services stakeholders	Project		HG, LB	AL, BA																																													
KSD 3 - Overview of the improvements in the service as a result of the mutual	Project		HG, LB	AL, BA																																													
Closure workshop	Project		HG, LB	AL, BA																																													
Key Milestones																																																	
First Draft Business Plan finalised	Project		HG	BA																																													
Getting the legal entity setup	Project																																																
Approval from Council to establish Mutual	Project																																																
GO LIVE ★	Project																																																
Business Plan Development																																																	
Finalise context and drivers for change	Project																																																
Finalise vision, mission and purpose	Project																																																
Finalise market analysis (Pestle, SWOT, Customer, Competitor, USP)	Project																																																
Finalise services offering	Project																																																
Finalise organisational form (legal form and governance)	Project																																																
Finalise team structure	Project																																																
Finalise stakeholder mapping	Project																																																
Finalise quality assurance and monitoring	Project																																																
Finalise resources	Project																																																
Finalise finances (Finance model, sensitivity analysis, VAT, Tax, Assumptions)	Project		HG																																														
Finalise transition plan	Project			BA																																													
Finalise risks and mitigations	Project		HG, LB																																														
Finalise business plan	Project		HG, LB	AL, BA	SR																																												
JF New Mexico Report																																																	
Finalise Finance Plan																																																	
Business Plan updated with USP, IG & Finance Plan & Outcomes																																																	
SMT Meeting with project updates																																																	
Spokes Report / Meeting																																																	





[illegible]

### Appendix 3 – Risk Register

ID #	Risk Description	Risk Owner	Likelihood (H/M/L)	Impact (H/M/L)	Risk Score	Risk Status (R/A/G)	Mitigating Action	Residual Risk Estimate (H/M/L)
1	Cambridgeshire ceases to fund MST Standard	TJ & BS	H	H	9	R	MST Standard funding is secure to 2016/17 in budget plan. MST-PSB is secured until March 2016. The Local Authority commissioning process is currently in progress	Medium - management of risk to be maintained
2	Central Beds or Beds Borough seek to spot purchase and not contract for MST PSB	TJ , BS & SR	H	M	6	A	Director of Social Care has written to Beds Borough and Central Beds to secure commitment. Spot purchasing is taking place. Funding from Dept of Ed will support commissioner development in the two Beds Authorities	Medium - management of risk to be maintained
3	Staff decline TUPE or leave	All	M	M	4	A	Staff engagement is continuing to develop and staff have joined the planning team. Engagement in the workshops has been very positive	Medium - management of risk to be maintained
4	Senior staff leave (TJ,BS,SR,JF)	All	L	L	1	G	Senior staff are committed to the venture	Low - under control
5	Less demand than expected from commissioners for MST and evidence based programmes	TJ & BS	M	H	6	A	TJ and BS are well networked. TJ will allocate time to business development. Business leads are being pursued.	Medium - management of risk to be maintained
6	Market is unwilling to bear the costs of a traded service	TJ & BS	M	H	6	A	Market testing and sensitivity analysis is a continuing part of the planning process. Our unique selling point will be used to explain the higher costs	Medium - management of risk to be maintained

7	Social investment is not forthcoming	TJ & BS	L	M	2	G	So far the indications are positive but this does need to translate into confirmed business. The company structure will allow for business investment	Medium - management of risk to be maintained
8	Legislative change	TJ & BS	L	L	1	G	Mutual development and SIBs have cross party support at present and the Conservatives look set to continue this support	Low - under control
9	Financial planning does not take into account true operating costs or fails to take account of costs	TJ & BS	H	H	9	R	Care is being taken to plan the finances appropriately but the margins are tight and a growth strategy plan is being planned	High - active management of risk ongoing
10	Governance failure as board fails to offer sufficient challenge or accountability	TJ & BS	L	H	3	G	The formation of the board has yet to take place	Medium - management of risk to be maintained
11	Relationship failure with Cambridgeshire	TJ & BS	L	L	1	G	No sign that relationships are at risk	Low - under control
12	Service offer cannot be delivered due to staff shortages	All	M	M	4	A	Careful matching of resources to commitments will need to be made	Medium - management of risk to be maintained
13	Political resistance to the mutual process	TJ & BS	M	H	6	A	No sign of resistance as yet	Medium - management of risk to be maintained
14	Failure to transition to a mutual within specified timeframe	TJ & BS	M	H	6	A	Project plan has been devised to take into account all elements that will need to happen to ensure transition	Medium - management of risk to be maintained
15	Insufficient resource to deliver transition plan within required	TJ & BS	M	H	6	A	Detailed Transition Plan and Resource Plan will be prepared, enabling resource requirements to be identified	Medium - management of risk to be maintained

	timescales							
16	Due diligence identifies issues and additional liabilities in respect of transferring contracts/assets/staff to mutual	TJ & BS	H	H	9	R	The appointed legal firm is supporting the due diligence process and ensuring that appropriate indemnities are included within the transfer agreements in agreement and liaison with LGSS Legal	High - active management of risk ongoing
17	Mutual and Council unable to agree acceptable transfer terms	TJ & BS	M	H	6	A	Key transfer principles will be established as part of the business planning process involving senior stakeholders. The transition process assumes a phased process allowing time for further discussion and agreement on key transfer principles. The Council will consider this further on 9 <sup>th</sup> February	Medium - management of risk to be maintained
18	Commissioned contract is subject to procurement challenge	TJ & BS	M	H	6	A	Under consideration - a contract award notice could be published following a decision to award the contract to the mutual	Medium - management of risk to be maintained
19	Failure to secure admitted body status with LGPS/TPS	TJ & BS	M	H	6	A	Early contact was made with the LGSS pensions team. A PIM was requested and delivered to inform all parties of the current pension position with the aim of providing information to form the decision making process for both parties. This is currently in progress.	Medium - management of risk to be maintained

20	Failure to agree landlord/ tenant repair and maintenance obligations or staff accommodation	TJ & BS	M	H	6	A	Contact has been made with the LGSS Council team to negotiate appropriate liabilities and responsibilities. The operational service will need to remain an embedded service for effective functioning however, this is under review	Medium - management of risk to be maintained
21	ICT: Failure to implement resilient ICT infrastructure by go live date, leaving Mutual unable to operate effectively	TJ, BS & JH	M	M	4	A	Following final approval to proceed, a detailed Transition Plan and Project structure will be developed to manage the implementation. This will include key milestones to ensure on time delivery	Medium - management of risk to be maintained
22	Loss of employee goodwill during transfer process to a mutual	TJ & BS	L	M	2	G	TJ/BS has and will ensure clear, open, and effective communication is maintained throughout the transfer process through staff briefings and consultation events. The Evaluation process supported by SCIE has helped to facilitate this	Low - under control







**THE ESTABLISHMENT OF DENOMINATIONAL SCHOOLS**

**To:** Children and Young People Committee

**Meeting Date:** 9 February 2016

**From:** Adrian Loades, Executive Director: Children, Families and Adults Services

**Electoral division(s):** All

**Forward Plan ref:** **Key decision:** No

**Purpose:** To consider proposals which would inform the Council's approach to the establishment of new denominational schools in Cambridgeshire

**Recommendation:** To agree to adopt, with immediate effect, the proposed approach (set out in section 2.6.2 and 2.6.3) namely:

- (a) When seeking a new school sponsor, to explicitly welcome proposals from all potential sponsors including for voluntary aided schools and academies with a faith designation
- (b) When proposals are received for the establishment of a new voluntary aided school or academy with faith designation, the Council will take into account whether there is:
  - unmet local demand for additional relevant faith provision;
  - an established trend where parental preference exceeds the number of places available and this is forecast for the foreseeable future;
  - the potential for new denominational provision to alleviate demand on places in other schools in areas of high basic need.

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## **1.0 BACKGROUND**

- 1.1 Cambridgeshire County Council (The Council), as the local Children's Services Authority, has a statutory duty to provide a school place for every child living in its area of responsibility who is of school age and whose parents want their child educated in the state funded sector. To achieve this, the Council has to keep the number of school places under review and to take the appropriate steps to manage the position where necessary. The Education and Inspections Act 2006 also requires local authorities to adopt a strategic role, with a duty to promote choice, diversity and fair access to school provision.
- 1.2 At its meeting on 30 June 2015 the Children & Young People (CYP) Committee were asked to consider and reach a decision on a proposal that the Council should adopt a formal policy with regard to the establishment of denominational schools in Cambridgeshire. The Committee concluded that officers should enter into further discussions with the relevant Diocesan authorities, prior to bringing back a report to the Committee in January 2016. Two meetings were held, one jointly with representatives from the Church of England Diocese of Ely and the Methodist Family of Schools and another with the Roman Catholic (RC) Diocese of East Anglia.
- 1.3 A number of common threads emerged from these meetings with the Diocesan Authorities, as follows:
- their schools bring diversity and excellence to the education landscape in Cambridgeshire
  - the fewer the number of denominational schools there are in a local authority's area, the greater the proportion of children of that faith in those schools; and that
  - routinely considering the establishment of denominational schools as a part of the overall approach to addressing basic need, would address this imbalance.
- 1.4 The second bullet point above is borne out in Cambridgeshire where the vast majority of pupils in the two RC primary schools are Catholic. This contrasts with Norfolk (4 primary and 1 secondary RC schools) and Suffolk (9 primary, 1 secondary RC schools) where, with the exception of Newmarket (St Louis Primary School), the make-up of pupils on school rolls is more diverse.
- 1.5 The RC Diocese was able to cite examples in Norfolk and Suffolk whereby the establishment of a new Catholic primary school has alleviated demand for places in areas where pressures upon places are high, freeing up places in local non-faith schools but not denuding them of pupils attracted by a brand new local school. These comments have been substantiated by officer colleagues in these two neighbouring authorities.

## **2. KEY LEGISLATION AND STATUTORY GUIDANCE**

The Council must take account of the following legislation:

- 2.1 School Admissions Code December 2014  
The admissions authorities for schools designated by the Secretary of State as having a religious character may adopt admissions criteria which give priority to children of their faith. The Admissions Code, December 2014

(section 1.36) states the following:

*As with other maintained schools, these schools are required to offer every child who applies, whether of the faith, another faith or no faith, a place at the school if there are places available. Schools designated by the Secretary of State as having a religious character (commonly known as faith schools) may use faith-based oversubscription criteria and allocate places by reference to faith where the school is oversubscribed.*

## 2.2 Admissions criteria versus oversubscription criteria

- 2.2.1 The paragraph above confirms that no school may operate discriminatory admissions criteria. A denominational school cannot, therefore, have admissions criteria which allow only for admission of children of its own, or another faith. For example, if an RC primary school with a Published Admission Number (PAN) of 60 were to have 60 or fewer applications for places in Reception, all of these places would have to be offered regardless of the faith of the applicants. Similarly, if places were available in other year groups, these would also have to be offered irrespective of faith.
- 2.2.2 The two RC primary schools in Cambridgeshire are voluntary aided schools. Specific exemptions from Section 85 of the Equality Act 2010 enable voluntary aided faith schools to use faith criteria in prioritising pupils for admission to those schools in cases where there are more applications than places available. Where faith ranks within the oversubscription criteria, if the school is oversubscribed it may, therefore, prioritise the allocation of its places by reference to faith.
- 2.2.3 In the context of a local authority with very few denominational schools, such as Cambridgeshire, where demand for faith places outstrips capacity, and it becomes necessary to apply the over-subscription criteria this is likely to result in the majority, or even all the children admitted, being of the particular faith or faiths given priority within those criteria.
- 2.2.4 Arrangements are different for new academies and free schools that have a faith designation. When such schools are oversubscribed, a minimum of 50% of places must be allocated to children without reference to faith.

## 2.3 Public Sector Equality Duty (s149 Equality Act 2010)

- 2.3.1 S149 (1) (b) and (3) (b) are particularly significant. They require a public authority to have 'due regard' to the need to advance equality of opportunity and to take steps to meet the needs of persons who, for example, are from different faith backgrounds as well as those from no faith. The Council's legal advice is that the starting point for this must be an inclusive approach with guidance on how all proposals will be considered.
- 2.3.2 The Council needs to demonstrate 'due regard' to the need for faith-based places to be created.

## 2.4 The Education & Inspections Act 2006

- 2.4.1 The Education Act 2006 sets out the duties of local authorities (LAs) in relation to the provision of primary and secondary education. These include the duty to:
- secure diversity in the provision of schools;

- increase opportunities for parental choice;
- to promote high standards; and
- to ensure fair access to educational opportunity

2.4.2 The way in which the Council considers the provision of faith-based schools is clearly part of its duty to promote both diversity and choice. Therefore, it is essential that the Council should demonstrate through its actions that it is committed to fulfilling its duty to promote choice and diversity and that the provision of sufficient and suitable denominational school places is part of its broader approach to place planning for basic need, i.e. a strategic rather than a values-based approach, with each new development, or area of growth, being considered on its individual circumstances and needs.

2.4.3 Failing even to consider faith-based schools at the outset of a school sponsor search, would run the risk of legal challenge that the Council was not complying with this duty.

## 2.5 Education Act 2011

2.5.1 The 2011 Education Act sets out the requirements for local authorities with regard to the establishment of new schools. An amendment to the 2006 Education Act, approved under the 2011 Act (section 11 (1a)) makes provision, as a special case, for proposals to establish a new voluntary aided school in England.

2.5.2 Recent guidance from the Department for Education (DfE) confirmed that, with effect from May 2015, the presumption is that all new schools will be established as free schools. This reflects the fact that “free school” is the DfE’s term for a new provision academy. “Academy” is a legal term for state-funded schools that operate independently of local authorities and receive their funding directly from the Government. However, the option of a new voluntary aided school remains within the legislation.

## 2.6 Seeking school sponsors for new schools

2.6.1 Recent case law arising from judicial review (*British Humanist Association v London Borough of Richmond upon Thames 2012*) makes it clear that a Council has to ‘consider’ all proposals put forward for new schools. Therefore, whilst Council may decide as part of its appraisal of all the proposals received, not to recommend for approval by the Regional Schools Commissioner a sponsor whose proposal is to establish a denominational school as the first school in a new community/development, there is no basis in law to prevent that body from a proposal.

2.6.2 Therefore, when the Council publishes its intentions to seek a sponsor to open a new school it should, in future, state explicitly that it welcomes proposals from all potential sponsors including for voluntary aided schools and academies with a faith designation.

2.6.3 It is proposed that the following questions should form the basis on which the Council considers and responds whenever a denominational group/trust submits a proposal to sponsor or establish a new voluntary aided school or an Academy with a faith designation/religious character. Is there:

- unmet local demand for additional relevant faith provision?
- an established trend where parental preference for places in existing

denominational schools exceeds the number of places available and this is forecast to continue into the foreseeable future?

- the potential for new denominational provision to alleviate the demand on places in other schools in areas of high basic need?

2.6.4 Where there is evidence of the above, the following will be among a number of issues which the Council will also need to be consider:

- the availability of suitable sites
- the availability of capital funding, and
- the potential impact on other schools in the area

### **3 ALIGNMENT WITH CORPORATE PRIORITIES**

#### **3.1 Developing the local economy for the benefit of all**

3.1.1 There are no significant implications for this priority.

#### **3.2 Helping people live healthy and independent lives**

3.2.1 There are no significant implications for this priority.

#### **3.3 Supporting and protecting vulnerable people**

3.3.1 There are no significant implications for this priority.

### **4.0 SIGNIFICANT IMPLICATIONS**

#### **4.1 Resource Implications**

4.1.1 The Council is responsible for all pre-opening start up costs in respect of new basic need schools, including diseconomy of scale costs, funding for which may be needed over a number of years.

4.1.2 The establishment of new schools with a religious designation could relieve pressure on places in other schools in areas of high basic need.

#### **4.2 Statutory, Risk and Legal Implications**

4.2.1 There are specific statutory requirements to be followed in seeking a sponsor for a new school under the provisions of the Education Act 2011. The process adopted by the Authority is compliant with the requirements of the Act.

#### **4.3 Equality and Diversity Implications**

4.3.1 Local authorities have a number of statutory duties including securing diversity in the provision of schools, increasing opportunities for parental choice and ensuring fair access to educational opportunity.

4.3.2 The bodies making proposals for new schools with religious designation will need to evidence that there is local demand for the relevant faith places sufficient to justify the creation of a new school.

4.3.3 Public Sector Equality Duty (s149 Equality Act 2010) requires a public authority to have 'due regard' to the need to advance equality of opportunity

and to take steps to meet the needs of persons who, for example, are from different faith backgrounds as well as those from no faith.

#### **4.4 Engagement and Consultation Implications**

- 4.4.1 Officers would keep existing local schools informed of proposals to establish a faith school in their area and it would expect the school proposer to engage with the existing community as part of its proposals.

#### **4.5 Localism and Local Member Involvement**

- 4.5.1 As with all new school development, officers would ensure that the local member are aware of and involved in considering any proposals for a new faith school in their constituency.

#### **4.6 Public Health Implications**

- 4.6.1 There are no significant implications within this category.

<b>Source Documents</b>	<b>Location</b>
School Admissions Code (December 2014) <a href="https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/389388/School_Admissions_Code_2014_-_19_Dec.pdf">https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/389388/School_Admissions_Code_2014_-_19_Dec.pdf</a>	Octagon 2 <sup>nd</sup> Floor/Department for Education website







**ELECTIVE HOME EDUCATION**

*To:* **Children and Young People Committee**

*Meeting Date:* **9 February 2016**

*From:* **Adrian Loades, Executive Director: Children, Families and Adults Services**

*Electoral division(s):* **All**

*Forward Plan ref:* **N/A** *Key decision:* **No**

*Purpose:* **The Committee is asked to consider the extent of Home Education within Cambridgeshire and the reasons why parents elect to educate their children at home.**

*Recommendation:* **Members are asked to note the report and advise on any further information required.**

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## 1.0 BACKGROUND

- 1.1 Education is compulsory for all children from the start of the school term following their fifth birthday. Whilst education is compulsory, school is not. Parents can choose to provide their child with a suitable education at home and this is known as Elective Home Education (EHE). The responsibility for a child's education rests with their parents. Section 7 of the Education Act 1996 states that:
- a) The parent of every child of compulsory school age shall cause him to receive efficient full-time education suitable to his age, ability and aptitude, and*
- b) to any special educational needs he may have, either by attendance at school or otherwise*
- 1.2 The guidelines for local authorities on Elective Home Education 2007 & 2013, helps local authorities manage their relationships with home education parents and aims to clarify the balance between the right of the parent to educate their child at home and the responsibilities of the local authorities
- 1.3 Cambridgeshire County Council recognises that many parents provide a suitable education and we will continue to encourage a positive and productive relationship through the delivery of an information, advice and guidance service.
- 1.4 These guidelines explicitly state that:
- 1.4.1 Parents who are home educating their children are under no legal duty to register with, or otherwise inform, the local authority;
- 1.4.2 The local authority has no legal right of access to children who are being home educated by their parents;
- 1.4.3 The local authority may request information from parents who are home educating their children but parents are under no legal duty to respond to these requests;
- 1.4.4 The local authority may request that parents who are home educating their children agree to a home visit or other meeting with a local authority officer in order that the provision being made for the children may be assessed but parents are under no legal duty to agree to these requests;
- 1.4.5 The local authority may make informal enquiries of parents who are home educating their children but parents are under no legal duty to respond to these enquiries;
- 1.4.6 The local authority may serve a School Attendance Order "if it appears" that a home educated child is not in receipt of suitable education (reference to Section 437 of the Education Act 1996).
- 1.5 The guidelines, set within the overall context of section 437 of the 1996 Education Act, suggest that, unless it has reasons to believe otherwise, the local authority should accept that parents who state that they are providing a suitable education for their children at home are indeed providing such an

education.

- 1.6 The local authority is thereby required to make a passive assumption that a home educated child is receiving a suitable education, without supporting and corroborative evidence being supplied by the parents.

## **2.0 MAIN ISSUES**

### **2.1 Parental Responsibilities**

- 2.1.1 Section 3.31, Elective Home Education Guidelines 2007 (13) highlights:  
“Parents are required to provide an efficient, full-time education suitable to the age, ability and aptitude of the child. There is currently no legal definition of "full-time". Children normally attend school for between 22 and 25 hours a week for 38 weeks of the year, but this measurement of "contact time" is not relevant to elective home education where there is often almost continuous one-to-one contact and education may take place outside normal "school hours".
- 2.1.2 The type of educational activity can be varied and flexible. Home educating Parents are not required to:
- Teach the National Curriculum
  - Provide a broad and balanced education
  - Have a timetable
  - Have premises equipped to any particular standard
  - Set hours during which education will take place
  - Have any specific qualifications
  - Make detailed plans in advance
  - Observe school hours, days or terms
  - Give formal lessons
  - Mark work done by their child
  - Formally assess progress or set development objectives
  - Reproduce school type peer group socialisation
  - Match school-based, age-specific standards.
- 2.1.3 Local authorities should offer advice and support to parents on these matters if requested.
- 2.1.4 There are a significant number of home educating parents who have a hostile attitude towards local authorities and any attempts to elicit engagement rarely succeed.
- 2.1.5 Parents can express an intention to home educate when it would appear that there is no motivation to educate their child, but to escape the pressure from either the school, education welfare officer or both. There are also cases where the decision to home educate can be seen as a defence against child protection concerns.
- 2.1.6 When families of whom we have no previous knowledge and/ or contact are brought to the Local Authority's notice, we are required to act in response to our legal duty to identify, as far as it is possible to do so, children missing education (CME) and get them back into education. If on investigation we receive confirmation that families are home educating, we do follow up and try to correspond with the parents. However the EHE guidelines make it very

clear and explicit to home educating parents that they are under no legal duty to register with or otherwise notify the local authority of their presence or intentions.

- 2.1.7 An NSPCC report published in March 2014 entitled ‘Children not educated in school: learning from case reviews’ finds that:  
*“Home education is not, in itself, a risk factor for abuse or neglect. We support a family’s right to choose how to educate their children and know that this can be a safe, supportive and effective option. However, case reviews have shown a very small number of carers use home education as a means to isolate a child. This can prevent authorities and universal services identifying problems concerning a child’s health and wellbeing”*

- 2.1.8 Broadly, the motivations of the Home Educating community vary but can be seen to fall into four categories on the following spectrum:

Behavioural or unresolved attendance issues: encouraged to opt out or avoiding prosecution	Reacting to curricular or structural difficulties	Special social, emotional or learning needs not being met, being caused or aggravated; bullying	Political, religious, cultural or lifestyle proactive choices
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- 2.1.9 Cambridgeshire - Elective Home Education Numbers by Area & Locality (15 January 2016)

Area	Locality	Number of EHE students
<b>East Cambs &amp; Fenland</b>	Bottisham, Burwell & Soham	<b>24</b>
	Ely, Littleport & Witchford	<b>42</b>
	March & Chatteris	<b>46</b>
	Whittlesey	<b>22</b>
	Wisbech	<b>82</b>
<b>AREA TOTAL</b>		<b>216</b>
<b>Hunts</b>	Huntingdon	<b>29</b>
	Ramsey, Sawtry & Yaxley	<b>54</b>
	St Ives	<b>9</b>
	St Neots	<b>33</b>
<b>AREA TOTAL</b>		<b>125</b>
<b>South Cambridge &amp; City</b>	Bas, Mel, Com & Gam	<b>62</b>
	Cambridge North	<b>62</b>
	Cambridge South	<b>47</b>
	Cottenham & Swavesey	<b>75</b>
	Sawston & Linton	<b>18</b>
<b>AREA TOTAL</b>		<b>264</b>
<b>COUNTY TOTAL</b>		<b><u>605</u></b>

- 2.1.10 More data information can be found at [Appendix 1](#).

## **2.2 Local Authority Offer**

- 2.2.1 An Elective Home Education administrator ensures that all interventions with home educating parents are recorded on the Local Authority data base. The administrator liaises with parents to facilitate information sharing and to provide updates on the Local Authority offer. The Administrator regularly meets with the Behaviour and Attendance Manager to review the register of home educated children and based on the information held make a decision on the child's vulnerability, which will now also include considerations regarding the potential risk of radicalisation; and where applicable make onward referrals to appropriate agencies.
- 2.2.2 To develop a more inclusive service a consultation exercise was completed earlier in 2015. The following outlines the interventions now being delivered to the EHE community as part of an informed offer:
- 2.2.3 We continue to build on the work delivered to engage with local Elective Home Education parent groups.
- 2.2.4 We will reflect changes to Children Missing Education and Pupil Registration Regulations as the Department of Education has agreed to take action as an outcome on Ofsted insisting that there needs to be an increased level of tracking when a child is taken out of school. Changes will therefore need to occur with the Children Missing Education Guidance and the Pupil Registration.
- 2.2.5 The Association of Elective Home Education Professionals is a welcome and very important development that should allow Local Authorities to engage with government representative and influence policy.

## **3.0 ALIGNMENT WITH CORPORATE PRIORITIES**

### **3.1 Developing the local economy for the benefit of all**

- 3.1.1 There are no significant implications for this priority

### **3.2 Helping people live healthy and independent lives**

- 3.2.1 There are no significant implications for this priority

### **3.3 Supporting and protecting vulnerable people**

- 3.3.1 The report above sets out details of significant implications in paragraphs 2.2.1

## **4.0 SIGNIFICANT IMPLICATIONS**

### **4.1 Resource Implications**

- 4.1.1 There are no significant implications for this priority

### **4.2 Statutory, Risk and Legal Implications**

- 4.2.1 The following sets out details of significant implications identified by officers:

- 4.2.2 Changes to Local Authorities duties around Children Missing Education may have an impact on Elective Home Education guidance.
- 4.2.3 In December the Ofsted chief inspector, Sir Michael Wilshaw, warned that the safety and wellbeing of a small number of children could be at risk as a result of being educated illegally in unregistered schools. Three unregistered schools or madrassas were shut down by Ofsted in Birmingham in November as they were offering a narrow Islamic-based curriculum using anti-Semitic, homophobic and misogynistic materials. The pupils at these schools were thought to have been home educated. The Education Secretary, Nicky Morgan, has announced an intention to look into those educated by their parents after pledging to clamp down on such schools, not least as it links to the anti-terrorist PREVENT agenda.
- 4.2.4 Separately, a national newspaper, 'Independent on Sunday', made a Freedom of Information request regarding the number of pupils who are home educated, which received a lot of publicity in late December as the newspaper said there were estimated to be between 20,000 and 50,000 home educated children in England and Wales. According to the report the government is now considering proposals for parents to have a contact at local councils in order to be more certain of the number of pupils who are home-schooled. The report quoted a senior government source as saying: "There has always been the freedom in this country for people to educate their children at home. Many people do it very well. But we need to know where the children are and to be certain they are safe. For every parent doing a brilliant job, there may be someone filling their child's mind with poison. We just don't know. We don't have reliable figures." Previous attempts to seek greater regulation of elective home education have been challenged.
- 4.2.5 Local Authorities currently have no statutory duties in relation to monitoring the quality of home education on a routine basis. We have no powers to enter the homes of, or otherwise see, children or monitor the quality of their work, for the purposes of monitoring the provision of elective home education. We do wish to make a clear offer to families for support with issues that they tell us that would like assistance with. This is a different approach to some other local authorities who still insist on visits and contacts when the legal position to do so is weak to the point of uselessness.

#### **4.3 Equality and Diversity Implications**

- 4.3.1 There are no significant implications for this priority

#### **4.4 Engagement and Consultation Implications**

- 4.4.1 There are no significant implications for this priority.

#### **4.5 Localism and Local Member Involvement**

- 4.5.1 There are no significant implications for this priority.

#### **4.6 Public Health Implications**

- 4.6.1 There are no significant implications for this priority.



## APPENDIX 1

### 1. Cambridgeshire - Reasons for home educating academic year 2014/15 (more than one reason may have been given) All Data from FOI report 15<sup>th</sup> July 2015

14-16 Funding	1
Attendance/Prosecution	5
Bullying	34
Dissatisfaction with School Environment	57
Emotional & Behavioural Difficulties	8
Lifestyle/Cultural/Philosophical	75
Medical – Child	5
Medical – Parent	2
Not Preferred School	10
On the advice given by other professionals	4
Other*	23
Particular Talent	2
Problems with SEN Provision	5
Religious Beliefs	7
School Refuser/Phobic	9

### 2. Number of Children registered as being home educated - The following table represents the numbers of Cambridgeshire Children registered as being Home educated throughout an academic year

Year	No of children – registered throughout the academic year
2009/2010	200
2010/2011	420
2011/2012	498
2012/2013	585
2013/2014	663
2014/2015	776

Based on the ONS mid-year population estimates for the numbers of children known to be living in the local authority (from ages 5 to 16 inclusive) the percentage of children being home educated within the authority would be approximately 0.9 percent (January 2015)



3. **Gender** - For the academic years stated above, we are able to break down the gender of home educated children and the curriculum year which they are in:

Year	Male	Female
2009/2010	106	94
2010/2011	223	197
2011/2012	258	240
2012/2013	285	300
2013/2014	329	334
2014/2015	388	388

#### 4. Curriculum Year

Year	NCY1	NCY2	NCY3	NCY4	NCY5	NCY6	NCY7	NCY8	NCY9	NCY10	NCY11
2009/10	6	10	15	10	15	18	16	32	26	29	23
2010/11	36	21	28	25	22	25	54	49	61	53	46
2011/12	52	36	33	31	29	26	50	63	72	56	50
2012/13	75	27	30	42	35	36	53	71	71	76	69
2013/14	83	51	33	37	42	49	67	71	79	74	77
2014/15	82	50	71	52	62	59	68	78	90	82	82

#### 5. Ethnicity academic year 2014/15:

Ethnicity	No. of Children
Any other Asian background	2
Pakistani	3
Black Caribbean	2
Any other Black background	1
Any other Mixed background	13
White/Asian	6
White/Black African	4
White/Black Caribbean	6
Info not yet obtained	12
Any other Ethnic Group	1
Refused	4
White British	277
White Eastern European	1
White English	1
White Irish	2
Traveller Irish Heritage	9
Any other White background	29
Gypsy/Roma	70
Blank	108

## 6. Special Education Needs Status academic year 2014/15:

6.1	<b>SEN Status</b>	<b>No of Children</b>
	Education Health and Care Plan	2
	School Action	57
	School Action Plus	39
	SEN Support	17
	Statement	22

6.2	<b>SEN NEEDS (more than one reason may have been given)</b>	<b>No of Children</b>
	Autistic Spectrum Disorder	17
	Behaviour, Emotional and Social Diff	46
	Hearing Impairment	2
	Moderate Learning Difficulty	45
	Other Difficulty/Disability	10
	SEN support no specialist assess	1
	Severe Learning Difficulty	5
	Social, Emotional and Mental Health,	10
	Speech, Language or Communication Difficulty	20
	Specific Learning Difficulty	35

## 7. Elective Home Education Student annual numbers:

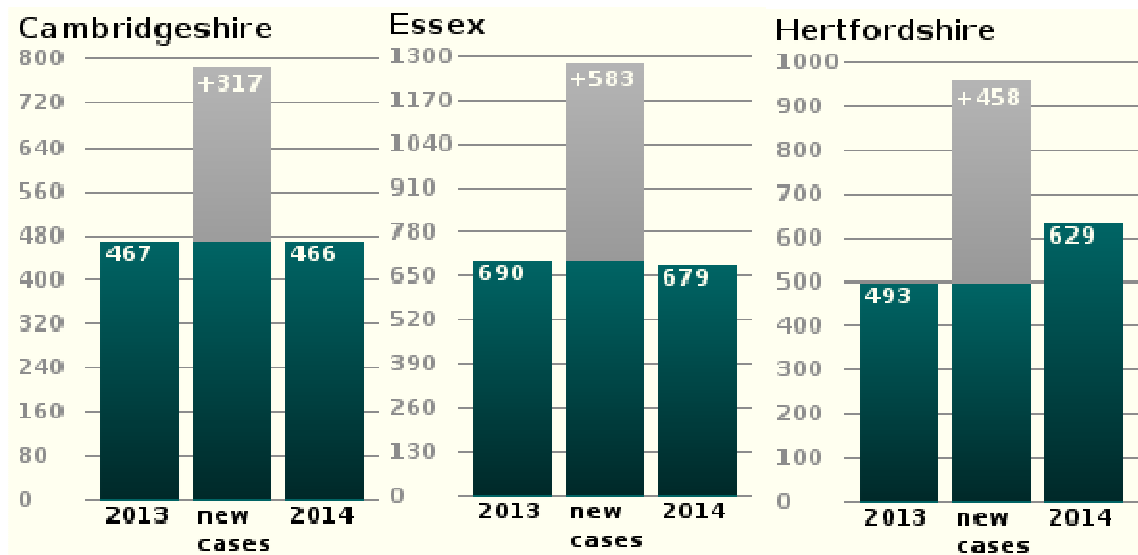
- 7.1 The following table provides the number of Elective Home Education students at the beginning an academic year and at the close.

In terms of the academic year 2014/15 we had a total of 776 students registered throughout the year.

	<b>No of Home Elective Education Children</b>
Sept 2014	497
July 2015	533

The pattern of 'churn' equates to 253

- 7.2 The graph demonstrates the high turnover of children being registered as Home Educated and then leaving home education during that academic year. One reason for this is parents' home educating whilst awaiting a school place. A similar pattern of 'churn' can be seen in other Local Authorities



(Data taken from Ed Yourself site – further comparative information can be accessed on <http://edyourself.org/articles/latotalnumber.php>)

Karen Beaton  
Attendance & Behaviour Manager  
January 2016



**REVISED POLICY ON THE PROVISION OF EARLY YEARS EDUCATION AND  
CHILDCARE**

**To:** Children and Young Peoples Committee

**Meeting Date:** 9 February 2016

**From:** Adrian Loades, Executive Director: Children, Families and  
Adults Services

**Electoral division(s):** All

**Forward Plan ref:** N/A **Key decision:** No

**Purpose:** To set out for the Committee's consideration and  
approval, a revised policy to reflect changes in legislation  
with regard to the provision of early years education and  
childcare

**Recommendation:** To agree to adopt the policy, attached as Appendix 1, with  
immediate effect.

<b>Officer contact:</b>	
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## 1.0 BACKGROUND

- 1.1 In April 2004, local authorities (LAs) became responsible for securing a free part-time education placement for every child from the term following their 3<sup>rd</sup> birthday whose parents want one.
- 1.2 Under the Childcare Act 2006, local authorities (LAs) have specific sufficiency duties, namely to secure:
- sufficient and suitable childcare places to enable parents to work, or to undertake education or training which could lead to employment;
  - sufficient and suitable early years places to meet predicted demand; and
  - free early years provision for all 3 and 4 year olds (and the 40% most vulnerable 2 year olds) of 15 hours per week 38 weeks per year.
- 1.3 Current legislation (The Childcare Act 2006 and the Education Act 2011, amended by the Children and Families Act 2014, Early Education and Childcare, Statutory Guidance for LAs) places duties on LAs in relation to early years and childcare provision. In response to this, as the commissioner of <sup>1</sup>registered early years provision, the Authority will:
- secure information, advice and training for early years providers
  - support and challenge providers to comply with Equalities, SEND and Safeguarding legislation
  - intervene and support providers judged to require improvement, where parents wish their child to continue to take up an early education place
  - secure quality childcare places for children aged 0 to 14 (or 18 if they have additional needs)
  - take steps to withdraw funding and provide intensive support, where provision is judged inadequate and/or is in breach of welfare requirements
  - respond to concerns about the use of Early Years Pupil Premium
  - respond to concerns regarding British values in early years and childcare provision
  - provide information, advice and assistance to families about local childcare provision and other families information.
  - improve the outcomes of children from birth to five years
  - reduce inequalities between children and young people in their area
  - secure and fund sufficient, flexible early years places for 2, 3 and 4 year olds in good and outstanding provision
- 1.4 In Cambridgeshire, the Authority funds a range of providers including its maintained schools but, the majority of children attend private, voluntary or independent-run (PVI) settings such as pre-schools and day nurseries. Only 23 of the Council's primary schools have nursery classes. In addition there are 7 maintained nursery schools.
- 1.5 Following the general election in May 2015, the government is fast-tracking legislation which will increase the statutory entitlement for 3 and 4 year olds to 30 hours early years education and childcare per week for 38 weeks of the year beginning in some pilot areas in September 2016 and nationally in 2017. Cambridgeshire has not been identified as one of the pilot areas. However, it has been invited by the Department for Education (DfE) to join a working

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<sup>1</sup> day nurseries, playgroups and pre-schools, out of school childcare, childcare on domestic premises, local authority maintained nursery classes/schools, childminders, independent schools, academies and free schools with early years provision.

group the purpose of which is to enable local authorities to provide advice and direction to inform the policy development of how local authorities will deliver the extended entitlement of 30 hours childcare.

1.6 The Authority's policy on Early Years (EY) education was last revised in 2012 when it set out for the first time the Authority's position as a market manager and facilitator, and a provider of last resort where the market was unable to meet parents' needs. The policy sets out the different ways in which provision can be offered in this environment. The principles underpinning the policy remain unchanged but the revised policy reflects recent changes to legislation and government policy.

1.7 The most significant developments since 2012 are:

- The targeted expansion of funded two-year old places for income deprived families (from September 2013) and other priority groups (from 2014)
- Schools can now change their age range by up to two years without needing to undertake a formal statutory process
- With effect from September 2014 the Office for Standards in Education (Ofsted) became the sole arbiter of quality
- Removal of the statutory requirement for a triennial childcare sufficiency assessment

1.8 The Authority is still responsible for improving early years outcomes and whilst Ofsted is the sole arbiter for quality, the duties are still significant.

## **2 MAIN ISSUES**

### **2.1 Revision to the Policy**

2.1.1 Changes to the policy are reflected in:

- Additions to Part 2 *Relevant Legislation* which cover the extension of the entitlement to early years and childcare for 2, 3 and 4 year olds and the ability for schools to change their age range to take 2 and 3 year olds
- Part 4 which sets out the Council's revised approach to advertising demand for new EY places, via its Market Position Statement, in its role as commissioner of early years provision
- Section 5 which reflects the fact that the first school in a new community development will, in future, serve the 2-11 age range in response to the increased level of 0-4 year olds arising from new developments.

These are explained in more detail below.

### **2.2 Free early education and childcare for the most vulnerable 2 year olds**

The widening of financial eligibility criteria in April 2014 means that 2 year olds from working families are now entitled to free early education and childcare. The entitlement now extends to approximately 40% of children in that age bracket. Other priority groups include 2 year olds:

- looked after by the Authority
- adopted
- in receipt of Disability Living Allowance
- who are the subject of a Statement of Special Educational Needs or and Education, Health & Care (EHC) Plan.

### **2.3 Age Range Change**

Amendments to the Regulations are awaited to facilitate this, but Guidance now exists which enables schools to initiate changes to their age range by up

to two years, allowing them to admit children as young as two without having to go through any form of statutory process.

2.3.1 Schools have to consult the Authority but the legislation is permissive i.e. there is the expectation that the change will take place. In contrast, LAs are still required to follow a statutory process if **they** wish to make changes to a maintained school's age range.

2.3.2 Associated with this change is the lifting of the requirement for schools to register their early years' provision for two-year-olds separately with Ofsted, (so long as it meets certain requirements). This came into effect on 26 May 2015.

## 2.4 Growth

2.4.1 The multipliers which underpin the forecasts of children arising from new developments, were revised in 2015. In September 2015 the CYP Committee approved the increase of the general multiplier for the pre-school population from 18-25 to 20-30 children aged 0-3 per 100 dwellings.

2.4.2 The combination of demographic growth and new legislation brings significant challenge in terms of securing sufficient EY places to ensure the Authority meets its statutory duties. In response to housing growth, section 106 negotiations are undertaken on the basis of the need for sites to be made available within new developments for PVI providers to establish settings in new communities. In addition, the Authority continues to include accommodation for the delivery of EY education in the design specification for all new primary schools and at Committee on 19 January 2016, Members agreed that, in future, the first primary school on a new community development should serve the 2 to 11 age range, rather than 4 to 11 as currently.

2.4.3 The first Market Position Statement was published in June 2015. Its purpose is to highlight development opportunities to existing and new providers of early years and childcare, identifying which communities are in need of more early years education places, day care provision and out of school childcare. The Statement is advertised through the Council's Portal for bringing providers and suppliers together, 'Source Cambridgeshire'.

## **3 ALIGNMENT WITH CORPORATE PRIORITIES**

### **3.1 Developing the local economy for the benefit of all**

3.1.1 Under Section 6 of the Childcare Act 2006 LAs have a duty to secure, so far as is reasonably practicable, sufficient childcare (whether or not by them) is available to meet the requirements of parents in order to enable them to work or undertake training leading to work. This applies to childcare for children aged 0 – 14 years, and up to 18 years for those with disabilities.

### **3.2 Helping people live healthy and independent lives**

3.2.1 Accessible early years and childcare provision is a major contributor to helping people live healthy and independent lives as it provides opportunities for parents to train and/or take up employment.

### **3.3 Supporting and protecting vulnerable people**



3.3.1 There are no significant implications within this category.

## **4.0 SIGNIFICANT IMPLICATIONS**

### **4.1 Resource Implications**

4.1.1 Responses to a survey of early years providers in Cambridgeshire initiated by officers in July 2015, regarding the increase in the weekly entitlement for 3 and 4 years olds to early years education and childcare from 15 to 30 hours weekly, indicated that many settings would struggle to make this provision and still remain financially viable given the hourly rate payable to them which is currently £3.43. If settings were to close this would threaten the Council's ability to meet its sufficiency duties.

4.1.2 The DfE published its Childcare Bill Policy Statement on 3 December 2015.. A consultation on proposals regarding hourly rates for 2, 3 and 4 year old entitlements and the commitment to a national funding formula for early years in 2017/18, is expected in late February/early March 2016. The Authority will respond setting out the Cambridgeshire context to try to ensure additional funding for EY providers within the county.

### **4.2 Statutory, Risk and Legal Implications**

4.2.1 The policy reflects the Authority's statutory duties with regard to securing sufficient early years places.

### **4.3 Equality and Diversity Implications**

4.3.1 The policy does not refer specifically to the impact on children with additional needs or at risk of exclusion. However, sufficient good quality provision is essential in securing better outcomes for all disadvantaged groups, and a clear policy framework will support the sufficiency duty.

### **4.4 Engagement and Consultation Implications**

4.4.1 Where new EY provision is proposed there is an expectation that consultation will take place with the local community and existing providers

### **4.5 Localism and Local Member Involvement**

4.5.1 There are no significant implications.

### **4.6 Public Health Implications**

4.6.1 There are no significant implications

<b>Source Documents</b>	<b>Location</b>
The Childcare Act 2006	<a href="http://www.legislation.gov.uk/ukpga/2006/21/pdfs/ukpga_20060021_en.pdf">http://www.legislation.gov.uk/ukpga/2006/21/pdfs/ukpga_20060021_en.pdf</a>
The Local Agreement for Early Years & Childcare Providers in Cambridge	<a href="http://www.cambridgesh">http://www.cambridgesh</a>

Department for Education's Childcare Bill Policy Statement  
– December 2015

[ire.gov.uk/site/scripts/google\\_results.aspx?q=local+agreement](http://ire.gov.uk/site/scripts/google_results.aspx?q=local+agreement)

[https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/482517/Childcare\\_Bill\\_Policy\\_Statement\\_12.03.2015.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/482517/Childcare_Bill_Policy_Statement_12.03.2015.pdf)

## **APPENDIX 1**

### **POLICY FOR PROVISION OF EARLY YEARS EDUCATION AND CHILDCARE IN CAMBRIDGESHIRE**

**February 2016**

## **1 INTRODUCTION**

1.1 The principles underpinning this policy are as follows:

- All children should have an equal start in life
- All families should have access to high-quality early learning and care
- Services should, as far as possible, be organised to meet the needs of the child and his/her family
- Effective partnerships are critical and these must include parents, the voluntary, private and independent sector and other agencies
- There should be choice and diversity in the provision available to families with no single model or provider dominating or monopolising the market.

1.2 A key priority for the Authority is to accelerate the achievement of those children with the lowest educational performance so that the gap between them and those with the highest performance closes. Evidence shows that good quality early years education and childcare provision makes a significant contribution to children's attainment and future life chances. The Authority is committed, therefore, to securing and maintaining sufficient high-quality early years and childcare provision to meet the current and future needs of Cambridgeshire's families.

1.3 The Authority recognises that there is a key role for those providers judged to be offering the highest quality early years provision in modelling and disseminating their outstanding practice. An example of this is the Cambridge Early Years Teaching School Alliance, a partnership of Cambridgeshire nursery schools working with the Faculty of Education and the Authority's Early Years Service to promote sector-led improvement. The Authority will continue to develop this way of working, and where appropriate, to act as the broker between providers.

1.4 The Authority funds provision on the basis of compliance with conditions on quality, national conditions set out in the relevant Code of Practice, and on actual take-up of places, measured annually.

## **2 RELEVANT LEGISLATION**

2.1 The Childcare Act 2006 formalised the important strategic role that all local authorities play in the planning and commissioning of early years provision. It sets out a number of statutory duties that all local authorities must fulfil. These are to:

- improve the well-being of young children
- reduce inequalities between children
- secure for working parents who need it, sufficient childcare for children up to 14 years old, and for disabled children up to 19 years old (this includes breakfast, after school and holiday provision)

- secure, free of charge, the statutory weekly entitlement of early years provision for 3 and 4 year olds, and for 2 year olds who meet eligibility criteria
- provide a parental information service
- prepare assessments of the sufficiency of childcare provision every three years (since 2014 this has been replaced by an annual review\*) and to keep the sufficiency of places under review.

\*This will be delivered as part of the Cambridgeshire Education Organisation Plan which is reviewed and published annually in the autumn term. In addition, as the Authority still considers it good practice to assess the wider sufficiency needs in the County it will continue to undertake a sufficiency assessment every three years.

2.2 Statutory Guidance published in January 2014 has strengthened the role of schools as providers of early years education and childcare. It enables schools (those maintained by local authorities as well as academies and free schools which operate independently of local authorities) to initiate changes to their age range by up to two years, to admit children as young as 2 without having to undertake any form of statutory process. (We are awaiting revised regulations to align with statutory guidance). Any review of provision would be subject to consultation with the local community.

2.3 Local authorities are still required to follow a statutory process where **they** propose to make changes to a maintained school's age range, including the publication of statutory proposals for change, providing further opportunity for representations to be made.

2.4 There is no longer a requirement for any provision for 2 year olds operated by a school to be separately registered with the Office for Standards in Education (Ofsted).

### **3 PROVISION OF EARLY YEARS PLACES**

3.1 To fulfil its statutory responsibility, the Authority funds part-time education places for 2, 3 and 4 year olds in settings under the management of:

- Voluntary management committees
- Private businesses, including private schools
- Maintained schools
- Academies and free schools
- Home-based childcare providers (accredited networked childminders).

The majority of provision in Cambridgeshire is run and managed by providers in the private, voluntary and independent sectors (PVI).

3.2 The Authority expects all early years provision to be of high quality. To that end, it will provide support to encourage the following aspects of high quality provision:

- appropriately trained and qualified leaders and staff

- expertise in recognising and meeting a range of needs within the setting
- commitment to and evidence of inclusive practice and promotion of equality and diversity.

## **4 COMMISSIONING NEW EARLY YEARS PROVISION**

- 4.1 In its role as commissioner, the Authority's long-term aim is to secure equity of provision across Cambridgeshire in the form of locally accessible, high-quality early years education and childcare, which is responsive to the changing needs of children and their families.
- 4.2 The Authority will indicate through its Market Position Statement (MPS) where gaps and potential pressures on early years places exist. It will review, commission and support the development of new high-quality provision as appropriate to ensure that the needs of families are met. This may include advice on setting up new or expanding existing good provision, help in finding and registering suitable premises, training for staff and financial support in set-up and initial operating costs.
- 4.3 In new communities or in areas of demographic growth, the Authority may formally commission new provision to meet forecast parental demand. The nature of this provision will depend on the number of places required and the anticipated needs of the community.
- 4.4 In cases of acute and critical shortage, the Authority may work with one or more local schools to extend their age range by up to 2 years, or failing that it may take the decision to run provision directly if the market has failed to supply it.

## **5 Early Years education and childcare in new schools**

- 5.1 The Education Act 2011 presumes that all new schools will be established as either academies or free schools (the establishment of a Voluntary Aided (VA) school is a legitimate exception to the academy/free school presumption). Given the statutory entitlement to early years education, the Authority will require potential sponsors to establish the first school in a new community to serve the 2-11 age range.
- 5.2 Where new schools are required to serve existing communities these will be planned to serve the 4-11 age range but with on-site accommodation provided specifically for the delivery of early years and childcare. The rooms may also be used by an out-of-school club where the Authority or the school identify that there is sufficient demand to make the provision financially sustainable.
- 5.3 All potential school sponsors will need to commit to guarantee to make this accommodation available for the delivery of early years and childcare for children aged 2 - 4 from the day on which the school opens.

- 5.4 Potential sponsors will be asked to indicate whether they intend to run the early years provision themselves or if they wish to tender for a PVI provider to do so.
- 5.5 If the potential sponsor wishes to run the early years provision in the new school themselves, as part of the sponsor application process they will be required to set out in detail how:
- they will ensure that provision is of high quality
  - the provision will be organised (i.e. staffing structure, opening hours and financial robustness).
- 5.6 If the potential sponsor does not wish to run the provision themselves they will be invited to carry out a tender process to secure a PVI provider to run and manage it and then work in partnership with the provider to meet the needs of children and families in the local area.

## **6 Early Years education and childcare in existing communities**

- 6.1 The Authority may also seek to develop new early years provision in existing communities where there is evidence of shortage. In addition to publicising the need in the MPS, the Authority's officers will work with existing providers in the PVI sector, as well as schools, to meet the need.
- 6.2 Where new provision, to be run and managed by a PVI provider, is established on a school site, the collaboration of the host school will be essential in establishing (at the earliest possible stage) clear arrangements for usage of the accommodation and facilities, and a fair allocation of any shared costs. Support in developing these arrangements will be offered through the Authority's Strategic Assets service.
- 6.3 Funding for early years provision, through the Early Years single funding formula, is subject to approval through the Cambridgeshire Schools' Forum, and the payments to settings for children entitled to free early years provision is administered by the Authority. Funding is made in accordance with the Early Education & Childcare Statutory Guidance for local authorities. There is also an expectation that providers will sign up to the Local Agreement with the Authority. The Local Agreement for childcare providers sets out the Council's responsibilities and the expectations it has of early years and childcare providers and the support available to them.

## **EARLY YEARS AND CHILDCARE PROVISION GLOSSARY**

### **Free entitlement for three and four year olds**

All children are entitled to 15 hours of early education per week (term time), from the term after they turn three and until they reach statutory school age.

### **Free entitlement for two year olds**

Some 2 year olds will be eligible for 15 hours of early education per week (term time). This entitlement is to support the most vulnerable two year olds and eligibility is dependant on the family meeting set criteria (income).

(Free entitlements can be stretched over 50 weeks of the year if a parent chooses – this is most common in full day care and where parents work).

### **Full day care / childcare places / Out of school childcare**

Terms generally used to refer to childcare for families who are working.

### **Wrap around care**

Childcare that wraps around a free entitlement or the school day to enable parents to work a longer day than the free entitlement or school hours would normally allow.

### **Early years places**

A general term for all early years and childcare provision for 0-5 year olds.

### **Crèche**

Offers care for a child where the parent remains on the same site to do an activity, such as gym, learning workshop.

The crèche has a requirement to ensure the safety and welfare of the child but has no long term involvement in the early education of a child and will not offer free entitlements.

This type of care does not meet the needs of working parents.

### **Childminder**

A person who is registered with Ofsted to deliver care within their own home. A childminder can offer just the childcare element for all age ranges or they may also be accredited which enables them to draw down the funding from the Authority to offer free entitlements.

### **Day Nursery**

Offers full day care to children aged 3 months to 5 years, usually open for long days, Monday to Friday all year round. Nurseries can be approved to draw down the funding from the Authority to offer free entitlements.

Some day nurseries may also offer out of school club and holiday care for school age children.

### **Pre-school / sessional day care / maintained (school run) nursery class**

Provision that generally offers short sessions of 3 hours and open term time only. Age range 2 years and 9 months to statutory school age. Will be



approved to draw down funding from the Authority to deliver the free entitlements. Some may also offer wrap around care outside these hours to enable parents to work, (sometimes referred to as extended day pre-school).

**Maintained Nursery school**

A school maintained by the Authority which is registered with Ofsted to provide education for children aged between 2 and 4.

**Early years provision**

A general term for any provision that delivers early years places. This could be a day nursery, pre-school or childminder

**Out of/after school clubs**

Offer childcare before (often referred to as a breakfast club) and after school and also school holidays to allow parents to work.



**ESTABLISHMENT OF A NEW SECONDARY SCHOOL AT WISBECH**

**To:** Children and Young People Committee

**Meeting Date:** 9 February 2016

**From:** Adrian Loades, Executive Director: Children, Families and Adults Services

**Electoral division(s):** All County Council Electoral Divisions within the Fenland District Council area

**Forward Plan ref:** N/A **Key decision:** No

**Purpose:**

- a) To summarise the review of secondary school provision in Fenland undertaken in response to demographic change and the proposed levels of development in the Fenland District Local Plan 2014; and
- b) To inform the Committee of the consultation undertaken during 2014, the conclusions drawn and the additional work prompted by that consultation.

**Recommendation:** That the Committee:

- a) endorses the provision of a new secondary school in Wisbech and that this option is the subject of stakeholder (phase 2) consultation during the summer term 2016;
- b) notes the outcome of the site assessment work and requests the General Purposes Committee to authorise the acquisition of a site currently in the ownership of the College of West Anglia (adjacent to Meadowgate School) subject to the conclusion of satisfactory terms for acquisition and due diligence;
- c) authorises officers to continue to work towards identifying a preferred site in March should further additional secondary school capacity be required towards the end of the Local Plan period in 2031.
- d) notes the financial provision made in the Children, Families and Adults capital programme (£23m in 2019/20) for a new secondary school in Wisbech and the need to review this on an annual basis given the uncertainties about demographic change and timing outlined in the report.

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## **1.0 BACKGROUND**

- 1.1 In 2013-14, officers commenced a review of secondary education in Fenland, prompted by recent demographic change (the population of the District has grown by 13.9% to 95,300 since 2001), rising numbers of pupils in the Council's primary schools and the release of the draft Fenland Local Plan (FLP) in March 2013), which outlined the potential for 11,000 new homes to be built during the 2011-2031 planning period, allocated across the District as follows:

- 3,000 homes in Wisbech;
- 4,200 homes in March;
- 2,600 homes distributed around the market towns of Chatteris and Whittlesey; and
- the remaining 1,203 homes delivered across a number of smaller sites in the outlying villages.

The Fenland Local Plan was adopted in 2014.

- 1.2 Wide-ranging consultation was undertaken with key stakeholders on:
- current secondary school capacity and its ability to accommodate increased pupil numbers
  - options for creating additional secondary school capacity once existing capacity is fully utilised

A background information paper entitled "Demographic Pressures on Primary School Places in Wisbech – January 2012" was prepared to support our discussions with local councillors, schools, neighbouring local authorities (Lincolnshire and Norfolk) and individual town and parish councils.

- 1.3 The principal aim of the review was to ensure that any expansion required was delivered in good time and thereby ensure that the Council meets its statutory duty to provide a school place for every child living within its area whose parents want their child educated in the state funded sector.

## **2.0 MAIN ISSUES**

### **2.1 Demography**

- 2.1.1 There are four secondary schools in Fenland: Neale-Wade Academy (March), Thomas Clarkson Academy (Wisbech), Sir Harry Smith Community College (Whittlesey) and Cromwell Community College (Chatteris). There is a distance of between 6-13 miles separating each school (measured in a straight line). Table 1 below provides a summary of the current operating capacity of each school and the numbers on roll at the January 2015 census. This shows that there is currently some spare secondary school capacity across the district, with the majority of places being available at Thomas Clarkson Academy (TCA).

- 2.1.2 **Table 1-** Pupils numbers for each secondary school in Fenland and the number on roll at the January 2015 Pupil Level Annual Schools Census are as follows:

<b>Secondary School</b>	<b>Form of Entry (FE)</b>	<b>Published Admission Number (PAN)</b>	<b>PAN total Capacity</b>	<b>Number of 11-15 year olds in catchment</b>	<b>Number of 11-15 year olds on roll</b>
Cromwell Community College	7	210	1,050	1,009	973
Neale-Wade Academy	10	300	1,500	1,202	1,287
Sir Harry Smith Community College	6	180	900	854	879
Thomas Clarkson Academy*	8	240	1,200	1,379	1,153
<b>Fenland Total</b>	<b>33</b>	<b>990</b>	<b>4,650</b>	<b>4,444</b>	<b>4292</b>

- 2.1.3 At the commencement of the review it was only possible to forecast secondary school rolls based on ageing forward the children in the local primary schools for the period up to 2022. These forecasts indicated that an additional 4 to 5 forms of entry (FE) (600-750 year 7 places) would be required across the District by 2022. The split between the main towns is shown in table 2 below.

- 2.1.4 **Table 2:** Shows year 7 secondary school places required across the District by 2022, split across main towns:

	<b>Chatteris</b>	<b>March</b>	<b>Whittlesey</b>	<b>Wisbech</b>
<b>Cohort Forecast to 2022</b>	217	275	184	393
<b>Likely PAN (FE)</b>	210 (7)	300 (10)	180 (6)	240 (8)
<b>Difference (additional FE required)</b>	7 (0)	-25 (0)	4 (0)	153(5)*

*\*Given likely trend for parental preference and capacity in March and schools in neighbouring counties*

- 2.1.5 Since the commencement of the review the January 2015 Pupil Level Annual Schools Census data has been published. This allows a similar projection to be made up to 2024. This would suggest a need for an additional 7FE (210 year 7 places) across the District, with the 2FE increase on the 2022 figure concentrated in Wisbech and the schools in the catchment area of the Thomas Clarkson Academy.

- 2.1.6 If all of housing allocated in the Fenland Local Plan (set out in paragraph1.1) came forward in the period to 2031 an additional 15FE of places would be required across the District with the split across the main towns shown in table 3 below.

- 2.1.7 Table 3: Shows additional FE required across the District in response to new housing split across the main towns:

	<b>Chatteris</b>	<b>March</b>	<b>Whittlesey</b>	<b>Wisbech</b>
<b>FE forecast to 2031</b>	2.5	5.5	1.5	5.5

- 2.1.8 The demographic data alone suggests a strong growth in the demand for secondary school places. However, long-term pupil forecasts are subject to a wider range of error than short-term ones. For example, the future number of births is difficult to forecast for such small areas and changes in parental preference and rates of housing development can have a big impact on future numbers. The relationship between future housing development and pupil rolls is not straightforward. Simply adding the number of pupils expected from new developments to the current primary-aged population is likely to give an over-estimate of future numbers because as the population of existing communities matures a certain level of new house building is required to maintain pupil numbers.
- 2.1.9 There are a range of other factors at play (paragraphs 2.3 to 2.6) which will have implications for both the level and the timing of any expansion of secondary school capacity in the district. Inevitably, a judgement will be required based on all of the available evidence

## **2.2 Pace of Housing Growth**

- 2.2.1 There are considerable question marks around the pace of housing development, with a number of major development sites in Fenland stalling because of viability issues. Between 2011 and 2014 only 870 dwellings were completed. Continued building at that rate would deliver only 5800 of the 11,000 homes identified in the FLP.
- 2.2.2 There is also a requirement in the FLP for the strategic allocation sites to be master planned. In some cases this process is only just beginning and in others is yet to commence. There remains a significant amount of work to be completed before these sites come forward.
- 2.2.3 Given that a certain level of housing growth is required to sustain numbers it is considered prudent at this time to plan up to the period 2024 and project existing primary cohorts through to this date. In planning provision up to 2024, the option(s) selected should acknowledge the potential for further growth up to 2031 and the location for it as set out in the FLP. This approach would take account of the strategy in the FLP but without creating an undue risk that surplus capacity will be added into the system.

## **2.3 Parental Preference Trends**

- 2.3.1 The Thomas Clarkson Academy has significant spare capacity at the current time. This is not apparent from Table 1 as the capacity of the school has been given as 1200 based upon its current PAN of 240. However, the school has sufficient accommodation for a PAN of 300 or an overall capacity of 1500 pupils

aged 11-15 This surplus capacity is the effect of parental preference and pupils opting to attend other schools, including Neale-Wade Academy (NWA) in March.

- 2.3.2 Wisbech also experiences the greatest out of county migration of secondary school pupils. The January 2014 census recorded a total of 110 eleven year olds from the TCA catchment area attending secondary school provision in the following neighbouring authorities; Lincolnshire (66), Norfolk (41) and Peterborough (3). If currently observed trends continue there will be approximately 100 pupils (more than 3FE) moving out of the Wisbech state-funded sector during the transition between the primary and secondary phases of education. In the event that all children in the TCA catchment area chose to attend the school, it would already have insufficient capacity to meet this demand.
- 2.3.3 The extent to which this pattern of parental preference can be sustained will impact on the future demand for secondary school places in Wisbech. As Lincolnshire is now experiencing place planning pressures of its own, it is likely that fewer children from Wisbech will be able to access these places in future. Likewise, there are a rising number of pupils already attending schools in the primary phase of education in March and as these numbers reach secondary school age the ability of children from Wisbech to access places at Neale Wade Academy will also be diminished.
- 2.3.4 Whether this displacement effect will directly translate into an increased demand for places in the secondary school sector in Wisbech is difficult to assess. The trend for children to access schools elsewhere is long established and it is possible that new trends could emerge. In neighbouring Norfolk, there is some spare capacity at the nearest secondary schools to Wisbech located in West Walton and Terrington St Clement.
- 2.3.5 In contrast to the situation in Wisbech, migration to out of County provision is negligible in the areas served by the Neale Wade Academy, Sir Harry Smith and Cromwell Community Colleges

## **2.4 The Decisions of Education Providers**

- 2.4.1 There is some evidence emerging across the County that secondary schools are prepared to increase pupil numbers within the constraints of their existing accommodation. This enables them to maximise revenue budgets which are increasingly driven by pupil numbers as the schools' funding formula has become more prescriptive, limiting the number of special factors and thereby opportunities to recognise individual or local circumstances. This development would further support a more cautious approach to secondary school place planning in order to avoid the over-provision of pupil places.
- 2.4.2 In the context of the current Fenland secondary review, it should be noted that Thomas Clarkson Academy currently has the physical capacity for 10FE (1500 pupils) aged 11-16. However, the academy sponsor the Brooke Weston Trust (BWT) reduced the Published Admission Number (PAN) to 8FE (an intake of 240 indicating a total capacity for 1200 pupils aged 11-16) from September

2015. The Trust believes that in the long term TCA should operate at 8FE with a sixth form and that this model offers the best prospect for improvement and creating a successful school.,

2.4.3 Notwithstanding this decision, BWT has indicated that it will admit over PAN should additional places be required to meet the demand for places within its catchment area as it does have the physical capacity to do so. The extent to which the Trust is prepared to do this, working in agreement with the local authority, will influence the timescales in which extra capacity is required in the Town.

2.4.4 The College of West Anglia (CWA) has a campus located in Wisbech. CWA primarily offers post 16 vocational training, but has for many years offered 14-16 school link opportunities to Fenland schools on a day per week to pupils in years 10 and 11. If CWA expanded this form of provision then it may also have an impact on the extent and timescales for providing additional secondary capacity in Wisbech. Such a development cannot be ruled out given that the CWA has recently established the College of West Anglia Academy Trust and is now the main sponsor of three secondary and two primary academy schools in Norfolk. In addition, the further education (post 16) sector is an unprotected area of public expenditure. CWA has, therefore, seen significant budget reductions in recent years. This overall financial context may encourage the sector as a whole, including CWA, to extend the 14-16 year old offer if revenue funding followed these students.

## **2.5 Migration Patterns**

2.5.1 The Fenland area has experienced in-migration from countries that have more recently joined the European Union (EU). Table 1 in [Appendix 1](#) provides forecasts for recent and expected growth in the number of East European pupils in Fenland based on the number of children whose first language is from one of the A2 and A8 accession countries. However, the migratory pattern has not had a significant impact on secondary school forecasts. A comparison between the January 2014 base forecasts and 2014 actuals for children aged 11-15 illustrate this.

	Cromwell	Neale Wade	Sir Harry Smith	Thomas Clarkson	Total
Forecast	982	1369	802	1362	4515
Actual 2014	986	1322	892	1210	4410
Difference	+4	-47	+90	-152	-105

2.5.2 In reality inward migration runs alongside other trends including families leaving an area and the maturing of the existing population. The effects of inward migration on overall pupil numbers are reduced where these trends run in parallel.

2.5.3 Increasing numbers of primary age children, including the children of migrant families, have already been accommodated in schools in March and Wisbech (and to a lesser extent Chatteris). They have, therefore, been included in future



secondary school age cohort forecasts.

- 2.5.4 Future migratory patterns are almost impossible to predict/forecast. Future patterns will be linked to national government policy on EU membership and immigration, future economic performance in this country and elsewhere within the EU and the ability to meet the demand for skills required by the labour market from within the existing population.

### **3.0 INITIAL PHASE 1 CONSULTATION**

- 3.1 As part of the review into the future of secondary education in Fenland, academy sponsors of the four secondary schools and the Principal of CWA were consulted on how they would see their institutions meeting the growing demand within the District.
- 3.2 The views of district, town and parish councils were also sought. Wisbech Town Council supported a smaller TCA as part of the future planning of secondary school provision in the Town.
- 3.3 There was a general consensus among respondents that additional capacity was required in the Wisbech and to a lesser extent the March areas. This view informed the subsequent site option appraisal and site search work detailed in paragraphs 4.3 to 4.7 below.
- 3.4 In supporting additional capacity, education providers in the area considered that the review should be about more than simply the creation of additional secondary school places in the area. They felt that the Council should use the review as an opportunity to also consider the nature of the educational offer to be made in Fenland, and in particular Wisbech, to reflect the ambitious plans for regeneration in the Town set out in the Wisbech 20/20 vision. How such an offer related to the presence and location of CWA's Wisbech Campus and the opportunities that could be made available to 14 to 19 year olds, educational attainment and continuation in education post 16 were also relevant factors.
- 3.5 The Council deferred a decision on its preferred option for increasing capacity while it undertook this work between March and October 2015. The outcome is summarised in paragraphs 4.1 to 4.2 below.

### **4.0 ADDITIONAL POST CONSULTATION WORK**

#### **(a) The Education Offer**

- 4.1 The Adult Learning and Skills Management Support Team has prepared a report looking at the current and future education and skills needs for Wisbech and its economy. The report concludes that:

*Secondary education in Fenland needs to develop pupils' skills and qualifications that meet employer needs and fill the gaps – any development should not just be about qualifications but about a curriculum that promotes work readiness, work experience placements, exalts the value of the vocational as much as the academic. People with hybrid skillsets, such as technology and project management skills are likely to be in demand in the*

*future.*

*'Real' links with employers need to be established and employers involved in curriculum planning. As around 15% of Fenland's residents are self-employed entrepreneurial and business skills could be developed.*

*Smaller companies (less than 10 employees) are far less likely to work with schools – but the Cambridgeshire economy is made up of these smaller companies so a way has to be found by education providers to engage with them.*

- 4.2 It is suggested that the conclusions of the report are encapsulated in the Council's commissioning specification for any new secondary school/provision made in Fenland, within the context of national curriculum requirements. Prospective sponsors could then be assessed on the basis of how they intend to address these educational and skills needs and how they engage with business.
- (b) Option Appraisal and Site Search
- 4.3 Notwithstanding all of the factors that may influence the rate at which pupil numbers will rise, such as the pace of housing development, parental preference, the decisions made by existing education providers and migration patterns, it now is clear that any additional secondary capacity should first be provided in Wisbech
- 4.4 The site-search work undertaken since April 2015 has identified a preferred site in Wisbech. The site in question is the former CWA horticultural and equine facility adjacent to Meadowgate School. CWA vacated this site and consolidated these courses at its Milton Campus. However, the site is still owned by CWA which has delayed its decision to go to market after learning of the Council's interest. CWA want to complete any sale by 31 August 2016 to meet the targets set by its Board for asset disposals.
- 4.5 Officers commissioned a detailed site assessment report to determine its development potential and inform negotiations for its acquisition. The report concludes that part or all of the CWA land is suitable for the development of a secondary school and a decision will have to be made as to how much of the CWA land is to be acquired. The main points to note are :
- The likely future development of this part of Wisbech, which is allocated as a strategic housing growth site in the Fenland LP, offers significant potential for the new schools to integrate and relate well to this new urban extension to the Town
  - The potential site area available is more than sufficient to accommodate a secondary school of the size required and a number of different layouts each with pros and cons. This could be important as there may be a need to acquire additional land to improve access to the site for all modes of transport
  - The most significant planning issues associated with the site are transport and access and an area of woodland that would need to be cleared by the Council if it was to undertake the most efficient scheme in terms of the land

required. The site fronts Meadowgate Lane a single track road with limited or no footpaths in places. Significant investment in transport infrastructure will be required to widen the road, provide footpaths and cycleways and street lighting and the viability of this is yet to be established.

- The local member, Councillor Hoy has commented that there would be concerns about how appropriate access to the site might be achieved
- An early plan for accessing the site would need to be agreed with the Highway Authority. The site will provide more land than is needed for a secondary school and this “extra” land will provide opportunities for improvements to Meadowgate Lane. There is potential to consider improvements to the existing access to Meadowgate School as part of these proposals.

- 4.6 A clear site preference was not identified in March. A potential site to the west of the A141 was not included in the original search and has yet to be appraised and a local member has asked that discussions are also held with March Town Council regarding sites as they are currently preparing a neighbourhood/town plan.

## **5.0 CONCLUSIONS**

- 5.1 On the basis of the demographic evidence and the range of other factors that need to be taken into account the following conclusions have been drawn in terms of planning the provision of secondary school places in the Fenland District.

### **5.2 (a) Wisbech**

- 5.2.1 The demand for additional capacity is greatest within Wisbech. The combination of demographic change, existing numbers in the primary sector and the future restriction on pupils living in the town being able to attend schools elsewhere means there is a significant demand for additional places which is not entirely reliant on new housing development coming forward. Therefore, there is less risk in opening a new secondary school in Wisbech and thereby creating surplus places which can have a detrimental impact on existing schools.

### **5.3 (b) March**

- 5.3.1 There is no immediate pressure in March as the current primary cohorts age through into the secondary sector. Any requirement for additional secondary school capacity will require substantial housing allocations to come forward during the local plan period which ends in 2031. However, given the difficulty in identifying the large sites required by secondary schools and that it is unlikely that housing development in Fenland will deliver these sites, it is considered prudent for the Council to continue the current site search work and bring it to a conclusion.

### **5.4 (c) Chatteris and Whittlesey**

- 5.4.1 There is no immediate pressure on the secondary schools serving these two towns. Whilst housing development is planned it is at a lower level than in

Wisbech and March. Pupil numbers will be kept under review and if necessary modest expansions of the existing schools can take place as and when the need arises.

**6.0 ALIGNMENT WITH CORPORATE PRIORITIES**

**6.1 Developing the local economy for the benefit of all**

- 6.1.1 Providing access to local and high quality mainstream education will enhance the skills of the local workforce. Schools are also providers of local employment.

**6.2 Helping people live healthy and independent lives**

- 6.2.1 If pupils have access to local schools and associated services, they are more likely to attend them by either cycling or walking rather than through local authority-provided transport or car. They will also be able to more readily access out of school activities such as sport and homework clubs and develop friendship groups within their own community. This will contribute to the development of both healthier and more independent lifestyles. .

**6.3 Supporting and protecting vulnerable people**

- 6.3.1 Providing a local school will ensure that services can be accessed by families in greatest need within its designated area.

**7.0 SIGNIFICANT IMPLICATIONS**

**7.1 Resource Implications**

(a) Capital Funding

- 7.1.1 In the Children, Families and Adults capital programme to be considered by full Council on 16 February 2016 a sum of £23m is allocated in 2019/20 for the provision of 4 to 5FE of secondary school capacity in either Wisbech or March. It will be necessary to review this on an annual basis to:

- reflect the decisions taken by CYP Committee at the conclusion of this review
- reflect the timing of the opening of the new school given the uncertainties identified in the report
- the size of the school on opening and the extent to which the accommodation and site will need to be developed in a way which allows further expansion if necessary. For example, the school may start at 5-6 FE but it may be necessary from the outset to size the 'core' facilities so that they are suitable for a larger school.
- The success, or otherwise, of securing section 106 contributions towards the cost of the new school given the pooling restrictions imposed by the new CIL regulations

(b) Revenue Funding

- 7.1.2 New academy schools receive a combination of Council and Education

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Funding Agency (EFA) funding. The main funding will be based on the local formula applied to all schools, but will need to include diseconomies funding to reflect the costs incurred whilst the new school fills to capacity.

7.1.3

<b>Funding:</b>	<b>Funding Body:</b>	<b>Detail:</b>
Local Formula Funding	EFA	Based on the Council's local formula. Funding recouped from the Council and allocated by EFA (some factors based on county averages in initial years)
Pupil Premium	EFA	Based on National Pupil Premium funding rates
Funding for Education Services	EFA	Based on National Education Services Grant (ESG) funding rates
Insurance Grant	EFA	Additional funding available to support insurance costs
Diseconomies Funding	Council	Funding from the Council to recognise costs whilst the school fills to capacity.
Pre-opening Revenue	Council	Funding from the Council prior to opening (usually 1 term) to support costs of Head Teacher and Admin support)
High Needs Pupil Top-Up Funding	Council	Top-Up funding for pupils with statements of SEN

7.1.4

In the initial years of operation new schools are funded based on an agreed number of pupils. In the 4th year of operation the school is funded based on actual numbers plus additional funding to reflect anticipated growth allocated from the Council's Growth Fund.

Please note: The Growth Fund is an amount agreed by Schools Forum which is top-sliced from the schools' block distribution total prior to budget setting to allocate additional funding to schools anticipating growth, including academies.

7.1.5

Pre-opening costs payable by the Council have historically been based on the cost of a Head Teacher and administrative support for a term prior to opening (currently £150,000 for secondary schools).

7.1.6

Diseconomies Funding is assessed for each new school on a case-by-case basis. The allocation is based on the Post-Opening Grant currently payable to Free Schools, although the expectation is that the lump sum provided to the school will be used to meet at least 50% of these diseconomies.

7.1.7

Final revenue funding amounts for new schools will vary depending on numerous factors. As the majority of the funding will come directly from the EFA their application of the local formula factor and national factors is key to determining these amounts.

7.1.8

The methodology for funding new schools is subject to change dependent on local and national policy changes and as such will be reviewed on an annual basis.

**7.2 Statutory, Risk and Legal Implications**

- 7.2.1 When the time is right, there are specific statutory requirements which have to be followed in seeking a successful sponsor for the proposed new secondary school for Wisbech under the provisions of the Education Act 2011. The process adopted by the Council is compliant with the requirements of the Act.
- 7.2.2 The Council would acquire the freehold of the site through the negotiation of terms with the current owner CWA. Final approval of the terms for acquisition will be required from the General Purposes Committee. The Council would then grant a standard 125 year Academy lease of the whole site to the successful sponsor based on the model lease prepared by the DfE as this protects the Council's interest by ensuring that:
- The land and buildings would be returned to the Council when the lease ends.
  - Use is restricted to educational purposes only.
  - The Academy Trust is only able to transfer the lease to another educational establishment provided it has the Council's consent.
  - The Academy Trust (depending on the lease wording) is only able to sublet part of the site with approval from the Council.
- 7.2.3 Elsewhere on this agenda is a report which would allow a new school, where appropriate, to open either as a voluntary aided (VA) school or as an academy with a faith designation. If a VA school were established the buildings and other developed areas of the site (e.g. playgrounds) would be vested in the Diocese while the County Council would retain the ownership of the playing fields.

**7.3 Equality and Diversity Implications**

- 7.3.1 The Council is committed to ensuring that children with special educational needs and/or disabilities (SEND) are able to attend their local mainstream school where possible, with only those children with the most complex and challenging needs requiring places at specialist provision.
- 7.3.2 The accommodation provided will fully comply with the requirements of the Public Sector Equality Duty and current Council standards.

**7.4 Engagement and Consultation Implications**

- 7.4.1 The Council has already consulted with key stakeholders in coming to its preferred option. A recommendation is made in this report to consult these stakeholders again and seek their views on the Council's preferred proposal (referred to as phase 2 consultation).
- 7.4.2 The process adopted by the Council for consideration of Academy or Free School proposals makes provision for a public meeting at which members of the local community can meet the potential sponsors and ask them questions about their proposals.

**7.5 Public Health Implications**

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- 7.5.1 The school would be accessible to pupils as either pedestrians or cyclists. If children had to attend secondary schools some distance away (more than 3 miles) they would be provided with free transport by the Council in accordance with its statutory duty.

**7.6 Localism and Local Member Involvement**

- 7.6.1 Councillors, local schools, district and town councils and other agencies have been consulted and had input into the review.

<b>Source Documents</b>	<b>Location</b>
<ul style="list-style-type: none"><li>• PROPOSED OPTIONS FOR FENLAND SECONDARY SCHOOL EXPANSION Phase 1 Consultation Document (Summary of Consultation Phase 1</li><li>• Fenland Brief – Report of the Adult Learning and Skills Team</li><li>• Review of Secondary Education in Fenland</li><li>• Lambert Smith Hampton Wisbech/ March School Site Search</li><li>• Secondary School Forecasts - 2015</li></ul>	<p><i>Ian Trafford Octagon (2) Shire Hall Site, Cambridge CB3 0AP</i></p>

## Appendix 1

**Table 1: Fenland East European A2+ and A8 Nations Pupil Forecasts**

<b>January</b>	<b>Primary Age 4-10</b>	<b>Secondary Age 11-17</b>	<b>Total</b>
2007/08			
2008/09	247	110	357
2009/10	306	156	462
2010/11	386	205	591
2011/12	471	245	716
2012/13	576	272	848
2013/14	718	368	1086
2014/15	882	421	1303
2015/16	1066	460	1526
2016/17	1257	509	1766
2017/18	1463	579	2042
2018/19	1638	649	2287
2019/20	1790	746	2536
2020/21	1921	849	2770

**+ A2 Nations – Bulgaria and Romania**

**\*A8 Nations – Czech Republic, Estonia, Hungary, Latvia, Lithuania, Poland, Slovakia and Slovenia**







**EDUCATIONAL PERFORMANCE IN CAMBRIDGESHIRE**

*To:* **Children and Young People Committee**

*Meeting Date:* **9 February 2016**

*From:* **Adrian Loades, Executive Director: Children, Families and Adults Services**

*Electoral division(s):* **All**

*Forward Plan ref:* **N/A** *Key decision:* **No**

*Purpose:* **The purpose of this paper, which is to be accompanied by a short presentation, is to inform CYP Committee about educational performance in Cambridgeshire at each Key Stage, up to and including key stage 4.**

*Recommendation:* **The Committee is asked to note the findings of this paper and comment as appropriate.**

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## 1.0 BACKGROUND

- 1.1 The Learning Directorate reports annually to CYP Committee on the performance of Cambridgeshire's maintained schools and academies in the end of key stage assessments and tests for the Early Years Foundation Stage (EYFS), which is end of Reception year; Key Stage 1 (KS1), which is the end of Year 2 [infants] and Key Stage 2 (KS2), which is the end of Year 6 [juniors]; and in the end of Key Stage 4 examinations (GCSEs or equivalent).
- 1.2 The GCSE results given in this paper are provisional; the DfE are scheduled to release updated figures at the end of January.
- 1.3 Note that the DfE continues to change national assessments and the 2014/15 academic year was the last one for which 'levels' will be used to measure the attainment and progress of pupils.

## 2.0 PERFORMANCE

- 2.1 For the **Early Years Foundation Stage**, results for 2015 show that Cambridgeshire's performance continued to improve (a 5 percentage point (ppt) increase to 66%); Cambridgeshire's performance is in-line with the national level (66%) but continues to be below the level across our statistical neighbours<sup>1</sup> (68.5%). The performance of vulnerable groups improved but only three groups improved at a faster rate than their peers: boys, those speaking languages other than English and those speaking Central or Eastern European languages. The relatively slow rate of improvement of pupils eligible for free school meals (FSM), of pupils with Special Educational Needs (SEN) and of pupils with SEN who are also eligible for FSM continues to be of concern.
- 2.2 At **Key Stage 1**, Cambridgeshire's performance improved slightly (by 1ppt) in Reading (90% Level 2+) and in Writing (87% Level 2+) but was unchanged in Maths (92% level 2+). Performance in Cambridgeshire is now in-line with the national level in Reading (90%) but below the national level in both Writing (88%) and in Maths (93%). Cambridgeshire is 2ppt below the level across our statistical neighbours in all three subjects. Using Level 2+ in Reading, Writing and Maths combined as a benchmark, apart from pupils who are not eligible for FSM and pupils with no SEN the performance of most groups has improved and vulnerable pupils have closed the attainment gap by around 1ppt with English as an additional language (EAL) pupils making the most ground (a 4ppt rise).
- 2.3 At **Key Stage 2** Cambridgeshire's performance has improved again in Reading, Writing and in Maths combined (a 2ppt rise to 78% of pupils achieving Level 4+) but it is still 2ppt below the level seen nationally and across our statistical neighbours in the three combined subjects (both 80% Level 4+). Apart from boys and pupils with SEN who were also eligible for FSM, the performance of all vulnerable groups improved with the most notable improvements by pupil premium pupils (a 4ppt rise), pupils speaking languages other than English (a 5ppt rise) and pupils speaking Central or Eastern European home languages (a 14ppt rise). The performance of pupils eligible for FSM, of pupils with SEN and of pupils with SEN who are also

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<sup>1</sup> Oxfordshire, Gloucestershire, Hampshire, Wiltshire, Bath & N.E. Somerset, West Berkshire, West Sussex, Hertfordshire, Worcestershire and South Gloucestershire.

eligible for FSM continues to be of concern; this group of 257 pupils saw a decline of 5ppt between 2014 and 2015.

- 2.4 In the individual Key Stage 2 subjects Cambridgeshire's performance improved by 1ppt in Writing and in Maths but was unchanged in Reading. Cambridgeshire's performance is below the level seen nationally and across our statistical neighbours in all three subjects.
- 2.5 At Key Stage 2, a school or academy is judged to be 'below the floor' by the Department for Education if:
- fewer than 65% of pupils achieve Level 4 or higher in Key Stage 2 Reading, Writing (Teacher Assessment) and Maths; and
  - Pupil progress from Key Stage 1 to Key Stage 2 is lower than the national benchmark in each of Reading, Writing and Maths.
- 2.6 In 2015, 23 Cambridgeshire schools were below the 65% Reading, Writing and Maths combined attainment floor target compared with 27 in 2014.
- 2.7 Of the 194 schools/academies with Key Stage 2 results in, 102 have seen an in year increase in their Key Stage 2 Reading, Writing and Maths combined outcomes and 80 a decline. However, of the 27 schools that were below the DfE floor targets in 2014, 20 saw an improvement in 2015, 4 were in-line with the previous year and only 3 saw a further decline. Note that outcomes at 13 of these schools were still below the 65% attainment floor.
- 2.8 *Note that due to changes in methodology the Key Stage 4 results for 2014 and 2015 are not comparable with those from previous years<sup>2</sup>.*

At **Key Stage 4** Cambridgeshire's performance has provisionally improved with 58% of pupils achieving 5+ GCSE grades A\*-C, including English and Maths (a 2ppt rise from 56% in 2014). Nationally 52.8% of pupils in all schools/academies and 56% of pupils in state funded schools/academies achieved the same benchmark with performance across our statistical neighbours slightly higher at (59.7%).

- 2.9 The provisional outcomes for vulnerable groups show a mixed picture with boys and girls improving at the same rate; pupils speaking English as an additional language improving at a faster rate than their English speaking peers; and neither pupils eligible for the pupil premium or pupils with SEN closing the gap with their peers.
- 2.10 Cambridgeshire continued its high performance in the English Baccalaureate<sup>3</sup> with 27.5% of pupils achieving the benchmark compared with 22.5% of pupils nationally (all schools/academies), 23.9% of pupils nationally in state funded schools/academies and 26.7% of pupils across our statistical neighbours.
- 2.11 At Key Stage 4 a school or academy is judged to be 'below the floor' by the Department for Education if:

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<sup>2</sup> Key Stage 4 results for 2014 and 2015 are not directly comparable with those in previous years because of the implementation of recommendations from the Wolf Review (restricting the range and value of Key Stage 4 qualifications) and the DfE (Department for Education) adopting an early entry policy (only counting a pupil's first attempt at a qualification). As noted last year this has affected schools in different ways because they have different curriculum and entry policies.

<sup>3</sup> Pupils need to achieve grades A\*\_C in GCSE English, Maths, 2 Sciences, a modern language and either History or Geography.

- Fewer than 40% of pupils achieve 5+ GCSE grades A\*-C, including English and Maths ; and
  - Pupil progress from Key Stage 2 to Key Stage 4 is lower than the national benchmark in both English and Maths.
- 2.12 The final 2015, progress thresholds will not be available until the DfE publish revised secondary School Performance tables at the end of January 2016. However, provisionally in 2015, four Cambridgeshire schools are likely to be below the floor with a further school on the borderline. In 2014, three schools were below the floor.
- 2.13 In terms of **LA rankings** the picture is mixed but overall there is improvement, especially at GCSE:
- In the **Early Years** Cambridgeshire's ranking declined by 14 places to 78<sup>th</sup> (out of 151 LAs)
  - In **Key Stage 1** Cambridgeshire's ranking declined
    - in Reading (by 1 place to 80<sup>th</sup>),
    - in Writing (by 15 places to 81<sup>st</sup>) and
    - in Maths (by 32 places to 95<sup>th</sup>)
  - In **Key Stage 2 attainment** Cambridgeshire's ranking
    - Declined in Reading (by 32 places to 96<sup>th</sup>)
    - Improved in Writing TA (by 9 places to 100<sup>th</sup>)
    - Improved in Maths (by 4 places to 113<sup>th</sup>) and
    - Improved for Reading, Writing TA and Maths combined (by 14 places to 105<sup>th</sup>)
  - In **Key Stage 2 progress** Cambridgeshire's ranking
    - Declined in Reading (by 14 places to 123<sup>rd</sup>)
    - Improved in Writing TA (by 31 places to 103<sup>rd</sup>) and
    - Improved in Maths (by 8 places to 125<sup>th</sup>)
  - In **Key stage 4** Cambridgeshire's ranking
    - For pupils achieving 5+ GCSE grades A\*-C provisionally improved by 41 places (to 49<sup>th</sup>)
    - For pupils achieving the English Baccalaureate improved by 10 places (to 42<sup>nd</sup>) and
    - Improved in both English and maths progress by, 18 places (to 56<sup>th</sup>) and 58 places (to 38<sup>th</sup>) respectively.
- 2.14 **Looked after Children (LAC).** The Local Authority monitors and reports on the educational outcomes of two groups of LAC, those looked after by Cambridgeshire wherever they attend school and LAC attending Cambridgeshire schools and academies, regardless of their home LA. Note that the relatively small numbers of LAC in any given year group mean that outcomes fluctuate from one year to the next and therefore care should be taken when looking at short term trends. Full national comparisons will not be possible until further data is released by the DfE in March 2015.
- 2.15 **LAC in Cambridgeshire schools.** The outcomes for LAC in Cambridgeshire schools continue to be below that of their non-LAC peers and below that of their peers nationally.
- In **Key Stage 1**, performance fell in Reading, in Writing and in Maths compared with a slight rise nationally and Cambridgeshire's performance is now 5ppt below the national level in each subject. (Cambridgeshire LAC: L2+ Reading 68%, Writing 59%, Maths 68%).

- In **Key Stage 2**, performance fell in Reading and in Writing but improved in Maths and in Reading, Writing and Maths combined, whereas nationally performance was unchanged in each subject. Cambridgeshire's Reading outcomes are 2ppt above the corresponding national level but around 10ppt below in the other subjects. (Cambridgeshire LAC: L4+ Reading 73%, Writing 50%, Maths 53% and Reading, Writing and Maths combined 43%).
- In **Key Stage 4**, the pattern is slightly different and although performance fell in Cambridgeshire, the outcomes for LAC are above those of LAC nationally for pupils achieving 5+ GCSE grades A\*-C, including English and Maths and for pupils achieving 5+ GCSE grades A\*-C; outcomes in GCSE English and in GCSE Maths are in-line with national levels. (Cambridgeshire LAC: 5+ GCSE grades A\*-C, including English and Maths 20%; 5+ GCSE grades A\*-C 24%; GCSE English grades A\*-C 32% and GCSE Maths grades A\*-C 27%).

#### 2.16 **Cambridgeshire LAC (in all Authorities).**

- In **Key Stage 2**, the percentage of LAC achieving level 4 remained the same as in 2014 (32%). Boys performance improved by 6ppt, whilst girls declined by 6ppt. The gap between LAC and non-LAC widened by 6ppt.
- In **Key Stage 4**, 27 students were recorded as LAC on the 31st March 2014, the date used by the DfE for its statistical analysis. Of these, 26% achieved 5 A\*-C including English and Maths, an improvement of five ppt on the previous year.

2.17 In summary, results across the Early Years and Primary age range have improved, which is pleasing because this is the second year of improvement following the decline in performance at KS2 in 2013. The improvement in GCSE results is also pleasing. However, performance in Key Stage 2 is still below the national level, and gaps between vulnerable groups and the rest of the cohort remain too wide at all key stages.

### 3.0 **LA SUPPORT AND CHALLENGE**

3.1 In light of the above, addressing the gaps between vulnerable groups and their peers remains the LA's key school improvement priority, guided by the Accelerating Achievement strategy.

3.2 In the early years, a targeted project to accelerate the achievement of children in receipt of pupil premium funding who are at risk of not achieving a Good Level of Development has been implemented. All schools will have access to training and resources that will support the learning of vulnerable children, including targeted support for some schools.

3.3 New actions being taken by the LA to help further improve performance at KS2 include:

- working with maintained schools to monitor in-year progress towards achieving end of key stage targets, with additional support where it looks as though targets may be missed;
- six weekly evaluation of schools to identify direction of travel, with challenge / intervention / support if performance appears to be declining;
- issuing significant concerns letters and/or warning notices where performance is a concern, setting out (and following up) the actions that

- need to be taken; and
  - a briefing and training programme for headteachers and subject leaders as part of the Primary School Improvement Offer.
- 3.4 At KS4, the LA and the Regional Schools Commissioner has established an Improvement Board, for the next 12 to 18 months, which is leading on a range of actions to address the performance of secondary schools, all but one of whom are academies. The LA attends this Board and has supported it with, for example, the collation and provision of county-wide data.
- 3.5 Members should also note the establishment of the Cambridgeshire School Improvement Board (CSIB) in September 2015. The Board brings together representatives of all phases with FE, the Teaching School Alliances, school partnerships, the Diocesan Authorities, the universities, elected members, governors, the teacher unions and the Regional Schools Commissioner.
- 3.6 The aim of the Board is to ensure that all of these groups work together to meet the County's priorities. Four key objectives have been agreed:
  - Define and promote a Cambridgeshire entitlement for leadership development.
  - Commission programmes to accelerate the achievement of our disadvantaged groups.
  - Champion raised aspirations for Cambridgeshire, to include a cultural entitlement for all children.
  - Agree and implement a county-wide, cross phase data sharing agreement.
- 3.7 The CSIB's current focus is mainly on Early Years, Primary and Special School performance, and cross-phase issues, with the Regional Schools Commissioner's Board (3.4 above) focusing on Secondary School issues.

## **4.0 ALIGNMENT WITH CORPORATE PRIORITIES**

### **4.1 Developing the local economy for the benefit of all**

- 4.1.1 The following bullet points set out details of implications identified by officers:
  - Improved educational outcomes will provide a more highly skilled workforce; and
  - A key factor in major companies' decisions to move to Cambridgeshire is access to good and outstanding schools for their workforce.

### **4.2 Helping people live healthy and independent lives**

- 4.2.1 The following bullet points set out details of implications identified by officers:
  - There is a positive correlation between educational outcomes, standards of health and independent living.

### **4.3 Supporting and protecting vulnerable people**

- 4.3.1 The following bullet points set out details of implications identified by officers:
  - Poor educational progress of vulnerable groups correlates with poor life chances. Children who fall behind find it hard to catch up. In particular, children from low-income families, as measured by eligibility for Free School Meals, achieve badly compared with children not eligible for Free School Meals.
  - Pupils eligible for Free School Meals who also have Special Education



Needs achieve particularly badly.

## **5.0 SIGNIFICANT IMPLICATIONS**

### **5.1 Resource Implications**

- 5.1.1 There are no significant implications within this category. The actions identified can be met from within the Learning Directorate's current budget.

### **5.2 Statutory, Risk and Legal Implications**

- 5.2.1 The following bullet points set out details of implications identified by officers:
- The Education and Inspections Act 2006 places upon LAs a duty to promote high standards and the fulfilment of potential in all schools.

### **5.3 Equality and Diversity Implications**

- 5.3.1 The following bullet points set out details of implications identified by officers:  
The Education and Inspections Act 2006 places upon LAs a duty to promote high standards and the fulfilment of potential in all schools.

### **5.4 Engagement and Consultation Implications**

- 5.4.1 The following bullet points set out details of implications identified by officers:  
The Education and Inspections Act 2006 places upon LAs a duty to promote high standards and the fulfilment of potential in all schools.

### **5.5 Localism and Local Member Involvement**

- 5.5.1 The following bullet points set out details of implications identified by officers:  
The Education and Inspections Act 2006 places upon LAs a duty to promote high standards and the fulfilment of potential in all schools.

### **5.6 Public Health Implications**

- 5.6.1 The following bullet points set out details of implications identified by officers:  
The Education and Inspections Act 2006 places upon LAs a duty to promote high standards and the fulfilment of potential in all schools.

<b>Source Documents</b>	<b>Location</b>
Cambridgeshire LA School Improvement Strategy, 2014-16	<a href="https://www.learntogether.org.uk/Resources/Documents/SI - Strategy for School Improvement 2014-16 Final 1.pdf">https://www.learntogether.org.uk/Resources/Documents/SI - Strategy for School Improvement 2014-16 Final 1.pdf</a>
Accelerating Achievement Strategy, 2014-16	<a href="https://www.learntogether.org.uk/Resources/Documents/SI - Accelerating Achievement April 2014 v1.pdf">https://www.learntogether.org.uk/Resources/Documents/SI - Accelerating Achievement April 2014 v1.pdf</a>
Cambridgeshire School Improvement Board	<a href="http://www.cambridgeshire.gov.uk/learntogether/homepage/298/school_improvement_board">http://www.cambridgeshire.gov.uk/learntogether/homepage/298/school_improvement_board</a>



**EARLY HELP STRATEGY**

**To:** Children and Young People Committee

**Meeting Date:** 9 February 2016

**From:** Adrian Loades, Executive Director: Children, Families and Adults Services  
and  
Sarah Ferguson, Service Director: Enhanced and Preventative Services

**Electoral division(s):** ALL

**Forward Plan ref:** N/A                      **Key decision:** No

**Purpose:** To present the Early Help Strategy for Cambridgeshire, the core principles for joint early help work and the role of the County Council.

**Recommendation:** It is recommended that the Committee agrees the Early Help Strategy, the core principles for joint early help and the role of the County Council in delivering them.

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## **1.0 BACKGROUND**

- 1.1 The Cambridgeshire Early Help Strategy sets out how public services for children, young people and their families will work together to provide and facilitate early help for families. The key theme within the Strategy is that this professional early help offer should not be separate from all the support that children and families receive from within their community, from informal networks of support and from the voluntary sector. This Strategy is about a partnership between the public sector and the public, working together. The Strategy will support and enable the development and implementation of a renewed early help offer in Cambridgeshire. The draft Strategy is attached as Appendix 1.

## **2.0 DEVELOPING THE STRATEGY**

- 2.1 The financial position of the County Council and its partners, coupled with rising need and a growing population make it necessary to review our early help support arrangements and approach and seek different solutions with partners and communities.
- 2.2 We have been working with partners across the early help system to develop an Early Help Strategy for Cambridgeshire. The work began in 2014 with the publication of a discussion document and a series of early help stakeholder workshops. The development of an Early Help Strategy was presented to the CYP Committee in June 2014 and the Children's Trust in July 2014. The principles in the emerging strategy have been used to inform the 2014-16 reconfiguration of Enhanced and Preventative Services. During Autumn 2014 work on the Strategy stalled due to work pressures from both business planning and the Enhanced and Preventative Services review.
- 2.3 In 2015 work to progress the Strategy was restarted. The Strategy has been reviewed by the CFA Management Team and the Next Steps Board. In July 2015 the Cambridgeshire Local Safeguarding Children Board (LSCB) confirmed agreement to the core principles of the Strategy. We are planning to take the final draft of the Strategy to the LSCB early in 2016 for endorsement, and for the LSCB to act as the lead partnership group with oversight of the Strategy.

## **3.0 EARLY HELP IN CAMBRIDGESHIRE**

- 3.1 Early Help' refers to preventative and early intervention support provided to families which is aimed at stopping problems deepening, avoiding crises and ultimately reducing the demand for specialist and statutory intervention services.
- 3.2 Early help is provided by all partners working across the children's system, which includes safeguarding, family functioning, family health and mental health, work to support inclusion, educational achievement, special educational needs, further learning and employment prospects and issues such as poverty, offending and substance misuse. County Council early help services are led primarily (but not exclusively) within the Enhanced and Preventative Services Directorate and include the multi-disciplinary Locality Teams, Children's Centres, SEND Specialist Services, Youth Support Services and the Family Intervention Partnership.

- 3.3 The early help offer in Cambridgeshire is strong, with good services underpinned by well-developed collaborative working arrangements, including the Common Assessment Framework (CAF), Model of Staged Intervention (MOSI), Information Sharing Agreements, joint workforce development, Together for Families partnership and Multi-Agency Safeguarding Hub (MASH). However, the economic climate, population growth and changing demographics mean that families are facing new and greater challenges at the same time that all public services are facing decreasing budgets and change on an unprecedented scale. This context makes it necessary to review our early help arrangements and approach and seek different solutions across organisations and with communities.

#### **4.0 DEVELOPING A NEW PARTNERSHIP APPROACH TO EARLY HELP – ALONGSIDE FAMILIES AND COMMUNITIES**

- 4.1 The Early Help Strategy consolidates a number of strands of work and seeks to readdress the balance of public agencies stepping in to provide services and a greater reliance on identifying the strengths and capacity within families and communities. We want to maximise the effectiveness of our local and strategic partnerships, align our work across organisations to achieve greatest impact. We need to focus on building the capacity within families and local communities, helping people to help themselves.
- 4.2 The approach is predicated on an assumption that most children do well in the protective environment of their families, communities and schools. It should be a role of public bodies to facilitate good local support networks and create communities which are making good connections with and for families.
- 4.3 The overarching objectives and outcome for early help are to:
- Address emerging needs in families before they reach crisis point
  - Build the confidence, skill and capacity of families so they can succeed independent of public services
  - Help build and make most use of the range of early help available in communities, supporting the voluntary and community sector to thrive and local people to come together
  - Reduce the demand on specialist public, voluntary and community sector services
  - Ensure children and young people are ready for and attend school; make expected progress and go on to have the skills, qualifications and opportunities to succeed in the employment market.
- 4.4 The Strategy provides a framework for a partnership approach to early help. The Strategy considers the key features of an effective early help system to be:
- Taking a Think Family approach
  - Using and building the capacity within communities
  - A focus on strengths and independence
  - Aligned and seamless support from across public services

These features are detailed in the Strategy ([Appendix 1](#), page 9-13).

- 4.5 Illustrative examples of what this approach will mean in practice for families include:

- Families with complex needs who receive support from public services will have a lead professional to facilitate coordinated support.
  - Linking new parents or those who are struggling, to support groups run by other local parents who have the confidence and time to help.
  - Peer support for a parent providing regular contact and supported introductions to local the local Children's Centre and other voluntary group, with support from a professional as required.
  - Networks of families of children with special educational needs or disabilities running trips and events as well as sharing experiences and coping strategies.
  - Support from voluntary sector organisations tackling issues such as social isolation, family debt management, adolescent behaviour difficulties, substance misuse, depression and anxiety.
  - Involvement in time banking schemes bringing the capacity, skills and time of local people together.
  - Improved identification of families needing early help and facilitated support before problems get worse.
  - The Early Support Programme will identify families with children with complex and lifelong disabilities at an early age and ensures that support services are coordinated around them.
  - Budget holding lead professionals will enable families to have greater control over available resources to meet their needs in a more creative and effective way.
- 4.6 The LSCB has commissioned work to help articulate what 'good' early help looks like, as an addendum to the Early Help Strategy. Further discussions across the partnership will provide an evaluation framework for early help, and some mechanism for assessing progress across the system.
- 4.7 Implementing these ideas and developing a community-led model will need to be a partnership endeavour. Community development and leadership is already undertaken across partners and there are potentially opportunities to join up these arrangements and capacity to maximise its effectiveness. Discussions are underway across partnership organisations about how these collaborations can continue to be developed. It will be beneficial to consider how adult, family and children's services organised at a local level could work more closely alongside District Council community development functions where they exist. Similarly, as we look to ensure that physical community resources are fully exploited, looking to how our services are aligned more fully could bring efficiencies and a more joined up approach to community facing services.

## **5 ALIGNMENT WITH CORPORATE PRIORITIES**

### **5.1 Developing the local economy for the benefit of all**

- 5.1.1 The early help offer is strongly linked to the Breaking the Cycle strategy for tackling child and family poverty and economic disadvantage and multi-agency efforts to support families to overcome deprivation, find work, manage debt and address other economic issues. Additionally there are links to the Accelerating Achievement Strategy which aims to help children from deprived economic backgrounds to succeed in education.

## **5.2 Helping people live healthy and independent lives**

- 5.2.1 Supporting independent and healthy communities less reliant on public services is a central goal of early help. These goals compliment the County Council Community Resilience Strategy.

## **5.3 Supporting and protecting vulnerable people**

- 5.3.1 The proposals retain a strong focus on preventative support for the most vulnerable groups in our communities and early involvement to prevent problems getting worse. However we must also recognise that these proposals represent a significant reduction in the budget for early help and that this will impact on our ability to provide protection and improve outcomes.

## **6.0 SIGNIFICANT IMPLICATIONS**

### **6.1 Resource Implications**

- 6.1.1 The overall level of resource to deliver direct County Council early help services is being significantly reduced. A review of Enhanced and Preventative Services is in process, the revised service will aim to deliver the greatest possible impact for children and families within this smaller available budget. The resource reductions will have an impact on the amount of early intervention and preventative support provided and will need to be targeted to minimise any increased demand for specialist, acute and intensive services such as Children's Social Care Services.
- 6.1.2 This reduction in resources is replicated across partner organisations and we should recognise that public services provided by partner organisations will be unable to employ as many practitioners and work directly with as many children and families as previously. The suggested focus therefore is on building resilient communities with networks of support based more on the existing strengths of local people and less on the intervention of services. All opportunities to align discussions about budget reductions should be seized proactively. We must ensure we maximise the effectiveness of our local and strategic partnerships, aligning our work across organisations to achieve the greatest impact.

### **6.2 Statutory, Risk and Legal Implications**

- 6.2.1 The proposals have not identified any areas where the County Council will be unable to meet statutory requirements, but we should recognise that the overall reductions will put pressure on our performance in statutory service areas and require us to deliver differently. Early Help services have statutory duties to make a full children's centre offer, promote school attendance, safeguard vulnerable children, support educational inclusion and help young people into further learning and work amongst others. For example, budget reductions could impact on the numbers of young people who are Not in Education Employment and Training (NEET).
- 6.2.2 The particular risk is that many early help services are non-statutory and therefore more vulnerable at a time of considerable financial pressure. However, reducing early help services carries the risk of needs escalating, creating greater problems for families and subsequently increasing demand for higher cost, statutory services. We will need to be far more creative in

working with the capacity that already exists.

- 6.2.3 There is a risk that community capacity and resilience is not adequately developed. This work is being taken forward through the Building Community Resilience Programme.

### **6.3 Equality and Diversity Implications**

- 6.3.1 There will be a reduction in the number of families public services will be able to work with as our services become more targeted. Community impact assessments have been completed for the range of Early Help services (attached as Appendix 2).

### **6.4 Engagement and Consultation Implications**

- 6.4.1 Significant engagement and consultation activity has taken place to develop current proposals. In June 2014 the outline proposals for the strategy were presented to committee, since then the strategy has been discussed widely with partners including the Children's Trust and LSCB.
- 6.4.2 Consultation is currently ongoing on the proposed changes to Early Help services within Enhanced and Preventative, the results from the formal consultation on the re-commissioning of Early Help services will be published in February 2016.

### **6.5 Localism and Local Member Involvement**

- 6.5.1 The strategic direction detailed in the Early Help strategy is closely aligned with the localism agenda and the empowerment of communities to do more for themselves. It recognises the vital role that local people, community groups and voluntary and community sector organisations play in providing preventative support and commits the local authority to a role which seeks to maximise, facilitate and stimulate the contributions from these groups. The strategy includes specific investment in capacity to play this community leadership role, exploring opportunities to link the community work done by different organisations together.
- 6.5.2 The strategy envisages a vital role for local members as community leaders, engaging with local people, hearing their priorities, aspirations and needs and providing the link back to both public services and community-based support.

### **6.6 Public Health Implications**

- 6.6.1 Public Health support is a vital component of early help, including in particular community health and mental health teams, drug and alcohol services, the role of GPs and other universal health teams. Public Health has been engaged in the development of the partnership strategy. Opportunities to align working arrangements, for example between health visiting teams and Children's Centre staff are being explored.



Source Documents	Location
Early Help Strategy	Appendix 1
Community Impact Assessment	Appendix 2
Formal consultation on the Recommissioning of Early Help Services.	<a href="http://www.cambridgeshire.gov.uk/info/20076/children_and_families_practitioners_and_providers_information/370/providing_children_and_families_services/8">http://www.cambridgeshire.gov.uk/info/20076/children_and_families_practitioners_and_providers_information/370/providing_children_and_families_services/8</a>
Stronger Together - Cambridgeshire County Council's Strategy for Building Resilient Communities	<a href="http://www.cambridgeshire.gov.uk/download/downloads/id/4176/community_resilience_strategy.pdf">http://www.cambridgeshire.gov.uk/download/downloads/id/4176/community_resilience_strategy.pdf</a>



# Cambridgeshire Early Help Strategy 2016

## Executive Summary

'Early Help' refers to preventative and early intervention support provided to families which is aimed at stopping problems deepening, avoiding crises and ultimately reducing the demand for specialist and statutory intervention services.

Our Vision for Early Help is for a fully collaborative model with families and communities at the centre. Early help cannot be provided or controlled by any one organisation or individual, it requires 'system leadership', with the efforts and contributions of all partners coming together to drive effective help. This strategy therefore aims to drive greater flexibility and allow professionals, volunteers, community organisations, families and individuals to collaborate.

This strategy sets out how the partners across Cambridgeshire will work together to provide and facilitate early help for families and work to build the capacity within families and within communities to be more self-sustaining. The strategy considers the key features of an effective early help system to be:

- Taking a Think Family approach
- Using and building the capacity within communities
- A focus on strengths and independence
- Aligned and seamless support from across public services

The strategy provides a framework for a partnership approach to early help and identifies some specific areas for focus as we continue to develop our arrangements.

## **What is the focus of the early help strategy?**

Early help is about identifying families who are beginning to struggle, stopping problems deepening and preventing the need for costly specialist or crisis interventions with effective early action.

Public services deliver forms of 'early help' every day. It might be about preventing low level misdemeanours from developing into serious crime, tackling non-attendance at school before it becomes an entrenched pattern, helping families with chaotic lives to establish structured routines, addressing health issues in young children before they impair life chances or helping a family address their financial issues before they are evicted for non-payment of rent.

The early help approach is central across the range of needs. The principle applies equally to safeguarding work, family functioning, family health and mental health, work to support inclusion, educational achievement, special educational needs, further learning and employment prospects and issues such as poverty, offending and substance misuse.

This strategy sets out how public services for children, young people and their families will work together to provide and facilitate early help for families. The new model described is about what public bodies will do, what service we will provide and how we will work together. But the key theme within this strategy is that this professional early help offer can no longer be separate from all the support that children and families receive from within their community, from informal networks of support and from the voluntary sector. This strategy is about a partnership between the public sector and the public, working together.

## Why do we need early help?

The evidence for early help is clear. There is a wealth of underpinning research highlighting that preventative and early intervention support achieves better outcomes for families and significant financial benefits for public services. Key national research examples include;

- Graham Allen, MP – *smart investment massive savings 2011*
- Frank Field, MP – *the foundation years preventing poor children becoming poor parents 2010*
- Professor Marmot – *fair society healthy lives 2010*
- C4EO – *grasping the nettle; early intervention for children, families and communities 2010*

Locally in Cambridgeshire our partnerships have already invested significantly in early help and prevention arrangements and we are building this strategy from a strongbase. However it is clear that we need to continue to focus on early help when we observe that;

- Demand across the range of specialist services including the Police, acute health services, mental health teams, Children's Social Care, the justice system, special schools and others remains high and in many cases is rising. The strides we have made in more effective early intervention have been matched by rising need or the uncovering of needs which were previously hidden from view.
- There is a financial imperative across the public and voluntary sector to reduce this demand, as all public and voluntary sector agencies are responding to very major budget reductions and pressures – the current model is unsustainable.

Each family we work with will have unique circumstances, needs, strengths and relationships and we want the help we offer to be flexible enough to respond to the individual and specific needs of each family. Looking across our communities and current services we have built a detailed understanding of the needs, risks and the key issues facing families in Cambridgeshire. Some of the key issues early help must focus on include;

- Cambridgeshire has some areas of concentrated need and hidden poverty in many otherwise affluent areas. Welfare benefit reforms and the economic climate are having a direct impact on the economic resilience of families and we are seeing increased use of food banks, short term loans and other indicators of poverty and hardship. We want to help families and prevent poverty having an adverse impact on outcomes for children
- There is a rapidly growing population, with over 23,900 more 0-19 year olds expected by 2031, with the greatest increases in the south of the County. We want to ensure new communities have early help in place and there are no gaps in support across the county

- Nearly a fifth of the child population have special educational needs or a disability and this number is rising. We want to ensure children can access high quality education and plan together with families for children to move into an adulthood which is as independent as possible and in which they can thrive
- A large number of children and families we are working with do not have good mental health and there is evidence that levels of mental health need are rising. We want to ensure that people can get help quickly and that it is available within community settings.
- School attendance and attainment across vulnerable groups is not as strong in Cambridgeshire as we expect it to be. We want to accelerate the achievement of children in vulnerable groups, ensure they remain in education, and reach the high attainment expectations we have for them.
- In general the numbers of young people entering education employment and training are high, but not as high as they should be for the most vulnerable. We also know that nationally and locally the challenge for young people of moving into employment with strong career prospects is greater than ever.
- Children whose families need but don't find help in their early years often have more complex needs in adolescence, requiring costly specialist services. We want to link families together, helping them through the challenging early years and offering targeted support to families who are really struggling.
- There are many families facing up to multiple and sometimes longstanding problems. Families living in sometimes chaotic households which feature substance misuse, anti-social behaviour, worklessness, mental health concerns, problems with housing and money, domestic abuse and relationship breakdowns. These families need our focussed and intensive support, with public services and local communities collaborating together to help understand the issues, gain trust, problem solve and support and challenge families to help turn things round.

## **How can we make support sustainable: basing early help within communities**

As public service budgets come under ever increasing pressure the way we deliver and facilitate early help will have to change.

The amount of money we will have available for professional early help services will be less and less and therefore cannot represent the sustainable solution. So this strategy is based on a model which links the support from professional early help services much more closely than before to the support provided within families and communities.

We already know that it is the support from friends, neighbours, other families in the community; from volunteers and from local groups that most frequently makes the difference in people's lives. Professionals are not necessarily the best people to deliver. Even where families have more complex or specialist needs, support can often be found from within voluntary and community organisations or from local people with experience of a similar situation and the desire to help.

We must make best use of the huge range of help that already exists within communities. Where there are gaps in support, all the evidence suggests that engaging local people and basing our support on their aspirations, needs and strengths will be better than designing it in isolation or focussing narrowly on whether service thresholds have been met.

As we develop our early help offer we will need to get better at helping families build their own resilience, better at working alongside the voluntary sector and better at linking people together so they can help one another without the support of public services.

If we can drive this greater flexibility and allow professionals, volunteers, community organisations, families and individuals to collaborate it will make the whole system most resilient and more sustainable.

The diagram below illustrates this concept of public sector support building on a base of capacity within communities.



The base of the model is the support families have from within their communities. Public bodies need to facilitate and help establish this kind of support network and consider the contribution they can make alongside services.

Building on this foundation is the vital contribution of universal services such as schools, GPs, libraries, community health and community policing. These services are often the ones which first identify families which are struggling, who can use their regular contact to develop the best relationships with service users and can provide support in a familiar and trusted setting.

Where families have needs which cannot be fully met by community support or universal services then we need a range of targeted professional early help services. Wherever possible we want to drive this targeted support towards time-limited problem solving interventions rather than long-term involvement.

At the top of the model are the specialist and intensive services which are still vital. We want to reduce demand for these but where they are needed we want them to operate effectively alongside (rather than instead of) the help within communities, within universal services and from targeted early help.

Within this model

- We always look first to the early help that can be provided from within families and communities. Public services will facilitate this kind of community led support.
- There would be increasing support and involvement from public services for increasing levels of need and vulnerability – but this would always build on and be alongside help from within families and communities rather than replacing it.
- All of the help provided at different tiers would be organised collaboratively together around a single plan for each family – the process is not about referral



between tiers, but about the collective contribution of all partners to meeting needs

- The focus is on building strengths and independence for families – with the goal being to reduce the long-term reliance on higher tier public services.
- More targeted, intensive or specialist help will aim to be time-limited wherever possible, with universal services, families and communities representing the sustainable and longer term sources of support.

This model does not represent an easy solution or even a well-ordered system of support. We will not be able to offer public services to every family we would like to help, nor will we be able to somehow create a huge wealth of new capacity within communities. The reality will be 'messier'; public services won't always be in a position to lead or commission, instead having to be far more creative in working with the capacity that already exists in communities and being as much prepared to follow and to be commissioned.

This model represents a challenge for public services but it is not a wholly new concept. There are already many examples of integrated, family and community-led early help work across Cambridgeshire - the task now is to build on this and tailor and apply the model to the needs of each community in Cambridgeshire.

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## **Outcomes and Success Measures: How will we know it is working?**

The overarching objectives and outcome for early help are;

1. To address emerging needs in families before they reach crisis point
2. To build the confidence, skill and capacity of families so they can succeed independent of public services
3. To help build and make most use of the range of early help available in communities, supporting the voluntary and community sector to thrive and local people to come together
4. To reduce the demand on specialist public, voluntary and community sector services
5. To ensure children and young people are ready for and attend school, make expected progress and go on to have the skills, qualifications and opportunities to succeed in the employment market.

Public services will use a wide range of performance measures to assess effectiveness but across the partnership we will know we are succeeding if;

- The number of referrals to high cost and specialist services reduces
- More children, families and adults can have their needs met within universal services
- The voluntary sector thrives and volunteering expands
- New community groups appear and provide an ever increasing range of support
- Children, families and adults receive help that allows them to be as independent of services as possible
- The boundaries between community groups, voluntary and charitable sector work and statutory public services are removed
- Community buildings are well used
- Children, Families and Adults receive joined up support which includes the help from their community network as well as support from professionals
- People playing an active role in services, those who have benefitted from our services will offer their own help to others;

## What are the key features of an effective system?

### A Think Family Approach

A focus on families and the inter-related needs of children and adults is vital. The aspirations, strengths, desires, needs and problems of people within families are almost always inter-related and in this context our responses need to be 'whole family' rather than narrowly focussed on one family member or a particular presenting issue. By understanding issues in the family context we can have a greater impact and ensure support is coherent and joined up rather than disjointed and piecemeal. We must continue to understand the needs of individuals and in particular never lose sight of any risk of harm to children; but our involvement and planning will always be better if they work within the context of the family as a whole.

Different practitioners and organisations will bring particular skills and focus to their work with families and will need to collaborate together, especially for families with complex needs. But our strategy includes a clear expectation that everyone offering early help will 'think family' and work to consider the outcomes for the whole family in their approach. Seeing children and their parents and guardians together as a family unit to be supported collectively will drive far better outcomes than working separately.

#### In Practice

*The Common Assessment Framework (CAF) will continue to be the primary method of coordinating the work of practitioners from different organisations around families.*

*The think family concept is being pioneered through our Together for Families Programme which is supporting professionals to work flexibly together. As the programme progresses we will apply the learning and work towards the point where the together for families methodology is the overarching service model and mind-set for all of early help, no longer limited to just the specific cohort of families in the programme.*

*The key components of the Think Family approach which we will embed across the partnership are:*

- **One Lead Professional** – nominated to co-ordinate the work with the family.
- **One thorough family assessment** – which considers the needs of the whole family, how the issues inter-relate and the wider context and relationships which surround presenting issues
- **One overarching family support plan** – whilst we recognise that some agencies have to use a particular plan due to statutory requirements, there should still be one overarching support plan will be managed by the Lead Professional and reviewed regularly with the family and professionals involved through team around the family meetings.
- **A team around the family** – professionals will endeavour to ensure all relevant professionals are involved in their team around the family.

- **Limiting transfers families experience through our services** - one coordinated intervention is more effective than services taking it in turns and transfers between teams consume time, energy and so incur cost.
- **Commitment to putting the family's needs at the centre and overcoming professional difference** – for the professional to have a willingness to be open and reflective about their thinking and practices understand the perspective of other professionals to enable better multi-agency working.

**An example of what this will mean for a family** - The Think Family approach will mean that a family receiving support from public services will have one lead professional to facilitate coordinated support.

### Using and Building the Capacity within Communities

If we can provide early help which keeps families together, builds their capacity to support each other into the future, and forges strong connections with sources of local support within the local community we will achieve better outcomes and reduce the reliance on costly public services. Our strategy will therefore include a strong focus on the ability to understand and build family relationships and relationships within the community.

We recognise the inherent strengths within communities, and we will provide the right environment for local community groups to thrive. These small, locally-driven groups are often better at meeting the needs of their own communities, and are able to lever other sources of support and funding to add value to their offer.

#### In Practice

*Our model is for public services to think creatively about how they can meet the needs of children and families by working alongside local groups and voluntary sector organisations and helping local people to contribute. We should expect that help from family members, from peer mentors, from community and charitable groups and other sources would feature in the support plans for all families receiving support, alongside or instead of the actions public services will deliver. Practitioners will be knowledgeable about the capacity in local areas and skilled at identifying how this can be matched with families in different circumstances.*

*We will help people to help others within their own communities by:*

- **Identifying, training and nurturing parent, young people or older people peer supporters** so that people with emerging or additional needs can access the early help and support they need from people that they trust, thus preventing escalation to higher cost services.
- **Considering the concept of reciprocity** across all of our provision, to encourage people to help other people so that people who do access services and overcome challenges can build upon this success by supporting others
- **Supporting and actively promoting new governance arrangements**, like cooperatives and mutuals, to give communities the opportunity to design and

*run their own services so that they can better meet the needs of their own communities*

- *Changing the role of our Early Help staff so that it includes **recruiting and deploying a team of peer supporters** or community volunteers – and providing the workforce development that will be needed to implement this*
- ***Developing a network of local neighbourhood hubs** which can host and coordinate community support*

**An example of what this will mean for a family** - A struggling new parent could be provided with a peer supporter to provide regular contact and supported introductions to local the local Children's Centre and other voluntary group, with support from a professional as required.

## **A Focus on Strengths and Independence**

Early help should always be provided with consent, choice and control for families, based on their wishes. Moreover it should be focussed on building the strengths and capacity within families to meet their own needs rather than establishing a dependence on services at an early stage. Helping parents and families to gain skills, confidence and self-esteem can be a more effective approach than direct intervention from the public sector.

A strengths-based perspective recognises the resilience of individuals and focuses on the potentials, strengths, interests, abilities, knowledge and capacities of individuals, rather than their limits, needs, diagnoses or similar. The model puts the family-practitioner relationship at the centre and ensures that families determine the interventions they have from public services as well as the actions they will take themselves to grow and change. Our early help work will be honest, assertive and challenging where necessary, being clear with families about what needs to change and how they can get help.

### **In Practice**

*For the most part our early help offer is therefore time-limited and based on setting goals for families to reach and continue to thrive long-after public services have withdrawn. Even where we know that needs will be long-term, such as for families with children with special educational needs or disabilities, our intention is to plan realistically with families for the whole life-course making a plan which anticipates a time when direct support will be less, links with the local community will be greater, and they will need to be as independent of the public sector as possible.*

*Our Together for Families programme has also developed further the use of small flexible personal budgets for families. The budgets can be used for a variety of reasons, such as promoting engagement with the family, incentivising change, or responding to a gap in services. These budgets can provide for the small extra spending which makes the difference – from white goods, carpets and clothes to transport, repairs and counselling. There is very little limit on what the budget can be used for as long as it can be clearly linked to sustainable outcomes for families. The*

Appendix 1 Cambridgeshire Early Help Strategy  
*use of the budgets is agreed between the family and the lead professional with a clear focus on how it is contributing to achieving outcomes.*

*This principle is extended for children with disabilities where early help is offered primarily through self-directed support which puts children and families directly in control of the resources to meet their needs and allows them to design the support they want.*

*The personal budget and self-directed model is also being expanded in the wider SEND sector, alongside the development of the single Education, health and care (EHC) plan for children with special educational needs. The SEN Commissioning Strategy sets out how our assessment of need will always look first together to how needs can be met from within the family and community before providing additional support to meet unmet needs. We will extend these principles in developing our commissioning intentions using Whole Life Approach to Personalisation<sup>1</sup>. This encourages professionals to work with families to explore and map all the resources that the child, young person, family and community have and can be used to self-direct their lives.*

**An example of what this will mean for a family** –a budget holding lead professionals would enable a family to have greater control over available resources meeting the needs of that family in a more creative and effective way.

## **Aligned and Seamless Support from Across Public Services**

It is vital that families experience a seamless service and don't need to repeat their stories unnecessarily or engage separately with different parts of our partnership. In addition to a shared assessment and a shared plan, our strategy is to align working practices and arrangements between organisations wherever possible. We will therefore explore and maximise opportunities to work across sectors to:

- Create joint or multi-disciplinary early help teams
- Co-locate teams or make flexible use of shared space
- Integrate working practices
- Integrate Commissioning Arrangements
- Establish clear information sharing agreements
- Identify joint training opportunities

Recognising that sometimes specialist services will need to work alongside early help or respond where early help isn't working and that where this happens early help needs to be able to escalate issues quickly, provide higher threshold services with as much information as possible and be ready to support again if appropriate.

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<sup>1</sup> <http://www.in-control.org.uk/media/83027/whole%20life%20approach%20to%20personalisation.pdf>

*The LSCB has overseen the development of a shared Model of Staged Intervention (MOSI) which is at the centre of the integrated early help offer. It provides a shared language for practitioners across organisations to discuss levels and types of need as so decide which service or support will be best able to help. This shared language and the associated guidance helps practitioners consider the full range of types of need, gives clarity around thresholds and when and how to involve other services in early help. The MOSI is attached as an appendix*

*The early help model is underpinned by a strategic commitment to information sharing across all the key public bodies in Cambridgeshire. A strategic Information Sharing Framework sets out common standards and also helps to ensure that information that is shared is managed consistently and securely.*

<http://www.cambridgeshire.gov.uk/council/access-to-information/information-sharing-framework.htm>

*We have established a network of Multi-agency Locality Allocation and Referral Meetings (LARMs) aimed at providing a co-ordinated and integrated response to identified needs. They have a focus on resource allocation, information sharing and problem solving for children/young people with more complicated or less clear needs.*

*The joint Multi-Agency Referral Unit (MARU) incorporates the local authority, police, health services, community groups and other partners and provides a multi-agency risk assessment and referral system to deal with the safeguarding of vulnerable children, adults and missing persons and instances of domestic abuse. The MARU accepts and directs contacts received from any source, including police, education, health, NSPCC and members of the public and uses both current and historical information from all partners to make threshold decisions and achieve a timely and coordinated response from the right services.*

**An example of what this will mean for a family** - improved identification of a family that needs early help and facilitated support to prevent their problems getting worse.



## What does the Early Help Strategy mean for a family?

The following example is used to demonstrate how the revised strategy for Early Help services may impact upon the lives of one fictional family.

### **The Wilson Family**

Lily Wilson (28 years old) and Tom Wilson (35 years old) live in Cambridgeshire with their three children Joe (12 years old), Louise (8 years old), Evie (11 months old).

Tom suffers from depression and struggles to maintain regular employment. Lily works part time in a local bakery, having recently returned from maternity leave. They are having problems financially and have run up some debt. Lily and Tom are having problems with their relationship. Both parents are finding it hard to cope with the children. Lily is increasingly anxious and turning to alcohol as a means to help her cope. Joe is struggling to settle into secondary school and has become withdrawn; Lily fears he is being bullied. Louise's teacher has spoken to Lily and Tom about Louise's behaviour which has included some instances of her hitting other children. Lily is concerned that Evie is not yet crawling, given that Tom and Louise were crawling from eight months.

#### *What would we do?*

A Family Worker (or other lead professional) would be nominated to coordinate work with the Wilson family. A family assessment would be undertaken to establish the issues the family is experiencing and how their needs might be met. A support plan for the Wilson family would be managed by the Family Worker and regularly reviewed with the family.

We would draw upon the support of specialist services so for example:

- The Health Visitor based at the local Children's Centre discusses concerns and provides support and advice about Evie's development.
- Lily and Tom attend a parenting programme to help them develop effective discipline strategies and improve their relationship with their children
- It is identified that Joe is being bullied; this is addressed by the school.
- Tom is supported to build his skills with the aim of securing more permanent employment
- Tom is referred to his GP to review his depression.
- Lily is encouraged to join a local alcohol support group.

We would establish what wider networks of support the Wilson family has and how they might help to support the family. We would look at local and community activity that the family could engage with for support e.g. access to local groups who support depression for Tom. Through this work with the family we would look at increasing the parents' resilience, we would be assertive and challenge where necessary and be clear on what needs to change.

#### *What we wouldn't do*

We would no longer provide support without consideration of the whole family and wider issues involved. We would not maintain long term support; our focus would be to support the family to support themselves.



## Strategic Arrangements

We have strong partnership and strategic arrangements in place for children and families in need of early help in a range of priority areas.

Priority Group of Children and Families	Early Help Arrangements
Families facing multiple problems	<p>Where families have needs which are complex, entrenched and in particular where they have already attempted to be addressed by a range of agencies the <b>Together for Families Programme</b> seeks to work differently to find solutions. We have used the additional payment by results funding from government to enhance the work focussed on identifying families with interrelated and complex needs and developing ways of working with between teams in the County Council, District Councils, the Police, Job Centre Plus, health services, voluntary and community groups and others which facilitate coordinated support. This has included the significant expansion of our Family Intervention Partnership Service, with 10 additional workers recruited and professionals from the Police and District Councils being attached to the Service. There has also been a systemic workforce development programme, Investment in development of family CAF, investment in specialist clinicians and the establishment of a Family Researcher' function in the Multi-Agency Safeguarding Hub.</p>
Domestic abuse	<p><b>The multi-agency Domestic Abuse Partnership</b> works to reduce the harm, risks and costs associated with domestic abuse and to prevent these crimes occurring across Cambridgeshire. The County Council's primary dedicated contribution to addressing domestic abuse is the Independent Domestic Violence Advocate (IDVA) Service and this team works in close partnership with the Police and other safeguarding agencies to reduce and minimise the impact of domestic abuse in households.</p> <p>We have developed the Cambridgeshire Domestic Abuse Strategy through our Strategic Partnership. This is driving effective victim support, the development of successful direct interventions with families, robust safeguarding of children living in households with domestic abuse and raising awareness in schools and communities about domestic abuse and the damage it can do to lives.</p>

<p>Children could underachieve due to social - economic factors</p>	<p>School are leading the drive across Cambridgeshire to improve the attainment of children from deprived backgrounds or with other barriers to learning. Joint work between schools, the local authority, families and communities is delivered through the <b>Accelerating Achievement Strategy</b> which includes making maximum use of the additional pupil premium funding to secure extra help for children and their families.</p> <p>The Multi-agency Child Poverty Strategy 'Breaking the Cycle' is tackling issues linked to worklessness, helping families find support in their communities, has established a multi-agency response for families who risk losing their homes and is working with the voluntary sector to provide help and support to families in severe poverty. This multi-agency strategy coordinates the efforts to tackle poverty across all Cambridgeshire local authorities, voluntary sector organisation, welfare and work support teams, community organisations and the range of public sector partners.</p>
<p>Child and parental mental health issues</p>	<p>Our partnership approach to children's mental ill health and wellbeing has a particular focus on developing an <b>enhanced early help offer to address emerging and less complex mental health concerns</b>. A partnership emotional wellbeing and mental health strategy sets out how we can ensure that mental health is seen as the business of the whole of the public sector and all partners coordinate efforts alongside the specialist teams in the NHS Foundation Trust.</p>
<p>Special Educational Need and Disability</p>	<p>Our multi-agency <b>Early Support Programme</b> identifies families with children with complex and lifelong disabilities at an early age and ensures that health, local authority and other support services are coordinated around them. The programme helps them meet their child's needs in the early years and make a positive transition to school.</p> <p>Our <b>SEN Local Offer</b> sets out the huge range of help available to families with children with additional needs. It is designed to help them find both specialist and community-led support, to allow children to attend and succeed in school and help them plan for independence and success in adulthood. The <b>SEND Commissioning</b></p>

	<p><b>Strategy</b> sets out a template of how services for SEND will be commissioned in the future.</p> <p>The early help offer includes services for children with disabilities. Within the County Council the local offer is delivered by short breaks and self-directed support teams and includes a short break provision with Action for Children jointly commissioned by the County Council and health commissioners.</p>
Substance Misuse	<p>The Cambridgeshire Drug and Alcohol Action Team (DAAT) is a multi-agency partnership working to implement the National Drug Strategy. The DAAT agencies to provide specialist treatment and targeted prevention work for substance misusing clients who live in Cambridgeshire.</p> <p>The Cambridgeshire DAAT comprises senior staff from the Clinical Commissioning Groups; Police; Probation; District Councils; County Council, HM Prison Service and representatives of local services.</p> <p>The Work of the DAAT covers prevention and treatment of drug use as well as strong action to tackle drug supply, and related crime and anti-social behaviour.</p>

## Areas for Development in Partnership

As we seek to develop and implement our strategy and early help model we have identified a number of specific key areas for further focus in our partnership work.

- **Troubled Families Phase 2:** We want to build on the success of our programme to date, spreading the learning from the focussed work with our families with the most complex needs to our wider work with all families. We will continue to embed the 'think family' principle across our services and will invest the phase 2 funding in direct support for families and helping teams collaborate even more closely and effectively to tackle entrenched needs.
- **Joint Commissioning:** Our Joint Commissioning Board and arrangements provide a platform to consider how we can align and redesign services for greater impact. We want to consider a more integrated delivery model for some services such as community health services working more closely alongside Locality Teams.
- **Community Resilience and Development:** We want to consider how community development and community based teams across organisations can collaborate much more closely to maximise their reach and impact. This includes teams in County Council adult, family and children's services, District Council community development functions, community health teams and the huge array of voluntary sector work. Similarly we will look to ensure that physical community resources are fully exploited, including how Children's Centres, Libraries, community centres, schools, GP surgeries, job centres and other buildings can become truly flexible community hubs. This work must also include furthering the relationship between statutory public services and the voluntary sector, maximising the potential of voluntary organisation to act as providers of key services, agreeing joint working practices and ensuring the knowledge of communities held by VCS organisations is best used.
- **Early Help Coordination:** We want to develop our ability to match families with early help across organisations and to help families to navigate the system to get the support they need. We want to make it easier for local people and practitioners across organisations to know where to go for support and which services are available where. This includes developing our awareness of early help available when referrals are made to more specialist services including Children's Social Care.
- **Information Sharing and Targeted Intervention:** We want to develop our strategic information and intelligence sharing to enable better targeting. Tools such as the 'Risk of Non-Participation Indicator (RONI)' have been successful in using a set of known indicators of need to target help to the right children and families. We want to explore how similar data sharing and tools across

organisation could help us identify families at an earlier stages and provide support before needs escalate, and in particular how this approach can support children at key transition points in their journey through education.

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**COMMUNITY IMPACT ASSESSMENT**

Directorate / Service Area		Officer undertaking the assessment
Enhanced & Preventative Services, Family Work (Early Help)		Jo Sollars Name: ..... Head of Family Work (Early Help) Job Title: ..... 01353 612836/07785 337400 Jo.sollars@cambridgeshire.gov.uk Contact details: ..... 13 <sup>th</sup> October 2015 Date completed: ..... Date approved: 22/10/15.....
Service / Document / Function being assessed		
Cambridgeshire Children's Centres services		
<b>Business Plan Proposal Number (if relevant)</b>	6.503	
Aims and Objectives of Service / Document / Function		
<p>The Local Authority is required to make provision for Children's Centres by means of a requirement set out in the Childcare Act 2006. Children's Centres provide services, with health and other statutory partners, for families with children under 5.</p> <p>The core purpose of CCs is to improve outcomes for young children and their families, with a particular focus on the most disadvantaged and those who find it hardest to access universal services, so children are equipped for life and ready for school, no matter what their background or family circumstances. CCs offer the chance for families to have fun, play, learn and grow together. Parents and carers, and parents-to-be can find information, support and access to services.</p> <p>Services are made available very locally to families, at Children's Centres, clinics, pre-school settings, community facilities including libraries, etc. Services are both universal – available to all – and targeted – specifically made available to families seeking additional support, frequently through 1:1 family work following a CAF Assessment. Targeted services include evidence based parenting programmes or specialist activity groups – e.g. for those with anxiety of confidence difficulties, those with children with language and communication delay.</p> <p>Over 70% of families with young children are registered with Children's Centres in Cambridgeshire, receiving support from a centre, a health provider or a pre-school provider.</p> <p>Funding is distributed to Children's Centres according to a formula based on the total number of children under 5 in the immediate area of the Centre, and the relative deprivation of that area based on the IDACI index.</p>		
What is changing?		
Where relevant, consider including: how the service/document/function will be implemented; what factors could contribute to or detract from this; how many people with protected characteristics are potentially impacted upon; who the main stakeholders are; and, details of any previous or planned consultation/engagement to inform the CIA.		

Children's Centres - (6.503); A reduction of £250,000 will be made through the funding formula allocation for all Children's Centres, which will be an effective reduction to each of the budgets for centres reducing their allocation by 5% - a net amount ranging between £480 and £29,000 depending on the location of the centre and scale of budget.

Children's Centres were reconfigured during 2013-14 in an earlier business planning period. Centres are grouped for delivery purposes and have made an effective adaptation to their service delivery in the intervening time. Management arrangements have been reduced and streamlined, and the work of Centres is now more targeted as planned in that reconfiguration. During this period the role of the Children's Centre Worker has evolved to be fully effective working alongside Family Workers creating an effective early intervention workforce for families encouraging a greater degree of self-help, access to other groups, activities and information for families; there is greater collaboration with volunteers participating in service delivery, and families are encouraged to be as self-sustaining as possible at lower levels of need. The changes brought about by the reconfiguration have been absorbed and resulted in improvements and the work of Children's Centres is very well understood with robust performance monitoring measures in place, and outcomes reported to E&P Performance Board.

A further reduction will affect all Children's Centres. It is hoped that a proportion be taken up through non-renewal of fixed-term staff contracts, and where feasible vacancies will not be filled. It is anticipated that this saving will affect Centres' non-staff budgets, their ability to invest in resources and/or or small scale local commissioning undertaken by Centres.

There is a potential modest impact on all service users where some universal activities may be further reduced. It is hoped this can be mitigated by ongoing development of partnership working with Health Visitors, further development of joint working with libraries, an extended development of apprenticeship and volunteer opportunities.

The proposed changes will be consulted on informally with Children's Centre staff and Centre users.

#### **Who is involved in this impact assessment?**

e.g. Council officers, partners, service users and community representatives.

Council officers in CFA and staff across the 32 CCs managed by the County Council.

The providers and the staff of the 8 CCs managed by other agencies; schools, nurseries and voluntary organisations.

Partner organisations providing services through CCs.

Council officers in other parts of CCC working in collaboration with CCs

Families and children accessing services through CCs.

Advisory Boards and Parent Forums set up to support CCs.

#### **What will the impact be?**

Tick to indicate if the expected impact on each of the following protected characteristics is positive, neutral or negative.

Impact	Positive	Neutral	Negative
Age		X	
Disability		X	
Gender reassignment		X	
Marriage and civil partnership		X	
Pregnancy and maternity			X

Race		X	
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Impact	Positive	Neutral	Negative
Religion or belief		X	
Sex		X	
Sexual orientation		X	



The following additional characteristics can be significant in areas of Cambridgeshire.			
<b>Rural isolation</b>			X

<b>Deprivation</b>			X
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For each of the above characteristics where there is a positive, negative and / or neutral impact, please provide details, including evidence for this view. Consider whether the impact could be disproportionate on any particular protected characteristic. Describe the actions that will be taken to mitigate any negative impacts and how the actions are to be recorded and monitored. Describe any issues that may need to be addressed or opportunities that may arise.

<b>Positive Impact</b>
<b>Negative Impact</b>
It is possible that a further reduction in opening hours may take place in Children's Centres in rural areas where there is less overall deprivation. This could lead to rural isolation for some CC service users. However, an overall objective continues to be to provide more targeted services for families in greatest need.
<b>Neutral Impact</b>
There will be a neutral impact across the wider community.
<b>Issues or Opportunities that may need to be addressed</b>
<p>The reduction in budget may impact on the most generic/earliest help service delivery from CCs, and reduce the number of opportunities for delivering earlier, preventative, supportive work with families.</p> <p>Opportunities which need addressing are:</p> <ul style="list-style-type: none"> <li>• Further developing income generation by CCs and the technical processes for generating income. This has been set up, and requires further development.</li> <li>• Consider how to ensure opportunities for integrated service delivery with partners are effectively developed and in a timely way to minimise gaps and risk</li> <li>• Further build the volunteer work force in CCs</li> </ul>

### Community Cohesion

If it is relevant to your area you should also consider the impact on community cohesion.

CC services work to promote community cohesion for all families with young children; there is potential for improved community cohesion into the longer term.

## COMMUNITY IMPACT ASSESSMENT

Directorate / Service Area		Officer undertaking the assessment
Enhanced and Preventative Services		Name: Tom Jefford.....
Service / Document / Function being assessed		Job Title: Head of Youth Support .....
Youth Support central support services and functions		Contact details: <a href="mailto:Tom.jefford@cambridgeshire.gov.uk">Tom.jefford@cambridgeshire.gov.uk</a> ..
<b>Business Plan Proposal Number (if relevant)</b>	6.507 6.508, 6.511	Date completed: 25/11/15 .....
Date approved: .....		
Aims and Objectives of Service / Document / Function		
<p>Youth Support Services, Apprenticeships and Employer Services promote participation in learning post 16 and support vulnerable young people who are at risk of non- participation including those who are NEET, enabling them to make a positive transition to post 16 learning.</p> <p>Teenage Pregnancy coordinator and strategy supports the reduction in teenage pregnancies.</p> <p>Support for young carers aims to extend the reach of services to more young carers, undertake more assessments and to enhance the level of service in line with the expectations of the Care Act.</p>		
What is changing?		
Where relevant, consider including: how the service/document/function will be implemented; what factors could contribute to or detract from this; how many people with protected characteristics are potentially impacted upon; who the main stakeholders are; and, details of any previous or planned consultation/engagement to inform the CIA.		
Youth Support central support services and functions		
<p>The County Council has a statutory responsibility to promote participation in learning post 16 and to support vulnerable young people who are at risk of non- participation including those who are NEET, enabling them to make a positive transition to post 16 learning. The County Council no longer has a responsibility to provide Careers Guidance; this now lies with learning providers. We are intending to retain a core service which is focused on delivering IAG to our most vulnerable young people. In the response to the Early Help consultation published in March 2015 it was stated that the Guidance Adviser and Information Adviser roles would be removed from the new structure and proposed the introduction of the new roles of Senior Participation Worker and Participation Worker effective from April 2016.</p> <p>The reduction in the Central Youth Support Service budget of 60% has been phased in over two years. The support to the Gauntlet Project (motorcycles) has been reduced from £10k to £6k. Support for the sexual health charity Sexuality service has been reduced by £7k and so reducing of core budget support to £15.5K, with expected match funding from public health)Dedicated Outward Bound support for LAC young people is being closed with a £3k saving. All additional or targeted LAC support by the Youth Services will be coordinated by the Locality Teams. £23k will be withdrawn from for backfill for Young People Workers (YPW) attending college/university (currently provide funding to enable localities to backfill 1 day per week where YPW attends college)</p> <p>The current 2015/16 proposal outlined that the whole budget is removed from and funding money is no longer given to the Locality Budgets for Rural Youth Work or Strategy and Commissioning for Small Grants. In respect of Small Grants they will no longer be available in area partnerships and community groups representing 0-19 year olds will be able to apply for funding from the Youth Community Coordinators.</p> <p>In respect of Rural Youth Work this will impact upon the Connections Bus, particularly in the Burwell, Bassingbourn and Benwick wards where the Council funded sessions are run. Huntingdonshire voluntary youth groups will have to apply for and access non LA Funding with assistance from the new Youth and Community Coordinators.</p> <p>A £19k saving is made by the full trading of the Duke of Edinburgh scheme which moves to fully traded model following a period of transition. The full year effect of changes to the online application process and Information Advice and Guidance saves £10k. The full year effect of the reduction in one Youth Service Manager post in Youth Support saves £35k coupled with additional HQ savings from the Youth Support budget.</p>		

There is an £8k re-investment for the budget for a full time Children and Young People's voice coordinator

### Apprenticeships, NEET and employer services

In the response to the Early Help consultation published in March 2015 we stated our intention to review the Employer Services Team and Apprenticeship and Skills Development Manager post and that proposed changes would be subject to formal consultation during 2015 - 2016, with the intention to implement by 1 April 2016. The Employer Services team reduction is part of the savings to be made in year two.

The key outcome of these services is the reduction in those young people who are not in formal education training or employment (NEET). This is an important target for the County and will remain so, therefore options for the retention of part of this service are being considered. Whilst the majority of 16 – 19 year olds remain in learning (including apprenticeships), over 10% of this age group are currently in employment. The team engages with local employers, advertising 200 vacancies each week on the young people's website, Youthoria and liaise with locality staff to raise awareness of developments in the labour market. The vacancy section of Youthoria receives over 250,000 visits each year. The team also provide a brokerage role to employers for young people in our most vulnerable groups. This includes young people who are looked after and care leavers.

### Teenage Pregnancy Coordinator

The ending of the £58K teenage pregnancy strategy and dedicated commissioning work saves £58k for a Coordinator and an administration post. The commissioning of sexual health services across the age range now sits with Public Health.

### Young Carers

A new contract has been tendered and savings of £20K have been realised. The new Young Carer contract was let in October 2015 with a start date of December 1<sup>st</sup> 2015 for the new contractor. New statutory assessments are required and so the enhanced service offer is being made with additional investment by CFA. Although the amount of funding is reducing from the original budget the new contract should be unaffected and be delivered as proposed.

### Who is involved in this impact assessment?

e.g. Council officers, partners, service users and community representatives.

The representative teams have been involved in the discussion of the changes proposed.

### What will the impact be?

Tick to indicate if the expected impact on each of the following protected characteristics is positive, neutral or negative.

Impact	Positive	Neutral	Negative
Age	x		x
Disability		x	
Gender reassignment		x	
Marriage and civil partnership		x	
Pregnancy and maternity		x	
Race		x	

Impact	Positive	Neutral	Negative
Religion or belief		x	
Sex		x	
Sexual orientation		x	
The following additional characteristics can be significant in areas of Cambridgeshire.			
Rural isolation			x
Deprivation		x	

For each of the above characteristics where there is a positive, negative and / or neutral impact, please provide details, including evidence for this view. Consider whether the impact could be disproportionate on any particular protected characteristic. Describe the actions that will be taken to mitigate any negative impacts and how the actions are to be recorded and monitored. Describe any issues that may need to be addressed or opportunities that may arise.

<b>Positive Impact</b>
<p>The Apprenticeship &amp; Skills Manager has now embedded the Apprenticeship Strategy with partners and in practice. This should be sustainable without this post holder in the future. Sustaining the 2 Employer Adviser post will help us to continue to advertise appropriate vacancies for young people 16-19 years. Currently approximately 10% of this cohort is in employment with training.</p> <p>The young carer contract sees an expanded offer to this group in line with new statutory duties.</p>
<b>Negative Impact</b>
<p>The level of service intervention provided directly by the local authority and other public services will reduce and become targeted to the most in need. There is therefore a risk that we do not meet the challenge of rising need and demand for services and that vulnerable children, young people and families are not provided with the standard and quality of support they need. We will work to ensure the direct offer has greatest impact, is evidenced based and outcome focused.</p> <p>The reconfiguration of the Youth Support Services budget has removed discretionary funding which supported targeted activity for young people.</p> <p>There is a risk that NEET will increase.</p>
<b>Neutral Impact</b>
<p>There is no expected impact for these protected characteristics.</p>
<b>Issues or Opportunities that may need to be addressed</b>
<p>Increased integration and partnership working</p>

### **Community Cohesion**

If it is relevant to your area you should also consider the impact on community cohesion.

There is no immediate direct effect upon community cohesion although the loss of support services may well be felt by communities over time

## COMMUNITY IMPACT ASSESSMENT

Directorate / Service Area		Officer undertaking the assessment	
Enhanced and Preventative Services		Name: Tom Jefford.....  Job Title: Head of Youth Support .....  Contact details: <a href="mailto:Tom.jefford@cambridgeshire.gov.uk">Tom.jefford@cambridgeshire.gov.uk</a> ..  Date completed: 25/11/15 .....  Date approved: .....	
Service / Document / Function being assessed			
Early Help - Multi-Systemic Therapy (MST)			
<b>Business Plan Proposal Number (if relevant)</b>	6.507		
Aims and Objectives of Service / Document / Function			
MST is a service which is effective at supporting and diverting young people and families who are at the edge of care or of custody. The teams service small numbers of families with high needs to create sustained behavioural change.			
<b>What is changing?</b> Where relevant, consider including: how the service/document/function will be implemented; what factors could contribute to or detract from this; how many people with protected characteristics are potentially impacted upon; who the main stakeholders are; and, details of any previous or planned consultation/engagement to inform the CIA.			
<b>MST Child Abuse and Neglect Team</b>  The MST Child Abuse and Neglect Service ended on the 30 September 2015 as the service was not recommissioned at the end of the pilot funding stage.  The cross cover provided by the Supervisor is now no longer required so this has been taken as a saving.  The two remaining MST Teams (MST Standard and MST for Problem Sexual Behaviour) are being considered for spinning out into a community interest company limited by shares, subject to Member approval. This would allow full commercial trading with other Local Authorities and the NHS and could be a more sustainable way of maintaining the service.			
<b>Who is involved in this impact assessment?</b> e.g. Council officers, partners, service users and community representatives.			
The representative teams have been involved in the discussion of the changes proposed.			

## What will the impact be?

Tick to indicate if the expected impact on each of the following protected characteristics is positive, neutral or negative.

Impact	Positive	Neutral	Negative
Age			x
Disability		x	
Gender reassignment		x	
Marriage and civil partnership		x	
Pregnancy and maternity		x	
Race		x	

Impact	Positive	Neutral	Negative
Religion or belief		x	
Sex		x	
Sexual orientation		x	
The following additional characteristics can be significant in areas of Cambridgeshire.			
Rural isolation		x	
Deprivation		x	

For each of the above characteristics where there is a positive, negative and / or neutral impact, please provide details, including evidence for this view. Consider whether the impact could be disproportionate on any particular protected characteristic. Describe the actions that will be taken to mitigate any negative impacts and how the actions are to be recorded and monitored. Describe any issues that may need to be addressed or opportunities that may arise.

<b>Positive Impact</b>
No positive impact detailed
<b>Negative Impact</b>
There will be a reduction in support for young people and families who are at the edge of care or of custody.
<b>Neutral Impact</b>
There is no expected impact for these protected characteristics.
<b>Issues or Opportunities that may need to be addressed</b>
Reduction in support could have an impact on our capacity to deliver against the LAC Strategy

## Community Cohesion

If it is relevant to your area you should also consider the impact on community cohesion.  
There is no immediate direct effect upon community cohesion



## COMMUNITY IMPACT ASSESSMENT

Directorate / Service Area		Officer undertaking the assessment			
Enhanced and Preventative Services		Name: Lorraine Lofting .....			
Service / Document / Function being assessed		Job Title: Head of Localities and Partnerships .....			
Early Help Family Intervention Partnership		Contact details: <a href="mailto:Lorraine.lofting@cambridgeshire.gov.uk">Lorraine.lofting@cambridgeshire.gov.uk</a>			
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20%;"><b>Business Plan Proposal Number (if relevant)</b></td> <td>6.507</td> </tr> </table>		<b>Business Plan Proposal Number (if relevant)</b>	6.507	Date completed: 25/11/15 .....	
<b>Business Plan Proposal Number (if relevant)</b>	6.507				
		Date approved: .....			
Aims and Objectives of Service / Document / Function					
<p>The Family Intervention Partnership (FIP) service provides intensive support to families with multiple needs to bring about positive and sustainable change. The key to the FIP model is the combination of intensive support with focused challenge. The service operates under Think Family principles, with focus on the family as a whole and the inter-connectedness of their problems. The service will provide very practical support, along with coordinating appropriate support services.</p>					
What is changing?					
<p>Where relevant, consider including: how the service/document/function will be implemented; what factors could contribute to or detract from this; how many people with protected characteristics are potentially impacted upon; who the main stakeholders are; and, details of any previous or planned consultation/engagement to inform the CIA.</p> <p>The FIP service has been reduced by natural wastage to absorb the £115k savings required.</p> <p>Agreement has been reached with Together for Families steering group to use project unspent budget from Payments by results over next five years to offset further reductions to frontline staff delivering core services which contribute to the Together for Families programme. The net effect of this is a removal of £250K in the core council budget. By retaining the full complement of FIP staff (reduced by 115k) and extending their role to work with support schools in developing a Think Family approach especially with pupils at risk of exclusion in primary school.</p>					
Who is involved in this impact assessment?					
e.g. Council officers, partners, service users and community representatives.					
The representative teams have been involved in the discussion of the changes proposed.					



## What will the impact be?

Tick to indicate if the expected impact on each of the following protected characteristics is positive, neutral or negative.

Impact	Positive	Neutral	Negative
Age			x
Disability		x	
Gender reassignment		x	
Marriage and civil partnership		x	
Pregnancy and maternity		x	
Race		x	

Impact	Positive	Neutral	Negative
Religion or belief		x	
Sex		x	
Sexual orientation		x	
The following additional characteristics can be significant in areas of Cambridgeshire.			
Rural isolation		x	
Deprivation		x	

For each of the above characteristics where there is a positive, negative and / or neutral impact, please provide details, including evidence for this view. Consider whether the impact could be disproportionate on any particular protected characteristic. Describe the actions that will be taken to mitigate any negative impacts and how the actions are to be recorded and monitored. Describe any issues that may need to be addressed or opportunities that may arise.

<b>Positive Impact</b>
No positive impact detailed
<b>Negative Impact</b>
<p>The use of Troubled Family Grant to top up core Council services means that the future delivery of those services could be at risk if a full 100% payment by results is not delivered, or the grant comes to an end.</p> <p>FIP consistently sees excellent outcomes in terms of reduction in crime and anti-social behaviour, preventing children going into care and improved educational outcomes, there will be proportionately fewer benefits accruing in these areas with the reduction of FIP capacity.</p>
<b>Neutral Impact</b>
There is no expected impact for these protected characteristics.
<b>Issues or Opportunities that may need to be addressed</b>
There will be a reduction in our intensive family support provided through the FIP team, which could have an impact on our capacity to deliver against the LAC Strategy.

## Community Cohesion

If it is relevant to your area you should also consider the impact on community cohesion.

There is no immediate direct effect upon community cohesion although the loss of services may well be felt by communities over time.

## COMMUNITY IMPACT ASSESSMENT

Directorate / Service Area		Officer undertaking the assessment
Children, Families and Adults Services Enhanced & Preventative Services		Name: Amanda Phillips .....  Job Title: Project Manager .....  Contact details: 01480 373509 .....  Date completed: 14/10/15 .....  Date approved: 21/10/15.....
Service / Document / Function being assessed		
Recommissioning of Early Help – SEND		
<b>Business Plan Proposal Number (if relevant)</b>	6.509	
Aims and Objectives of Service / Document / Function		
<p>Early Help is preventative and early intervention support provided to families which is aimed at stopping problems deepening, avoiding crises and ultimately reducing the demand for specialist and statutory intervention services. The intention is to help families when problems are first emerging, to help them to thrive within their communities and reduce the demand for longer term and intensive support.</p> <p>The key outcomes for Enhanced and Preventative Services:</p> <ul style="list-style-type: none"> <li>Children are ready for and attend school, and make expected progress</li> <li>Young people have the skills, qualifications and opportunities to succeed in the employment market</li> <li>The number of families who need intervention from specialist or higher threshold services is minimised.</li> </ul> <p>The key outcomes for SEND Specialist Service:</p> <ul style="list-style-type: none"> <li>Improving the attainment of children and young people with SEND</li> <li>Reducing the need for children placed in an out of county specialist provision</li> <li>Support settings and schools to meet the needs of children and young people in their local community</li> <li>Reduce the requests for Education, Health and Care Plans</li> <li>Increase parental confidence in local provision.</li> <li>Ensure that primary aged children stay in school and are not permanently excluded</li> </ul>		
What is changing?		

Where relevant, consider including: how the service/document/function will be implemented; what factors could contribute to or detract from this; how many people with protected characteristics are potentially impacted upon; who the main stakeholders are; and, details of any previous or planned consultation/engagement to inform the CIA.

Part of the review of our Early Help services includes the redesign and rationalisation of SEND Specialist Service and management structure. Integrating Specialist SEND services will ensure a more coordinated response to need, provide a seamless interface with specialist services with excellent pathways between early help and child protection services when needed.

SEND Specialist Services have come together as seven multidisciplinary teams grouped in three areas made up of practitioners from Specialist Teaching, Early Years and Educational Psychologists. The Sensory Support Team has remained a Countywide team, due to the low incidence and high needs of the children and young people they work with. Close links between the Sensory Support Team and the other teams in SEND Specialist Services are maintained through the link teachers from Sensory Support.

Within SEND Specialist Services, the management arrangements have been rationalised with three strategic leadership manager posts to lead on priority areas of SEN across CFA (Autism and Communication; SEN Cognition and Learning; Social, Emotional and Mental Health) and have oversight of the SEND Specialist Service multi-disciplinary teams.

The process to redesign the service continues with the review of roles, functions and staff terms and conditions, this will be subject to further consultation during November 2015 – January 2016.

Opportunities for increasing the incoming generation of SEND Specialist Services through their work with schools, settings and other Local Authorities continue to be sought.

#### Who is involved in this impact assessment?

e.g. Council officers, partners, service users and community representatives.

Service Director Enhanced and Preventative Services  
Head of SEND Specialist Services/Principal Educational Psychologist

#### What will the impact be?

Tick to indicate if the expected impact on each of the following protected characteristics is positive, neutral or negative.

Impact	Positive	Neutral	Negative
Age		x	
Disability	X		
Gender reassignment		X	
Marriage and civil partnership		X	
Pregnancy and maternity		X	
Race		X	

Impact	Positive	Neutral	Negative
Religion or belief		x	
Sex		x	
Sexual orientation		x	
The following additional characteristics can be significant in areas of Cambridgeshire.			
Rural isolation		x	
Deprivation		x	

For each of the above characteristics where there is a positive, negative and / or neutral impact, please provide details, including evidence for this view. Consider whether the impact could be disproportionate on any particular protected characteristic. Describe the actions that will be taken to mitigate any negative impacts and how the actions are to be recorded and monitored. Describe any issues that may need to be addressed or opportunities that may arise.

### **Positive Impact**

The offer to children and families affected by SEND will be targeted on those who most need it, with a stronger focus on making a difference in the areas of greatest difficulty – Autism, Cognition and Learning and social and emotional health and wellbeing.

The changes will lead to a more focussed approach where there will be a greater degree of specialism offered to families, schools and settings. The new multi-disciplinary teams will have strong links to schools and early help services through the Locality Teams

We will increase focus on and strengthen our arrangements for children and young people with SEND who will be a target user group for Enhanced & Preventative Services. We will integrate our specialist SEND services to ensure a more coordinated response to need. Workers in more generic roles across E&PS will be expected to have a level of understanding and skill in meeting the needs of children, young people and families affected by SEND. They will be supported by specialist services who will also provide direct support where needs are more complex or where a statutory intervention is required.

### **Negative Impact**

There will be a reduction in the number of children and young people we will be able to work with as our services become more targeted.

### **Neutral Impact**

The changes are designed to build on the strengths of the existing services, and focus around using our resources more effectively. Core skills of the service currently will be retained.

### **Issues or Opportunities that may need to be addressed**

There will be further development of the Enhanced/Traded offer from SEND Specialist Services, providing schools and settings with the opportunity to purchase high quality, evidence based training and input from the Service.

### **Community Cohesion**

If it is relevant to your area you should also consider the impact on community cohesion.

Families and community are seen as the foundation of the proposed model for early help. Support will always begin with the family and community as the base on which other support is built were needed. Work is now taking place across the council and with partners to look at how we work together to build community resilience and capacity.

## COMMUNITY IMPACT ASSESSMENT

Directorate / Service Area		Officer undertaking the assessment
Enhanced & Preventative Services, Family Work (Early Help)		Name: ..... Jo Sollars Head of Family Work (Early Help)
Service / Document / Function being assessed		Job Title: ..... 01353 612836/07785 337400 Jo.sollars@cambridgeshire.gov.uk
Cambridgeshire Children's Centres services - Speech & Language Therapy - Volunteers in Children's Centres		Contact details: ..... 13 <sup>th</sup> October 2015 Date completed: ..... Date approved: .....
<b>Business Plan Proposal Number (if relevant)</b>	6.512 , 6.513	
Aims and Objectives of Service / Document / Function		
<p>The Local Authority is required to make provision for Children's Centres by means of a requirement set out in the Childcare Act, 2006. Children's Centres provide services, with health and other statutory partners, for families with children under 5. Children's Centres (CCs) provide a place for families with children under five to have fun, play, learn and grow together. Parents, carers and parent-to-be can access information, resources and support in one place.</p> <p>Services are made available very locally to families, at Children's Centres, clinics, pre-school settings, community facilities including libraries, etc. Services are both universal – available to all – and targeted – specifically made available to families seeking additional support, frequently through 1:1 family work following a CAF Assessment. Targeted services include evidence based parenting programmes or specialist activity groups – e.g. for those with anxiety of confidence difficulties, those with children with language and communication delay.</p> <p>Over 70% of families with young children are registered with Children's Centres in Cambridgeshire, receiving support from a centre, a health provider or a pre-school provider.</p> <p>Funding is distributed to Children's Centres according to a formula based on the total number of children under 5 in the immediate area of the Centre, and the relative deprivation of that area based on the IDACI index.</p> <p>Many services in CCs are delivered in partnership with colleagues from Health Visiting and Maternity services. This includes clinics, parenting courses, joint support for families, and targeted activities. A contract to deliver Speech and Language Therapy (SALT) in CCs has provided for very localised and target support to be available for families, supporting them with pre-assessment support for speech and language development issues, targeted drop ins for parents of vulnerable children and training for CC staff.</p>		
What is changing?		
Where relevant, consider including: how the service/document/function will be implemented; what factors could contribute to or detract from this; how many people with protected characteristics are potentially impacted upon; who the main stakeholders are; and, details of any previous or planned consultation/engagement to inform the CIA.		
Speech & Language Therapy (6.512)		
Savings will be achieved by disinvesting from the SALT contract currently providing additional support for targeted families in CCs. This will result in the ending of drop in sessions currently run in CCs, the availability of specific expertise within the wider CC teams,		
Volunteers in Children's Centres (6.513)		
Funding has been made available for Children's Centres (CCs) to further develop ways in which centres recruit and develop volunteers to specifically work alongside staff to support the work of the centre supporting families with young children. CCs work with volunteers across Cambridgeshire to build staffing capacity, to create opportunities for centre users to support service delivery in their own centre, to support adults seeking to return to work to develop skills and expertise. Work with volunteers has developed over several years to a point where it is now a recognised part of a CC profile. This funding was identified in 2014/15 and has provided resources for volunteer projects including start-up funds, materials and training. Withdrawing the funding after only a short period of it		

being earmarked will not create a significant problem for CCs.

There is a clear commitment to working closely with volunteers in CCs, and a particular desire not to duplicate effort, activity and purpose across the wider voluntary sector. In order to do this a project has got underway to evaluate a current contract with a voluntary sector organisation and consider how to more closely define what a family focussed volunteering offer could look like -based on community resilience principles and how this could build further cohesion in communities.

#### Who is involved in this impact assessment?

e.g. Council officers, partners, service users and community representatives.

Council officers in CFA and staff across the 32 CCs managed by the County Council.

The providers and the staff of the 8 CCs managed by other agencies; schools, nurseries and voluntary organisations.

Partner organisations providing services through CCs.

Council officers in other parts of CCC working in collaboration with CCs

Families and children accessing services through CCs.

Advisory Boards and Parent Forums set up to support CCs.

Voluntary sector partners working in the field of CCs

#### What will the impact be?

Tick to indicate if the expected impact on each of the following protected characteristics is positive, neutral or negative.

Impact	Positive	Neutral	Negative
Age			X
Disability			X
Gender reassignment		X	
Marriage and civil partnership		X	
Pregnancy and maternity			X
Race		X	

Impact	Positive	Neutral	Negative
Religion or belief		X	
Sex		X	
Sexual orientation		X	
The following additional characteristics can be significant in areas of Cambridgeshire.			
Rural isolation			X
Deprivation			X

For each of the above characteristics where there is a positive, negative and / or neutral impact, please provide details, including evidence for this view. Consider whether the impact could be disproportionate on any particular protected characteristic. Describe the actions that will be taken to mitigate any negative impacts and how the actions are to be recorded and monitored. Describe any issues that may need to be addressed or opportunities that may arise.

#### Positive Impact

## Negative Impact

### Speech & Language Therapy

The changes could have a potential negative impact on some users of CCs, particularly those who are rurally isolated and find it harder to access centres for services. Additionally there could be an impact on those families where until now it has been possible to identify possible speech delay or developmental delay at a stage – prior to the time when routine assessments are undertaken for families.

In the 6 months between December 2014 and May 2015, 316 families had specific queries for the speech and language therapist present at groups and 296 families attended a dedicated speech and language drop in at a children's centre. Of these 612 families, 161 families were referred on to further Speech and language support (155 of these from the drop ins, just 6 from the groups), and an additional 36 were referred to audiology. The drop in's in particular have been a very well used gateway into speech and language services.

## Neutral Impact

SALT 6.512 - the proposal will have a neutral impact across the wider community

Volunteering 6.513 - this change will have a neutral impact across CCs.

## Issues or Opportunities that may need to be addressed

If this contract comes to an end then the most visible impact will be the end of speech and language drop ins at CCs, and therapists' attendance at universal groups in CCs. We will work with the provider of the main SALT contract (CCS) to ensure that CC facilities are considered as venues for service deliver within their core contract.

Over the length of time that this contract has been in place with Children's Centres, there has also been a considerable upskilling of centre staff in knowledge and practice in supporting young children's early speech and language development. This way of working is now embedded in our practice. Some examples of these are below:

- Staff are trained in communication programmes - Elkan and Ecat. All CC universal activities promote a language rich environment, and parents are provided with tips, skills and tools to support this at home. There is a high level of awareness and expertise within the staff cohort in promoting activities to parents to develop good speech development, and ensuring information about pathways to support for families from the wider SALT service are well understood and promoted.
- Centre Managers report a wide range of opportunities for families including talking boxes, dedicated book corners, visual timetables, chattersacks, etc.
- The Bookstart programme is embedded in all centres across Cambridgeshire and CCs particularly support engagement of target groups within the Bookstart plus scheme.

## Community Cohesion

If it is relevant to your area you should also consider the impact on community cohesion.

SALT 6.512- Not relevant

Volunteering 6.513 - CC services work to promote community cohesion for all families with young children in all aspects of the work; this change will not impact on that work, and there is potential for streamlining activity to improve planning and use of resources.



## COMMUNITY IMPACT ASSESSMENT

Directorate / Service Area		Officer undertaking the assessment
Enhanced and Preventative Services		Name: Tom Jefford.....
Service / Document / Function being assessed		Job Title: Head of Youth Support .....
Early Help - Youth Offending Service (YOS)		Contact details: <a href="mailto:Tom.jefford@cambridgeshire.gov.uk">Tom.jefford@cambridgeshire.gov.uk</a> ..
Business Plan Proposal Number (if relevant)	6.517	Date completed: 25/11/15 .....
Date approved: .....		
Aims and Objectives of Service / Document / Function		
<p>The Youth Offending Service provides a statutory service to the Courts and Police in Cambridgeshire. The YOS works with young people and their families to assess, plan and manage risk.</p>		
What is changing?		
<p>Where relevant, consider including: how the service/document/function will be implemented; what factors could contribute to or detract from this; how many people with protected characteristics are potentially impacted upon; who the main stakeholders are; and, details of any previous or planned consultation/engagement to inform the CIA.</p>		
<p>The Youth Offending Service has reallocated staff cover and have used turnover to deliver the required savings of £60k to date. One YOS Officer post has been deleted and the sessional work budget of £25k has been removed. Further staff reductions require rework of the structure of the staffing and management of the service with an additional £20k reduction – proposed changes will be consulted on through the December 2015 Early Help Review consultation.</p> <p>The shift to early preventative work via conditional cautions continues. The active caseload of young people on Court Orders show increasing complexity. The pressure to maintain and manage young people in the community and to reduce remands places a pressure on the service to hold risk dynamically.</p>		
Who is involved in this impact assessment?		
e.g. Council officers, partners, service users and community representatives.		
<p>The representative teams have been involved in the discussion of the changes proposed.</p>		

## What will the impact be?

Tick to indicate if the expected impact on each of the following protected characteristics is positive, neutral or negative.

Impact	Positive	Neutral	Negative
Age			x
Disability		x	
Gender reassignment		x	
Marriage and civil partnership		x	
Pregnancy and maternity		x	
Race		x	

Impact	Positive	Neutral	Negative
Religion or belief		x	
Sex		x	
Sexual orientation		x	
The following additional characteristics can be significant in areas of Cambridgeshire.			
Rural isolation		x	
Deprivation		x	

For each of the above characteristics where there is a positive, negative and / or neutral impact, please provide details, including evidence for this view. Consider whether the impact could be disproportionate on any particular protected characteristic. Describe the actions that will be taken to mitigate any negative impacts and how the actions are to be recorded and monitored. Describe any issues that may need to be addressed or opportunities that may arise.

<b>Positive Impact</b>
No positive impact detailed
<b>Negative Impact</b>
The Youth Offending Service reductions will reduce capacity although highest risk cases will be prioritised.
<b>Neutral Impact</b>
There is no expected impact for these protected characteristics.
<b>Issues or Opportunities that may need to be addressed</b>
Changes may impact on our ability to reach the same standards in external measures e.g. HMIP inspections.

**Community Cohesion**

If it is relevant to your area you should also consider the impact on community cohesion.

There is no immediate direct effect upon community cohesion



**FINANCE AND PERFORMANCE REPORT – DECEMBER 2015**

**To:** Children and Young People Committee

**Meeting Date:** 9 February 2016

**From:** Executive Director: Children, Families and Adults Services  
Chief Finance Officer

**Electoral division(s):** All

**Forward Plan ref:** Not applicable      **Key decision:** No

**Purpose:** To provide the Committee with the December 2015 Finance and Performance report for Children's, Families and Adults Services (CFA).

The report is presented to provide the Committee with the opportunity to comment on the financial and performance position as at the end of December 2015.

**Recommendation:** The Committee is asked to review and comment on the report

<b>Officer contact:</b>	
Name:	Martin Wade
Post:	Strategic Finance Manager
Email:	<a href="mailto:martin.wade@cambridgeshire.gov.uk">martin.wade@cambridgeshire.gov.uk</a>
Tel:	01223 699733

## **1.0 BACKGROUND**

- 1.1 A Finance & Performance Report for the Children, Families and Adults Directorates (CFA) is produced monthly and the most recent available report is presented to the Committee when it meets.
- 1.2 The report is presented to provide the Committee with the opportunity to comment on the financial and performance position of the services for which the Committee has responsibility.
- 1.3 This report is for the whole of the CFA Service, and as such, not all of the budgets contained within it are the responsibility of this Committee. Members are requested to restrict their attention to the budget lines for which this Committee is responsible, which are detailed in Appendix 2.

## **2.0 MAIN ISSUES IN THE DECEMBER CFA FINANCE & PERFORMANCE REPORT**

- 2.1 The December 2015 Finance and Performance report is attached at Appendix 1. The previous report presented to Committee (the November Finance & Performance Report) identified a forecast overspend at year end of £9k across CFA. At the end of December, CFA forecast an underspend of -£88k.
- 2.2 Between November and December, there have been minimal revenue changes within the Children and Young People's services areas.
- 2.3 **Capital**  
Since last Committee, the forecast underspend for 2015-16 has increased to £8,334k. This reflects changes in profiled spend across years, including the acceleration and slippage of individual schemes.
- 2.4 **Performance**  
There are fifteen CFA service performance indicators and six are shown as green, four as amber and five are red.  
  
Of the Children and Young People Performance Indicators, four are green, three are amber and two are red. The two red performance indicators are (1) the proportion of pupils attending Cambridgeshire Secondary Schools judged good or outstanding by Ofsted, and (2) the number of looked after children per 10,000 children.
- 2.5 **CFA Portfolio**  
The major change programmes and projects underway across CFA are detailed in Appendix 8 of the report – none of these is currently assessed as red.

## **3.0 ALIGNMENT WITH CORPORATE PRIORITIES**

### **3.1 Developing the local economy for the benefit of all**

- 3.1.1 There are no significant implications for this priority.

### **3.2 Helping people live healthy and independent lives**

- 3.2.1 There are no significant implications for this priority

### **3.3 Supporting and protecting vulnerable people**

3.3.1 There are no significant implications for this priority

## **4.0 SIGNIFICANT IMPLICATIONS**

### **4.1 Resource Implications**

4.1.1 This report sets out details of the overall financial position of the CFA Service.

### **4.2 Statutory, Risk and Legal Implications**

4.2.1 There are no significant implications within this category.

### **4.3 Equality and Diversity Implications**

4.3.1 There are no significant implications within this category.

### **4.4 Engagement and Consultation Implications**

4.4.1 There are no significant implications within this category.

### **4.5 Localism and Local Member Involvement**

4.5.1 There are no significant implications within this category.

### **4.6 Public Health Implications**

4.6.1 There are no significant implications within this category.

<b>Source Documents</b>	<b>Location</b>
As well as presentation of the F&PR to the Committee when it meets, the report is made available online each month.	<a href="http://www.cambridgeshire.gov.uk/info/20043/finance_and_budget/147/finance_and_performance_reports">http://www.cambridgeshire.gov.uk/info/20043/finance_and_budget/147/finance_and_performance_reports</a>





From: Tom Kelly and Martin Wade  
 Tel.: 01223 703599, 01223 699733  
 Date: 13<sup>th</sup> January 2016

## **Children, Families & Adults Service**

### **Finance and Performance Report – December 2015**

#### **1. SUMMARY**

##### **1.1 Finance**

<b>Previous Status</b>	<b>Category</b>	<b>Target</b>	<b>Current Status</b>	<b>Section Ref.</b>
<b>Green</b>	Income and Expenditure	Balanced year end position	<b>Green</b>	2.1
<b>Green</b>	Capital Programme	Remain within overall resources	<b>Green</b>	3.2

##### **1.2. Performance and Portfolio Indicators – Nov & Dec 2015 Data (see sections 4&5)**

<b>Monthly Indicators</b>	<b>Red</b>	<b>Amber</b>	<b>Green</b>	<b>Total</b>
Nov Performance (No. of indicators)	5	4	6	15
Dec Portfolio (No. of indicators)	0	2	6	8

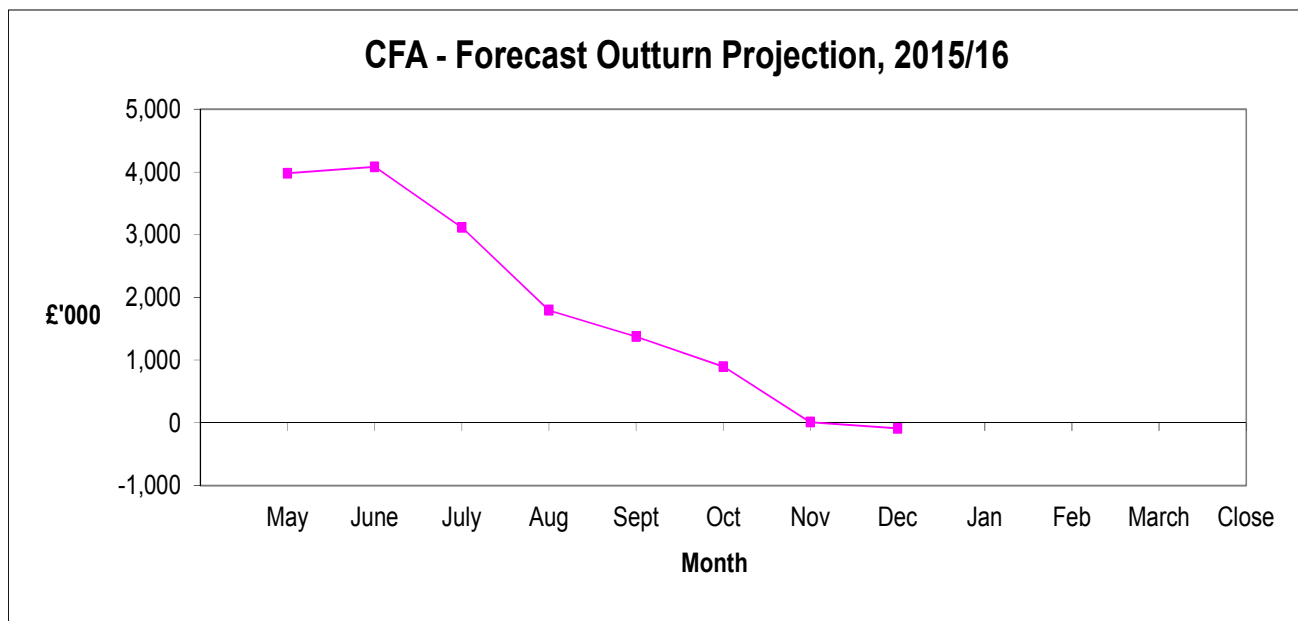
#### **2. INCOME AND EXPENDITURE**

##### **2.1 Overall Position**

<b>Forecast Variance - Outturn (Nov) £000</b>	<b>Directorate</b>	<b>Current Budget for 2015/16 £000</b>	<b>Current Variance £000</b>	<b>Current Variance %</b>	<b>Forecast Variance - Outturn (Dec) £000</b>	<b>Forecast Variance - Outturn (Dec) %</b>
-2,174	Adult Social Care	84,232	-2,962	-4.9%	-1,787	-2.1%
-2,584	Older People & Adult Mental Health	85,200	-2,673	-3.9%	-3,041	-3.6%
1,725	Children's Social Care	34,560	1,425	5.4%	1,725	5.0%
2,783	Strategy & Commissioning	42,204	1,843	5.9%	2,737	6.5%
-249	Children's Enhanced and Preventative	32,359	-369	-1.8%	-275	-0.8%
868	Learning	20,445	319	2.4%	899	4.4%
<b>370</b>	<b>Total Expenditure</b>	<b>299,001</b>	<b>-2,417</b>	<b>-1.1%</b>	<b>258</b>	<b>0.1%</b>
-361	Grant Funding	-54,142	-260	0.6%	-346	0.6%
<b>9</b>	<b>Total</b>	<b>244,859</b>	<b>-2,677</b>	<b>-1.5%</b>	<b>-88</b>	<b>0.0%</b>

The service level finance & performance report for December 2015 can be found in [appendix 1](#).

Further analysis of the forecast position can be found in [appendix 2](#).



## 2.2 Significant Issues

At the end of December 2015, CFA is forecasting a year end underspend of £88k. Significant issues are detailed below:

- i) In Adult Social Care (Strategic Management), ongoing monitoring of current Care Act funded workstreams has led to an increase in forecast underspend of £150k.
- ii) In Adult Social Care, the forecast for the Learning Disability Partnership has worsened by £389k. This is principally the result of pressure from ordinary residence cases where CCC must accept responsibility for the people and fund their care, the impact of overtime payments to ensure staffing rota's are covered in regulated in-house Accommodation Services, and expenditure on young adults moving into adult services that had not been fully reflected in the forecast outturn.
- iii) In Adult Social Care, the forecast underspend for Physical Disabilities has reduced by £137k, reflecting additional demand for care.
- iv) In Older People & Mental Health, the forecast against the Director policy line has improved by £258k as there is yet to be an upturn in winter demand reflected in spending commitments
- v) In Older People & Mental Health, further underspend totalling £200k is now reported in Reablement, as property costs and other efficiencies have been successfully negotiated following the transfer of these services to the Council in 2015.

**2.3 Additional Income and Grant Budgeted this Period**  
**(De minimis reporting limit = £160,000)**

A full list of additional grant income anticipated and reflected in this report can be found in [appendix 3](#).

**2.4 Virements and Transfers to / from Reserves (including Operational Savings Reserve)**  
**(De minimis reporting limit = £160,000)**

A list of virements made in the year to date can be found in [appendix 4](#).

**2.5 Key Activity Data**

The Actual Weekly Costs for all clients shown in section 2.5.1-2 are calculated based on all clients who have received a service, are receiving a service, or we plan will receive a service. Some clients will have ceased receiving a service in previous months, or during this month, or we will have assumed an end date in the future.

**2.5.1** Key activity data to the end of December for **Looked After Children** (LAC) is shown below:

	BUDGET				ACTUAL (December)				VARIANCE		
Service Type	No of placements Budgeted	Annual Budget	No. of weeks funded	Average weekly cost per head	Snapshot of No. of placements Dec 15	Yearly Average	Projected Spend	Average weekly cost per head	Yearly Average budgeted no. of placements	Net Variance to Budget	Average weekly cost
Residential - disability	2	£381k	52	3,663.30	2	2.54	£244k	2,339.10	0.54	-£137k	-1,324.20
Residential - secure accommodation	0	£k	52	0.00	1	0.25	£68k	5,110.00	0.25	£68k	5,110.00
Residential schools	8	£828k	52	1,990.93	11	10.83	£982k	1,673.42	2.83	£154k	-317.51
Residential homes	16	£2,342k	52	2,814.92	25	26.94	£3,970k	3,020.18	10.94	£1,628k	205.26
Independent Fostering	261	£9,813k	52	723.03	230	239.68	£9,706k	781.95	-21.32	-£107k	58.92
Supported Accommodation	15	£1,170k	52	1,500.00	26	22.67	£1,284k	1,138.33	7.67	£114k	-361.67
16+	9	£203k	52	433.58	10	10.59	£198k	385.49	1.59	-£5k	-48.09
Growth/Replacement	-	£k	-	-	-	-	£110k	-	-	£110k	-
Savings requirement	-	£k	-	-	-	-	-£326k	-	-	-£326k	-
<b>TOTAL</b>	<b>311</b>	<b>£14,737k</b>			<b>305</b>	<b>313.50</b>	<b>£16,237k</b>		<b>2.5</b>	<b>£1,500k</b>	
In-house fostering	140	£3,472k	55	185.55	131	136.04	£3,388k	176.43	-3.96	-£83k	-9.13
Kinship	26	£733k	55	185.55	38	29.08	£735k	188.40	3.08	£1k	2.85
In-house residential	16	£1,588k	52	1,908.52	12	11.16	£1,588k	2,544.69	-4.84	£k	636.17
Concurrent Adoption	3	£50k	52	350.00	11	8.43	£158k	350.00	5.43	£108k	0.00
Savings requirement	-	£k	-	-	-	-	-£24k	-	-	-£24k	-
<b>TOTAL</b>	<b>185</b>	<b>£5,843k</b>			<b>205</b>	<b>184.71</b>	<b>£5,844k</b>		<b>-0.29</b>	<b>£2k</b>	
Adoption	289	£2,442k	52	162.50	339	337.25	£2,967k	170.21	48.25	£525k	7.71
<b>TOTAL</b>	<b>289</b>	<b>£2,442k</b>			<b>339</b>	<b>337.25</b>	<b>£2,967k</b>		<b>48.25</b>	<b>£525k</b>	
<b>OVERALL TOTAL</b>	<b>785</b>	<b>£23,022k</b>			<b>849</b>	<b>835.46</b>	<b>£25,048k</b>		<b>50.46</b>	<b>£2,027k</b>	

Note: Adoption includes Special Guardianship and Residency Orders. Any unutilised growth/replacement in-house will be used to support growth externally.

## 2.5.2 Key activity data to the end of December for **SEN Placements** is shown below:

	BUDGET			ACTUAL (December)				VARIANCE			
Ofsted Code	No. of Placements Budgeted	Total Cost to SEN Placements Budget	Average annual cost	No. of Placements Dec 15	Yearly Average	Total Cost to SEN Placements Budget	Average Annual Cost	No of Placements	Yearly Average	Total Cost to SEN Placements Budget	Average Annual Cost
Autistic Spectrum Disorder (ASD)	92	£5,753k	£62,536	102	101.33	£6,384k	£63,002	10	9.33	£631k	£466
Behaviour, Emotional and Social Difficulty (BESD)	35	£1,438k	£41,089	34	35.34	£1,449k	£41,011	-1	0.34	£11k	-£78
Hearing Impairment (HI)	4	£135k	£33,690	3	2.85	£76k	£26,671	-1	-1.15	-£59k	-£7,018
Moderate Learning Difficulty (MLD)	3	£99k	£33,048	2	2.03	£78k	£38,557	-1	-0.97	-£21k	£5,509
Multi-Sensory Impairment (MSI)	1	£75k	£75,017	0	0.00	£0k	-	-1	-1.00	-£75k	£0
Physical Disability (PD)	1	£16k	£16,172	1	1.34	£23k	£16,864	0	0.34	£6k	£692
Profound and Multiple Learning Difficulty (PMLD)	1	£41k	£41,399	0	0.31	£13k	£41,344	-1	-0.69	-£29k	-£55
Speech, Language and Communication Needs (SLCN)	3	£141k	£47,128	3	3.01	£171k	£56,684	0	0.01	£29k	£9,556
Severe Learning Difficulty (SLD)	2	£174k	£87,129	1	1.72	£140k	£81,532	-1	-0.28	-£34k	-£5,596
Specific Learning Difficulty (SPLD)	10	£170k	£16,985	7	7.52	£134k	£17,863	-3	-2.48	-£36k	£877
Visual Impairment (VI)	2	£55k	£27,427	2	2.00	£55k	£27,477	0	0.00	£0k	£49
Recoupment	0	£0k	£0	-	-	-£39k	-	-	-	-£39k	-
<b>TOTAL</b>	<b>154</b>	<b>£8,099k</b>	<b>£52,590</b>	<b>155</b>	<b>157.45</b>	<b>£8,484k</b>	<b>£53,883</b>	<b>1</b>	<b>3.45</b>	<b>£385k</b>	<b>£1,293</b>

In the following key activity data for Adults and Older People's Services, the information given in each column is as follows:

- Budgeted number of clients: this is the number of full-time equivalent (52 weeks) service users anticipated at budget setting, given budget available
- Budgeted average unit cost: this is the planned unit cost per service user per week, given the budget available
- Actual service users and cost: these figures are derived from a snapshot of the commitment record at the end of the month and reflect current numbers of service users and current average cost

### 2.5.3 Key activity data to the end of December for **Adult Social Care** Services is shown below:

		BUDGET			ACTUAL (December)			VARIANCE
Service Type		<i>Budgeted No. of Clients 2015/16</i>	<i>Budgeted Average Unit Cost (per week)</i>	<i>Annual Budget</i>	<i>Snapshot of No. of Clients at End of Dec 15</i>	<i>Current Average Unit Cost (per week)</i>	<i>Projected Spend</i>	<i>Net Variance to Budget</i>
Physical Disability Services	Residential	40	£969	£2,015k	42	£1,111	£2,330k	£315k
	Nursing	23	£926	£1,107k	23	£826	£988k	-£119k
	Community	620	£334	£10,788k	654	£332	£11,091k	£303k
<b>Physical Disability Services Total</b>		<b>683</b>		<b>£13,910k</b>	<b>719</b>		<b>£14,409k</b>	<b>£499k</b>
<b>Income variance</b>								<b>-£551k</b>
<b>Further savings assumed within forecast</b>								<b>0</b>
Learning Disability Services	Residential	294	£1,253	£19,161k	310	£1,336	£21,597k	£2,436k
	Nursing	17	£1,437	£1,270k	18	£1,391	£1,306k	£36k
	Community	1,272	£543	£35,907k	1,227	£590	£37,726k	£1,819k
<b>Learning Disability Service Total</b>		<b>1,583</b>		<b>£56,338k</b>	<b>1,555</b>		<b>£60,629k</b>	<b>£4,291k</b>
<b>Further savings assumed within forecast</b>								<b>-£175k</b>

This month an error has been detected in the previous calculation of community based Physical Disability client numbers and unit cost in the above table. Rather than reporting the number of clients, the number of packages/provisions was shown (one client may have several care provisions). This has been corrected in the above figures, requiring a restatement of the budgeted number of clients and unit cost on that line.

The Learning Disability Partnership is in the process of loading care packages for automatic payment and commitment recording through the Council's AFM system.

Until this has been fully completed, activity analysis is based on more restricted details about package volume (hours/nights) and length, than is available through AFM.

The forecasts presented in Appendix 1 reflect the impact of savings measures to take effect later in the year. The further savings within forecast lines within these tables reflect the distance from this position based on current activity levels.

### 2.5.4 Key activity data to the end of December for **Adult Mental Health** Services is shown below:

		BUDGET			ACTUAL (December)			VARIANCE
Service Type		<i>Budgeted No. of Clients 2015/16</i>	<i>Budgeted Average Unit Cost (per week)</i>	<i>Annual Budget</i>	<i>Snapshot of No. of Clients at End of Dec 15</i>	<i>Current Average Unit Cost (per week)</i>	<i>Projected Spend</i>	<i>Variance</i>
Adult Mental Health	Community based support	67	£76	£265k	113	£90	£530k	£265k
	Home & Community support	196	£87	£886k	204	£82	£786k	-£100k
	Nursing Placement	13	£682	£461k	17	£664	£519k	£58k
	Residential Placement	71	£732	£2,704k	72	£769	£2,505k	-£199k
	Supported Accomodation	137	£81	£579k	145	£89	£633k	£54k
<b>Adult Mental Health Total</b>		<b>484</b>		<b>£4,894k</b>	<b>551</b>		<b>£4,973k</b>	<b>£78k</b>
<b>Further savings assumed within forecast</b>								<b>-£178k</b>

**2.5.5** Key activity data to the end of December for **Older People (OP)** Services is shown below:

OP Total	BUDGET			Projected to the end of the year			Variance From Budget
Service Type	<i>Expected No. of clients 2015/16</i>	<i>Budgeted Average Cost (per week)</i>	<i>Gross Annual Budget</i>	<i>Service Users</i>	<i>Current Average Cost (per week)</i>	<i>Gross Projected spend</i>	<i>Gross Projected spend</i>
Residential	531	£455	£12,593k	544	£434	£12,976k	£383k
Residential Dementia	320	£520	£8,675k	341	£499	£8,940k	£265k
Nursing	319	£613	£10,189k	323	£585	£10,126k	-£63k
Respite	289	£497	£861k	124	£501	£932k	£71k
Community based							
~ Direct payments	356	£176	£3,276k	292	£250	£3,475k	£199k
~ Day Care	326	£104	£1,773k	431	£131	£1,716k	-£57k
~ Other Care			£5,597k			£5,990k	£393k
~ Homecare arranged	1,807	<i>per hour</i> £16.48	£18,572k	1,787	<i>per hour</i> £15.60	£17,846k	-£726k
<b>Total</b>	<b>3,948</b>		<b>£61,536k</b>	<b>3,842</b>		<b>£62,001k</b>	<b>£465k</b>
<b>Income Variance</b>							<b>-£710k</b>
<b>Further Savings Assumed Within Forecast</b>							<b>-£85k</b>

**2.5.6** Key activity data to the end of December for **Older People Mental Health (OPMH)** Services is shown below:

OP Mental Health	BUDGET			Projected to the end of the year			Variance From Budget
<i>Service Type</i>	<i>Budgeted No. of clients 2015/16</i>	<i>Budgeted Average Cost (per week)</i>	<i>Gross Annual Budget</i>	<i>Service Users</i>	<i>Current Average Cost (per week)</i>	<i>Gross Projected spend</i>	<i>Gross Projected spend</i>
Residential	14	£455	£332k	49	£611	£390k	£58k
Residential Dementia	37	£529	£1,020k	27	£471	£1,195k	£175k
Nursing	36	£625	£1,173k	39	£730	£1,107k	-£66k
Nursing Dementia	156	£680	£5,534k	159	£670	£5,533k	-£1k
Respite	16	£400	£38k	5	£583	£41k	£3k
Community based:							
~ Direct payments	16	£271	£226k	17	£242	£171k	-£55k
~ Other Care			£62k			£49k	-£13k
~ Homecare arranged	92	<i>per hour</i> £16.08	£615k	86	<i>per hour</i> £14.39	£541k	-£74k
<b>Total</b>	<b>367</b>		<b>£9,000k</b>	<b>382</b>		<b>£9,027k</b>	<b>£27k</b>
Income Variance							£21k
Further Savings Assumed Within Forecast							-£68k

For both Older People's Services and Older People Mental Health:

- Respite care budget is based on clients receiving 6 weeks care per year instead of 52.
- Day Care OP Block places are also used by OPMH clients, therefore there is no day care activity in OPMH

We are continuing to develop the methodology for providing this data; this complicates comparisons with previous months.

Although this activity data shows current expected and actual payments made through direct payments, this in no way precludes increasing numbers of clients from converting arranged provisions into a direct payment.

### **3. BALANCE SHEET**

#### **3.1 Reserves**

A schedule of the planned use of Service reserves can be found in [appendix 5](#).

#### **3.2 Capital Expenditure and Funding**

##### 2015/16 and Future Years Scheme Costs

In December, there has been a £3,690k increase in the overall capital scheme costs. The change relates to three schemes and has been reflected in the 2016/17 business plan;

1. Clay Farm Primary School; £2,500k. The scope of the project has increased to a 2 Form entry school in response to housing development in the area.
2. Swavesey Primary, £95k increase as a result of unforeseen additional works.
3. Cambridge City Additional Secondary Places, £1,095k increase in costs as identification of the proposed expansion sites have become clearer.

##### 2015/16 In Year Pressures/Slippage

As at the end of December the capital programme forecast underspend is expected to be £8,343k, £224k more than last month. The significant changes in the following schemes have been the major contributory factors to this;

- Clay Farm Primary; £100k accelerated spend incorporating additional fees for the increased project specification.
- Orchards Primary, Wisbech; £54k accelerated spend due to final accounts being agreed ahead of schedule.
- Swavesey Primary; £138k accelerated spend as works advanced ahead of schedule.
- Littleport Secondary & Special; -£500k slippage in 2015/16 due to delays in start of site for the project. This s a further increase since November after receipt of detailed progress report from the contractor.

A detailed explanation of the position can be found in [appendix 6](#).



#### 4. **PERFORMANCE**

The detailed Service performance data can be found in [appendix 7](#) along with comments about current concerns.

A new development for this year is inclusion of deprivation indicators. This will be developed over the remainder of the year as relevant data is available. Information on % Y12 in Learning, % 16-19 NEET, Take up of Free 2 places, % young people with SEND who are EET and % Adults with a Learning Disability (aged 18-64) in employment are available in this month's report.

Please note that we have temporarily stopped reporting on % Adults in contact with secondary mental health services in employment. We have become aware that there are some issues relating to the data reported to us by CPFT for this measure. We are working with them to rectify these issues and will resume reporting once we are satisfied with the quality of the data being received.

In addition the following indicators will be included in future reports once current data is available:

- KS2 and GCSE FSM attainment gaps - will be included once 2016 results final results are received and analysed in time for the next report.

Five indicators are currently showing as RED:

- **The proportion of pupils attending Cambridgeshire Secondary Schools judged good or outstanding by OFSTED**

The proportion of pupils attending Cambridgeshire Secondary schools judged good or outstanding by Ofsted has been adversely affected by a number of the county's largest secondary academies slipping from 'good' to 'requires improvement'. Only 15 out of 20 Secondary schools with Inspection results are judged as good or outstanding, covering 47.4% of pupils against the target of 75%.

- **The number of Looked After Children per 10,000 children**

The number of Looked After Children increased to 582 during November 2015. 44 (7.6%) of these are Unaccompanied Asylum Seeking Children (UASC). The savings required on the LAC placements budget are significant. Within the LAC Placements Strategy there are a number of workstreams established which will contribute to an overall reduction in LAC numbers as well as reducing the costs of placements in order to make these savings. These include looking at alternative methods of meeting children's needs e.g. the Alternative to Care Service, increasing the numbers of available in-house foster placements to reduce the use of Independent Fostering Agency placements

- **Delayed transfers of Care: BCF Average number of bed-day delays, per 100,000 of population per month (aged 18+)**

The Cambridgeshire health and social care system is experiencing a monthly average of 2,489 bed-day delays, which is 19% above the current BCF target ceiling of 2,088. In October there were 1,882 bed-day delays, down 555 from the previous month, falling below the monthly target for the first time since June 2014.

Between November '14 and October '15 there were 31,588 bed day delays across the whole of the Cambridgeshire system - representing a 4% increase against the preceding 12 months. This situation is well documented in the media with several of our local hospital trusts having to close their A & E departments due to insufficient capacity. Many of the patients are elderly who on average have longer lengths of stay in hospital, which in turn impacts on the hospitals ability to ensure sufficient throughput. Daily conference calls are held between CCC and the hospitals to identify patients who can be discharged safely and quickly.

Across this period NHS bed-day delays have increased by 18% from 19,068 (Nov 13 - Oct 14) to 22,595 (Nov 14 - Oct 15), while bed-day delays attributed to Adult Social Care have decreased from 9,534 (Nov 13 - Oct 14) to 7,350 (Nov 14 - Oct 15) an improvement of 23%.

- **Delayed transfers of Care: Average number of ASC attributable bed-day delays per 100,000 population per month (aged 18+)**

Between April - Oct '15 there were 4,415 bed-day delays recorded attributable to ASC in Cambridgeshire. This translates into a rate of 123 delays per 100,000 of 18+ population. For the same period the national rate was 102.5 delays per 100,000. The numbers have increased due to a number of factors, one of which is the increased number of admissions within the Acute Trusts particularly for the over 85s who tend to require longer more complex care on discharge. In addition, there have been some challenges around the availability of domiciliary care provision particularly in hard to reach areas of the county. In addressing these issues, we are in regular contact with providers and are actively working with them to increase their staffing capacity.

- **Proportion of Adults with Learning Disabilities in paid employment**

Performance has remained static during November following a slight increase the month before. Performance is still very low at the moment, employment information is collected at a client's annual review and we would hope to see further increases over the next few months, though it is unlikely we will reach the ambitious target.

## **5. CFA PORTFOLIO**

The CFA Portfolio performance data can be found in [appendix 8](#) along with comments about current issues.

The programmes and projects highlighted in appendix 8 form part of a wider CFA portfolio which covers all the significant change and service development activity taking place within CFA services. This is monitored on a bi-monthly basis by the CFA Management Team at the CFA Performance Board. The programmes and projects highlighted in appendix 8 are areas that will be discussed by Members through the Democratic process and this update will provide further information on the portfolio.

The programmes and projects within the CFA portfolio are currently being reviewed to align with the business planning proposals.

## APPENDIX 1 – CFA Service Level Budgetary Control Report

Forecast Variance Outturn (Nov) £'000	Service	Current Budget for 2015/16 £'000	Expected to end of Dec £'000	Actual to end of Dec £'000	Current Variance		Forecast Variance Outturn (Dec)		
					£'000	%	£'000	%	
Adult Social Care Directorate									
-2,177	1 Strategic Management – ASC	3,876	2,412	178	-2,233	-93%	-2,327	-60%	
-14	Procurement	563	466	493	27	6%	-14	-3%	
-37	ASC Strategy & Transformation	2,267	1,797	1,612	-184	-10%	-37	-2%	
-1,185	2 ASC Practice & Safeguarding	2,143	1,564	547	-1,017	-65%	-1,185	-55%	
0	Local Assistance Scheme	386	290	434	144	50%	0	0%	
Learning Disability Services									
-707	3 LD Head of Services	250	-945	-1,530	-585	62%	-775	-310%	
742	3 LD Young Adults	626	413	758	346	84%	932	149%	
1,456	3 City, South and East Localities	31,329	22,434	23,274	840	4%	1,418	5%	
587	3 Hunts & Fenland Localities	21,626	15,657	16,057	400	3%	814	4%	
120	3 In House Provider Services	4,554	3,184	3,227	43	1%	198	4%	
Physical Disability Services									
-127	4 PD Head of Services	952	690	737	47	7%	-149	-16%	
-200	4 Physical Disabilities	12,427	9,589	9,610	21	0%	-41	0%	
-1	Autism and Adult Support	607	455	346	-109	-24%	-1	0%	
-6	Sensory Services	504	381	350	-30	-8%	-6	-1%	
-625	5 Carers Services	2,121	1,840	1,170	-670	-36%	-614	-29%	
-2,174	Director of Adult Social Care Directorate Total	84,232	60,226	57,264	-2,962	-5%	-1,787	-2%	
Older People & Adult Mental Health Directorate									
-1,347	6 Director of Older People & Adult Mental Health Services	8,455	10,127	9,319	-808	-8%	-1,605	-19%	
-394	7 City & South Locality	18,594	14,421	14,392	-28	0%	-440	-2%	
-78	East Cambs Locality	7,261	5,120	4,829	-290	-6%	-21	0%	
136	8 Fenland Locality	8,262	6,141	6,144	3	0%	180	2%	
-26	Hunts Locality	12,459	9,196	9,228	31	0%	-70	-1%	
0	Addenbrooke Discharge Planning Team	1,051	755	781	26	3%	0	0%	
0	Hinchingbrooke Discharge Planning Team	634	475	482	7	1%	0	0%	
-358	9 Reablement, Occupational Therapy & Assistive Technology	8,090	5,625	4,992	-633	-11%	-558	-7%	
-400	10 Integrated Community Equipment Service	802	2,891	2,848	-43	-1%	-400	-50%	
Mental Health									
-7	Head of Services	4,268	3,141	2,797	-344	-11%	-7	0%	
-100	11 Adult Mental Health	7,192	4,754	4,372	-383	-8%	-100	-1%	
-9	Older People Mental Health	8,132	5,745	5,535	-211	-4%	-20	0%	
-2,584	Older People & Adult Mental Health Directorate Total	85,200	68,391	65,719	-2,673	-4%	-3,041	-4%	

Forecast Variance Outturn (Nov) £'000		Service	Current Budget for 2015/16 £'000	Expected to end of Dec £'000	Actual to end of Dec £'000	Current Variance		Forecast Variance Outturn (Dec)	
						£'000	%	£'000	%
Children's Social Care Directorate									
400	12	Strategic Management – Children's Social Care	2,794	2,219	2,505	286	13%	400	14%
525	13	Head of Social Work	4,192	2,877	3,321	444	15%	525	13%
0		Legal Proceedings	1,530	795	776	-19	-2%	0	0%
0		Safeguarding & Standards	1,177	849	915	66	8%	0	0%
400	14	Children's Social Care Access	4,448	3,303	3,645	341	10%	400	9%
0		Children Looked After	10,747	8,624	8,570	-53	-1%	0	0%
400	15	Children in Need	3,963	2,934	3,262	328	11%	400	10%
0		Disabled Services	5,711	4,649	4,680	31	1%	0	0%
1,725		Children's Social Care Directorate Total	34,560	26,251	27,675	1,425	5%	1,725	5%
Strategy & Commissioning Directorate									
-252	16	Strategic Management – Strategy & Commissioning	148	354	82	-272	-77%	-252	-171%
-50		Information Management & Information Technology	1,915	1,326	1,252	-74	-6%	-50	-3%
0		Strategy, Performance & Partnerships	1,570	691	645	-46	-7%	-46	-3%
Commissioning Enhanced Services									
1,500	17	Looked After Children Placements	16,490	11,000	12,229	1,229	11%	1,500	9%
385	18	Special Educational Needs Placements	8,469	8,671	8,870	199	2%	385	5%
0		Commissioning Services	3,768	3,350	3,385	35	1%	0	0%
0		Early Years Specialist Support	1,323	742	753	11	1%	0	0%
625	19	Home to School Transport – Special	7,085	4,409	4,889	480	11%	625	9%
575	20	LAC Transport	671	448	761	313	70%	575	86%
Executive Director									
0		Executive Director	445	310	306	-5	-2%	0	0%
0		Central Financing	320	91	64	-27	-30%	0	0%
2,783		Strategy & Commissioning Directorate Total	42,204	31,393	33,236	1,843	6%	2,737	6%
Children's Enhanced & Preventative Directorate									
68		Strategic Management – Enhanced & Preventative	1,211	1,063	1,131	69	6%	68	6%
-60		Children's Centre Strategy	724	503	437	-66	-13%	-60	-8%
0		Support to Parents	3,476	715	699	-15	-2%	0	0%
0		SEND Specialist Services	5,770	4,136	4,098	-38	-1%	-15	0%
0		Safer Communities Partnership	7,249	4,833	4,828	-4	0%	0	0%
Youth Support Services									
-4		Youth Offending Service	2,392	1,110	1,085	-24	-2%	-4	0%
-130	21	Central Integrated Youth Support Services	1,170	795	647	-148	-19%	-130	-11%
Locality Teams									
-53		East Cambs & Fenland Localities	3,613	2,479	2,427	-52	-2%	-64	-2%
-42		South Cambs & City Localities	4,138	2,868	2,830	-38	-1%	-42	-1%
-29		Huntingdonshire Localities	2,614	1,941	1,889	-53	-3%	-29	-1%
-249		Children's Enhanced & Preventative Directorate Total	32,359	20,441	20,072	-369	-2%	-275	-1%

Forecast Variance Outturn (Nov) £'000		Service	Current Budget for 2015/16 £'000	Expected to end of Dec £'000	Actual to end of Dec £'000	Current Variance £'000   %		Forecast Variance Outturn (Dec) £'000   %	
Learning Directorate									
192	22	Strategic Management - Learning	-73	-29	184	213	-732%	192	263%
-15		Early Years Service	1,831	1,192	1,102	-90	-8%	-15	-1%
-20		Schools Intervention Service	1,754	1,290	1,202	-88	-7%	-20	-1%
-147	23	Schools Partnership Service	1,374	853	768	-86	-10%	-147	-11%
-12		Childrens' Innovation & Development Service	166	-296	-170	126	-43%	19	11%
-25		Integrated Workforce Development Service	1,473	830	762	-68	-8%	-25	-2%
0		Catering, Cleaning & Grounds Service	-350	74	-19	-93	-126%	0	0%
0		Teachers' Pensions & Redundancy	3,000	2,696	2,688	-8	0%	0	0%
Infrastructure									
-25		0-19 Organisation & Planning	1,793	1,089	997	-92	-8%	-25	-1%
0		Early Years Policy, Funding & Operations	158	104	44	-61	-58%	0	0%
0		Education Capital	176	386	348	-38	-10%	0	0%
920	24	Home to School/College Transport – Mainstream	9,143	5,358	5,962	604	11%	920	10%
868	Learning Directorate Total		20,445	13,548	13,867	319	2%	899	4%
370	Total		299,001	220,249	217,832	-2,417	-1%	258	0%
Grant Funding									
-361	25	Financing DSG	-23,212	-17,150	-17,409	-260	2%	-346	-1%
0		Non Baselined Grants	-30,930	-23,157	-23,157	0	0%	0	0%
-361	Grant Funding Total		-54,142	-40,307	-40,566	-260	1%	-346	1%
9	Net Total		244,859	179,942	177,265	-2,677	-1%	-88	0%

## APPENDIX 2 – Commentary on Forecast Outturn Position

Narrative is given below where there is an adverse/positive variance greater than 2% of annual budget or £100,000 whichever is greater.

Service	Current Budget for 2015/16	Current Variance		Forecast Variance Outturn	
	£'000	£'000	%	£'000	%
<b>1) Strategic Management – ASC</b>	<b>3,876</b>	<b>-2,233</b>	<b>-93%</b>	<b>-2,327</b>	<b>-56%</b>
<p>In July, the government announced a 4-year delay in implementing the Care Act funding reforms. This means that the assessment of people funding their own care (self-funders), who would have begun to accrue spending against the care cap from April, will not now need to begin this financial year, technical preparations for care accounts can take place over a longer timeframe, and provision is no longer needed to meet additional costs next year. The Council had taken a cautious approach to making spending commitments and confirmation was received in October that none of the additional funding received in 2015-16 for Care Act duties will be clawed back. This, combined with ongoing monitoring of current workstreams, leads to a forecast underspend in this area of £2,377k.</p> <p>There has been national recognition that the social care system is under significant strain as part of the announcement and the funding will instead be used to offset significant demand pressures for existing social care services, particularly in the Learning Disability Partnership (see note 3). However, there remains uncertainty about the extent to which this part of the Care Act funding will continue in future years.</p> <p>This underspend is partially offset by a small pressure (£50k) on the vacancy savings budget.</p>					
<b>2) ASC Practice &amp; Safeguarding</b>	<b>2,143</b>	<b>-1,017</b>	<b>-65%</b>	<b>-1,185</b>	<b>-55%</b>
<p>An underspend of £1,185k is anticipated on the Mental Capacity Act/Deprivation of Liberty Safeguarding budget due to shortage of available assessors and the resulting level of activity to date.</p> <p>There has been a delay in being able to secure appropriate staff to manage the increased demand for processing MCA/DOLS cases, as all local authorities seek to respond to changes in case law and recruit from a limited pool of best interest assessors and other suitable practitioners.</p> <p>There has been moderate recent success in recruiting to posts in the last round of interviews, but lead-in times for staff joining means that the forecast underspend in this area remains £1,185k.</p>					

Service	Current Budget for 2015/16	Current Variance		Forecast Variance Outturn	
	£'000	£'000	%	£'000	%
<b>3) Learning Disability Services</b>	<b>58,385</b>	<b>1,043</b>	<b>3%</b>	<b>2,587</b>	<b>4%</b>

Across the Learning Disability Partnership (LDP) at the end of December the ongoing pressure from known commitments increased from a total of £3,010k to £3,422k. These commitments include full year impact of people requiring new or increased services in 2015/16 and young people who will turn 18 during this financial year.

Savings planned for the remainder of the year through increased use of assistive technology, reviewing expenditure on leisure activities, shared accommodation services and implementing the transport policy are now expected to total £175k. This gives a forecast outturn of £3,247k. Of this, £2,587k relates to the County Council after the pooled budget risk share with the NHS is taken into account.

This forecast represents an increase in the forecast overspend of £487k (£388k after NHS risk share) from last month. The principal changes this month are the result of:

- The revision of the forecast outturn for the young adults team to reflect the impact of 6 young people with identified packages that were not fully reflected in the figures. Three of these young people have complex health needs and one young person has complex needs that have escalated over the planning period for the transfer from children to adult services = £217k.
- Settlement of ordinary residence placements (2 in the North of the County and 1 in the South). There is national guidance which the service has to follow and accept appropriate cases. Legal support has been sought to negotiate one of these cases and achieved a more favourable settlement around retrospective funding = £198k.
- Commitments decreasing as service user support ends = -£76k
- Additional costs from changed needs, placement and carer breakdown = £86k. (£85k in the North and £1k in Young Adults).
- Provider Services forecast increased by £78k due to ongoing payment of overtime in accommodation services to ensure that rota's are covered in these services that are regulated by the Care Quality Commission.
- Additional reductions = -£16k a net combination of more minor adjustments.

#### Further actions being taken to reduce the overspend

Additional project management resource has been made available to support the LDP management team approach to delivering savings and some capacity for in-depth analysis of spend to identify where to target review and reassessment activity. In order to reduce the overspend in the LDP, the spend on individual people has to be reduced. This has to be done within the Care Act legal framework of reviewing and reassessing needs so that we can demonstrate that we are still meeting eligible needs this relies on individual meetings with service users. Areas being focused include the following:

- Residential care and 24/7 supported living where additional day care or 1 to1 support has also been commissioned. Analysis of spend in these areas has been undertaken and action is being taken when reviewing packages and when commissioning new packages. Going forward this work will form part of the policy framework being developed for the business plan for 16/17 and future years.
- Review and scrutiny of all high cost placements including continued focus on out-of-county placements in line with the Winterbourne concordat and Transforming care agenda. In addition work has been completed to review the remaining packages of care affected by Ordinary Residence rules prior to the introduction of the Care Act on 1 April 2015.
- Increased use of in-house day services and respite services. This is being picked up in case and panel discussions, set alongside the principles of choice and control, with self-directed support in mind.

Service	Current Budget for 2015/16	Current Variance		Forecast Variance Outturn	
	£'000	£'000	%	£'000	%
<b>Learning Disability Services continued</b> <ul style="list-style-type: none"> <li>Continuing to work closely with Children's colleagues to set realistic expectations and prepare young people for greater independence in adulthood. This work is part of the preparing for adulthood model and also the ongoing consideration around 'all age' services.</li> <li>Robust negotiations with providers where new or increased packages are required. This involves embedding the transforming lives principles, and aligning hours of care being delivered by providers around provisions rather than individuals with the aim of giving increased flexibility and capacity of provision.</li> </ul> <p>Additional frontline staff are being recruited to provide more capacity to undertake reviews and reassessment; new recruits are continuing to come into post.</p> <p>Work is continuing to move the commitment records to a fully automated process that will provide greater accuracy and provide managers with better management information to support their oversight of changes from month to month. Further attention is required in this area to ensure that progress is made.</p> <p>Work has already been started to reduce the expenditure on staffing in in-house provider services. Vacant posts and relief posts will be recruited to reducing the need to use agency staffing. A number of protocols are being produced to limit the rate overtime hours are paid at as well as the need for senior management authorisation for the use of agency staffing. Budget surgeries have taken place with budget holders in these services to ensure they are aware of the emerging pressures in their budgets and have plans in place to manage these.</p> <p>We are developing the process for tracking costs for young people with a learning disability as they prepare for adulthood.</p>					
<b>4) Physical Disabilities incl. Head of Services</b>	<b>13,379</b>	<b>68</b>	<b>1%</b>	<b>-190</b>	<b>-1%</b>
<p>The underspend in Disability Services (Physical Disability, Sensory Loss, HIV and Vulnerable Adult and Autism Services) has decreased by £137k. In the main the underspend is due to contract funding no longer required under the Head of Service budget and expected clawback on direct payments paid to people with a Physical Disability.</p> <p>A number of high cost packages are the main cause of the underspend reducing during December.</p> <p>Service demand across all of Disability Services is being managed through the use of short term intervention, increasing people's independence and use of community resources.</p>					
<b>5) Carers Service</b>	<b>2,121</b>	<b>-670</b>	<b>-36%</b>	<b>-614</b>	<b>-29%</b>
<p>Allocations to individual carers remain below expected levels, and as such, the anticipated underspend is currently forecast to be £614k. Revised arrangements for carers support were implemented from 1 April, following the Care Act, and it is taking longer than expected for the additional anticipated demand to reach budgeted levels.</p> <p>This area will continue to be monitored closely as the new arrangements embed further.</p>					



Service	Current Budget for 2015/16	Current Variance		Forecast Variance Outturn	
	£'000	£'000	%	£'000	%
<b>6) Director of Older People and Mental Health Services</b>	<b>8,455</b>	<b>-808</b>	<b>-8%</b>	<b>-1,605</b>	<b>-19%</b>
<p>The forecast underspend has increased by a further £258k since last month. A centrally held seasonal cost of care budget is now not expected to be utilised, reflecting the favourable overall Older People's cost of care forecast, managed through the locality teams.</p> <p>Previously reported underspends under this heading are principally the result of:</p> <ul style="list-style-type: none"> <li>• services to respond to new responsibilities for social care needs for prisoners are still being established with the likely underspend this year being £259k.</li> <li>• a budget of £326k for delayed transfers of care reimbursement is not required following implementation of the Care Act - this has been permanently reflected in Business Planning.</li> <li>• release of an accrual made in last year's accounts for a £290k potential dispute on costs of nursing care. We now believe this will be resolved without making use of this provision.</li> <li>• reductions realised on housing related support totaling £300k; this has been shown as a permanent saving in Business Planning</li> <li>• the one off impact of a longstanding deferred payment debt of £150k which has now been collected.</li> </ul> <p>Any savings which will continue into next year will contribute towards meeting planned savings targets.</p>					
<b>7) City &amp; South Locality</b>	<b>18,594</b>	<b>-28</b>	<b>0%</b>	<b>-440</b>	<b>-2%</b>
<p>A material underspend of -£440k is now expected at the end of the year. This is due to an increase in client contributions and savings from domiciliary care reviews, which have improved the position by £46k. Work is being undertaken to review the waiting list and so this is expected to increase care costs, this expectation is reflected within the forecast.</p>					
<b>8) Fenland Locality</b>	<b>8,262</b>	<b>3</b>	<b>0%</b>	<b>180</b>	<b>2%</b>
<p>Although savings continue to be made on individual packages of care it looks unlikely at this point that Fenland will reach a balanced budget this year.</p> <p>The outturn position has increased by £44k to £180k overspend.</p> <p>The position is primarily due to £140k under budgeting for clients with a learning disability who transferred service at 65, prior to the change in procedure.</p> <p>Work continues with providers and the introduction of a new worker to develop domiciliary care capacity in the Fenland area to provide better and more affordable domiciliary support.</p>					

Service	Current Budget for 2015/16	Current Variance		Forecast Variance Outturn	
	£'000	£'000	%	£'000	%
<b>9) Reablement, Occupational Therapy &amp; Assistive Technology</b>	<b>8,090</b>	<b>-633</b>	<b>-11%</b>	<b>-558</b>	<b>-7%</b>
<p>The forecast underspend has increased by a further £200k since last month. This reflects reduced support (non-staff) costs of the Reablement Service following its move into the Council of which £174k are expected to be ongoing and have been built into the Business Planning process.</p> <p>Previously reported underspends are expected in this area due to the following:</p> <ul style="list-style-type: none"> <li>• release of a £118k accrual made in last year's accounts for potential accommodation and administrative costs. Negotiations have progressed and we now judge that this provision is unlikely to be required.</li> <li>• a one-off delay in salary costs of £71k. Some salary costs such as enhancements and extra hours are paid a month in arrears. Payments for these in April were made by the NHS as they related to March 15 and were therefore prior to the Reablement service being transferred to County Council management. Only 11 months of costs will be incurred by CCC this year.</li> </ul> <p>And the following, anticipated on an ongoing basis, through the Business Plan</p> <ul style="list-style-type: none"> <li>• reduction in the overheads related to Occupational Therapy, as this service moved to a new NHS provider this year (£44k).</li> <li>• capitalisation of Assistive Technology spend, which generates £125k revenue saving</li> </ul>					
<b>10) Integrated Community Equipment Service (ICES)</b>	<b>802</b>	<b>-43</b>	<b>-1%</b>	<b>-400</b>	<b>-50%</b>
<p>ICES reports a forecast underspend of -£400k; reflecting the intention to charge an additional £400k of equipment spend to the capital budget.</p>					
<b>11) Adult Mental Health</b>	<b>7,192</b>	<b>-383</b>	<b>-8%</b>	<b>-100</b>	<b>-1%</b>
<p>The underlying Adult Mental Health cost of care forecast has worsened by £26k since last month, due to adjustments on a number of placements. Spending reductions will continue to be a focus in this area; however, underlying pressures have reduced to £58k this month and so achieving the forecast underspend looks realistic.</p>					
<b>12) Strategic Management - Children's Social Care</b>	<b>2,794</b>	<b>286</b>	<b>13%</b>	<b>400</b>	<b>14%</b>
<p>The Children's Social Care (CSC) Director budget is forecasting an over spend of £400k.</p> <p>CSC Strategic Management has a vacancy savings target of £656k and although the directorate actively manages the staff budgets and use of agency staff, savings are not expected to be achieved to meet the target in full. This is because, due to service need, posts are required to be filled as quickly as possible, with essential posts within the Unit model covered by agency staff in a planned way until new staff have taken up post.</p> <p>The use of agency staff is very difficult to predict due to changing circumstances. Agency cover is only used where circumstances dictate and no other options are available.</p>					

Service	Current Budget for 2015/16	Current Variance		Forecast Variance Outturn	
	£'000	£'000	%	£'000	%
<b>Strategic Management - Children's Social Care continued</b> <p>We continue to make concerted efforts to minimise the dependency on agency and continue to look at other ways to manage work within the Units despite high levels of demand.</p> <p>The recruitment and retention strategy for social work staff should decrease the reliance on agency staffing. The additional staffing costs as a result will be funded from reserves for 2015/16 so there is no increase in forecast overspend as a result.</p> <p>Recruitment in Wisbech and East Cambs is particularly problematic which may be due in part to that area bordering a number of Local Authorities. This area holds the highest amount of vacancies and is therefore reliant on agency social workers and consultants to cover vacancies.</p> <p><u>Actions being taken:</u></p> <p>Workforce management continues to be reviewed weekly/fortnightly at CSC Heads of Service and CSC Management Teams respectively. We have monitoring procedures in place to manage the use of agency staff going forward and are focusing on the recruitment of Consultant Social Workers and Social Workers, but good quality agency staff continue to be needed in order to manage the work in the interim. The approval of the approach to recruitment and retention recently agreed by relevant Committees will support the work to reduce the use of agency staff.</p>					
<b>13) Head of Social Work</b>	<b>4,192</b>	<b>444</b>	<b>15%</b>	<b>525</b>	<b>13%</b>
<p>The Head of Social Work budget is forecasting an over spend of £525k due to an increase in the number of adoption/special guardianship orders. The increase in Adoption / Special Guardianship / Child Arrangement orders are however a reflection of the good practice in making permanency plans for children outside of the looked after system.</p> <p>The over spend is mostly attributable to demographic pressures. Previously no demography has been allocated to reflect the rise in numbers. This pressure is now being taken forward as part of the 2016/17 Business Planning process.</p>					
<b>14) Children's Social Care Access</b>	<b>4,448</b>	<b>341</b>	<b>10%</b>	<b>400</b>	<b>9%</b>
<p>The Access budget is forecasting an over spend of £400k due to the use of agency staffing. Please see Strategic Management Children's Social Care (note 12) above.</p>					
<b>15) Children In Need</b>	<b>3,963</b>	<b>328</b>	<b>11%</b>	<b>400</b>	<b>10%</b>
<p>The Children in Need budget is forecasting an over spend of £400k due to the use of agency staffing. Please see Strategic Management Children's Social Care (note 12) above.</p>					

Service	Current Budget for 2015/16	Current Variance		Forecast Variance Outturn	
	£'000	£'000	%	£'000	%
<b>16) Strategic Management – S&amp;C</b>	<b>148</b>	<b>-272</b>	<b>-77%</b>	<b>-252</b>	<b>-171%</b>

Within the additional savings identified at the September GPC meeting there is an expectation for the following;

- reduction of £227k in earmarked Building Schools of the Future reserve to reflect anticipated demand levels
- saving on SEND delivery grant funding of £25k.

<b>17) Looked After Children Placements</b>	<b>16,490</b>	<b>1,229</b>	<b>11%</b>	<b>1,500</b>	<b>9%</b>
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Client Group	Budgeted Packages	30 Nov 2015 Packages	31 Dec 2015 Packages	Variance from Budget
Residential Disability – Children	2	2	2	-
Child Homes – Secure Accommodation	0	1	1	+1
Child Homes – Educational)	8	11	11	+3
Child Homes – General	16	24	25	+9
Supported Accommodation	15	27	26	+11
Supported living 16+	9	11	10	+1
Fostering & Adoption	261	238	230	-31
<b>TOTAL</b>	<b>311</b>	<b>314</b>	<b>305</b>	<b>-6</b>

Overall Looked After Children (LAC) numbers at the end of December 2015, including placements with in-house foster carers, residential homes and kinship, are 589, 54 more than 1 April 2015 and 7 more than the end of November 2015.

External placement numbers (including 16+ and supported accommodation) at the end of December are 305, 9 fewer than in November.

The LAC Placements commitment record (including 16+ and supported accommodation) is now forecasting an overspend of £1,826k. The forecast reflects planned end-dates where existing Looked After Children are expected to leave their placement or the care system, and assumes additional new placements (growth) of combined cost £110k. As can be seen in the Key Activity Data and the figures above, the budgeted external placements included a target composition change from residential placements to fostering. Although the total number of external placements is not too dissimilar to the budgeted number, there are 14.56 more residential placements and 21.32 fewer fostering placements than budgeted. As residential placements are on average three times more expensive per week, this unfavourable composition is the driver of the forecast overspend.

An overspend of £1.5m is reported as a result of a combination of further savings (detailed below), holding growth and use of CFA reserves.

The overspend is partially explained by a £1.8m pressure carried forward from 2014/15, as the LAC population grew at an unprecedented rate towards the end of the financial year; £1.8m is the full year impact of this growth.

Service	Current Budget for 2015/16	Current Variance		Forecast Variance Outturn	
	£'000	£'000	%	£'000	%

### Looked After Children Placements continued

Actions being taken to manage the rising LAC numbers and the resulting financial pressure include:

- A weekly Section 20 panel to review children on the edge of care, specifically looking to prevent escalation by providing timely and effective interventions. The panel also reviews placements of children currently in care to provide more innovative solutions to meet the child's needs.
- A weekly LAC monitoring meeting chaired by the Strategic Director of CFA has been established which looks at reducing numbers of children coming into care and identifying further actions that will ensure further and future reductions.
- A monthly LAC Commissioning Board reviews the financial pressures and achievement of savings. This Board also reviews the top 50 cost placements, linking with the Section 20 panel and finding innovative, cost-effective solutions. The Board is responsible for monitoring against activity targets and identifying solutions if targets are missed.
- A cross council LAC Strategy has been developed and is being taken to CYP Committee in December for agreement. Alongside this is an action plan with savings allocated to activities to ensure that future savings will be achieved.

There are a number of work streams within the LAC Strategy which are presently on target to reduce the financial pressure and are therefore reflected in the current forecast. These are:

- Review of high cost residential placements - developing in county provision including long breaks and challenging new residential placements.
- Commissioning savings - seeking discounts and savings through tendering.
- Assisted boarding - approaching private boarding schools as an alternative to residential placements.
- Creative care - using resources more creatively to identify better solutions for young people. One case has been completed, and savings achieved are currently being reviewed.

There are also workstreams which aim to reduce the rate of growth in the LAC population, or reduce the cost of new placements. These workstreams cannot impact current commitment but aim to prevent it increasing:

- Alternatives to Care - working with children on the edge of care to enable them to remain at home or out of the care system. This aims to reduce the growth in the LAC population.
- In-house fostering - increasing in-house fostering capacity to reduce the use of Independent Fostering Agency placements, therefore reducing the use of external placements. Since 1st April 2015, the percentage of the LAC population in external placements has reduced by 5.01%.

The savings target for LAC Placements in 15/16 is £2m and this has been allocated to the work streams above. A large proportion of these savings have been achieved, and they are already included within commitment records and therefore their impact on expenditure is included within the forecast overspend of £1,826k. Work has been undertaken to review the achievability of further savings, focusing on alternative solutions to high cost residential packages and continuing to seek discounts. The savings are as follows:

Service	Current Budget for 2015/16	Current Variance		Forecast Variance Outturn	
	£'000	£'000	%	£'000	%

#### Looked After Children Placements continued

Workstream	Achieved to date	Total expected	Difference
High cost placements	£0k	£0k	£0k
Commissioning savings	£292k	£310k	£18k
Assisted Boarding	£0k	£0k (unless children are placed in-year)	£0k
Creative Care	£0k	£0k	£0k
Conversion of IFAs to in-house	£0k	£100k	£100k
Alternatives to care staffing			
<b>Total</b>	<b>£292k</b>	<b>£410k</b>	<b>£118k</b>

The Alternatives to Care workstream was allocated £500k from CFA reserves and it was agreed that this would be used to cover any shortfall in savings as the teams became established during 15/16 and 16/17, and therefore not at full capacity. It is anticipated that £250k of the reserve will be required in 15/16, which will offset part of the current overspend.

Growth included within the forecast is £110k which allows for the replacement of social care settings which have ended or are due to end, therefore maintaining current numbers, and also assumes new placements will be made. The target is to maintain current numbers and as such the provision for growth has been reduced. This carries significant risk as growth in the LAC population in recent weeks has been greater than forecast. The change to the make-up of placements from out of county to in county placements is being managed and is a key reason that whilst LAC numbers are rising, the outturn is not following the same trend. The delivery of all savings is monitored on a monthly basis at the LAC Commissioning Board and remedial action put in place as required.

<b>18) SEN Placements</b>	<b>8,469</b>	<b>199</b>	<b>2%</b>	<b>385</b>	<b>5%</b>
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OFSTED Category	1 Apr 2015	30 Nov 2015	31 Dec 2015	Variance from 1 Apr 2015
Autistic Spectrum Disorder (ASD)	98	101	102	+4
Behaviour, Emotional and Social Difficulty (BED)	38	34	34	-4
Hearing Impairment (HI)	3	3	3	-
Moderate Learning Difficulty (MLD)	1	2	2	+1
Multi-Sensory Impairment (MSI)	0	0	0	-
Physical Disability (PD)	1	1	1	-
Profound and Multiple Learning Difficulty (PMLD)	2	0	0	-2
Speech, Language and Communication Needs (SLCN)	3	3	3	-
Severe Learning Difficulty (SLD)	3	1	1	-2
Specific Learning Difficulty (SPLD)	9	7	7	-2
Visual Impairment (VI)	2	2	2	-
<b>Total</b>	<b>160</b>	<b>154</b>	<b>155</b>	<b>-5</b>

The Special Educational Needs (SEN) Placements budget is forecast to come in £385k over budget, including secured additional income from Health, following development of a tool to assess the percentage level of contributions to placement costs.

Service	Current Budget for 2015/16	Current Variance		Forecast Variance Outturn	
	£'000	£'000	%	£'000	%
<p><b>SEN Placements continued</b></p> <p>This budget is funded from the High Needs Block (HNB) element of the Dedicated Schools Grant. Included in the above numbers are 20 children educated under a block contract.</p> <p>The budget is under significant pressure due to numbers: whilst maintained Statement numbers are decreasing the level of need is escalating in early years with this age group requiring additional capacity in all of our Special Schools in 15/16. This additional need in early years has meant that the schools are at capacity, placing greater pressure to look outside of Cambridgeshire.</p> <p><u>Going forward into 2016/17 we will continue to:-</u></p> <ul style="list-style-type: none"> <li>• Actions in the Placements Strategy are aimed at returning children to within County borders and reducing Education Placement costs.</li> <li>• A shared care service enabling parents to continue to keep children at home has recently come on line.</li> <li>• Additional classes (and places) commissioned and funded at all of our area special schools to meet the rise in demand for early years. Funded from the HNB.</li> <li>• Previous discussions for 3 new special schools to accommodate the rising demand over the next 10 years needs to be revisited as there is a pressure on capital funding. One school is underway and alternatives to building more special schools are being investigated, such as additional facilities in the existing schools, looking at collaboration between the schools in supporting post 16, and working with FE to provide appropriate post 16 courses.</li> <li>• Review SEBD provision and look to commission additional specialist provision.</li> <li>• Business case presented to health commissioners to improve the input of school nursing in area special schools to support increasingly complex medical/health needs. Deliver SEND Commissioning Strategy and action plan to maintain children with SEND in mainstream education.</li> <li>• Reviewing the opportunity for developing residential provision attached to an existing special school in-county. The remit will be extended to include New Communities and newly built special schools.</li> </ul>					
<b>19) Home to School Transport – Special</b>	<b>7,085</b>	<b>480</b>	<b>11%</b>	<b>625</b>	<b>9%</b>
<p>The forecast for Home to School Transport – Special, taken from the commitment record, is an overspend of £942k. Further savings are being developed and a review of all transport for the new academic year is being undertaken, resulting in an in-year pressure of £625k.</p> <p>This excludes a pressure on LAC Transport which is detailed below. There was a residual pressure of £1.2m from 14/15 but this has in part been mitigated by planned savings.</p> <p>The planned savings are as follows:</p> <ul style="list-style-type: none"> <li>• A reduction in the amount paid to parents approved to use their own transport to get their children to school to from 45p to 40p per mile effective from 1 September 2015</li> <li>• Reviews to reduce the number of single occupancy journeys undertaken and rationalise routes where possible</li> </ul>					

Service	Current Budget for 2015/16	Current Variance		Forecast Variance Outturn	
	£'000	£'000	%	£'000	%
<b>Home to School Transport - Special continued</b> <ul style="list-style-type: none"> <li>Changes to the SEN post-16 transport policy, introducing contributions from parents / carers to transport costs.</li> <li>Working with Health professionals to agree an alternative to using ambulances for Home to School Transport.</li> </ul> <p>To manage the pressure going forward, the following options are being worked on:</p> <ul style="list-style-type: none"> <li>Cost-benefit analysis on path improvement at Meadowgate school has begun which, if beneficial, will enable the removal of transport. This will be implemented in 2016/17.</li> <li>Retendering of 500 routes following a market development campaign in Summer 2015. The tender process is due to begin in January 2015 and contracts awarded for the start of the new financial year 2016/17.</li> <li>Introducing termly reviews of transport with Casework Officers and schools. This is ongoing to ensure current transport arrangements are appropriate and to review all single occupancy routes.</li> <li>Including transport reviews at both the first and second statutory reviews. This is ongoing, reviewing the permanence of social care placements and therefore the appropriateness of a young person's educational centre.</li> <li>Investigating the use of Personal Travel Budgets.</li> </ul>					
<b>20) LAC Transport</b>	<b>671</b>	<b>313</b>	<b>70%</b>	<b>575</b>	<b>86%</b>
<p>The forecast for LAC Transport, taken from the commitment record is +£577k, an increase of £30k from September's commitment, as a result of an increase in use of volunteer drivers, reducing the unit cost. The reported outturn remains at £575k.</p> <p>The pressure is a result of an increasing LAC population and a policy to, where possible, keep a young person in the same educational setting when they are taken into care or their care placement moves, providing stability.</p> <p>The planned savings are as follows:</p> <ul style="list-style-type: none"> <li>Investigate providing allowances for in-house foster carers to provide Home to School Transport.</li> <li>Conduct a recruitment campaign to increase the number of volunteer drivers within Cambridgeshire and therefore reduce the average cost per mile for LAC Transport.</li> <li>Review all LAC routes for possibility to combine with existing Mainstream and SEN transport routes.</li> <li>Improved procurement and a target reduction in the number of short notice journeys.</li> <li>Additional challenge is provided by the Statutory Assessment &amp; Resources Team (StART) for all transport requests.</li> </ul> <p>The savings target above has been adjusted, taking into account the part year effect of these savings, but there remains an element of risk in their achievability.</p>					



Service	Current Budget for 2015/16	Current Variance		Forecast Variance Outturn	
	£'000	£'000	%	£'000	%
<b>21) Central Integrated Youth Support Services</b>	<b>1,170</b>	<b>-148</b>	<b>-19%</b>	<b>-130</b>	<b>-11%</b>
<p>An under spend of £130k is forecast. A one-off under spend of £100k is anticipated against the Young Carers budget. New expectations around the level of support provided to young people who take on caring roles for adults has led to a review and enhancement of the service in line with the expectations of the Care Act. A new contract is currently being tendered. Due to a period of transition between the current service contract and the transfer to a new enhanced offer, not all of the additional 'pressures' funding awarded in the Business Plan for this work will be required in 15/16. This is a non-recurrent position and the additional funding will be applied in full from 16/17 through the revised contract. A £20k under spend has arisen by allocating costs to an external grant received for an innovation project. A £10k under spend is expected due to a reduction in the number of small grant payments to the voluntary and community sector.</p>					
<b>22) Strategic Management – Learning</b>	<b>-73</b>	<b>213</b>	<b>732%</b>	<b>192</b>	<b>263%</b>
<p>There is a pressure of £192k on Strategic Management – Learning.</p> <p>A pressure of £200k exists on the Directorate's vacancy Savings target.</p> <p>The directorate was significantly restructured in 14/15, leading to a reduced headcount and a greater traded income target. This has meant there are fewer posts from which to take savings. Furthermore when an income-generating post falls vacant, the salary saving is used in part to offset the reduced income. The vacancy savings target was not reduced to reflect this new position and consequently a pressure has emerged.</p> <p>Steps will be taken in year to try to offset this with vacancies in non-traded teams but the ad-hoc nature of vacancies makes this difficult to forecast.</p> <p>There is an underspend of £8k reported against funding earmarked for the independent chair of the School-led School improvement board. This is due to the delay in appointment, which will now not be until the Spring term.</p>					
<b>23) Schools Partnership Service</b>	<b>1,374</b>	<b>-86</b>	<b>-10%</b>	<b>-147</b>	<b>-11%</b>
<p>The Education Support for Looked After Children Team (ESLAC) is reporting an underspend on its Local Authority budget of £147k. This is mainly because it has had to allocate less of this budget to individual tuition than it had anticipated.</p>					

Service	Current Budget for 2015/16	Current Variance		Forecast Variance Outturn	
	£'000	£'000	%	£'000	%
<b>24) Home to School / College Transport – Mainstream</b>	<b>9,143</b>	<b>604</b>	<b>11%</b>	<b>920</b>	<b>10%</b>

The forecast outturn for Home to School/College Transport – Mainstream is +£920k, no change from last month.

This forecast includes £150k cross CFA transport saving which had been expected to be achieved this financial year by further aligning activity and exploring opportunities for greater joint working across Home to School Mainstream, SEND and Adult Learning Disabilities (ALD) transport. Work is taking place to review the procurement of school and day care routes together, which is expected to deliver savings in 2016/17 conditional on changes to ALD and Older People's transport.

The provisional forecast for Home to School Mainstream transport is an overspend of £770k, this includes in-year savings achieved as a result of the implementation of a reduction in the amount paid to parents approved to use their own transport to get their children to school from 45p to 40p per mile and the withdrawal of free transport between Horningsea and Fen Ditton Primary School and between Stapleford/Great & Little Shelford and Sawston Village College for those children living within the statutory walking distances following decisions by the Service Appeal Committee that these routes are available for a child to use to walk to school accompanied by an adult as necessary.

The forecast variance outturn also takes account of the following, all of which came into effect on 1 September 2015:

- Changes to the post-16 transport policy including the introduction of a subsidised rate for new students living in low-income households who would previously have been entitled to free transport
- Implementation of an £10 per term increase in the cost of purchasing a spare seat on a contact service and for post-16 students who do not meet low income criteria
- Award of contracts following re-tendering

In addition, new transport arrangements will continue to need to be put in place over the course of the academic year as a result of families moving into and within Cambridgeshire in cases where the local schools are full. This is the main reason for the current in-year pressure. Work has been undertaken to ensure forecasts of growth are incorporated into the demographic increase within the commitment for 2016/17.

The following options are being worked on to reduce demand and costs in future years:

- funding late in-catchment applications on a discretionary basis;
- a bike purchase scheme as an alternative to providing a bus pass or taxi;
- incentives for volunteering / parent car pool schemes;
- cost-benefit analysis for limited direct provision, e.g. Council-run minibuses for a small number of high cost routes

<b>25) Financing DSG</b>	<b>-23,212</b>	<b>-260</b>	<b>-2%</b>	<b>-346</b>	<b>-1%</b>
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Within CFA, spend of £23.2m is funded by the ring fenced Dedicated Schools Grant. The Education Placements budget is forecast to overspend this year by £385k, however this is in part offset with underspends with the 0-19 Organisation & Planning Service (-£19k), SEND Specialist Services (-£15k) and E&P Locality teams (-£5k).

Vacancy savings are taken across CFA as a result of posts vacant whilst they are being recruited to, and some of these vacant posts are also DSG funded. It is estimated that the DSG pressure of £346k for this financial year will be met by DSG related vacancy savings.

## APPENDIX 3 – Grant Income Analysis

The table below outlines the additional grant income, which is not built into base budgets.

<b>Grant</b>	<b>Awarding Body</b>	<b>Expected Amount £'000</b>
<b>Grants as per Business Plan</b>		
Public Health	Department of Health	6,933
Better Care Fund	Cambs & P'Boro CCG	15,457
Adult Social Care New Burdens	DCLG	3,193
Social Care in Prisons Grant	DCLG	339
Delayed Transfer of Care	Department of Health	170
Unaccompanied Asylum Seekers	Home Office	600
Youth Offending Good Practice Grant	Youth Justice Board	584
Crime and Disorder Reduction Grant	Police & Crime Commissioner	127
Non-material grants (+/- £160k)	Various	180
Troubled Families	DCLG	2,046
Music Education HUB	Arts Council	781
<b>Total Non Baselined Grants 2015/16</b>		<b>30,930</b>

Financing DSG	Education Funding Agency	23,212
<b>Total Grant Funding 2015/16</b>		<b>54,142</b>

The non baselined grants are spread across the CFA directorates as follows:

<b>Directorate</b>	<b>Grant Total £'000</b>
Adult Social Care	3,418
Older People	16,116
Children's Social Care	671
Strategy & Commissioning	111
Enhanced & Preventative Services	9,730
Learning	884
<b>TOTAL</b>	<b>30,930</b>

## APPENDIX 4 – Virements and Budget Reconciliation

	Effective Period	£'000	Notes
<b>Budget as per Business Plan</b>		<b>244,270</b>	
Commissioning Services	May	37	SEND Preparation for Employment Grant
Early Years Service	May	26	Supporting Disadvantaged Children in Early Years Grant
Reablement, Occupational Therapy & Assistive Technology	June & Sept	-64	With the TUPE of 270 staff from the NHS to the County Council on 1 April, a contribution has been made by CFA to LGSS for payroll, payables and other professional services to support this new workforce. These services were previously provided by Serco through the now ended NHS contract.
Across CFA	June	-262	Centralisation of the budget for mobile telephone/device costs.
Mental Health – Head of Services	July	-7	The Mental Health service has agreed with a care provider to convert some existing accommodation, at Fern Court in Huntingdonshire, to ensure high needs services can continue to be provided at this location. Facilities Management will manage an ongoing rental contribution from the Council to the provider.
Children Looked After	July	81	Allocation of quarters 1-3 Staying Put Implementation Grant
Across ASC and OP&MH	Sept & Oct	778	Allocation of quarters 1-3 Independent Living Fund (ILF) instalments following transfer of function from central government
<b>Current Budget 2015/16</b>		<b>244,859</b>	

## APPENDIX 5 – Reserve Schedule

Fund Description	Balance at 31 March 2015	2015/16		Forecast Balance at 31 March 2016	Notes
		Movements in 2015/16	Balance at 31 Dec 15		
		£'000	£'000		
<b><u>General Reserve</u></b>					
CFA carry-forward	0	0	0	88	Forecast underspend of £88k applied against reserves.
<b>subtotal</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>88</b>	
<b><u>Equipment Reserves</u></b>					
ICT Equipment Replacement Reserve	566	159	725	0	Ed ICT plan to replace major infrastructure in 2015/16 and need to build up reserve to £500k across the preceding years. Reduction of £159k to meet in-year CFA pressures.
IT for Looked After Children	178	0	178	112	Replacement reserve for IT for Looked After Children. Laptops to be replaced in 2015/16.
<b>subtotal</b>	<b>744</b>	<b>159</b>	<b>903</b>	<b>112</b>	
<b><u>Other Earmarked Funds</u></b>					
<b>Adult Social Care</b>					
Capacity for Reviews	336	0	336	291	Resources to support reviews to achieve savings from reviews of packages for LD and PD service users. The majority if not all of this will be utilised from 16/17 onwards.
Capacity in Procurement and Contracts	250	-6	244	244	Increase in capacity for contract rationalisation and review etc. Expected to be used from 16/17 onwards.
In-house Care Home	15	-8	7	7	£5k to pay for the initial work to develop the proposal ahead of July Report. A further £10k required if proposal progresses further.
AFM Implementation	10	0	10	10	Cost of short term staff / cover to support transferring all commitment records to Adults Finance Module.
MASH & Adult Safeguarding	7	0	7	7	Officer capacity to support the development of the MASH & safeguarding changes linked to the Care Act.
<b>Older People &amp; Mental Health</b>					
Resilient Together	399	0	399	330	Programme of community mental health resilience work (spend over 3 years)
Reviews of Packages in Older People and Mental Health Services	300	-300	0	0	Invest in additional capacity to undertake package reviews on a much larger scale than previously possible - on the assumption that by applying our latest thinking and the transforming lives approach to each case we will reduce the cost of packages
Continuing Health Care	130	0	130	87	The County Council has employed a CHC Manager and provided staff training to help ensure that those who are eligible for CHC receive it. This allows us to address the issues whereby clients with continuing health needs are currently being funded in full by social care services. Funded to cover costs until March 2017.

Fund Description	Balance at 31 March 2015	2015/16		Forecast Balance at 31 March 2016	Notes
		Movements in 2015/16	Balance at 31 Dec 15		
	£'000	£'000	£'000	£'000	
Social Work Recruitment	120	-12	108	88	Social Work recruitment stability / strategy post to cover the next two years.
Home Care Development	90	-14	76	58	Managerial post to take forward proposals that emerged from the Home Care Summit - e.g. commissioning by outcomes work
Falls Prevention	80	0	80	55	Falls have been identified as one of the major causes of hospitalisation and long term care. This money is being targeted on a falls prevention initiative which will include education and exercise for older people in supported housing.
Dementia Coordinator	50	-15	35	20	£50k for 12 months role
Live in Care	20	29	49	37	Trialing the Adult Placement Scheme within OP&MH
<b>Children Social Care</b>					
Alternatives to Care / Family Crisis Support Service	500	0	500	250	New service which is able to offer a rapid response to situations where young people are identified as at risk of becoming looked after either in an emergency or as a result of a specific crisis. The intention would be to offer a direct and intensive intervention which would explicitly focus on keeping families together, brokering family and kinship solutions and finding alternatives to young people becoming looked after.
Repeat Removals	100	0	100	65	Establishing a dedicated team or pathway to provide on-going work with mothers who have children taken into care - to ensure that the remaining personal or family needs or issues are resolved before the mother becomes pregnant again. This project will span 15/16 and 16/17.
Brokering Family Solutions / Family Group Conferences	100	-100	0	0	Part fund the FGC Service or alternative arrangements within CSC from reserves, providing it with sufficient resource to allow it to ensure we can attempt to broker family solutions for all cases where there is potentially escalating cost to CCC and a chance/plan for reunification – i.e. All risk of LAC, PLO, court work and all relevant CP cases
IRO & CP Chairperson	80	0	80	28	Six months temporary posts
Fostering Marketing Manager	50	0	50	0	Provide resource to support the programme of work to drive the recruitment of in-house foster carers and hit recruitment target of a 36 net increase in available carers
Adaptions to Respite Carer homes	29	0	29	12	Committed for adaptations to respite carer homes.
<b>Strategy &amp; Commissioning</b>					
Building Schools for the Future	477	-227	250	130	Funding allocated to cover full programme and associated risks. Projected £120k ICT risk, plus £227k return to revenue.
Flexible Shared Care Resource	415	0	415	0	Provision opened May 2014.
START Team	164	0	164	0	Funding capacity pressures as a result of EHCPs.

Fund Description	Balance at 31 March 2015	2015/16		Forecast Balance at 31 March 2016	Notes
		Movements in 2015/16	Balance at 31 Dec 15		
	£'000	£'000	£'000	£'000	
Home to School Equalisation	165	87	253	253	Reserve to even out the number of school days per year.
Time Credits	157	0	157	83	Funding for 2 year Time Credits programme from 2015/16 to 2016/17 for the development of connected and supportive communities.
Disabled Facilities	200	0	200	120	Funding for grants for disabled children for adaptations to family homes.
Commissioning Services – Children's Placements	84	0	84	33	Funding to increase capacity. Two additional Resource Officers are in post. To be used flexibly between 2015/16 to 2016/17.
IT Infrastructure Costs	57	-57	0	0	Roll Out for Corporate iPads
<b>Enhanced &amp; Preventative</b>					
Multi-Systemic Therapy Standard	364	0	364	182	2-year investment in the MST service (£182k in 2015/16 & 2016/17) to support a transition period whilst the service moves to an external model, offering services to CCC and other organisations on a traded basis.
Family Intervention Project Expansion	366	0	366	0	To increase capacity in Family Intervention Project. Additional FIP workers and Deputy Managers are in post. Funding to be used in 2015/16.
Information Advice and Guidance	320	0	320	80	Proposal to delay the saving from the IAG teams by 1 year by funding from reserves Another option would be to consider making this a saving part way through the year which would give us more time to work on alternative on-going funding models for the IAG function.
MST Child Abuse & Neglect	307	0	307	62	To continue funding the MST CAN project (previously DoH funded). Funding to be used in 2015/16.
YOT Remand	223	0	223	203	Equalisation reserve for remand costs for young people in custody in Youth Offending Institutions and other secure accommodation.
All age Lead Professional	40	0	40	20	Trialing an all age locality lead professional - Appoint 5 and see how they get and how the idea works
<b>Learning</b>					
Trinity School	105	-50	55	0	New pressures emerging in Learning driven by requirement to resource the Post Ofsted Action Plan for Trinity Special School, which has been placed in Special Measures by Ofsted.
Art Collection Restoration Fund / Cambridgeshire Culture	140	0	140	93	Fund to support cultural activities within the county and the maintenance and development of the Art Collection.
Discretionary support for LAC education	134	0	134	134	LAC Pupil Premium grant from Department for Education to provide further discretionary support for Looked After Children.
Schools Partnership - NtG CREDS	72	-72	0	0	Funding to be used in 2015/16
ESLAC support for children on edge of care	50	0	50	50	Pilot Scheme

Fund Description	Balance at 31 March 2015	2015/16		Forecast Balance at 31 March 2016	Notes
		Movements in 2015/16	Balance at 31 Dec 15		
	£'000	£'000	£'000	£'000	
Capacity to attract private and independent sponsorship of programmes for children	50	-50	0	0	A number of private sector organisations have begun to discuss how they might invest in Cambridgeshire's children and young people. This funding has been used to cover the initial work required to support this initiative.
School advisor savings	35	0	35	35	Short term commissioning capacity (35k) in Learning to allow £90k school advisor savings to be made by not recruiting to vacant posts. Unlikely to be required in year due to other vacancy savings offsetting
Capacity to establish a self-sustaining and self-improving school system - leadership	13	0	13	0	Tender for a skilled education sector leader/professional with an in-depth knowledge of school improvement (£13k) to support the move towards a self-sustaining and improving school system
<b>Cross Service</b>					
SW recruitment and retention	674	-11	663	240	Reserves funding for 2015/16.
Other Reserves (<£50k)	255	-4	251	0	Other small scale reserves.
<b>Subtotal</b>	<b>7,533</b>	<b>-810</b>	<b>6,724</b>	<b>3,307</b>	
<b>TOTAL REVENUE RESERVE</b>	<b>8,277</b>	<b>-651</b>	<b>7,627</b>	<b>3,507</b>	
<b>Capital Reserves</b>					
Building Schools for the Future	280	0	280	0	Building Schools for Future - c/fwd to be used to spent on ICT capital programme as per Business Planning 15/16
Basic Need	2,774	3,265	6,039	0	Further receipts anticipated in respect of the targeted basic need and standard basic need. All expected to be spent by Mar 2016
Capital Maintenance	0	4,492	4,492	0	The Capital Maintenance allocation received in 2014/15 will be spent in full.
Other Children Capital Reserves	635	127	762	0	Comprises the Universal Infant Free School Meal Grant c/f and the Public Health Grant re Alcohol recovery hub-anticipate spending by year end.
Other Adult Capital Reserves	2,583	3,217	5,800	1,778	Expected receipts for Community Capacity grant and spend on planned programme.
<b>TOTAL CAPITAL RESERVE</b>	<b>6,272</b>	<b>11,101</b>	<b>17,373</b>	<b>1,778</b>	

(+) positive figures represent surplus funds.

(-) negative figures represent deficit funds.



## APPENDIX 6 – Capital Expenditure and Funding

### 6.1 Capital Expenditure

2015/16						TOTAL SCHEME	
Original 2015/16 Budget as per BP	Scheme	Revised Budget for 2015/16	Actual Spend (Dec)	Forecast Spend - Outturn (Dec)	Forecast Variance - Outturn (Dec)	Total Scheme Revised Budget	Total Scheme Forecast Variance
£'000		£'000	£'000	£'000	£'000	£'000	£'000
	<b>Schools</b>						
27,500	Primary Schools - New Communities	15,657	8,058	15,757	100	95,765	3,400
32,611	Primary Schools - Demographic Pressures	39,690	28,735	36,634	-3,056	125,450	17,771
1,810	Primary Schools – Adaptations	1,882	1,682	1,882	0	6,541	0
16,000	Secondary Schools - New Communities	16,906	10,242	16,407	-500	114,596	-4,150
9,936	Secondary Schools - Demographic Pressures	8,747	2,752	7,365	-1,383	113,380	-12,070
0	Final Payments	0	-25	0	0	0	0
250	Building Schools for the Future	363	105	363	0	9,118	0
1,126	Devolved Formula Capital	2,248	2	2,248	0	17,425	0
0	Universal Infant Free School Meals	164	139	164	0	0	0
3,400	Condition, Maintenance and Suitability	3,400	4,780	4,081	681	47,457	682
300	Site Acquisition and Development	300	20	300	0	1,870	0
500	Temporary Accommodation	500	1,242	1,500	1,000	8,748	0
0	Youth Service	134	8	134	0	0	0
4,307	Children Support Services	4,607	464	2,233	-2,373	10,636	0
4,614	Adult Social Care	4,706	141	4,022	-684	12,952	0
2,500	CFA Wide	2,500	0	370	-2,130	5,000	-2,000
<b>104,854</b>	<b>Total CFA Capital Spending</b>	<b>101,804</b>	<b>58,346</b>	<b>93,460</b>	<b>-8,344</b>	<b>568,938</b>	<b>3,633</b>

#### **Primary School - New Communities £100k pressure**

Clay Farm Primary; £100k accelerated spend due to additional fees for the increased project specification to a 2 Form entry school in response to housing development in the area.

#### **Primary School – Demographic Pressures £3,056k slippage and cost variation**

##### Changes to project costs

These total £5,754k. This figure is made up as follows;

- £5,760k relates to four new schemes in the business plan for 2015/16. These being, Hardwick Primary Second Campus £2,360k, Fourfields Primary £1,500k, Grove Primary £1,000k and Huntingdon Primary £900k
- £1,486k relates to the 2015/16 impact of the increased costs of existing schemes. These being, Little Paxton £100k, Fordham Primary £500k, Burwell Primary £486k and Orchard Park Primary £400k
- The remaining -£13,000k is due to anticipated reduced costs of existing schemes in future years, which is currently showing as a total scheme forecast variance and will be managed through the 2016/17 business planning process.

### Slippage and Acceleration

A number of schemes have experienced cost movements since the Business Plan was approved. The following schemes have been identified as experiencing accelerated spend where work has progressed more quickly than had been anticipated in the programme:

Little Paxton (£29k), Loves Farm (£75k), Cottenham Primary (£71k) and Grove Primary (£100k, Eastfield/Westfield, St Ives, (£20k) and Huntingdon Primary School (£50k), Orchards Primary, Wisbech £54k), Cavalry Primary (£23k), Swavesey Primary (£138k)

Slippage has occurred in respect of the following schemes;

- Fordham (£201k) where original phasing is not being achieved as a result of the decision to undertake a review of possible alternative options to meet in-catchment need; start on site now anticipated March 2016;
- Fulbourn (£118k) due to overall scheme revision which will see phase 2 works identified as a separate scheme in the 2016/17 Business Plan;
- Orchard Park, Cambridge (£405k) the scheme is currently on hold with no further expenditure expected in 2015-16.
- Fourfields, Yaxley (£200k) where slippage from original programme has occurred and the start on site is now anticipated in February 2016.
- Burwell Primary (£350k) programme slipped by one month to February 2016 following a slight revision to enabling works timetable.
- Isle of Ely Primary (£1,000k) due to delays in establishing infrastructure required to further develop the site.
- Westwood Primary expansion (£1,200k) start on site slipped from September following receipt of an objection which meant the scheme could not proceed under delegated authority, but required approval by the Development Control Committee in October.
- Hemingford Grey (£40k) final accounts have now been agreed resulting in 2015/16 slippage and an overall project reduction
- Brampton Primary (£85k) final accounts have now been agreed resulting in 2015/16 slippage and an overall project reduction

### **Secondary Schools – New communities' £500k slippage**

Southern Fringe Secondary scheme has experienced slippage (£500k) due to a 4 week delay in construction.

### **Secondary Schools - Demographic Pressures £1,383k slippage**

Two schemes have had increased expenditure since the 2015/16 business plan was approved. Cambourne Secondary expansion (£300k) overspend in 2015/16 due to design work being accelerated. The scheme will be rephased in the 2016/17 Business Plan. Swavesey Village College (£317k) overspent in 2015/16 due to increased project cost to create additional capacity for Northstowe pupils ahead of the new Northstowe secondary school opening. This has been offset by Littleport secondary & special slippage (£2,000k) due to delays to the start on site. Work is now scheduled to commence in January 2016.

### **Condition, Maintenance and Suitability £681k overspend**

The forecast £681k overspend is due to Castle and Highfield Special School projects continuing from 2014/15 due to delays on site, together with significantly higher than anticipated tender prices for kitchen ventilation works required to meet health and safety standards.

### **Temporary Accommodation £1,000k overspend**

It had been anticipated at Business Planning that the current stock of mobiles would prove sufficient to meet September 2015 demand. Unfortunately, it has proved necessary to purchase additional mobiles due to rising rolls at primary schools around the county.

Additionally there is a small adjustment to the expected cost for Hardwick Second Campus (£18k) following receipt of a more accurate costing.

### **Children Support Services £2,373k slippage**

Trinity School (£2,323k) significant slippage had occurred due to delays in finalising the acquisition of the property from Huntingdonshire Regional College. As a result, work on site could not commence until October 2015. Further slippage (£50k) occurred in August 2015 due to the need to undertake a review to reduce the overall project cost in line with the available budget.

### **Adults Strategic Investment £353k slippage**

The forecast underspend on Strategic investment has arisen as a result of re-phasing expenditure that has been reflected in the 2016/17 business plan.

### **Adults Enhanced Frontline £335k slippage**

The forecast underspend is due to the prioritising of work required to enhance in-house provider services and related delivery of social care, predominantly for clients with needs from learning disabilities, mental health or old age. A further review of investment is required and expenditure has been re-phased during the 2016/17 business plan.

### **CFA IT Infrastructure £2,130k slippage and cost revision**

The Management Information System project has reduced project costs of £2,000k as a result of responses from the invitation to submit outline solution process; this along with revised project timescales has resulted in the slippage for 2015/16. Revision to project cost has been reflected in the 2016/17 business plan.

## **6.2 Capital Funding**

2015/16				
Original 2015/16 Funding Allocation as per BP £'000	Source of Funding	Revised Funding for 2015/16 £'000	Forecast Spend – Outturn (Dec) £'000	Forecast Funding Variance - Outturn (Dec) £'000
4,949	Basic Need	6,448	6,448	0
6,294	Capital maintenance	5,053	5,053	0
1,126	Devolved Formula Capital	2,248	2,248	0
0	Universal Infant Free School meals	164	164	0
4,614	Adult specific Grants	4,706	4,022	-684
25,557	S106 contributions	9,352	9,352	0
0	BSF -PFS only	280	280	0
0	Capitalised Revenue Funding	0	0	0
700	Other Capital Receipts	700	700	0
34,262	Prudential Borrowing	43,355	35,696	-7,659
27,352	Prudential Borrowing (Repayable)	29,497	29,497	0
<b>104,853</b>	<b>Total Funding</b>	<b>101,803</b>	<b>93,460</b>	<b>-8,343</b>

The overall position of the Capital Plan for December 2015 is a net reduction in prudential borrowing of £225k





The overall net impact of the movements within the capital plan, results in an expected £8,344k underspend in 2015/16 £684k is adult social care grant which is required to be carried forward into future years.

## 6.2 Key Funding Changes 2015/16


Previously reported key funding changes that are still applicable are detailed in the table below.


<b>Funding</b>	<b>Amount (£m)</b>	<b>Reason for Change</b>
Additional / Reduction in Funding (Capital Maintenance)	-1.2	Condition, Suitability and Maintenance funding reduction – as reported in May 15.
Additional / Reduction in Funding (Prudential Borrowing)	+1.2	Prudential Borrowing required to offset the shortfall in funding from the DfE RE: Condition, Suitability and Maintenance (note above) – as in May 15 and approved by the GPC on 28th July 2015.
Revised Phasing (Section 106)	-5.8	Rephasing (mainly North West Cambridge (NIAB) Primary) – as reported in May 15 and approved by the GPC on 28th July 2015.
Revised Phasing (Prudential Borrowing)	-7.1	Rephasing (various schemes) – as in May 15 and approved by the GPC on 28th July 2015.
Additional / Reduction in Funding (Prudential Borrowing)	+3.2	New Schemes (various) – as reported in May 15 and approved by the GPC on 28th July 2015.
Additional / Reduction in Funding (Prudential Borrowing)	+1.5	Increase in costs (various schemes) – as reported in May 15 and approved by the GPC on 28th July 2015.
Revised Phasing (Section 106)	-10.4	Delayed S106 developer contributions – as reported in Sep 15.
Revised Phasing (Prudential Borrowing)	10.4	Prudential Borrowing required to bridge the funding gap caused by the expected delay in S106 developer contributions – as reported in Sep 15 and to be approved by the GPC on 22nd December 2015.

## APPENDIX 7 – Performance at end of November 2015


Measure	Responsible Directorate(s)	Previous period	Target	Actual	Date of latest data	Direction of travel (from previous period)	RAG Status	Comments
% year 12 in learning	Enhanced & Preventative	94.4%	96.0%	95.9%	Nov 15		A	Performance has improved again in November as expected and is now just under target.
% Clients with SEND who are EET	Enhanced & Preventative	86.8%	90.5%	68.0%	Q2 (Jul to Sept 2015)		A	At this time of year the EET figures fall as young people move from school. Performance is above that at the same time of year last year (62.8%). The majority of these young people have emotional and behavioural difficulties. Work is currently underway to look at how we support these young people into EET with a particular focus on the transition from year 11 to year 12. Performance is currently slightly below that at the same time last year but we expect to see some improvement over the coming months as young people's current situation is confirmed.
The proportion pupils attending Cambridgeshire Primary schools judged good or outstanding by Ofsted	Learning	80.1%	75.0%	79.7%	Nov-15		G	157 Primary schools are judged as good or outstanding by Ofsted covering 36911 pupils. One maintained primary school remains in an Ofsted category and has specific actions plans in place to support their improvement. (Source:Watchsted)
The proportion pupils attending Cambridgeshire Secondary schools judged good or outstanding by Ofsted	Learning	48.4%	75.0%	47.4%	Nov-15		R	The proportion of pupils attending Cambridgeshire Secondary schools judged good or outstanding by Ofsted has been adversely affected by a number of the county's largest secondary academies slipping from 'good' to 'requires improvement'. Only 15 out Secondary schools with Inspection results are judged as good or outstanding, covering 14,550 pupils. This is 47.4% of pupils against the target of 75%. (Source:Watchsted)



Measure	Responsible Directorate(s)	Previous period	Target	Actual	Date of latest data	Direction of travel (from previous period)	RAG Status	Comments
The proportion pupils attending Cambridgeshire Special schools judged good or outstanding by Ofsted	Learning	86.6%	75.0%	86.6%	Nov-15	➡	G	7 out of 9 Special schools are judged as Good or outstanding covering 842 (86.6%) pupils.
No or % income deprived 2 year olds receiving free childcare		1308	1400	1425	Autumn Term 2015	⬆	G	The DfE Target set is 80% of eligible two-year olds. The latest information from the DfE suggests there are 1786 eligible two-year olds, on income grounds, which equates to a target of approx 1400 children.
1C PART 1a - Proportion of eligible service users receiving self-directed support	Adult Social Care / Older People & Mental Health	85.9%	85.0%	86.8%	Nov-15	⬆	G	This is a new indicator for 2015/16. Performance is slightly above the provisional target for the first time this year. Performance is above the national average for 14/15 and will be monitored closely
RBT-I - Proportion of service users requiring no further service at end of re-ablement phase	Older People & Mental Health	55.3%	57.0%	55.5%	Nov-15	⬆	A	The proportion of service users requiring no further service at the end of reablement phase has seen a gradual decline since July 2014, and is currently below target. It should be noted that over the last few years the average age of people being referred into the service has increased along with the level of need. We are seeing a greater number of people requiring double up packages of care and the normal exit routes from reablement into domiciliary care have been impacted due to shortages in the availability of domiciliary care. In recognition of this, a review is currently underway to identify the barriers and opportunities that can provide benefits to the system and service user.

Measure	Responsible Directorate(s)	Previous period	Target	Actual	Date of latest data	Direction of travel (from previous period)	RAG Status	Comments
<b>BCF</b> 2A PART 2 - Admissions to residential and nursing care homes (aged 65+), per 100,000 population	Older People & Mental Health		646	565	2014-15		<b>G</b>	This measure reflects the number of older people whose long term support needs were met by a change of setting to residential and nursing care during the year. The data comes from the annual SALT Statutory return first required in 2014-15 using a new methodology and is therefore not comparable with performance in previous years. This indicator is measured annually and provisional data for 2015-16 will be available in June 2016.
The number of looked after children per 10,000 children	Childrens Social Care	43.4	32.8 - 38.5	44.3	Nov-15		<b>R</b>	The number of Looked After Children increased to 582 during November 2015. 44 (7.6%) of these are Unaccompanied Asylum Seeking Children (UASC). The savings required on the LAC placements budget are significant. Within the LAC Placements Strategy there are a number of workstreams established which will contribute to an overall reduction in LAC numbers as well as reducing the costs of placements in order to make these savings. These include looking at alternative methods of meeting children's needs e.g. the Alternative to Care Service, increasing the numbers of available in-house foster placements to reduce the use of Independent Fostering Agency placements
% children whose referral to social care occurred within 12 months of a previous referral	Childrens Social Care	20.8%	25.0%	20.9%	Nov-15		<b>G</b>	Performance in re-referrals to children's social care has dipped slightly during November but is still well within target

Measure	Responsible Directorate(s)	Previous period	Target	Actual	Date of latest data	Direction of travel (from previous period)	RAG Status	Comments
% CAFs where outcomes were achieved	Enhanced & Preventative	80.0%	80.0%	77.8%	Nov-15		A	Performance has dipped below target in November as the new Family CAF is brought online and numbers of "old style" CAFs diminish. We will continue to report on this measure as long as there are CAFs being completed. It is hoped that in the longer term the development of a Family CAF will improve our understanding of families and will allow us to incorporate support for the "whole family" in partnership with parents, carers and services, ultimately improving family engagement with the CAF process. A new measure is being developed to report on the Family CAF and Think Family way of working from April 2016.



Measure	Responsible Directorate(s)	Previous period	Target	Actual	Date of latest data	Direction of travel (from previous period)	RAG Status	Comments
BCF Average number of bed-day delays, per 100,000 of population per month (aged 18+) - YTD	Older People & Mental Health	504	406	484	Oct-15		R	<p>The Cambridgeshire health and social care system is experiencing a monthly average of 2,489 bed-day delays, which is 19% above the current BCF target ceiling of 2,088. In October there were 1,882 bed-day delays, down 555 from the previous month, falling below the monthly target for the first time since June 2014.</p> <p>Between November '14 and October '15 there were 31,588 bed day delays across the whole of the Cambridgeshire system - representing a 4% increase against the preceding 12 months. This situation is well documented in the media with several of our local hospital trusts having to close their A &amp; E departments due to insufficient capacity. Many of the patients are elderly who on average have longer lengths of stay in hospital, which in turn impacts on the hospitals ability to ensure sufficient throughput. Daily conference calls are held between CCC and the hospitals to identify patients who can be discharged safely and quickly.</p> <p>Across this period NHS bed-day delays have increased by 18% from 19,068 (Nov 13 - Oct 14) to 22,595 (Nov 14 - Oct 15), while bed-day delays attributed to Adult Social Care have decreased from 9,534 (Nov 13 - Oct 14) to 7,350 (Nov 14 - Oct 15) an improvement of 23%.</p>

Measure	Responsible Directorate(s)	Previous period	Target	Actual	Date of latest data	Direction of travel (from previous period)	RAG Status	Comments
Average number of ASC attributable bed-day delays per 100,000 population per month (aged 18+) - YTD	Older People & Mental Health	126	94	123	Oct-15		R	Between April - Oct '15 there were 4,415 bed-day delays recorded attributable to ASC in Cambridgeshire. This translates into a rate of 123 delays per 100,000 of 18+ population. For the same period the national rate was 102.5 delays per 100,000. The numbers have increased due to a number of factors, one of which is the increased number of admissions within the Acute Trusts particularly for the over 85s who tend to require longer more complex care on discharge. In addition, there have been some challenges around the availability of domiciliary care provision particularly in hard to reach areas of the county. In addressing these issues, we are in regular contact with providers and are actively working with them to increase their staffing capacity.
1F - Adults in contact with secondary mental health services in employment	Older People & Mental Health							We have become aware that there are some issues relating to the data reported to us by CPFT for the Mental Health measures. We are working with them to rectify these issues and will resume reporting once we are satisfied with the quality of the data being received.
1E - Proportion of adults with learning disabilities in paid employment	Adult Social Care	1.4%	7.5%	1.4%	Nov-15		R	Performance has remained static during November following a slight increase the month before. Performance is still very low at the moment, employment information is collected at a client's annual review and we would hope to see further increases over the next few months, though it is unlikely we will reach the ambitious target.

## APPENDIX 8 – CFA Portfolio at end of December 2015

Programme/Project and Lead Director	Brief description and any key issues	RAG
<b>Transforming Lives/Care Act Programme:</b> Claire Bruin	<p>A programme of six projects is in place to implement these changes. The Transforming Lives project is focusing on the implementation of the new way of working. Physical and Learning Disability Services have started to implement this new way of working and a new project has been set up to manage Contact Centre changes required to facilitate the Older People's service roll-out. A quality assurance process is in development and will be applied to ensure the principles of Transforming Lives are being adhered to in practice.</p> <p>No key issues.</p>	GREEN
<b>Learning Disability Spend:</b> Claire Bruin	<p>The focus of this project is to address the current overspends and a project plan is in place. This plan is being monitored by the Learning Disability Senior Management Team who consider the impact of the changes on the budget. Work is also underway to consider any policy changes that need to be in place to support the delivery of savings from April 2016.</p> <p>Key issue: Monitoring the project plan to ensure that the changes being implemented are resulting in savings. Focus is on undertaking reviews to make savings, establishing systems to ensure accurate forecasting and providing support to Team Managers to manage their budgets. The service is still reporting an overspend for this financial year.</p>	AMBER
<b>Building Community Resilience Programme:</b> Sarah Ferguson	<p>This programme will respond to the Council's shifting focus from meeting the needs of individuals to supporting communities and families. The strategy has been approved by the General Purposes Committee. Focus is now on developing and delivering the action plans.</p> <p>No key issues.</p>	GREEN
<b>Older People Service Development Programme:</b> Charlotte Black	<p>Delivering service improvements for Older People following staff transfers from Cambridgeshire Community Services. Good progress is being made and the CCS Transfer project is in closedown phase. New project is being set up to deliver transformational change in response to the Home Care Summit held earlier in the year.</p> <p>No key issues.</p>	GREEN
<b>CFA Strategy for 2016-20:</b> Adrian Loades	<p>Delivering a strategy for the next five years that will respond to the savings that need to be made. Significant work has taken place to translate principles in the strategy into a five year Business Plan for CFA Services. Proposals will be discussed with Service Committees in January 2016 and the Strategy and savings proposals are currently being shared with key partners. Plans are being developed to monitor the impact of delivery of the CFA Strategy over the coming months and years – aligned to delivery of the resulting savings.</p> <p>No key issues.</p>	GREEN

Programme/Project and Lead Director	Brief description and any key issues	RAG
<b>Accelerating Achievement:</b> Keith Grimwade / Meredith Teasdale / Sarah Ferguson	Delivering the strategy aimed at groups of children and young people who are vulnerable to underachievement. The action plan and targets are currently being revised.  No key issues.	GREEN
<b>LAC Placements Strategy:</b> Meredith Teasdale	The draft strategy is now complete and was presented to members at the December CYP Committee. Wider consultation will take place in December for full implementation from January 2016.  Key issue: The need to deliver a robust strategy for our Looked After Children which enables significant savings targets to be met and an overall reduction in LAC population. In particular a rapid reduction in the overall LAC population will be required between December 2015 and March 2016 which is a challenging target within this limited timeframe.	AMBER
<b>Early Help:</b> Sarah Ferguson	Delivering the implementation of a revised Early Help offer in Cambridgeshire. The consultation for the second phase of the Early Help review was launched in December 2015.  No key issues.	GREEN

### **Children & Young People Committee Revenue Budgets**

#### **Children's Social Care Directorate**

- Strategic Management – Children's Social Care
- Head of Social Work
- Legal Proceedings
- Safeguarding & Standards
- Children's Social Care Access
- Children Looked After
- Children in Need
- Disabled Services

#### **Strategy & Commissioning Directorate**

- Commissioning Enhanced Services
- Looked After Children Placements
- Special Educational Needs Placements
- Commissioning Services
- Early Years Specialist Support
- Home to School Transport – Special

- Executive Director
- Executive Director
- Central Financing
- Teachers' Pensions & Redundancy

#### **Children's Enhanced & Preventative Directorate**

- Strategic Management – Enhanced & Preventative
- Children's Centre Strategy
- Support to Parents
- SEND Specialist Services

- Youth Support Services
- Youth Offending Service
- Central Integrated Youth Support Services

- Locality Teams
- East Cambs& Fenland Localities
- South Cambs& City Localities
- Huntingdonshire Localities

**Learning Directorate**

Strategic Management - Learning  
Early Years Service  
Schools Intervention Service  
Schools Partnership Service  
Childrens' Innovation &  
Development Service  
Integrated Workforce Development  
Service  
Catering, Cleaning & Grounds  
Service

Infrastructure

0-19 Organisation & Planning  
Early Years Policy, Funding &  
Operations  
Education Capital  
Home to School/College Transport –  
Mainstream

**CFA Cross – Service Budgets****Strategy & Commissioning  
Directorate**

Strategic Management – Strategy &  
Commissioning  
Information Management &  
Information Technology  
Strategy, Performance & Partnerships

**Grant Funding**

Financing DSG  
Non Baselined Grants

**Grant Funding Total**

**CHILDREN AND YOUNG COMMITTEE PEOPLE AGENDA PLAN AND  
APPOINTMENTS TO INTERNAL ADVISORY GROUPS AND OUTSIDE BODIES**

**To:** Children and Young People Committee

**Meeting Date:** 9<sup>th</sup> February 2016

**From:** Democratic Services

**Electoral division(s):** All

**Forward Plan ref:** Not applicable      **Key decision:** No

**Purpose:** To present the agenda plan for the Children and Young People Committee; to consider appointments to internal advisory groups and outside bodies and to receive any reports back from Councillors on the relevant outside bodies on which they represent the Children and Young People Committee.

**Recommendation:** It is recommended that the Children and Young People Committee:-

1. Note the agenda plan, as set out in Appendix A.
2. Receive any reports back from representatives on outside bodies.

<b>Officer contact:</b>	
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## **1. AGENDA PLAN**

- 1.1. The Children and Young People Committee Agenda Plan is attached as Appendix A.

## **2. OUTSIDE BODIES**

- 2.1. At the time of writing the report, there were no vacancies on outside bodies to draw to the attention of the Committee.
- 2.2. The Committee has previously requested that an opportunity be given at each meeting to receive any reports back from Councillors on the relevant outside bodies on which they represent the Children and Young People Committee. Any representative on an outside body who wishes to draw attention to any key issues arising from that body which the Committee needs to be aware of, may therefore wish to do so at this point in the meeting.

## **3. ALIGNMENT WITH CORPORATE PRIORITIES**

### **3.1. Developing the local economy for the benefit of all**

There are no significant implications for this priority.

### **3.2. Helping people live healthy and independent lives**

There are no significant implications for this priority.

### **3.3. Supporting and protecting vulnerable people**

There are no significant implications for this priority.

## **4. SIGNIFICANT IMPLICATIONS**

- 4.1. There are no significant implications within these categories:

- Resource Implications
- Statutory, Risk and Legal Implications
- Equality and Diversity Implications
- Engagement and Consultation Implications
- Localism and Local Member Involvement
- Public Health Implications

<b>Source Documents</b>	<b>Location</b>
None	<i>N/A</i>



# CHILDREN AND YOUNG PEOPLE POLICY AND SERVICE COMMITTEE AGENDA PLAN

Published: 4<sup>th</sup> January 2016  
Updated: 29<sup>th</sup> January 2016

**Appendix A**

## **Notes**

Committee dates shown in bold are confirmed.

Committee dates shown in brackets and italics are reserve dates.

The definition of a key decision is set out in the Council's Constitution in Part 2, Article 12.

\* indicates items expected to be recommended for determination by full Council.

+ indicates items expected to be confidential, which would exclude the press and public. Additional information about confidential items is given at the foot of this document.

Draft reports are due with the Democratic Services Officer by 10.00 a.m. eight clear working days before the meeting.

The agenda dispatch date is six clear working days before the meeting.

Committee date	Agenda item	Lead officer	Reference if key decision	Spokes meeting date	Deadline for draft reports	Agenda despatch date
<b>09/02/16</b>	Minutes and Action Log	Democratic Services	Not applicable	07/01/16	26/01/16	29/01/16
	The Mutualisation of a County Based Multi Systemic Therapy Service –	S Ferguson	2016/009			
	The Establishment of Denominational Schools	C Buckingham	Not applicable			
	Elective Home Education	K Beaton	Not applicable			
	Revised Early Years & Childcare Policy	C Buckingham	Not applicable			
	Early Years and School Performance 2015	K Grimwade	Not applicable			
	Fenland Secondary School Review	H Belchamber/ I Trafford	Not applicable			
	Early Help Strategy	S Ferguson	Not applicable			
	Finance and Performance Report	C Malyon/ M Wade	Not applicable			

<b>Committee date</b>	<b>Agenda item</b>	<b>Lead officer</b>	<b>Reference if key decision</b>	<b>Spokes meeting date</b>	<b>Deadline for draft reports</b>	<b>Agenda despatch date</b>
	Agenda Plan and Appointments to Outside Bodies	Democratic Services	Not applicable			
<b>08/03/16</b>	Minutes and Action Log	Democratic Services	Not applicable	28/01/16	23/02/16	26/02/16
	School Sponsor Selection Process	C Buckingham	2016/023			
	Fenland Primary Review	H Belchamber/ I Trafford	Not applicable			
	Gamlingay School – Consultation on governance arrangements	C Buckingham	Not applicable			
	Building Resilient Communities Strategy	R Hudson/ M Teasdale	Not applicable			
	Growth in demand for specialist special educational needs and disability (SEND) provision	J Davies/ M Teasdale	Not applicable			
	Child and Adolescent Mental Health Services (CAMH)	M Teasdale	Not applicable			
	Looked After Children (LAC) Placement Strategy	Meredith Teasdale	Not applicable			
	Appointment of a new sponsor for the Littleport Secondary and Special Schools	I Trafford / H Belchamber	Not applicable			
	Finance and Performance Report	C Malyon/ M Wade	Not applicable			
	Agenda Plan: Appointments to Outside Bodies and Training Plan	Democratic Services	Not applicable			
<i>[19/04/16] Provisional Meeting</i>				10/03/16	05/04/16	08/04/16
<b>24/05/16</b>	Minutes and Action Log	Democratic Services	Not applicable	21/04/16	10/05/16	13/05/16
	Histon and Impington, Review of Primary Provision	H Belchamber/ R Lewis	Not applicable			
	Review of Primary Provision in Cambridge	C Buckingham	Not applicable			

Committee date	Agenda item	Lead officer	Reference if key decision	Spokes meeting date	Deadline for draft reports	Agenda despatch date
	Review of Secondary Provision in Cambridge	H Belchamber/ R Lewis	Not applicable			
	Proposal to expand Fordham CE Primary School	A Fitz	Not applicable			
	Children's Centres	S Ferguson	Not applicable			
	Finance and Performance Report	C Malyon/ M Wade	Not applicable			
	Agenda Plan: Appointments to Outside Bodies and Training Plan	Democratic Services	Not applicable			
<i>[21/06/16] Provisional Meeting</i>				12/05/16	07/06/16	10/06/16
<b>12/07/16</b>	Minutes and Action Log	Democratic Services	Not Applicable		01/07/17	28/06/16
	Establishment of New Primary School at Wintringham Park, St Neots	C Buckingham	Not applicable			
	Finance and Performance Report	C Malyon/ M Wade	Not Applicable			
	Agenda Plan: Appointments to Outside Bodies and Training Plan	Democratic Services	Not Applicable			
<i>[16/08/16] Provisional Meeting</i>				28/06/16	02/08/16	05/08/16
<b>13/09/16</b>	Minutes and Action Log	Democratic Services	Not Applicable	02/08/16	30/08/16	02/09/16
	Finance and Performance Report	C Malyon/ M Wade	Not Applicable			
	Agenda Plan: Appointments to Outside Bodies and Training Plan	Democratic Services	Not Applicable			
<i>[11/10/15] Provisional Meeting</i>				06/09/16	27/09/16	30/09/16
<b>08/11/16</b>	Minutes and Action Log	Democratic Services	Not Applicable	04/10/16	25/10/16	28/10/16

Committee date	Agenda item	Lead officer	Reference if key decision	Spokes meeting date	Deadline for draft reports	Agenda despatch date
	Finance and Performance Report	C Malyon/ M Wade	Not Applicable			
	Agenda Plan: Appointments to Outside Bodies and Training Plan	Democratic Services	Not Applicable			
<i>06/12/16 Provisional Meeting</i>				19/10/16	22/11/16	25/11/16
<b>17/01/17</b>	Minutes and Action Log	Democratic Services	Not Applicable	30/11/16	03/01/17	06/01/17
	Finance and Performance Report	C Malyon/ M Wade	Not Applicable			
	Agenda Plan: Appointments to Outside Bodies and Training Plan	Democratic Services	Not Applicable			
<i>[14/02/17] Provisional Meeting</i>				10/01/17	31/01/17	03/02/17
14/03/17	Minutes and Action Log	Democratic Services	Not Applicable	07/02/17	28/02/17	03/03/17
	Finance and Performance Report	C Malyon/ M Wade	Not Applicable			
	Agenda Plan: Appointments to Outside Bodies and Training Plan	Democratic Services	Not Applicable			
<i>[11/04/17] Provisional Meeting</i>					28/03/17	31/03/17
<b>06/06/17</b>	Minutes and Action Log	Democratic Services	Not Applicable		22/05/17	25/05/17
	Finance and Performance Report	C Malyon/ M Wade	Not Applicable			
	Agenda Plan: Appointments to Outside Bodies and Training Plan	Democratic Services	Not Applicable			

**To be programmed:** Future management and governance of the Oasis Day Nursery, Wisbech (Nov./Dec 2016); New Primary School for NIAB Site/Darwin Green: Approval of Sponsor (H Belchamber/R Lewis) (date to be confirmed); Cambridgeshire School Improvement Board (K Grimwade) (July 2016); Young Carers; Cambridgeshire Music Service.

**Notice made under the Local Authorities (Executive Arrangements) (Meetings and Access to Information) (England) Regulations 2012 in compliance with Regulation 5(7)**

1. At least 28 clear days before a private meeting of a decision-making body, public notice must be given which must include a statement of reasons for the meeting to be held in private.
2. At least 5 clear days before a private meeting of a decision-making body, further public notice must be given which must include a statement of reasons for the meeting to be held in private, details of any representations received by the decision-making body about why the meeting should be open to the public and a statement of the Council's response to such representations.

Forward plan reference	Intended date of decision	Matter in respect of which the decision is to be made	Decision maker	List of documents to be submitted to the decision maker	Reason for the meeting to be held in private
.../...	[Insert Committee date here]		[Insert Committee name here]	Report of ... Director	The decision is an exempt item within the meaning of paragraph ... of Schedule 12A of the Local Government Act 1972 as it refers to information ....

**Decisions to be made in private as a matter of urgency in compliance with Regulation 5(6)**

3. Where the date by which a meeting must be held makes compliance with the above requirements impracticable, the meeting may only be held in private where the decision-making body has obtained agreement from the Chairman of the Council.
4. Compliance with the requirements for the giving of public notice has been impracticable in relation to the business detailed below.
5. The Chairman of the Council has agreed that the Committee may hold a private meeting to consider the business referred to in paragraph 4 above because the meeting is urgent and cannot reasonably be deferred for the reasons stated below.

Date of Chairman's agreement	Matter in respect of which the decision is to be made	Reasons why meeting urgent and cannot reasonably be deferred

