

CHILDREN AND YOUNG PEOPLE COMMITTEE



Cambridgeshire
County Council

Date: Tuesday, 08 March 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, Castle Hill, 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. Minutes 9th February 2016 and Action Log

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3. Petitions

OTHER DECISIONS

4. Children's and Adolescent Mental Health (CAMH)

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5.	Looked After Children Strategy (Building Family Resilience)	81 - 138
6.	Building Community Resilience	139 - 150
7.	Appointment of an Alternative Sponsor for the new Secondary and Special Schools in Littleport	151 - 164
8.	Finance and Performance Report - January 2016	165 - 218
9.	Children and Young People Committee Agenda Plan; Appointments to Outside Bodies and Training Plan	219 - 230

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 Maurice Leeke Councillor Mervyn Loynes Councillor Zoe Moghadas Mrs Simone Leigh Taylor and Councillor Julie Wisson

Mr Paul Rossi (Appointee) Mrs Polly Stanton (Appointee)

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

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CHILDREN AND YOUNG PEOPLE COMMITTEE: MINUTES

Date: Tuesday, 9th February 2016

Time: 2.00pm – 4.59pm

Present: Councillors D Brown (Vice-Chairman), P Brown, S Bywater, D Divine, P Downes, S Frost, D Harty, J Hipkin, M Leeke, M Loynes, A Walsh (substituting for F Onasanya) and J Whitehead (Chairwoman)

Mr P Rossi (Roman Catholic diocesan representative)

Apologies: Councillors F Onasanya and J Wisson

150. DECLARATIONS OF INTEREST

It was noted that Mr P Rossi (Roman Catholic diocesan representative) had a non-statutory disclosable interest in item 5 (The Establishment of Denominational Schools) but that, having regard to the nature of his interest, he would be able to participate in the discussion and voting on the item.

151. MEMBERSHIP OF COMMITTEE

It was noted that Councillor J Hipkin had been appointed as the representative of the Independent Group on this Committee.

152. MINUTES 19th JANUARY 2016 AND ACTION LOG

The minutes of the meeting of the Committee held on 19th January 2016 were confirmed as a correct record and signed by the Chairwoman.

The Action Log was noted.

153. PETITIONS

The Committee received a 38 signature petition regarding Fordham Primary School. As there were less than 50 signatures, under the provisions of the Council's Petitions Scheme, the petitioners were unable to speak to the petition. The full text of the petition was provided to Members but, in summary, the petition welcomed the planned expansion of Fordham Primary School and requested the County Council to make every effort to ensure that the planned expansion proceeded in a timely manner and was adequately funded.

The Chairwoman reported that she had been advised by officers that the design of the building was almost complete and the work would soon be priced by the appropriate contractor. Subject to receiving planning approval in early March 2016, building works would commence on site in May 2016 with an anticipated completion date in July 2017. The buildings would then be available for occupation at the start of the new academic year in September 2017. Provision of £4.1m had been made in the Children, Families and Adults capital programme for delivery of this project, subject to final approval of the programme at the meeting of the Council on 16th February 2016.

The Chairwoman confirmed that she would write to the petition organiser, on behalf of the Committee, within ten working days of the meeting.

154. MUTUALISATION OF THE MULTI SYSTEMIC THERAPY TEAMS

Members were reminded that the Committee, at its meeting held on 10th March 2015 (minute 80), had considered a proposal to externalise Multi Systemic Therapy (MST) services and had requested further information on risks and opportunities associated with the project. The Committee now received a report which provided further detail in respect of the proposal to externalise MST through the establishment of a staff led mutual. The report was supplemented by an evaluation report on MST in Cambridgeshire; the MST Business Plan and a summary of financial projections (Appendix 3 - which was not for publication by virtue of paragraph 3 of Part 1 of Schedule 12A of the Local Government Act 1972).

The report invited the Committee to consider whether:

- The Council wished to continue to deliver or procure MST;
- The Council wished to externalise the service through the establishment of a staff led mutual, in order to gain wider benefits; and
- The Council wanted to explore alternative means of funding MST for 2016 – 2019, such as through a social impact bond (SIB).

The Chairwoman, having established that no member of the Committee wished to raise specific issues in the exempt part of the business plan (Appendix 3), asked for contributions from the Committee.

During discussion:

- It was confirmed that the business plan had not been predicated upon the development of a SIB, rather it had been developed on the basis of a service contract. However, it would be possible to commence with a service contract and subsequently convert to a SIB.
- In the light of the full detail now provided in the report around risks and opportunities, support was expressed for continuing to deliver/procure MST; for progressing with the mutualisation of the service and further exploring the option for funding through a SIB.
- Members asked what the implications would be of not proceeding with externalisation of the service as proposed. In response, it was reported that there would be less scope for the MST to trade its services, which would fetter the ability to expand beyond the service base. A company would have increased freedoms and capacity to trade. Moreover, if the service remained in house and was subject to “salami slicing” this would reduce capacity and throughput, thereby impacting on viability.
- Further information was provided to Members on the SIB funding mechanism, noting that the risk rested with investors if agreed social outcomes were not achieved and that the risk to the Local Authority was therefore reduced. The strong correlation between MST and positive outcomes lent itself to a SIB mechanism of funding.
- Following concerns at the potential implications for service users, it was emphasised that the work of the MST was highly regulated and subject to rigorous performance management and that there should therefore be no impact on service delivery.
- In response to a question, reference was made to the expectation that unit costs to

the County Council would decrease over time as economies of scale were achieved by the company.

- It was noted that an initial three year contract with the MST company would be sought. Work was on going with regard to the level of the financial commitment of the Council, but provision would need to be built into the contract to vary the level of funding.
- Following a question regarding the capacity of existing resources to deliver the performance management and data collection requirements identified in paragraph 2.3.3 of the report, it was confirmed that the costs associated with this work would be built into the SIB proposal.

It was resolved unanimously to:

- (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.

155. THE ESTABLISHMENT OF DENOMINATIONAL SCHOOLS

The Committee received a report which invited consideration of proposals to inform the Council's approach to the establishment of new denominational schools in Cambridgeshire.

The Executive Director: Children, Families and Adults Services requested that when considering the recommendations following debate, the Committee consider amending recommendation (b) by the addition of the words "alongside wider considerations such as those set out in paragraph 2.6.4" between the words "account" and "whether".

During discussion:

- Reference was made to further consultation and discussions which had taken place with the Diocesan authorities since this issue had previously been considered by the Committee at its meeting held on 30 June 2015.
- Further clarification was sought on the extent to which school places could be allocated on the basis of faith. In response it was noted that denominational schools could only use faith criteria in prioritising pupils for admissions where the school was oversubscribed. Moreover, in new academies and free schools with a faith designation, where the school was oversubscribed, at least 50% of places were required to be allocated without reference to faith.
- Confirmation was given that the proposed approach to the establishment of new denominational schools, as outlined in the report, would need to operate within the context of the Council's existing policies, including the Council's Home to School Transport policy. It was suggested that the recommendation should perhaps be amended to reflect this position.
- The Executive Director: Children, Families and Adults Services explained that the intention of the approach proposed in the report was to provide clarity with regard to the Council's position on establishment of denominational schools, rather than to seek to promote the establishment of new faith based schools.
- The Roman Catholic (RC) Diocesan representative welcomed the approach now proposed. He pointed out that the RC Diocese had two secondary schools in Suffolk, rather than one as indicated in the report. Additionally he emphasised that the Diocese would not expect the first school in a community to be a RC one.

- Reference was made to the importance of all schools being inclusive.
- The need for the use of the word “explicitly” in recommendation (a) of the report was questioned.
- Following comments, it was confirmed that whenever a proposal was submitted to sponsor a new voluntary aided or academy school with a faith designation, as well as the considerations listed in paragraph 2.6.3 of the report, it would also be necessary to consider the proposals within the context of existing policy, including the specific factors set out in paragraph 2.6.4, namely the availability of suitable sites; the availability of capital funding and the potential impact on other schools in the area.
- In response to comments regarding parental choice, it was explained that any proposals for new schools would be reviewed in the context of how demand in that area could best be met and that it was not expected that the first school in a new community would be faith based.
- It was noted that not all denominational schools had defined catchment areas.

The Chairwoman sought, and gained, the consent of the Committee to amend:-

- (i) the first line of the recommendation in the submitted report by the insertion of the words “within the Council’s current policy framework” after the word “adopt,” and before the word “with”;
- (ii) recommendation (a) by the deletion of the word “explicitly”; and
- (iii) recommendation (b) by the insertion of the words “alongside wider considerations such as those set out in paragraph 2.6.4” between the words “account” and “whether”.

It was resolved:

To adopt, within the Council’s current policy framework, 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 welcome proposals from all potential sponsors including for voluntary aided schools and academies with a faith designation.
- (a) When proposals are received for the establishment of a new voluntary aided school or academy with faith designation, the Council will take into account, alongside wider considerations such as those set out in paragraph 2.6.4, 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; and
 - the potential for new denominational provision to alleviate demand on places in other schools in areas of high basic need.

156. ELECTIVE HOME EDUCATION

The Committee received a report regarding the extent of Elective Home Education (EHE) in Cambridgeshire. Details of the legal background and parental responsibilities in respect of EHE were set out in the report. The report also noted that the Local Authority (LA) had no statutory duties in relation to monitoring the quality of home education on a routine basis.

During discussion:-

- Concerns were expressed at the limitations placed on LAs with regard to EHE, noting that parents who were home educating their children were not required to register or inform the LA; the LA had no legal right of access to children being home educated; the LA could request information but parents were under no legal duty to respond; the LA could request a home visit or meeting in order to assess the education being provided but the parents had no duty to agree to such requests and the LA could make informal enquiries of parents but they were not legally obliged to respond.
- Further information was provided on how the LA sought to work with the home educating community, seeking engagement in order to provide an information, support and guidance service.
- It was noted that the LA could serve a School Attendance Order if it appeared that a home educated child was not receiving a suitable education but that this was a crass tool which could cause parents to disengage from the LA and that it was preferable to work with parents to address concerns if possible.
- Noting the possible risks associated with EHE referred to in the report, a view was expressed that there were also potential risks associated with attending school.
- It was acknowledged that the majority of parents provided a suitable education for their children but, in the absence of a requirement for parents to register home educated children with the LA, concerns were expressed at the potential for children to be “under the radar” and to receive no education. It was suggested that consideration should be given to lobbying the Government to provide greater powers to LAs in the area of EHE.
- Members referred to the case of a child who had died from scurvy in Wales and who had not been known to the LA as he had been home schooled.
- Following a question, it was confirmed that the LA did maintain a register of children who were home educated in Cambridgeshire where informed by their parents, but that parents were not required to register with the LA. There might therefore be children who were not known to the LA.
- In response to a question it was confirmed that many home educated children did sit examinations and support could be provided, as appropriate, if the child was registered with the LA.
- It was suggested that the Council should seek to establish, via the Local Government Association, if there was a wider sense of concern amongst LAs at their inability to register and monitor children in home education.
- The Chairwoman reported that the Local Safeguarding Children Board had recently considered the position with EHE and had resolved to write to the Secretary of State for Education requesting that all parents wishing to home educate their children should be required to register with the LA. It was suggested that the Committee could perhaps put a motion before Council similarly urging the Secretary of State to require registration of children in home education with the LA and possibly also seeking monitoring powers for the LA.

At the conclusion of the discussion, the Committee concurred that there should be an opportunity for a more detailed discussion on elective home education. It was therefore concluded that the subject should form part of a future Members’ Seminar. **Action required.**

Noting that the recommendation invited the Committee to identify any further information required, Members indicated that it would be helpful to receive additional information and statistics around EHE, including a further more detailed breakdown of EHE students

by area; further analysis of churn rates, attainment statistics etc. **Action required.**

It was resolved:

To note the report and advise on further information required.

157. REVISED POLICY ON THE PROVISION OF EARLY YEARS EDUCATION AND CHILDCARE

The Committee received a report inviting approval of a revised policy to reflect changes in legislation with regard to the provision of early years education and childcare. A copy of the policy was attached at Appendix 1 to the report.

During discussion, a Member reflected on concerns being expressed in the early years sector at the implications of the Government proposal to increase from 2017 the statutory entitlement for 3 and 4 year olds to 30 hours early years education and childcare a week, for 38 weeks per year. In particular, there was a concern that many settings would struggle to make this provision and remain financially viable. It was noted that if settings were to close this would threaten the Council's ability to meet its sufficiency duties. The Executive Director: Children, Families and Adults Services undertook to add an item on sufficiency of early years places to the Committee's agenda plan. **Action required.**

With reference to paragraph 4.2 of the policy, it was requested that a link to the Market Position Statement should be included within the policy or the statement itself appended to the policy.

It was resolved:

To agree the policy, attached at Appendix 1, with immediate effect.

158. ESTABLISHMENT OF A NEW SECONDARY SCHOOL AT WISBECH

The Committee received a report which summarised the review of secondary school provision in Fenland undertaken in response to demographic change and proposed levels of development in the Fenland District Local Plan 2014. The report additionally advised of the consultation undertaken in 2014, the conclusions drawn and the additional work prompted by that consultation.

Representations were received from Councillor Hoy, speaking in her capacity as a Local Member. Councillor Hoy spoke in support of the provision of a new secondary school in Wisbech as recommended in the report. However she expressed reservations as to the proposed location of the site identified for the new school (the former College of West Anglia site adjacent to Meadowgate School) having regard to accessibility considerations. Councillor Hoy suggested that the Boathouse Centre in the north of the town might be a more suitable location. However, if the identified site was to go ahead it was important that Local Members and the community were engaged fully in pre-planning discussions to ensure that appropriate access arrangements were secured. Whilst the proposed location was not ideal, it was acknowledged that further development was proposed in the vicinity of the site and that, subject to suitable access arrangements being made, it might prove a workable solution.

In response to a question from a Committee member, Councillor Hoy indicated that there did not appear to be any other suitable sites in the north of the town but that whichever

site was finally settled upon, it was important that it should not be too far out of town and should have good transport links.

Written comments had also been received from Councillor Clapp, in his capacity as a Local Member, which had been circulated to the Committee and were read out by the Chairwoman at the meeting. It was noted that a written response would be submitted to Councillor Clapp. **Action required.**

During discussion:

- With respect to the identified site, it was explained that development was scheduled to take part in this part of Wisbech and the site therefore offered a potential for the new school to integrate with the new urban extension of the town. Development in the west of the town was scheduled much later in the Fenland Local Plan. However since the report had been prepared, a proposal had been announced to make Wisbech a “garden town”. Officers had therefore not closed their minds with regard to the location of the site and could continue discussions with the local planning authority.
- The Boathouse site had been evaluated but was not large enough and had been identified for commercial and residential uses in the Local Plan. There were also issues associated with the reimbursement of grant monies to the District Council.
- It was suggested that the report should have included reference to Wisbech Grammar School and the number of pupils at the school.
- It was requested that future such reports should indicate any alternative sites considered and the reasons for their rejection.

During discussion upon recommendation (b), some reservation was expressed at the proposal to request the General Purposes Committee to authorise acquisition of the identified site, and it was suggested that any such acquisition should be subject to further consideration of accessibility issues etc. In response, the Executive Director: Children, Families and Adults Services commented that the recommendation already included the proviso that the acquisition should be subject to the conclusion of satisfactory terms for acquisition and due diligence and that this due diligence would take into account the wider issues discussed by the Committee.

It was resolved to:

- (a) Endorse the provision of a new secondary school in Wisbech and that this option be the subject of stakeholder (phase 2) consultation during the summer term 2016.
- (b) Note the outcome of the site assessment work and request the General Purposes Committee to authorise the acquisition of the 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) Authorise 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) Note 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.

159. EDUCATIONAL PERFORMANCE IN CAMBRIDGESHIRE

The Committee received a report which provided information about educational performance in Cambridgeshire at each Key Stage, up to and including Key Stage 4.

The report was supplemented by a PowerPoint presentation at the meeting highlighting the main headlines as follows:

- Results in the Early Years, Primary age range and at GCSE had all improved;
- However performance in Key Stage 2 was still below the national level; and
- The gaps between vulnerable groups and their peers remained too wide at all key stages. Addressing these gaps remained the key school improvement priority.

At the request of the Chairwoman, a supplementary paper was circulated which provided further information on Cambridgeshire's rankings against the key performance indicators, including national maximum and minimum performance levels; Cambridgeshire's quartile position and national quartile bands.

During discussion:

- It was noted that local authorities with equal performance were given tied rankings. A gap was then left numbering one less than the number of tied ranks. It was suggested that the resultant rankings could therefore be regarded as somewhat misleading, given the large number of tied rankings and the small range between the upper and lower quartiles.
- A Member commented that the figures presented related to the County as a whole but that the relative performance between schools in Fenland and those in Cambridge and South Cambridgeshire was significant. In response it was acknowledged that there were differences in performance across the County, noting that Huntingdonshire was currently performing worse at secondary school level than Fenland with regard to Ofsted judgements. The Local Authority targeted its resource according to need.
- It was reported that a package of information was being produced for each Division to provide Local Members with more information around attainment etc in their area.
- In response to a question as to whether the rankings presented included independent schools, officers commented on their understanding that the rankings related to the state sector. It was suggested that it would be helpful to receive information on the percentage of pupils in private education in the County and their comparative attainment levels. **Action required.**
- Following a question as to the action being taken to seek to improve performance in Cambridgeshire, it was noted that key activities included:
 - Working with maintained schools to provide support, challenge and intervention as appropriate, together with provision of training for head teachers and subject leaders;
 - Bringing together different types of school under the Cambridgeshire School Improvement Board with the aim of working collaboratively to meet the County's priorities; and
 - Providing challenge to the Regional Schools Commissioner on the performance of academies.

It was resolved:

To note the findings of this paper and comment as appropriate.

160. EARLY HELP STRATEGY

The Committee received a report which sought approval for the Early Help Strategy for Cambridgeshire, the core principles for joint early help work and the role of the County Council.

During discussion, Members:-

- Commented that communities were reluctant to volunteer to work with children and families, as envisaged in paragraph 4.1, in view of concerns around falling foul of any safeguarding considerations. In that context, the Executive Director: Children, Families and Adults Services acknowledged that it was important for the Council to work on its communications to set the appropriate tone around how the community could provide support in this area.
- Suggested that it would be helpful to use case studies to provide context for the proposals in the strategy. In response, it was noted that the strategy did contain a case study showing how the revised Early Help Strategy might impact on the lives of a family.
- Noted that, in the climate of a reducing budget and growing demand, it was necessary to achieve evidence based outcomes for work commissioned by the Council.
- Requested that a further “Think Family” seminar be organised for Members. The seminar should ideally include information on how the Local Authority seeks to identify families before they reach crisis point. **Action required.**

It was resolved:

To agree the Early Help Strategy, the core principles for joint early help and the role of the County Council in delivering them.

161. FINANCE AND PERFORMANCE REPORT – DECEMBER 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 December 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 January 2016 there was a projected underspend of around £1m across the whole of CFA.

Attention was drawn to a typographical error on page 225 of the report and officers advised that this should read “Only 15 out of 32 Secondary Schools with Inspection results are judged as good or outstanding....”

Noting that there had been some savings in respect of the Home to School Transport budget, the Chairwoman reported that the Total Transport Group had requested that the more flexible use of the Council’s fleet of 26 minibuses, currently used to transport elderly people to day centres, be investigated. In particular, the scope for using the buses to transport children with special educational needs and disabilities to school and to use the buses for other activities during the day would be reviewed.

It was resolved:

To review and comment on the report.

162. CHILDREN AND YOUNG PEOPLE COMMITTEE AGENDA PLAN AND APPOINTMENTS TO OUTSIDE BODIES

The Committee received a report which:

- (a) Presented the agenda plan for the Children and Young People Committee, as set out in Appendix A; and
- (b) Invited reports back from representatives on outside bodies.

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

- Received a verbal update on the following changes to the agenda plan:
 - Deletion of “Gamlingay School – Consultation on Governance Arrangements” from the meeting on 8th March 2016.
 - Addition of “Expansion of Little Paxton Primary School” to the meeting on 24th May 2016; and
 - Addition of “Fenland Secondary School” to the meeting on 13th September 2016.
- In light of the reported action earlier in respect of expansion of Fordham CE Primary School (minute 153 refers), queried whether this item was still needed in the agenda plan for 24th May 2016. The Executive Director: Children, Families and Adults Services, agreed to establish whether this item could be removed. **Action required.**

In respect of attendances at Internal Advisory Groups and Outside Bodies, the Committee received updates from:-

- Councillor Downes on his attendances at meetings of the Accelerating Achievement Board and the Cambridgeshire School Improvement Board;
- Councillor D Brown on his attendance at a meeting of the Corporate Parenting Board, including a presentation on “Siblings Forever”; and
- The Chairwoman on her attendance at a meeting of the Local Children Safeguarding Board.

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.

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 **24th February 2016**.

Minutes of 10th November 2015					
Item No.	Item	Action to be taken by	Action	Comments	Completed
122	Finance and Performance Report – September 2015	Adrian Loades/ Martin Wade	<ul style="list-style-type: none"> Finance and Performance Report to include a glossary of Ofsted codes in future. 	The SEN Placements key activity data table (2.5.2) and the table within the SEN Placements explanatory note have both contained the full Ofsted definitions as well as the codes for the last 2-3 months.	Completed

Minutes of 8 th 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"> Briefing note to be provided to Committee regarding Education Health and Care Plans (EHC Plans) 	E-mail sent on 28 January 2016	Completed
130.	Recruitment and Retention Strategy: Social Care Services	Adrian Loades	<ul style="list-style-type: none"> Arrangements to be made for reporting on any trends emerging from exit interviews to the relevant Committee. Scope for provision of mortgage support scheme to be provided to be investigated. 	<p>Update to be scheduled in for a future Committee meeting likely to be the Autumn (Provisionally September)</p> <p>Currently being explored</p>	<p>Completed</p> <p>In progress</p>
135.	Children and Young People Committee Review of Draft Revenue and Capital Business Planning Proposals for Children and Young People's Services 2016/17 to 2020/21	Adrian Loades/ Chris Malyon	<ul style="list-style-type: none"> Briefing note to be provided to Members regarding new social care precept, including whether this would be baselined in future years and implications for council tax. 		Completed

Minutes of 19 th January 2016					
143.	Bottisham Multi-Academy Trust's Proposed Sponsorship of The Netherhall School	Keith Grimwade	<ul style="list-style-type: none"> Officers to review how the Council might better support parental engagement, reviewing research and best practice, as appropriate. 		In progress
144.	All Age Carers Strategy	Adrian Loades/ Tom Jefford Tom Jefford	<ul style="list-style-type: none"> Officers to report back to Councillor Downes on whether young carers are likely to have lower attendance and attainment than peers from the same deprivation background. Report to be submitted to Committee on young carers and, in particular, the identification of young carers. 	Report circulated to Members on 24 February 2016	In Progress Completed
147.	Committee and Young People Committee Agenda Plan; Appointments to Outside Bodies and Committee Training Plan	TBA	<ul style="list-style-type: none"> Report on Cambridgeshire Music Service to be submitted to future meeting 	Provisionally scheduled for May	Completed
		Dee Revens/ CYP Service Heads	<ul style="list-style-type: none"> Dates to be added to training plan 	Added on 24 February 2016	Ongoing

Minutes of 9th February 2016					
156.	Elective Home Education	Karen Beaton	<ul style="list-style-type: none"> Elective Home Education (EHE) to form part of a Future Members' Seminar Future information relating to EHE to be provided as indicated in minute. 	A seminar is being arranged	In progress
157.	Revised Policy on the Provision of Early Years Education and Childcare	Dee Revens/ Democratic Services	<ul style="list-style-type: none"> Item to be added to Committee agenda plan on "Sufficiency of Early Years Places". 	Provisionally arranged for September 2016	Completed
158.	Establishment of a new Secondary School at Wisbech	Ian Trafford	<ul style="list-style-type: none"> Written response to be submitted to Councillor Clapp. 	Written response provided on 8 th February 2016	Completed
159.	Educational Performance in Cambridgeshire	Keith Grimwade	<ul style="list-style-type: none"> Information regarding percentage of students in private schools; comparative attainment levels etc to be provided to Committee. 		In progress
160.	Early Help Strategy	Sarah Ferguson/ Alison Smith	<ul style="list-style-type: none"> Further "Think Family" Seminar to be organised for Members. 	A seminar is being arranged	In progress
162.	Children and Young People Committee Agenda Plan and Appointments to Outside Bodies	Adrian Loades/ Dee Revens	<ul style="list-style-type: none"> Executive Director to establish whether Expansion of Fordham CE Primary School is still needed in the agenda plan. 		In progress

CHILDREN'S AND ADOLESCENT MENTAL HEALTH (CAMH)

To: Children and Young People Committee

Meeting Date: 8 March 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 update on CAHMS waiting lists and progress made to reduce waiting times. The Committee is asked to consider and comment on future plans to further improve emotional health and wellbeing services in Cambridgeshire.

Recommendation: Members are asked to note the report and

- a) comment on progress made to reduce waiting times and the re-opening of Attention Deficit Hyperactivity Disorder (ADHD) and Autistic Spectrum Disorder (ASD) waiting lists, for diagnosis and clinical input.
- b) comment on Transformation Plans for emotional health and well being services in Cambridgeshire and the i-THRIVE model of delivery.

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1.0 BACKGROUND

- 1.1 Cambridgeshire County Council, Peterborough City Council and Cambridgeshire and Peterborough Clinical Commissioning Group have established a Joint Commissioning Unit (JCU) in the last year. One of its key priorities has been Children's Mental Health. Focus has been given to:-
- The implementation of the Children's and Young People's Emotional Wellbeing and Mental Health Strategy, which was agreed by the Committee on 9th December 2014;
 - Overseeing performance monitoring data regarding mental health providers and specifically Child and Adolescent Mental Health Services (CAMHS);
 - Ensuring system wide engagement in supporting children and young people with mental health needs by enhancing and building capacity in early intervention.
- 1.2 In addition, a Joint Emotional Health and Wellbeing Board has been established across Cambridge and Peterborough which is chaired by Wendi Ogle-Welbourn, Corporate Director for People and Communities for Peterborough City Council (PCC). The co-chair is Meredith Teasdale, Service Director of Strategy and Commissioning Cambridgeshire County Council (CCC). This Board brings together partners from across the system including school representation as parent/carers and links with young people's forums.
- 1.3 The purpose of the Board is:-
- To ensure oversight for the emotional, health and wellbeing of children and young people.
 - To oversee the commissioning of system-wide emotional health and wellbeing services including their redesign.
 - To agree the re-design of services through the 'Transformation Plan' and to monitor delivery of transformation across the system.

2.0 MAIN ISSUES

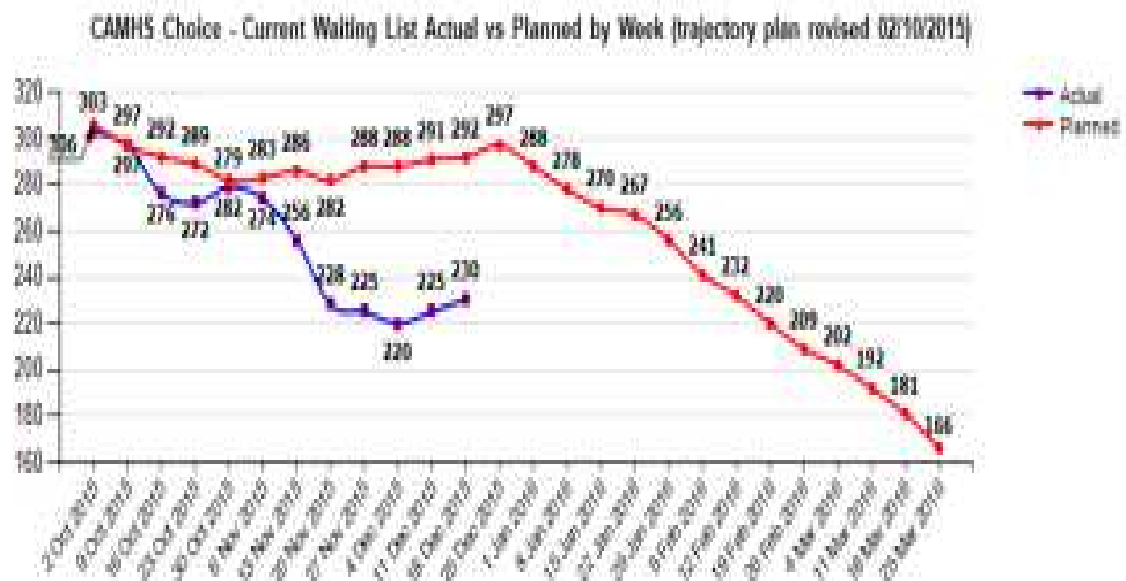
2.1 Child and Adolescent Mental Health Services (CAMH)

- 2.1.1 Over the past 18 months, the Clinical Commissioning Group (CCG) have worked closely with Cambridgeshire and Peterborough Foundation Trust (CPFT), Cambridgeshire County Council (CCC), Peterborough City Council (PCC) and Public Health (PH) colleagues to develop and agree a revised Child and Adolescent Mental Health (CAMH) service specification and performance indicators within an agreed resource envelope. Despite this work and some investment from the CCG, as well as increased investment from Public Health in commissioned voluntary sector provision, waiting lists for services continued to increase until March 2015. From April 2015 additional funding (£600k recurring and £150k non-recurring) was allocated to address the waiting times. This is having an effect on reducing the wait for core CAMH services and to a lesser degree ASD/ADHD. Use of the additional funding by CPFT has been focussed on reducing core waiting list times for CAMH services
- 2.1.2 In addition, the Government has made £143m available nationally to fund improvements in CAMHS services. The local CAMHS Transformation Plan was submitted to NHS England in November and has been approved, this released an additional £1.5m per year to support development of better access to CAMHS and

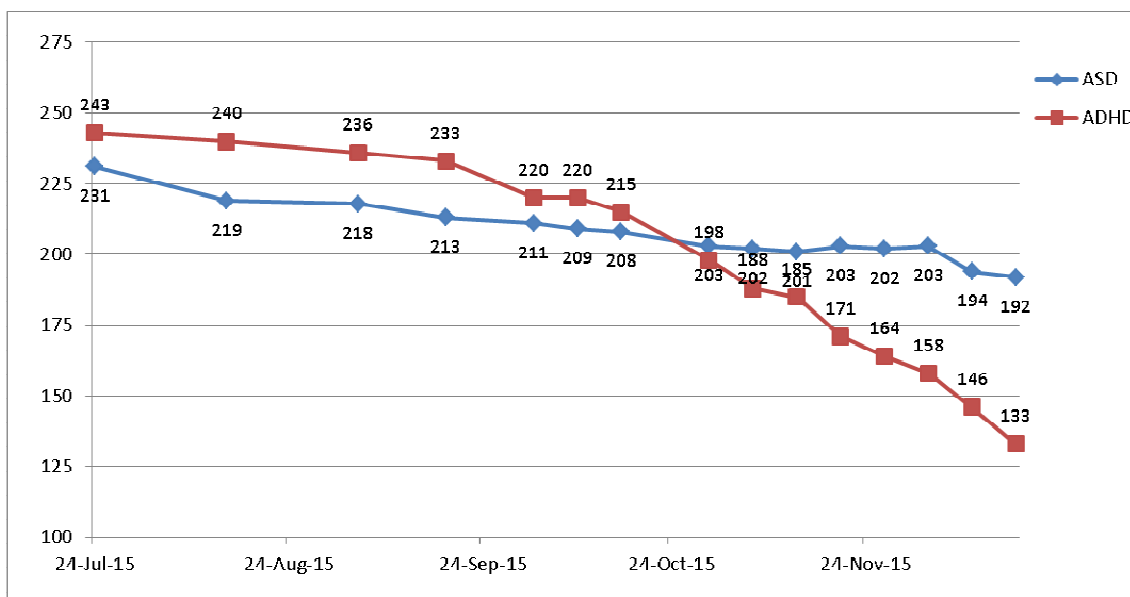
Eating Disorder services.

2.1.3 Current position

Waiting lists for general referrals to specialist CAMHS have reduced with the additional investment this year. Currently, the number of children on the core CAMH waiting list across Cambridgeshire and Peterborough has reduced from 362 in July 2015 to 225 in December 2015; there are currently 20 young people who have been waiting over 27 weeks but all had appointments in December 2015. The following graph shows the proposed and actual trajectory until March 2016. This is monitored fortnightly.



- 2.1.4 The waiting list for ASD/ADHD has been closed since July 2015 during this time numbers waiting for ADHD assessments have reduced from 243 to 133 and Autistic Spectrum Disorder cases from 231 to 192 over the same period. The majority of these children and young people have been waiting over 27 weeks for an assessment, but an additional £340k has been made available by Cambridgeshire and Peterborough CCG to reduce waiting times to under 18 weeks by the end of March 2016. The waiting lists for new referrals re-opened on 15th December. Numbers have not reduced as much as expected due to CPFT having difficulties with recruitment and CPFT concentrating on the children at risk in core CAMH services.
- 2.1.5 The CCG has recently released a further tranche of funding to reduce ADHD/ASD waiting list times and CPFT have commissioned Cambridgeshire Community Services (CCS) to help with this pathway. The additional funding is aimed at clearing the backlog of ADHD (133) cases) and ASD (192) cases before the end of June 2016.



2.1.6 There are a number of key points that are still currently impacting on local services:

- Waiting times for Core CAMHS are now below 18 weeks.
- CAMHS Emergency assessments in Emergency Department settings have increased significantly in recent years which has placed considerable additional strain on specialist CAMHS and limited support for those in mental health crisis.
- General referrals to specialist CAMHS have also significantly increased in recent years (18% in 2014/15).
- The non-urgent cases awaiting assessment for ASD/ADHD continue to be supported through universal services while families are waiting, i.e. schools, children centres, family support, parenting programmes.
- Some services particularly for ASD/ADHD are not consistent across the county leading to duplication in some areas and gaps in others. For instance parts of the pathway for the diagnosis of ASD/ADHD are under CAMH services and some are under community paediatrics. Recent work has shown this can lead to duplication and confusion to both professionals and families. In order to avoid this both providers have agreed an integrated pathway for the diagnosis of ADHD. This is currently being developed
- Psychiatric liaison service in acute settings do not currently cover below the age 18.

2.1.7 A series of workshops have been held with partners to agree a whole system approach to the transformation of CAMHS and services for emotional health and wellbeing. The workshops have been attended by a broad range of stakeholders including service providers, third sector, Local Authority representatives, parent representatives, Healthwatch, and commissioners. A plan has subsequently developed to address 5 key agreed priority areas:-

- Waiting times – the JCU is leading on work to reduce waiting times to below 18 weeks. The Chair of the JCU is leading this work. Core CAMHS waiting times are now below 18 weeks and ASD/ADHD waiting times are due to be below 18 weeks by the end of June 2016.
- ASD and ADHD pathways – work between Local Authorities, Cambridgeshire Community Services (CCS) and CPFT is underway to ensure that pathways and processes are effective. A redesigned integrated ASD/ADHD pathway has

been agreed between CPFT and CCS which allowed ASD/ADHD waiting lists to be reopened in December.

- Development of a combined single point of referral through the continued development of the Advice and Co-ordination Team (ACT). This work will enable initial assessment from both Health and Local Authority professionals to ascertain the most effective support services. The development of this pathway is seen as a key priority for the JCU and all partners. It is a core part of the redesign of CAMH services and a multiagency approach to ensure, children, young people and families will be able to access services at the appropriate level at the appropriate time, reducing demand on specialist services by providing a swift and knowledgeable response to emerging concerns that prevent problems from escalating.
- Emergency Assessments and support – A ‘task and finish’ group has developed plans for providing emergency assessment and intensive support services for Children and Young people in Mental Health crisis. This is currently being implemented. Plans are due to be implemented to increase the availability of emergency specialist assessment from daytime only, to 1am 7 days per week in order to cover times of peak demand.
- Eating Disorders – An enhanced model of care based on a national specification will be implemented locally, with ring-fenced funding to deliver a community based, family focused set of interventions, evidenced to effectively treat Eating disorders and reduce the need for inpatient care

2.2 Transformation Plan and Redesign of Emotional Health and Wellbeing Services including Child and Adolescent Mental Health Services

2.2.1 The local CAMHS Transformation Plan was submitted to NHS England and approved in November. This has meant another £1.5m per year will be available to support development of better access to CAMHS and the Eating Disorder services.

2.2.2 The focus of the redesign and transformation is to ensure:-

- Better use of resources through the system to meet mental health needs.
- Moving more resources to meet needs at an earlier stage.
- There are clear pathways that parents and professionals follow so that they know what is available and how to access it.
- That interventions are evidenced based and have a positive impact on improving the mental health needs of the child or young person.

2.2.3 To do this, there will be a focus on ITHRIVE as the framework for redesigning the service model. ITHRIVE is a nationally developed framework, using best practice, ensuring investment in early intervention and prevention, focusing resources in areas of most need and promoting effectiveness and efficiency. The model focuses on needs rather than a structured ‘tier’ system. It is focused on ensuring that children and young people are thriving in their community and that their emotional and mental wellbeing is being supported through schools, locality teams, community groups, school nurses.

2.2.4 We have been successful in being chosen as one of the 10 NHS accelerator sites to implement the ITHRIVE framework locally.

2.2.5 Being accepted as an accelerator site for the ITHRIVE model provides a way to deliver the CAMHS Transformation Plan and could also give further opportunities to develop a framework for integrated working across Children’s services (Health and

Local Authority).

- 2.2.6 The objective of children and young people thriving in the community is supported by ensuring that parents and professionals get the right advice at the right time to address any emerging mental health needs. This is through training for professionals and community groups on mental health issues and how to address them, parenting programmes and whole school approaches to improving emotional health and wellbeing in children and adolescents. The approach builds on the Think Family approach in place in Cambridgeshire.
- 2.2.7 The next focus is on getting timely help when it is needed. This ensures that where necessary there are evidenced based interventions that have a positive impact on a child's mental health needs. This work is supported by a family based approach ensuring that the needs of the whole family are addressed to prevent escalation of mental health needs. This is an aspirational model but one which is supported by all partners.
- 2.2.8 Redesigning CAMH services will be challenging, however it will be much more effective if all partners are able to look at how to address issues across the whole system and involve all partners and organisations in developing solutions. There is a commitment from all parties to work at this together, through the CAMH transformation programme.

Short term investment to enhance services has been agreed. This includes:

- A range of evidenced based parenting programmes for children with behavioural and emotional difficulties/ possible neurological problems
- Increased funding for Centre 33 to develop resources around self-harm with CAMH for schools and settings.
- Equipment and administrative support to ensure the setting up of the advice and co-ordination teams (ACT)

In total. Funds available for the range of service improvements described above, across Cambridgeshire and Peterborough are £1.5m per year on top of the £600k CCG recurrent investment in 15/16.

3.0 ALIGNMENT WITH CORPORATE PRIORITIES

3.1 Developing the local economy for the benefit of all

- 3.1.1 It is important that additional funding ensures that there are no gaps in service as identified in the paper.

3.2 Helping people live healthy and independent lives

- 3.2.1 The additional funding for emotional health and well being will have a significant impact on supporting children and young people live healthy lives and become independent. It is important that emotional health and well being needs are identified earlier and support provided to prevent escalation of need where possible. Where this happens services should be focused on enabling children and young people to access them in their communities.

3.3 Supporting and protecting vulnerable people

- 3.3.1 The issues identified in the paper impact on some of the most vulnerable young

people. It is important that through the Transformational Plan and its implementation that services to support good emotional health and well being are improved and that there is better access to preventative services. It is important that where specialist services are required they are evidence based and delivered in a timely way.

4.0 SIGNIFICANT IMPLICATIONS

4.1 Resource Implications

- 4.1.1 Additional funding has been made available both from CCG and National Government. It is imperative that the use of this additional funding is monitored by the JCU to ensure that it has a positive impact.

4.2 Statutory, Risk and Legal Implications

- 4.2.1 The additional funding is not linked to new legal requirements. Key risks have been identified through the Transformation Plan.

4.3 Equality and Diversity Implications

- 4.3.1 The additional funding looks to ensure that there is equality of access to services. Due regard has been made to the Council's Equalities duties under the Equality Act 2010.

4.4 Engagement and Consultation Implications

- 4.4.1 Extensive engagement and consultation continues to take place as referenced in 2.1.7

4.5 Localism and Local Member Involvement

- 4.5.1 The proposals in the Transformation Plan look to ensure that communities provide the first support to develop children and young people's emotional health and well being. Schools and Children's Centres already provide this support and this will continue and be strengthened through the i-THRIVE framework.

4.6 Public Health Implications

- 4.6.1 The proposals in the paper are intended to have a positive impact on the health and wellbeing of Cambridgeshire residents.

Source Documents	Location
Committee paper	http://www2.cambridgeshire.gov.uk/CommitteeMinutes/Committees/Meeting.aspx?meetingID=986
Appendix A – Transformation Plan	http://www.cambridgeshireandpeterboroughccg.nhs.uk/downloads/System%20Transformation%20Programme/Local%20Transformation%20Plan%20for%20children%20and%20young%20people.pdf
Appendix B – Thrive Elaborated	http://www.annafreud.org/media/3214/thrive-elaborated-2nd-edition27012016.pdf

CAMBRIDGESHIRE AND PETERBOROUGH
EMOTIONAL HEALTH AND WELLBEING
TRANSFORMATION PLAN
2015/16

Authors: Lee Miller and Kathryn Goose

Date: November 2015

Cambridgeshire and Peterborough Emotional Health and Wellbeing Transformation Plan 2015

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Cambridgeshire and Peterborough Emotional Health and Wellbeing Transformation Plan 2015

1. INTRODUCTION

- 1.1. This plan outlines the year one priorities for promoting and improving the emotional wellbeing and mental health for children and young people (C&YP) in Cambridgeshire and Peterborough.
- 1.2. This plan is intended for all stakeholders, to provide detail and assurance that locally the health, local authority, education, criminal justice and voluntary sectors are working in partnership to deliver a joined up approach to commissioning and delivering emotional wellbeing and mental health services. It adopts a broad definition of Children's and Adolescent Mental Health (CAMHS), recognising that having good mental health contributes to the overall emotional health and wellbeing for children and young people. Good mental health is important in helping to strengthen families, improve educational attainment and enable social engagement and participation.
- 1.3. The plan provides a collective vision for Cambridgeshire and Peterborough to address the emotional and mental health needs of its children and young people's population over the next five years. It recognises the importance of supporting and equipping parents and families, where appropriate, to support their children and young people with mental health and wellbeing needs.
- 1.4. It has been contributed to by all stakeholders with an interest in promoting, improving and supporting the emotional wellbeing and mental health of children and young people. It takes into account the views of children and young people, their families and carers and builds on the good practice already provided locally and has been developed and agreed through the Cambridgeshire and Peterborough Emotional Health and Wellbeing Strategy Board.

2. VISION

- 2.1. The emotional wellbeing and mental health for children and young people is a key priority across Cambridgeshire and Peterborough. All children and young people are entitled to access learning opportunities to develop knowledge, understanding and the skills necessary to have good self-esteem, develop resilience and build positive relationships.
- 2.2. ***Our vision is that services for children, young people, parents, carers and families work together effectively from the earliest opportunity to deliver the right service to the right person in the right place at the right time. Services provided should be based on our evidence of what works, should be high quality and accessible, irrespective of the level of need or who is delivering the service. Services should be delivered as close to home as possible and as early as possible. Children and***

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young people should be involved in the development and delivery of services and be involved in genuine shared decision making.

3. WHAT IS THE LOCAL NEED?

3.1. Cambridgeshire and Peterborough have growing child populations. There are approximately 136,000 children and young people under the age of 19 living in Cambridgeshire; this number is expected to rise by 3.9% by 2016, and by 10.3%, by 2021. In Peterborough there are approximately 48,400 children and young people under the age of 19; this number is expected to rise to 54,521 by 2021. Overall, Cambridgeshire children and young people have a generally better level of wellbeing than the England average; although there are parts of the county where children and young people experience worse outcomes, with Fenland being ranked 251 out of 354 local authorities. In Peterborough there are relatively high levels of deprivation. Around 1 in 4 children in Peterborough live in poverty and this figure is expected to rise.

3.2. National prevalence data suggests that in Cambridgeshire and Peterborough there are approximately 17,865 children and young people up to the age of 16 with mental health problems - 13,000 in Cambridgeshire and 4,865 in Peterborough.

3.3. These are likely to be broken down into the following categories of disorder:

Disorder type	Cambridgeshire	Peterborough	Total
Emotional disorder	3,100	1,030	4,130
Conduct disorder	4,800	1,605	6,405
Hyperkinetic disorder (such as ADHD)	1,200	425	1,625
Less common disorder (eg autistic spectrum disorder)	1,100	380	1,480

3.4. This prevalence is greater than the capacity of current services; and there is evidence of that needs are not being met. Between 2010/11 and 2011/12, the rate of children and young people admitted to hospital for self-harm in Cambridgeshire under the age of 18 increased. However, national rates have substantially decreased over the same period, with Cambridgeshire well above the national average. In 2012/13 there were 474 people aged 10 to 24 year old admitted to hospital as a result of self-harm. The rate per 100,000 populations was 396.2 in Cambridgeshire compared to 346.3 nationally.

3.5. The number of mental health admissions to a mental health inpatient hospital bed (for Cambridgeshire is lower than average for England (June 2015 Child

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Health Profile, Public Health England). However the cost per head is 4th highest of the 13 East of England CCGs at £4.39. Locally there are inpatient facilities available, however there can be an issue accessing beds, which causes delay in transfer from acute beds to specialist CAMHS beds.

- 3.6. Locally services for early intervention are focusing on 15/16 year olds and above due to capacity issues. This means that opportunities to intervene early in the progression of some disorders may be missed.
- 3.7. Overall services require redesigning to meet the needs of the local population due to the diversity of need. Work has been undertaken to identify the areas of higher need for CYP, using the link of mental health issues and social disadvantage. This information provides us with a comprehensive view of the geographical area and the areas of highest need. This information will be essential when developing our future services to ensure provision is targeted at the areas of most need, and that services provide for the diverse needs of the population i.e. cultural, language, access, location of services, and gender of worker. *Appendix A* outlines further details of the demographic need of the local population including areas of inequality and diversity.
- 3.8. To address equalities and ensure we meet the needs of all the population an Equality Impact Assessment has been completed (*Appendix H*). We will also link with existing networks and community groups to see how to utilise their knowledge and experience to ensure services are designed and delivered in a way that acknowledges and accommodates differing beliefs, cultures and customs.
- 3.9. Locally the JSNA from both local authorities and public health teams have collated information on the health needs and indices for increased risk of mental health across the area. Page 7 of *Appendix A* shows a map of the areas of highest need for young people with mental health problems. When developing services we will ensure that we look at accessibility and provision of services within these areas, and use our intelligence to provide services in a way that meets the needs of those areas and populations. Through working with services across the local authorities we will ensure we develop services that address the needs of the vulnerable groups, specifically be aware of the need of those with indicators of higher mental health such as low household income, unemployment, large households. This is particularly important as we have a numbers of areas with high poverty and levels of deprivation across both Cambridgeshire and Peterborough.
- 3.10. The transformation plan, its key ideas and future service redesign, will address the inequities and develop services that address and adapt to the changing local needs.

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4. WHAT ARE CHILDREN, YOUNG PEOPLE AND THEIR FAMILIES AND CARERS TELLING US?

4.1. Locally across both Cambridgeshire and Peterborough, there have been a number of engagement events over the last few years which have gained views. Mental health and emotional wellbeing has been an area of high priority and interest for children and young people. This engagement has provided a wealth of information on how young people view mental health, how professionals should behave (should be what?), what services they would like to see and how these are delivered. This rich information is fundamental to informing our strategy and transformation plan to ensure any developments are in line with our local priorities and meets the needs of our local children, young people and their families/carers. For full information see *Appendix B*.

4.2. Some of the key points raised which our priorities are based on include:

- Knowing where to go to for support and making it easier for us to access it.
- Shaping our goals and helping us to keep going if we don't at first succeed through providing us with learning opportunities, experiences, support and empathy.
- By looking at the things we believe are in place in our schools and surrounding areas that promote our mental and emotional wellbeing and working with us on the things that could be improved/developed
- Timely access.
- More early interventions.
- Better integration and co-ordination of services; not having to repeat your story over and over.

4.3. The engagement activities have been held across the CCG area and as such have engaged with a wide range of different CYP and families/carers. Although specific demographic information of those consulted has not been collated, our family/carer groups felt that those consulted were often struggling financially, suffering depression/very stressed, some are single parents and sometimes have a disability themselves like autism. Having a child with special needs can make the families vulnerable.

4.4. Therefore when undertaking further engagement, we will acknowledge and address the often complex family situations people are living with, and it is essential we provide a clear method to navigate through services.

5. FUTURE ENGAGEMENT

5.1. Supporting the transformation plan, an engagement and communication plan is being developed which will outline all stakeholders including children, young people their families and carers and detail how we will engage with them.

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- 5.2. There are a number of forums and avenues for on-going engagement with children, young people, families and carers. These include Healthwatch Cambridgeshire, Youth Health Champions in Peterborough, C&YP Improving Access to Psychological Therapies (IAPT) participation co-ordinator and local parent forums. These will be used to gain views and ideas of services and also to assist in breaking down barriers to mental health with C&YP.
- 5.3. Improving engagement going forward it is essential to try and reach the hard to engage group by utilising existing forums and community workers. Through the development of our engagement and communication plan we will detail how, who and frequency of this engagement. This will ensure we gain a broad a range of views as possible.
- 5.4. The Transformation Plan and supporting information will be published on the CCG and local authorities' websites.

6. WHERE ARE WE NOW?

- 6.1. A key driver for our local focus on emotional health and wellbeing services came from the development of our Emotional Wellbeing and Mental Health Strategy for Children and Young People 2014/16. This was a cross organisational strategy which outlined our key priorities and has formed the basis for this transformation plan.
- 6.2. **Joint Commissioning Unit (JCU)** - Ensuring services are commissioned in a cohesive way, a joint commissioning unit was set up in June 2015 comprising of the CCG, Cambridgeshire County Council and Peterborough City Council commissioning, contracting and public health leads. Its role is to ensure a shared commissioning function, which will offer a more integrated approach to commissioning services for children, young people and their families, through: improved analysis of need, whole system planning and investment and, ultimately clear commissioning cycles and intentions. A Memorandum of Understanding is in place which sets out the guiding principles of the joint commissioning unit
- 6.3. Information regarding current commissioned services is varied as the commissioning is across a range of CCG and local authority contracts. *Appendix C* provides an overview of information regarding our current services including; funding, workforce, referral and waiting list information. The detail and ability to extract and compare the information is varied as reporting requirements vary.
- 6.4. **CYP IAPT** - Our specialist mental health provider, Cambridgeshire and Peterborough NHS Foundation Trust (CPFT) has been part of and delivering CYP IAPT since 2011 and it is now embedded as part of core CAMHS

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services. It commenced as a collaborative between local NHS CAMHS provider CPFT, Cambridgeshire County Council, Young Lives (a voluntary sector organisation) and the now CCG, and currently is still overseen by a steering board of cross organisational representation. Routine outcome measures are being used by majority of clinicians with a number of staff having accessed training to deliver evidence based practice. A data manager has been in post to enable quality data to be recorded and analysed.

6.5. Youth Offending Service - Currently our local youth offending services have a variety of mental health support within their services. In Cambridgeshire the service has an effective and comprehensive view of mental health services. This is supported through a good working relationship with CPFT and the work of the psychologist who is subcontracted from CPFT. There are robust protocols in place to ensure effective joint working and significant work has been undertaken to ensure the two services work together to address the young peoples mental health needs in an effective and often innovative way. In Peterborough, the service has been highly praised for the quality and effectiveness of their emotional and mental health work by CQC in the two most recent external inspections. The service has close links with teams within the NHS delivering emotional and mental health services including CAMHS and the neuro-developmental team and good links with the psychology service provided for looked after children. The service has: a full time counselling psychologist, trainee forensic psychologist, assistant psychologist and a forensic specialist practitioner (who is a qualified community psychiatric nurse).

6.6. Challenges

There are a number of key points that are currently impacting local services.

- Waiting times in specialist CAMHS are up to one year.
- CAMHS emergency assessments in Emergency Department settings have increased significantly in recent years which has placed considerable additional strain on our specialist CAMHS and limited support for those in mental health crisis.
- General referrals to specialist CAMHS have also significantly increased in recent years (18% in 2014/15).
- As a result, waiting times for non-emergency cases and for Attention Deficit Hyperactive Disorder (ADHD) and Autistic Spectrum Disorder (ASD) cases are unacceptably long. This has led to CPFT and the CCG agreeing to the temporary closure of the waiting list for ADHD and ASD for those with no associated urgent mental health needs.
- Early intervention services are inconsistently provided across the CCG area and investment is relatively low.

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- Services are not joined up leading to duplication, gaps and longer than necessary waits for children and families.

7. WHAT WE HAVE DONE SO FAR?

7.1. Additional resources have been invested into specialist CAMHS for 2015/16, by Cambridgeshire and Peterborough CCG to begin to address the 'Parity of Esteem' gap. We have provided £600k recurrent and £150k non- recurrent across Cambridgeshire and Peterborough, which is equivalent to an 11% increase in funding. The primary focus is to clear the waiting list backlog and sustain this going forward and to enhance the current Intensive Support Team.

7.2. A CAMHS summit was held in March 2015, with a broad stakeholder input, including, service providers, third sector, local authority representatives, parent representatives, Healthwatch, and commissioners, a plan was subsequently developed to address four key agreed priority areas:

1. Waiting times – CPFT are leading on work to reduce waiting times to below 18 weeks.
2. ASD and ADHD pathways – work between local authorities, Cambridgeshire Community Services (CCS) and CPFT is underway to ensure that pathways and processes are effective. A redesigned integrated ASD/ADHD has been agreed between CPFT, CCS and both local authorities. ASD/ADHD waiting lists to be reopened in November 2015 after redesigned pathway has been implemented.
3. Development of a combined single point of access for CAMHS and local authority services – work with both LAs is ongoing to ensure that those with additional needs are assessed for a range of services, not just specialist CAMHS. To support this, a CQUIN (Commissioning for Quality and Improvement) payment with CPFT for 2015/16 has been agreed which focuses on development of single point of access for CAMHS and local authority services.
4. Emergency assessments and support – A 'task and finish' group has developed plans for providing emergency assessment and intensive support services for children and young people in mental health crisis.

7.3. Further more we have liaised with the local Crisis Care Concordat to ensure that our plans link and the Joint Commissioning Unit are engaged in the Crisis Care Concordat planning.

7.4. Discussions have taken place locally with NHS England specialist commissioning. An agreement has been made to work together to develop ways of reducing inpatient activity and ensuring effective facilitation of admission and discharge and explore the opportunities for co-commissioning

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of CAMHS inpatient/alternative to inpatient services. *Appendix D* is the Midlands and East regional specialised commissioning statement.

- 7.5. We will work together with colleagues from neighbouring CCGs, where boundaries are not covering the same area; to ensure the needs of all the CCG population are met through this plan.
- 7.6. We have been working with local providers to ensure the provision of evidence based NICE guidelines approved interventions, including cognitive behavioural therapy, systemic family therapy and parenting programmes. To further support and develop the workforce to deliver these, an application has been made to access funding for new staff to undertake parenting programmes and Systemic Family Practice for Depression, Self-Harm and Conduct Disorders training through the CYP IAPT programme.
- 7.7. As a CCG we are part of the Urgent Emergency Care (UEC) Vanguard and this work will link with the development of our emergency crisis support for CAMHS to look at services being 24/7.
- 7.8. Although additional CCG funding has been invested in 2015/16, this is only a start in our transformation programme. The transformation funding allocation for 2015/16 will be used to address the current pressing service issues and put us in a strong place to enable services to start 2016/17 with positive momentum.
- 7.9. The areas for immediate improvement have been identified through a partnership approach with health, local authority, third sector and feedback from children, young people and their families/carers. The areas also link into the overarching ideas within this plan.
- 7.10. In the immediate initiatives there is some focus on specific groups of young people, but as the plans and service provision develops overtime this focus will widen. Within the 2015/16 initiatives there is specific resource to support those working with C&YP who are lesbian, gay, bisexual or transgender and those living in a deprived and diverse area of the county, to receive support and access for their emotional wellbeing and mental health needs. However, there are a variety of groups of C&YP who do not engage with or benefit from traditional models of service. In our future model we will be looking at innovative and alternative models of provision such as assertive outreach and community groups to support and enable access for these groups of C&YP and their families/carers.

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8. 2015/16 INITIATIVES

Below outlines the initiatives to be undertaken in 2015/16 to quickly improve and address current service issues.

KEY AREA	LOCAL NEED	WHAT WE ARE DOING	TIMEFRAME	FUNDING	Key Performance Indicator	LINK TO KEY IDEA (section 11)
1. Single gateway for health, local authority and third sector services.	Approximately 17,865 C&YP up to the age of 16 with mental health problems C&YP feedback: Improvement in access of services	Develop single gateways to services (including specialist CAMHS) A CQUIN with CPFT to support the LAs in developing a single gateway Provide a support worker to develop single gateway	Early 2016 Q3/Q4 2015/2016 November 2015	Existing funding + CQUIN + transformation funds	Develop single gateway by Early 2016 % of CYP being referred through the single gateway % increase in patient satisfaction	Key Idea 1 and 5
2. Services for emergency assessments and crisis support.	Increase in CAMHS emergency assessments in Emergency Department (approx. 400 per annum in Cambridgeshire) Challenging access to inpatient CAMHS provision	Commencement of a Task and Finish group to develop and review proposals. Additional resource to develop an enhanced crisis assessment and Intensive support team (IST) Developing the IST with enhanced staff numbers and hours of operation, will enable more young people	Proposal to be agreed end October 2015 Following business case approval To be agreed Oct 2015 onwards	Additional CCG funding and transformation funds Funding risk shared to be discussed further	Reduce % of attendances to emergency departments for CAMHS crisis Increase training provided for acute hospital staff Reduction in numbers of admissions for self harm (under 18 year	Key Idea 6

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		with high needs to be treated within the community and reduce the need for inpatient activity and ensure effective facilitation of admission and discharge, across all levels of service.			olds) Reduction in CAMHS inpatient bed days for CCG population	
3. Appropriate services for ADHD and ASD.	Unacceptably long waiting times for non-emergency cases and for Attention Deficit Hyperactive Disorder (ADHD) and Autistic Spectrum Disorder (ASD). Temporary closure of ADHD and ASD waiting list for those with no associated urgent mental health needs.	<p>Redesign the pathway for ADHD and ASD services across local authority, Community Health and Specialist CAMHS services.</p> <p>Redesigned pathway to include multiagency assessment, additional resources/capacity.</p> <p>Purchase of IT equipment and support to enable seamless working and data sharing across organisations.</p>	<p>Business case submitted to deliver improved pathways from November 2015.</p> <p>December 2015</p>	<p>New transformation funds</p> <p>CCG funding</p>	<p>% of CYP seen for ASD/ADHD services under 18 weeks RTT</p> <p>Improvement in patient experience</p>	Key idea 1
4. Waiting times for specialist services.	Waiting times in specialist CAMHS are up to one year. General referrals	<p>Additional investment for:</p> <ul style="list-style-type: none"> Emergency assessment and crisis support Improvement to the ASD and ADHD 	<p>November 2015 to be seen in 26 weeks by April 2016 to be seen by 18 weeks and aim for all</p>	<p>Current investment and redesign of services with additional support from</p>	<p>% of CYP seen by 18 weeks</p> <p>Improvement in patient experience</p>	Key Idea 6

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	to specialist CAMHS have significantly increased in recent years (18% in 2014/15).	pathways will impact on waiting times for specialist services. • Additional capacity to reduce all CAMHS waiting times to below 18 weeks by March 16.	children to be seen by 12 weeks by April 2017.	transformation funds.		
5. Eating disorders	To ensure the local service can deliver national guidance of models of care.	Commissioning services to deliver national guidance. Through expansion of existing team to deliver a single community eating disorder service for up to 18 year olds (currently 17 years) across the county for approximately 100 cases per year for a 900,000 population. Training and support for a wide range of professionals in working with young people with eating problems, including vulnerable groups such as Lesbian, Gay, Bisexual and Transgender (LGBT).	Business case submitted for additional resource Proposal to deliver eating disorder specific support	New transformation funds eating disorders	Reduction inpatient bed days for CCG population Increased confidence of those trained to work effectively with young people with eating problems	Key Idea 3, 5 and 6
6. Early intervention	To ensure that an increased number of children and young people are provided with	Effective use of evidence based and outcome measures. Build capacity and support	Commence Q3 2015/2016	Existing funding streams CYP IAPT funding	% of CYP with outcome measures No of additional staff undertaking CYP	Key Idea 2, 3 and 7

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	effective support at an early stage.	<p>for Early intervention and prevention services. Including:</p> <ul style="list-style-type: none"> • Expansion of resource into rural areas with high needs • Support development of parenting programmes including training • Support for the development of mental health champions in all schools. <p>Deliver training to schools and universal services to increase understanding, improve referral guidance and access, and early interventions</p> <ul style="list-style-type: none"> • Early intervention support for those who experience domestic violence or sexual abuse. • Mental health early identification and intervention training 1-5 and mental health early identification and intervention school age 		New transformation fund	<p>IAPT training by April 17</p> <p>Increase number of parenting training programmes</p> <p>All schools to have a mental health champion and named link within CAMHS</p>	
7. Redesign of future services	Current services do not meet	Employ a project manager to undertake redesign.	August 2015	Additional CCG funding	Become an early implementer site for	Key idea 7

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and Implementation of year 1 plan.	demand for services and gaps in services can lead to a poor experience for CYP.	<p>Set up a redesign project group.</p> <p>Development of a young person's reference group.</p> <p>Apply to be an early implementer site for the ITHRIVE model.</p> <p>Employ a Transformation Lead.</p> <p>Undertake public consultation of redesign.</p>	<p>October 2015</p> <p>October 2015</p> <p>September 2015</p> <p>November 2015</p> <p>By end March 2016</p>	Transformation funding	ITHRIVE Redesign of CAMHS with business case and model ready for consultation January 2016.	
8. CYP IAPT	Ensure access to evidence based interventions.	Support for staff to participate in CYP IAPT training programmes.	Ongoing	Existing funds		Key Idea 3

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9. Eating Disorder Services

- 9.1. The development and expansion of the eating disorder services is identified in more detail here to support the new access and waiting time's standards and to detail how the specific allocated funding will be utilised.
- 9.2. Currently the population of approximately 900,000 supports the CCG area having its own dedicated Eating Disorder Service for children and young people. A detailed business case is being developed to outline how additional funds will be spent and outcomes to be achieved. The team would be expected to see approximately 100 cases per year, with a new referral rate of approximately 78 per year. The held caseload of 100 would be provided with evidence based treatment and expect to achieve the following outcomes: comprehensive assessment within one to four weeks, therapy and interventions closer to home, eating disorder-specific family work for all patients, psychiatric assessment and treatment as required, dietetic advice and support, brief CBT-informed intervention, DBT or enhanced CBT as required.
- 9.3. The service would be a seven day a week service, provided by a dedicated team Monday to Friday, including acute hospital in-reach during this time. For out-of-hours the service will be provided by the Tier 3 CAMHS service. The practitioners recruited for the new Eating Disorders Service will become part of the duty system and will also provide training to other staff.
- 9.4. Training: CPFT would provide an in-house training programme for their staff to ensure provision of accurate information, which would enhance development and optimise the functioning of the care pathways. This would be accommodated through no more than two days per week of practitioner time.
- 9.5. Training will also be provided by local voluntary sector organisation. Their training would consist of weekly sessions involving going into schools (covering the 71 schools across the area) by holding workshops with key professionals who attend on behalf of their school ie teachers, pastoral support, school nurses and worried parents (this could be offered separately). GP seminars would be held in surgeries across Cambridgeshire and Peterborough (covering the 137 surgeries) and medical students and registrars would be encouraged to attend training and awareness workshops on the paediatric wards (Peterborough City Hospital, Hinchingbrooke, Addenbrooke's). Hospital nurses and HCAs would also be a target area for improving education, understanding and empathy with a focus not only on the physical management ie. MARISPAN (management of Really Sick Patients with Anorexia Nervosa) but also the support required on the ward in terms of managing difficult thoughts, coping with meals and the behaviours associated

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with eating disorders which can often prolong stay if not managed and supported appropriately.

10. SELF-ASSESSMENT MATRIX (SAM)

10.1. Our vision and plan for Cambridgeshire and Peterborough is closely aligned with the national strategy 'Future in Mind'. We have held a number of local multi agency sessions to complete the 'Future in Mind' Self Assessment Matrix (SAM) see *Appendix E*. This has helped confirm our key themes for development:

- **Promoting resilience, and early intervention**
- **Improving access to support – a system without tiers**
- **Care for the most vulnerable.**

11. WHAT WE WANT TO DO

11.1. Local partners have agreed to redesign the model for children's emotional health and wellbeing. Feedback from professionals and service users is that the current patchwork of services does not fit well together and is not consistent across the geographical patch. There are significant gaps which need to be addressed and not enough resource is focused on early intervention and prevention. There is now a real opportunity to create equitable services across the locality, which meets the local needs and utilise resources effectively. This includes ensuring services are provided as close to home as possible, at a variety of locations and formats that are accessible for the diverse and growing young population.

11.2. To address the themes identified in our SAM, we have developed a set of key principles on which future services will be based.

12. KEY IDEAS

1. **Integration and collaborative working** between health, local authority and third sector at all levels to create seamless pathways.
2. **Increasing early intervention services**, which supports building community and individual resilience and includes the development of strong support for educational based provision.
3. **Provide services which deliver evidence based interventions and have rigorous outcome monitoring.** Based on CYP IAPT principles.
4. **Remove tiers of services and develop services which focus on the needs of the individual child and young person** and have a workforce with the capabilities to deliver a needs based range of interventions.
5. **Provision of and accessibility of information, services and support in formats, locations, timeframes that meet the needs of children, young people, their families and carers.**
6. **Ensure those 'at risk' or in mental health crisis receive timely and effective intervention.**

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7. To develop a new model for Emotional Health and Wellbeing Services based on the ITHRIVE framework.

- 12.1. These key ideas will be used to redesign the whole emotional health and wellbeing method in which a patient moves through NHS services, from community resilience and early intervention/support through to specialist services and collaborative working with NHS England specialist commissioning.

13. POTENTIAL FUTURE MODEL

- 13.1. The model of service delivery proposed is based upon the ITHRIVE model. The model focuses on children and young people's needs and preferences for care; prevention and promotion of mental health and emotional wellbeing; and active participation in decisions regarding care. It clearly defines treatment and support, self-management and intervention, shared decision making and collection of preference data.

- 13.2. The model removes the current organisational barriers and tiers of service by focusing on the need of the CYP and provision of interventions that are proven to work through research and which meet the needs of the CYP. A vital element is that the workforce has the correct skills, experience and capabilities to meet the needs of the CYP to achieve their identified goals and outcomes.

- 13.3. As a local system, we have been accepted as one of ten sites nationally to be an ITHRIVE accelerator site. This will provide support, toolkits, masterclasses, frontline training and shared learning events.

13.4. ITHRIVE Model

<u>Coping/getting advice</u>	<u>Getting help</u>
<ul style="list-style-type: none"> • Communities building resilience, prevention and support. • Education or community settings. • Single point of access and effective signposting, self-help, peer support. • School and primary care in-reach. • Digital support. • Comprehensive networks of community providers. • Focus on hard to reach groups • Shared decision-making. 	<ul style="list-style-type: none"> • Focuses on the CYP who would benefit from evidence-based treatment. • Clear aims and criteria for assessing whether aims have been achieved. • Utilise the CYP IAPT ethos of evidence base, and routine outcome measures. • Interventions provided need to achieve the goals which are identified at the outset. • Shared decision-making.

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<u>Getting more help</u>	<u>Risk support</u>
<ul style="list-style-type: none"> • Focuses on those requiring extensive and or intensive treatment, such as psychosis, eating disorders and emerging personality disorder services. • Services provided would be longer, evidence-based interventions, aligned to NICE guidelines and PbR (what does this stand for?). • Shared decision-making. 	<ul style="list-style-type: none"> • Potentially the most challenging as it concerns a minority of CYP who do not improve from treatment or who are not in place or time to participate in treatment. • Challenges these CYP present often require intensive support needs and a co-ordinated multiagency approach to support and manage their risk and support needs. • Shared decision-making.

13.5. Over the following four years 2016-20, work will focus on embedding the new model, shifting resources from specialist to early intervention, to reduce numbers of children and young people being admitted for self-harm and maintain all waiting lists at manageable levels. Work will also ensure that services delivered adapt to the changing demographics and local needs. As part of embedding the new model, significant workforce development is going to be required to ensure shared decision making based services across all levels of services. This will require a variety of training, skill development and transference to make sure the workforce has both the capacity and capability to meet the needs of the changing population.

14. GOVERNANCE

14.1. The establishment of an overarching strategic group, The Emotional Health and Wellbeing Board across the CCG and both local authority areas will oversee the delivery and implementation of the transformation plan. Members will include partners from both the statutory and voluntary community sector, schools and health providers while mechanisms will be put in place to ensure engagement with children, young people and families. This strategic board will report to Cambridgeshire and Peterborough CCG, Cambridgeshire Children's Trust, Peterborough Children's and Families Commissioning Board and when appropriate, both Cambridgeshire and Peterborough Health and Wellbeing Boards. For the full Governance structure *Appendix F*.

14.2. An Emotional Health and Wellbeing Transformation Implementation Group will commence in December 2015. It will:

- Oversee the implementation of the Transformation Plan.

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- Monitor the implementation of the projects identified as receiving transformation funding for 2015/16.
- Ensure the services provided meet the details outlined within the specifications, all outcomes identified are achieved and services keep within identified financial resources.
- Support any commissioning and contractual issues with the identified services.
- Report to the Emotional Health and Wellbeing Board.

An Implementation Lead will be recruited to support the commissioning, contracting and implementation of the transformation plan.

15. FINANCE

15.1. The below table outlines the funding allocation for 2015/16 initiatives from eating disorders and transformation funds.

	Eating disorder	Transformation funds	CCG additional funding
Allocation 2015/16	£429,279	£1,074,527	£770,000
Identified spend 2015/16	£366,000	£985,400	£770,000
Contingency 2015/16	£63,279	£89,127	£0
Comment	In excess of £200,000 of CCG additional funding for 2015/16 has been identified for crisis assessment and support, which takes the total invested in ED/crisis support services well over the identified allocation. In 2016/17 it is planned that the entire allocation be invested in either ED or crisis support.	In excess of £400,000 of additional CCG funding for 2015/16 has been identified for improving access to core CAMHS.	

15.2. Further detail on the allocated spend per initiative can be found within *Appendix G CAMHS data collection template*. An additional funding template has been completed to provide further detail of funding allocation (Appendix I).

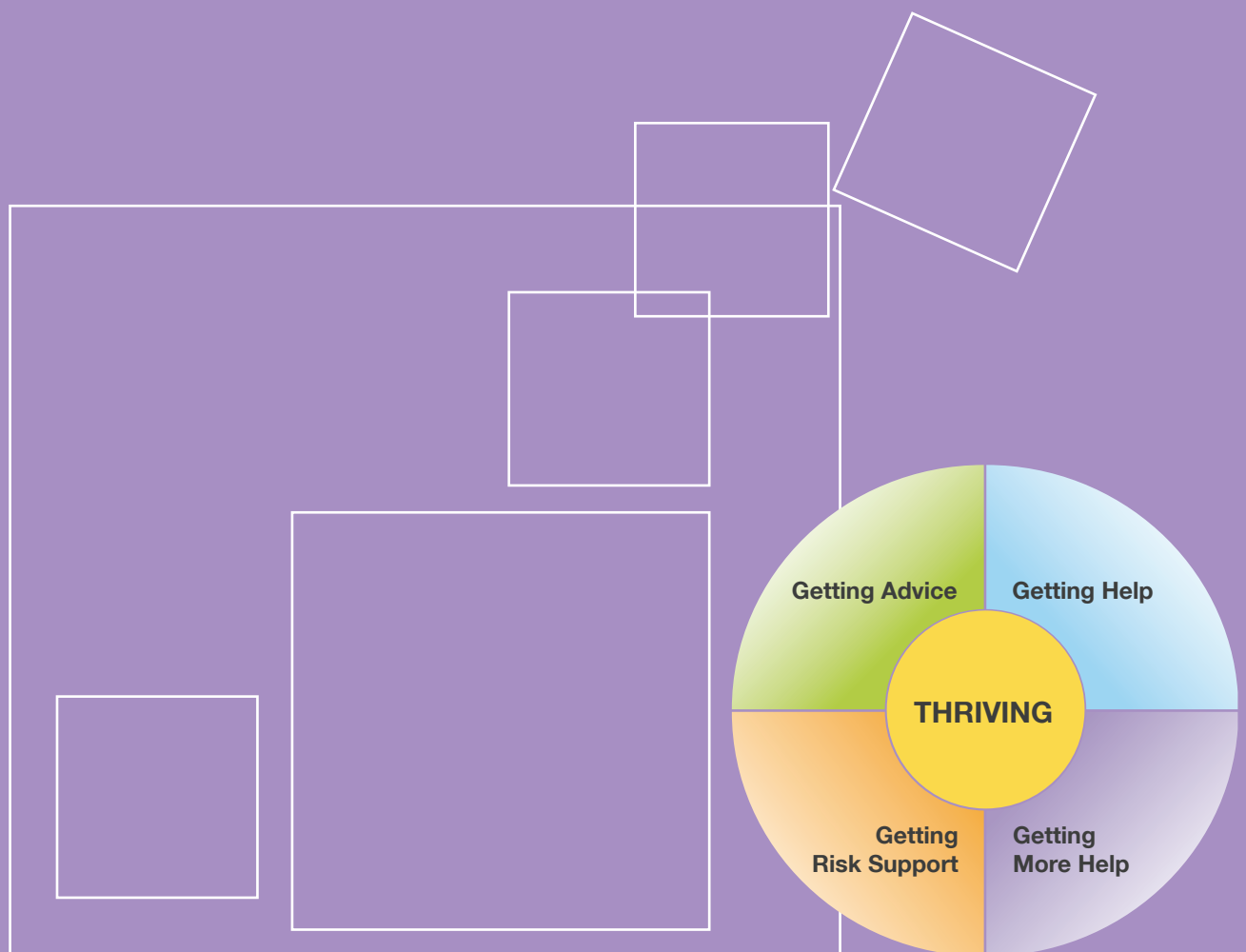
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16. CONCLUSION / NEXT STEPS

- 16.1. This plan provides details of the initiatives for the first year of funding, whilst providing an overview of the longer term vision and aims for developing emotional health and wellbeing services locally. The plan will be a working document that is added to, to assure partners that the resource for emotional health and wellbeing services is utilised in an effective manner which meets the needs of the local population.

THRIVE *Elaborated*

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DISCLAIMER

All ideas in this paper and related to this model are independent of any organisational affiliations, committee membership or other official capacities of any of the authors, other than their roles within the Anna Freud Centre and The Tavistock and Portman NHS Foundation Trust.

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FOREWORD

Introduction to THRIVE Elaborated (November 2015)

Since we published the THRIVE framework a year ago in November 2014 it has generated a lot of interest. We are delighted by this.

We want to take this opportunity to clarify and elaborate as relevant, including addressing areas of potential confusion, as well as updating the document in light of our emerging thinking and elaboration of elements of the framework.

It is important to note that nothing relating to the central ideas of the framework has been changed.

For those who have read the November 2014 document, what this document adds is:

- Further emphasis on how THRIVE, whilst it does not in itself provide a blueprint for implementation, is aligned to implementation models including the Choice and Partnership Approach (CAPA) - addressed in a new section on THRIVE and implementation
- More detail and clearer elaboration of how THRIVE aligns with the payment systems work which was developed in parallel, both in terms of the needs-based groupings themselves but also in terms of the shared decision making principles that are at the heart of the work – addressed in a new section on THRIVE and payment system project development
- Greater elaboration of what is meant by Thriving and how this can be supported by services – addressed in a more detailed section on Thriving
- Further elaboration of a potential model for selection of outcome measurement and metrics

In the light of potential confusion caused by use of the term CAMHS (which has come to be associated with particular forms of provision such as specialist NHS provision), for this edition we are referring to children and young people mental health services to encompass the full range of provision to support mental health needs of young people across agencies and organisations.

In this edition we have made clearer the way THRIVE draws on and aligns with the thinking of the Choice and Partnership Approach (CAPA) and the Child Outcomes Research Consortium (CORC). We also emphasise how THRIVE is aligned to many key initiatives and shares principles, ethos and commitment with a wide range of professional organisations and associations' missions and values. We continue to welcome feedback about these links, and are happy to incorporate into online resources as these are developed.

As ever we welcome comments and thoughts, and look forward to producing further elaboration based on learning from across the country and beyond in the coming years.

Miranda Wolpert

November 2015

On behalf of the THRIVE authors

ACKNOWLEDGEMENTS

We want to thank many colleagues who have helped shape our thinking whilst in no way implicating them in any of the ideas presented below. These include colleagues who have been central to the development of models of children and young people mental health services including Peter Wilson, Richard Williams, Caroline Lindsey, Margaret Murphy, Peter Hindley, Ann York, Steve Kingsbury, Mick Cooper and others, and those that have led the way in adult mental health including Richard Layard and David Clark for their inspiration and support.

We would also like to thank our colleagues in the Department of Health, NHS England and Department for Education; in particular Kathryn Pugh, Anne O’Herlihy, Margaret Oates, Cathy James, Helen Kay, Karen Turner, Barbara Fittall, Sue Nowak, Jacqueline Cornish and Geraldine Strathdee for the many long discussions and intense debates over the years.

Thanks to colleagues who have helpfully commented on the current model include David Trickey, Jane Dutton, Rachel Surtees, Julia Smith, Isobel Fleming and members of the CYP IAPT service development group, in particular those parents and young people who bring expertise by experience.

Our thinking draws on work being undertaken as part of the payment systems work. Members of the Payment systems project group are: Panos Vostanis, Miranda Wolpert, Simon Young, Ben Ritchie, Isobel Fleming, Rob Senior, Ann York, Peter Martin, Roger Davies, Bruce Clark, Pat Howley, Lynne Howey. We also draw on discussions with those involved in advocating for young people and families including Sarah Brennan and colleagues from YoungMinds, Jane Sedgewick, Cathy Street and colleagues from GIFT, Yvonne Anderson and colleagues from Cernis and Kate Martin and colleagues from Common Room.

Members of the Child Outcomes Research Consortium (CORC) Committee were involved in developing ideas around the MINDFUL model of performance management and quality improvement. The CORC Committee comprises Miranda Wolpert, Ashley Wyatt, Tamsin Ford, Duncan Law, Julie Elliott, Ann York, Mick Atkinson, Alan Ovenden, Kate Martin and the CORC Team are Matt Barnard, Jenna Jacob, Kate Dalzell, Benjamin Ritchie, Andy Whale, Amy MacDougall, Elisa Napoleone, Victoria Zamperoni, Lily Levy, Sally Marriott, Craig Hamilton, Alison Ford, Deborah Sheppard and Danielle Antha.

As always, our work is enhanced by the design input of Slavi Savic and editing of Izzi Whelan.

INTRODUCTION

As we noted in November 2014, children and young people mental health services¹ across England have never been so prominently in the spotlight. This has continued to be the case into 2015. In 2014, the Health Committee quoted a government minister as describing services as “dysfunctional” and the committee referred to “serious and deeply ingrained problems” with respect to commissioning (Health Committee, 2014). A government-sponsored taskforce (to which several of the authors contributed) resulted in the influential Future in Mind document jointly produced by the Department of Health and Department of Education (2015) and additional funds have been announced to support children and young people mental health services transformation in line with this document.

The Tavistock and Portman NHS Foundation Trust and the Anna Freud Centre (AFC) published their suggested new model for children and young people mental health services, the THRIVE model², in November 2014 (Wolpert, Harris et al., 2014). We stressed from the outset that whilst we felt that the THRIVE model offered a radical shift in the way that services are conceptualised and potentially delivered, along with suggestions for how they might be reviewed and improved. We were not presenting THRIVE as a “tried-and-tested one-size-fits-all implementation model”, but rather as a framework to allow for greater clarity of thought, planning and action.

We are continuing to share our thinking as it develops to help inform the current national debate on the future of children and young people mental health services and as a basis for future provision. This work is broader than the traditional CAMHS NHS delimited support and is based on a whole system approach encompassing education, social care and a range of partners.

It is important to note that nothing relating to the central ideas of the framework has been changed.

The current version of our thinking (THRIVE elaborated) seeks to re-emphasise that whilst THRIVE does not in itself provide a blueprint for implementation it is aligned to implementation models including the Choice and Partnership Approach (CAPA) (York & Kingsbury, 2013).

This edition also provides more detail as to how THRIVE aligns with the payment systems work, which was developed in parallel and informed the development of aspects of the framework.

¹ In the light of potential confusion caused by use of the term CAMHS (which has come to be associated with particular forms of provision such as specialist NHS provision) for this edition we are referring to children and young people mental health services to encompass the full range of provision to support mental health needs of young people across agencies and organisations.

² We are aware there are a number of initiatives across the country which use “Thrive” in their title. We use the term to reflect our core commitment to young people “thriving” and to represent our commitment to provision that is Timely, Helpful, Respectful, Innovative, Values-based and Efficient.

BACKGROUND TO THE DEVELOPMENT OF THRIVE

Children and Young People Mental Health Services in Context

Services to support child and adolescent mental health have grown from diverse roots. On the one hand, this provision is the descendant of the child guidance movement of the 1920s onwards, which sought to support child wellbeing and deal with problems before they became significant. On the other hand, its antecedents lie in medical psychiatry which focused on mental illness and serious problems. There is a third element which has increased in prominence in recent years: the necessity of managing risk for some of the most troubled children and young people in the community. In many ways, this tension between promoting wellbeing (where education language and metaphors are dominant), treating illness (health language and metaphors dominate) and managing risk (social care language and metaphors dominate) still lies at the heart of debate over service provision (Wolpert, 2009).

Children and young people mental health services are almost inevitably a smaller part of a bigger system, whether representing the child part of mental health or the mental health part of child services. Whilst there has in recent years been an increased policy focus on CAMHS specifically (National CAMHS Review, 2008), the tendency for CAMHS to be an afterthought to wider policy or funding initiatives remains. Differences in language and philosophy between the wider systems (health, education, social care) make cross-agency working hard and agreement on coordinated policies challenging.

Historically underfunded, and vulnerable to cuts because of its location within larger systems, the more recent context of austerity has resulted in extensive disinvestment in services, with 25% cuts reported in some areas in 2013 (YoungMinds, 2013). The last UK epidemiological study suggested that at that time (ten years ago) less than 25% of those deemed 'in need' accessed support (Green, McGinnity, Meltzer, Ford, & Goodman, 2005).

Attempts have been made to conceptualise children and young people mental health services, the most long-lasting and influential of which a model dividing service provision into four tiers as outlined and described below (North East London NHS Foundation Trust, 2014):

Tier 1: non-specialist primary care workers such as school nurses and health visitors working with, for instance, common problems of childhood such as sleeping difficulties or feeding problems.

Tier 2: specialised primary mental health workers (PMHWs) offering support to other professionals around child development; assessment and treatment in problems in primary care, such as family work, bereavement, parenting groups etc. This also includes substance misuse and counselling service.

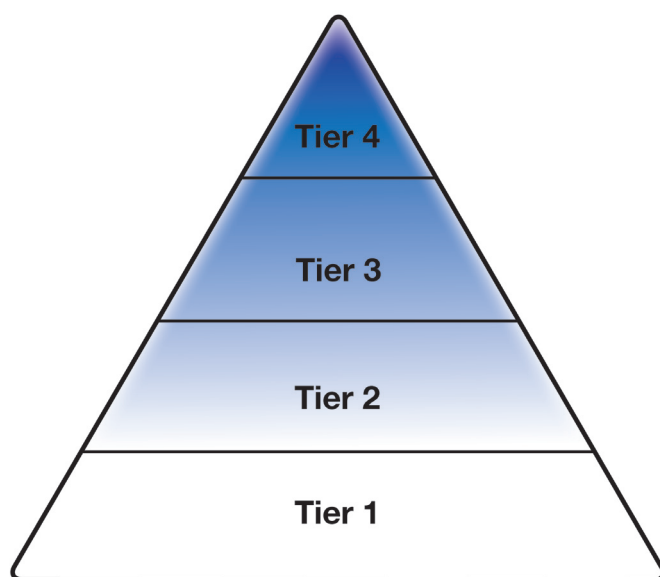


Figure 1:
Four tiers of
service provision

Tier 3: specialist multidisciplinary teams such as child and adolescent mental health teams based in a local clinic. Problems dealt with here would be problems too complicated to be dealt with at tier 2, e.g. assessment of development problems, autism, hyperactivity, depression, early onset psychosis.

Tier 4: specialised day and inpatient units, where patients with more severe mental health problems can be assessed and treated.

This model was very useful at its time of development in 1995 (NHS Advisory Service, 1995) for helping differentiate between the forms of support that might be available to children and young people, but has increasingly been critiqued (including by its developers) for leading to a reification of service divisions. As we will argue below, we feel that the THRIVE model offers a more helpful conceptualisation to address the challenge and opportunities of the current situation.

Current Context: Challenges and Opportunities

There is evidence of extensive and rising need in key groups, such as the increasing rates of young women with emotional problems and increasing numbers of young people presenting with self-harm (Bor, Dean, Najman, & Hayatbakhsh, 2014). There is also increasing policy acceptance of the long-term consequences of ongoing difficulties, including significant impact on employment, physical and mental health, with the oft-quoted figure of 66-75% of adult mental illnesses (excluding dementia) being apparent by the age of 18 (Campion, Bhugra, Bailey, & Marmot, 2013).

Recent audits have found increases in average waiting times to first appointment in specialist mental health provision for children and young people (up to 15 weeks in some areas) and that less than half of all providers (40%) reported providing crisis access (Health Committee, 2014). Service providers report increased rates of self-harm referrals, and increased complexity and severity of presenting problems (Health Committee, 2014).

In terms of opportunities, there is increased provider coherence of what ideal children and young people mental health services might look like, with increased focus on work in schools and promotion of community and individual resilience (HeadStart, 2014), agreed sets of best practice standards collated by the service transformation initiative³, shared sign-up to a vision of personalisation of care aligned with use of evidence and rigorous review of outcomes with buy-in from a range of professional and other groups⁴.

To enable this to happen there needs to be increasing alignment to shared standards of routine outcome measurement and performance management⁵.

A major opportunity for developing and refining thinking around children and young people mental health services came from the payment systems development work. This drew on the increasing evidence base in children and young people mental health services (Fonagy, 2002), emerging thinking around targeted payment systems to distinguish the needs of different groups of children, young people and families seeking help and support (NHS, 2013), and a determination to support service delivery based on both values and value (Fulford, 2004; Porter & Teisberg, 2006). The links between THRIVE and the Payment Systems project development are detailed on pp.12–16 below.

3 The Children and Young Peoples' Improving Access to Psychological Therapies Programme.

4 Quality Network for Community CAMHS, Child Outcomes Research Consortium, Youth Association, Royal College of Psychiatrists, Association for Family Therapy and Systemic Practice, British Association for Behavioural and Cognitive Therapies, and British Association for Counselling and Psychotherapy.

5 Quality Network for Inpatient CAMHS, the Choice and Partnership Approach.

THRIVE FRAMEWORK FOR CHILDREN AND YOUNG PEOPLE MENTAL HEALTH SERVICES: A NECESSARY PARADIGM SHIFT?

We are proposing to replace the tiered model with a conceptualisation of a whole system approach that addresses the key issues outlined above and is aligned to emerging thinking on payment systems, quality improvement and performance management. The framework outlines groups of children and young people, and the sort of support they may need, and tries to draw a clearer distinction between treatment on the one hand and support on the other. It focuses on a wish to build on individual and community strengths wherever possible, and to ensure children, young people and families are active decision makers in the process of choosing the right approach. Rather than an escalator model of increasing severity or complexity, we suggest a framework that seeks to identify somewhat resource-homogenous groups (it is appreciated that there will be large variations in need within each group) who share a conceptual framework as to their current needs and choices.

The THRIVE framework below conceptualises five needs-based groupings for young people with mental health issues and their families. The image on the left describes the input that is offered for each group; that on the right describes the state of being of people in that group – using language informed by consultation with young people and parents with experience of service use.

Each of the five groupings is distinct in terms of the:

- needs and/or choices of the individuals within each group⁶
- skill mix required to meet these needs
- dominant metaphor used to describe needs (wellbeing, ill health, support)
- resources required to meet the needs and/or choices of people in that group.

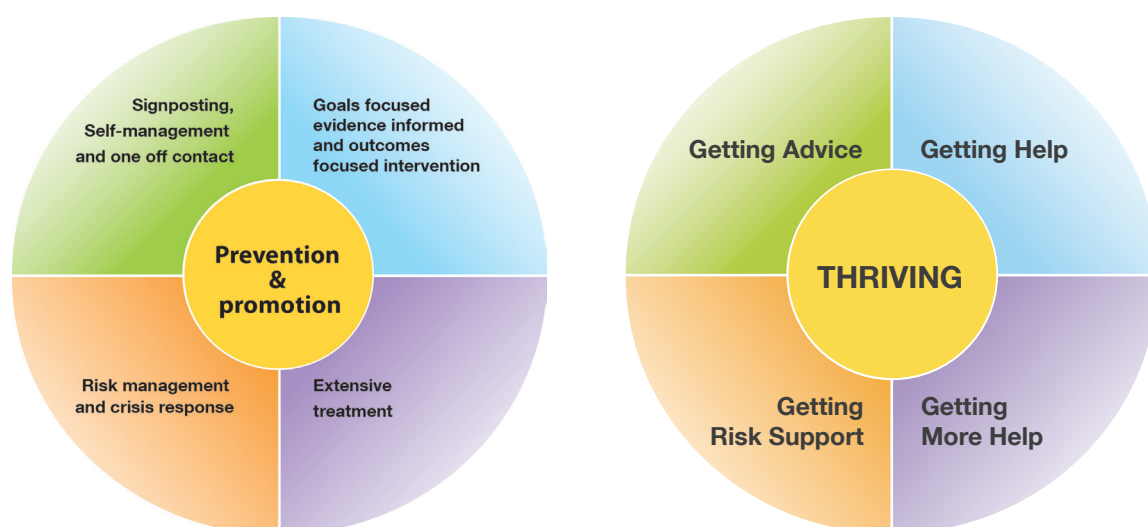


Figure 2:
THRIVE framework

⁶ Need is taken to refer to “the minimum resource required to exhaust capacity to benefit”. Choice is taken to refer to the shared decision making between a young person or family member and those providing help and support.

The groups are not distinguished by severity of need or type of problem. Although it is likely that certain problems or severities may be more common in some groups, there is no one-to-one relation between severity or type of problem and grouping. Rather, groupings are primarily organised around different supportive activities provided by children and young people mental health services in response to mental health needs and strongly influenced by client choice.

THRIVE focuses on clarity around need rather than prescription as to exact structures or interventions to meet those needs. The THRIVE categories are “needs-based groupings”. “Need is defined as the identified approach ... collaboratively agreed via a process of shared decision making between service provider and service user. It includes both judgement of the appropriateness of interventions offered and the informed choices of children, young people and their carers regarding the approach ... that is best for them, within the parameters and scope of the commissioned service,” (Wolpert et al., 2015, p.7).

Thus each person or family accessing services is entitled to the following respect agenda:

<p>As someone seeking help from a professional, I have a right to:</p> <h1>RESPECT</h1>	
R eview	<ul style="list-style-type: none"> ➤ Know what options are available ➤ Know the pros and cons of the different options
E ffective Help	<ul style="list-style-type: none"> ➤ Know the evidence for the help and support being suggested ➤ Know If there are different types of help that may be effective ➤ Know what is expected from me or others for the treat
S elect	<ul style="list-style-type: none"> ➤ Make choices about what help I get when different evidence-based approaches exist
P rogress	<ul style="list-style-type: none"> ➤ Be involved in setting and reviewing goals ➤ Know how soon and to what extent things are likely to improve ➤ Agree what will happen if things don't get better
E xpression	<ul style="list-style-type: none"> ➤ Be listened to and have my views taken into account
C larity	<ul style="list-style-type: none"> ➤ Know how those supporting me understand the difficulties ➤ Know what is happening to information about me
T ransition Support	<ul style="list-style-type: none"> ➤ Be supported to find further help if needed
<div>  <div> Evidence Based Practice Unit </div> <div> Part of Anna Freud Centre </div>  </div>	

Figure 3:
Respect agenda

THRIVE AND IMPLEMENTATION

THRIVE is a framework that brings to bear some of the ideas that a number of us have had over many years based on our experience in providing, researching, using and change-managing systems related to supporting child and adolescent mental health, including our experience of what those accessing services tell us they want and need from services. THRIVE offers a set of principles and values to guide implementation but it is not itself a how-to guide nor does it provide a blueprint for implementation. We want neither to prescribe nor proscribe what implementation might look like locally – rather we are interested to learn from local models of implementation. In the light of this we have started to refer to THRIVE as a framework to try to emphasise this. We reiterate our wish, laid out in the November 2014 document, that we genuinely want to learn from local implementation and how the model has been applied across sectors. The author group see themselves as akin a to think tank organised around trying to address key aspects of service delivery using a number of key principles tested against what is known about service delivery and service use.

There are a number of initiatives and approaches that are aligned with THRIVE principles and which might support implementation of THRIVE:

- The Choice and Partnership Approach (CAPA) is a well-developed approach that many areas have found can aid implementation of the key principles of shared decision making and clarity of choice. The alignment of CAPA to THRIVE is discussed in more detail below. www.capa.co.uk
- Children and Young People Improving Access to Psychological Therapy (CYP IAPT) is being rolled out across the country and seeks to combine evidence-based practice with user involvement and rigorous outcome evaluation to embed best practice in child mental health. www.cypiapt.org
- The Child Outcomes Research Consortium (CORC) learning collaboration can aid alignment and integration of data and outcomes across agencies and organisations, and is seeking to support areas to develop and embed cross-sector outcomes. www.corc.uk.net
- Peer-review networks such as the Quality Network for Community CAMHS can aid embedding and consideration of key elements of practice. www.rcpsych.ac.uk/quality/quality accreditationaudit/communitycamhs.aspx

An implementation group, i-THRIVE, has formed consisting of an initial partnership between AFC, Tavistock and Portman NHS Foundation Trust, UCLPartners and Dartmouth Center for Healthcare Delivery Science (US), drawing on support from a range of partners, including YoungMinds, CAPA and CORC. The purpose of i-THRIVE is to translate the THRIVE framework into a model of care, and to support sites implementing this model locally. In order to support shared decision making, which is core to THRIVE but which continues to present an implementation challenge, the group is seeking to combine THRIVE with specific tools developed in the US, in particular Options Grids™, and tools to assess extent of both collaboration and integration of services (CollaboRATE® and IntegRATE®).

i-THRIVE has recently been awarded NHS Innovation Accelerator status, led by Dr Anna Moore, and has launched the i-THRIVE Community of Interest. The programme is currently developing a range of tools to support local sites interested in adopting the model.

THRIVE and CAPA

A key question we are often asked is “How does THRIVE relate to a Choice and Partnership Approach (CAPA)?” The THRIVE framework is consistent with a CAPA approach and draws on the rich learning from CAPA. CAPA also provides an important potential model of implementation of the principles within THRIVE. CAPA is used in children and young people mental health services and increasingly in adult mental health all over the world and includes a “how to” system in place that consists of 11 key components.

The ways in which CAPA and THIRVE align include:

- The THRIVE groupings align with those used in CAPA of choice (getting advice) and partnership (core partnership is equivalent to getting help, Specific partnership with getting more help and getting risk support). CAPA, like THRIVE, defines the groupings in terms of needs/choices of

individuals, description of needs, skill mix and resources needed to support those choices.

- CAPA focuses on helping people make explicit choices about what may most benefit them and links this with clear evidence-based packages of care. A focus on being clear what the task is and how it is to be delivered and the agreement on the task alliance with the client is embedded in CAPA.
- One of CAPA's 11 key components is to change language to that which promotes strengths-based, collaborative work towards shared goals with young people and their families, thinking about skills needed, rather than access to a particular professional discipline. The THRIVE framework promotes this way of thinking by furthering the use of language to one that is helpful to young people and families and services.

CAPA addresses many areas the THRIVE framework does not address (nor necessarily endorse).

- Workforce and capacity planning. In particular, CAPA segments work so that skills and capacity can be properly identified and deployed. In addition CAPA identifies all the other types of work staff do in their job to allow capacity to be calculated.
- Consideration of staff training, for example in relation to language used with clients and with each other.

THRIVE emphasises aspects that are aligned but not synonymous with CAPA, including a more explicit and focused emphasis on:

- the difference between risk support and other forms of help. This includes being explicit about the role of children and young people mental health services, which is not about treatment, i.e. risk support is seen as the business of children and young people mental health services.
- the potential for treatment harm as well as the limitations of what can be achieved
- endings, even when significant change has not been achieved and focus on more explicit discussion of this with service users
- use of tools to support empowerment and shared decision making
- interagency ownership of the framework including cross-sector outcome measurement.

THRIVE AND PAYMENT SYSTEM DEVELOPMENT

Payment systems attempts to capture a more complete picture of the work done by clinicians, and therefore its cost, in order to inform the development of a system by which payment, such as for children and young people mental health services, is determined according to need. The final report of the payment systems project was published in June 2015 (Wolpert, et al., 2015) and reports on the work are being produced (Vostanis, et al., 2015). The payment system work was jointly led by Miranda Wolpert (lead author for THRIVE) and Professor Panos Vostanis. Simon Young (Tavistock and Portman) chaired the steering group, working in close liaison with colleagues from South London and Maudsley Trust (Dr Gordana Milakovic and Dr Bruce Clark). Many others were also involved (see list of acknowledgements p.4)

Miranda Wolpert shared and updated thinking between the groups (THRIVE and Payment Systems) as the work progressed. Thus the emerging learning from the analysis of data from the Payment Systems Project, as it became publicly available, informed the thinking about the THRIVE needs-based groupings.

Perhaps not surprisingly given membership of the groups, the payment systems work was informed by many of the same values of the THRIVE authors – including a commitment to shared decision making wherever possible, and a wish to develop needs-based groupings that were meaningful to those providing and using services and not necessarily purely diagnostically driven (Wolpert, et al., 2015).

Three aspects of this data-analytic work from the Payment Systems project that particularly informed THRIVE are elaborated below. Their implications for each needs-based grouping within the THRIVE framework are outlined within each section as relevant (e.g. getting advice p.19, getting help p.21, getting more help p.22):

1. Analysis of resource use by those accessing outpatient CAMHS – existing data from the Child Outcomes Research Consortium (CORC) (2012-13)

Using existing routinely collected data relating to children and young people mental health service users submitted by services who are part of the Child Outcomes Research Consortium (CORC) – a learning collaboration of the majority of services across England committed to using outcome measurement to improve and inform service delivery (Fleming, Bradley, & Wolpert, 2014), the payment systems group considered data from 38,794 periods of contact for children (0-18) from 107 clinical teams in 21 services, submitted to CORC between March 2012 and December 2013.

The analysis found that “the modal number of appointments was 1; almost a quarter (24%) of periods of contact were closed after the first appointment. The median number was 3, that is, half of all cases were closed after three appointments or fewer had been attended. The distribution was strongly positively skewed: 37.8% of all appointments were attended by the 5.25% most ‘resource-intensive’ patients, who attended more than 30 appointments each” (Wolpert, et al., 2015, p.21) Greater resource use was associated with greater clinician-rated severity (e.g. on CGAS – child global assessment scale) and some types of problems were more highly represented in the “resource-intensive” group such as eating disorders and psychosis. However it is important to note that there was great variability in terms of the amount of resource use, and type and severity of problem, and no correlation was possible to find in terms of any other indicators of need available in the dataset (Vostanis, et al., 2015; Wolpert, et al., 2015).

2. Analysis of resource use in relation to need by those accessing NHS outpatient CAMHS collected specifically as part of the Payment System Pilot Project (2012-14)

In order to look more carefully at the factors that might account for the variations in resource use found above, pilot sites across the UK agreed to collect data using the Current View tool (Jones et al., 2013), to try to capture key information about case mix at the outset of contact. The tool is a one-page form completed at intervention outset. It was developed drawing on existing literature, and in consultation with both service providers and service users to try to capture key attributes of the young person and their family, in terms of presenting problem or context, that were thought likely to impact on either resource use or outcome (Jones, et al., 2013; Wolpert, et al., 2015). Clinicians in the pilot sites were

trained to use the tool to promote consistency in use and item completion (<http://pbrcamhs.org/training/current-view-tool-training/>).

The Current View tool (see p.31, appendix 1 for copy of the tool) records:

- 30 presenting problems⁷ (e.g. social anxiety, family relationship problems, carer management of child's behaviour)
- 4 contextual problems (relation to home, school, community, and service engagement)
- 2 education, employment or training issues (attendance and attainment),
Each rated "None", "Mild", "Moderate", "Severe", or "Not known".
- 14 complexity factors (e.g. presence of learning disability, parental health issues, refugee status)
Each rated "Yes", "No", or "Not known".

Data on resource use (in terms of number of contacts)⁸ and on ending of contact were collected from 11 NHS outpatient CAMHS, amounting to some 4573 episodes of care with data that included Current View tool and resource use information.

Attempts were made to derive needs-based groupings bottom-up from the data using a variety of statistical techniques including: unsupervised cluster analysis (k-medoids cluster analysis) and supervised cluster analysis (regression trees) (Wolpert, et al., 2015, p.23) However, no stable or meaningful groupings were identified using these methods. In contrast, a "clinically driven classification approach" based on rigorous review of NICE guidance and clinical practice resulted in clinically meaningful groupings, which were as good as or better than statistical approaches (see algorithm development, below).

3. Development of an algorithm to potentially allocate children, young people and families to groupings.

Two senior clinicians (consultant psychiatrist Professor Panos Vostanis and consultant psychologist Dr Roger Davies), both members of the payment systems group, independently reviewed the 15 existing NICE guidelines (11 specifically for children, and 4 for adults but with reference to children) in relation to factors affecting resource use (Vostanis, et al., 2015). From this analysis it was found that the NICE guidelines related largely to symptomatic severity and, to a lesser degree, impairment – but were not influenced or amended according to contextual factors in the children's or their families' lives. In light of this, an algorithm was developed that assigns children and young people mental health services clients to a NICE guidance category based on the presenting problems rated on the Current View tool. Because of the lack of consideration of contextual factors in the NICE guidance these elements on the Current View tool were not included in the algorithm, but it was hypothesised that these factors might account for additional variance in resource use within each grouping.

What emerged from this work was an algorithm that allocated children, young people and families accessing mental health services to three superordinate categories termed "getting advice" (analogous to the getting advice grouping in THRIVE), getting help (as the THRIVE grouping) and getting more help (as the THRIVE grouping). Within each of these categories there were subcategories (2 in getting advice, 13 in getting help and 4 in getting more help) leading to an overall set of 19 clusters (14 of which are guided by specific NICE guidance and 5 of which are not) within the Payment System model (Wolpert, et al., 2015). The implications of these categories and sub-categories for the THRIVE framework are discussed in more detail below. It should be noted at this point that risk support and thriving were not groupings identified by the Payment Systems work, though they were referred to in the final report to show how they could be aligned with the payment systems approach (Wolpert, et al., 2015).

7 Ratings need not imply a diagnosis.

8 Data quality on inpatient work was not sufficient to be included in the analysis.

'Super groupings'
(n=3)

Needs-based groupings
(n=19)

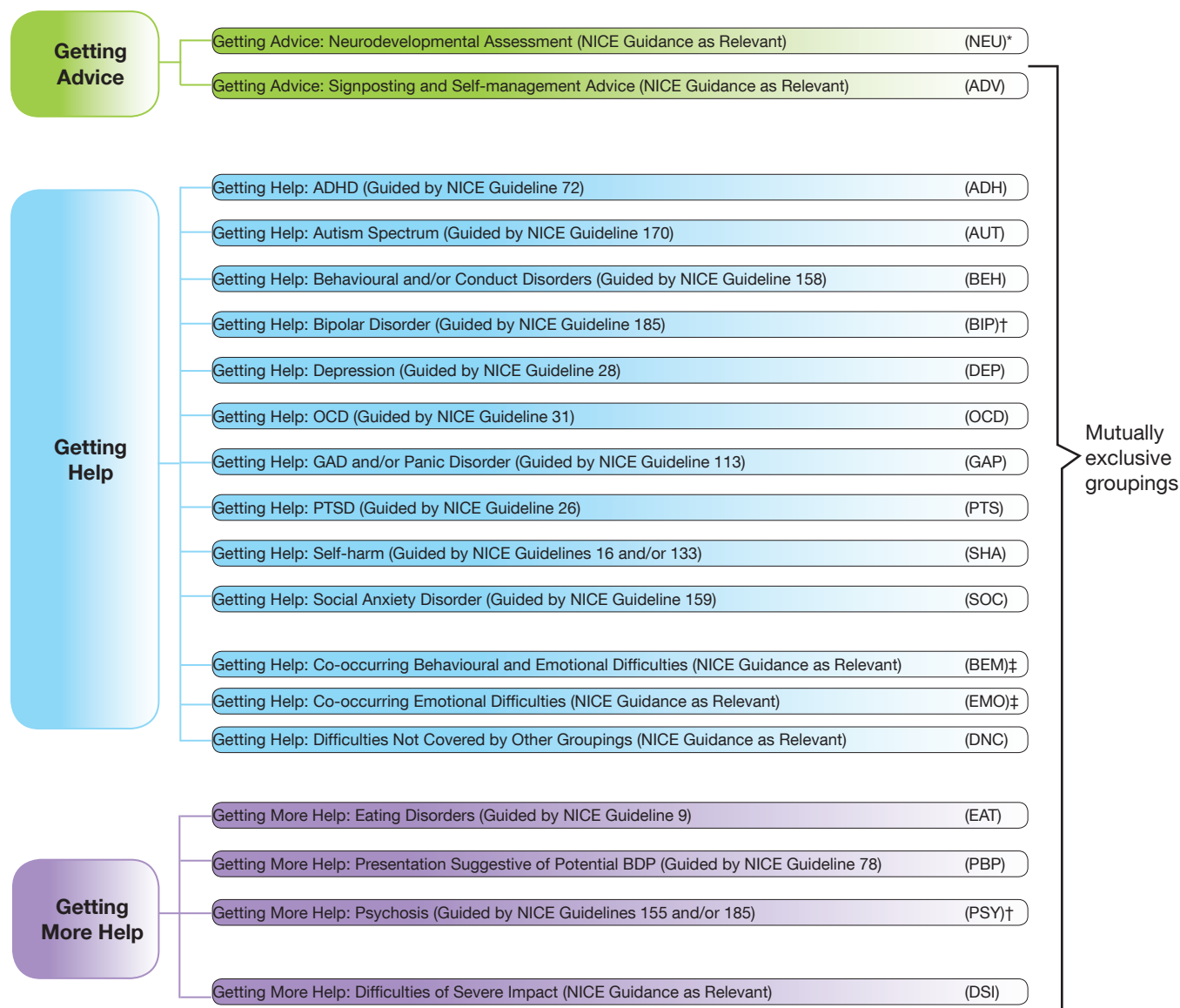


Figure 4:
The payment
systems groupings

The payment systems groupings are outlined in the figure above.

The exact algorithm can be found in the Payment Systems report (Wolpert, et al., 2015. Appendix C). Key elements are outlined below.

1. To be potentially allocated to the getting advice needs-based grouping, children, young people and families had to have at maximum one problem rated as moderate, no problems rated as severe and no problems rated as potentially significant and enduring (such as psychosis or eating disorders) on the current view at outset. On this basis, 28% of the episodes of care were considered potentially appropriate to include in this grouping.
2. To be potentially allocated to the getting help needs-based grouping, children, young people and families had to have a signature problem rated as moderate or above, or one problem rated as severe. On this basis 60% of the episodes of care were considered potentially appropriate to include in this grouping. Of these about half (30% of all episodes of care) are estimated to be allocated to potentially benefiting from intervention guided by one of the ten NICE guidelines subsumed under “getting help”, while the other half belong to the three “co-occurring problem” groups (30% of all episodes of care).
3. To be potentially allocated to the getting more help needs-based grouping, children, young people and families had to have a difficulty that indicated likelihood of need for substantive resource use, such as eating disorders, psychotic symptoms, or multiple severe problems. On this basis, 10% of the episodes of care were considered potentially appropriate to include in this grouping. Of these, around a quarter are allocated by the algorithm to potentially benefit from help guided by one of the three NICE guidelines subsumed under “getting more help”, while the other three-quarters belong to the non-NICE specified “difficulties of severe impact” (8% of all episodes of care).

An important finding from the payment system work was that algorithm assignment did not fit neatly with actual resource use. This is consistent with findings in the development and analysis of other algorithm-based classifications. There was significant variability in actual resource use for children and young people and families potentially allocated to the groupings as outlined in Table 1 below.

Table 1: Predicted resource use for needs-based groupings, from payment systems project analysis

Needs-based groupings	Predicted % in grouping based on application of the algorithm	95% confidence interval of group percentage	Predicted average no. of sessions	95% confidence interval of estimated average appointments	Predicted % resource use for a typical service*	Informal confidence range for predicted resource use**
Getting advice	28%	27%-29%	6.2	4.6-8.4	24%	20%-29%
Getting help	61%	60%-62%	6.9	5.1-9.5	59%	53%-65%
Getting more help	11%	11%-12%	10.4	7.5-14.5	16%	13%-22%
Total	100%	--	7.2	6.6-7.8	100%	--

Note: The estimation of “% in grouping” is based on closed and open cases from 11 CAMH services (n=11,353). The estimation of “average number of sessions” is based on the sample of closed cases whose points of contact began between 1 September 2012 and 28 February 2013 (n=757). The latter sample was constructed in an attempt to minimise bias towards shorter periods of contact, which arises because data collection ended on 30 June 2014 (giving an overall data collection period of 22 months). Nonetheless, by definition no child in the data set attended NHS outpatient CAMHS for longer than 22 months. We therefore think that the predicted averages of numbers of sessions given in the table (as well as their confidence intervals) are underestimates.

*Data only included face-to-face work as data quality for indirect work was too poor, so number of sessions is taken as proxy for resource use. No data was known about more or less expensive staff so each contact is treated as of equal resource use.

**The confidence range of estimated percentage of appointments takes into account the uncertainty about the estimated percentage of service users in each grouping, as well as the uncertainty about the average number of appointments within each grouping. This is not a precise confidence interval.

Table 2 below sets out an entirely hypothetical allocation to groupings and allied resource use which draws on the analysis above but assumes resource use that follows tighter allocation to clusters and includes hypothesised use by groupings not addressed in the payment systems work but core to THRIVE: thriving and risk support (see elaboration sections p.17 and p.23 below).

Table 2: Hypothetical resource use in NHS outpatient CAMHS after implementing THRIVE

Needs-based groupings	Hypothetical % of episodes of care in grouping	Hypothetical average number of sessions	Hypothetical % resource use (direct appointments only)	Hypothetical % overall resource use
Getting advice ⁱ	30%	3	10%	8%
Getting help	60%	10	66%	56%
Getting more help	5%	30	16%	14%
Getting risk support	5%	15	8%	7%
Thriving	n/a	n/a	n/a	15%
Total	100%	9.2	100%	100%

Note: The predicted average number of sessions here was set to 9.2, which is similar to the average number of sessions observed in data collected by CORC. This is higher than the 7.2 observed in Payment Systems data (reported in Table 1), since Payment Systems data are biased toward shorter periods of contact.

It is crucial to note that Table 2 is entirely hypothetical. This framework must be tested and we do not want to make extravagant claims of cost savings without evidence. We hypothesised that targeting help may result in overall savings that would then free resources for community support, but this assumption is something to be tested as part of implementation trials.

One of the key tasks of THRIVE is to make more explicit how resource usage links to need and for this to be examined, considered and refined as part of ongoing implementation and framework development.

We now turn to a detailed discussion of each of the proposed needs-based groupings that make up the THRIVE framework.

⁹ This includes neuro-psychological assessment thought to be relevant in around 3% of cases and assumed to be happening in addition to other elements.

THRIVING

The grouping of “thriving” is often portrayed in the centre of the THRIVE model but could equally be portrayed as around the outside. It is perhaps worth noting that this was how it was initially portrayed but then people complained the picture looked like a plughole - on such bases are pictorial representations of ideas moulded!

Thriving is included as a concept to indicate the wider community needs of the population supported by prevention and promotion initiatives. In our publication in November 2014 we did not include a detailed discussion of the needs of this grouping so we have started with a discussion of this grouping in this version.

Context: All those children, young people and families who do not currently need individualised mental health advice or help are considered to be thriving. This is based on the assumption that not everyone requires or would benefit from mental health interventions, and indeed offering specific mental health interventions which cut across individuals’ own strength and strategies may sometimes be iatrogenic.

This does not mean that those thriving in the community will not benefit from more general interventions to support mental health and wellbeing. The THRIVE framework would suggest this group should receive community initiatives that support mental wellness, emotional wellbeing and resilience of the whole population. This is an area of mental health support that some consider has been neglected by mental health professionals and commissioners over the years, but one where the potential impact could be great – by understanding the factors likely to lead to psychological harm, services can apply strategies to tackle these causes and prevent harm to individual children. This requires rigorous understanding of the environmental causes of potential harm to children and young people’s psychological health, and the active application of strategies to try to reduce or remove these as far as possible before they affect a child’s emotional wellbeing: primary prevention.

There are many factors that are known to increase the likelihood of the development of mental health difficulties in children and young people (World Health Organisation, 2012). These include individual factors such as: learning disability, physical health problems and sexuality; social factors such as poverty, poor education, and abuse and neglect; and environmental factors including injustice, discrimination, social and gender inequalities, and exposure to war and natural disasters.

The relationship between risk factors and mental health problems is complex, and the impact of exposure to the risk will vary from child to child – but all children exposed to potential causes of psychological harm will have an increased chance of developing mental health problems either in childhood or later in life.

Data: It is anticipated that at any one time around 80-90% of the total population of children and young people will fall into the needs-based grouping of thriving (based on Green et al’s (2005) view that around 10-20% of children and young people have problems significant enough to warrant specialist help).

Resource: There is no hard-and-fast rule for how much resource should be allocated to this category and as yet no economic evaluations that can robustly guide policy in this regard. Reports from current practice suggest that in many areas around 10-15% of the budget in children and young people mental health services is allocated to support community resilience programmes; consultation with teachers, health visitors and others; and other forms of intervention to support widespread wellbeing and mental health. It is anticipated that in any case-mix-adjusted payment system it is likely this work would need to be top sliced to be able to continue.

Need: Before reaching adulthood, all children and young people will experience many episodes of psychological distress. The quantity and impact of these events will depend largely on the environment in which the child lives, and the quality of care they receive from the people around them. For most children the distress they encounter will be mild and relatively short lived, and they will continue to thrive. For some children the impact of events will be so great that they will need more professional care and treatment. Despite the distress that negative events can cause it would not be helpful to try and remove all the emotional upset from a person’s life – in fact we know that these experiences, if not overwhelming, can help a person become more resilient and help them learn to manage bigger upsets

later in life. To give children the best start in life it is important that systems promote emotionally healthy environments, and make every effort to prevent psychological harm. Child maltreatment is now known to be one of the biggest risk factors for children and young people developing mental health difficulties. Maltreatment can take a number of different forms, and can lead to a number of different outcomes. Selective prevention strategies that work with vulnerable families and provide community-based interventions to build parenting skills and social support (e.g. mellow parenting (Puckering et al., 1999), help to build healthy protective attachments – particularly in the early years. This should be alongside the strengthening of child protection services to safeguard children more effectively in order to prevent maltreatment and trauma.

Provision: To promote thriving, the THRIVE framework expects that the system actively applies research evidence of the kind of interventions that are likely to reduce the risk of developing mental health difficulties and promote wellbeing and mental health. Opler et al (2010) define categories of prevention that might be seen to fit with the THRIVE framework of primary prevention: “1. **Universal prevention:** *Targeting the general public or a population group that has not been identified on basis of individual risk.* 2. **Selective prevention:** *Targeting individuals or populations subgroups who have biologic, psychological, or social factors placing them at a higher than average risk for developing mental disorders.*”

Services should also help increase awareness and promote psychological wellbeing and health at a whole community level – again through the application of evidence-based psychological approaches. There is much work to be done to expand the role of mental health professionals into this realm of mental health promotion (Knapp, McDaid, & Parsonage, 2011). This will involve awareness raising, consultation and training that is not necessarily focused on a particular child or family.

Examples of whole community approaches to promote psychological wellbeing include the ‘The Big Noise’, adapted from the ‘El Sistema’ movement (Tunstall, 2012). It encourages whole communities to become empowered and take an active role in their lives and community. The vehicle for this change is music, giving instruments to children and encouraging them to put on concerts, pulling together the community and fostering feelings of self-efficacy and wellbeing (Scottish Government Social Research, 2011). Whole school approaches include the Time 2 Talk project in Haringey, run by Nick Barnes and colleagues, which raises awareness about emotional wellbeing and mental health, and challenging mental health stigma.

GETTING ADVICE

Context: There is an increased interest in the promotion of resilience, to build the ability of a community (school/family) to prevent, support and intervene successfully in mental health issues. Initiatives such as HeadStart (a £75-million project funded by the Big Lottery Fund), the Penn Resilience programme and others seek to help young people and families to help themselves. A proliferation of digitally based support (e.g. via email, phone and web) is increasingly becoming available and being used to support young people in their communities. There is increasing academic interest (e.g. community psychology) in how we can more effectively draw on strengths in families, schools and wider communities. School-based interventions have been shown to support mental health (Wong, Kady, Mewton, Sunderland, & Andrews, 2014), peer support can promote effective parenting (Day, Michelson, Thomson, Penney, & Draper, 2012) and integration of mental health in paediatric primary care can support community resilience (Rahman, Surkan, Cayetano, Rwagatare, & Dickson, 2013). The wider government policy can impact positively or negatively on the emotional wellbeing of the child within the family – the government initiative to have a Family Impact Assessment of all government policy is welcomed if it proves effective.

Data: Analysis of CORC data as part of the payment systems development work (Wolpert, et al., 2015) as outlined above (p.12) found that the most frequently occurring (modal) number of sessions of young people and parents attending NHS outpatient CAMHS was one, with many being seen for less than three contacts. In the majority of these cases, where data were available, the clinician reported that the ending was by mutual agreement between the provider and young person or family members. Whilst it was not possible to determine from existing data whether the majority of these leave satisfied, nor how many are referred elsewhere, practitioner reports suggest at least a proportion of this group find relatively few contacts, even one single contact, enough to normalise their behaviour, reassure families that they are doing the right things to resolve the problem without the need for extra help and to signpost sources of support.

Resource: In theory this is the likely least resource intensive (cheapest) of the needs-based groupings. However it should be noted that due to the variability in actual resource use of those who were provisionally allocated to this group in the payment system pilot data, the 28% potentially allocated consumed 24% of the total resources in the payment systems analysis (see p.15 above). If we assume that around 30% would benefit from only limited resource to allow coping and the average amount of resources used was equivalent to two face-to-face sessions then the amount of resource use would be equivalent to 8% of total resource given other assumptions outlined in Table 2 on p.16 above. It is important to note that this is only conjecture at the moment. This framework must be tested and we do not want to make extravagant claims of cost savings without evidence.

Need: Within this grouping would be children, young people and families adjusting to life circumstances, with mild or temporary difficulties, where the best intervention is within the community with the possible addition of self-support. This group may also include, however, those with chronic, fluctuating or ongoing severe difficulties, for which they are choosing to manage their own health and/or are on the road to recovery.

Provision: The THRIVE model of provision would suggest that wherever possible, this provision should be provided within education or community settings, with education often (though not always) the lead provider and educational language (a language of wellness) as the key language used. It is our contention that health input in this group should involve some of our most experienced workforce, to provide experienced decision making about how best to help people in this group and to help determine whose needs can be met by this approach.

Support within getting advice should build on existing family resources. In particular if the difficulty seems to be in a secure context then draw on these strengths. Coping is defined as there being sufficient resilience in person and community (context) so as not to be such high risk as to need intervention if not asking for more intervention.

Key elements of getting advice might include providing families with research or experience-based information related to the difficulties presented to the professional – information is relayed in such a way

as to enhance the self-efficacy of the family and increase the chance of taking appropriate ameliorative action; using the interview to draw out the options available to the family and inviting the family to consider the pros and cons of each of the options; making suggestions for limited changes in aspects of the child's and family's routines; helping to identify extant proximal resources both within their social network or support agencies, voluntary groups etc., drawing on resources such as the Youth Wellbeing Directory¹⁰ to identify relevant resources; an invitation for re-contacting the service is embedded in the offer of any advice if things do not improve or they deteriorate.

There are occasions where the young person or family may say they are "coping" and not seek further input, but the professional feels more input is required and the risks of intervention are outweighed by the risks of non-intervention. This would include occasions where there are major risks for the young person, such as of placement or school breakdown; there are significant concerns about deterioration or the context is not deemed safe for the young person or their family. If these factors applied then consideration should be given as to whether the needs of the young person and/or family should be more appropriately conceived of as falling into one of the other needs-based groupings such as getting help, getting more help or getting risk support.

10 www.youthwellbeingdirectory.co.uk

GETTING HELP

Context: There is increasingly sophisticated evidence for what works with whom in which circumstances (Fonagy, 2002), and increasing agreement on how service providers can implement such approaches (NHS CYP IAPT, 2012), alongside embedding shared decision making to support patient preference (Mulley, Trimble, & Elwyn, 2012) and the use of rigorous monitoring of outcomes to guide choices both between different types of interventions and within interventions (Bickman, Kelley, Breda, de Andrade, & Riemer, 2011). The latest evidence suggests that a significant minority of young people will not be “recovered” at the end of even the best evidence-based treatments.

Data: Analysis of data from the Payment Systems Project work (Department of Health, 2014; Wolpert, et al., 2015) (see above, pp.12-16, for fuller discussion) found that of the 60% of children, young people and families who had difficulties that appeared likely to benefit from goal-focused interventions under the heading of “getting help”, about half looked likely to be clearly aligned to specific NICE guidance and half were not clearly aligned, either because of co-morbidity or because the primary difficulty was not captured by NICE guidance, such as family relationship difficulties.

Resource: The average (mean) number of face-to-face contacts for episodes of care within the payment systems pilots was seven. It is hypothesised that the THRIVE model would support more clearly targeted work with some young people getting more intervention and others getting less. It is conjectured that the mean number of contacts for this group might rise (to e.g. 10 – see Table 2 on p.16) but with fewer young people being seen for extended periods of time if it were felt an intervention was not proving effective.

Need: This grouping comprises those children, young people and families who would benefit from focused, evidence-based treatment, with clear aims, and criteria for assessing whether aims have been achieved. This grouping would include children and young people with difficulties that fell within the remit of NICE guidance but also where it was less clear which NICE guidance would guide practice.

Provision: The THRIVE model of provision would suggest that, wherever possible, provision for this group should be provided with health as the lead provider and using a health language (a language of treatment and health outcomes) with a greater emphasis on ending an intervention if it was felt not to be working or if it was felt gains no longer outweighed costs or potential harms. It is our contention that health input in this group might draw on specialised technicians in different treatments, possibly allowing less expensive professionals to provide more procedurally defined interventions.

The most radical element of what we are suggesting is that treatment would involve explicit agreement at the outset as to what a successful outcome would look like, how likely this was to occur by a specific date, and what would happen if this was not achieved in a reasonable timeframe.

GETTING MORE HELP

Context: There is emerging consensus that some conditions are likely to require extensive or intensive treatment for young people to benefit. In particular, young people with psychosis, eating disorders and emerging personality disorders are likely to require significant input.

Data: Analysis of NHS outpatient CAMHS data for payment systems found that “37.8% of all appointments were attended by the 5.25% most ‘resource-intensive’ patients, who attended more than 30 appointments each”, (Wolpert, et al., p.21) Key problems that were associated with larger amounts of contact included eating disorders and psychosis. It should be noted that there was great variation within the groups and that the analysis was not able to consider inpatient treatment. The payment system pilot work found the average number of appointments for those provisionally allocated by the algorithm to this group was around ten.

Resource: It is suggested that for some young people and families more extensive treatment is likely to be required and that these young people are likely to have most impairing difficulties such as those reflected in eating disorders and psychosis, though there may be many other issues that lead to significant impairment or requirement for more extensive input. It is hypothesised that the THRIVE framework may result in an average number of outpatient appointments of around 30 (see table 2 p. 16). However, it is recognised that, for some of these young people, individual agreements with commissioners will be needed to arrange payment as the range of costs within this group are so wide.

Need: This grouping comprises those young people and families who would benefit from extensive long-term treatment which may include inpatient care, but may also include extensive outpatient provision. The THRIVE framework proposes that there may be some people currently allocated to this grouping who are not benefiting from intervention, and are being held in services solely because of concerns about risk and safeguarding. It is hypothesised that around half of the 10% of young people currently allocated to this group (as per the payment systems algorithm) might appropriately be reallocated to getting risk support.

Provision: The THRIVE model of provision would suggest that wherever possible, provision for this group should be provided with health as the lead provider and using a health language (that is a language of treatment and health outcomes). It is our contention that health input in this group should involve specialised health workers but again it may be that more procedurally defined interventions can be provided by less highly trained practitioners than may be needed for the decision making required for getting advice.

GETTING RISK SUPPORT

Context: This is perhaps the most contentious aspect of the THRIVE model and has certainly been the need-choice group we have found it hardest to agree a simple heading for. We posit that even the best interventions are limited in effectiveness. As noted above, a substantial minority of children and young people do not improve, even with the best practice currently available in the world (Weisz et al., 2013). There has, perhaps, in the past been a belief (strongly held by service providers themselves) that everyone must be helped by a service and if they are not then that is an unacceptable failure.

The THRIVE model suggests that there be an explicit recognition of the needs of children, young people and families where there is no current health treatment available, but they remain at risk to themselves or others.

Data: On current data sources available it is not possible to disaggregate this group from the other groups within the THRIVE model, which are proposed to be used for future payment systems. It is likely that many, though not all, of this group will be subsumed within the getting more help group above – and our hypothesised estimate is that this group may account for 5% of all young people accessing services currently.

Resource: Practitioner reports suggest this group may require significant input; they certainly take up a lot of energy in terms of discussions within and between services. Some services report that they are currently distinguishing members of this group as a group of children, young people and families who may be termed “not ready” for treatment, or in need of ongoing monitoring. It may be that many are currently being offered intensive treatment for which they are failing to attend appointments or making no progress in terms of agreed outcomes. It is suggested that over time this group may be disaggregated as a distinct grouping for payment systems.

Need: This grouping comprises those children, young people and families who are currently unable to benefit from evidence-based treatment but remain a significant concern and risk. This group might include children and young people who routinely go into crisis but are not able to make use of help offered, or where help offered has not been able to make a difference; who self-harm; or who have emerging personality disorders or ongoing issues that have not yet responded to treatment.

Provision: The THRIVE model of provision would suggest that, for this group, there needs to be close interagency collaboration (using approaches such as those recommended by AMBIT (Bevington, Fuggle, Fonagy, Target, & Asen, 2013) to allow common language and approaches between agencies) and clarity as to who is leading. Social care may often be the lead agency and the language of social care (risk and support) is likely to be dominant. Health input should be from staff trained to work with this group and skilled in shared thinking with colleagues in social care, but with explicit understanding that, although it is not a health treatment that is being offered, health staff must play their part in providing input to support and in some cases lead on risk support provision.

In terms of the support offered within this grouping, it would focus on supporting children and parents/carers during periods when they did not feel safe and were unable to take ameliorative action to regain safety. Service users would have access to support from someone whom they know, whom they had helped select and in whom they had confidence and trust, and who is responsible for coordination of the support backup-team (this could be anyone in the system, not necessarily a social care worker). Children and families would have an agreed written safety plan which they participated in drawing up and which explicitly lists agreed actions to be taken by everyone concerned (including the backup team). The aim of the support is to develop the children and families' capacities for self-management of the emergent needs and the opportunity to exercise this capacity as rapidly as it is feasible to move people either into the getting advice, thriving or getting help/more help groupings as relevant.

THRIVE AND OUTCOMES

It is suggested that the approach to outcome measurement for those implementing the framework should follow that suggested by Jacob et al (in press) and endorsed by the Payment Systems project team (Wolpert, et al., 2015).

This approach suggests that the personalised goal of the young person or family can helpfully point to a standardised measure that might also be helpful to track progress. Where possible a service should track a personalised goal, alongside a standardised outcome measure, as well as capture the young person or family's experience of the service.

For example, for a family with the goal of "having better family relationships", the service may want to track the family's progress using a personalised goal tool *and* select a standardised measure such as SCORE-15, if this is helpful to the family and practitioner.

In the light of analysis of goals brought by family members, the following five possible domains of measurement are suggested currently, in addition to measurement of whatever bespoke goal the service user identifies:

- symptom change
- greater understanding
- general wellbeing
- relationship enhancement
- impact on life.

The indicators in Table 3 are examples relating to the sort of goals agreed by children, young people and families accessing services. Any appropriate indicator can be used that is consistent with your service's policy. To note Goals Based Outcomes (Law & Jacob, 2015) may be useful in relation to the themes above and/or other bespoke goals agreed.

Table 3: Goal themes mapped to corresponding suggested outcome indicators¹¹

Overarching theme	Agreed goal	Some possible outcome indicators that can be used
Relationship /interpersonal	Make more friends	Strengths and Difficulties Questionnaire (SDQ); Child Outcome Rating Scale (CORS)
	Have better family relationships Have less fights Better management of child's behaviour by parent	SCORE Index of Family Function and Change-15 (SCORE-15) Me and My School (M&MS)
Coping with specific problems and symptoms	Less symptoms PTSD	Brief Parental Self-Efficacy Scale (BPSES)
	Less low mood	Impact of Events Scale (IES)
Personal functioning	Manage intrusive thoughts and compulsive behaviours	Strengths and Difficulties Questionnaire (SDQ)
	Doing better at school Feeling happier	Revised Child Anxiety and Depression Scale (RCADS) How are things: Depression/low mood (PHQ-9) OCD subscale of Revised Child Anxiety and Depression Scale (RCADS) Number of days attending school; academic achievement Short Warwick-Edinburgh Mental Well-being Scale (SWEMWBS)

¹¹ Aspects of table derived from Jacob, Edbrooke-Childs, Law, et al. (2015). Goal frameworks taken from Jacob, Edbrooke-Childs, Holley, Law, & Wolpert, 2015.

PERFORMANCE MANAGEMENT, QUALITY IMPROVEMENT AND THE THRIVE MODEL

We propose employing the MINDFUL approach to performance management (Wolpert, Deighton, et al., 2014) alongside the THRIVE model. This involves the consideration of multiple perspectives, interpretation focused on negative differences and use of directed discussions. Funnel plots should be used as a starting point to consider outliers, always keeping in mind an appreciation of uncertainty with learning collaborations of clinicians, commissioners and service users supporting data analyses.

This would require a seven-step process to **be applied separately to each of the five groups of need or choice included in the THRIVE model**, with the relevant lead funder/commissioner for each leading on the review.

1. At regular time periods e.g. in line with contract or commissioning intentions, commissioners, providers and service user representatives would jointly agree high-level key quality indicators in areas of weakness relating to that particular aspect of THRIVE, using a mix of process and outcome measures (based on CORC annual reports and/or other sources of information):
 - Thriving - e.g. community indicators of emotional wellbeing
 - Getting advice - e.g. access to online support/levels of resilience
 - Getting help - e.g. access to NICE interventions/levels of recovery or reliable change
 - Getting more help - e.g. length of inpatient stay/functioning
 - Getting risk support - e.g. response to A&E admissions/management of crises
2. Data about children and families involved, activities and outcomes would be collected routinely to help shape service provision. Measures and approaches to support this would be tailored to each element of the THRIVE model:
 - Thriving - e.g. to include measures of self-assessed wellbeing
 - Getting advice - e.g. to include measures of resilience
 - Getting help - e.g. to include measures of symptom change
 - Getting more help - e.g. to include measures of impact on life
 - Getting risk support - e.g. to include measures of risk management
3. Leads for each area of provision would collate information relevant to the KPIs regularly (e.g. monthly) and feed this information back to staff. Data will be considered relative to others involved in similar THRIVE activity using appropriate statistical analyses.
4. Where there is information that suggests outcomes or activities that vary significantly from others in a negative way, then that group of staff will be supported to explore if variation is warranted.
5. These explorations should include directed discussions in which the team are invited to consider, if these differences were unwarranted, what they would do differently using the MINDFUL approach.
6. Staff groups are encouraged to trial improvements aimed at addressing unwarranted variation and enhancing service quality. This may involve the use of statistical process control methodology, such as run charts, to consider and review improvements and impact on patient care, and use of plan, do, study, act (PDSA) cycles (see figure 5) and learning sets.

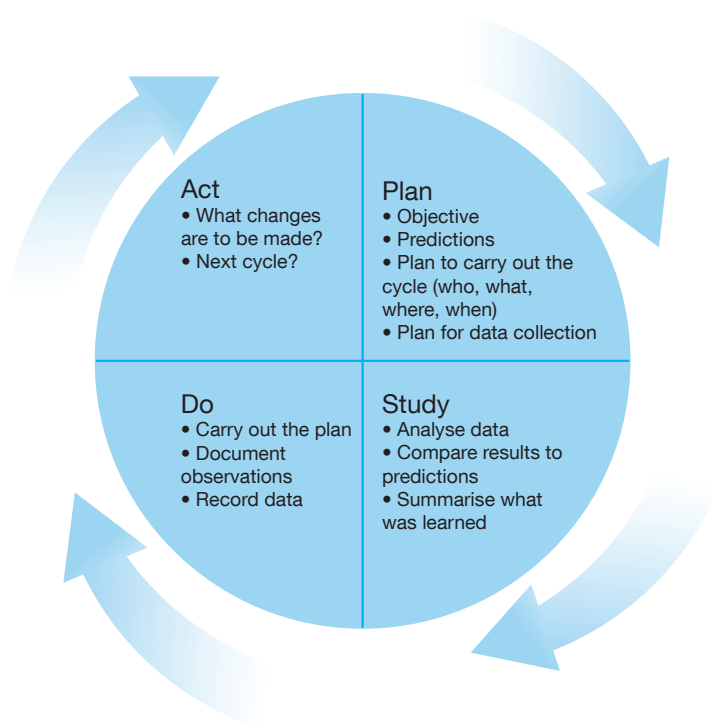


Figure 5:
PDSA cycle

7. Quarterly meetings of users, commissioners and providers will review progress against KPIs for each of the elements of the THRIVE model separately, spreading any learning and improvements across the service.
8. Annual review of the whole system to enable any relevant adjustments to be made to contracts or specifications.

CONCLUSION

The THRIVE model offers a way forward for child and adolescent mental health provision. Distinguishing different groups in terms of their needs and/or choices enables:

- greater clarity about agency leadership
- greater clarity on skill mix required
- potential for more targeted funding
- potential for more transparent discussion between providers and users
- options for more targeted performance management
- options for more targeted quality improvement
- alignment with emerging payment systems
- alignment with best practice in child mental health

To reiterate, we are not presenting THRIVE as a tried-and-tested one-size-fits-all implementation model, nor is the language and terminology for different groups fixed at this point. Whilst AFC and Tavistock do have thoughts on implementation in particular contexts, this paper does not purport to be a how-to guide. Rather, we are sharing our developing thinking at this point to contribute to current national debate because we feel that this may help form a way forward for future provision across a range of sectors (health, education and social care).

We hope that the thinking underpinning this model may become embedded across the UK and beyond to point the way forward for child and adolescent health promotion, intervention and support in the years ahead.

REFERENCES

- Bevington, D., Fuggle, P., Fonagy, P., Target, M., & Asen, E. (2013). Innovations in Practice: Adolescent Mentalization-Based Integrative Therapy (AMBIT) – a new integrated approach to working with the most hard to reach adolescents with severe complex mental health needs. *Child and Adolescent Mental Health*, 18(1), 46-51. doi: 10.1111/j.1475-3588.2012.00666.x
- Bickman, L., Kelley, S. D., Breda, C., de Andrade, A. R., & Riemer, M. (2011). Effects of routine feedback to clinicians on mental health outcomes of youths: results of a randomized trial. *Psychiatric Services*, 62(12), 1423-1429. doi: 10.1176/appi.ps.002052011
- Bor, W., Dean, A., Najman, J., & Hayatbakhsh, R. (2014). Are child and adolescent mental health problems increasing in the 21st century? A systematic review. *Australian and New Zealand Journal of Psychiatry*, 48(7), 606-616. doi: 10.1177/0004867414533834
- Campion, J., Bhugra, D., Bailey, S., & Marmot, M. (2013). Inequality and mental disorders: opportunities for action. *Lancet*, 382(9888), 183-184. doi: 10.1016/S0140-6736(13)61411-7
- Day, C., Michelson, D., Thomson, S., Penney, C., & Draper, L. (2012). Evaluation of a peer led parenting intervention for disruptive behaviour problems in children: community based randomised controlled trial. *BMJ*, 344, e1107. doi: 10.1136/bmj.e1107
- Department of Health. (2014). CAMHS Payment by Results, from <http://pbrcamhs.org/>
- Department of Health, Department for Education, & NHS England. (2015). *Future in Mind: Promoting, protecting and improving our children and young people's mental health and wellbeing*. Retrieved from http://www.gov.uk/government/uploads/system/uploads/attachment_data/file/414024/Childrens_Mental_Health.pdf.
- Fleming, I., Bradley, J., & Wolpert, M. (2014). Learning from a learning collaboration: the CORC approach to combining research, evaluation and practice in child mental health. *Administration and Policy in Mental Health and Mental Health Services Research*, Online first. doi: 10.1007/s10488-014-0592-y
- Fonagy, P. (2002). *What works for whom? A critical review of treatments for children and adolescents*. New York: Guilford.
- Fulford, K. (2004). Ten principles of values-based medicine. In J. Radden (Ed.), *The Philosophy of Psychiatry* (pp. 205-234). New York: Oxford University Press.
- Green, H., McGinnity, A., Meltzer, H., Ford, T., & Goodman, R. (2005). *Mental health of children and young people in Great Britain, 2004*. Basingstoke: Palgrave Macmillan.
- HeadStart. (2014). Big Lottery Fund UK. Retrieved from <http://www.biglotteryfund.org.uk/headstartprojects>
- Health Committee. (2014). *Children's and adolescents' mental health and CAMHS: Third Report*. Retrieved from <http://www.publications.parliament.uk/pa/cm201415/cmselect/cmhealth/342/34202.htm>.

- Jacob, J., Edbrooke-Childs, J., Holley, S., Law, D., & Wolpert, M. (2015). Horses for courses? A qualitative exploration of goals formulated in mental health settings by young people, parents and clinicians. *Clinical Child Psychology and Psychiatry*, Online first. doi: 10.1177/1359104515577487
- Jacob, J., Edbrooke-Childs, J., Law, D., & Wolpert, M. (in press). Measuring what matters to patients: using goal content to inform measure choice and development. *Clinical Child Psychology and Psychiatry*.
- Jones, M., Hopkins, K., Kyrke-Smith, R., Davies, R., Vostanis, P., & Wolpert, M. (2013). *Current view tool: Completion Guide*. London: CAMHS Press.
- Knapp, M., McDaid, D., & Parsonage, M. (2011). *Mental health promotion and mental illness prevention: the economic case*. Retrieved from http://www.gov.uk/government/uploads/system/uploads/attachment_data/file/215626/dh_126386.pdf.
- Law, D., & Jacob, J. (2015). *Goals and Goal Based Outcomes (GBOs): some useful information* (Third ed.). London: CAMHS Press.
- Mulley, A., Trimble, C., & Elwyn, G. (2012). *Patients' Preferences Matter: Stop the silent misdiagnosis*. London: The King's Fund.
- National CAMHS Review. (2008). *Children and young people in mind: the final report of the National CAMHS Review*. London: Department for Children, Schools and Families.
- NHS. (2013). A simple guide to Payment by Results. Department of Health.
- NHS CYP IAPT. (2012). Routine outcome monitoring as part of CYP IAPT, from <http://www.cypiapt.org/routine-outcome-monitoring/routine-monitoring-outcome.php>
- NHS Health Advisory Service. (1995). *Together We Stand: Thematic review of the Commissioning, Role and Management of Child and Adolescent Mental Health Services*. London: The Stationery Office.
- North East London NHS Foundation Trust. (2014). *Guidance for Four-Tier CAMHS model*.
- Opler, M., Sodhi, D., & Zaveri, D. (2010). Primary psychiatric prevention in children and adolescents. *Annals of Clinical Psychiatry*, 22(4), 220-234.
- Porter, M., & Teisberg, E. (2006). *Redefining health care: creating value-based competition on results*. Boston: Harvard Business Press.
- Puckering, C., Mills, M., Cox, A. D., Maddox, H., Evans, J., & Rogers, J. (1999). *Improving the quality of family support - An Intensive Parenting Programme: Mellow Programme*. London: Department of Health.
- Rahman, A., Surkan, P., Cayetano, C., Rwagatare, P., & Dickson, K. (2013). Grand challenges: integrating maternal mental health into maternal and child health programmes. *PLoS Medicine*, 10(5), e1001442. doi: 10.1371/journal.pmed.100144

Scottish Government Social Research. (2011). *Evaluation of Big Noise, Sistema Scotland*. Retrieved from <http://www.gov.scot/Resource/Doc/345409/0114922.pdf>.

Tunstall, T. (2012). *Changing Lives: Gustavo Dudamel, El Sistema, and the Transformative Power of Music*. New York: W. W. Norton.

Vostanis, P., Martin, P., Davies, R., De Francesco, D., Jones, M., Sweeting, R., ... Wolpert, M. (2015). Development of a framework for prospective payment for child mental health services. *Journal of Health Services Research and Policy*, 20(3), 142-148. doi: 10.1111/camh.12107

Weisz, J. R., Kuppens, S., Eckshtain, D., Ugueto, A. M., Hawley, K. M., & Jensen-Doss, A. (2013). Performance of evidence-based youth psychotherapies compared with usual clinical care: a multilevel meta-analysis. *JAMA Psychiatry*, 70(7), 750-761. doi: 10.1001/jamapsychiatry.2013.1176

Wolpert, M. (2009). Organization of Services for Children and Adolescents with Mental Health Problems. In M. Rutter, D. Bishop, D. Pine, S. Scott, J. Stevenson, E. Taylor & A. Thapar (Eds.), *Rutter's Child and Adolescent Psychiatry* (5th ed., pp. 1156-1166). Malden: Blackwell Publishing Ltd.

Wolpert, M., Deighton, J., De Francesco, D., Martin, P., Fonagy, P., & Ford, T. (2014). From 'reckless' to 'mindful' in the use of outcome data to inform service-level performance management: perspectives from child mental health. *BMJ Quality & Safety*, 23(4), 272-276. doi: 10.1136/bmjqs-2013-002557

Wolpert, M., Harris, R., Jones, M., Hodges, S., Fuggle, P., James, R., ... Fonagy, P. (2014). *THRIVE: The AFC-Tavistock model for CAMHS*. London: CAMHS Press.

Wolpert, M., Vostanis, P., Young, S., Clark, B., Davies, R., Fleming, I., ... Whale, A. (2015). *Child and Adolescent Mental Health Services Payment System Project: Final Report*. London: CAMHS Press.

Wong, N., Kady, L., Mewton, L., Sunderland, M., & Andrews, G. (2014). Preventing anxiety and depression in adolescents: A randomised controlled trial of two school based internet-delivered cognitive behavioural therapy programmes. *Internet Interventions*, 1(2), 90-94. doi: 10.1016/j.invent.2014.05.004

World Health Organisation. (2012). *Caring for children and adolescents with mental disorders. Setting WHO directions*. Retrieved from http://www.who.int/mental_health/media/en/785.pdf

York, A., & Kingsbury, S. (2013). *The Choice and Partnership Approach: a service transformation model*. Surrey: CAPA Systems Limited.

YoungMinds. (2013). *Local authorities and CAMHS budgets 2012/2013*. Retrieved from http://www.youngminds.org.uk/assets/0000/6845/CAMHS_2012.13_briefing_local_authorities.doc

APPENDIX 1: CURRENT VIEW TOOL

Current View

CYP Name Practitioner's Name Please indicate your reason for completing this form:

DOB: Practitioner's ID First Contact ☐

NHS ID: Service Allocated Case Id Changed Situation ☐

Date: / / 20 Time: h m Changed Understanding ☐

Provisional Problem Description <small>Rating need not imply a diagnosis</small>	None	Mild	Moderate	Severe	Not known
1 Anxious away from caregivers (Separation anxiety)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2 Anxious in social situations (Social anxiety/phobia)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3 Anxious generally (Generalized anxiety)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4 Compelled to do or think things (OCD)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5 Panics (Panic disorder)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6 Avoids going out (Agoraphobia)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7 Avoids specific things (Specific phobia)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8 Repetitive problematic behaviours (Habit problems)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9 Depression/low mood (Depression)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10 Self-Harm (Self injury or self-harm)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11 Extremes of mood (Bipolar disorder)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12 Delusional beliefs and hallucinations (Psychosis)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13 Drug and alcohol difficulties (Substance abuse)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14 Difficulties sitting still or concentrating (ADHD/Hyperactivity)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15 Behavioural difficulties (CD or ODD)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16 Poses risk to others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17 Carer management of CYP behaviour (e.g., management of child)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18 Doesn't get to toilet in time (Elimination problems)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19 Disturbed by traumatic event (PTSD)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20 Eating issues (Anorexia/Bulimia)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21 Family relationship difficulties	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22 Problems in attachment to parent/carer (Attachment problems)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23 Peer relationship difficulties	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24 Persistent difficulties managing relationships with others (includes emerging personality disorder)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25 Does not speak (Selective mutism)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
26 Gender discomfort issues (Gender identity disorder)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
27 Unexplained physical symptoms	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
28 Unexplained developmental difficulties	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
29 Self-care Issues (includes medical care management, obesity)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
30 Adjustment to health issues	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SELECTED COMPLEXITY FACTORS	Yes	No	Not known
1 Looked after child	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2 Young carer status	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3 Learning disability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4 Serious physical health issues (including chronic fatigue)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5 Pervasive Developmental Disorders (Autism/Asperger's)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6 Neurological issues (e.g. Tics or Tourette's)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7 Current protection plan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8 Deemed "child in need" of social service input	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9 Refugee or asylum seeker	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10 Experience of war, torture or trafficking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11 Experience of abuse or neglect	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12 Parental health issues	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13 Contact with Youth Justice System	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14 Living in financial difficulty	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

CONTEXTUAL PROBLEMS					
	None	Mild	Moderate	Severe	Not known
HOME	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SCHOOL, WORK or TRAINING	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
COMMUNITY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SERVICE ENGAGEMENT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EDUCATION/EMPLOYMENT/TRAINING					
ATTENDANCE DIFFICULTIES	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ATTAINMENT DIFFICULTIES	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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LOOKED AFTER CHILDREN STRATEGY (BUILDING FAMILY RESILIENCE)

To: **Children and Young People Committee**

Meeting Date: **8 March 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 inform the Committee of the final draft of the Looked After Children Strategy (Building Family Resilience) and the current version of the Looked After Children (LAC) Action Plan, following consultation.**

Recommendation: **The Committee is asked to review and approve the final version of the Strategy and the current version of the LAC Action Plan.**

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1.0 BACKGROUND

- 1.1 The initial draft of the Looked After Children's Strategy, (Building Family Resilience) and Action Plan were presented to Children and Young People's Committee on the 8 December 2015. The Committee was advised that a period of consultation would follow to secure wider engagement and views regarding the aims of the Strategy and the proposed actions to implement.
- 1.2 The consultation has now closed and we are able to share with the Committee the final draft of the Strategy and the current version of the Action Plan. The Action Plan is a "live" document and as such will continually evolve throughout the life of the Strategy, which will remain in place until 2021. This will ensure account is taken of any future changes in the Looked After Children (LAC) population and new legislation.
- 1.3 The aim of the Strategy and Action Plan is to ensure that we have the right children, being cared for at the right time and that those children remain in care for only as long as is needed, being moved through to permanence or returned home safely, as quickly as possible. The placements that we do make will be suitable and affordable primarily in-house and in county i.e. at the right cost and in the right location.

2.0 CONSULTATION RESPONSES

- 2.1 The consultation focussed on the Strategy and the Action Plan. The Action Plan has continued to evolve during this period of consultation. The consultation and documents were available via the Smart Survey website. There were 42 views of the survey and 7 responses. The questions asked were:
- 1) Do you understand what we want to achieve?
 - 2) The Strategy sets out five outcomes, do the outcomes cover all that needs to be included in the Strategy? Should any of them be added to or amended?
 - 3) Are there any areas that have not been included in the Strategy?
 - 4) Does the Action Plan clearly set out the actions that need to be undertaken to achieve the outcomes as described in the Strategy? If no, explain what should be amended.
- 2.2 Consultation Summary
- 2.2.1 The majority of the responses to the consultation were supportive with all but one commenting that they felt the aims of the Strategy and Action Plan were clear. One respondent commented that the concept of families being supported to stay together was not always appropriate. This is addressed in the Strategy by making clear that vulnerable children will still need to be accommodated in certain circumstances.
- 2.2.2 There were no significant changes suggested regarding the five outcomes set out in the Strategy, although some amendments were suggested to a small number of the actions in the Action Plan. One respondent asked that we make it clear that we promote a range of placements as a key outcome of the Strategy and that it is best that all children live with families. The Strategy clearly advocates this concept including the development of "Creative Care"

options where we consider non-traditional placements as a long term sustainable lower cost option.

- 2.2.3 The majority of respondents agreed that the Strategy covers all the areas it should. With regard to the final question around the clarity of the Action Plan, four of the seven respondents felt it could be clearer. The response highlights that the Action Plan is a working document that has changed since the published iteration. Actions have already been revised to improve clarity and focus.
- 2.2.4 Internal Audit provided a response to the consultation, full details of which can be found in Appendix 4 with full summary details and responses to each question.

3.0 ACTION PLAN – PROGRESS TO DATE

- 3.1 The Action Plan sets out how the Council will deliver savings and continue to provide appropriate and sustainable support services and care in Cambridgeshire. The targets that are set are challenging, reflecting the financial pressures facing the Council. Delivering all the actions listed in the action plan would probably exceed the activity and financial targets set out in the Council's Business Plan. However, there are a number of variables that are outside of the Council's control which will impact on the delivery of individual actions and it is appropriate to plan on the basis of over performance in order to increase the likelihood that targets are met. Individual actions will be monitored rigorously.
- 3.2 The Action Plan is a "live" document which will deliver the savings over a five year period and as such will be continually under review. Actions have been prioritised as 'High' and 'Medium' priority. High priority actions are those that we expect to have made significant progress in establishing the activity to deliver on their targets by April 2016. Working Groups bringing together key actions have been established to provide momentum and support progress. Medium priority actions are those that will take longer to scope and deliver but all medium priority actions will be underway or complete by March 2017.
- 3.3 Monitoring needs to be robust, transparent and clearly identify progress and equally highlight where progress has stalled. Monitoring will take place as follows:
- Weekly LAC Meetings review new care placements made each week and associated costs with CFA Directors and relevant Heads of Service.
 - The weekly threshold panel for accommodation (Resource Panel) will ensure that we only look after the right children in the right placements and will challenge high cost placements by looking at creative and lower cost alternatives.
 - The monthly LAC Commissioning Board will review placement data, spend, activity progress, monitor high priority activity and outcomes, identify medium priority activity that is not progressing and look at how to move forward.
 - Quarterly meetings with all leads in the action plan will take place to review all actions in detail, challenge and also to look at how to "unblock" activity that has stalled or revise actions and saving targets if required.
- 3.4 There is a robust Governance structure in place for the Plan, central to which is the LAC Commissioning Board which is responsible for overseeing the

implementation of the Action Plan. The achievement of savings will be monitored through key activity data which details the target budget and the target number of placements to meet budgeted demand, alongside actual activity for each month. This data is monitored by Finance and enables the Action Plan leads to be held to account for delivery of the savings.

- 3.5 The LAC Commissioning Board reports to the CFA Performance Board where delivery against targets set will be monitored through a savings tracker. The tracker will detail savings and monitor progress in achieving these. The LAC Commissioning Board will be accountable to young people who represent Looked After Children through the Children In Care Council, Voices Matter. There will be an annual report summarising progress against the strategy outcomes which will be made available to CYP committee and to Voices Matter.

4.0 CURRENT POSITION AND PLANNED ACTIVITY

- 4.1 Whilst we have seen our LAC numbers increase this year, we have managed to minimise the possible increase in spend and keep within the predicted forecast despite significant pressure across the year.
- 4.2 The data below highlights this growth and shows the number of children Beginning to be Looked After (BLA) and Ceasing to be Looked After (CLA). The overall total for January of 586 is three lower than the December total. Of the children that became BLA in January, nine were unaccompanied asylum seeking children (UASC) and the highest proportion (12 children) were in the 10-15 age range.

Month	Beginning to be LAC (BLA)	Ceasing to Be LAC (CLA)	Total LAC
Sep 2015	+25	-17	570
Oct 2015	+23	-18	571
Nov 2015	+27	-14	582
Dec 2015	+30	-25	589
Jan 2015	+24	-19	586

- 4.3 An update on the “High” priority actions as detailed in the Action Plan is provided below. All actions under Outcome 1: Families Are Supported to Stay Together, are “Medium” priority actions and will be reported on in a future Committee report.

Outcome 2: Risk is Managed Confidently and Intensive Support is Provided for Families at the Edge of Care	
Action	Progress
<p>Action 2.1</p> <p>Develop a clear framework of Specialist and Edge of Care Services</p>	<p>These services include Family Intervention Partnership (FIP), Multi Systemic Therapy (MST), Alternatives to Care (AtC), Specialist Family Support Services (SFSS) and Family Group Conferencing (FGC). The services are now meeting monthly to manage cases and ensure that a clear model for Edge of Care Family Support Services is developed and promoted with transparent referral pathways. A single model for monitoring the services is also being considered which will enable them to monitor outcomes and success in a consistent and comparable way.</p>
<p>Action 2.2</p> <p>Focus of Family Services on preventing children entering the care system to enable us to offer appropriate services at the appropriate time</p>	<p>This action will be explored by a working group alongside the Edge of Care Family Support Services (Action 2.1). In addition the action supports the development of a new Resource Panel which replaces the separate S.20 and S.31 panels and also draws together the Creative Care work. These panels allocate placements to children that we consider need to become Looked After. By combining the panels with the Creative Care approach, whereby budgets are used in a more flexible way by social work units, we expect that the number of children entering higher cost placements will be reduced. This is now well underway and will be fully implemented by March.</p>
<p>Action 2.3</p> <p>Work to broker family solutions</p>	<p>This action focuses on a review of the Family Group Conferencing Service. Future options and an associated invest to save proposal will be presented to CFA Management Team in March with implementation of the agreed option following.</p>

<p>Action 2.5</p> <p>Monitoring of Alternatives to Care (AtC) and the Space Project</p>	<p>Monitoring of the Alternatives to Care project (aimed at stabilising the family environment to enable young people in crisis to remain in their family home, preventing them from becoming Looked After) is in place and being reported in line with the KPIs as set out in the service specification. This service has now been fully operational for four months and is successfully diverting young people who would otherwise have become Looked After from the care system. To date the team has worked with 28 young people. Seven of these cases have closed and five were prevented from becoming LAC.</p> <p>The Space project is a one year pilot and monitoring is currently being implemented. The project supports parents who have had children removed from their care to help them to understand the range of issues they face and to make a plan to reduce the risk of future children being taken in to care. The project which began accepting referrals in December, has so far worked with 13 women who had 38 children between them (between one and six children, all removed or living with other relatives). Full capacity of the project is 50 families (per year) and we expect the number of referrals made to the service to increase as it becomes fully established.</p>
Outcome 3: Children access and remain in education	
Action	Progress
<p>Action 3.1</p> <p>Analysis of patterns of attendance, exclusions and absence to ensure young people who are LAC do not miss out on education</p>	<p>The Head of the Virtual School meets regularly with the managers of inclusion, attendance and Behaviour and Alternative Provision to ensure a coordinated county wide approach to all issues relating to disadvantaged pupils and LAC in particular.</p>
<p>Action 3.2</p> <p>Establish Effective collaboration and joint working</p>	<p>The Virtual School liaises with a number of services and agencies to ensure that LAC pupils are supported well. This includes SEND and START, admission and school transfer requests. In addition the Virtual School works with peers in the Eastern Region to ensure that all LAC pupils, wherever they are, are receiving the same interventions.</p>

Outcome 4: Placements for Children are In County and With a Family	
Action	Progress
<p>Action 4.1</p> <p>Review placements and look at creative options to reunify the child with family and reduce cost (Creative Care)</p>	<p>After an initial pilot, this is now fully taking shape and will be implemented alongside the revised Resource Panel. The Resource Panel (previously S.20/ S.31 Panels) is responsible for making threshold decisions and agreeing to a child being accommodated. The panel, which will incorporate Creative Care, should be fully operational by April.</p>
<p>Action 4.2</p> <p>Reduce the number of external placements and increase In-House Fostering placements</p>	<p>A new action plan has been implemented and, for a short time, support from a fostering consultant to further develop the service is delivering change. The majority of new fostering placements are now being made via the In-House Fostering Service.</p>
<p>Action 4.3</p> <p>Lowering the cost of the most expensive placements</p>	<p>As a result of the regular review of the top 50 high cost placements, we expect 20 children to have been moved either to a lower cost placement or out of care entirely in the next financial year. Access to Resources Team (ART) has also met with local providers to undertake market shaping and develop further low cost provision.</p> <p>Closer working is taking place between the Safeguarding and Standards Unit, Social Care and Commissioning Enhanced Services to plan for placement moves.</p> <p>ART is also reviewing key transition points in young people's lives when they can potentially move in to sustainable independent accommodation.</p> <p>ART has also been working collectively with other Local Authority partners to minimise fee increases for residential and special schools. Furthermore, progress is being made regarding the creation of emergency solo placements at Hawthorns Residential Home, with works to the building now complete, staffing, Ofsted Registration and the development of a protocol for the use of the placement is also progressing.</p>

<p>Action 4.4</p> <p>Reducing the cost of external placements</p>	<p>As part of the review of the external residential framework contract, high quality, low cost providers of residential provision have been taken to view potential Council owned properties across the county in March, Wisbech and Linton; this is with a view to developing increased in-county provision at lower cost and aimed primarily at developing alternative provision for Unaccompanied Asylum Seeking Children (UASC) or 16 and 17 year old children.</p>
<p>Action 4.5</p> <p>Develop Assisted Boarding placements</p>	<p>Assisted Boarding, where children are able to access a combined residential/ school place at a boarding school, has been scoped and ART has established a partnership with the Royal National Children's Foundation (RNCF) to locate suitable boarding places when a child that could benefit is identified. We now need to formally launch the scheme to raise awareness and encourage take-up.</p>
<p>Outcome 5: Children Are Moved Through the Care System in a Timely Way</p>	
Action	Progress
<p>Action 5.1</p> <p>Reunification is considered as soon as a child becomes LAC</p>	<p>Well-resourced and coherent reunification plans can lead to better and speedier permanence outcomes through a stable return home to parents. We will use the IRO database to help us monitor the number of children exiting care and develop a new framework and practice guidance to support implementation.</p>
<p>Action 5.2</p> <p>Ensure Adoption is quick where appropriate</p>	<p>We have set a target of ten concurrent carers. We will aim to stretch this target each year and where targets are exceeded we will aim to invest some savings in to Coram Cambridgeshire Adoption (CCA).</p>
<p>Action 5.3</p> <p>Ensure cost effectiveness of Adoption and Special Guardianship Orders (SGO's) and Child Arrangement Orders (CAO's)</p>	<p>A review will be undertaken of all allowances that have been in place for in excess of two years. All new carers will be advised that the allowance will be for a two year period and reviewed thereafter. The review and new policy will provide a £350k saving.</p>

5.0 BUDGET POSITION

- 5.1 The saving allocated within the Action Plan at £6,789K, is considerably higher than the savings set out in the Business Plan (£1,429K, plus £132K inflation saving). There is a need to take account of the financial pressure which has emerged due to the increase in number of Looked After Children in

Cambridgeshire since the original Business Plan was formulated (£2,059K). There is also the demographic saving required in 16/17 to prevent the Looked After Children population growing (£2,100K) and the invest-to-save budget transfers from the placement budget to other Children's Budget areas for Alternatives to Care (£219K) and in-house disability services (£500K). The savings allocated also include the Adoption services target (£350K) to ensure there is no double counting of this saving. The table below sets out these savings:

Objective	2016/17
Reduce the number of children who are looked after	-2,100
Reduce the unit cost of placements for children in care*	-922
Reduce the length of time children are in care*	-507
Adoption	-350
Share Care provision (4.7)	-500
Alternatives to Care (2.5)	-219
In-house fostering	0
Inflation	-132
Carried forward pressure	-2,059
	-6,789

*These two lines added together are the £1,429K saving in the Business Planning tables

- 5.2 A number of invest to save proposals are being developed that will support the achievement of this ambitious savings target. Proposals include making adaptations to the properties in Linton, March and Wisbech to provide accommodation to UASC and 16 and 17 year olds (£150k) and expansion of the Family Group Conferencing (FGC) Service to enable it to change its referral criteria so that all appropriate cases are referred to the service prior to or immediately after the initial Child Protection Conference and to create additional capacity (£57.5k).

6.0 ALIGNMENT WITH CORPORATE PRIORITIES

6.1 Developing the local economy for the benefit of all

- 6.1.1 The following bullet points set out details of implications identified by officers:
- Future commissioning arrangements are expected to provide additional opportunities for voluntary and partner organisation, particularly within Cambridgeshire to provide support to reduce the number of children becoming LAC and support family resilience.
 - The development of our In House Fostering Service offers opportunities to the people of Cambridgeshire to become employed as foster carers.
 - A reduction in the use of external placements, particularly those supplied by Independent Fostering Agencies (IFA's) would have a negative impact on those organisations.
 - We need to ensure children remain in educational placements and are attending school and not excluded.

6.2 Helping people live healthy and independent lives

- 6.2.1 The following bullet points set out details of implications identified by officers:
- With fewer children coming into the care system, their mental and physical

health needs will need to be supported in their homes and community potentially placing more pressure on early help services.

- Emotional Health and Well Being Services will need to be aligned to meet this need and discussions continue to take place through the Cambridgeshire and Peterborough Joint Commissioning unit to deliver this.
- Better identification of need early on and appropriate support services will continue to be developed, including through ensuring that children have a CAF and appropriate interventions prior to becoming Looked After.

6.3 Supporting and protecting vulnerable people

6.3.1 The following bullet points set out details of implications identified by officers:

- Ensuring that child protection is our priority and building on our assessment of risk is key to managing the LAC population.
- There is an emphasis on support for the whole family, particularly through the 'Think Family' approach, thereby ensuring that where possible family issues that can lead to children becoming LAC are resolved early on. Where this is not possible, and children do need to become Looked After, support to the family to resolve its problems remains in place so that the child can be reunified as quickly as possible. Resources will be targeted to this work.
- The expectation will be that more children with disabilities remain at home and in local schools and this may put increased pressure on some families. We will mitigate this risk by ensuring effective use of the Education Health and Care Plan.
- More 16+ young people will be expected to remain within their families. This could result in more young people not in education, employment or training. We need to ensure that the strategy does not increase the number of young people without a fixed home; therefore, specialist services will need to ensure that extended family and community solutions are brokered to mitigate this.

7.0 SIGNIFICANT IMPLICATIONS

7.1 Resource and Performance Implications

7.1.1 The following bullet points set out details of significant implications identified by officers:

- The success of the strategy in reducing the number of Looked After Children is vital if we are to meet savings targets. This is a demanding area of work and needs consistent monitoring and reviewing of actions to adapt, re-commission and revise them dependent on impact. Progress reporting for all actions will take place monthly. Closer scrutiny will be undertaken monthly through the LAC Commissioning Board regarding high priority and 'Red' RAG rated actions. Quarterly review of all the activities in the action plan will also be undertaken.
- Greater reliance will be placed on early help services, to harness community and extended family resources and on specialist services offering targeted intervention in order to enable children to remain in their homes and build family resilience. This will place considerable strain on the system requiring us to offer help to the most vulnerable.
- Particular focus will be placed on our in house fostering and residential provision to deliver increased numbers of placements, placing further strain on the system.

7.2 Statutory, Risk and Legal Implications

7.2.1 The following bullet points set out details of significant implications identified by officers:

- Staff will be managing higher levels of risk with children expected to remain at home for longer periods of time. Our workforce will need to develop to manage these risks through existing training opportunities available through the Workforce Development Strategy.
- There are significant implications to developing new ways of managing risk in deciding whether to take a child in to care. Staff will need to develop strategies to manage real and perceived risk so that only those children who really need to become Looked After do so, this will be developed through training, peer support and case review.
- Where creative care plans are used to enable the child to stay at home, the potential risks need to be balanced with the improved outcomes for the child and family and the best use of the available resources.

7.3 Equality and Diversity Implications

7.3.1 The following bullet points set out details of significant implications identified by officers:

- No significant implications have been identified.

7.4 Engagement and Consultation Implications

7.4.1 The following bullet points set out details of significant implications identified by officers:

- Consultation took place between January 2016 and February 2016. Feedback has been incorporated in to the Strategy and Action Plan.

7.5 Public Health Implications

7.5.1 The following bullet points set out details of significant implications identified by officers:

- The strategy aims to enable more children to stay within their family homes where it is safe to do so and with the aim of ensuring improved health outcomes for families in particular relating to mental health.
- Conversely, children remaining at home for longer particularly where there are mental health, substance misuse or domestic violence issues could have a negative impact on the mental and physical health of these children. However, we will look into how to manage this risk.

7.6 Localism and Local Member Involvement

7.6.1 The following bullet points set out details of significant implications identified by officers:

- Members have previously been consulted via the initial draft of the Strategy and are now asked to make further comment prior to final publication.

Source Documents	Location
<p>Appendix 1: Building Family Resilience: Looked After Children Strategy</p> <p>Appendix 2: LAC Action Plan</p> <p>Appendix 3: LAC Strategy Review of Approaches</p> <p>Appendix 4: Summary of Consultation Responses</p>	<p>Meredith Teasdale Box No: SH1210 Room No:222 Shire Hall Castle Hill Cambridge CB3 0AP</p> <p>email: Meredith.Teasdale@cambridge-shire.gov.uk</p>

Appendix 1

Building Family Resilience
Looked After Children Strategy
2015 – 2021

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Background & Purpose of the Placements Strategy for Looked After Children

This strategy sets out how we will help families to build their resilience so that more children are able to stay safely at home. 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.

This strategy does not conflict with our safeguarding duties. Vulnerable children will still need to be accommodated by the County Council in order to ensure their safety and wellbeing. There are no proposals to change the thresholds for children being accommodated and decisions will always put the interests of the child first. The strategy is written in this context and focuses on how children's and families' needs can be met in different ways for example, earlier intervention.

The strategy acknowledges that decreasing funding means we must reduce both numbers of children in care and the expenditure on the support we provide. This will require new thinking, different approaches and a dedicated focus from services across the County Council and its partners.

The strategy is part of the long term strategic business planning work being undertaken across all areas of the County Council to ensure our services and finances are sustainable.

The overarching vision for services in 2020 is that *“children, families and adults in Cambridgeshire live independently and safely within strong and inclusive networks of support. Where people need our most specialist and intensive services, we will support them.”* (CFA Strategy 2015-2021)

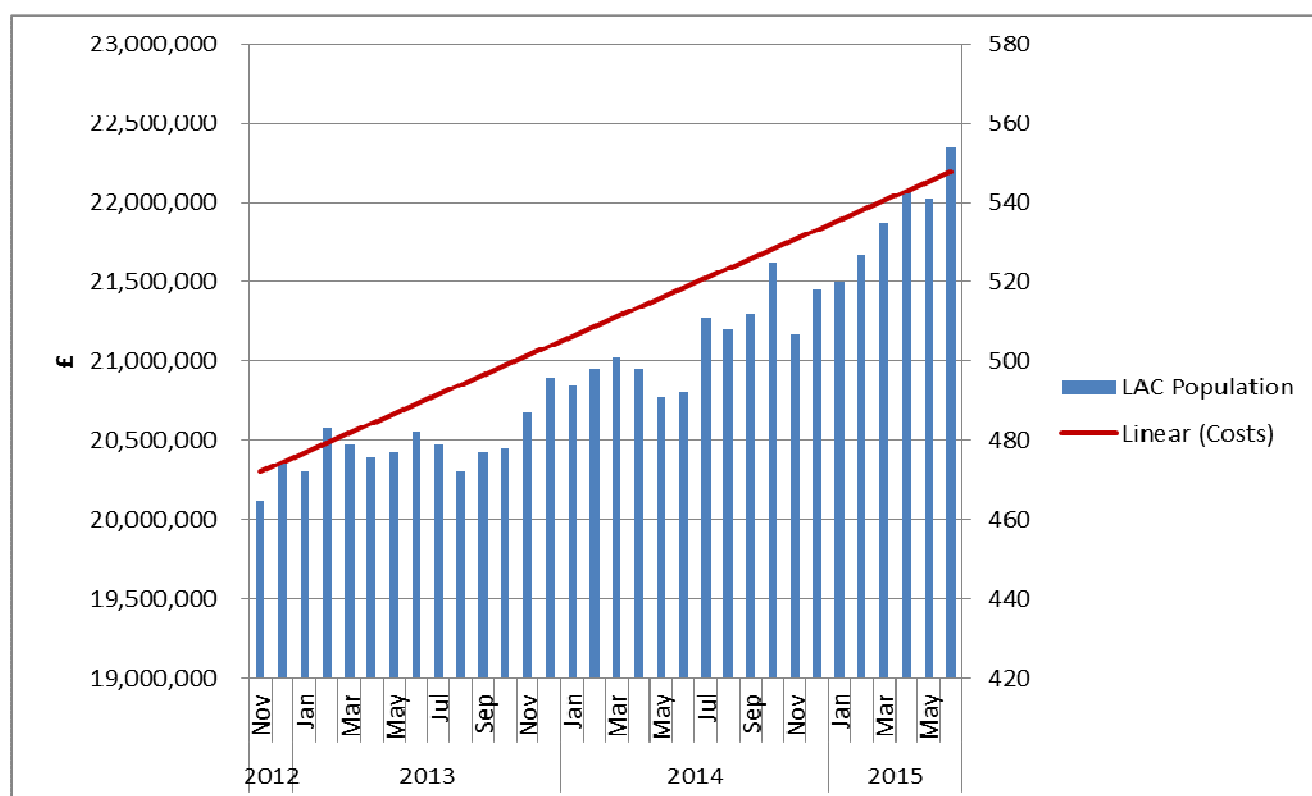
For children at risk of harm, achieving this vision means working to help families address their problems and to find alternatives to care wherever possible. The network of support for children and families will include schools, emergency services, health partners, community groups and families working together to make plans that keep children safe and independent.

This Strategy sets out in detail how we will support families to stay together in the interests of children and how we will provide cost effective care when children cannot live safely with their families.

CHILDREN IN CARE 2015 TO 2021

The starting point is the upward trend which has seen the number of children in care increasing since the end of 2013 and spend on care arrangements rising alongside. This is shown below.

CHART 1: THE TOTAL NUMBER OF CHILDREN IN CARE AND COSTS IN CAMBRIDGESHIRE 2012-2015



This increase has been from a historically low rate of children in care in Cambridgeshire compared to other local authority areas but nevertheless our ambition is to reduce numbers by increasing the effectiveness of our work with families and partners. The ambition of the Strategy is to reduce the rate of children per 10,000 to 29.3 by 2021, which would be one of the lowest rates of any authority in the UK achieved currently.

The reasons why children become looked after and why numbers are increasing have been considered. Analysis of the risk factors in the cases of children becoming looked after shows the most prevalent issues are

- Mental Health Needs amongst parents/carers
- Neglect
- Domestic Abuse in household
- Emotional Abuse
- Drug Misuse by Parents
- Alcohol Misuse by Parents
- Homeless 16+ young people

In particular the combination of substance misuse, mental health concerns and domestic violence are recognised as the key issues for focus in work across the safeguarding system to ensure children do not become looked after and remain in their families. These are by far the most common factors contributing to the abuse and neglect of children and amongst the most difficult to resolve. If not tackled successfully, children in families where there is substance misuse, mental health concerns and /or domestic violence will be at a greater risk of becoming looked after.

Demographic increases in demand, particularly due to Cambridgeshire's population rising more sharply than the national average, will result from the growth in the 0-18 population which increases by around 3,000 per year. More recently increases have stemmed from rising numbers of unaccompanied asylum seeker children and it is anticipated that unaccompanied asylum seeker children will continue to be seen in higher numbers in future.

As well as reducing numbers, the Strategy sets an expectation that the cost of the care provided for looked after children decreases over time. This will be achieved by changing the mix of placements we make, exploring new models and continuing to drive lower costs through effective commissioning and contracting practice. Cambridgeshire has previously had a higher number of out of county and external placements compared to other authorities as a result of a higher proportionate usage of residential and independent fostering care. The actions in this strategy will move us to a position in line with or below the average for local authorities with more in-house provision.

Recent trends in the numbers of children coming into care in Cambridgeshire mean that the current level is simply not affordable within the resources available to the County Council. The cost for care is unsustainable within the allocated budget and needs to be reduced. The strategy therefore establishes a plan to change these trends and reduce the number of children in care to 453 from 577 (as of November 2015) over the next five years. This includes the target of reducing the number of LAC to 535 by April 2016.

In order to achieve this, we will need to continue to support and develop a workforce that is able to manage risk confidently, broker solutions within families and the wider community; strengthen bonds with schools to ensure we are working together to identify issues and risk at the earliest opportunity and promote resilience and creativity to deliver flexible solutions and alternatives to children becoming looked after.

The table and charts below show how the LAC budget is being modelled for the duration of the business plan (2015-21) based on the delivery of this strategy. This represents an extremely ambitious plan for services and partners in Cambridgeshire. The rest of the strategy sets out in more detail the work streams and proposals being taken forward to deliver it.

CHART 2: TARGET LAC POPULATION

By 2021 the target LAC population is 453. This is an overall reduction of 20.67%, from the 31st October 2015 actual LAC population of 571, and a 15.33% reduction from the target LAC population of 535 (shown below):

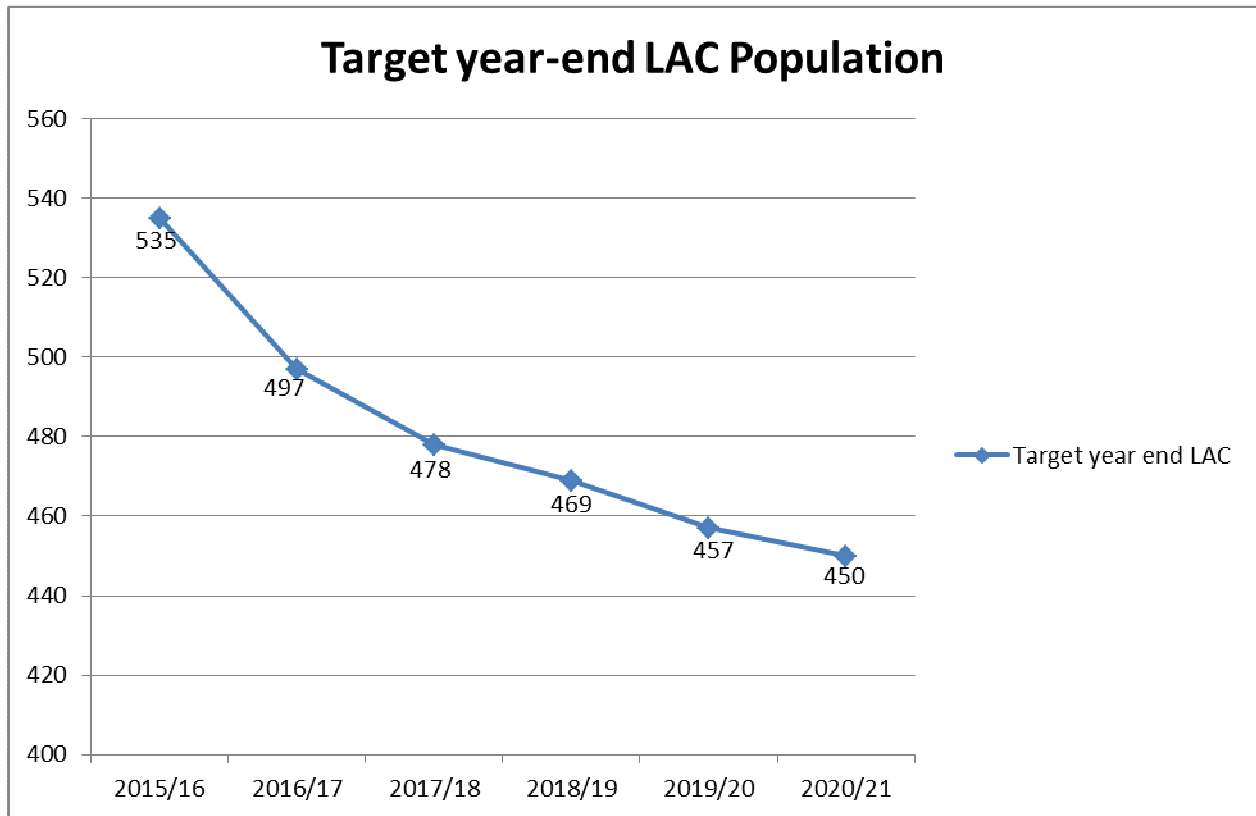


CHART 3: LAC BUDGET MODEL 2015-2021

The chart below shows the total number of services users and the associated budget requirement for each type of placement between 2015 and 2021.

By 2021 there will be less reliance on external and out of county placements including residential. In house fostering placements will account for 54% of placements (currently 27%) and independent fostering will reduce from 47% to 19%. These changes, combined with an overall reduction in numbers will enable a budget reduction of £6.3m, excluding demography.

	2015/16		2016/17		2017/18		2018/19		2019/20		2020/21	
	Number of service users	Total budget requirement	Number of service users	Total budget requirement	Number of service users	Total budget requirement	Number of service users	Total budget requirement	Number of service users	Total budget requirement	Number of service users	Total budget requirement
Residential - disability	2.91	325,189	2.73	305,788	2.15	240,709	1.67	186,986	1.63	182,837	1.60	179,117
Residential schools	10.65	1,091,641	8.24	675,086	6.88	563,707	5.01	410,528	4.08	334,516	4.00	327,710
Residential homes	26.15	3,885,952	22.77	3,137,732	18.50	2,548,986	16.71	2,302,434	14.09	1,941,788	13.00	1,792,002
Independent fostering	227.62	9,261,503	154.99	6,165,687	126.24	5,021,861	94.20	3,747,451	78.54	3,124,330	61.46	2,444,975
Supported Accommodation 16+	26.15	1,542,871	19.24	1,135,227	17.21	1,015,156	12.53	739,303	12.25	722,899	12.00	708,191
In house fostering	9.69	178,264	6.41	85,051	6.06	80,341	5.88	78,012	5.75	76,281	5.64	74,729
Kinship	129.79	2,553,817	186.72	3,673,862	198.96	3,914,748	221.39	4,356,084	224.64	4,420,165	232.08	4,566,424
In house residential	36.81	391,128	35.29	375,051	35.49	377,134	41.77	443,885	49.01	520,843	52.02	552,766
Concurrent adoption	9.69	1,586,322	13.50	1,586,322	13.50	1,586,322	13.50	1,586,322	13.50	1,586,322	13.50	1,586,322
TOTAL	8.72	158,656	5.50	100,061	5.19	94,518	5.04	91,779	4.93	89,743	4.83	87,917
	488.17	20,975,342	455.40	17,239,868	430.18	15,443,482	417.71	13,942,786	408.44	12,999,724	400.13	12,320,154

Note 1: The placements identified in the budget model represent 88.28% of the LAC population. The remainder of the population includes staying put and unaccompanied asylum seeking children.

Note 2: The number of service users is an average over the full financial year, therefore taking account of the length of time young people are in placement. It is not a number of placements at a given time, hence they are not always whole numbers. For example, in 2016/17 the target yearly average for in-house residential is 13.5. If the average length of stay is 6 months, i.e. 0.5 of a full financial year, the target number of young people placed would be 27.

Note 3: The percentage reduction in the LAC population is different to the percentage reduction in the total budget requirement. This is because the reduction in budget requirement is a combination of a reduced LAC population and a change in placement composition.

Note 4: The target for in-house residential includes Hawthorns, Victoria Road and London Road

Reducing the Risk and Building Resilience

We want children to live with their families within strong and inclusive networks of support. We will support children and their families who need our help with a Think Family approach.

By 2020, all our work will start from an understanding of a child and family's needs and the support available from their friends, family and community. This builds on current work. We will coordinate support when not available from families and the wider community, to improve outcomes and to reduce cost whilst keeping children safe.

We will do all we can to prevent people needing our services. We will build strength and capacity within people's relationships and the networks available to them so that they can meet their own needs and therefore are better able to look after their children. We will proactively identify those who need specific additional support to address problems to reduce their impact and/or to prevent them from getting worse. Where people do need our services, we will identify what we might need to do, or commission earlier to reduce longer term, high cost intervention that could otherwise be needed over the course of a life time.

We will ensure that we reduce the number of children requiring statutory child protection services by providing early intervention targeted support . Where intervention is necessary we will work closely with the family, their family group and community to support them to make changes to their lives and improve the outcomes for their children.

Where this is not possible and children need to come in to our care we will ensure that the placement available meets the specific needs of each child focusing on family settings and maintaining their education placement to ensure stability in a time of change. We will also make our budget available more flexibly to resource different care plans, not only providing traditional placements.

Our vision is that:

Families receive support to help them stay together wherever possible. Our support builds on the strengths of families and clearly addresses the risks to children so that plans succeed and children do not need to come into care.

Where children and young people do come into care they have good educational and care placements primarily in a family setting and that their care pathway ensures that they are looked after for the shortest period of time.

Outcomes

This strategy covers five key outcomes, these are;

- 1. Families are supported to stay together**
- 2. Risk is managed confidently and intensive support is provided for families at the edge of care**
- 3. Children remain in education**
- 4. Placements for children in care are in county and with a family**
- 5. Children are moved through the care system in a timely way**

The strategy sets out “what will be different” and details what “we will commission”. Some of these areas of work and activities are already taking place. It therefore reflects both new and existing activity. Activities that are already taking place are listed under “what will be different” because greater emphasis is being placed on them and their focus or the way they interact with other activities is different. Details of how we will complete the changes set out in the strategy are described in the action plan at appendix 2. The numbers listed under the “we will commission” section correspond with those in the action plan.

Outcome 1: Families are supported to stay together

We know that children's needs are best served in a family. Very occasionally it is not possible for this to be within their own family. Helping families stay together and able to look after their children must therefore be a key focus for us and it begins with early identification of need and effective early intervention. Preventative and early support services can reduce the number of children and young people reaching the need for statutory and specialist services and the threshold for care and needing to become looked after.

Cambridgeshire's Early Help Strategy promotes a whole family approach by services. This will support outcomes for the whole family. The aim is for children, parents and carers to remain together as a family with cohesive and coordinated plans which are led by the lead professionals. This approach ensures that children at risk of becoming looked after are targeted and that there is focused work with these families.

The Together for Families Project is responding to the new requirements of Phase II of the national Troubled Families initiative and broader issues by taking a 'Think Family' approach towards the complex and often inter-related problems of the whole family, ensuring that a single family plan (Family CAF) is developed across all services and coordinated by a lead professional. Additional investment has been used to develop new ways of working across County and District Councils, the Police, Job Centre Plus, health services and voluntary and community groups. The think family approach will mean that it is more likely that problems are identified earlier and a comprehensive plan developed to respond to these which will prevent escalation to social care and LAC.

What will be different

- We will support public and voluntary sector organisations to work with families where children are at risk, ensuring that risk is safely managed in the community and the number of children becoming looked after is reduced. This will include supporting those parents with their own learning needs.
- There will be coordinated response to substance misuse, mental health issues and domestic violence that will consider the impact on children within families where this is occurring.
- We will prioritise and work to build the parenting capacity of families with additional vulnerabilities and break intergenerational cycles of need through timely interventions /support for the family. Focusing on early years and families with a disabled child through the family CAF and lead professional.
- We will develop a website that will signpost parents to advice and guidance to help them with their parenting concerns.
- We will support practitioners by offering a clear pathway for sexual health advice and contraception to support people and families at the right time.
- We will further integrate the offer across services that make a difference to families with children in their early years to prevent escalation of need.

We will commission:

1.1 A partnership of public and voluntary sector organisations supporting early identification of risk

The Council will lead a partnership of public and voluntary sector organisations so that they have a core focus on identifying families where children are at risk as early as possible embedding Think Family Principles into the practice of public sector employees through the Together for Families programme.

The principles of Think Family working are to have:

- 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 –one overarching support plan 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 – all professionals who are involved with any member of the family working together to the support plan with agreed goals
- Limiting transfers that 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

Local services provided by health and the Council will deliver an effective and targeted family work offer to families whose children are at risk – working to manage risk, build strengths and prevent needs escalating so that children can remain safely within their families. Health Visitors will ensure that they are sharing information about risks or concerns they have from one of their 11 statutory visits through the Think Family process. As part of this, all children on the edge of care will have a CAF in place.

1.2-1.4 Support for parents/carers facing mental health difficulties, domestic abuse and substance misuse

Mental health of parents and carers is a key factor in a high proportion of cases where children and young people become looked after. We need to help parents to address and manage their mental health as a central part of our work to keep children safe and keep the family together. We will prioritise and follow up the referral of adults with mental health difficulties to Adult Mental Health Services through an agreed pathway with CPFT when we think that adults are going to meet the threshold for services. We will consider the development and commissioning of direct services for adults whose mental health issues are impairing their parental capacity. These adults may be unlikely to meet the threshold for Adult mental health services although their

mental health issues are likely to be enduring and significantly and adversely affecting their children's lives. Working with a better understanding of parental mental health and having a clear service response will enable us to reduce the likelihood of care entry. This service is likely to be home based, short term and targeted with the use of evidence based interventions overseen and supervised by a Clinical Psychologist. A service specification will be delivered by early 2016.

The Cambridgeshire Domestic Abuse Strategy drives our multi-agency Domestic Abuse Partnership ensuring effective victim support. This will successfully 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. We will implement the domestic violence offer. We will stratify the CFA workforce according to the training levels of the offer and incorporate the LCSB training also. We will review the numbers that have been trained and at what level and agree to train 95% of the CFA workforce according to the training offer and level required for this role by December 2016. We will use case audits as a performance tool to evaluate consistency and the assessment of risk. The audit findings will be taken to a wider audience than before so that the practice lessons can be learned by front line practitioners who should be competent and confident in dealing with domestic violence cases. The service offer for perpetrators and those at highest risk will continue to be reviewed.

The Cambridgeshire Drug and Alcohol Action Team (DAAT) works with families affected by substance misuse, ensuring safeguarding of children affected. We will ensure that the Inclusion Service works with those affected as part of a team around the family, acting before the point of crisis by further developing the relationship between substance misuse teams and children's social care services. Recent work on parental substance misuse will be developed into an action plan across CFA services. The legacy of the Children's Link worker project, with the Inclusion Substance Misuse Service, will be built upon so that the contracted services have a strong focus both on safeguarding those at risk and on seeking opportunities for early prevention work in support of families with Locality Teams in particular. Audit and case inspection will remain part of performance management and both for CFA and for Inclusion. The Drug and Alcohol Commissioning Group will have oversight of this work together with a new parental substance misuse group yet to be constituted.

1.5-1.6 Services that prioritise and work to build the parenting capacity of families

The Council will continue to offer families a range of parenting support courses for all ages of children including those with SEND. These courses help families to talk to each other and avoid conflicts and problems with relationships. They support parents to understand their children's feelings and behaviour and improve communication. The courses form part of our preventative approach in stopping families reaching crisis point and thereby needing to involve intensive statutory services.

We will commission training to ensure that the workforce is mindful of parenting capacity i.e. that parents and carers understand assessments and plans and the actions they are required to undertake. This will ensure that parents with limited capacity understand clearly what is expected and are supported to implement any changes required in their parenting so they are better able to meet and prioritise their children's needs.

1.7 A new parenting support website

Sometimes parents need extra support to help them when parenting becomes difficult. An accessible website will be developed that answers parent's questions and helps them pro-actively manage their children needs. The site will include information regarding setting boundaries and managing difficult behaviour. This will be a useful tool in enabling practitioners to signpost parents to further comprehensive sources of support. Further details can be found on the council website.

1.8 Adult sexual health and contraception pathways

We will support vulnerable parents with getting the right sexual health advice and contraception at the right time. This will support our strategy to reduce the number of children becoming looked after by reducing pressure on families and young people who experience their own challenges. Lead Officers in Public Health and safeguarding services are working together to develop a pathway and guidance for practitioners.

We have commissioned a new service for mothers who have children taken into care repeatedly as the result of a destructive cycle of behaviour. This work focuses on avoiding repeat removals of babies from birth mothers. The project focuses on intensive support work with identified women; care leavers in particular, who are likely to have their baby removed with the aim of engaging with the woman to see how she can be supported through the difficult period following removal and in an effort to try to prevent a similar pattern presenting in the future. We believe this new model can significantly reduce the number of babies becoming looked after from mothers who are trapped in this cycle.

1.9 Support to children in their Early Years

We will continue to deliver a range of services for 0-5s and their families. Whilst budget limitations will change how we deliver these services we will continue to ensure that they make a difference to families and young children and that we are reaching them and their families as early as possible to prevent escalation later on and to give children the best possible chances.

We will review the system of support, including that available through our partners, for the early years, ensuring that there remains a focus on identifying families who are struggling as quickly as possible and intervening effectively as early as possible.

We will ensure that the family CAF is used to target support from health visitors, children's centre's, early years settings and schools. Services will be mapped so that when difficulties within families are identified by partner

services, who are often the first line of contact with families, they are able to signpost or seek help on their behalf.

We will work with commissioners of Health Visiting to build in opportunities to identify families at risk of LAC through the standard suite of visits undertaken. We will ensure that eligible families take up the offer of free education for two, three and four year olds, and that wider support and intervention with families is planned in an integrated way across services in the early childhood sector to ensure clear pathways and decision making.

Outcome 2: Risk is managed confidently and intensive support is provided for families at the edge of care

For children at the edge of care, i.e. child where there is a high at risk of being looked after, we need to have services which can act quickly and decisively in response to family crises and to prevent children coming into the care system.

This means being able to manage risk confidently, offering effective support and interventions and identifying alternatives to care wherever they exist.

We need to ensure our services meet the needs of families and children who are at risk of coming in to care to enable us to reduce the LAC population in the coming years. We are developing new services and investing in existing services such as 'Alternatives to Care' to meet the needs of these families to ensure a balanced approach is taken to risk whilst giving families the opportunity to develop their strengths within a supported framework.

What will be different

- We will offer a clear framework of services to those children who are on the edge of care.
- Services will focus on working with and for families to achieve the best long-term outcomes for children and young people. Our work will be systemic, reflective and based on families' strengths and aim to keep families together wherever this is in the best interests of children.
- We will broker family solutions wherever possible – ensuring that we have always fully explored the potential for children to remain at home or to be placed with kinship carers before considering permanency within care. We will respond quickly and effectively to crises - undertaking intensive work with families to identify alternatives to care.
- Improved pathway for 16+ young people to prevent them becoming Looked After
- We will monitor and review new initiatives such as 'Alternatives to Care' and the 'Space' project.

We will commission:

2.1 A clear framework of Specialist and Edge of Care Services

In order to respond quickly and effectively to crises we will develop a framework that will set out the range of specialist services covering different types of need and risks, avoiding duplication. This will set out clear referral processes and monitoring and evaluation of impact. In some cases, service specifications will be re-set and re-drafted and the point at which each service is able to intervene will be re-defined.

We will ensure that all specialist services are well defined so that it is clear what each will deliver, for whom and how. When referrals need to be made, clear guidance will support staff to ensure that they are made quickly and to the correct service. Staff will receive additional training to support them in their decision making. We will develop a system whereby referrals to specialist services will be approved by a single point of contact to ensure that each service receives the right case at the right time. This will enable practitioners to have a clear process to ensure that children and families receive the right support and the right time both in a time of crisis and to prevent crisis.

All services will be monitored and tracked, and we will develop a single database so that what works best for who in reducing LAC numbers can be evidenced and used to inform future commissioning intentions.

The newly formed Alternatives to Care team, whilst still embedding, will be evaluated to ensure it meets its objectives to improve outcomes for children and families and achieve reductions in 11-18 year olds becoming LAC.

2.2 Services which work with and for families to achieve the best long-term outcomes for children and young people

We will develop a dedicated response to support children and young people remaining at home. Our Family Intervention Partnership service will, alongside the wider partnership priorities, focus on working with families whose children, due to a multiplicity of issues in their lives, are at risk of coming into care. Locality Teams will continue to support families and young people who may be on the trajectory towards care, and we shall seek to increase access to specialist services, such as SFSS, at an earlier stage for families who would benefit. The system of intensive family-focussed services in Cambridgeshire, (Multi-systemic therapy, Specialist Family Support, Alternatives to Care) will be commissioned to target families with children at the edge of care.

2.3 Services to broker family solutions wherever possible

It is best for children if they can live within their own families or wider kinship groups wherever this is safe. We must therefore ensure that we have always supported families to find solutions to their own problems and fully explored all alternatives to care before moving children into care and long-term placements. We will use Family Group principles, i.e. seeking solutions from within the family by identifying protective factors and the strengths within the wider family, in our work with engaging wider family members. This could include short break opportunities to provide respite on a regular basis to prevent family breakdown.

The social work units and early help services will work to engage wider family members as fully as possible and as early as possible in resolving family difficulties. Social work units will continue to use Child Arrangement Orders or Special Guardianship Orders (SGO) to secure different care arrangements within wider families where appropriate, in preference to seeking full care arrangements. We will also involve wider family members in child protection plans and Public Law Outline (PLO) processes to ensure they support resolving the risks and avoid the need to move to care proceedings.

2.4 Improved pathway for 16+ to prevent them becoming Looked After

The increase in the number of 16+ children becoming LAC needs further analysis to identify the core issue. A consistent approach to the Southwark judgement¹ is required so that we are clear who we need to look after and which young people should remain the responsibility of the District Housing Departments. Both the Judgement and the Guidance emphasise the continuing duty of housing and children's services to collaborate in the discharge of their duties to children and young people. Wherever possible all agencies, whether voluntary or statutory, need to assist these young people to remain living at home with their parents or to return home if it is safe to do so.

This will be being led by Children's Social Care Units. Close working relationship with District Housing Providers is being maintained and improved to ensure that needs of 16 year olds are met appropriately.

Children Social Care Units and Locality Teams are working to ensure a consistent message to parents and young people with regard to appropriate support.

2.5 Monitor and review of the newly implemented services "Alternatives to Care" and the "Space" project.

These newly formed services (2015) will need to be closely monitored for their effectiveness and in the case of the Alternatives to Care service, expansion will be considered to enable the service to reach a wider number of children and young people.

Outcome 3: Children access and remain in education

Schools and other education settings play a vital role in preventing problems for children and families from escalating. The ability of schools to engage children in education is a proven positive influence on family situations, as is the work that schools do directly with parents and the services supporting them. Conversely, being out of school is very often a trigger for the escalation of behavioural, social and emotional problems which can quickly impact on home life and the ability of families to cope.

¹ Further information regarding the Southwark Judgement can be found in s.1.5 of the Council's 'Protocol for the assessment of 16/17 year olds and Care Leavers', available on the Council's website.

Keeping children in school, maintaining their education and ensuring children are engaged and learning through high-quality teaching and learning are, therefore, important elements of our strategy.

What will be different

- Children at risk will continue to be monitored for attendance to ensure they are engaged in learning on a full time basis thus reducing pressure on vulnerable families.
- We will formalise the way in which schools work alongside social care and early help teams to identify early, and manage risk, to support families when children are vulnerable to harm by engaging and supporting children to attend school/education. This will be delivered through a protocol.
- Education provision will remain a stable factor during the times of crises – including when families are at risk of breaking up, during transitions into care or during moves between care placements, ensuring services involved understand their role and pathways to support if issues arise.
- Care leavers, children in care and children in need are supported to gain the qualifications, skills and confidence to succeed in adulthood and gain employment.

We will commission:

3.1 Analysis of patterns of attendance and absence

We will explore how to monitor the attendance of vulnerable children in schools and ensure that attendance is monitored through the child protection and CIN planning process. We will continue to support schools so that they understand the importance of monitoring the attendance of their most vulnerable pupils.

The Education Support for Looked After Children (ESLAC) Team will provide more support to schools to monitor the attendance of individual LAC children, working together to identify issues within families early on. This work will include the role of Education Welfare Officers and their relationships with schools to help children remain in school.

3.2 Support within Localities for the early identification of risk

Schools will work alongside early help teams within the framework of Think Family to identify and manage risk. Through Locality Allocation and Referral Meetings (LARMS) we will support families when children are vulnerable to harm by engaging and supporting children to attend school/education.

3.3 Services that support the stability of educational placements

We will ensure that wherever possible, school placements will be maintained. This may require the local authority making arrangements for transport to and from school, be that through relatives, friends or other community services. We will ensure that our services help schools to focus on the needs of these children at such times of crisis.

3.4 Support for care leavers

ESLAC will support and challenge pupils as they progress from year 11 into post 16. ESLAC will provide support and advise on placements, options and be available at 'results time' in the summer to support transition of LAC children into Post 16/FE and be a point of contact for young people if they experience difficulties at a new setting, course option etc.

ESLAC will focus on those who are 'Not in Education, Employment or Training' (NEET) or potentially NEET. Data will be reviewed on a regular basis and links with locality teams, 18-25 team and other support networks will be developed. ESLAC will develop a 'Personal Education Plan' (PEP) which better links to the Pathway Plan to coordinate the support provided for young people

Outcome 4: Placements for children in care are in county and with a family

For children and young people in care we need to make sure we have a sufficient and diverse range of placements, available locally, which promote positive experiences for all children in care, whatever their needs. We will explore new and creative solutions, especially for children and young people where the traditional options of fostering or residential care will not lead to good outcomes.

These placements and support arrangements will include an appropriate education setting which ensures that becoming Looked After does not lead to a break in their learning. This may mean maintaining the child's current school placement even if that requires travel. We need to recognise the relationship between placements and school for children in care where a breakdown of a school/education provision is often a trigger for the breakdown of their placement. Similarly, problems at home often manifest themselves at school through behaviours.

What will be different

- A greater focus on children being placed, wherever possible, with their own families or with kinship carers wherever this is safe. All children coming into care who will not return home and who could be adopted are adopted.
- We will secure sufficient foster care placements in Cambridgeshire to meet the needs of all.
- We will review our high cost out of authority placements on a regular basis and look to return children to in-house provision wherever possible. We will aim to deliver placements within 20 miles of home and community (unless deliberately at a distance for safety reasons) and in Cambridgeshire.
- Care placements and arrangements will include education provision which helps children in care access their educational entitlement.
- A dedicated pathway will be made available for unaccompanied asylum seeking young people – to develop an alternative to the use of in house fostering.

We will commission:

4.1 Family-based care by designing creative care plans to reduce the need for costly placements

Children do best when living in families and so our strategy centres on supporting children to live at home, with kinship carers or, where this is not possible, with foster carers. Although some placements in residential settings will be required we will commission significantly fewer in future so that the vast majority of care arrangements are family-based.

To support this aspiration we will use our care budget for looked after children more flexibly to fund different types of support. This will help us to keep more children at home and help us design care creative plans which avoid the need for the highest cost residential placements. This might include daily support for a family to ensure good routines around meals and bedtime for example. Additional therapy for the child and family or respite care could also be made available.

Where family based care is not possible and the child is not expected to return home or to friends or extended family, we will explore adoption as soon as possible to limit the length of time that the child remains in care.

4.2 Increased numbers of In House Fostering Placements

We will increase the number of available care placements with the In-House Fostering Service. Previously the majority of fostering placements have been with independent providers which are far more costly and so by increasing capacity in our in-house provision we can make care arrangements at a much reduced cost. The service will increase capacity by 86 placements to 216 on average by 2020/21.

This step-change in the capacity will be achieved through a new recruitment and retention strategy, much enhanced marketing and communication, reviewed assessment processes, and continuing to review our pay, reward and support offers to foster carers. The service will work to specifically address identified gaps in in-house provision for harder to place children such as sibling groups and those with more significant behaviour difficulties.

4.3-4.4 Placements at the lowest cost possible

We will continue to drive down the cost of the most expensive care arrangements for children with the most complex needs. The Access to Resources Team (ART) will weekly review the top 50 high cost placements to ensure the placement is still appropriate for the young person and attaining best value for money. We will investigate what it is that could have been done to prevent the young person from entering the high cost placement and what we would need to do differently to enable the young person to enter in to an in-house or in-county placement. This regular analysis will continue to drive an overall reduction in the weekly cost for the highest cost placements.

We will challenge providers where they request high levels of staffing to reduce risk. Reducing staffing levels through confident and shared risk management

with providers and with support to implement effective behaviour management strategies, will improve the experience for the child/young person - and staff. It will also help young people with their preparation for greater independence and is likely to result in lower placement costs.

The average cost of an independent fostering agency placement continues to decrease and compares well with national averages. We will continue to be part of the Eastern Region Fostering Contract. This has improved price, capacity and the availability of IFA placements in county. We will continue to work with independent providers to develop innovative and cost effective provision to meet identified needs within our budgetary constraints and will commission a Behaviour Specialist to work across all settings and providers.

We will commission to reduce very high cost, out of county placements. We will develop a business case for co-located school/residential facilities within the new communities or aligned to an existing special school. We will further develop the supported living opportunities available to young people in county.

4.5 Care placements with educational arrangements

We will ensure that children in care have access to their educational entitlement. Services will coordinate the planning for children coming in to care so that a suitable educational placement forms part of that plan.

We will commission placements where appropriate with private and state boarding schools to provide educational placements to children and young people in care. A placement at a boarding school can offer some children an opportunity to remain with the family but is a long term commitment, although one which is usually lower cost than any other type of placement.

4.6 A dedicated emergency pathway for unaccompanied asylum seeking young people

We will develop a dedicated emergency pathway to ensure these young people are assessed quickly and that we can make suitable care arrangements which are appropriate, cost effective and available at short notice. We will ensure that placements do not prevent access to our most cost-effective, long term fostering placements by using short term IFAs. Where long term provision is required by these children, in-house provision will continue to be offered as the preferred option.

Outcome 5: Children are moved through the care system in a timely way

For children and young people in care, having a clear plan is essential. A good plan ensures that children come into and exit care at the right times and that throughout they have the security and confidence of knowing what the future holds. We need to ensure that children do not 'drift' through care, but have clearly-planned journeys which allow them to be reunited with family and friends where possible, have stable placements with alternative carers and exit the care system positively at whatever age this happens.

What will be different

- We will ensure that children can return home to their families as quickly as possible supported by effective support services.
- Where reunification is not possible, children will move through to adoption quickly, where appropriate.
- We will review our policy and practice for the allocation of allowances to adopters and guardians taking on responsibility for children who have been in care.
- Services to ensure young people can participate in the 'Staying Put' scheme so that they can gain the necessary skills to live independently and transition into adulthood.

We will commission:

5.1 Improved reunification pathways

We are commissioning coherent reunification services that will lead to better and speedier permanence outcomes through a stable return home to parents.

The key is having the right professionals involved at the right time for however long is required to safely maintain the child with their parents. For some families this could be for a long time and does not necessarily require the specialist social work intervention but those from both targeted and universal services. This work will ensure that reunification is considered as soon as the child becomes Looked After.

5.2 Services which ensure adoption is quick where appropriate

The structural changes that were made in Cambridgeshire in early 2014 with the advent of Coram Cambridgeshire Adoption (CCA) are supporting the systems in place for early and quick permanence planning. Within CCA the mechanisms for the early identification of adopters support in house matches for children with complex needs. This is evidenced in the reduction since CCA establishment of our use of other LA or other VAA placements.

The concurrency protocol and processes went live in Cambridgeshire in September 2013 and will continue to be promoted where suitable as a means of moving children through the system more swiftly.

We will track cases where an original adoption plan resulted in an alternative care order being made. This analysis will help us to understand why adoption orders are not being granted and support discussions with the court.

There are plans to design a new adoption agency for children in the Central Eastern Region of England. The children's charity Coram, together with six local authorities including Cambridgeshire, and two voluntary adoption agencies, have been successful in their bid to the Government to explore the

creation of a regional adoption agency to serve over 230 children requiring adoption.

The intention behind a regional adoption agency is to bring together adoption services in local authorities to offer more efficient, combined services. This in turn will enable resources and skills to be shared amongst the local authority and voluntary adoption agency partners on a larger scale than before, give children and their social workers immediate access to an increased pool of adopters and the ability to develop wider support services including specialist therapies.

5.3 Cost-effective adoption and special guardianship order arrangements

Adoption and special guardianship order (SGO) allowances are paid to adopters and guardians under certain circumstances, in particular where an adoption of SGO might not otherwise proceed, or for managing the higher than normal costs of caring for a sibling group or child with special needs. We will ensure we are only making financial allocations of the amount and duration to ensure the sustainability of the care, rather than a standard and permanent entitlement for all such carers.

5.4 Participate in Adoption Cost Calculator study supported by DfE

We will participate in the adoption cost calculator study being undertaken by the Centre for Child and Family Research at Loughborough University and funded by the DfE. The purpose of the study is to enable us to calculate short, medium and long term care costs for each child, for groups of children, or for the population of Looked After Children. The calculator uses the unit costs of social work activities as the basis of building up costs over time for placements and part placements. It is hoped that this work will make it possible for us to explore the costs of the adoption process in Cambridgeshire.

5.5 Improved transitions to adulthood

We have successfully established the staying put scheme and will continue to promote this provision for young people who are 16+ and require this support into adulthood.

Through the preparing for adulthood work we will continue to improve the transition of young people with disabilities moving in to adulthood. The Education, Health, Care Plan will support the coordination of services in identifying young peoples and their families wishes for the future, and help them shape these in to realistic plans.

We will ensure that effective pathway plans are in place before the age of 16 years for those young people who will be leaving the care system. We will monitor that this takes place in a timely way for each young person through the statutory review process.

Sufficiency Statement

The Looked After Children Sufficiency Statement forms a key strand of work under our Commissioning Strategy, which describes the placements we want to provide and commission for our Looked After Children and focuses on how we will develop our current arrangements to improve the lives of the children in our care. Its scope is not restricted to just making good quality placements, the intention is to bring together the range of activity across Children's Services at all stages of the care journey, including a clear focus on supporting families to stay together, wherever it is safe to do so, and minimising the need for children to become looked after.

The statement provides further detail regarding the Looked After Child population, the views of children and information regarding current placement provision and mix. The statement is updated annually and is available to the public via the council's website.

Ensuring the Strategy is implemented

The LAC Commissioning Board acts as a strategic board for the LAC Commissioning Strategy. This group will have overall responsibility for the oversight of the Strategy and associated action plan and specifically will:

- Act to ensure quality care and the best possible life outcomes for looked after children.
- Ensure consistency and shared accountability for the delivery of the Strategy's objectives
- Commission and have oversight of workstreams – reviewing briefs and business cases and agreeing work required
- Monitor progress – through reviewing the action plan and exception reports, providing appropriate challenge to ensure actions are delivered in a timely way and the outcomes for LAC improved
- Monitor the financial model and budget picture to ensure the workstreams within the strategy are on track to deliver the required savings
- Consider and address exceptions, risks and issues as they are reported upward by the Project Manager, escalating when required
- Share information between different strategy workstreams and ensure that all dependencies are identified and managed
- Share information across the directorate's as appropriate and board members will take responsibility for bringing issues within their relevant area to the Board's attention and cascade information appropriately through their directorates.

APPENDIX 1

Achievements since the 2011 Strategy

Families are supported to stay together and build resilience

- ◆ Established a new Family Worker
- ◆ Developed the Family Intervention Partnership (FIP) with additional expansion in light of the launch of Together for Families (TFF)
- ◆ Increased evidence based practice through commissioning a range of new parenting courses
- ◆ Successfully piloted E-CAF as part of the Team Around the Family (TAF) work. Profile of initiators of CAF is changing as hoped- greater numbers initiated by early years, primary schools and health staff.
- ◆ The work around the Lead Professional role and the Budget Holding Lead Professional (BHLP) project have provided a strong foundation for the TFF work to build upon
- ◆ Agreed a single, evidence-based approach to behaviour management for all. Phase I of the TFF programme has been completed with 805 families successfully turned around. A cost benefit analysis of 25% of the cohort was undertaken and it was found that for every £1 spent there was £3 costs avoided to the public purse

Risk is managed confidently and support provided at the edge of care

- ◆ Social Work- Working for Families Unit Model: 46 units rolled out across the County.
- ◆ Established a MST Problematic Sexualised Behaviour Programme (MST-PSB)
- ◆ Confirmed our policy and practice to support young people aged 16+ presenting as homeless
- ◆ Family Group Meeting (FGM) service established: engaging the wider family at an earlier stage
- ◆ Introduction of the Specialist Family Support Service (SFSS) to work with those families considered to be on the “edge of care” and help them to stay together wherever possible and safe to do so.
- ◆ Alternatives to Care (AtC) Team established comprising 3 teams working across the County to prevent 11-18 year olds entering care.

Children remain in education

- ◆ Piloted a more active management of the transitions process between primary and secondary school to support vulnerable children
- ◆ Risk of Non Participation Indicator (RONI) in use in locality teams and schools to help us target our support to young people at risk of becoming NEET
- ◆ Training opportunities for schools and other key stakeholders have been delivered.
- ◆ Development of improved communication including a website for advice and guidance for all stakeholders.
- ◆ Developed a new PEP to provide better focus on learning and progress and so improve links for transition and further education. All PEPs now include information of the spending of the PP+ money and the impact this has had.
- ◆ Auditing of the PEPs, meetings and information sharing of the ESLAC team means that all pupils are able to receive a good quality assured service.
- ◆ Employed an Early Years teacher to support the earliest stages of education, linking to the EYPP+ and the Early Years team. This will support improved transition into school and may result in a narrowing of gaps in early learning such as phonics.

- ◆ The ESLAC team have developed a protocol for SEND pupils both within the disability team and START teams to provide a more consistent and clearer strategy for the education and continuing education of pupils in this sphere.
- ◆ Clearer mapping of progress data to monitor needs of pupils and provide intervention strategies asap to retain engagement in education.
- ◆ Developed close links with the inclusion manager, attendance manager and alternative provision manager to monitor and support individual pupils and identify emerging themes.

Quality care is provided for all Looked After Children, at the right place, right time, right cost

- ◆ Improved the way that we contract and procure high quality placements
- ◆ Range of measures introduced with the aim of increasing our in house foster carer numbers: examples include the recruitment of a Fostering & Adoption Marketing Manager, development of a recruitment and retention strategy for foster carers and becoming a Foster Friendly Authority
- ◆ Re-launched the LAC Psychology Service within the new Social Care Unit Model structure
- ◆ Established an Education Disruption Fund for children coming into care or moving placement
- ◆ Developed the 16+ Supported Accommodation Strategy to provide an increased portfolio of options for independent or semi-independent living.
- ◆ Developed a LAC Sufficiency Statement which sets out how we provide sufficient and suitable accommodation for all Looked After Children.
- ◆ Completed Children's Residential Care Review – This consisted of three strands of work including re-tendering of the London Road/ Short breaks provision, new specification for in-house residential homes (emergency & short break placements) and increase of in county residential and specialist residential placements.
- ◆ Fostering Review undertaken in 2014 resulted in the development of a specification for delivery of in-house fostering services setting targets for an increase in the number of foster carers.

Children are moved through the care system in a timely way

- ◆ Focused our care and permanency planning processes: e.g. our updated Permanency policy, Permanency Monitoring Group established, our Permanence Unit (Unit 32)
- ◆ Achieved safe exits from care where appropriate among the cohort of 16+ Looked After Children going through "Going Home" Audits: three young people rehabilitated home
- ◆ Introduced concurrent planning into fostering and adoption. Four sets of carers approved and waiting for a placement.
- ◆ Ran three successful "learning from CAM" meetings which took an in-depth look at the history of a case in a multi-agency setting
- ◆ Updated our out of county and emergency placement procedures.
- ◆ Implemented new S.20 and S.31 panels to replace CAM Panel (the weekly meeting that manages thresholds of accommodation, PLO and Proceedings and the allocation of additional resources for placements).

APPENDIX 2

LAC Action Plan

Appended to this strategy is a high-level action plan for delivery of the strategy, covering ongoing workstreams and priorities looking forward. Many of the workstreams have additional detailed project plans behind them and further information about progress can be sought from the CFA Business Improvement & Development Team.

APPENDIX 3

Publications discussing different approaches to reducing the number of children in care

This briefing summarises the key findings of 3 recent publications that discuss different approaches to reducing the number of children in care.

APPENDIX 2. Version 21

DRAFT LAC ACTION PLAN

NOVEMBER 2015-MARCH 2017

Impact Key

Cost = reduction in placement cost
Time = reduction in length of placement
Number = reduction in the number being accommodated

Priority Rating:		RAG
Urgent Priority (work to embed activities to be complete by April 2016)	High	Blue: Complete Green: On track Amber: Slippage or Issues
Development of activities will continue in to next period (Apr 16-Mar 17)	Medium	Red: Significant Risk of Delay

Action Plan contains workstreams that will begin in this period - some may span more than one period and are priority rated accordingly

NO	WORKSTREAM/ ACTIVITY	WORSTREAM DETAILS AND ACTIONS REQUIRED (DELIVERABLES)	TARGET AGE GROUP	LEAD	TARGET END DATE	REVISED END DATE	IMPACT OBJECTIVE	WHAT WILL THE IMPACT BE?	HOW WILL THE IMPACT BE MEASURED?	TARGET SAVING (£K)	TARGET REDUCTION OF 52-WEEK PLACEMENTS	OTHER SUCCESS CRITERIA	PROGRESS TO DATE (from progress report)	Priority Rating	RAG
OUTCOME 1: FAMILIES ARE SUPPORTED TO STAY TOGETHER															
1.1 (page 11)	A higher proportion of children who are referred to CSC to have a Family CAF in place so that no child comes through without one.	1. A higher proportion of children, excluding emergency safeguarding issues and UASC, will have a Family CAF. A % of cases will need to be agreed. 2. Raise awareness through consultation with stakeholders that completion of a Family CAF is required. 3. Review access to services where children do not have a Family CAF and ensure continuous refusal of a CAF by a family is referred to CSC.		L. Lofting/ C. Smith	Jun-16 Mar-16 Jun-16		Number	More children with Family CAFs will result in more early support, and therefore fewer reaching the edge of care and potentially becoming looked after.	Number of CAF's per year overall and % step up to CSC. (to be made available via CSC performance monitoring report).			% proportion to have Family CAF (state tolerance). How will this be measured? Monitoring of refusal	LL/ CS to meet 15.2.16 to agree key deliverables and target dates	Medium	Red
1.2 (page 11-12) work plan drafted	Support for parents/carers with mental health difficulties	1. A Service Specification will be developed with suggested options for delivery. 2. A scoping exercise to determine the level of need to be undertaken; collecting of information re referrals to adult mental health and the outcome (take up or not). 3. An overview of the current adult mental health services with referral thresholds and working practices.		T. Jefford/ B. Squire	May-16 May-16 May-16		Number	Early identification and signposting for parents with mental health difficulties will result in and increase in Family CAF's with services being accessed in a timely manner, and children will be supported to remain within their family unit.	Base line to be agreed and reasons for becoming LAC to be monitored via CSC performance monitoring report.					Medium	Amber
1.3 (page 12)	Domestic Abuse	1. Review 40 cases where children became LAC, to identify learning points with regards to domestic abuse for all relevant organisations. 2. Ensure the Domestic Abuse offer is implemented across Social Care and E&P using audit tools and techniques to judge how this has been embedded into practice. 3. Ensure access to support for those at high risk of harm is timely with cases presented at MARAC within 3 working days and support from IDVAs provided as appropriate. 4. Ensure the E&P and Social Care workforce development plans include expectations set out in the Domestic Abuse Document. 5. Ensure 80% of E&P and Children's Social Care staff are fully compliant with the appropriate workforce development expectations.		T. Jefford / V. Crompton	May-16 Oct-16 Apr-16 Apr-16 Mar-17		Number	Increased workforce knowledge leads to earlier identification and intervention, including Family CAF's and children will be supported to remain within their family unit.	Base line to be agreed and reasons for becoming LAC to be monitored via CSC performance monitoring report.					Medium	Amber
1.4 (page 12)	Improve pathway for Substance Misuse Support (by parents/carers)	1. Review 40 cases where children became LAC, to identify learning points with regards to substance misuse for all relevant organisations. 2. Pilot joint visits between Inclusion and Wisbech Locality Team, with a view to understanding the needs of children within this cohort, not already known to Children's Services. The pilot will run for 6 months and will be fully evaluated. Further action will be dependent on findings. The project will commence in March 2016. Following this provide an evaluation report. 3. Develop a working protocol between Children's Social Care and Inclusion Drug and Alcohol treatment services where parents are misusing substances. 4. Ensure the Children's Social Care and Inclusion protocol is implemented across Social Care and Inclusion using Auditing. 5. Ensure access to Inclusion Services for parents misusing substances is timely with the first treatment intervention received within 3 weeks of referral. 6. Update existing parental substance misuse screening tool 7. Embed the Substance Misuse Screening Tool for use within E&P and Children's Social Care and ensure it is used appropriately. 8. Publish the Parental Substance Misuse expectations for		T. Jefford / V. Crompton	May-16 Nov-16 Feb-17 Oct-16 Ongoing Jan-17 Jan-17 Jan-17		Number	Early identification and signposting for parents with substance misuse issues will result in an increase in Family CAF's with services being accessed in a timely manner, and children will be supported to remain within their family unit.	Base line to be agreed and reasons for becoming LAC to be monitored via CSC performance monitoring report.					Medium	Amber

		9. Ensure the E&P and Social Care workforce development plans include expectations set out in the LSCB Parental Substance Misuse Document.			Apr-16										
		10. Ensure 80% of E7P and Children's Social Care staff are fully compliant with the appropriate workforce development expectations.			Mar-17										
1.5 (page 12)	Review the impact of parenting support courses on LAC and ensure consistency of use and capacity. These courses form part of our preventative approach and we need to ensure that their use is promoted and their effectiveness and impact is monitored.	Children with Disabilities 1. Children's Proactscip Instructors will run 1 more Proactscip training course for parents before April 2016 and schedule and promote 3 more for 2016/17. This provides training on proactive strategies for use with children whose behaviour may be challenging. 2. Instructors will prepare an evaluation report of the 3 courses run to date for joint Children and Adults Proactscip Board In April 2016.		S. MacBean	Apr-16		Number	Accessible parenting programmes and earlier support for parents will prevent escalation of issues, building family resilience and confidence, enabling children to remain in or return to their family unit. Step-downs to Locality team will be supported to ensure a differentiated response. There will be an increasing number of Family CAF's targeting early help to keep family's together.	Attendance at Parenting Programmes will be tracked, and involvements and impact reported on.			To be added once first data available		Medium	Amber
		General Parenting Courses 1. Evidence-based parenting programmes form part of our preventative approach and we will ensure that their use is promoted and their effectiveness and impact is monitored.		J. Sollars	Apr-16										
1.6 (page 12)	Support parents with Learning Disabilities and parenting capacity issues	1. Training for workforce to understand adult learning difficulties and the implications for expectations of parenting capacity. 2. Where parents have been identified as having a learning disability consideration will be given to the best way to communicate with them to ensure children remain at home. 3. Ensure that plans address learning capacity of parents and are written and communicated to ensure parents understand the changes that need to be made to ensure the family stays together. 4. This will be monitored through case audits and through the child in need planning process.		T. Gurney	Mar-16		Number	Workforce has a greater understanding and therefore can produce information and communication more effectively, enabling parents to understand what is required and children to remain at home. Increase in effective Family CAF's for this group.	To be added to CSC performance monitoring report.				LDP/CSC have drafted a joint protocol to safeguard the welfare of children at risk when they are residing with a parent(s) or carer(s) with a learning disability. This protocol covers all key deliverables within this action plan. Sign off from Management teams (LDP/CSC) expected by end March.	Medium	Green
1.7 (page 12) work plan drafted	Parenting support website We will develop an accessible website that answers parent's questions and helps them pro-actively manage their children's needs. The site will include information regarding setting boundaries and managing difficult behaviour. This will be a useful tool in enabling practitioners to signpost parents to further comprehensive sources of support.	1. List of content areas to be produced based on research into the common problems and situations parents need help with. This will develop further from the work underway to understand common needs identified to support 'Early Help' and the ACT. Additional research will be conducted with 'Think Family' workers, and social care staff as well as gaining views directly from parents where possible, based on questions around 'what would have helped you', 'what would you use'. 2. Prioritised list of subject areas to be produced based on research into the information content, resources and applications that can provide support for the questions and situations identified. Research into the materials available, identification of any budget required to pay for subscription services (eg online parenting courses) or 3. Prioritised plan of work agreed and implementation begun to source/secure/develop content making best use of existing trusted sources. Plan will set out expected delivery time for specific content sections etc based on what is agreed overall. 4. Navigation plan of site/web content produced and any work required by others in Digital Strategy Team or LCSS IT team agreed through the Gateway process. 5. Development of any applications or similar, quizzes, online assessments, and things that people can do to encourage their involvement. 6. Develop marketing communications plan to support use of the content by key groups (practitioners, families) 7. Workforce training plan to raise awareness and utilisation of online resources in practice		M. Whitehand	Jun-16		Number	Support for parents, available 24/7, will prevent escalation of issues direct to social care, building family resilience and confidence, enabling children to remain in their family unit and local community and re-direct through a Family CAF. • Support for practitioners in their role – measured by surveys and monitoring of their online activity • Support for the ACT and measurement of their referral to online resources as part of their response to families or practitioners • Use of online materials by the public (we cannot measure who the individuals are) from a baseline position. It will be noted that it is difficult to quantify/attribute change of behaviour to any one thing and particularly information, however it will contribute to overall reductions	Number of hits to website					Medium	Amber
1.8 (page 13)	Adult sexual health and contraception	1. Lead officers in Public Health and safeguarding services will work together to develop a pathway and guidance for practitioners for prioritising adults that require targeted support 2. We will also continue to support adults and young people with a learning disability to access sex and relationship training, education and support.		V. Thomas/ S. MacBean	Jun-16		Number	Education of teenage LAC to prevent pregnancies which are more likely to result in babies being taken into care, linking with the Corporate Parenting Strategy.	Link data to teenage parenting strategy and SPACE project data. Link to IRO spreadsheet.		See Target Reduction in Children in Care		Action updated by VT 11.2.16	Medium	Amber
1.9 (page 13)	Support to children in their early years	1. We will work with commissioners of Health Visiting to consider how Health Visitors will support the strategy by taking opportunities to identify early, through standard interventions, families at risk of LAC. 2. We will ensure that eligible families take up the offer of free education for 2 year olds, and that wider support and intervention with families is planned in an integrated way across services in the early childhood sector so that	0-2 year olds	J. Sollars	Apr-16		Number	Better identification at earlier stage will enable intervention to take place and thereby reduce the numbers of children needing to become LAC later.	Data to be collected will be agreed through the service specification to be drafted by Public Health.					Medium	Green
			2 year olds		Ongoing			Increasing the take up of the 2 year-old offer will reduce pressure on families with struggling	2 year old uptake will be measured via EYF Team data.			Agreed target of 80% Take up	Currently at 83.5% take up for eligible children		

OUTCOME 2: RISK IS MANAGED CONFIDENTLY AND INTENSIVE SUPPORT IS PROVIDED FOR FAMILIES AT THE EDGE OF CARE													-2,100					
2.1 (page 14)	Develop a clear framework of Specialist and Edge of Care services <i>Edge of care is defined where children have been exposed to a range of issues that could result in the need to become Looked After. Early Help Services are pivotal in preventing this escalation (Note 1)</i>	1. Each Specialist Service needs to be within framework that ensures that they contribute a range of options – clearly stating WHAT they deliver and HOW. Services must be focused on clear models or programmes with each action having a goal. 2. Align to Think Family principles and effective interface with Early Help and CSC. All cases need contingency planning to have an 'at hand' plan if risk escalates. 3. Service specifications for AtC and SFSS will be refined to ensure they are complimentary and not duplicating work. 4. Intervention points for each service will need to be revised. 5. Develop clearer guidance around how to refer to each service and what to refer, based on S.Magilton's proposals. 6. Ensure staff receive training on making referrals to specialist services. 7. Develop a database to feed in outcomes of each specialist service to aid monitoring and evidence base. 8. Agree who will monitor specialist services (team or board). 9. Monitoring of the newly formed Alternatives to Care Service.		T. Collins/ R. Wilshire	Mar-16		Number	Targeting resources in a timely way will allow more efficient work with children, reducing the timescales of referrals between services. This will ensure appropriate services are alerted in a timely manner and children will be supported to stay at home and return home.	Each service (MST/ FIP/ AtC/ SFSS/FGC) will produce aligned data and feed in to a central database via the Edge of Care panel meetings.		Impact detailed in 2.5 and 5.1		Family Support Case Management Meetings have been developed. A single plan detailing all services, case examples and referral pathways is being developed.	High	Amber			
					Mar-16													
					Feb-16	Complete							Service specification have now been revised					
					Mar-16													
					Mar-16													
					Jun-16													
					Sep-16								Development of a monitoring database is currently being considered but may result in slippage due to complexity.					
					Feb-16	Complete							COMPLETE (To be monitored by monthly board)					
					Jan-16	Complete							COMPLETE (monthly spreadsheet completed by ATC)					
2.2 (page 15)	Focus of family services on preventing children entering the care system to enable us to offer appropriate services at the appropriate time	1. We will target resources, such as young people's workers, towards families particularly where there are young people aged 8+ who may be on the trajectory towards care. 2. Implement the new role of combined Resource Panel to ensure strengthened thresholds of accommodation. 3. We will explore invest to save options to increase the impact of work on savings by reducing the number of 8+ coming into care.		T. Collins/ J. Gregg	Mar-16		Number	Improved identification and intervention will reduce the number of children who enter care.	CSC Performance Team to provide baseline date and then measure: -number of LAC and of these: -how many were known/ not known prior to becoming LAC. -How many had a CAF -which service referred them in.				To be included in the Family Support Board Meetings detailed in 2.1	High	Amber			
					Mar-16								Majority of work is complete, waiting for exemplar to be completed. Panel will be combined with Creative Care work.					
					Mar-16										Green			
2.3 (page 15)	Work to broker family solutions For all cases on the edge of care we will use family group approaches to explore wider family solutions to ensure a child can remain in their family or extended family. Family workforce will need to be upskilled to use FGC approach.	1. Undertake review of Family Group Conferencing Service and agree options/ funding for future of the service. Develop Transformation Bid proposals to be presented to Directors then CSC MT. 2. Implement proposed option/s		F.Van Den Hout/ Sarah-Jane Smedmore	Mar-16		Number	Identification of family solutions will reduce the number of children who enter care and who have a Family CAF.	Number of cases FGC works with.		Reduction of 30 children expected in first full year		Transformation bid to be submitted. Options appraisal initial draft complete. Once proposed option agreed and invest to save proposal will be considered by Directors and CSC MT. FB/FvdH to meet to discuss 23.2.16. FGC will be moving in to SASU once proposals in place.	High	Green			
					Apr-16										Green			
2.4 (page 15)	Reduce the number of 16+ Looked after children	1. Ensure consistent approach to Southwark judgement by reviewing the protocol to ensure consistency. 2. Regularly meet with District councils to promote keeping 16+ with their families. Voluntary housing agencies will be invited to these meetings to ensure they provide accommodation to young people where needed.		R.Wilshire	Mar-16		Number	Identifying alternatives for those aged 16 and over will reduce the number of 16+ in care, especially those who enter care for less than 3 months.	Data regarding 16+ is already available, this will be monitored.		-279	Reducing 16+ 52-week placements to 6.42, and supported accommodation 52-week placements to 19.24		FB/FvdH to meet 23.2.16 to discuss this action	High	Amber		
2.5 (page 15)	Monitoring of Alternatives to Care (AtC) and Space Project (Avoid repeat removal of babies)	1. AtC service has now had an opportunity to embed - we will now need to review its effectiveness. See action 2.1 (9) above for duplicate action. 2. We will launch Space and monitor its effectiveness - targeted support for women who have have babies removed previously.		A. Jack (AtC); T. Jefford / V. Crompton/A. Warburton (Space)	Jan-16	Complete	Number	AtC - working with those at crisis point to enable children to remain in their family unit Space - working with mothers who have previously had babies removed to break the cycle and reduce the number of babies in care.	AtC produce monitoring data based on KPI's. All specialist service to align information with this data. Quarterly performance reports are also being undertaken. SPACE: This is being developed.			AtC: reduce LAC by 26 50-week placements [25 52-week placements] (working with 60, 43% success)		Monitoring of AtC as per KPI's in service specification is in place and being reported to CSC MT and project board monthly. Monitoring is currently under development for Space.	High	Green		
					Mar-16										Amber			
OUTCOME 3: CHILDREN ACCESS AND REMAIN IN EDUCATION																		
3.1 (page 17)	Analysis of patterns of attendance, exclusions and absence to ensure young people who are LAC do not miss out on education	Establish additional support for schools to monitor the attendance of LAC, CiN and CP. Commission provider to undertake this work who will work closely with the EWO to analyse this data. Analysis of the data will indicate where intervention needs to be targeted. Formal tender for attendance monitoring provider underway.		J.Pallett	Ongoing		Cost	LAC - stable education will reduce the occurrence of placement breakdown and therefore fewer escalations to expensive provision. CiN & CP - stable education reduces the pressure in families due to exclusion or non-attendance, therefore reducing the likelihood of children coming into care	Data will be analysed to help understand what age children are most likely to be excluded		-320	Reduce residential schools to 8.24 52-week placements		Update provided by JP on these actions 9.2.16. Many actions are progressing as BAU and therefore next steps actions are to be drafted for education section by end February 2016.#	High	Green		

3.2 (page 17)	Establish effective collaboration and joint working	Establish local point of access for schools, securing links between Locality Teams and newly established SEND Specialist Teams to ensure early signs of SEMH are identified and effectively responded to by the schools and targeted/ specialist support services when needed. Establish process within Transfer meetings between Locality Teams and Childrens Social Care by which adolescents who are at risk of needs escalating are identified and prioritised, with appropriate additional support provided for the family as required		H Phelan	Ongoing		Number	Stable education is supported by the effective use of family CAF to reduce the pressure in families due to exclusion or non-attendance relating to challenging behaviour, therefore reducing the likelihood of children coming into care.	Measures will include: -Reduction in the number of permanent exclusions -Reduction in the number of requests for EHCP for SEMH -Reduction in the number of Out of County placements for SEMH -Improved attendance figures for those identified with SEMH -70% of those using the Exclusion/Behaviour phone line report satisfaction					High	Green
3.3 (page 17)	Services that support the stability of educational placements	Provide appropriate support to schools to enable them to effectively manage the additional needs of LAC, to prevent escalation to crisis management, whenever possible. At times of crisis, to co-ordinate support across teams so that the school placement is maintained.		M Cullen / J Pallett	Ongoing		Number	Stable education is supported by the effective use of family CAF to reduce the pressure in families due to exclusion or non-attendance relating to challenging behaviour, therefore reducing the likelihood of children coming into care.					Regular meetings between Marian Cullen and Xenia Dixon (ESLAC teacher) to share cross service developments, offers and thresholds. SEND Specialist Services Teachers and ESLAC teachers working together to discuss cases. Dedicated EP resource provided to ESLAC for consultation/advice. SENiD Specialist Services joining ESLAC/START Tuition Framework.	Medium	Green
3.4 (page 17)	Support for care leavers	ESLAC to provide support and guidance to young people who are progressing from Y11 to post 16.		J. Pallet	Ongoing		Cost	Smooth transitions between Year 11 and Post 16 education will support young people moving to supported accommodation or successfully exiting the care system. This will also help with reducing the number of LAC who are NEET.	Pathway plans data		This will reduce the number who return to care and therefore reduces the cost. This links with the saving in 2.4			Medium	Green
OUTCOME 4. PLACEMENTS FOR CHILDREN IN CARE ARE IN COUNTY AND WITH A FAMILY															
4.1 (page 18)	Family based care (Creative Care)	1. Draft a process for Creative Care		R. Holland/ R. Leslie	Complete		Cost	Creative solutions will reduce the use of high cost external placements. Data regarding successful moves will be collated.	IRO Spreadsheet will be used to identify cases that are most likely to succeed	-1,005	Reduce external residential homes to 22.77 52-week placements.			High	Amber
	Review placements and look at creative options to reunify child with family and reduce cost. This is being undertaken through creative care work and S20 panel.	2. ART to implement the process			Apr-16										
		3. Fortnightly discussion regarding Creative Care to take place through S.20 panel.			Apr-16										
4.2 (page 18)	Reduce the number of external placements/ increase in-house fostering placements	1. Develop emergency foster carer provision (in-house)		T. Collins/ R. Leslie	Ongoing		Cost	Expanding the size and skill set of in-house fostering provision will reduce the use of agency foster placements and residential placements, therefore reducing the average weekly cost.	Key Activity Data	-2,535	Increase in-house fostering to 186.72 52-week placements; reduce IFAs to 155.00 52-week placements & kinship 52-week placements to 35.29			High	Green
	External residential and IFA use will be reduced. In-house fostering placements will be increased. [Additional action plan attached]. Wherever an external placement disrupts, the young person will be brought back in-county. Developing partnerships with external providers in-county to provide cost effective long term residential placements.	2. Develop the fostering action plan			Apr-16										
		3. Implement findings from fostering consultant to improve the fostering service.			Apr-16										
		4. Develop in-county supported lodgings provision for 16+			Jun-16										
		5. Develop shared understanding between Social Care and Strategy and Commissioning on the types of placement children and young people can expect to increase the understanding of each service of the particular pressures relating to the current financial pressures with the placement budget. A set of joint 'rules' will be drafted and signed up to then shared widely by all managers.			Apr-16			Reduction in no. of residential placements. Reduction in emergency placements Reduction in length of time in external accommodation							
		6. Develop a clear understanding of the likely placement needs over the coming 12 months and beyond. We will undertake a full review of the needs of our current LAC population to ensure we have the right resources to meet needs.			Apr-16			Targeted commissioning of services to meet current needs. Up to date evidence base to hold ART to account.							
		7. Develop a defined process for decision making and challenge around threshold agreements and resource needs for a young person.			Apr-16			Reduce number of emergency placements. Reduce new high cost placements.							
4.3 (page 19)	Lowering the cost of the most expensive placements	1. Continue to review the top 50 placements weekly		R. Leslie/ J Davies/ T. Collins/S.J. Smedmor	Ongoing		Cost	Reducing the unit cost through improved procurement and commissioning, and sourcing alternatives.	ART will provide cost data.		90% occupancy of in-house residential (including London Road, Hawthorns and Victoria Road) = 13.5 52-week placements		Expect 20/50 to be moved in FY 16/17 Units aware of budget spend Process drafted process for units to take ownership of budgets to be developed.	High	Green
		2. Budget information available to units and Sec 20 panels; reduce costs through procurement of places			complete										
		3. Develop written process for escalation/ challenge by ART when matched place in county/ in house is refused			complete	Jan-16									
		4. Develop notional budgets for Units			Apr-16										
		5. Explore independent options in County for children and young people with mental health issues			Jun-16										

		6. Creation of emergency solo placements at Hawthorns Children's Home.			Mar-16							Work to H complete. Ofsted reg, staffing and protocol for use being developed.			
4.4 (page 19)	Reducing the cost of external placements	1. Continue to commission IFAs through the Eastern Region Fostering Contact . 2. Monitor and report savings made as a result of negotiating discounts 3. Review the external residential framework contract.		J. Davies/ R. Leslie	Ongoing		Cost	Reducing the unit cost by better procurement through regional collaboration.	ART will provide cost data.	-132			High quality/ low cost providers have been taken to view properties in March, Wisbech & Linton	High	Amber
					Ongoing										
					Apr-16										
4.5 (page 19)	Develop Assisted Boarding Placements	1. Establish process to procure places where appropriate to avoid children coming in to care. This is being taken forward through the RNCF and Assisted Boarding Schools Network. 2. Launch programme across all SW Units to raise awareness and encourage take-up. Launch to be led by Units information to be drafted centrally.	10-18 year olds	J. Davies/ R. Wilshire	complete	Jan-16	Number	Supporting family resilience by reducing the pressure within families, enabling the child to remain part of the family unit.	There are currently no Assisted Boarding Placements. Any increase on this will provide data required.				Scoping paper developed and process agreed. Transferred to Access.	High	Green
					Mar-16										
4.6 (page 20)	Cambs policy on UASC Placements Development of dedicated pathway for UASC to ensure assessments are made quickly and children placed in the most appropriate and cost effective accommodation	1) Review potential for crash pad to reduce call on in-house fostering while long term solutions found. 2) Develop emergency pool of foster workers to support UASC 3) Draft UASC Pathway		C.Smith/T. Collins/ J. Davies/	Apr-16		Cost	Through offering emergency solutions as a more cost effective response prevents blocking of longer term placements for other children in the care system, and therefore prevents the escalation of cost for permanence.	UASC placement type and locations will be monitored by ART.					High	Amber
					Apr-16										
					Apr-16										
4.7 (page 20)	Develop in county provision for disabled young people	1) Work with providers already operating in Cambridgeshire to discuss the Council's needs and work with them to establish in-county provision. 2) Develop a working group to review First Steps to ensure Cambs Special Schools do not exclude disabled children. 3) Develop 52 week education provision in-county		R. Holland/ J. Davies	Apr-16		Cost	Offering in-house provision reduces the use of expensive external alternatives, therefore reducing the average weekly cost.	Number of placements made in-county	-8	Reduce residential disability to 2.73 52-week placements		8.2.16: First working group meeting set up for 15.3.16	High	Amber
					Apr-16										
					Sep-16										
4.8	Parental financial contributions We will consult on parental contributions	1) Re-submit proposal through Democratic Process (Spokes/ Committee)		T. Collins	Jun-16		Cost	Generating income, reducing the net average weekly cost. May also result in fewer children entering the care system.	Reduction in number of children becoming LAC					Medium	Amber
OUTCOME 5: CHILDREN ARE MOVED THROUGH THE CARE SYSTEM IN A TIMELY WAY															
5.1 (page 20)	Reunification Well-resourced and coherent reunification services can lead to better and speedier permanence outcomes through a stable return home to parents. This work will ensure that reunification is considered as soon as the child becomes Looked After.	1) Map a process for tracking children where reunification has been agreed to ensure it remains on track.NSPCC Framework. 2) A tracker will be developed to enable Resource Panel to track children through the reunification process to prevent drift. 3) Develop Monthly meeting to track all children with a reunification led by HoS Corporate Parenting.		S.J. Smedmor/ T. Collins	Apr-16		Time	Speeding up identification of reunification cases and the process of reunification will result in a reduced amount of time children spend in care.	IRO database will help to monitor the number of children exiting care. CFA Performance Management Team will provide data regarding the number of children who return home as part of the care package plan, or because of free will.				8.2.16: Meeting arranged with SJS/TC/FB 25.2.16 to discuss working group.	High	Amber
					Apr-16										
					Apr-16										
5.2 (page 21)	Ensuring adoption is quick where appropriate	1) Develop a system to track the timeliness of a child's journey through the adoption process. 2) Set targets regarding the number of concurrent carers per year. Each year that these targets are exceeded will enable reinvestment back in to CCA.		T.Collins	Complete		Time	Children spend less time in care.	Coram/ TC will provide this data.	-60	Reduce concurrent adoption to 5.50 52-week placements		Target number of concurrent carers of 10 agreed	High	Green
					Complete	Jan-16									
5.3 (page 22)	Ensuring cost effectiveness of adoption and special guardianship order arrangements Undertake review of SGO payments to ensure cost effectiveness.	1. Complete desktop review of all of the allowances – focus on SGO and CAO that are post two years 2. Devise a Plan and the SW resource required to undertake the review of those SGO and CAO cases where the allowances being paid is post two years. 3. Write to all carers in receipt of SGO and CAO to explain the review taking place of those long standing cases who have been in receipt of allowances for at least 4. Any new case being considered for an SGO/CAO the carers will be informed that the allowance will be for up to a two year period, a further comprehensive review of the child's needs and the carers financial circumstances will be completed for continuation of allowance. 5. Policy to be updated to reflect the change in practice and communicated to all staff 6. Change in Practice – all support plans whether that be for Special guardianship, Child assessment or adoption will be signed endorsed by the respective Group/Manager HOS- ensuring that the financial undertaking is proportionate and reflective of the child's needs and family circumstance.		T. Collins	Mar-16		Cost	Shorter period for receipt of payment, resulting in reduced overall cost of post-adoption services.	Reduction in SGO payments	-350				High	Green
					Mar-16										
					Apr-16										
					Mar-16										
					Complete										
					Mar-16										
5.4	Participate in the cost calculator for adoption activity	1. Cambridgeshire will participate in research being carried out by Loughborough University to identify costs		T. Collins	Ongoing		Cost	Gathering of benchmarking data will allow the						Medium	Green

5.5 (page 22)	Transition to Adulthood	1. Develop a policy to ensure effective pathways for those who are leaving the care system are established in a timely manner prior to the young person becoming 16.		R. Holland/ T. Collins	Apr-16		Time	Earlier planning will result in a smooth transition and successful exit of care, in a timely manner.			Impact linked to 2.4			Medium	Amber
		2. Improve the availability of community support and resources to prevent reaccommodation.			Sep-16										

-6,789

TARGET REDUCTION IN LAC POPULATION (See Note 2)

	TARGET REDUCTION IN CHILDREN IN CARE	TARGET REDUCTION OF 52-WEEK PLACEMENTS
TOTAL DEMOGRAPHY REDUCTION:	16/17: 148	32.5
TOTAL REDUCTION IN EXISTING LAC:	15/16: 42 16/17: 38	15/16: 42 16/17: 38

Objective	2016/17	2017/18	2018/19	2019/20	2020/21	Business Planning reference
Reduce the number of children who are looked after	-2,100	-1,615	-1,680		-1,744	A/R.3.012
Reduce the unit cost of placements for children in care	-922	-958	-714		-427	A/R.6.406
Reduce the length of time children are in care	-507	-853	-809		-485	A/R.6.305
Adoption*	-350					
Share Care provision (4.7)	-500	-174				
Alternatives to Care (2.5)	-219					
In-house fostering	0					
Inflation	-132	-124	-110		-96	A/R.6.407
Carried forward pressure	-2,059					
	-6,789	-3,724	-3,313		-2,752	-2,581

* saving included for completeness and to ensure savings are not double counted.

SAVINGS:

Placement type	2016/17 saving
Residential - disability	-75
Residential schools	-153
Residential homes	796
Independent fostering	-3,638
Supported Accommodation	-35
16+	-118
In house fostering	1,011
Kinship	14
In house residential	0
Concurrent adoption	50
TOTAL	-2,148
BP savings	-1,429
Budget Transfers	-719
	-2,148

Note 1: Edge of Care Definition

The following criteria may be used to define a child on the 'Edge of Care'

Have or in need of a Family CAF

Open to Children's Social Care

Have a Child In Need or a Child Protection Plan

Considered likely to become accommodated should the current intervention not succeed

Recently left care to return to live with their parents and are still in need of specialist support

Issues' may include:

Parents' capacity to cope due to:

Their own mental health or substance misuse

Poor parenting skills

Experience of domestic violence

Their own learning difficulty

Limited or no wider family or community networks

For older young people 11+ 'issues' may include

Violence from young person

Criminal or anti-social behaviour

Emotional and anger management issues

Mental health issues

Family discord

Young person homeless, abandoned or subject to neglect or abuse

Missing from home

Child Sexual Exploitation and risk taking behaviours

Note 2: Target LAC Reduction

There are two columns for target numbers – the first is the target number of **children** diverted, and the second is the 52-week placements diverted.

The target demographic reduction in children in care is an educated estimate of the number of children teams will need to work with in order to meet the target reduction in 52-week placements and therefore the savings. It is unknown how many of these children would enter funded placements, the types of placements they may require and the length of time they may remain in care. This target therefore will be reviewed after 6 months.

The target reductions in 52-week placements, separated out for demography and current numbers have been calculated from the demography calculations and the BP model respectively. Please note, these reductions are in 52-week placements so, in reality, the number of children diverted or reunified will need to be greater than this. Where possible the target reductions have been assigned as per the BP model, and others have been assigned as agreed with project leads.

APPENDIX 3

Publications discussing different approaches to reducing the number of children in care

This briefing summarises the key findings of 3 recent publications that discuss different approaches to reducing the number of children in care.

For detailed references, readers should follow the links and download the original reports or browse the websites.

Research in Practice – Building a business case for investment in edge of care services: Strategic briefing (July 2014)

<https://www.rip.org.uk/resources/publications/strategic-briefings/building-a-business-case-for-investment-in-edge-of-care-services-strategic-briefing-2014/>

Research evidence:

A strategic briefing from Research In Practice (RIP) Aug 2014 – focussing mainly on young people - identifies the following:

1. Analysis of data on out of home placements suggests that these children may be experiencing one or more of the following:
 - parental abuse or neglect
 - high conflict with their families
 - poor parenting due to the parents' own needs, such as poor mental health, a severe disability or substance misuse
 - significant conduct problems, making them difficult for their parents to manage and putting them at risk of offending.

(Asmussen et al, 2012).

2. Some children enter care repeatedly, having returned to live with their families. Research shows that of those who returned home from care, two thirds returned to care at least once and a third returned to care at least twice. This experience of 'bouncing in and out of care' is extremely damaging for children and young people (Wade et al, 2010). It is most common for those aged between 12 and 14, those who spend less than six months in care and those who are voluntarily accommodated under section 20.
3. Children and young people who have returned from care are therefore at increased risk of re-entering care. A family intervention may help to address the needs that led them to be looked after in the first place (Wade et al, 2010; Department for Education, 2013).
4. Of those entering care as adolescents, nine per cent do so through the youth justice system. However, research into adolescents in care and at risk has identified a lack of services and a reluctance to intervene with this group before they enter care, sometimes described as 'service neglect' (Stein, 2009).

5. There is substantial research evidence that some edge of care services are effective in reducing offending and out of home placements. Examples are:

- Multi-systemic family therapy (MST)
- Functioning Family Therapy
- Family Group Conferencing

The RIP briefing gives the following examples of promising innovative service models that have not yet been subjected to large-scale trials of effectiveness:

1. Systemic social work units, where a consultant social worker, clinical psychologist, children's worker and other professionals work together in a single team, sharing responsibility for case management and providing intensive support to families on the edge of care. An initial study describes the model but does not evaluate the impact on outcomes (Forrester et al, 2013).

2. Intensive family support, where a key worker coordinates a package of support from other agencies for the whole family, provides practical help and monitors progress against targets agreed with the family. The evidence for reducing the number of children in care is weak, though there may be a beneficial effect in that entry to care is better planned and children experience more stable placements. The evidence shows that, even where the young person's behaviour may not have improved, parents are grateful for the support and are more tolerant of their child's behaviour (Brandon and Connelly, 2006).

3. Short term respite care, accompanied by therapeutic work with the family in the community, has shown some positive outcomes in small scale trials (Dixon and Biehal, 2007).

4. Family Drug and Alcohol Courts (FDAC) work with families where parental substance misuse is the main cause for care proceedings. Parents receive intensive interventions from a multi-agency team, overseen by a judge. Early evaluations show a significant reduction in substance use and increased returns home for children on the programme. (FDAC evaluation team, 2014)

The RIP briefing identifies that edge of care services have a number of common characteristics. They work intensively with families to address the wide range of needs that put young people at risk of entering care. This holistic and intensive approach recognises that:

- poor family relationships are often at the root of children and young people's difficulties; family members can improve their relationships by understanding the causes of conflict and how to deal with them
- parental substance addiction or poor mental health will impact on parenting capacity; it is important to remember that addressing these issues will not in itself improve parenting function
- strengths-based approaches seek to build on resources a family can access, from the wider family and within their community, to support change
- the daily stresses of parenting and frequent crises relating to family life can distract families from making sustainable changes.

Edge of care services, therefore, offer families help to:

- explore and improve family dynamics and relationships through family therapy
- offer evidence-based interventions to address specific needs, such as substance misuse or anger management
- extend social networks and sources of support through involving the wider family or making use of mentors or peer groups
- provide practical help with issues such as housing and debt
- offer support at times when families need it, including out of office hours to help with establishing a routine and, at times of crisis, often at short notice.

Characteristics of effective edge of care services include:

- strong and stable relationships between practitioners and families
- 'high dose' interventions, involving regular visits and usually lasting over six months
- persistence in engaging families who are resistant to receiving help
- being authoritative and clear about the consequences if families fail to change
- identifying and building on family strengths
- coordination of additional services as appropriate.

(Thoburn et al, 2009; Ofsted, 2011; Barlow and Scott, 2010; Fauth et al, 2010)

Other evidence highlights:

The first 72 hours:

Where children do enter care, evidence is clear that children in care for more than 28 days are likely to still be in care 12 months later. In fact, the first 72 hours are critical, presenting the best opportunities to negotiate change.

Children with disabilities:

Our own staff have highlighted the fact that families with disabled children may find themselves unable to cope, reaching crisis point as their child becomes older and bigger (aged 9-11 years). Effective early planning to build networks of support and future-proofed intervention plans will help to prevent these crisis points.

The importance of school

Young people who are out of school, or do not have a full time place, are much more likely to enter the care system. Every effort should therefore be placed on keeping a young person in full time school.

Ofsted – Edging Away From Care (2011)

<https://www.gov.uk/government/publications/how-services-prevent-young-people-entering-care-edging-away-from-care>

In 2011, Ofsted visited 11 local authorities to identify the key components of successful family intervention. Findings were as follows:

- From the young people and families interviewed the overriding message was that it was the quality of the professional involved, significantly the key professional, which was the crucial factor in helping to achieve success.
- strong multi-agency working both operationally and strategically; this involved strategic analysis and understanding of the needs of this cohort accompanied by investment in services to address these needs
- clear and consistent referral pathways to services
- clearly understood and consistent decision-making processes based on thorough assessment of risks and strengths within the family network
- a prompt, persistent, and flexible approach, which was based on listening to the views of the young person and the family and building on their strengths
- a clear plan of work based on thorough assessment and mutually agreed goals; regular review of progress and risk factors; robust and understood arrangements between agencies in respect of risk management; and clear planning for case closure and for sustainability of good outcomes.

The report identifies the critical aspects of the successful social work practice observed:

- approaches which built on the strengths of the family
- persistence, reliability and flexibility including the speed of response
- open and honest communication, including in relation to what was and was not acceptable behaviour
- an approach which valued family members, listening to, respecting and understanding the family's perspective
- clarity about expectations and what needed to be done to achieve improvements and the consequences for the family of not doing so
- identifying and addressing the needs of all family members
- working alongside the family to achieve shared goals
- a clear plan to sustain progress when the involvement of the service ceased.

Essex County Council

Essex County Council have utilised this concept of **relationship-based social work practice** at the heart of its drive to improve outcomes for children. The tools, techniques and training they have given to social workers include:

- Strength based approaches
- Signs of safety
- Solution focused

- CBT
- Brief intervention
- Systemic approaches
- Motivational interviewing

And above all, how to apply these intelligently.

As well as relationship-based social work, they have also focused on relationship-based partnership work:

- Relationship based social work isn't only about the direct relationship between the social worker and child/family
- Also significant are the relationships within and external to the organisation
- Confident, mature, partnerships *on the ground* mark a distinction between a fragile system and a strong sustainable system

Essex has also used Social Impact Bonds to fund two MST teams to work with 11-16 year olds on the edge of care or in custody.

Improved social work practice here has driven a reduction in rates of children being looked after from 54 per 10,000 in 2010/11, to 38 per 10,000 in 2013/14. Though there is a caveat – they also recruited 100 new social workers during this period.

The Children's Social Care Innovation Fund (2015)

<http://springconsortium.com/projects-being-funded/>

The Children's Social Care Innovation Fund accepted its first applications in 2014/15. Whilst the projects being funded have only just begun, there is learning to be gained here from the fact that by design the proposals must build upon existing evidence bases to provide a clear rationale for the proposition.

The Fund has two themes:

1. Rethinking children's social work – large-scale projects to transform the children's social care system.
2. Rethinking support for adolescents – programmes to prevent teenagers coming into care, and to improve fostering services and residential homes.

This summary provides details of some projects but more information and a wider range of projects is available on the website.

1. Rethinking children's social work – large-scale projects to transform the children's social care system.

Around half of the funded projects focus on freeing up social workers to spend more time, working more intensively, with children and families – with multi-disciplinary teams or units in some cases. Hampshire County Council and the Isle of Wight are freeing up social worker time and building capacity in children's services through "harnessing community volunteer resource".

Hertfordshire County Council has received £4.86m to revolutionise the way they help around 2,000 of the most vulnerable families in the county. The project includes partners in health, probation and police.

This is a whole system reform programme which includes creating multi-disciplinary teams with additional specialists, recruiting staff to reduce workloads, training staff in Motivational Interviewing, as well as a structured approach to risk assessment. They are establishing 22 Family Safeguarding Teams across the county, each comprising of children's social workers, a substance misuse/mental health worker, a domestic abuse specialist and a business support officer. The service will also be supported by 3 clinical psychologists, one for each of their three locality offices. The experts in mental health, substance misuse and domestic abuse will focus on resolving the parents' issues that place children at risk of significant harm.

This will leave children's social workers free to:

- Strengthen the bonds between parents and children.
- Help parents understand their child's needs.
- Improve children's engagement with learning and overcome disadvantage.
- Address children's behaviour and help them form friendships at school.

These core teams will be supported by police, schools, children's centres and health visitors, who will meet to review the family's progress.

All the Family Safeguarding Teams will be trained in Motivational Interviewing, which uses warmth and empathy to strengthen the parents' motivation to change through a process of negotiation.

They also aim to reduce the amount of time social workers spend on administrative tasks – which according to the Munro Review of Child Protection (2011), can take up to 80 per cent of their working day. So they are developing an electronic workbook which will provide social workers with a simple, effective way of recording their work so they can avoid repeating time-consuming admin.

However, the vast majority of the money received from the innovation fund will be used to recruit up to 60 new staff, increasing the number of teams across the county and reducing caseloads from approximately 16 children to 12. They have recruited 15 new social workers, 22 domestic abuse specialists, 22 drug and alcohol and mental health professionals, and new team managers.

As the adult specialists arrive to join the Family Safeguarding Teams, Hertfordshire has launched a new training programme (starting with motivational interviewing), refined its intervention programmes and is testing new ways of collectively considering cases through group case supervision.

2. Rethinking support for adolescents – programmes to prevent teenagers coming into care, and to improve fostering services and residential homes

Programmes worth monitoring include:

Gloucestershire has received £1.52m to redesign its adolescent services into multi-disciplinary teams (mental health, youth support and young offending, LAC, CP and CiN) managed at arm's length from the council.

Wigan Council and CCG (£920k) to establish a social care and CAMHS service to provide crisis and step-down support for young people in or at risk of entering care with significant mental health problems

Enfield Borough Council (£2.06m) to set up a Family Accommodation and Support Hub (open seven days a week until 10 pm) to work intensively with young people identified as at risk of entering care to avoid escalation.

Tri-Borough Alternative Provision Trust (£1.3 million) a successful alternative provision school will extend its approach to offer a short-term residence – combining educational support and counselling – in a rural setting to young people from the Triborough area at risk of entering care.

Other interventions:

Safe Families for Children (£2.35m) – to extend an early intervention/edge of care pilot programme from the USA in which volunteers provide respite care for families

during times of crisis, as well as mentoring and supporting parents who are in difficulty.

NSPCC (£1m) to introduce the New Orleans intervention model in South London. The model aims to transform delivery and joint commissioning in children's social work and CAMHS teams in relation to children aged 0 to 5 years who are in foster care due to maltreatment

Other local authorities where LAC numbers have reduced:

Since 2013, **South Gloucestershire** has seen a dramatic reduction in the numbers of children subject to a Child Protection Plan, and a significant reduction in the numbers of children who are in care. Referral rates to Children's Social Care have not changed dramatically, but the rates of repeat referrals over this time has decreased significantly. Their recently published Early Help Strategy states that the reduction in the number of children and young people in care is a reflection of the increased numbers of children leaving care rather than a reduction in numbers of children entering care. The premise within their Placements Strategy has not been that they can prevent children needing alternative care arrangements, but rather that a continuum of services is needed to address the various and complex needs of children and families, including short term care away from birth family, or permanent placements with alternative carers outside of the care system. The aim of any intervention is to achieve a speedy rehabilitation within the birth family in a way that safeguards the child.

Some learning points for us may be (in no particular order):

- A single assessment format for social care that uses the same format as Early Help at all tiers of support.
- An action plan and review format for Children's Social Care that is similar to that of the Early Help action plan and review.
- A joint initiative to investigate the route to homelessness for young people and to address the difficulties in stabilising them when they become looked after by creating a virtual team around the young person, inclusive of Health, Connexions, Police and Community Care and Housing.
- Provision of supported out of school activities to enable children on the edge of care to maintain a day provision and not be accommodated.
- Reducing the need or the age at which disabled children are accommodated by exploring the potential for local providers of short breaks residential care to change their remit to meet the emerging needs of children who may go be presented as needing full time residential care in the future.

Wiltshire County Council has also seen a reduction in numbers of children look after, albeit not as dramatic as South Gloucestershire. Learning points here may include:

- The establishment of a Gateway panel to explore options for supporting a child or young person to remain at home – and no cases should go to the Placements Panel until they have gone through the Gateway Panel.

- Systematic monitoring of the impact of CAMH services on preventing children and young people becoming looked after and enabling a return home.

West Sussex County Council. Learning points from their successful reduction in LAC include:

Engaging extended family and kinship networks by:

- Use of Family Group Conferences with specific reference to families where problems are emerging.
- Use of short breaks and shared care arrangements
- Development of kinship/family and friends placements, including Special Guardianship arrangements.
- Assessment and support as identified for informal Family Care arrangements such as Private Fostering and Step Parent Adoption.

Provide good challenge and broader input at the gateway to care and reduce the number of placements made in an emergency or at very short notice, by:

- Effective gatekeeping of entry into care through the Children Looked After monitoring process.
- Provision of robust edge of care services through:
 - Provision of a Family Resource Team for over 10's (for young people aged 10 – 16).
 - Assessment and Support of Youth / Older Children Looked After (targeting 16 and 17 year olds on edge of care).

Appendix 4: Building Family Resilience Looked After Children Strategy **Consultation Responses - February 2016**

Question 1: Do you understand what we want to achieve?

All respondents answered “yes” to this question, with one respondent raising a concern about the concept of all families being supported to stay together, saying that, in some cases this is not appropriate at all.

Response:

It is positive that all respondents understood the aims of the Strategy. With regard to the concern around all families being supported to stay together, the Strategy has aimed to be clear that vulnerable children will still need to be accommodated to ensure their safety and wellbeing (page 3). Where this it is not possible for the family to remain together and a child needs to come in to our care, we will ensure that the placement meets the needs of the child focusing on family settings and maintaining stability of education (page 8).

Question 2: The Strategy sets out five outcomes, do the outcomes cover all that needs to be included in the Strategy? Should any of them be added to or amended?

There were three responses to this question. One agreed that the outcomes cover all that needs to be included in the strategy. Of the other two, one requested that Action 1.8 of the Action Plan more explicitly state that there will be a preventative focus with regard to adult sexual health and contraceptive advice. This should be linked together with the actions regarding support to parents with mental health/ domestic violence and substance misuse difficulties to ensure that those experiencing these issues have access to contraceptive and sexual health support.

The second response suggested that Outcome 4 (Placements for Children in Care are In-County and With a Family) make it clear that we promote the concept of a range of placements as a key outcome to aim for and that it is best that all children live with families.

Response:

We will ensure that in the development of action 1.8 Adult sexual health and contraception, is clearly linked with actions 1.2 Mental Health, 1.3 Domestic Abuse and 1.4 Substance Misuse and that the target cohort for each of these actions are prioritised for support. It should also be noted that this action links with action 2.5 Space project which is a newly launched service (pilot) working with mothers who have had multiple babies removed.

We expect that a wide range of placements is available to suit the specific needs of the individual child, this includes foster placements, residential placements, solo placements and placements for UASC and others with specialist needs. Although as agreed the emphasis is on in- house and in-county placements as set out in the Strategy and Plan. The Strategy and Action Plan also promotes the development of Creative Care options to enable a broader range of placement or reunification options to be considered alongside traditional care placements.

Question 3: Are there any areas that have not been included in the Strategy?

All respondents with the exception of one answered “no” to this. One respondent asked if the mental health of children and young people could be given a greater focus addressing the pressure on CAMH and querying if this could be an invest to save opportunity.

Response :

This is being considered through the work of the Cambridgeshire and Peterborough Joint Commissioning Unit.

Question 4: Does the Action Plan clearly set out the actions that need to be undertaken to achieve the outcomes as described in the Strategy? If no, explain what should be amended.

Three respondents answered yes to this and four said that it needed to be clearer for the following reasons:

- More action focussed and owned by those in the authority, clearly stating how lessons have been learned.
- For reasons regarding sexual health and contraception action as stated above.
- There could be more emphasis on family workers, localities and children’s centres and the preventative work that they can do to support families entering and leaving the care system, and parenting support programmes they can deliver.

Response:

The Action Plan is a working document and as such is subject to continual revision as actions are shaped to meet the needs of the changing environment and drive commissioning intentions. As part of this progress monitoring and effectively learning through the success or otherwise of these actions will be inherent within the monitoring process.

There is a significant focus on the role of early help and preventative services throughout the strategy and action 1.5 looks specifically at the impact of parenting courses delivered within localities, to ensure that their use is effectively promoted and monitored.

Internal Audit Report

Internal Audit has also provided a response to the consultation. The main points and our response is set out below:

Understanding Success and Failure:

Internal Audit recommended a review of all actions in the Action Plan to ensure that each one has a clear and measurable outcome for success and that consideration is given to identifying the tolerances for these criteria, and the point at which a failure to meet a given outcome should trigger investigation and/or corrective action.

Response:

Expected savings for specific outcomes have now been included in the Action Plan. As highlighted above, the Action Plan is a working document and is subject to revision as we develop the actions and agree with leads specific activity related success criteria. We will ensure, as we further develop this that this success criteria and tolerances, where appropriate, are updated in the plan. Key Activity Data is used to monitor these savings and the corresponding change in LAC numbers on a monthly basis.

Safeguarding Risk:

Internal Audit highlighted the management of additional risk particularly in relation to the development of a framework for Specialist and Edge of Care Services and associated timescales for implementation of the framework. Further, it was recommended that quality assurance is undertaken and focussed on the most high risk cases.

Response

The LAC Strategy has a number of interdependencies with other strategies and action plans. Audit and quality assurance is a key part of the Next Steps Action Plan. We will ensure that the Action Plan is linked with the Next Steps quality assurance actions to prevent duplication and that lessons learned are fed through to the LAC Action Plan. Mapping the interdependencies with inter-related action plans and strategies, will aid mitigation of these risks. Timescales have now been developed for Action 2.1 Specialist and Edge of Care Services.

Impact on other budgets

Internal Audit highlighted that a budget reduction to the LAC Placements budget could result in increasing costs on associated budgets. For example they suggested that the aim that the educational settings remain stable could have an impact on the LAC Transport Budget.

Response:

We will ensure that all budget interdependencies are mapped and understood so that we can identify expected increases or decreases in cost and budget accordingly. This has already been included in SEND and LAC Transport budget lines.

Frequency of Impact Monitoring

Internal Audit made reference to the review and monitoring of actions. In the strategy document it stated that a monthly review of progress would be undertaken and a 6 monthly review of the impact of the activities in the Action Plan. It was felt that quarterly reviews may be more appropriate.

Response:

A revised monitoring schedule has been developed which will require the monthly updating of actions via progress reporting. Actions that are highest priority and/ or RAG rated 'red' will be further reviewed in detail, monthly. We will complement this with quarterly half day meetings to review in detail all actions including those with a lower RAG rating or with a 'medium' priority rating.

BUILDING COMMUNITY RESILIENCE

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

Meeting Date: **8 March 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 introduce *Stronger Together – Cambridgeshire's Strategy for building resilient communities*, and to seek the views of Children and Young People's Committee on the actions taking place in support of this strategy.**

Recommendation: **Children and Young People's Committee is asked to comment on the actions proposed to support the Community Resilience Strategy.**

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1.0 BACKGROUND

- 1.1 The public sector faces enormous challenges in the next few years. Rising demand together with significantly reduced resources makes redesigning public services imperative. Put simply, the public sector cannot continue delivering services in the way that it does now.
- 1.2 Alongside this, there is a growing body of research and evidence to show that local community-based support can be more effective in supporting some vulnerable people – and better at preventing some of the crises which necessitate costly Council services.
- 1.3 *Stronger Together – our strategy for building resilient communities* represents the culmination of work that has been happening across the Council on the back of these two immediate imperatives. It proposes a fundamental shift in the way that service provision and local communities interact; essentially, repositioning the Council as part of the wider community, with a real focus on building the capacity of local people to help us to meet local needs together.
- 1.4 The concepts and actions within this strategy have been informed by officers and Members across the Council, from a series of meetings, workshops, discussions, Member seminars and more latterly a more formal Programme Board with membership drawn from each directorate. It has been developed alongside the Council's new operating model, reflecting the cross-cutting nature of both the work and the potential impact. Community Resilience is an enabler within the operating model.
- 1.5 The Council's General Purposes Committee agreed to adopt this strategy at its meeting in October 2015. Since then officers and Members across the Council have been developing activity to make this strategy a reality.

2.0 FINANCIAL BENEFITS AND BUSINESS PLANNING

- 2.1 There is evidence to show that this approach can deliver improved services for less money. But it is difficult to accurately predict the savings that will accrue from fostering more resilient and supportive communities. Our business plans will consider the following:
 - **Costs avoided** – for example, less costly care packages for older people, where neighbours and friends can do some of the things that we currently ask domiciliary care providers to undertake;
 - **Helping to guide where savings could be made in front line services** – for example, where local parents step up to successfully offer peer support through children's centres or other community spaces and therefore reduce the need for services for parents in crisis, or where communities part-fund some highways improvement work or help to maintain local footpaths;
 - **Mitigating the impact of cuts which will have to be made to front line services** – for example, by ensuring there is a greater wealth of volunteer capacity in local areas with people willing and able to give some time to help others including through more organised opportunities such as timebanks, or through raising awareness and perceptions of volunteering opportunities.

- 2.2 There is increasing emphasis on demand management within the Council's business plan. This strategy is central to our ability to manage demand for our services - through supporting families and communities to do more to prevent the escalation of need and also to support the most vulnerable. It will drive our work with local communities to help, for example, to support a network of opportunities for socialising to combat loneliness and isolation in older people, or to encourage local people to look out for their vulnerable neighbours. For the most vulnerable, this strategy articulates our intention to combine our own care delivery with that from local people, for example by building capacity locally to support carers with their caring, or including local community support within care plans for adults with disabilities.
- 2.3 Council staff will place additional focus on helping to create groups and networks of people who face (or have faced) similar issues or needs, for example, parents with children who have a disability, or people with caring responsibilities. In this way people will increasingly be able to get some of the help and advice they need without recourse to our services.

3.0 SUPPORTING ACTIVITY

- 3.1 Our strategy proposes six areas of activity. Each represents a specific part of the work we need to take forward, and there are developing action plans for each area. The six areas are:

- Communication
- People helping people
- Council members
- Our workforce
- Community spaces
- Partnerships

- 3.2 Further detail on each of these areas can be found within the strategy document itself, together with a clear articulation of what the Council aims to achieve by 2020.

3.3 Communication

- 3.3.1 A comprehensive Communications Strategy and Action Plan are in place to support the Community Resilience Strategy. In the meantime work has already started in raising awareness of the challenge being faced by the Council and ways we and the community can help one another as part of the Council's Budget Challenge Campaign.
- 3.3.2 A regular update is now being sent to Parish Councils and a letter has also been sent with supporting materials that they can use themselves or in local publications. A menu of ideas and support offers, case studies and online resources are now being developed to help Parish Councils, the community and other organisations to develop their own local activity that will mitigate the impact of our budget and service reductions. Communications to staff have begun and will increase with official launch of the Community Resilience Strategy, and we are increasingly publicising the good work that is already happening in local communities, with or without our support.

3.3.3 The way the Council is using social media has been changing in order to better place the Council and its services as part of the wider community rather than a centralised provider of services. This means the Council can actively target communities in a geographic location but also communities who share an interest or need. This in turn allows a much more targeted and cost efficient approach as well as engaging with people where they are having the conversations rather than expecting them to come to the council.

3.4 **People helping people**

3.4.1 This workstream aims to facilitate people helping people in a range of capacities across the county. People help people in a broad range of ways – from very informal help for a neighbour, through to more facilitated volunteering such as peer-to-peer support. Within this workstream we will look at how the Council can support people helping people in both formal and informal ways. We aim to build on existing good practice across the Council, for example, in libraries, and develop the links between service provision where this is needed.

3.4.2 Activity planned includes:

- The delivery of three pilot learning sites aiming specifically to build community capacity. These will take place in Godmanchester, Ely and Littleport, and the Abbey area of Cambridge. The Godmanchester site will build upon the “mini-patches” work happening through Transforming Lives.
- Work on building peer support mechanisms across the county.
- Aligning our VCS contracts around our Community Resilience strategy.
- Making available a toolkit for staff and Members, providing advice on sources of funding, support and training that community groups can access, useful tools, tips and techniques for building capacity in communities, and examples of successful activities and case studies.
- Identifying occasions where our staff may not feel they are able to link vulnerable people with sources of support from within the community – and making sure our policies and processes facilitate this whilst also keeping people safe from harm.
- Further development of Time Banks and Time Credits.

3.5 **Council Members**

3.5.1 The first Councillors as Community Connectors cohort is now complete. Two further cohorts are planned. The purpose of this group is for pro-active Members to work together to mutually improve knowledge of how to help build capacity within the communities in their divisions. The material they have covered includes: community engagement techniques, discussions with service leads regarding how the councillors’ community role can support services, and practical ideas to take forward. Attendance has been slightly lower than anticipated; of the 18 who signed up, 12 remain engaged with the programme. A number of councillors on the programme have initiated new activity including; holding a village meeting to ask how the community can do more, arranging for members to be trained as Community Navigators and instigating parish clusters.

- 3.5.2 The programme has been a conduit for the Cultivating Communities Small Grants pilot through which communities can work with their County Councillor to apply for a grant to fund local community-led partnership projects.
- 3.5.3 **Stronger Together** has stimulated positive conversations with local councils. Some have approached the council to ask what they could do to help mitigate the impact of the cuts, and a number of county members have started discussions with their parishes to stimulate ideas. Examples of activity include:
- Histon and Impington parish proactively working with a county officer to further develop their already substantial community offering
 - Development of a Parish menu outlining examples and suggestions of ways our two councils can work together
 - An invitation to officers to attend Huntingdonshire Joint Rural Forum to discuss 'Where will the axe fall and how can towns and parishes help?'
 - Cllr Tew convening parish cluster meetings where parishes are now collaborating on projects
 - Cllr Downes holding a Village Meeting explaining the situation and asking for ideas. These are now coming forward through their Community Plan.
 - Monthly briefings of relevant information to all Local Councils from the County Council Communications team
- 3.5.4 At this early stage the approach we are adopting is to work with the willing, engaging with proactive local councils who approach us.
- 3.5.5 There is a need to understand the different nature of the geographical communities we serve, particularly in relation to Cambridge City where this local community based work takes on a different complexion, and the task for Members as Community Connectors is highly likely to be different.
- 3.6 **Our workforce**
- 3.6.1 LGSS is leading on this workstream. The draft Council Workforce Strategy is being revised to reflect the new direction of Customer First being introduced and the final product will include the requirements of our work on community resilience.
- 3.6.2 In the meantime, there will be a workshop in the New Year to plan how we will support our staff to gain the skills and expertise they will need for this new way of working.
- 3.7 **Community spaces**
- 3.7.1 The use of the Council's assets will play a pivotal role in supporting an integrated approach to community resilience. At this point however there is still work to be completed before a detailed proposal can be developed that sets out how we will use our assets to help our communities become more resilient and self-sufficient. There are a number of stages that are necessary in this process. The first is to define exactly what the Council's service offer is. Work has been undertaken on this and it is starting to take shape. Once complete this will be mapped against an assessment of community need using the various data sets and forward projections to facilitate this process.

Having determined the needs and priorities of communities a gap analysis will be undertaken by comparing this assessment to the location of the existing public estate. It is highly unlikely that the existing infrastructure and the identified infrastructure needs will be aligned and therefore the process will create some surplus assets and perhaps some investment requirements.

- 3.7.2 We have begun work on identifying those aspects – buildings, staff and activity – which we could potentially bring together across children’s centres and libraries in a given geographical location. We will build on this over time to identify one community-facing hub space in each community (geographical size to be determined), which will be the local “front door” for the provision of information and advice, preventative activities, developing and brokering community support, and networking and partnership working across all of our services. This will mean reducing our property portfolio as we join up across services, and will involve working with other Partner organisations who also desire a local presence.

3.8 Partnerships

- 3.8.1 A series of individual meetings are taking place with partners to explore the resonance of the strategy with their own objectives. Discussions are also taking place at partnership boards to establish any cross-cutting strategic links which need to be made. From these discussions, any countywide actions and goals will be developed as well as any specific local activity to take the work forward. These conversations will have been concluded by March 2016, with a proposal that they are presented back to Cambridgeshire Public Services Board for strategic sign up. In Fenland, initial discussions have been taking place under the auspices of the Fenland Strategic Partnership to look at whether rethinking the totality of the resource being allocated across agencies in a community through the lens of community resilience could assist the process of re-focussing services.

4.0 ACTIVITY IN CHILDREN AND YOUNG PEOPLE’S SERVICES

- 4.1 Our focus within children and young people’s services is increasingly to build strength and capacity with people’s relationships and networks - so that they rely less on statutory services and to prevent escalation to more costly provision. We are improving the way that we work across our wider partnership arrangements – for example, with voluntary sector providers – so that where we do provide services they are part of a wider package of support locally. We aim to work **with** the community rather than **on** the community, facilitating networks of support and promoting community and peer support activity. For example, our Youth and Community Coordinators have supported volunteers to start successful youth sessions in rural Fenland, and helped local parents to set up their own support group for families with children with additional needs.
- 4.2 The examples below demonstrate how some principles of community resilience can be mainstreamed (for example through the workforce), as well as how small projects can be grown, with a view to making a wider and more systematic change in how we work.

4.3 Our work and our plans across children and young people's services have already begun to take the approach outlined here. Specific examples include:

4.3.1 **Changes to the way that our practitioners work:**

- Strengthened role of staff in building community capacity, explicit in job descriptions, and some dedicated roles with small commissioning budgets (Youth and Community Coordinators)
- Strengthening the role of Childrens Centre Managers to have a more explicit role in relation to community capacity building
- Developing a Think Family approach which looks at the whole family needs, focussing on strengths and sustained change, and extending the approach to adult services
- Refocussed role of our Family Intervention Partnership (FIP) staff on building the capacity of local support alongside schools to help children and young people at risk of exclusion
- Locality managers working more closely with local councillors and with parish councils
- Building on the learning from the Family Group Conferencing team so that social workers are better able to link their clients with local sources of support
- Applying the learning from the Hidden Insights work, aiming to embed the approach in our workforce development plan

4.3.2 **Changes to our work with the voluntary sector:**

- New specifications for voluntary sector contracts which are explicit about building capacity in local communities to support each other, including developing peer-to-peer support networks
- Stimulating and facilitating voluntary sector activity to support learning outcomes in settings and schools
- Expanding the volunteer driving scheme to support home to school transport

4.3.3 **Working better across the Council:**

- Seeking to integrate library and children's centre provision where appropriate as part of the Community Hubs work

4.3.4 **New and innovative ways of working within communities to help people to link with sources of local community support:**

- An explicit focus on building interconnections and networks of services, and being committed to maintaining these.
- An increased focus on communicating better with local communities, for example children's centres using social media

5.0 ALIGNMENT WITH CORPORATE PRIORITIES

5.1 Developing the local economy for the benefit of all

The following bullet points set out details of implications identified by officers:

- The Bank of England estimates that around 15 million people volunteer regularly on a formal basis, and that the same amount of time is spent on informal volunteering, which might be running a neighbour to a doctor's appointment or taking an elderly relative to do their shopping. They calculate that the economic value of volunteering could exceed £50bn a year.
- Individuals benefit from doing things for others, though the balance of benefits differs across individuals. For example, younger people highlight the importance of acquiring new skills and enhancing employment prospects, while older volunteers benefit from increased social interaction and improved health. Enjoyment and satisfaction rank high across all volunteer types, and it is clear that there are economic benefits for the individual. The Bank of England estimates that the gains to the individual in terms of wellbeing, improved health and increased employability might exceed the £50bn-plus benefit to the recipients of volunteering.
- It is therefore reasonable to suggest that building and supporting increased volunteering across the county will have benefits for the local economy.

5.2 Helping people live healthy and independent lives

The following bullet points set out details of implications identified by officers:

- There is evidence that community engagement and resilience supports the adoption of a healthy lifestyle as a community norm and engagement in health improving initiatives
- The benefits to those supported by volunteers include improvement in health, wellbeing and independence
- Supporting community resilience builds increased social capital; cohesion, empowerment, and improved relationship with organisations.

5.3 Supporting and protecting vulnerable people

The following bullet point sets out details of implications identified by officers:

- The County Council, along with other partners in the public sector, will have to make reductions in front line services in order to meet the significant financial challenges ahead. This strategy is a key aspect of the Council's approach to mitigating the impact of those cuts on those who need support but could manage without the intervention of statutory services.

6.0 SIGNIFICANT IMPLICATIONS

6.1 Resource Implications

The following bullet points set out details of significant implications identified by officers:

- Implications for delivery of savings are outlined in paragraph 3. There are no significant additional costs incurred in the delivery of the overall strategy – though some actions may require short-term revenue input in order to achieve identified savings (invest to save). Delivery requires no additional staffing capacity, rather it asks our staff to work in different ways to secure support for people and places from within the local community.
- The strategy helps to establish how we best use our property assets to achieve the most value for Cambridgeshire residents.

6.2 **Statutory, Risk and Legal Implications**

The following bullet points set out details of significant implications identified by officers:

- The strategy is designed to mitigate the impact of reductions in local government funding. As such it should help to guard against the risks identified in the corporate risk register around failure to deliver our five year business plan, namely:
 - Lack of capacity to respond to rising demand for service provision, in new and existing communities
 - Failure to produce a robust and secure business plan over the next 5 years
 - Failure to deliver the current five year business plan.
- There will be a continuing legal duty on local authorities to ensure that vulnerable people are not exposed to additional or unreasonable levels of risk as a result of the implementation of these strategic objectives.

6.3 **Equality and Diversity Implications**

The following bullet point sets out details of significant implications identified by officers:

- Evidence indicates that services delivered by local people within local communities can be more successful than statutory services at reaching people who may need support. Our strategy should therefore support more equal and diverse accessible provision locally.
- Our services will become increasingly more localised, less uniform and more bespoke, so that we can meet local and individual need within each specific community context.
- People identify themselves within different communities, not only the geographical community in which they live. People are also part of communities with shared interests (e.g. the Women's Institute, or the local Allotment Society) and this strategy will drive our approach to building relationships and harnessing capacity within these communities too.

6.4 Engagement and Consultation Implications

The following bullet point sets out details of significant implications identified by officers:

- We recognise that successful delivery of this strategy will hinge upon the relationships we have with other agencies in local communities – at a strategic planning level as well as between people working in local areas. There have been some early discussions with voluntary sector organisations and other statutory agencies further develop a partnership approach to developing and supporting community resilience.

6.5 Localism and Local Member Involvement

The following bullet points set out details of significant implications identified by officers:

- The role of Members is critical to the success of this strategy – in engaging communities and in acting as community advocates. For this reason, this strategy has been circulated in draft form to all Members for comment prior to being considered at General Purposes Committee. The role of Members is further outlined on pages 11-12 of the strategy.
- A number of councillors have volunteered to become early adopters of this work, piloting this new and critical way of working. They have formed a “Councillors as Community Connectors” group, meeting as an action learning set, and the learning from their experience will inform our direction going forward. Councillors are invited to express an interest in joining cohort two of this programme, which will begin in January 2016.

6.6 Public Health Implications

The following bullet points set out details of significant implications identified by officers:

- There is evidence that community resilience and engagement can have a positive effect on the health of Cambridgeshire residents, by supporting the adoption of a healthy lifestyle as a community norm and improving engagement in health improving initiatives. Targeting efforts where people have greater health needs will have the most impact. This would include focusing on more deprived areas, on those who are isolated and do not access services, or those where increased self-care or community support is required would have a larger impact on health.
- Building community resilience will impact on many of the needs identified in different Joint Strategic Needs Assessments (JSNAs), including the following:
 - Migrant communities
 - Long Term Conditions
 - New Communities
 - Homelessness and at risk of homelessness
 - Vulnerable children and adults
 - Autism, personality disorders and Dual Diagnosis
 - Carers
 - Older People’s Mental Health

APPOINTMENT OF AN ALTERNATIVE SPONSOR FOR THE NEW SECONDARY AND SPECIAL SCHOOLS IN LITTLEPORT

To: Children and Young People Committee

Meeting Date: 8th March 2016

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

Electoral division(s): Littleport, Ely North and East South and West

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

Purpose: To:

- Inform the Committee of the recent withdrawal of the Greenwood Dale Foundation Trust (GDFT) as the sponsor of the new secondary and special schools in Littleport which are due to open in September 2017.
- Seek the Committee's endorsement of the Active Learning (ALT) as the Council's preferred alternative sponsor of both these schools.

Recommendation: That:

- a) The Committee gives its endorsement to the Active Learning Trust being named as the Council's preferred sponsor for the new secondary and special schools to be opened in Littleport in September 2017
- b) The Secretary of State for Education, as the decision maker in this case, be informed of this Committee's endorsement of the Active Learning Trust (ALT) as the sponsor with immediate effect.

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1. BACKGROUND

- 1.1 The Council's Cabinet endorsed proposals to establish a new secondary school in Littleport in 2010. The school is required to meet the demand for places arising from demographic change and proposed housing growth in the District Council's Local Plan. Following a subsequent County-wide review of special school provision, it was further decided to co-locate a 110 place area special school with the secondary school.
- 1.2 The Greenwood Dale Foundation Trust (GDFT) was appointed as the sponsor of both schools by the Secretary of State (SoS) in the Spring 2014. This followed the Council running its usual competitive selection process and making a recommendation to the SoS that GDFT was its preferred sponsor.
- 1.3 The Council and GDFT have since been working together on the implementation of the proposal and, in particular, the client brief for the capital project. The construction phase of the capital project (value £40m) started on site on 4th January 2016. Construction is scheduled for completion in July 2017 and the planned opening date for the two new schools is September 2017.
- 1.4 The project includes a further element, which is the replacement of the adjacent but ageing community leisure and sports facilities with new facilities located on the site of the two new schools. These facilities are currently run by a local charity, the Littleport Leisure Trust (LLT) but the land on which the facilities sit is in the ownership of the Parish Council and is leased to LLT.
- 1.5 The arrangement which will apply to the ownership and management of the new sport and community leisure facilities will vary in the following way. The County Council will retain the freehold of the sports facilities and the part of the site on which the facilities sit and grant a long lease (125 years) to the Parish Council. The Parish Council will in turn enter into a management agreement with LLT who will continue to run the facilities and safeguard their use by the community.
- 1.6 A proposal from the Active Learning Trust (ALT) was also considered as part of the Council's selection process in the spring of 2014. It was acknowledged by the Council's assessment panel that it too would have the ability to run and manage the two new schools but that the GDFT proposal was the stronger of the two.

2. MAIN ISSUES

- 2.1 The withdrawal of the Greenwood Dale Foundation Trust (GDFT) as Sponsor
 - 2.1.1 A letter was received from the Chief Executive of Greenwood Dale Academy Trust dated 30 November 2015. The letter concludes:

"It is with significant regret that, on behalf of the GDFT, I have no alternative but to formally notify you that the GDFT will withdraw its sponsorship of the Littleport Academy and Special School Academy unless CCC reconsiders its position in relation to the leasing arrangements for the Leisure Centre and associated sports facilities,

granting the GDFT the long term lease. The GDFT would then grant a sub-lease to the Parish or Leisure Trust...

We do wish to find a way forward for the project but cannot place ourselves in a position where, because of lease arrangements, we are unable to safeguard pupils on the site"

- 2.1.2 Elsewhere the letter refers to the 'carving' out of a 125 year lease to the Parish Council to facilitate the sports provision as being unworkable. The Trust considered that this placed it in an impossible position regarding the safeguarding of pupils on the site during the academy day.
- 2.1.3 This is a view not shared by County Council officers as risks have been mitigated through design based on experience of the widespread joint provision and dual use models that have been operating throughout the County on secondary school sites. In Linton, where the Granta Special School is co-located with Linton Village College, a community sports centre also successfully operates from the site. Wider access to a range of community education courses and activities are also provided on this site in accordance with the Henry Morris Village College principles. In addition, a number of schools in Cambridgeshire have shared use arrangements with local sports and leisure facilities.
- 2.1.4 Irrespective of the merits of the argument, the Council is not in a position to offer GDFT what it has demanded. The agreement referred to in paragraph 1.5 above balanced a range of local concerns and issue. The negotiations involved the local MP, Stephen Barclay and the Chief Executive of East Cambridgeshire District Council (ECDCC) who brokered an agreement between the various local parties. This took the form of a Memorandum of Understanding (MoU) which was signed in August 2015, which set out the broad principles to which all the parties would operate (including the County Council) in finalising the detailed agreements required to support the leasing and management arrangements referred to in paragraph 1.5. The agreement enjoys widespread support and cannot be renegotiated so soon after its conclusion without placing at risk the good working relationships that have been developed with stakeholders and which are essential to the successful implementation of the project.
- 2.1.5 The decision of GDFT is a reflection of the different ways academy and free school sponsors prefer to work with local communities and different approaches to Trust management, financing and perception of risk. The outcome of the negotiations with the local stakeholders has taken the ownership and management arrangements away from Greenwood Dale's preferred model but closer to that which other Trusts currently experience and are content with. GDFT remain a strong academy sponsor and the Council hopes that it will be interested in future opportunities in Cambridgeshire.

2.2 Options for securing an Alternative Sponsor

- 2.2.1 Officers have considered the options available for seeking a replacement sponsor for GDFT. These have been discussed with the Regional Schools Commissioner (RSC) as his office will advise the Secretary of State, the

decision maker in this case, on a new appointment. The RSC has confirmed that all of the options below are an acceptable way to identify the potential best sponsor for these two new schools:

- Approach the “runner up” from when the selection process was last undertaken; the Active Learning Trust (ALT)
- Identify and directly approach who the Council considers the best sponsor and submit its proposal to the RSC
- Directly approach more than one sponsor and assess them against one another and then identify the Council’s preference and submit it to the RSC
- Re-run the full competition

2.2.2 In the event of a departure from the Council’s process for the establishment of a new school it remains necessary to gain assurance that a suitable sponsor for the two schools is selected.

2.2.3 ALT was considered a suitable sponsor of the two new schools when they were identified as the runner up to GDFT during the Council’s established sponsor selection process. Therefore, ALT’s original proposal has already been subject to full scrutiny by the Council’s member/officer assessment panel and was considered to be of the required quality.

2.2.4 ALT also participated in the public meeting which gave sponsors the opportunity to present their proposals to the local community and answer questions about them. The Council has always considered that the provision of a new school in any community is a significant local issue and that local Councillors and the community should be involved in such a decision. It is also the reason for including the local County Councillor for the area on the member/officer assessment panel. Without re-running the full sponsor selection process, the other options would not allow for the same level of local involvement and scrutiny of the sponsors’ proposal that has already taken place in the case of ALT’s proposal.

2.2.5 ALT already has a presence in Cambridgeshire as the sponsor of the Isle of Ely Primary School in nearby Ely, Chesterton Primary School in Cambridge, Kingsfield Primary School in March and Burrowmoor Primary School in March. It is also the sponsor of the Neale Wade Academy, an 11-18 secondary school in March.

2.2.6 It was considered that the best option for meeting the timescales for the implementation of this project, securing a proposal of sufficient quality and one that has been subject to local scrutiny would be to approach ALT and establish whether it remained interested in being the sponsor of these two schools. ALT has confirmed that it remains very interested in being the sponsor and has been in discussions with the RSC about expanding the number of schools within its existing clusters (one being in Cambridgeshire) as part of a sustainable development plan for its business.

2.3 An updated proposal from the Active Learning Trust

2.3.1 Although the proposal from ALT was previously considered of sufficient quality, there were some areas of weakness identified by the member/officer assessment panel. (The assessment panel's original view of the strengths and weaknesses of ALT's proposal is attached as Appendix 1) The original assessment also took place nearly two years ago. Officers have, therefore, worked with ALT on an approach which does not require a full resubmission but:

- confirms that the original strengths of the proposal identified by the Assessment Panel remain valid and that ALT has the capacity to deliver these projects.
- identifies those changes which have taken place in the intervening two year period that will have a positive influence on ALT's proposal
- sets out the improvements made to the proposal so that it addresses the Panel's view of the original weaknesses.

2.3.2 It was intended to demonstrate that what was already considered a suitable proposal has been developed and strengthened and that the Council would be able to identify ALT as its preferred sponsor of these two schools.

2.3.3 The Active Learning Trust submitted its updated proposal on 12th February 2016 and this has been evaluated by officers within the Learning Directorate. The update is attached as Appendix 2 to the report.

2.4 Conclusions

2.4.1 The ALT proposal now demonstrates a clear strategic vision for the future development of the Trust. The Trust has continued to grow but does so around its own hub model. The hub model is geographically an effective mode of operation for the Trust in terms of staff and governor training, recruitment and the sharing of leadership expertise but also enables it to develop a strong local presence in the communities in which its schools operate. The Trust has five schools in Cambridgeshire and is planning to establish its main office in Ely during 2016. The addition of two more schools in Littleport is both consistent with the hub model and the strategic objectives of the Trust to expand from its current 15 to 20 schools. The plan to grow the Trust follows consultation with the Regional Schools Commissioner for the East of England and North London.

2.4.2 ALT is now able to better resource the implementation of the proposal and has expanded its staff. The current chief adviser to the Trust is Clive Bush, the former head of Linton Village College who oversaw the co-location of the Granta Special School on the site and the redevelopment of the Linton Community Sports Centre and adjacent facilities. He will now work alongside the Principal of the Neale Wade Academy on all the educational elements relating to the Littleport Secondary School. The Council's Assessment Panel was concerned that the original ALT proposal relied too heavily on the Neale Wade Academy in the implementation phase.

2.4.3 At the time of ALT's original proposal it was a relatively new academy

sponsor. There was, therefore, little available evidence regarding the performance of the Trust's schools. Since that time, the Trust has expanded and is now the sponsor of 15 schools. The Regional Schools Commissioner has identified ALT as a suitable sponsor and is encouraging it to expand its operation within those areas (hubs) in which it already sponsors schools.

- 2.4.4 The updated proposal has provided an opportunity for ALT to build a working relationship with an existing Cambridgeshire area special school, Highfields School in Ely. ALT will be looking to develop a more formal link between the new special school in Littleport and Highfield School in Ely, subject to formal discussions with the governing body of the school. The Assessment Panel had considered that the previous proposal had not demonstrated a sufficient knowledge of the Cambridgeshire Special School specification. Therefore, working closely with an existing Cambridgeshire special school is a positive development.
- 2.4.5 The Trust's structure includes within it a special school specialist; David Bateson OBE. He has substantial experience as a headteacher of an outstanding special school and is currently vice-chair of the Federation of Leaders in Special Education and Chair of the national SEND Forum. ALT has confirmed that he will be available to work locally with the head of Highfields on the special school element of the proposal.
- 2.4.6 The ALT proposal has also identified a number of key activities that need to take place almost immediately as part of the implementation plan. ALT has also indicated that it is prepared, where appropriate, to proceed at risk in the period between the Council identifying it as their preferred sponsor and the final decision, which rests in this case with the Secretary of State.
- 2.4.7 The updated submission has demonstrated the development of ALT as a sponsor and directly addressed the comments made by the Council's assessment panel when ALT was previously considered to be the "runner up" to the Greenwood Dale Foundation Trust. It is also clear that ALT fully understands the arrangements developed with the Parish Council and the Littleport Leisure Trust for the operation of the sport and community facilities and are comfortable with these proposals based on its experience of how they operate elsewhere. On this basis, a recommendation is made to select ALT as the Council's preferred sponsor of the two new Littleport schools.

3. ALIGNMENT WITH CORPORATE PRIORITIES

3.1 Developing the local economy for the benefit of all

Providing access to local and high quality mainstream and specialist education will enhance the skills of the local workforce. These schools will also be providers of local employment.

3.2 Helping people live healthy and independent lives

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.

The capital project for the secondary and special schools allow for the co-location of indoor and outdoor sporting facilities that are currently located in the Littleport Leisure Community Centre on land adjacent to the school site. This will be achieved by the demolition of the current outdated facilities on the adjacent site and their re-provision and enhancement on the school site. The location of the Leisure Centre will provide a unique opportunity to develop links between the schools and local sports clubs and improve participation in sport by local residents who will need to access the site more regularly once the schools are located nearby.

3.3 Supporting and protecting vulnerable people

Providing these local schools will ensure that services can be accessed by families in most need within the designated area.

4. SIGNIFICANT IMPLICATIONS

4.1 Resource Implications

- 4.1.1 New academy schools receive a combination of Council and Education 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.

Funding:	Funding Body:	Detail:
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

- 4.1.2 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.

- 4.1.3 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).
- 4.1.4 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.
- 4.1.5 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.
- 4.1.6 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.
- 4.1.7 The Council also recognises the need to fund pre-opening costs for Special Schools prior to opening and this figure is currently set at £130,000. All special schools are funded on the place plus methodology. This provides schools with £10,000 per commissioned place as agreed with the EFA for Pre and Post -16 numbers. It is the responsibility of the home LA to then provide top up funding based on the individual needs of the learners in line with their Education and Health Care Plan (EHCP).
- 4.1.8 Once the number of places for each academic year have been agreed this provides a minimum core budget for the school and as such there is no diseconomies funding for Special Schools.
- 4.1.9 Funding provision of £41.5m is made in the CFA capital programme in 2015/2016. The scheme is now committed and work on site commenced on 4th January 2016.

4.2 Statutory, Risk and Legal Implications

- 4.2.1 There are specific statutory requirements which have been followed in seeking to secure a sole sponsor for the new secondary and special schools under the provisions of the Education Act 2011.
- 4.2.2 The Council will grant a standard 125 year Academy lease of the whole site (permanent school site) to the successful sponsor. The model lease was prepared by the DfE and protects the Council's interest in the following ways:
 - The land and buildings being returned to the Council when the lease ends
 - Restricting use to educational purposes
 - The Academy being restricted from transferring the lease to another educational establishment without the Council's consent

- The Academy (depending on the lease wording) only being able to sublet part of the site subject to Council approval

A 125 lease will also be granted to Littleport Parish Council over the new community sport and leisure facilities. The Parish Council will then enter into a management agreement with the current operator of the existing leisure centre, the Littleport Leisure Trust, to operate the new facility on its behalf.

4.3 Equality and Diversity Implications

- 4.3.1 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. This proposal in delivering both mainstream and special school provision supports the existing policy of the Council.

4.4 Engagement and Consultation Implications

- 4.4.1 The original process adopted by the Council for consideration of Academy or Free School proposals made provision for a public meeting at which members of the local community met the potential sponsors and asked them questions about their proposals. The public meeting took place on Tuesday 1 October 2013.

4.5 Localism and Local Member Involvement

- 4.5.1 Councillor Daniel Divine, the local member for Littleport attended the public meeting and was a member of the assessment panel when GDFT were selected to sponsor the schools and ALT identified as the “runner up”. Councillor Divine supported the action taken in approaching ALT as the runner up and establishing that it remained interested in sponsoring these two schools.

4.6 Public Health Implications

- 4.6.1 The secondary school will be accessible to pupils as either pedestrians or cyclists. The expectation is that majority of children and young people attending the special school will require transport provision due to the nature and complexity of their needs.

Source Documents	Location
CYP Spokes Briefing 7.01.16 Director’s briefing note 12.01.16 Report to Cabinet 15.04.16 Member Officer Assessment Panel – March 2014 Letter GDFT – November 2015 Memorandum of Understanding – August 2015 ALT – Update on Original Submission – 12 February 2016	Ian Trafford Room Octagon (2) Shire Hall, Cambridge .

Active Learning Trust

Partnership Working and Community Cohesion

Strengths:

- Good focus on engaging the community and listening to needs of locals.
- Real desire to address shortages in the area including youth provision and interest in addressing shortage of post 16 offer.
- Level of understanding about benefits of co-location including: movement across two schools, access to specialist provision for staff and students, staff expertise, career development, sharing social spaces for students: lunch time, relaxation, sports, staff room.
- Trust has an established record of communication and productive working relationship with Council.
- Trust has a desire to build on this relationship and strengthen its partnership working with local schools in the area.
- ALT: highlighted that should they be the selected sponsor they would be at their optimal Trust size and there would be no more growth.

Weaknesses:

- Governance structure across two schools, vision for one head with one Governing Body. Acknowledged that this was proposed as method to maintain connection between two schools, however concern that in practice this would place too much demand on single management team. In addition this would not be able to offer sufficient challenge or support to special school, given the complex nature of this provision.

Special School Specific

Strengths:

- Clear high aspirating for all pupils and desire to prepare them for future life. However little specific curriculum information given.
- Strong desire expresses to work with local community charities and other special schools in the area.
- Interesting ideas on how to develop relationships with social care and health, including setting up a 0-3 assessment centre at the school if possible.
- Ideas for engaging pupils and parents with vision of school before physical buildings are present included: use of video/images to create flavour of environment; early engagement with parents; creating opportunities to meet staff and build relationships.

Weaknesses:

- No direct reference to content of Cambridgeshire's Special School specification.
- Limited understanding of funding arrangements for special school pupils and impact on movement of a few heavily funding pupils on staffing and resources available.
- Quite high reliance on Neale-Wade Academy to provide and share staff between schools in early stages – concern this may put too much pressure on this school.

Leadership and Management

Strengths

- Previous experience working within in Cambridgeshire and low level of funding available.
- Low management fee of 4%, central team provides all services to school including: creation of development plan, curriculum, attendance analysis, achievement, funding, budgeting.
- Four members of team above £58k
- Level of challenge for each school: Governing body sub-set of Trust; CEO holds head to account every 4-6 weeks review development plan/ data and evidence of performance.

Weaknesses

- Less confident of teaching staff numbers in secondary once at 750 pupils. Lots of reference to N-W Academy to explain structure and contact ratio.
- Each school must sign up to value statement outlining Trusts ethos – why was this not included in written proposals?
- Specialist SEN advisor not on interview panel to respond to specific questions from Council. Why not? Raises questions about how visible/available this advisor would be for the new special school?
- Lack of direct evidence to prove effectiveness of Trust, no Ofsted reports released yet.

Teaching and Learning

Strengths

- Plan to ensure the first Yr 7 cohort have an enhanced curriculum: use other year groups from N-W to buddy year 7's, involve older children in paired reading, mentoring.
- Transfer Year 7's to N-W at end of term to experience two weeks of Year 8 curriculum before progression in September.
- Comprehensive response to consideration of vulnerable groups: use of data and tracking to identify individual pupils and generate bespoke plan.
- Well established pupils voice model described, needs some consideration to adapt to new school situation.
- Range of options identified for post 16 provision in the area.

Weaknesses

- Drain on N-W resources?
- Consideration of extended curriculum for Gifted and Talented: good level of detail for extended clubs and activities however, weak on academic offer.
- Pupil voice limited consideration of Special school pupils.

The Active Learning Trust

The Active Learning Trust **A 21st Century Village College for Littleport**

The Active Learning Trust (ALT) is pleased to confirm that, following in-principle agreement at its Board meeting of February 9th 2016, it is in a position to progress the project at Littleport. The Board wishes Cambridgeshire County Council to be aware however that the Board is strongly of the view that the proposed one-form entry primary school should also be developed and operated by the Active Learning Trust either as a sponsored school or as a Free School when that phase of the development is reached. Along with agreed operation of the dual-use sports facilities, this will enable the establishment of a modern school campus that reflects the best and most exciting elements of the Cambridgeshire Village College model.

ALT update

Since the original proposals for the Littleport project were submitted by ALT, the Trust has continued to grow with two further primary schools and one further secondary school joining in Suffolk. In the Cambridgeshire ALT hub, the nearby Isle of Ely Primary School is now fully operational bringing the number of Cambridgeshire schools to 5. Although still in temporary accommodation, this school is both successful and fully subscribed and will move into newly built accommodation by Easter 2016. It is also the Trust's intention to accommodate its head office in Ely during 2016. As a reflection of the growing success of the Trust and in consultation with the Regional Schools Commissioner for the East of England and North London, the Trust has revised its business plan to include an expansion from the original proposed 15 schools to 20 which means the new Littleport schools are within the strategic objectives of the Trust.

Since the original submission in 2014, the ALT hub model of operation has expanded and strengthened and this, along with the regular leadership conferences for all ALT headteachers has enabled a considerable degree of expertise and successful operation to be shared across the Trust. This includes the highly successful recruitment approach and subsequent NQT induction training programme developed in the Lowestoft hub and currently being rolled out across the Trust.

Standards

Chesterton Primary School in Cambridge (opened by ALT as a new school in 2013) was inspected in July 2015 and graded 'good' in a very positive Ofsted report. Neale-Wade Academy (NWA) in March (an ALT school since April 2012) was inspected in February 2015 and removed from Special Measures, with praise in particular for leadership and management. Although designated as still 'Requiring Improvement' and with a rising trajectory of improvement, an HMI Section 8 visit in November 2015 stated that:

'Current detailed information related to predictions for 2016 suggest that standards will continue to improve'. HMI, Nov 2015

In addition, the innovative curriculum and assessment model, now fully operational at NWA, were also commented upon favourably by HMI. Given the robust improvement in standards and increased capacity at NWA, a head of school has been appointed, allowing the Principal to undertake executive roles supporting other schools within the Trust.

Educational Project Management

The educational element of the Littleport project will be overseen by Clive Bush, now Chief Adviser to the Trust and former head of Linton Village College at the time of the co-location of the Granta Special School there and the redevelopment of the Linton Community Sports Centre and adjacent facilities. He will work closely with the Principal of Neale Wade Academy in the recruitment of a headteacher and senior staff for the Littleport Secondary School and the development of an effective, financially viable and appropriate curriculum model and staffing structure. Mr Bush will also work closely with ALT Trustee, David Bateson OBE, who has substantial experience as a headteacher of an outstanding special school and is currently Vice Chair of the Federation of Leaders in Special Education and Chair of the National SEND Forum. More locally, he will work closely with the head of Highfield Special School in Ely where a close working relationship has already been established.

Operational Structure for Littleport Schools

The ALT Board is of the view that a single governing body, working to the main ALT Board should be established for both schools as this is deemed the most efficient and effective management model. Since 2014, governance at the Trust has been further developed and strengthened and there is now an effective hub-based governance model that includes training and support for all governors. This has been reflected in positive comments in Ofsted reports of ALT schools.

'The Governing Body is knowledgeable about the academy and has a good range of skills, which are used well to provide very effective support and challenge the academy leaders.' Ofsted Report, Chesterton Primary School, Cambridge 2013.

Each Littleport school will have a discrete headteacher who will be expected to work in close collaboration with their respective colleague and the head of the new primary school when it is operational. In the first instance, Jason Wing, the Principal of the Neale Wade Academy (NWA) will act as executive headteacher at the Littleport secondary school and we intend to look towards a formal link of management of the special school with Highfields school, subject to more formal discussions with the school governing body. This reflects the growing capacity and strong improvement at NWA which has already provided executive support for Burrowmoor Primary School in March. The appointment and induction of the Littleport leadership will be undertaken by the ALT CEO, Gary Peile, Clive Bush, Jason Wing and Simon Bainbridge.

Each Littleport school will operate an extended school day to allow usage of all sport and leisure facilities until times agreed with the sports centre as well as late afternoon lessons and clubs both academic and non-academic.

Close collaboration with the management of the Littleport Sports Centre and Cambridgeshire County Council will be an essential element of the development at Littleport from the beginning and Mr Wing will take a leading role in this.

Planned Activity with immediate effect from March 2016.

1. A formal partnership to be established with Highfield Special School, Ely, and the headteacher, Simon Bainbridge to become an adviser to ALT regarding the Littleport project on all matters relating to the Cambridgeshire special school specification and funding arrangements.
2. An ALT project manager to be appointed to work in close liaison with Cambridgeshire County Council, the educational project lead, and the developer
3. A close working relationship with the management of the Littleport Sport centre to be established and detailed planning of shared usage to begin.
4. Information to be presented to the people of the Littleport area informing them about ALT and the plans for the new campus.
5. Recruitment of the headteachers of the Littleport schools to be initiated with a view to appointments for January 2017.
6. Detailed curriculum models and staffing plans to be developed for both schools.
7. Strategic financial planning to be developed by ALT Finance Director, Clive Paskell.

Gary Peile
CEO
The Active Learning Trust

FINANCE AND PERFORMANCE REPORT – JANUARY 2016

To: Children and Young People Committee

Meeting Date: 8 March 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 January 2016 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 January 2016.

Recommendation: The Committee is asked to review and comment on the report

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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 January 2016 Finance and Performance report is attached at [Appendix 1](#). The previous report presented to Committee (the December Finance & Performance Report) identified a forecast underspend at year end of -£88k across CFA. At the end of January, CFA forecast an underspend of -£1,073k.
- 2.2 Between December and January, the main revenue changes within the Children and Young People's services areas were as follows:
- £133k has been charged to Central Financing which reflects Children and Young People Committee's resolution that the Local Authority should financially support Bottisham Multi-Academy Trust's sponsorship of the Netherhall School.
 - In Strategy & Commissioning there is an additional pressure of £200k, primarily due to increased demand for external residential placements within Looked After Children.
 - In Children's Enhanced and Preventative Services the forecast underspend has increased by £112k due primarily to additional vacancy savings within the service.

2.3 Capital

Since last Committee, the forecast underspend for 2015-16 has increased to £11,619k. This reflects changes in profiled spend across years, including the acceleration and slippage of individual schemes.

2.4 Performance

There are now seventeen CFA service performance indicators and seven are shown as green, four as amber and six are red.

Of the Children and Young People Performance Indicators, three are green, three are amber and three are red. The three red performance indicators are (1) the proportion of pupils attending Cambridgeshire Secondary Schools judged good or outstanding by Ofsted, (2) the number of looked after children per 10,000 children and (3) the FSM/Non-FSM attainment gap % achieving level 4+ in reading, writing and maths at Key Stage 2.

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.

Source Documents	Location
As well as presentation of the F&PR to the Committee when it meets, the report is made available online each month.	http://www.cambridgeshire.gov.uk/info/20043/finance_and_budget/147/finance_and_performance_reports

From: Tom Kelly and Martin Wade
 Tel.: 01223 703599, 01223 699733
 Date: 8th February 2016

Children, Families & Adults Service

Finance and Performance Report – January 2016

1. SUMMARY

1.1 Finance

Previous Status	Category	Target	Current Status	Section Ref.
Green	Income and Expenditure	Balanced year end position	Green	2.1
Green	Capital Programme	Remain within overall resources	Green	3.2

1.2. Performance and Portfolio Indicators – Dec 2015 Data (see sections 4&5)

Monthly Indicators	Red	Amber	Green	Total
Dec Performance (No. of indicators)	6	4	7	17
Dec Portfolio (No. of indicators)	0	2	6	8

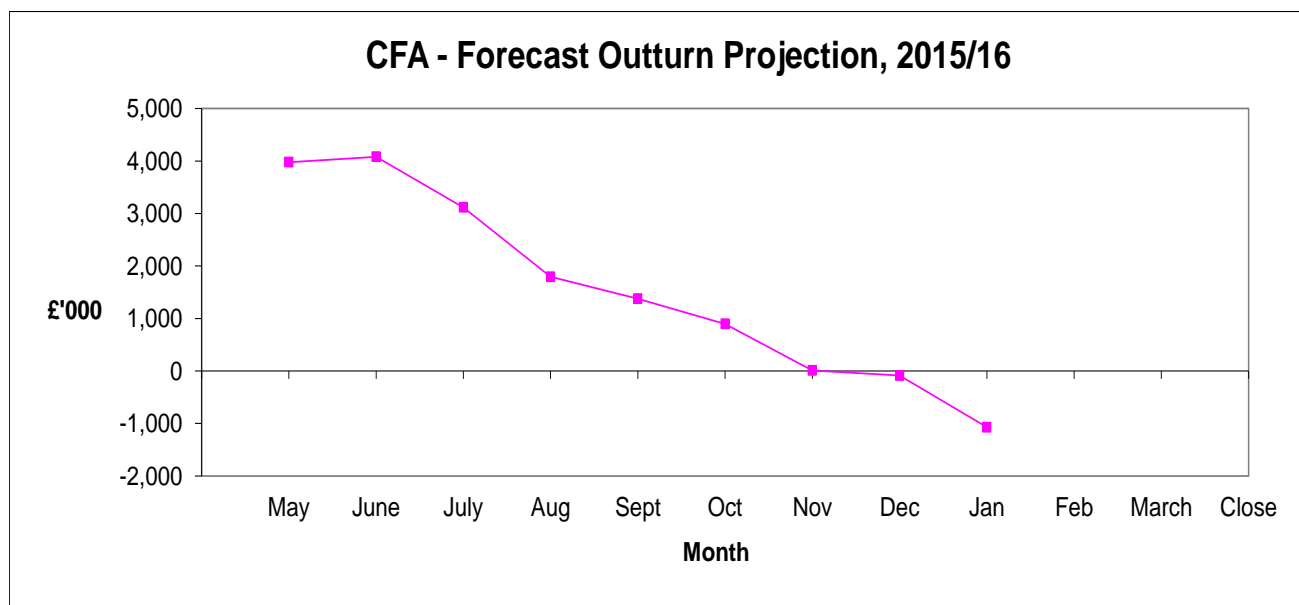
2. INCOME AND EXPENDITURE

2.1 Overall Position

Forecast Variance - Outturn (Dec) £000	Directorate	Current Budget for 2015/16 £000	Current Variance £000	Current Variance %	Forecast Variance - Outturn (Jan) £000	Forecast Variance - Outturn (Jan) %
-1,787	Adult Social Care	84,232	-3,195	-4.6%	-2,273	-2.7%
-3,041	Older People & Adult Mental Health	85,200	-3,880	-5.1%	-3,796	-4.5%
1,725	Children's Social Care	34,760	1,088	3.7%	1,715	4.9%
2,737	Strategy & Commissioning	42,268	1,844	5.4%	3,049	7.2%
-275	Children's Enhanced and Preventative	32,295	-438	-1.9%	-387	-1.2%
899	Learning	20,445	503	3.5%	937	4.6%
258	Total Expenditure	299,201	-4,077	-1.7%	-754	-0.3%
-346	Grant Funding	-54,342	-266	0.6%	-319	0.6%
-88	Total	244,859	-4,343	-2.1%	-1,073	-0.4%

The service level finance & performance report for January 2016 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 January 2016, CFA is forecasting a year end underspend of £1,073k. 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 £200k. The in-year cost of social worker salary re-grading is less than expected, and there have been smaller decreases in the expected costs of additional carers reviews and systems development.
- ii) In Adult Social Care, the forecast overspend for the Learning Disability Partnership has decreased by £326k. This is the result of a combination of changes in external care spending and updates and corrections to forecasts for in-house Provider Services and for a direct payments contract.
- iii) In Older People & Mental Health, the forecast underspend reported against the director policy line has increased by £310k. Vacancy savings collected in quarter three significantly exceeded previous periods, reflecting difficulties, at that point, recruiting to posts, and the Council's first year directly managing the Reablement staff (there was no cost reduction for vacancies from the previous provider). It is hoped that current efforts to improve recruitment and retention will result in a reduction in vacancies in future.
- iv) In Older People & Mental Health, across Older People's Localities and Older People Mental Health the forecast underspend has increased by £434k, principally due to increased client contribution levels (reflecting an upturn in completed financial assessments), decreasing spending on domiciliary care in the south of the County (alongside a high number of hospital admissions), decreasing commitments in Older People Mental Health and reductions in agency spending.

- v) £133k has been charged to Central Financing which reflects Children and Young People Committee's resolution that the Local Authority should financially support Bottisham Multi-Academy Trust's sponsorship of the Netherhall School.
- vi) In Strategy & Commissioning there is an additional pressure of £200k, primarily due to increased demand for external residential placements.
- vii) In Children's Enhanced and Preventative Services the forecast underspend has increased by £112k due primarily to additional vacancy savings within the service.

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 January for **Looked After Children** (LAC) is shown below:

Service Type	BUDGET				ACTUAL (January)				VARIANCE		
	No of placements Budgeted	Annual Budget	No. of weeks funded	Average weekly cost per head	Snapshot of No. of placements Jan 16	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	1	2.54	£244k	2,339.10	0.54	-£137k	-1,324.20
Residential - secure accommodation	0	£k	52	0.00	0	0.25	£67k	5,110.00	0.25	£67k	5,110.00
Residential schools	8	£828k	52	1,990.93	10	10.84	£995k	1,701.36	2.84	£167k	-289.57
Residential homes	16	£2,342k	52	2,814.92	27	27.98	£4,094k	3,013.35	11.98	£1,752k	198.43
Independent Fostering	261	£9,813k	52	723.03	232	238.35	£9,681k	780.86	-22.65	-£132k	57.83
Supported Accommodation	15	£1,170k	52	1,500.00	24	22.55	£1,277k	1,204.88	7.55	£107k	-295.12
16+	9	£203k	52	433.58	12	10.69	£206k	381.24	1.69	£3k	-52.34
Growth/Replacement	-	£k	-	-	-	-	£80k	-	-	£80k	-
Savings requirement	-	£k	-	-	-	-	-£407k	-	-	-£407k	-
TOTAL	311	£14,737k			306	313.20	£16,237k		2.2	£1,500k	
In-house fostering	140	£3,472k	55	185.55	139	142.14	£3,486k	176.09	2.14	£14k	-9.47
Kinship	26	£733k	55	185.55	44	29.60	£751k	188.75	3.6	£18k	3.20
In-house residential	16	£1,588k	52	1,908.52	12	11.13	£1,588k	2,544.69	-4.87	£k	636.17
Concurrent Adoption	3	£50k	52	350.00	10	8.35	£160k	350.00	5.35	£110k	0.00
Savings requirement	-	£k	-	-	-	-	-£142k	-	-	-£142k	-
TOTAL	185	£5,843k			205	191.22	£5,843k		6.22	£k	
Adoption	289	£2,442k	52	162.50	346	338.13	£2,967k	169.34	49.13	£525k	6.84
TOTAL	289	£2,442k			346	338.13	£2,967k		49.13	£525k	
OVERALL TOTAL	785	£23,022k			857	842.55	£25,047k		57.55	£2,025k	

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 January for **SEN Placements** is shown below:

BUDGET				ACTUAL (January)				VARIANCE			
Ofsted Code	No. of Placements Budgeted	Total Cost to SEN Placements Budget	Average annual cost	No. of Placements Jan 16	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	103	101.75	£6,388k	£62,785	11	9.75	£635k	£249
Behaviour, Emotional and Social Difficulty (BESD)	35	£1,438k	£41,089	34	35.30	£1,440k	£40,782	-1	0.30	£1k	£-307
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	-	-	£-34k	-	-	-	£-34k	-
TOTAL	154	£8,099k	£52,590	156	157.83	£8,484k	£53,753	2	3.83	£385k	£1,163

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 January for **Adult Social Care Services** is shown below:

		BUDGET			ACTUAL (January)			VARIANCE
Service Type		Budgeted No. of Clients 2015/16	Budgeted Average Unit Cost (per week)	Annual Budget	Snapshot of No. of Clients at End of Jan 16	Current Average Unit Cost (per week)	Projected Spend	Net Variance to Budget
Physical Disability Services	Residential	40	£969	£2,015k	42	£1,115	£2,288k	£273k
	Nursing	23	£926	£1,107k	23	£828	£1094k	£-13k
	Community	620	£334	£10,788k	654	£333	£10,769k	£-19k
Physical Disability Services Total		683		£13,910k	719		£14,151k	£241k
Income variance								£-401k
Further savings assumed within forecast								0
Learning Disability Services	Residential	294	£1,253	£19,161k	308	£1,321	£21,220	£2,059k
	Nursing	17	£1,437	£1,270k	18	£1,391	£1,306k	£36k
	Community	1,272	£543	£35,907k	1,229	£593	£38,032	£2,125k
Learning Disability Service Total		1,583		£56,338k	1,555		£60,559k	£4,221k
Further savings assumed within forecast								£-175k

Two months ago an error was 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 (as well as last months), 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 January for **Adult Mental Health** Services is shown below:

		BUDGET			ACTUAL (January)			VARIANCE
Service Type		Budgeted No. of Clients 2015/16	Budgeted Average Unit Cost (per week)	Annual Budget	Snapshot of No. of Clients at End of Jan 16	Current Average Unit Cost (per week)	Projected Spend	Variance
Adult Mental Health	Community based support	67	£76	£265k	118	£90	£529	£264k
	Home & Community support	196	£87	£886k	215	£83	£803	-£83k
	Nursing Placement	13	£682	£461k	18	£663	£540	£79k
	Residential Placement	71	£732	£2,704k	72	£765	£2,466	-£238k
	Supported Accommodation	137	£81	£579k	148	£88	£627	£48k
Adult Mental Health Total		484		£4,894k	571		£4,965k	£71k
Further savings assumed within forecast								-£171k

2.5.5 Key activity data to the end of January for **Older People (OP)** Services is shown below:

OP Total	BUDGET			Projected to the end of the year			Variance From Budget
Service Type	Expected No. of clients 2015/16	Budgeted Average Cost (per week)	Gross Annual Budget	Service Users	Current Average Cost (per week)	Gross Projected spend	Gross Projected spend
Residential	531	£455	£12,593k	541	£436	£12,954k	£361k
Residential Dementia	320	£520	£8,675k	342	£500	£8,925k	£250k
Nursing	319	£613	£10,189k	313	£584	£10,105k	-£84k
Respite	289	£497	£861k	124	£501	£947k	£86k
Community based							
~ Direct payments	356	£176	£3,276k	296	£252	£3,562k	£286k
~ Day Care	326	£104	£1,773k	431	£131	£1,719k	-£54k
~ Other Care			£5,597k			£6,117k	£520k
~ Homecare arranged	1,807	per hour £16.48	£18,572k	1,768	per hour £15.78	£17,702k	-£870k
Total	3,948		£61,536k	3,815		£62,031k	£495k
Income Variance							-£1037k
Further Savings Assumed Within Forecast							-£120k

2.5.6 Key activity data to the end of January for **Older People Mental Health (OPMH)** Services is shown below:

OP Mental Health	BUDGET			Projected to the end of the year			Variance From Budget
Service Type	<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	£603	£379k	£47k
Residential Dementia	37	£529	£1,020k	28	£482	£1,163k	£143k
Nursing	36	£625	£1,173k	40	£720	£1,112k	-£61k
Nursing Dementia	156	£680	£5,534k	155	£666	£5,560k	£26k
Respite	16	£400	£38k	5	£48	£44k	£6k
Community based:							
~ Direct payments	16	£271	£226k	16	£239	£174k	-£52k
~ Other Care			£62k			£54k	-£8k
~ Homecare arranged	92	<i>per hour</i> £16.08	£615k	77	<i>per hour</i> £14.01	£531k	-£84k
Total	367		£9,000k	370		£9,017k	£17k
Income Variance							-£132k
Further Savings Assumed Within Forecast							-£25k

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 Funding

In January 2016 £184k additional funding has been identified since the Business Plan was published;

- Over School contribution: £30k contribution for project managed and undertaken by CCC.
- William Westley; £91k contribution for project managed and undertaken by CCC.
- Swavesey Primary, Preschool and Kids club; £63k contribution for project managed and undertaken by CCC.

2015/16 and Future Years Scheme Costs

In January, there has been a £960k increase in the overall capital scheme costs. The change relates to two schemes and has been reflected in the 2016/17 business plan;

1. Swavesey Primary, £63k increase as a result of additional costs funded by the primary school, preschool and kids club.
2. Conditions suitability and maintenance, £648k increase due to projects requiring urgent attention to ensure school remained operational.

2015/16 In Year Pressures/Slippage

As at the end of January the capital programme forecast underspend is expected to be £11,619k, £2,275k more than last month. The significant changes in the following schemes have been the major contributory factors to this;

- Alconbury 1st Primary; -£552k slippage lack of progress made in relation to the erection of the frame. Lifting works involving mobile cranes were stopped due to high winds for 9 days.
- Fawcett Primary; -£163k slippage due to the access road works being deferred until later in the scheme. .
- Southern Fringe Secondary; -£800k slippage in 2015/16. Contractor has identified works are running two weeks behind schedule, meaning payments for completed phases will be delayed.
- North Cambridgeshire; £151k accelerated spend, due to start on site of project in January 2016 triggering initial payments to Peterborough City Council.
- Trumpington Community College (Southern Fringe Secondary); £1,300k slippage due approximately 6 weeks of further delays to the completion of the construction works. Further information will be available after site meeting with contractor on 22nd February.
- Devolved Formula Capital (DFC); -£698k slippage. School managed spend, forecast reflects DFC being a three year rolling funding stream and historical trend.
- Conditions, Maintenance and Suitability; £648k overspend in year due to projects requiring remedial work.
- Trinity School, Huntingdon; -£250k slippage due to delays in getting tender documents returned which has meant start on site delayed until end of February 2016.

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, % Adults with a Learning Disability (aged 18-64) in employment and Adult Mental Health Service users in employment are available in this month's report, as well as the KS2 FSM/non-FSM gap which we now have provisional results for.

In addition the following indicator will be included in future reports once 2015 data is available:

- GCSE FSM attainment gap - will be included once the recently received 2015 results are fully analysed.

Six 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 14,550 pupils. This is 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 589 during December 2015. 46 (7.8%) of these are Unaccompanied Asylum Seeking Children (UASC). The current target has been set with an upper limit equating to 500 LAC (excluding UASC) by April 2016. There are workstreams in the LAC Strategy 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%.

- **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 2,398 bed-day delays, which is 15% above the current BCF target ceiling of 2,088. In November there were 1,757 bed-day delays, down 125 from the previous month, below the monthly target for the second consecutive month.

The DToC situation is well documented in the media. 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.

Between December '14 and November '15 there were 29,991 bed day delays across the whole of the Cambridgeshire system - representing a 5% decrease on the preceding 12 months.

Across this period NHS bed-day delays have increased by 5% from 20,269 (Dec 13 - Nov 14) to 21,412 (Dec 14 - Nov 15), while bed-day delays attributed to Adult Social Care have decreased from 9,337 (Dec 13 - Nov 14) to 7,116 (Dec 14 - Nov 15) an improvement of 24%.

- **Delayed transfers of Care: Average number of ASC attributable bed-day delays per 100,000 population per month (aged 18+)**

Between April - Nov '15 there were 4,864 bed-day delays recorded attributable to ASC in Cambridgeshire. This translates into a rate of 118 delays per 100,000 of 18+ population. For the same period the national rate was 103 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. A "Deep Dive" into this area of work will be taking place over the next 2 months, reporting back to CFA Performance Board in the Spring.

- **FSM/Non-FSM attainment gap % achieving L4+ in Reading, Writing & Maths at KS2**

Provisional data for 2015 suggests that the gap has remained unchanged at KS2. The Accelerating Achievement Strategy is aimed at these groups of children and young people who are vulnerable to underachievement so that all children and young people achieve their potential. All services for children and families will work together with schools and parents to do all they can to eradicate the achievement gap between vulnerable groups of children and young people and their peers.

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 (Dec) £'000	Service	Current Budget for 2015/16 £'000	Expected to end of Jan £'000	Actual to end of Jan £'000	Current Variance		Forecast Variance Outturn (Jan)	
					£'000	%	£'000	%
Adult Social Care Directorate								
-2,327	1 Strategic Management – ASC	3,931	3,645	1,234	-2,412	-66%	-2,530	-64%
-14	Procurement	563	519	482	-37	-7%	-14	-3%
-37	ASC Strategy & Transformation	2,234	1,800	1,680	-120	-7%	-37	-2%
-1,185	2 ASC Practice & Safeguarding	2,129	1,619	607	-1,012	-63%	-1,185	-56%
0	3 Local Assistance Scheme	386	327	374	47	15%	-61	-16%
Learning Disability Services								
-775	4 LD Head of Services	250	-730	-929	-199	27%	-788	-315%
932	4 LD Young Adults	626	627	972	346	55%	981	157%
1,418	4 City, South and East Localities	31,300	26,769	27,402	633	2%	1,363	4%
814	4 Hunts & Fenland Localities	21,655	17,154	17,401	247	1%	695	3%
198	4 In House Provider Services	4,549	3,505	3,554	49	1%	10	0%
Physical Disability Services								
-149	5 PD Head of Services	949	737	749	12	2%	-149	-16%
-41	5 Physical Disabilities	12,427	10,576	10,738	163	2%	7	0%
-1	Autism and Adult Support	607	512	400	-111	-22%	13	2%
-6	Sensory Services	504	425	375	-50	-12%	-14	-3%
-614	6 Carers Services	2,121	2,230	1,480	-750	-34%	-563	-27%
-1,787	Director of Adult Social Care Directorate Total	84,232	69,716	66,521	-3,195	-5%	-2,273	-3%
Older People & Adult Mental Health Directorate								
-1,605	7 Director of Older People & Adult Mental Health Services	8,685	11,500	9,778	-1,722	-15%	-1,915	-22%
-440	8 City & South Locality	18,594	15,387	16,015	628	4%	-710	-4%
-21	East Cambs Locality	7,261	6,059	5,363	-696	-11%	-70	-1%
180	9 Fenland Locality	8,262	6,925	6,822	-102	-1%	230	3%
-70	10 Hunts Locality	12,439	10,352	10,109	-243	-2%	-115	-1%
0	Addenbrooke Discharge Planning Team	1,051	853	868	14	2%	0	0%
0	Hinchingbrooke Discharge Planning Team	634	528	490	-38	-7%	0	0%
-558	11 Reablement, Occupational Therapy & Assistive Technology	7,940	6,159	5,337	-822	-13%	-558	-7%
-400	12 Integrated Community Equipment Service	802	2,933	3,240	307	10%	-400	-50%
Mental Health								
-7	Head of Services	4,268	3,426	3,610	184	5%	-17	0%
-100	13 Adult Mental Health	7,132	5,951	4,880	-1,071	-18%	-100	-1%
-20	14 Older People Mental Health	8,132	6,392	6,075	-317	-5%	-140	-2%
-3,041	Older People & Adult Mental Health Directorate Total	85,200	76,465	72,585	-3,880	-5%	-3,796	-4%

Forecast Variance Outturn (Dec) £'000		Service	Current Budget for 2015/16 £'000	Expected to end of Jan £'000	Actual to end of Jan £'000	Current Variance		Forecast Variance Outturn (Jan)	
						£'000	%	£'000	%
Children's Social Care Directorate									
400	15	Strategic Management – Children's Social Care	2,860	2,455	2,773	317	13%	400	14%
525	16	Head of Social Work	4,192	3,567	3,870	303	8%	370	9%
0		Legal Proceedings	1,530	1,093	1,093	-0	0%	0	0%
0	17	Safeguarding & Standards	1,177	907	988	81	9%	135	11%
400	18	Children's Social Care Access	4,448	3,674	3,996	322	9%	420	9%
0		Children Looked After	10,881	9,569	9,531	-38	0%	-80	-1%
400	19	Children in Need	3,963	3,358	3,465	108	3%	470	12%
0		Disabled Services	5,711	4,757	4,752	-5	0%	0	0%
1,725		Children's Social Care Directorate Total	34,760	29,380	30,469	1,088	4%	1,715	5%
Strategy & Commissioning Directorate									
-252	20	Strategic Management – Strategy & Commissioning	281	345	82	-262	-76%	-252	-90%
-50		Information Management & Information Technology	1,882	1,478	1,417	-61	-4%	-65	-3%
-46		Strategy, Performance & Partnerships	1,536	648	623	-25	-4%	-52	-3%
Commissioning Enhanced Services									
1,500	21	Looked After Children Placements	16,490	12,250	13,478	1,228	10%	1,700	10%
385	22	Special Educational Needs Placements	8,469	9,032	9,248	216	2%	385	5%
0		Commissioning Services	3,706	3,466	3,524	58	2%	0	0%
0		Early Years Specialist Support	1,323	828	840	12	1%	0	0%
625	23	Home to School Transport – Special	7,085	5,337	5,577	240	4%	625	9%
575	24	LAC Transport	671	504	950	446	89%	575	86%
Executive Director									
0		Executive Director	440	343	341	-1	0%	0	0%
0	25	Central Financing	384	71	64	-6	-9%	133	35%
2,737		Strategy & Commissioning Directorate Total	42,268	34,300	36,145	1,844	5%	3,049	7%
Children's Enhanced & Preventative Directorate									
68		Strategic Management – Enhanced & Preventative	1,498	1,304	1,268	-36	-3%	-29	-2%
-60		Children's Centre Strategy	724	522	459	-63	-12%	-60	-8%
0		Support to Parents	3,474	865	863	-2	0%	0	0%
-15		SEND Specialist Services	5,727	4,481	4,562	81	2%	-15	0%
0		Safer Communities Partnership	7,238	5,547	5,545	-2	0%	0	0%
Youth Support Services									
-4		Youth Offending Service	2,367	1,124	1,021	-104	-9%	-4	0%
-130	26	Central Integrated Youth Support Services	1,169	797	643	-154	-19%	-130	-11%
Locality Teams									
-64		East Cambs & Fenland Localities	3,527	2,702	2,626	-76	-3%	-80	-2%
-42		South Cambs & City Localities	3,989	3,157	3,097	-61	-2%	-41	-1%
-29		Huntingdonshire Localities	2,582	2,029	2,006	-23	-1%	-28	-1%
-275		Children's Enhanced & Preventative Directorate Total	32,295	22,528	22,090	-438	-2%	-387	-1%

Forecast Variance Outturn (Dec) £'000		Service	Current Budget for 2015/16 £'000	Expected to end of Jan £'000	Actual to end of Jan £'000	Current Variance £'000 %		Forecast Variance Outturn (Jan) £'000 %	
Learning Directorate									
192	27	Strategic Management - Learning	-32	1	177	175	13280%	225	707%
-15		Early Years Service	1,831	1,348	1,252	-97	-7%	-15	-1%
-20		Schools Intervention Service	1,741	1,325	1,236	-89	-7%	-40	-2%
-147	28	Schools Partnership Service	1,351	948	931	-18	-2%	-147	-11%
19		Childrens' Innovation & Development Service	164	-193	102	295	-153%	54	33%
-25		Integrated Workforce Development Service	1,473	951	934	-17	-2%	-25	-2%
0		Catering, Cleaning & Grounds Service	-350	-911	-967	-56	6%	0	0%
0		Teachers' Pensions & Redundancy	3,000	3,032	2,899	-133	-4%	0	0%
Infrastructure									
-25		0-19 Organisation & Planning	1,793	1,264	1,170	-94	-7%	-35	-2%
0		Early Years Policy, Funding & Operations	154	114	62	-52	-46%	0	0%
0		Education Capital	176	423	391	-32	-8%	0	0%
920	29	Home to School/College Transport – Mainstream	9,143	5,972	6,592	620	10%	920	10%
899	Learning Directorate Total		20,445	14,274	14,778	503	4%	937	5%
258	Total		299,201	246,664	242,587	-4,077	-2%	-754	0%
Grant Funding									
-346	30	Financing DSG	-23,212	-19,078	-19,344	-266	1%	-319	-1%
0		Non Baselined Grants	-31,130	-22,615	-22,615	0	0%	0	0%
-346	Grant Funding Total		-54,342	-41,692	-41,958	-266	1%	-319	1%
-88	Net Total		244,859	204,971	200,629	-4,343	-2%	-1,073	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	%
1) Strategic Management – ASC	3,931	-2,412	-66%	-2,530	-64%
<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 £2,676k.</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 pressure on the vacancy savings budget.</p>					
2) ASC Practice & Safeguarding	2,129	-1,012	-63%	-1,185	-56%
<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>					
3) Local Assistance Scheme	386	47	15%	-61	-16%
<p>The Cambridgeshire Local Assistance Scheme is now forecasting an overall underspend of £61.3k against budget. This is predominantly due to an underspend of £55k on the investments element of the budget as a result of a lack of suitable investment opportunities. The expected spend on the direct grant provision and administration of the scheme is forecast to be £280k at year-end based on current demand levels.</p>					

Service	Current Budget for 2015/16	Current Variance		Forecast Variance Outturn	
	£'000	£'000	%	£'000	%
4) Learning Disability Services	58,380	1,076	2%	2,262	4%

Across the Learning Disability Partnership (LDP) at the end of January the ongoing pressure from known commitments decreased from a total of £3,421k to £3,013k. These figures reflect the full pooled budget not just the County Council share. The figures include the commitments and 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 remain at £175k. This gives a forecast outturn of £2,838k. Of this, £2,262k relates to the County Council after the pooled budget risk share with the NHS is taken into account.

This forecast represents a decrease in the forecast overspend of £409k (£326k after NHS risk share) from last month. The principal changes this month are the result of:

- Commitments decreasing as needs change and services end: -£143k (South -£78k, North -£65k).
- Additional costs from changed needs, placement and carer breakdown: £99k (South £28k, North £38k, and £33k in Young Adults).
- Reduction expectation of expected placement breakdowns: -£75k
- Correction to forecast for direct payments infrastructure contract wrongly allocated to LDP: -£111k
- Decrease in Provider Services forecast, due to reduced running costs at Horizon of -£31k, and adjustment to the provision for overtime in accommodation services to ensure that rotas are covered in these services that are regulated by the Care Quality Commission of -£156k.
- A net combination of more minor adjustments totaling an increase of £8k

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. This has been in place now for a number of months and the greater level of scrutiny this provides has focused work on ensuring the accuracy of the commitment records that are used to produce the forecast outturn. This level of scrutiny will continue.

Work within the teams on reviewing areas of funding in packages of care will continue at a pace. All workers have a full understanding of the budget pressures and the need to provide cost effective services is included in each individual workers personal development plans.

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.

- 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.
- 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.

Service	Current Budget for 2015/16	Current Variance		Forecast Variance Outturn	
	£'000	£'000	%	£'000	%
Learning Disability Services continued Additional frontline staff have been recruited to provide more capacity to undertake reviews and reassessment; all new recruits are now starting to come into post. 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. 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. These budget surgeries have brought about better understanding of all of the budget areas enabling more accurate forecasting. Many of the cost pressures identified within the in house services have now been offset by doing this. We are further developing the process for tracking costs for young people with a learning disability as they prepare for adulthood.					
5) Physical Disabilities incl. Head of Services	13,376	175	2%	-142	-1%
The underspend in Disability Services (Physical Disability, Sensory Loss, HIV and Vulnerable Adult and Autism Services) has decreased by £53k. In the main the continuing 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. A reduction in income expectation is the main cause of the underspend reducing during January. 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.					
6) Carers Service	2,121	-750	-34%	-563	-27%
Allocations to individual carers remain below expected levels, and as such, the anticipated underspend is currently forecast to be £563k. 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. However, activity has increased since last month which has led to the underspend decreasing by £51k This area will continue to be monitored closely as the new arrangements embed further.					

Service	Current Budget for 2015/16	Current Variance		Forecast Variance Outturn	
	£'000	£'000	%	£'000	%
7) Director of Older People and Mental Health Services	8,685	-1,722	-15%	-1,915	-22%
<p>The forecast underspend has increased by a further £310k since last month. This is primarily due to an expected £250k underspend on vacancy savings, reflecting difficulties experienced in recruiting to posts across the directorate (and the first year in which Reablement staff have been employed directly). Further underspends of £20k in relation to social care needs for prisoners and £35k on deferred payments have been identified in addition to the previously reported figures below.</p> <p>Previously reported underspends under this heading are principally the result of:</p> <ul style="list-style-type: none"> • services to respond to new responsibilities for social care needs for prisoners are still being established with the likely underspend this year being £259k. • 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. • 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. • reductions realised on housing related support totaling £300k; this has been shown as a permanent saving in Business Planning • the one off impact of a longstanding deferred payment debt of £150k which has now been collected. • A one-off underspend of £258k on a centrally held seasonal cost of care budget which is now not expected to be utilised, reflecting the favourable overall Older People's cost of care forecast, managed through the locality teams <p>Any savings which will continue into next year will contribute towards meeting planned savings targets.</p>					
8) City & South Locality	18,594	628	4%	-710	-4%
<p>The forecast underspend has increased from £440k underspend by £270k to £700k.</p> <p>£99k of this is due to a planned reduction in agency reducing the staffing overspend to £36k for this year. Through the new social care recruitment and retention strategy it is believed that a balanced staffing budget can be achieved next year reducing the reliance on agency workers.</p> <p>There has been a £135k cost of care reductions this month. Other than a small increase in direct payment and day care costs there have been decreases in all other care types including £75k on dom care, although much of this is through hospital admittance and so there may be further care required in the future.</p> <p>This month hospital discharges outstripped hospital admittances by £55k which is likely the winter pressure costs starting to come through. Again there have been numerous deaths and ended packages making up a saving of £259k with only £63k of new packages and £64k of increased packages.</p> <p>As a change in the start date of contributions has been implemented as of 24th January a £36k assumption of additional income has been included for the next two months. This is the part year effect of the changes made for next year's business plan.</p>					

Service	Current Budget for 2015/16	Current Variance		Forecast Variance Outturn	
	£'000	£'000	%	£'000	%
9) Fenland Locality	8,262	-102	1%	230	3%
<p>Savings continue to be difficult to make on individual packages of care, it appears clear at this point that Fenland will not reach a balanced budget this year.</p> <p>The outturn position has increased by £50k to £230k 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. As well as an £80k pressure due to unforeseen service users being made ordinarily resident in Cambridgeshire from Norfolk.</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>					
10) Hunts Locality	12,439	-243	-2%	-115	-1%
<p>An underspend of £115k against budget is now predicted. This is being achieved through reductions in cost of care following reviews and increases in CHC funding awarded. The team are working hard to improve client contributions and it is anticipated that recent policy changes relating to the start date for client contributions will further increase these by the end of the financial year.</p>					
11) Reablement, Occupational Therapy & Assistive Technology	7,940	-822	-13%	-558	-7%
<p>An underspend of £558k continues to be reported for Reablement, Occupational Therapy and Assistive Technology due to the following previously reported underspends:</p> <ul style="list-style-type: none"> • 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. • 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. • £200k 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>And the following, anticipated on an ongoing basis, through the Business Plan</p> <ul style="list-style-type: none"> • reduction in the overheads related to Occupational Therapy, as this service moved to a new NHS provider this year (£44k). • capitalisation of Assistive Technology spend, which generates £125k revenue saving 					

Service	Current Budget for 2015/16	Current Variance		Forecast Variance Outturn	
	£'000	£'000	%	£'000	%
12) Integrated Community Equipment Service (ICES)	802	307	10%	-400	-50%
ICES reports a forecast underspend of -£400k; reflecting the intention to charge an additional £400k of equipment spend to the capital budget.					
13) Adult Mental Health	7,132	-1,071	-18%	-100	-1%
The underlying Adult Mental Health cost of care forecast has improved slightly since last month, and spending reductions will continue to be a focus in this area; there are underlying pressures of £66k this month, however it is still expected that the forecast underspend will be achieved.					
14) Older People Mental Health	8,132	-317	-5%	-140	-2%
Older People Mental Health is forecasting an underspend of £140k. Spending on cost of care has reduced during the course of the year and is now progressing roughly in line with budget; client contributions have been higher than budgeted for throughout the year and so are now generating the reported underspend.					
15) Strategic Management - Children's Social Care	2,860	317	13%	400	14%
<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> <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 remains problematic which may be due in part to that area bordering a number of other Local Authorities. This area holds the highest amount of vacancies and is therefore more reliant on agency social workers 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>					

Service	Current Budget for 2015/16	Current Variance		Forecast Variance Outturn	
	£'000	£'000	%	£'000	%
16) Head of Social Work	4,192	303	8%	370	9%
<p>The Head of Social Work budget is forecasting an over spend of £380k.</p> <p>The adoption allowances budget is forecasting an overspend 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. The over spend is mostly attributable to demographic pressures and previously no demography has been allocated to reflect the rise in numbers.</p> <p>The overspend has been mitigated by an underspend of £145k in the Clinicians budget which has arisen due to recruitment difficulties. Initially there were three unsuccessful recruitment campaigns that resulted in continuing vacancies as there were no applicants, or applicants that we were not able to appoint. Between September 2015 and the end of January 2016 we have been further delayed in the recruitment process by CPFT human resources delays and on CPFT's part in relation to the partnership agreement between CPFT and CCC. These issues have now been resolved and recruitment is underway.</p> <p><u>Actions being taken:</u> The adoption pressure is now being managed as part of the 2016/17 Business Planning process. We are implementing a review of all adoption allowances and updating our policy in order to better manage our costs.</p>					
17) Safeguarding & Standards	1,177	81	9%	135	11%
<p>The Safeguarding and Standards budget is forecasting an over spend of £135k.</p> <p>In Head of Safeguarding and Standards there is a £72.5k pressure due to the use of seconded and agency staff to cover the increased number of initial and review child protection conferences and initial and review Looked After Children Reviews. The numbers of looked after children and children with a child protection plan is significantly higher than the last five years.</p> <p>There is a further pressure of £62.5k in Complaints through an increase in Stage 2 and Stage 3 complaints and the associated costs in dealing with these cases.</p> <p><u>Actions being taken:</u> We are looking to manage the Complaints pressure from within CSC going forward into 2016/17.</p>					
18) Children's Social Care Access	4,448	322	9%	420	9%
<p>The Access budget is forecasting an over spend of £420k due to the use of agency staffing in both Children's Social Care Access and First Response services.</p> <p>Please see Strategic Management Children's Social Care (note 15) above.</p>					
19) Children In Need	3,963	108	3%	470	12%
<p>The Children in Need budget is forecasting an over spend of £470k due to the use of agency staffing in the Children in Need Service.</p> <p>Please see Strategic Management Children's Social Care (note 15) above.</p>					

Service	Current Budget for 2015/16	Current Variance		Forecast Variance Outturn	
	£'000	£'000	%	£'000	%
20) Strategic Management – S&C	281	-262	-76%	-252	-90%

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.

21) Looked After Children Placements	16,490	1,228	10%	1,500	9%
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Client Group	Budgeted Packages	31 Dec 2015 Packages	31 Jan 2016 Packages	Variance from Budget
Residential Disability – Children	2	2	1	-1
Child Homes – Secure Accommodation	0	1	0	-
Child Homes – Educational	8	11	10	+2
Child Homes – General	16	25	27	+11
Supported Accommodation	15	26	24	+9
Supported living 16+	9	10	12	+3
Fostering & Adoption	261	230	232	-29
TOTAL	311	305	306	-5

Overall Looked After Children (LAC) numbers at the end of January 2016, including placements with in-house foster carers, residential homes and kinship, are 586, 51 more than 1 April 2015 but 3 fewer than the end of December 2015.

External placement numbers (including 16+ and supported accommodation) at the end of January are 306, 1 more than in December.

Based on the latest information on the LAC Placements commitment record (including 16+ and supported accommodation) the service is now forecasting an overspend of £2,050k prior to any corrective actions. 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 £50k. 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 15.61 more residential placements and 22.65 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 £1.7m is reported as a result of a combination of further savings (detailed below) and use of CFA reserves. This is an increase of £200k on last month's reported position following increased demand for residential placements.

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 £2,050k. 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	£292k	£0k
Assisted Boarding	£0k	£0k (unless children are placed in-year)	£0k
Creative Care	£0k	£0k	£0k
Conversion of IFAs to in-house	£0k	£110k	£110k
Alternatives to care staffing			
Total	£292k	£402k	£110k

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 £190k of the reserve will be required in 15/16, which will offset part of the current overspend.

Growth included within the forecast is £50k 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.

22) SEN Placements	8,469	216	2%	385	5%
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OFSTED Category	1 Apr 2015	31 Dec 2015	31 Jan 2016	Variance from 1 Apr 2015
Autistic Spectrum Disorder (ASD)	98	102	103	+5
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	-
Total	160	155	156	-4

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>SEN Placements continued</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. There continues to be growth in demand for independent educational placements, with increasing complexity of need.</p> <p><u>Going forward into 2016/17 we will continue to:-</u></p> <ul style="list-style-type: none"> • Actions in the Placements Strategy are aimed at returning children to within County borders and reducing Education Placement costs. • Offer a shared care service enabling parents to continue to keep children at home has recently come on line. • 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. • 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. • Establish ASC specialist cabin provision for the primary sector. • Review SEBD provision and look to commission additional specialist provision. • 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. • 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. 					
23) Home to School Transport – Special	7,085	240	4%	625	9%
<p>The forecast for Home to School Transport – Special, taken from the commitment record, is an overspend of £909k. 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"> • 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 • Reviews to reduce the number of single occupancy journeys undertaken and rationalise routes where possible. 					

Service	Current Budget for 2015/16	Current Variance		Forecast Variance Outturn	
	£'000	£'000	%	£'000	%
Home to School Transport - Special continued <ul style="list-style-type: none"> Changes to the SEN post-16 transport policy, introducing contributions from parents / carers to transport costs. Working with Health professionals to agree an alternative to using ambulances for Home to School Transport. <p>To manage the pressure going forward, the following options are being worked on:</p> <ul style="list-style-type: none"> 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. 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. 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. 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. Investigating the use of Personal Travel Budgets. 					
24) LAC Transport	671	446	89%	575	86%
<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"> Investigate providing allowances for in-house foster carers to provide Home to School Transport. Conduct a recruitment campaign to increase the number of volunteer drivers within Cambridgeshire and therefore reduce the average cost per mile for LAC Transport. Review all LAC routes for possibility to combine with existing Mainstream and SEN transport routes. Improved procurement and a target reduction in the number of short notice journeys. Additional challenge is provided by the Statutory Assessment & Resources Team (StART) for all transport requests. <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	%
25) Central Financing	384	-6	-9%	133	35%
There is a new commitment of £133k following Children and Young People Committee's resolution that the Local Authority should financially support Bottisham Multi-Academy Trust's sponsorship of the Netherhall School.					
26) Central Integrated Youth Support Services	1,169	-154	-19%	-130	-11%
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.					
27) Strategic Management – Learning	-32	175	13280%	225	707%
<p>There is a pressure of £225k on Strategic Management – Learning.</p> <p>A pressure of £170k exists on the Directorate's vacancy savings target. 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. This pressure has reduced from £200k to £170k since the last quarter as a result of increased vacancies in the Directorate.</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> <p>There is an over-recovery of income of £5k as a result of increased buy-back of the FFT and NCER systems by schools.</p> <p>There is a pressure of £68k on Business Support as a result of savings budgeted for not being realised. This will be addressed in full in 16/17 through a business support restructure. It was hoped in-year vacancies would realise this saving but that has not been the case.</p>					
28) Schools Partnership Service	1,351	-18	-2%	-147	-11%
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.					

Service	Current Budget for 2015/16	Current Variance		Forecast Variance Outturn	
	£'000	£'000	%	£'000	%
29) Home to School / College Transport – Mainstream	9,143	620	10%	920	10%

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

30) Financing DSG	-23,212	-266	-1%	-319	-1%
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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 (-£29k), SEND Specialist Services (-£15k) and E&P Locality teams (-£22k).

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 £319k 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.

Grant	Awarding Body	Expected Amount £'000
Grants as per Business Plan		
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	800
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
Total Non Baselined Grants 2015/16		31,130

Financing DSG	Education Funding Agency	23,212
Total Grant Funding 2015/16		54,342

The non baselined grants are spread across the CFA directorates as follows:

Directorate	Grant Total £'000
Adult Social Care	3,418
Older People	16,116
Children's Social Care	871
Strategy & Commissioning	111
Enhanced & Preventative Services	9,730
Learning	884
TOTAL	31,130

APPENDIX 4 – Virements and Budget Reconciliation

	Effective Period	£'000	Notes
Budget as per Business Plan		244,270	
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
Current Budget 2015/16		244,859	

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 Jan 16		
	£'000	£'000	£'000	£'000	
General Reserve					
CFA carry-forward	0	0	0	1,073	Forecast underspend of £1,073k applied against reserves.
subtotal	0	0	0	1,073	
Equipment Reserves					
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	98	Replacement reserve for IT for Looked After Children. Laptops to be replaced in 2015/16.
subtotal	744	159	903	98	
Other Earmarked Funds					
Adult Social Care					
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.
Older People & Mental Health					
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	-12	118	75	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 Jan 16		
	£'000	£'000	£'000	£'000	
Social Work Recruitment	120	-12	108	93	Social Work recruitment stability / strategy post to cover the next two years.
Home Care Development	90	-14	76	61	Managerial post to take forward proposals that emerged from the Home Care Summit - e.g. commissioning by outcomes work
Falls Prevention	80	0	80	44	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	25	£50k for 12 months role
Live in Care	20	29	49	39	Trialing the Adult Placement Scheme within OP&MH
Children Social Care					
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	-52	28	28	Six months temporary posts
Fostering Marketing Manager	50	-50	0	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	14	Committed for adaptations to respite carer homes.
Strategy & Commissioning					
Building Schools for the Future	477	-227	250	92	Funding allocated to cover full programme and associated risks. Projected £128k ICT risk, plus £30k for transition from Dell contract and equipment repair.
Flexible Shared Care	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 Jan 16		
	£'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	139	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
Enhanced & Preventative					
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	-240	80	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	183	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	30	Trialing an all age locality lead professional - Appoint 5 and see how they get and how the idea works
Learning					
Trinity School	105	-50	55	55	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	+50	184	0	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	0	0	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 Jan 16		
	£'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	-13	0	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
Cross Service					
SW recruitment and retention	674	-332	342	240	Reserves funding for 2015/16.
Other Reserves (<£50k)	255	-4	251	0	Other small scale reserves.
Subtotal	7,533	-1,448	6,036	3,143	
TOTAL REVENUE RESERVE	8,277	-1,289	6,939	4,314	
Capital Reserves					
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	3,674	6,448	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	5,053	5,053	0	The Capital Maintenance allocation received in 2014/15 will be spent in full.
Other Children Capital Reserves	635	260	895	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.
TOTAL CAPITAL RESERVE	6,272	12,205	18,477	1,778	

(+) 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 (Jan)	Forecast Spend - Outturn (Jan)	Forecast Variance - Outturn (Jan)	Total Scheme Revised Budget	Total Scheme Forecast Variance
£'000		£'000	£'000	£'000	£'000	£'000	£'000
	Schools						
27,500	Primary Schools - New Communities	15,657	8,783	15,185	-471	95,765	3,400
32,611	Primary Schools - Demographic Pressures	39,753	30,212	36,391	-3,362	125,450	17,834
1,810	Primary Schools – Adaptations	1,882	1,738	1,803	-79	6,541	0
16,000	Secondary Schools - New Communities	16,906	11,162	14,237	-2,669	114,596	-4,150
9,936	Secondary Schools - Demographic Pressures	8,747	3,164	7,516	-1,232	113,380	-12,070
0	Final Payments	0	-13	0	0	0	0
250	Building Schools for the Future	363	106	363	0	9,118	0
1,126	Devolved Formula Capital	2,248	2	1,550	-698	17,425	0
0	Universal Infant Free School Meals	164	149	164	0	0	0
3,400	Condition, Maintenance and Suitability	3,521	4,697	4,850	1,329	47,578	1,450
300	Site Acquisition and Development	300	20	300	0	1,870	0
500	Temporary Accommodation	500	1,332	1,500	1,000	8,748	0
0	Youth Service	134	8	134	0	0	0
4,307	Children Support Services	4,607	738	1,983	-2,623	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
104,854	Total CFA Capital Spending	101,988	62,240	90,369	-11,619	569,059	4,464

Primary School - New Communities £471k slippage.

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. The Shade, Soham has also experienced £30k accelerated spend for initial design and feasibility works. The accelerated spends have been offset by North West Cambridge (NIAB site);-£50k slippage due to limited design work being completed and Alconbury 1st Primary(£552k) where poor weather has disrupted mobile cranes lifting frame into place.

Primary School – Demographic Pressures £3,362k 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 (£75k)

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
- Fawcett Primary (£163k) rephrasing of the access road within the scheme timescales. Scope and location continues to be planned therefore no design
- Wisbech 1 Form Entry additional places (£80k) Project scope and location continues to be planned therefore no design fees have commenced as originally planned.

Secondary Schools – New communities’ £2,669k slippage

Southern Fringe Secondary scheme has experienced slippage (£2,600k) due to approximately twelve weeks delay in construction (£1,809k), this has a knock on effect in procuring fitting and fixtures and ICT equipment (£791k). Northstowe secondary is also reporting slippage (£69k) as design work has not progressed as quickly as expected and is at early option/feasibility stage.

Secondary Schools - Demographic Pressures £1,232k 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. The slippage of these schemes is offset slightly by accelerated spend experienced by North

Cambridgeshire Secondary (£151k). The project has started onsite January 2016 triggering the first payments from Peterborough City Council.

Devolved Formula Capital £698 slippage

Devolved Formula Capital (DFC); (£698k) slippage. The forecast reflects DFC being a three year rolling funding stream and historical trend of school rolling forward balances.

Condition, Maintenance and Suitability £1,329k overspend

The forecast £1,329k overspend is due to Castle and Highfield Special School projects continuing from 2014/15 due to delays on site, (£700k) together with significantly higher than anticipated tender prices for kitchen ventilation works required to meet health and safety standards and projects requiring urgent attention to ensure school remained operational (£629k)

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 £2,623k slippage

Trinity School (£2,623k) 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 (Jan) £'000	Forecast Funding Variance - Outturn (Jan) £'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	1,550	-698
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	884	884	0
34,262	Prudential Borrowing	43,355	33,120	-10,235
27,352	Prudential Borrowing (Repayable)	29,497	29,497	0
104,853	Total Funding	101,986	90,369	-11,617

The overall position of the Capital Plan for January 2016 is a net reduction in prudential borrowing of £2,576k




The overall net impact of the movements within the capital plan, results in an expected £11,619k underspend in 2015/16 £684k is adult social care grant which is required to be carried forward into future years, along with £698k of Devolved Formula Capital grant.

6.2 Key Funding Changes 2015/16


Previously reported key funding changes that are still applicable are detailed in the table below.




Funding	Amount (£m)	Reason for Change
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 December 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	95.9%	96.0%	95.8%	Dec 15		A	Whilst we have just missed the target for 2015 we have improved on our performance since last year by over 1%. In order to make further improvements we will need to ensure that there is appropriate tailor made provision in learning for our most vulnerable learners.
% Clients with SEND who are NEET	Enhanced & Preventative	9.5%	9.5%	10.0%	Q3 (Oct to Dec 2015)		A	Whilst we have not met our target, NEET for young people with SEND has reduced by over 2% from the same point last year when it was 12.2%.
The proportion pupils attending Cambridgeshire Primary schools judged good or outstanding by Ofsted	Learning	79.7%	75.0%	79.7%	Dec-15		G	154 Primary schools are judged as good or outstanding by Ofsted covering 36251 pupils. One maintained primary school remains in an Ofsted category and has specific actions plans in place to support their improvement. (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 Secondary schools judged good or outstanding by Ofsted	Learning	47.4%	75.0%	47.4%	Dec-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)
The proportion pupils attending Cambridgeshire Special schools judged good or outstanding by Ofsted	Learning	86.6%	75.0%	86.6%	Dec-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	86.8%	85.0%	87.7%	Dec-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

Measure	Responsible Directorate(s)	Previous period	Target	Actual	Date of latest data	Direction of travel (from previous period)	RAG Status	Comments
RBT-I - Proportion of service users requiring no further service at end of re-ablement phase	Older People & Mental Health	55.5%	57.0%	55.0%	Dec-15		A	The proportion of service users requiring no further service at the end of re-ablement 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 re-ablement 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.
BCF 2A PART 2 - Admissions to residential and nursing care homes (aged 65+), per 100,000 population	Older People & Mental Health		646	565	2014-15		G	This provisional score is calculated using 2nd cut submission data from the SALT return. This new method is different to previous years and as such a direct comparison could be misleading. This indicator is measured annually

Measure	Responsible Directorate(s)	Previous period	Target	Actual	Date of latest data	Direction of travel (from previous period)	RAG Status	Comments
The number of looked after children per 10,000 children	Children's Social Care	44.3	32.8 - 38.5	44.8	Dec-15		R	The number of Looked After Children increased to 589 during December 2015. 46 (7.8%) of these are Unaccompanied Asylum Seeking Children (UASC). The current target has been set with an upper limit equating to 500 LAC by April 2016. The savings required on the LAC placements budget are significant. Within the LAC Placements Strategy there are a number of work streams 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	Children's Social Care	20.9%	25.0%	20.5%	Dec-15		G	Performance in re-referrals to children's social care has improved to just below 21% during December and is now better than target again.
% CAFs where outcomes were achieved	Enhanced & Preventative	77.8%	80.0%	76.9%	Dec-15		A	Performance continues to fall 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	484	406	466	Nov-15		R	<p>The Cambridgeshire health and social care system is experiencing a monthly average of 2,398 bed-day delays, which is 15% above the current BCF target ceiling of 2,088. In November there were 1,757 bed-day delays, down 125 from the previous month, below the monthly target for the second consecutive month.</p> <p>The DToC 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 turns 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>Between December '14 and November '15 there were 29,991 bed day delays across the whole of the Cambridgeshire system - representing a 5% decrease on the preceding 12 months.</p> <p>Across this period NHS bed-day delays have increased by 5% from 20,269 (Dec 13 - Nov 14) to 21,412 (Dec 14 - Nov 15), while bed-day delays attributed to Adult Social Care have decreased from 9,337 (Dec 13 - Nov 14) to 7,116 (Dec 14 - Nov 15) an improvement of 24%.</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	123	94	118	Nov-15	↓	R	Between April - Nov '15 there were 4,864 bed-day delays recorded attributable to ASC in Cambridgeshire. This translates into a rate of 118 delays per 100,000 of 18+ population. For the same period the national rate was 103 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	15.4%	12.5%	15.6%	Dec-15	↑	G	We have now been assured by CPFT that these figures are reliable following our concerns relating to discrepancies between locally and nationally reported data by CPFT.
1E - Proportion of adults with learning disabilities in paid employment	Adult Social Care	1.4%	7.5%	1.7%	Dec-15	↑	R	Though performance is very low at the moment, employment information is collected at a client's annual review so numbers are expected to increase in the second half of the year when most reviews are planned.

Measure	Responsible Directorate(s)	Previous period	Target	Actual	Date of latest data	Direction of travel (from previous period)	RAG Status	Comments
FSM/Non-FSM attainment gap % achieving L4+ in Reading, Writing & Maths at KS2	28	21	28	2015		➔	R	Provisional data for 2015 suggests that the gap has remained unchanged at KS2. The Accelerating Achievement Strategy is aimed at these groups of children and young people who are vulnerable to underachievement so that all children and young people achieve their potential. All services for children and families will work together with schools and parents to do all they can to eradicate the achievement gap between vulnerable groups of children and young people and their peers.

APPENDIX 8 – CFA Portfolio at end of December 2015

Programme/Project and Lead Director	Brief description and any key issues	RAG
Transforming Lives/Care Act Programme: 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
Learning Disability Spend: 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
Building Community Resilience Programme: 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
Older People Service Development Programme: 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
CFA Strategy for 2016-20: 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
Accelerating Achievement: 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
LAC Placements Strategy: 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
Early Help: 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; APPOINTMENTS
TO INTERNAL ADVISORY GROUPS AND OUTSIDE BODIES AND COMMITTEE
TRAINING PLAN**

To: Children and Young People Committee

Meeting Date: 8th March 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 receive any reports back from Councillors on the relevant outside bodies on which they represent the Committee and to note the Committee's Training Plan.

Recommendation: It is recommended that the Children and Young People Committee:-

1. Notes the agenda plan set out at Appendix A.
2. Receives any reports back from representatives on outside bodies.
3. Notes the Committee's Training Plan.

<i>Officer contact:</i>	
Name:	Kathrin John
Post:	Democratic Services Officer
Email:	kathrin.john@cambridgeshire.gov.uk
Tel:	01223 699171

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. CHILDREN AND YOUNG PEOPLE COMMITTEE TRAINING PLAN

- 3.1 A copy of the current Committee training plan is attached at Appendix B.

4. ALIGNMENT WITH CORPORATE PRIORITIES

4.1 Developing the local economy for the benefit of all

There are no significant implications for this priority.

4.2 Helping people live healthy and independent lives

There are no significant implications for this priority.

4.3 Supporting and protecting vulnerable people

There are no significant implications for this priority

5. SIGNIFICANT IMPLICATIONS

- 5.1 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

Source Documents	Location
None	N/A

CHILDREN AND YOUNG PEOPLE POLICY AND SERVICE COMMITTEE AGENDA PLAN

Published: 1st March 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
08/03/16	Minutes and Action Log	Democratic Services	Not applicable	28/01/16	23/02/16	26/02/16
	Children's and Adolescent Mental Health Services (CAMH)	M Teasdale	Not applicable			
	Looked After Children (LAC) Placement Strategy	Meredith Teasdale	Not applicable			
	Building Community Resilience	R Hudson/ M Teasdale	Not applicable			
	Appointment of an Alternative Sponsor for the new Secondary and Special Schools in Littleport	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

Committee date	Agenda item	Lead officer	Reference if key decision	Spokes meeting date	Deadline for draft reports	Agenda despatch date
24/05/16	Minutes and Action Log	Democratic Services	Not applicable	21/04/16	10/05/16	13/05/16
	Co-option of Diocesan representatives					
	School Sponsor Selection Process	C Buckingham	2016/023			
	National Free School Process	H Belchamber	Not applicable			
	Histon and Impington, Review of Primary Provision	H Belchamber/ R Lewis	Not applicable			
	Review of Secondary Provision in Cambridge	H Belchamber/ R Lewis	Not applicable			
	Children's Centres	S Ferguson	Not applicable			
	Cambridgeshire Music Service	K Grimwade	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
12/07/16	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			
	Review of Primary Provision in Cambridge	C Buckingham	Not applicable			
	Risk Register	A Loades	Not applicable			
	Arrangements for a Regional Adoption Agency	T Collins	Not applicable			

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>[16/08/16] Provisional Meeting</i>				28/06/16	02/08/16	05/08/16
13/09/16	Minutes and Action Log	Democratic Services	Not Applicable	02/08/16	30/08/16	02/09/16
	Fenland Secondary School Review	C Buckingham	Not applicable			
	Recruitment and Retention Strategy	C Black	Not applicable			
	Sufficiency of Early Years Places	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>[11/10/15] Provisional Meeting</i>				06/09/16	27/09/16	30/09/16
08/11/16	Minutes and Action Log	Democratic Services	Not Applicable	04/10/16	25/10/16	28/10/16
	Finance and Performance Report	C Malyon/ M Wade	Not Applicable			
	Agenda Plan: Appointments to Outside Bodies and Training Plan	Democratic Services	Not Applicable			
<i>06/12/16 Provisional Meeting</i>				19/10/16	22/11/16	25/11/16
17/01/17	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			

Committee date	Agenda item	Lead officer	Reference if key decision	Spokes meeting date	Deadline for draft reports	Agenda despatch date
	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
06/06/17	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

For further information, please contact Quentin Baker on 01223 727961 or Quentin.Baker@cambridgeshire.gov.uk

CHILDREN AND YOUNG PEOPLE COMMITTEE TRAINING PLAN	Updated: 25 February 2016	<u>Appendix B</u>
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Ref	Subject	Desired Learning Outcome/Success Measures	Date	Lead	Nature of training	Attendance by:	Cllrs Attending	% of total CYP Comm
1.	Special Educational Needs – strategy, role and operational delivery	Members will develop an enhanced understanding of the range of services provided and the future direction of travel.	Tba	Helen Phelan	Meeting	CYP Committee	P Stanton, D Divine, D Brown, F Onasanya, J Wisson	
2.	Youth Offending Service	Members to gain an overall understanding of the purpose of the service and the challenges it faces.	Tba	Anna Jack	Meeting	CYP Committee	S Bywater, F Onasanya, J Wisson, L Nethsingha, P Downes,	
3.	Understanding Children's Centres and Health Visiting	Members will have enhanced knowledge of the range of early help services provided through children's centres and of health visiting.	Tba	Jo Sollars	Tbc but likely a visit	CYP Committee	D Divine, J Whitehead, D Brown, F Onasanya , J Wisson,	
4.	Visit a Children's centre to speak to staff	Through interaction with staff, Members will gain insight into the working of a Children's centre.	Tba	Jo Sollars	Visit to be linked to above	CYP Committee	J Whitehead, D Brown, J Wisson,	
5.	Together for Families	Members will develop an enhanced understanding of the range of services provided and the future direction of travel.	9 October	Alison Smith	Member Seminar	All Members – (as part of a general	D Divine, D Brown, P Downes	

Ref	Subject	Desired Learning Outcome/Success Measures	Date	Lead	Nature of training	Attendance by:	Cllrs Attending	% of total CYP Comm
						member seminar)		
6.	Locality teams, School Nursing and Family Intervention Partnership (FIP) workers	Members will be more familiar with the range of Early Help services provided by the Authority	Tba – <i>due to staff changes, suggest for May 16</i>	Lorraine Lofting/ Sarah Tabbitt (tbc)	Visit, likely linked to the topic below	CYP Committee	P Stanton, F Onasanya , J Wisson, J Whitehead, D Brown,	
7.	Sit on a Multi Systemic Therapy (MST) Consultation	Members will obtain a greater practical understanding of the role and application of MST.	Tba	Tom Jefford/B rigitte Squire	Visit	CYP Committee	F Onasanya , J Wisson, L Nethsingha	
8.	Early Support, under 5's with complex needs visit	Members will have increased practical understanding and knowledge of our early support and complex needs services	Tba	Helen Phelan	tbc	CYP Committee	D Divine, D Brown, F Onasanya,	
9.	Early Years: Baseline assessment and Early years places	Members will have an increased understanding of baseline assessments and place planning for early years	Nov 15	Gill Harrison	Meeting	CYP Committee	D Divine, D Brown, F Onasanya, L Nethsingha, P Downes	40%
10.	School Improvement and accelerating achievement of vulnerable groups	To gain a greater understanding of the role of the local authority in school improvement	Tba	Rosemar ie Sadler	Seminar	CYP Committee	P Stanton, D Divine, D Brown, S Bywater, D Harty, J Wisson, L Nethsingha,	
11.	Place planning; commissioning new schools, admissions and Transport	Members will have a clearer understanding of the Council's responsibilities in relation to our statutory duties and approach to place planning and admissions and transport policies.	18 Sept 15	Hazel Belcham ber	Meeting	CYP Committee	P Stanton, D Divine, D Brown, D Harty, J Wisson, L Nethsingha	75%

Ref	Subject	Desired Learning Outcome/Success Measures	Date	Lead	Nature of training	Attendance by:	Cllrs Attending	% of total CYP Comm
12.	Visit to a social work unit to speak with social workers and front line staff	Members will gain insight into the practical operation of a social work unit.	Dates below – further information available	Emma Nederpel	Visit	CYP Committee	P Stanton, D Divine, J Whitehead, D Brown, F Onasanya , J Wisson, P Downes, Polly Stanton	18%
	<p>Child in Need (CIN) Units:</p> <ul style="list-style-type: none"> Cambridge – (October: 1,6,7, 8, 13, 14) or(November: 3, 4, 5, 10, 18) Ely – (October: 15, 19) or (November: 12, 16, 23) Wisbech – (October: 27) Huntingdonshire – (November: 11) <p>Looked After Children (LAC) Units:</p> <ul style="list-style-type: none"> Cambridge – (October: 13, 21) or (November: 17, 18) Ely – (October: 28) or (November: 19, 23, 25) <p>Disability (CIN):</p> <ul style="list-style-type: none"> ButtsgrroveHuntingsdonshire – (October: 20) or (November: 24) 							
13.	Meet a foster carer to hear how they support children	Members will gain a broader understanding of fostering.	Nov 15	Tracy Collins	Meeting	CYP Committee	J Wisson,	0%
14.	Safeguarding, Local Authority Designated Officer (LADO), Serious Case Reviews and the role of the Local Safeguarding Children's Board (LSCB)	Members will have enhanced knowledge of the Council's safeguarding responsibilities and will be able to identify the role of the LADO and LSCB.	15 October 2015 (11:30-12:30) Shire Hall, 218	Sarah Jane Smedmor / Julia Boot	Meeting	CYP Committee	P Stanton, D Divine, S Bywater	100%
15.	Leaving care	Members to better understand the	11 & 18	Tracy	Meeting	CYP	D Brown, S	

Ref	Subject	Desired Learning Outcome/Success Measures	Date	Lead	Nature of training	Attendance by:	Cllrs Attending	% of total CYP Comm
		Council role in relation to care leavers as well as understand the challenges that this area raises.	March 16	Collins / Sarah Edwards		Committee	Bywater, F Onasanya , J Wisson, L Nethsingha,	
16.	Role of the Council in Corporate Parenting	Members to gain greater knowledge of the Council's role in corporate parenting	2 Feb 16	Tracy Collins/ Jacqui Barry	Annual Member Seminar	All Members	D Divine, D Brown, S Bywater, F Onasanya,	
17.	Residential Homes	Members will gain insight into how residential homes operate.	Members may attend at 3pm any Monday and Thursdays.	Tracy Collins / Wendy Bowen / Dave Heath	Meeting then Visit	CYP Committee	D Brown, S Bywater, D Harty, J Wisson,	
18.	Business Planning for 2020	Member to gain a greater understanding of the business planning process and the challenges faces by CYP services.	July / Oct	Rebecca Hudson	Member Seminar	CYP Committee	J Whitehead, D Brown, S Bywater, D Harty, J Wisson	50%
19.	Understanding Performance	Members develop a clearer understanding of the County Council's performance management arrangements and are better able to interpret and question performance data submitted to the Committee		Chris Rundell/ Sarah Bowman	Meeting	CYP Committee	D Brown, S Bywater, J Wisson	