

CHILDREN AND YOUNG PEOPLE COMMITTEE



Cambridgeshire
County Council

Date: Tuesday, 24 May 2016

Democratic and Members' Services

Quentin Baker

LGSS Director: Law, Procurement 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. Notification of Chairman/woman and Vice-Chairman/Woman**
- 2. Apologies and Declarations of Interest**
Guidance for Councillors on declaring interests is available at
<http://tinyurl.com/cccd-dec-of-interests>
- 3. Co-option of Diocesan Representatives**

The Committee is asked to co-opt the following representatives, as non-elected members with voting rights on those matters relating to the Council's education functions. They may speak but not vote on other matters.

- One Church of England diocesan representative - Polly Stanton

- One Roman Catholic diocesan representative - Mr Paul Rossi, Deputy Director of Schools Service, Diocese of East Anglia

5. Petitions

KEY DECISIONS

6. National Free School process

17 - 28

OTHER DECISIONS

7. Educational Outcome in Cambridgeshire

29 - 46

8. Transforming Care Plan

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9. Children's Centres Offer 2017 onwards

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10. Draft CFA Procurement Strategy

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11. Finance and Performance Report - March 2016

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**12. Children and Young People Committee Agenda Plan;
Appointments to Internal Advisory Groups and Outside Bodies**

245 - 264

The Children and Young People Committee comprises the following members:

Councillor Joan Whitehead (Chairwoman) Councillor David Brown (Vice-Chairman)

Councillor Sir Peter Brown Councillor Simon Bywater Councillor Daniel Divine Councillor Peter Downes Councillor Stephen Frost Councillor David Harty Councillor John Hipkin Councillor Maurice Leeke Councillor Mervyn Loynes Councillor Fiona Onasanya and Councillor Julie Wisson

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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Clerk Telephone: 01223 699171

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Public speaking on the agenda items above is encouraged. Speakers must register their intention to speak by contacting the Democratic Services Officer no later than 12.00 noon three working days before the meeting. Full details of arrangements for public speaking are set out in Part 4, Part 4.4 of the Council's Constitution <http://tinyurl.com/cambs-constitution>.

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CHILDREN AND YOUNG PEOPLE COMMITTEE: MINUTES

Date: Tuesday, 8th March 2016

Time: 2.00pm – 3.40pm

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

Apologies: Councillor P Brown and Mr P Rossi (Roman Catholic diocesan representative)

163. DECLARATIONS OF INTEREST

There were no declarations of interest.

164. MINUTES 9th FEBRUARY 2016 AND ACTION LOG

The minutes of the meeting of the Committee held on 9th February 2016 were confirmed as a correct record and signed by the Chairwoman.

The Action Log was noted.

With reference to minute 153, the Chairwoman confirmed that she had written to the organiser of the petition in respect of Fordham Primary School to outline the position in relation to expansion of the school and that a response had been received welcoming the positive update.

165. PETITIONS

No petitions had been received.

166. CHILDREN'S AND ADOLESCENT MENTAL HEALTH (CAMH)

The Committee received a report which provided an update on Children's and Adolescent Mental Health (CAMH) waiting lists and progress made to reduce waiting times. The views of the Committee were sought on future plans to further improve emotional health and well being services in Cambridgeshire, as outlined in the submitted report.

During discussion:

- Following comments by a Member noting the apparent uplift in the waiting list numbers in December 2015, it was reported that waiting list numbers were monitored and updated weekly and that there was currently a downward trend.
- With respect to the apparent reduction in waiting list numbers, a Member pointed out that waiting lists for Attention Deficit Hyperactivity Disorder (ADHD) and Autistic Spectrum Disorder (ASD) had closed in July 2015 and that it was therefore to be expected that numbers would have fallen. In response, it was confirmed that the waiting lists had re-opened on 15 December 2015 and that whilst considerable work had taken place during the intervening period to provide early intervention

and support, there would have been an uplift in the figures after the waiting lists re-opened in December.

- Noting that the waiting list figures were updated weekly yet the data presented in the report only covered the period to 18 December 2015, it was requested that future reports provide more up to date performance information.
- It was noted that the original additional investment from the Clinical Commissioning Group (CCG) had been allocated primarily for core CAMH services. Additional investment of £340k had now been made available to reduce ADHD/ASD waiting list times.
- Following a question, further information was given about the ITHRIVE model which focused on early intervention and investment and aimed to ensure that children and young people thrived in their community and that parents and professionals got the right advice at the right time to address any emerging mental health needs. The model focused on needs rather than a structured tier system. It was suggested that the ITHRIVE model should be the subject of a presentation at a future Members' Seminar. **Action required.**
- Noting that the data in the report had not been presented in a consistent format, it was requested that one method of presenting the data be used in future such reports. In response, it was reported that some of the data was in the format required by the Department of Health but that officers would endeavour to present data in a more consistent way in future reports.
- The development of a combined single point of referral through the Advice and Co-ordination team, and the more holistic approach generally envisaged by the redesign and transformation of CAMHS, was welcomed.
- Following a question from a Member, reference was made to an enhanced model of care being adopted locally for eating disorders with the aim of delivering community based, family focused interventions and reducing the need for inpatient care.

At the end of the debate the Chairwoman summarised the apparent conclusion of the Committee that it welcomed the progress made in reducing waiting times and supported the direction of travel outlined in the Transformation plan.

It was resolved:

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

167. LOOKED AFTER CHILDREN STRATEGY (BUILDING FAMILY RESILIENCE)

The Committee received and considered a report which, in the light of the outcomes of a consultation exercise, presented the final draft of the Looked After Children Strategy 2015 - 2021 (Building Family Resilience), a copy of which was attached at Appendix 1 to the report, and the current version of the Looked After Children (LAC) Action Plan, a copy of which was attached at Appendix 2.

During discussion:

- Concern was expressed at the apparent limited opportunity for Members to review and monitor progress in implementing the LAC Strategy and achieving the challenging savings targets identified for the service. After further discussion, it was concluded that three update reports, highlighting progress against the Action Plan and delivery of savings, should be submitted to the Committee a year and that update reports should also be submitted to the Corporate Parenting Board. **Action required.**
- In response to a question, it was explained that the LAC Commissioning Board was a group of officers from Children, Families and Adults (CFA) which was charged with implementing the LAC Strategy and Action Plan. The CFA Performance Board was the monthly meeting of CFA Directors, chaired by the Executive Director: Children, Families and Adults Services, whose role included monitoring achievement of savings targets.
- Following comments from a Member, it was explained that the table in paragraph 4.2 of the report indicated the number of children becoming looked after and those ceasing to be looked after. Noting that the numbers of Looked After Children did not appear to add up correctly, it was acknowledged that further explanation on presentation of the figures would be helpful in future reports.
- It was noted that there had been a gradual increase in the number of Looked After Children over the last two years, including an increase in the cohort of unaccompanied asylum seeking children.
- The Chairwoman requested that the first update presented to the Committee should include information on the strategy for identifying families at the edge of care. **Action required.**

It was resolved:

To review and approve the final version of the Looked After Children (LAC) Strategy 2015 – 2021 (Building Family Resilience) and the current version of the LAC Action Plan.

168. BUILDING COMMUNITY RESILIENCE

The Committee received a report regarding “Stronger Together – Cambridgeshire’s Strategy for Building Resilient Communities” and which sought Members’ views on the actions taking place in support of the strategy.

During discussion:-

- Following a question, further information was provided on work to review the use of the Council’s assets and to develop community hubs. It was anticipated that further proposals on this initiative would be available within the next two to three months.
- Clarification was sought on whether community hubs would also include public health services. In response, reference was made to the expectation that community hubs would provide information on accessing resources provided by other partners.
- Reference was made to the need for co-ordination between partners in developing the community hub initiative and determining which services would have a

presence in the community hub space. The Service Director: Enhanced and Preventative Services undertook to raise the need for co-ordinated engagement between partners in respect of community hubs at a forthcoming meeting of the Cambridgeshire Public Services Board. **Action required.**

- A Member reported on a village meeting he had organised to consider how the community could develop their own local activities to mitigate public service reductions, which had been followed up by circulation of a questionnaire. The public response had been very encouraging, with large numbers of volunteers coming forward, except in the area of working with young people, in view of concerns around child protection and safeguarding requirements. The Executive Director: Children, Families and Adults Services acknowledged that it was important that the Council developed its communications to explain that there was a proportionate approach to child protection and to provide guidance on how the community could provide support in this area.
- Reference was made to the resource pressures associated with organising and co-ordinating groups of volunteers. In response, reference was made to the role of Youth and Community Co-ordinators in working with Parish Councils, Members and local people to facilitate and co-ordinate local activity and to help build community capacity.
- Following a request, the Member concerned agreed to share a copy of the community questionnaire with other Members, on request.
- Reference was made to the need to acknowledge the increase in Councillor workload associated with the Community Connector role.

It was resolved:

To note and comment on the actions proposed to support the Community Resilience Strategy.

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

The Committee received a report which informed the Committee of the anticipated withdrawal of the Greenwood Dale Foundation Trust (GDFT) as the sponsor of the new secondary and special schools in Littleport which were due to open in September 2017. As a consequence, the report also sought the Committee's endorsement of the Active Learning Trust (ALT) as the Council's preferred sponsor for both schools.

In introducing the report, officers explained that whilst the report indicated that GDFT had withdrawn its sponsorship, the Council had received a letter on 29th February 2016 advising that the Trust Board would not make a final decision on its withdrawal as the sponsor of these two schools until 18th March. However, withdrawal was being recommended to the Trust Board by the Chief Executive of the Trust.

The County Council in a letter to the Trust Chief Executive dated 13th January 2016 had stated its intention to discuss the options available for seeking an alternative sponsor with the Regional Schools Commissioner and, given the timescales involved, to proceed based on his advice unless it heard anything further from GDFT. As nothing had been heard until 29th February, the Council had acted on its stated intention to proceed with the process for securing a new sponsor.

It was noted that the reason for GDFT's anticipated withdrawal from sponsorship of the schools was that it did not support proposals for leasing arrangements in respect of the

proposed leisure centre and associated sports facilities, as outlined in the report.

The Committee was informed that ALT had submitted an updated proposal on 12th February 2016, a copy of which was attached at Appendix 2 to the report. Officers were content that the updated submission had demonstrated the development of ALT as a sponsor and directly addressed comments made by the Council's assessment panel during the initial selection process, when it had been the close "runner up" to the GDFT. ALT was also comfortable with the proposed leasing arrangements for the leisure centre and sports facilities. On that basis, it was recommended that ALT be selected as the Council's preferred sponsor of the two new Littleport schools.

During discussion:

- The Members who had served on the original assessment panel indicated their support for selecting ALT as the preferred sponsor, noting that there had been little to choose between the two proposed sponsors during the initial selection process.
- Councillor Divine, as Local Member for Littleport, confirmed his support for the selection of ALT and it was reported that Councillor Bailey (Local Member for Ely South and West) and Councillor Rouse (Local Member for Ely North and East) also endorsed the proposed selection of ALT.
- It was acknowledged that the Council needed to be clearer in invitations for new school sponsors when there was an expectation that schools would be available for dual use.
- In response to reservations expressed about making a decision prior to receiving confirmation of the withdrawal of GDFT, it was reported that the recommendation of the Chief Executive of GDFT to the Trust Board was to withdraw as sponsor and that the officers fully expected the Board to approve the recommendation. Whilst there was perceived to be the minimum of risk that GDFT would not confirm its withdrawal as a sponsor, officers would review the situation should that scenario arise and ensure that due process was followed.
- Following a question, further information was provided about the reasons for GDFT's anticipated withdrawal as sponsor which related to its preference to be granted the lease of the leisure centre and community facilities so that it had greater control over use of the site.
- In response to a question, reference was made to the updated proposal from ALT indicating that it had sought to strengthen its expertise in respect of the implementation of the special school through developing partnerships with Highfields School in Ely and being advised by the former Head of Linton Village College, who had overseen the co-location of the Granta Special School on the site and the redevelopment of the Linton Community Sports Centre and adjacent facilities.
- With reference to paragraphs 1.4 – 1.5, it was clarified that the leisure facilities were currently situated on land in the ownership of the Parish Council, but that the new facilities would be built on land owned by the County Council.
- Given the concerns expressed by GDFT, an assurance was sought that it would be possible to safeguard pupils on site notwithstanding its dual use. In response it was confirmed that risks could be mitigated through design based on the extensive experience of dual use models operating throughout the County. ALT had also confirmed that it had no concerns about the ability to safeguard pupils.
- Noting that the school was due to open in September 2017, the need to appoint a preferred sponsor without further delay was acknowledged.
- It was agreed that Committee should be notified of the decision of the Trust Board of GDFT following its meeting on 18th March 2016. **Action required.**

In the light of the update presented by officers at the meeting, a revised recommendation (a) was tabled for the Committee's consideration as follows:-

- (a) That the Committee gives its endorsement to the Active Learning Trust (ALT) being named as the Council's preferred sponsor for the new secondary and special schools to be opened in Littleport in September 2017, having noted and taken into account:-
- the recommendation to be submitted to the Board by the Chief Executive of the Greenwood Dale Foundation Trust, at its meeting to be held on 18th March 2016, to withdraw as the sponsor of both schools.
 - The strength of the original ALT proposal which has been developed further in recent discussions between Council officers and ALT.

The Chairwoman sought and gained the support of the Committee to this amendment.

It was resolved, with one abstention:

- (a) That the Committee gives its endorsement to the Active Learning Trust (ALT) being named as the Council's preferred sponsor for the new secondary and special schools to be opened in Littleport in September 2017, having noted and taken into account:-
- the recommendation to be submitted to the Board by the Chief Executive of the Greenwood Dale Foundation Trust, at its meeting to be held on 18th March 2016, to withdraw as the sponsor of both schools.
 - The strength of the original ALT proposal which has been developed further in recent discussions between Council officers and ALT.
- (b) That 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.

170. FINANCE AND PERFORMANCE REPORT – JANUARY 2016

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 January 2016. The report was for the whole of CFA services and as such, not all the services were the responsibility of this Committee.

The Chairwoman remarked that the information in the report was always out of date by the time it was received by the Committee. Whilst this might be improved to some extent if meetings of the Committee were moved to the end of the month, this would not entirely overcome the reporting lag and therefore it would be necessary for the Executive Director: Children, Families and Adults Services to continue to provide verbal updates.

The Executive Director: Children, Families and Adults Services reported verbally that at the end of February 2016 there was a projected underspend of around £1.9m across the whole of CFA and outlined the main reasons for the increased underspend, including an

improvement in the Home to School Transport budget of £400k. He further reported on steps taken with a view to improving the accuracy of budget forecasting.

During discussion:

- The Chairwoman reported that the Total Transport Group was due to receive a report at its next meeting on the scope for more flexible use of the County Council's fleet of minibuses.
- Following comments regarding the increase in the budget for Looked After Children (LAC) Transport, the Executive Director: Children, Families and Adults Services explained that the actions in the LAC Strategy would seek to reduce expenditure in this area, with placements being the key consideration, although often it was in the child's best interest to remain at their existing school to maintain stability. The Executive Director undertook to check whether foster carers were offered a mileage allowance to transport foster children to their existing schools.
Action required.
- With reference to page 175 and in response to a question, the Executive Director: Children, Families and Adults Services agreed to investigate and respond to the Member concerned on whether the two sums shown for slippage in respect of the Southern Fringe Secondary scheme were duplicated or should be added together.
Action required.
- A Member commented on the positive broadcast on Radio Cambridgeshire involving the Fostering Marketing and Communications Manager.

It was resolved:

To review and comment on the report.

171. CHILDREN AND YOUNG PEOPLE COMMITTEE AGENDA PLAN, APPOINTMENTS TO OUTSIDE BODIES AND TRAINING PLAN

The Committee received a report which:-

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

Further to minute 167, it was agreed to add the Looked After Children Strategy progress updates to the agenda plan for the meetings of the Committee on 12 July 2016 and 8 November 2016. **Action required.**

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

- Councillor Bywater on his attendance at a meeting of the Child Poverty Champions Group;
- Councillor Kenney in respect of the Virtual School Management Board; and
- Councillor Downes on his attendance at a meeting of the Cambridgeshire Music Hub.

In his update, Councillor Bywater reported that attendance at meetings of the Child Poverty Champions Group was proving disappointing and that he was discussing with the

Service Director: Enhanced and Preventative Services how to increase engagement of stakeholders and partners with the work of the group and the possible scope for joining up with work on adult poverty.

It was resolved:

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

Chairwoman

CHILDREN AND YOUNG PEOPLE COMMITTEE

Minutes-Action Log



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 **13th May 2016**.

Minutes of 8 th December 2015					
Item No.	Item	Action to be taken by	Action	Comments	Completed
130.	Recruitment and Retention Strategy: Social Care Services	Adrian Loades	<ul style="list-style-type: none"> Scope for provision of mortgage support scheme to be provided to be investigated. 	Currently being explored	In progress

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. 	To be completed by end July 2016	In progress
144.	All Age Carers Strategy	Adrian Loades/ 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. 	An email was circulated to Cllr Downes on 13 May 2016	Completed
147.	Committee and Young People Committee Agenda Plan; Appointments to Outside Bodies and Committee Training Plan	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 9 th 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

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. 	<i>This is being researched by the Performance and Quality Assurance Team. To be completed by end of June.</i>	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. 	<i>No longer required</i>	Completed

Minutes of 8th March 2016					
166.	Children's and Adolescent Mental Health (CAMH)	Janet Dullaghan/ Meredith Teasdale	<ul style="list-style-type: none"> ITHRIVE model to be included in future Members' Seminar. 	<i>A seminar is being arranged</i>	In progress
167.	Looked After Children Strategy	Meredith Teasdale	<ul style="list-style-type: none"> Update to Committee in July to include information on strategy for identifying families at the edge of care. 	<i>Currently on the agenda for July</i>	Completed
168.	Building Community Resilience	Sarah Ferguson	<ul style="list-style-type: none"> Need for co-ordinated engagement between partners in respect of community hubs to be raised at forthcoming meeting of Cambridgeshire Public Services Board. 	<i>In progress</i>	In progress

169.	Appointment of an Alternative Sponsor for the New Secondary and Special Schools in Littleport	Ian Trafford	<ul style="list-style-type: none"> Committee to be notified of the decision of the Greenwood Dale Foundation Trust Board following its meeting on 18th March 2016. 	Committee have been notified	Completed
170.	Finance and Performance Report – January 2016	Adrian Loades	<ul style="list-style-type: none"> Executive Director to check whether foster carers are paid mileage allowance to transport foster children to existing schools. Executive Director to check figures shown for slippage for the Southern Fringe Secondary/Trumpington Community College and to update Councillor Kenney. 	<p>Response circulated on 16 May 2016</p> <p>Response circulated on 10 March 2016</p>	<p>Completed</p> <p>Completed</p>
171.	Children and Young People Committee Agenda Plan and Appointments to Outside Bodies	Dee Revens/Democratic Services	<ul style="list-style-type: none"> Add LAC Strategy to agenda plan for 12 July and 8 November meetings. 	Added onto the agenda plan	Completed

NATIONAL FREE SCHOOL PROCESS

To: **Children and Young People Committee**

Meeting Date: **24 May 2016**

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

Electoral division(s): **All**

Forward Plan ref: **2016/023** *Key decision:* **Yes**

Purpose: **To advise the Committee of the new Advice from the Department for Education (DfE) regarding the Free School Presumption as part of the process for the establishment of new schools and to seek their endorsement of the proposals set out in sections 4 and 5 of the report.**

Recommendation: **Members are asked to endorse the proposals set out in sections 4 and 5 of the report in response to the DfE's advice:**

- (a) To continue to complete and evaluate new school proposals if a free school proposal comes forward after the Council's usual competitive process has been launched and before it has closed, with the following modifications:**
 - **The inclusion of a DfE representative on the joint officer/Member assessment panel,**
 - **which is one of the options available to authorities as detailed in section 5 of the report**
 - **The adoption of the DfE's model specification template, application form and criteria as the basis for the future evaluation of proposals to provide consistency of response**
 - **To only hold a public presentation by the potential school sponsors where the new school is to be established in an existing community**
- (b) To not run a competition where the Regional School Commissioner proposes a free school before the Authority has launched its sponsor selection competition and if it is deemed that the proposed free school would meet the identified need**
- (c) To advise any potential free school sponsor interested in establishing and running a school where the Council has an identified need for a new school, to submit their proposals to the Regional School Commissioner (RSC) and the Council simultaneously for evaluation**

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1.0 BACKGROUND

- 1.1 The Council, as the local Children's Services Authority, has a statutory duty to provide a school place for every child living in its area of responsibility who is of school age and whose parents want their child educated in the state funded sector. To achieve this, the Council has to keep the number of school places under review and to take appropriate steps to manage the position where necessary. The Education and Inspections Act 2006 also requires local authorities to adopt a strategic role, with a duty to promote choice, diversity and fair access to school provision.
- 1.2 The 2011 Education Act sets out the requirements for Local Authorities with regard to the establishment of new schools. The Council has a well-established, very rigorous joint officer Member process for selecting its preferred school sponsor. This is set out in **Appendix 1**. The Regional School Commissioner (RSC) and his head teacher reference group take this into account when reaching a decision on which potential sponsor they will recommend that the Secretary of State enters into a funding agreement with to establish and run the new school.
- 1.3 With effect from 7 May 2015, all new schools established through the Academy presumption process (as opposed to applying directly to the Department for Education (DfE) to set up a free school) have been classified as free schools. This is known as the free school presumption and is intended to remove confusion around different routes for delivering new schools. It reflects the fact that "free school" is the DfE's policy term for all new provision academies whereas "academy" is a legal term for state-funded schools that operate independently of local authorities and receive their funding directly from the government. This is part of the government's wider programme and its policy objective to establish 500 new free schools by the end of this parliament. However, new schools established in this way are not required to use the term "free school" in their name.

2 NEW ADVICE ON THE ESTABLISHMENT OF FREE SCHOOLS

- 2.1 On 12 February 2016, the DfE published new Advice on the Free School Presumption. This confirms:
- the requirement for Local Authorities to seek proposals to establish a free school where they have clearly identified the need for a new school in their area
 - the Authority's responsibility for providing the site and meeting associated capital and pre-/post opening costs
- Authorities can liaise with groups that are thinking about applying for a free school via the DfE.
- 2.2 Where a free school, proposed via the DfE route i.e. where a sponsor has applied directly to the DfE to establish a free school, might meet the identified need, the Authority can:
- a) Decide not to run a competition on the grounds that the proposed free school would meet its identified need;
 - b) Hold a competition to run in parallel to the DfE's consideration of the free school application; or
 - c) Postpone a competition i.e. if a free school proposal comes forward after a

competition has been launched.

- 2.3 Regardless of whether or not the Authority runs a competition, it will still need to publish a specification for any new school which it has identified as necessary to meet its place planning responsibilities.
- 2.4 As part of the planning process for new schools, officers always assess the impact on existing educational institutions. Under the new Advice, Authorities are required to submit an equality impact assessment to the DfE as part of the process of compiling the specification for the new school.
- 2.5 As currently, when running a competition, the Authority may assess all the proposals received and can then recommend its preferred sponsor. A representative of the Secretary of State will provide the Authority with the DfE's evidence/data about each sponsor. This could take the form of a DfE official sitting on the assessment panel either in an observational capacity or taking part, feeding in any information the DfE holds on a sponsor where relevant. Alternatively, the DfE official can provide written feedback on each sponsor prior to the assessment.
- 2.6 The decision making process, post assessment of the proposals, remains unchanged, i.e. the Authority makes a recommendation to the RSC who decides which sponsor to recommend to the Secretary of State she should enter into a funding agreement with. As currently, the Secretary of State reserves the right to agree to a sponsor of her own choice (from the DfE's list of approved sponsors) on the basis that she may have further evidence about a proposer, or proposers, which means that none of those put forward is deemed suitable.

3 IMPLICATIONS OF THE NEW ADVICE

- 3.1 Until the latest Advice was issued, running a competition has ensured that communities and Councillors have had a say in who they would like to establish and run new schools in their local areas. In future, it is possible that the Authority could run the process of seeking a sponsor only to find that the RSC appoints a new Free School sponsor before the Council's selection process has been completed or even started.
- 3.2 The impact of this new approach is already manifesting itself. Cambridgeshire's RSC wrote to The Executive Director: Children, Families & Adults on 6 January 2016 about the potential he had identified for a number of free school developments in Cambridgeshire, both primary and secondary. More recently, on 11 March 2016, the DfE confirmed that it has received applications to establish three free Schools in the County.
- 3.3 The proposed timescales would result in schools opening much sooner than the Authority has identified the need for the additional capacity to be available in these locations and we have expressed our concerns about this in our response to the DfE about these proposals.
- 3.4 Given that information about new developments is in the public domain it is highly likely that potential sponsors will continue to approach the DfE to open Free Schools before the Authority's strategic planning of new school places indicates a need to launch a sponsor selection process.

- 3.5 One approach to respond to this scenario would be to launch sponsor selection processes sooner. However, this presents some risks particularly if the development stalls or is delayed for any reason. Experience gained from Northstowe is that sponsors (in this case selected in 2009) can become very frustrated and disillusioned if there is a long delay between their selection and the construction and opening of their new school(s). Officers' advice is that, on balance, the Authority should continue to align the timing of the launch of its school sponsor competition process to available intelligence with regard to time required to design and build a new school, the proposed build out of housing (in new development) and pupil forecasts.
- 3.6 The latest DfE Advice also serves to highlight an emerging issue with regard to the plans for educational provision to serve Northstowe. In 2009, following the competition process, Cabinet approved Cambridge Meridian Academy Trust (CMAT) to establish and run the new town's secondary school. Subsequently the need for an area special school has been identified and a site, next to the secondary school site, has been secured through s106 with the developers, Gallagher. A competition has not yet been launched for a sponsor for the special school. CMAT have expressed their strong interest in sponsoring this school. This would follow the model the Authority has adopted in Littleport where one sponsor has been appointed to run both the secondary and co-located special school.

4 PROPOSALS FOR DETERMINING WHETHER OR NOT TO RUN A COMPETITION

- 4.1 In light of the new Advice we need to review the processes we use to identify new school sponsors including when and whether to run a competition to identify a new school sponsor.
- 4.2 Circumstances where it is proposed to run a competition
- 4.2.1 Officers propose the following steps:
- 1) Where officers have established the need to establish a new school and the Regional Schools Commissioner has not advised officers of any free school proposals, officers will launch and operate the Authority's existing sponsor selection process;
 - 2) If a free school proposal comes forward, via the DfE route, after the competition has been launched but before the deadline for the submission of proposals by potential sponsors, officers:
 - Will halt the competition after the deadline has closed;
 - Will evaluate all written submissions, jointly with CYP Spokespersons and local Members; and
 - Will comment when invited to do so by the Regional School Commissioner, on the Free School Proposal submitted via the DfE route
 - Will submit a report to CYP Committee setting out the outcome of the evaluation of the written submissions, any comments on any Free School proposal submitted via the DfE route and recommend a preferred sponsor
 - 3) If a free school proposal comes forward, via the DfE route after the

competition has been launched and after the closing date for applications, the Council will proceed to complete the sponsor selection process in the usual way

4.3 Circumstances where it is proposed not to run a competition

4.3.1 There will be circumstances where the Authority has identified a basic need requirement for a new school, has not yet launched its sponsor selection competition, and an existing sponsor comes forward to establish and run a Free School, via the DfE route, to meet that need. It is proposed that in these circumstances, where the Authority has sufficient knowledge and confidence in the sponsor to secure and maintain high quality and standards of teaching and learning, the working assumption is that there would be no grounds to run a competition. The Council reached this view when it chose to support the Comberton Village College Academies Trust bid to establish Cambourne Village College as a Free School which opened in September 2013.

4.3.2 In these circumstances it is proposed that officers and Members evaluate the Free School proposal on its own merits, taking into consideration the following:

- is there an established basic need for school places in the area in which it is proposed to establish the school
- is the proposed school part of a planned or existing education campus and, if so, which sponsors currently run or have been appointed to run existing or planned schools in that campus
- the potential sponsor's track record including the standard of teaching and learning and the educational outcomes achieved for pupils at its schools
- is the proposer is able to evidence that it has the capacity to meet the Authority's requirements for the new school.

If it is deemed that the proposed free school would meet identified need, officers will submit a summary of the process to the Committee recommending not to run a competition.

4.3.3 In circumstances where an existing sponsor is aware of the Council's intention to open a new school in the future e.g. a special school at Northstowe and that sponsor wishes to run that school it is proposed that the potential sponsor should submit a proposal to the RSC and to the Council at the same time. The Council will consider the proposal as in 4.3.2 above.

4.3.4 There are scenarios which may emerge where a short term solution for providing additional school places and meeting the Council's statutory duty requires the Council to work with a sponsor that wishes to consider such a solution as part of its longer term business plan or its future plans for that particular area it is working in. This situation has arisen in Chatteris. Local development proposals mean that additional primary provision will be required and officers were already working with an existing primary school sponsor, the Active Learning Trust (ALT), about increasing places in Kingsfield Primary which they run. Events have now overtaken these discussions as the RSC has received a bid from ALT to establish a new Free School in the town. Officers will bring this particular matter to the Committee at its July 2016 meeting.

5 **THE FOLLOWING SECTIONS OUTLINE THE ASPECTS OF THE ADVICE WHICH ARE LARGELY ADMINISTRATIVE**

5.1 DfE involvement in the assessment of proposals

- 5.1.1 At the most recent sponsor selection competition for the new secondary school for the Darwin Green development in north west Cambridge, a representative from the DfE attended both the public meeting where potential sponsors presented their proposals and also participated in the joint officer/Member assessment panel. This extended to asking questions and contributing to the discussion of the strengths and areas for development of each of the potential sponsors.
- 5.1.2 The alternative option of gathering the DfE's views on potential sponsor proposals in writing, would extend the overall length of the process (currently about 26 weeks/6 months) as it requires a 4 week/20 day gap after receipt of all the proposals, before the Council can assess the proposals, to allow the DfE officials to gather evidence to inform the Authority's assessment. Currently the assessment panel takes place on average within 2 to 3 weeks/10 to 15 working days of the closing date for receipt of proposals.
- 5.1.3 **Proposal:** to include a representative of the DfE on the joint officer/assessment panel

5.2 Assessing proposals

- 5.2.1 The new Advice also includes:
- a model specification template
 - a model application form for potential sponsors
 - model criteria against which Authorities assess proposals from potential sponsors
- <https://www.gov.uk/government/publications/establishing-a-new-school-free-school-presumption>
- 5.2.2 These are broadly similar to the Authority's existing approach although the model recommends a 4 point scoring scale of 0-3 whereas the Authority uses a 6 point model, 0-5.
- 5.2.3 **Proposal:**
- to adopt the model specification template;
 - to adopt the model application form;
 - to adopt the model criteria

5.3 Public meeting

- 5.3.1 The Advice does not include the use of a public presentation as part of the assessment process. The Council's process to date has included this element. There is a perceived value to this as a public facing event if a new school is to be established in an existing community e.g. Trumpington Meadows or Bearscroft (Godmanchester). However, where the assessment is to identify a sponsor in a new development e.g. Alconbury Weald, the community that it will serve has not yet been established there is perhaps less benefit to be gained from holding such an event.
- 5.3.2 **Proposal:** to continue to hold a public presentation by the potential school sponsors where the new school is to be established in an existing community

6 ALIGNMENT WITH COPORATE PRIORITIES

6.1 Developing the local economy for the benefit of all

- 6.1.1 Providing access to local and high quality education and associated children's services will enhance the skills of the local workforce and provide essential childcare services for working parents or those seeking to return to work. The school and early years and childcare services are providers of local employment.

6.2 Helping people live healthy and independent lives

- 6.2.1 If pupils have access to local schools and associated children's 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 access more readily out of school activities such as sport and homework clubs and develop friendship groups within their own community. This will contribute to the development of both healthier and more independent lifestyles.

6.3 Supporting and protecting vulnerable people

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

7.0 SIGNIFICANT IMPLICATIONS

7.1 Resource Implications

- 7.1.1 Local Authorities are responsible for all start up and post-opening costs associated with new schools, including diseconomy of scale costs, funding for which may be needed over a number of years. Given this burden of revenue expenditure, the Council will only consider commissioning new schools where there is no possible alternative.
- 7.1.2 Pre-opening funding for secondary schools is currently £150,000 and is calculated on the basis of two terms prior to the date of opening. Post-opening diseconomies funding is provided at the rate of £250 for each new mainstream place created in the secondary phase on an annual basis, plus an additional allocation to reflect the number of year-groups that the school will ultimately have that do not yet have pupils. For primary schools the sums are £50,000 and (calculated on the basis of 1 term prior to the date of opening) and £125 respectively.
- 7.1.3 Following review of the levels of post-opening diseconomies funding for secondary schools at its meeting on 16 October 2015, Schools Forum agreed to increase the post-opening diseconomies funding rate to £500 for each new mainstream place created and provide an additional £312,000 spread over four years to reflect the number of year groups that do not yet have pupils.
- 7.1.4 The Government have recently started a consultation process on the future funding arrangements for schools. Following the first stage of this process there are still significant areas of uncertainty in respect of funding for new schools and as such the implications detailed below are based on current legislation and processes.

7.2 Statutory, Risk and Legal Implications

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

7.2.2 The Council will grant a standard 125 year Academy lease of the whole site (permanent school site) to the successful sponsor of a new school based on the model lease prepared by the DfE as this protects the Council's interest by ensuring that:

- The land and buildings would be returned to the Council when the lease ends.
- Use is restricted to educational purposes only.
- The Academy is only able to transfer the lease to another educational establishment provided it has the Council's consent.

The Academy (depending on the lease wording) is only able to sublet part of the site with approval from the Council.

7.3 Equality and Diversity Implications

7.3.1 The Council is committed to ensuring that children with (SEND) are able to attend their local mainstream school where possible, with only those with the most complex and challenging needs requiring places at specialist provision.

7.3.2 The accommodation provided for delivery of early years and childcare and primary and secondary education will fully comply with the requirements of the Public Sector Equality Duty and current Council standards.

7.3.3 As part of the planning process for new schools, local authorities must also undertake an assessment of the impact of the proposal, both on existing educational institutions locally and in terms of impact on particular groups of pupils from an equalities perspective.

7.4 Engagement and Consultation implications

7.4.1 All new school projects initiated by the Council are subject to a statutory process which includes public consultation requirements

7.5 Public Health Implications

7.5.1 It is Council policy that schools:

- should be sited as centrally as possible to the communities they serve, unless location is dictated by physical constraints and/or the opportunity to reduce land take by providing playing fields within the green belt or green corridors;
- should be sited so that the maximum journey distance for a young person is less than the statutory walking distances (3 miles for secondary school children, 2 miles for primary school children)
- should be located close to public transport links and be served by a good network of walking and cycling routes
- should be provided with Multi-use Games Areas (MUGAs) and all weather pitches (AWPs) to encourage wider community use of school

7.6 Localism and Local Member Involvement

7.6.1 The report sets out the implications for this priority in sections 3.1 and 4.1.

Source Documents	Location
The Free School Presumption: Departmental advice for local authorities and new school proposers. February 2016 https://www.gov.uk/government/publications/establishing-a-new-school-free-school-presumption	Clare Buckingham 0-19 Place Planning & Organisation Service
Cabinet Report - New Schools Competition Arrangements Policy and Decision-Making Process (11 September 2007)	Octagon 2 nd floor OCT1213 , Shire Hall, Cambridge
New School Revenue Funding Policy 2015/16	

The Council's process for selecting its preferred school sponsor when the need for a new school has been identified.

The main elements of the sponsor selection process date back several years as they were established in response to the requirements of the 2006 Education Act. The process was reviewed and updated in 2012 to take account of the requirements of the 2011 Education Act, receiving Cabinet approval on 17 April 2012. More recently, some slight adjustments have been made to take account of the Council's new decision-making arrangements. The process consists of six main stages:

- Development and publication of a specification detailing the requirements and expectations of the potential academy/free school sponsor together with a background document which provides the context for the need for the school and the area in which it will be established.
- Invitation to potential sponsors to submit applications within a set timeframe.
- Assessment and scoring of the applications. Only applications deemed to have met a certain standard will be shortlisted and taken forward to the next stage.
- A public meeting at which the applicants are asked to present their proposals and answer questions from the audience. Applicants are requested to prepare a presentation which should take no more than 15 minutes to deliver.
- Assessment and scoring of the way in which the applicant presented their proposals and responded to questions from the audience at the public meeting followed by an interview with a joint officer and Member panel during which the applicants will be asked a series of questions. This usually lasts around 1 hour. The panel is also provided with a summary of any written comments or feedback received following the public meeting. The panel membership is drawn from the following:
 - members of the CYP Committee;
 - the local County Councillor(s) for the area in which the school will be established;
 - the Head of the Schools Intervention Service or their representative;
 - the Head of Service, 0-19 Place Planning and Organisation (Chair)
 - the 0-19 Strategic Policy and Place Planning Manager; and
 - the 0-19 Area Education Officer
- The panel discusses each of the proposals in detail, taking account of what they have read, seen and heard from which a combined score for each application is derived.

Endorsement of the panel's recommendation is then sought by the Children & Young People's Committee. The Regional School's Commissioner (RSC) and his head teacher reference group take this into account when reaching a decision on which potential sponsor they will recommend that the Secretary of State enters into a funding agreement with.

EDUCATIONAL OUTCOMES IN CAMBRIDGESHIRE

To: **Children and Young People Committee**

Meeting Date: **24 May 2016**

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

Electoral division(s): **All**

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

Purpose: **The purpose of this paper is to address the issues raised by Ofsted about the quality of education and the outcomes for disadvantaged pupils in Cambridgeshire schools.**

Recommendation: **The Committee is asked to comment on the Local Authority's response to the issues raised and suggest any further actions it would like Officers to take.**

<i>Officer contact:</i>	
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1.0 BACKGROUND

- 1.1 On 23rd March 2016, Andrew Cook, Ofsted's Regional Director for the East of England, published a letter expressing concern about the quality of education and the outcomes for disadvantaged pupils in Cambridgeshire schools (**Appendix 1**).
- 1.2 Specifically, Andrew Cook raised issues about:
- the gap in attainment between pupils eligible for free school meals (FSM) and non-FSM;
 - a dearth of good practice in Cambridgeshire schools from which school leaders can learn;
 - a decline in Ofsted outcomes in primary schools in autumn 2015; and
 - problems with teacher recruitment.
- 1.3 The Local Authority (LA) shares the expressed concerns about the outcomes for disadvantaged pupils in Cambridgeshire and about the higher than average proportion of secondary and primary schools that require improvement or that are inadequate. We are aware of all of the issues raised in the letter and are – and have been - taking action to address them.
- 1.4 The LA's response to the letter is given in **Appendix 2**. It outlines many of the actions being taken and evidences the significantly improved Ofsted outcomes in primary schools in spring 2016.

2.0 THE PERFORMANCE OF DISADVANTAGED GROUPS

- 2.1 The performance of groups vulnerable to underachievement, and especially those eligible for FSM, has been a stubbornly persistent issue for Cambridgeshire for a number of years. Overall, these groups are making progress but, with the exception of children with EAL (English as an Additional Language), not at a fast enough rate.
- 2.2 For the **Early Years Foundation Stage**, results for 2015 show that the performance of vulnerable groups improved but only three groups improved at a faster rate than their peers: boys, those speaking languages other than English and those speaking Central or Eastern European languages. The relatively slow rate of improvement of pupils eligible for free school meals (FSM), of pupils with Special Educational Needs (SEN) and of pupils with SEN who are also eligible for FSM continues to be of concern.
- 2.3 At **Key Stage 1**, using Level 2+ in Reading, Writing and Maths combined as a benchmark, apart from pupils who are not eligible for FSM and pupils with no SEN, the performance of most groups has improved and vulnerable pupils have closed the attainment gap by around 1ppt with English as an additional language (EAL) pupils making the most ground (a 4ppt rise).
- 2.4 At **Key Stage 2** apart from boys and pupils with SEN who were also eligible for FSM, the performance of all vulnerable groups improved with the most notable improvements by pupil premium pupils (a 4ppt rise), pupils speaking languages other than English (a 5ppt rise) and pupils speaking Central or Eastern European home languages (a 14ppt rise). The performance of pupils eligible for FSM, of pupils with SEN and of pupils with SEN who are also

eligible for FSM continues to be of concern; this group of 257 pupils saw a decline of 5ppt between 2014 and 2015.

2.5 At **Key Stage 4** outcomes for vulnerable groups show a mixed picture with boys and girls improving at the same rate; pupils speaking English as an additional language improving at a faster rate than their English speaking peers; and neither pupils eligible for the pupil premium or pupils with SEN closing the gap with their peers.

2.6 **Post-16** educational outcomes for young people studying in Cambridgeshire's academies and state funded colleges are above the national levels in each of the main benchmarks except for students achieving three or more substantial vocational qualifications which is lower. The outcomes for 19 year olds who were eligible for Free School Meals (FSM) at the age of 16 are lower than those of their peers nationally and remain of concern.

3.0 SUPPORT FOR DISADVANTAGED GROUPS

3.1 The LA's strategy for Accelerating the Achievement of Vulnerable Groups (see source documents) sets out our shared ambition with schools to address these issues. Andrew Cook acknowledges in his letter that strategies are in place and we accept that it is the impact of these strategies that is paramount. There is no quick fix for a deep seated problem but the progress that has, and is being made is, we believe, an encouraging sign that improvement will become sustained and more rapid.

3.2 A great many actions are underway, including:

- A detailed analysis of the performance data, and monitoring of children's progress, by both the LA and schools, so that actions can be targeted.
- A Pupil Premium toolkit and a good practice guide on the use of pupil premium has been published.
- Governing bodies have been encouraged to appoint a pupil premium champion - almost all have done so.
- Leadership briefings, conferences and courses have been provided for classroom teachers, school leaders and governors.
- Good practice has been identified and disseminated through the Directory of Effective Practice on the Learn Together website <http://www.cambridgeshire.gov.uk/learntogether/> for primary schools, and through inviting secondary schools to present at conferences.
- The good practice identified in the Member led reviews of GCSE and KS1/2 'gaps' has been disseminated to all schools and governors¹
- The importance of this issue has been raised with all LA staff working with children, young people and families so that they can support families to support their children's learning.

¹ ASSESSING THE GCSE ATTAINMENT LEVELS OF MATERIALLY DISADVANTAGED STUDENTS

<http://www2.cambridgeshire.gov.uk/CommitteeMinutes/Committees/Agendaltem.aspx?agendaltemID=6495>

FINAL REPORT OF MEMBER-LED REVIEW OF NARROWING THE ATTAINMENT GAP AT PRIMARY SCHOOL AGE

<http://www2.cambridgeshire.gov.uk/CommitteeMinutes/Committees/Agendaltem.aspx?agendaltemID=9477>

A key priority for the Cambridgeshire School Improvement Board is to 'Commission programmes to accelerate the achievement of our disadvantaged groups', and a range of initiatives are underway, including 'Bridging the Gap', a project that supports schools to work in clusters that brings together the Teaching School Alliances, Cambridge University's Faculty of Education and the LA

http://www.cambridgeshire.gov.uk/learntogether/homepage/298/school_improvement_board.

3.3 The Accelerating Achievement Strategy is currently being refreshed. We know a great deal more about these children than we did in the past and this intelligence will inform the new plan. For example, we know that the issue is more complex than 'just' FSM: if you compare 'just FSM' with other authorities, the difference is not that great. However, there is a significant difference for children with FSM and 'SEND Support' (SEND without a statement or plan) with other authorities. Consequently, we will be bringing forward guidance and support for this particular group.

3.4 The single biggest impact on accelerating achievement is great teaching, which is why so many of the actions aim to improve teachers' knowledge, understanding and skills to support disadvantaged groups. There is also a link between great teaching and the recruitment issues in 5.0 below.

4.0 OFSTED OUTCOMES

4.1 At **secondary level**, Ofsted outcomes declined from 78% good and outstanding schools in August 2013 to 46% in August 2015. This figure has now risen to 49%. At a strategic level, actions to address this decline are being led by the Regional Schools Commissioner because all but one of the county's secondary schools are academies. The RSC works through the Secondary Academies Improvement Board, and the actions being taken are described in the RSC's response to Andrew Cook's letter (Appendix 1).

4.2 The LA has no power of intervention in failing academies but it still works very closely with secondary schools to influence and support, and to ensure that where the LA does have responsibilities, e.g. with regards to alternative provision, our actions support education outcomes. The LA still has responsibilities in respect of overall educational outcomes and will continue to express a view and challenge when performance needs to be improved. A protocol to monitor the performance of academies, to replace the annual 'Keeping in Touch' visit, is currently being developed and piloted with secondary schools. This will be implemented in September 2016 and will provide the LA with a more robust and informed view of secondary school performance, and will provide useful external challenge for the secondary schools themselves.

4.3 The LA is developing a protocol to monitor the performance of secondary academies, to replace the 'Keeping in Touch' visit, so that we can provide useful challenge and support, and can raise concerns in a timely and informed way. This is currently being trialled and will be implemented in September 2016.

4.4 At **primary level**, Ofsted outcomes have risen steadily from 69% good and outstanding in August 2013 to 81% in April 2016, the highest it has ever been. However, this is still below the national percentage of 87% and our aim is to

be at least in line with that figure by March 2017.

- 4.5 The LA has a well-structured programme of monitoring, challenge, intervention and support for maintained primary schools, which is described in the School Improvement Strategy (see source documents). There is an extensive traded offer to primary schools, with a high level of buy back. Of the 205 primary schools, 39 are academies, a number that will rise over the coming months, and the LA is developing a protocol to monitor the performance of primary academies similar to the one we are developing with secondary schools.

5.0 RECRUITMENT

- 5.1 Recruitment of teachers and school leaders is a growing issue in Cambridgeshire. The official vacancy rate, which the government takes from the schools' annual workforce census, is very low at 0.2%. However, this figure disguises small and poor quality fields and the particular difficulties being faced by some subjects more than others and some parts of the county more than others.
- 5.2 The LA has no direct role in recruitment to schools. In the 2000s the LA was funded by the government to appoint a recruitment strategy manager and to develop a succession planning strategy but this funding ended in 2010.
- 5.3 However, it is clearly in everyone's interest that Cambridgeshire's schools can recruit and retain high quality teaching staff, so the LA continues to support schools, most recently through facilitating and part funding the 'Teach in Cambridgeshire' initiative <http://www.cambridgeshire.gov.uk/teachincambs/>.
- 5.4 Senior Adviser and Adviser time is allocated to develop and implement the schools' action plan, whilst HR, IT and Procurement have provided back office support at no charge. County-wide, 57 primary schools and 13 secondary schools have joined this initiative.
- An NQT pool has been established, working with the Fenland Teaching School, and ITT (Initial Teacher Training) placements are being offered more widely with a view to securing retention of good trainees.
 - Senior leaders and recently qualified teachers from schools across the county have attended recruitment fairs at the Universities of Cambridge, Bedfordshire and Hertfordshire, UCL and Bishops Grosseteste.
 - An internship programme and a return to teaching programme are being launched.
- The website promotes the benefits of working in Cambridgeshire and allows schools to have their own 'micro sites' to advertise vacancies and manage applications.
- 5.5 Andrew Cook refers to 'Teach First' in his letter. This is one of a number of government schemes to support teacher recruitment that Cambridgeshire has not been eligible for because the county's overall level deprivation is relatively low. We welcome his support for Cambridgeshire being eligible for such schemes – pockets of extreme deprivation, rural isolation and the demand from growth are factors that need to be recognised in the government's eligibility criteria.

6.0 MEMBER INVOLVEMENT

6.1 Members have, and are involved, with education outcomes in a number of ways:

- An annual report is presented to the Children and Young People Committee.
- There is Member representation on the Accelerating the Achievement of Vulnerable Groups Strategy Group.
- The Service Director for Learning meets regularly with the Chairwoman and Vice Chairman of the Children and Young People's Committee.
- Member Seminars have been presented on education outcomes and the performance of disadvantaged groups.
- Members have led their own reviews into key issues (see 3.2 above).

6.2 In addition to the above, an Education Achievement Board has been established to enable The Chief Executive and senior Members to hold officers to account. The membership and terms of reference for this Board is given in **Appendix 3**.

7.0 ALIGNMENT WITH CORPORATE PRIORITIES

7.1 Developing the local economy for the benefit of all

- 7.1.1
- Improved educational outcomes will provide a more highly skilled workforce; and
 - A key factor in major companies' decisions to move to Cambridgeshire is access to good and outstanding schools for their workforce.

7.2 Helping people live healthy and independent lives

- 7.2.1
- There is a positive correlation between educational outcomes, standards of health and independent living.

7.3 Supporting and protecting vulnerable people

- 7.3.1
- Poor educational progress of vulnerable groups correlates with poor life chances. Children who fall behind find it hard to catch up. In particular, children from low-income families, as measured by eligibility for Free school Meals, achieve badly compared with children not eligible for Free School Meals.
 - Pupils eligible for Free School Meals who also have Special Education Needs achieve particularly badly.

8.0 SIGNIFICANT IMPLICATIONS

8.1 Resource Implications

8.1.1 There are no significant implications within this category.

8.2 Statutory, Risk and Legal Implications

- 8.2.1
- The Education and Inspections Act 2006 places upon LAs a duty to promote high standards and the fulfilment of potential in all schools.

8.3 Equality and Diversity Implications

- 8.3.1
- The Education and Inspections Act 2006 places upon LAs a duty to promote high standards and the fulfilment of potential in all schools.

8.4 Engagement and Consultation Implications

- 8.4.1
- The Education and Inspections Act 2006 places upon LAs a duty to promote high standards and the fulfilment of potential in all schools.

8.5 Localism and Local Member Involvement

- 8.5.1
- The Education and Inspections Act 2006 places upon LAs a duty to promote high standards and the fulfilment of potential in all schools.

8.6 Public Health Implications

- 8.6.1
- The Education and Inspections Act 2006 places upon LAs a duty to promote high standards and the fulfilment of potential in all schools.

Source Documents	Location
Cambridgeshire LA School Improvement Strategy, 2014-16	https://www.learntogether.org.uk/Resources/Documents/SI - Strategy for School Improvement 2014-16 Final 1.pdf
Accelerating Achievement Strategy, 2014-16	https://www.learntogether.org.uk/Resources/Documents/SI - Accelerating Achievement April 2014 v1.pdf

My ref: AL/LB
Your ref:

Date: 27 April 2016

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Dear Andrew

Concern about the quality of education and the outcomes for disadvantaged pupils in Cambridgeshire schools

Further to our recent conversation, I am writing to reassure you that the Local Authority shares your concerns about the outcomes for disadvantaged pupils in Cambridgeshire and about the higher than average proportion of secondary and primary schools that require improvement or that are inadequate.

Accelerating the achievement of vulnerable groups across the age range is a key priority for the Local Authority and we are pleased that you acknowledge that strategies are in place to bring about improvement. We are confident that the actions being taken will have an impact but it is clear that many of the issues we are addressing are complex and interrelated. You mention Teach First and we would welcome the opening of access to schemes such as this as Cambridgeshire is currently not eligible. The Local Authority will continue to facilitate 'Teach in Cambridgeshire' recruitment support for schools, which is school-led and school funded.

You acknowledge that all except one secondary schools in Cambridgeshire are now academies and you note the responsibilities of the Regional Schools Commissioner. At its meeting on Tuesday 22nd March, Full Council voted unanimously to send a letter, copy attached, to the Parliamentary Education Select Committee in support of their view that the scrutiny of academy schools is confused, fragmented and lacks transparency and that a fundamental reassessment of accountability and oversight of schools is necessary. Whilst Government considers the Education Select Committee's conclusions we propose to work with the RSC in developing a set of proposals that maximise the support and challenge we could offer.

Contd/...

27 April 2016

Andrew Cook HMI

We will continue to monitor the performance of academies and raise concerns with the Regional Schools Commissioner where appropriate. Work is already underway to revise the Council's protocol for dealing with failing academies in a more proactive way. We will promote good practice where it exists through our encouragement of school to school support; through the work of the Cambridgeshire School Improvement Board; and at county-wide conferences. For example, The Netherhall School presented at the LA's Vulnerable Groups Conference in February, following their positive monitoring visit in the autumn term. We are pleased that you acknowledge the improvements in the 2015 GCSE results for attainment. Further, RAISEonline shows that in 2015, progress from Key Stage 2 to Key Stage 4 (in both English and Maths) was significantly above the national level for most groups of pupils except FSM / Disadvantaged. Whilst there is no room for complacency we consider these improvements to be positive indicators.

For maintained schools, we will continue to support as well as challenge. Disadvantaged groups were the focus of individual school reviews last summer term. Schools identified appropriate actions and these have been monitored over the course of the year. A good practice guide on the use of pupil premium has been published and governing bodies have been encouraged to appoint a pupil premium champion; almost all have done so. This is an encouraging indicator of the extent to which the issue of improving the attainment of disadvantaged schools is owned by schools. I get no sense of complacency or acceptance of current performance levels from schools. A comprehensive programme of briefings and training opportunities has been provided to primary schools and academies with a high level of buy back and very positive evaluations. In 2015 at KS2, disadvantaged groups improved by four percentage points, narrowing the gap by two percentage points; much more needs to be done but this is evidence that the work undertaken is beginning to have a positive impact.

As you will be aware, since January there has been a marked improvement in inspection outcomes as an indicator of the quality of education in Cambridgeshire's primary schools, in contrast to the decline you describe from September to December. In the spring term there were 14 full and short inspections: seven schools improved from requiring improvement to good; five remained at good; and two remained at requiring improvement. The performance of no Cambridgeshire primary school declined. We are deeply aware that further improvement is needed and increasing the proportion of Cambridgeshire's schools that are good or outstanding remains a key priority in our school improvement strategy.

Contd/...

27 April 2016

Andrew Cook HMI

I would also like to assure you that County Councillors are very much engaged with these issues. Educational outcomes are presented to the Children and Young People's Service Committee on an annual basis; there is Member representation on the Accelerating Achievement Strategy Steering Group; there have been Member-led reviews into Narrowing the Gap at primary and secondary level; and an Educational Achievement Board has recently been established so that Members can better hold Officers to account for the educational outcomes of all children in Cambridgeshire.

We value the support of HMI, for example in presenting at conferences and training headteachers and chairs of governors in school self-evaluation, and we will continue to work with the whole system to play our role in bringing about the improvements that the children and young people of Cambridgeshire are entitled to.

Yours sincerely



Adrian Loades

Executive Director: Children, Families and Adults Services

Enc

Cc Cllr J Whitehead, Chairwoman of Children & Young People Committee
Cllr S Count, Leader of Cambridgeshire County Council
Gillian Beasley, Chief Executive
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23 March 2016

Andrew Cook, HMI
Regional Director, East of England

Dear Sir or Madam

Concern about the quality of education and the outcomes for disadvantaged pupils in Cambridgeshire schools

I am writing to express my serious concerns about the lack of improvement in outcomes for disadvantaged pupils in Cambridgeshire and for the higher than average proportion of secondary and primary schools that require improvement or that are inadequate.

I note the improvements seen in the 2015 GCSE results in Cambridgeshire, but it would be wrong to take too much reassurance from these improved outcomes because they mask the widening gap in attainment between pupils eligible for free school meals (FSM) and non-FSM pupils. This gap has increased from 31.1 percentage points in 2014 to 38.9 percentage points in 2015. This is unacceptably wide and means that only 23.4% of FSM pupils achieved five or more GCSE grades A* to C, including English and mathematics. This compares with 62.3% for non-FSM pupils achieving the same measure in the country.

There appears to be a dearth of good practice in Cambridgeshire schools from which school leaders can learn. There are 16 secondary schools that in the past have been judged by Ofsted to be good or outstanding. Recent outcomes for disadvantaged pupils in these schools are unimpressive. In nine of these schools, the gap in expected progress for English between disadvantaged and other pupils in all schools widened in 2015. For mathematics, this gap widened in five schools. This worrying decline meant that in 13 out of the 15 good or outstanding schools with national data for Year 11 pupils, fewer than half of the disadvantaged pupils gained five GCSE grades A* to C, including English and mathematics, in 2015. In three schools, this figure fell below 30%.

Outcomes are no better for disadvantaged younger children in Cambridgeshire. In the early years, the gap has widened between the children known to be eligible for free school meals who achieve a good level of development and all others nationally.

At the age of six, the proportion of disadvantaged pupils achieving the expected standard in the phonics screening check has declined by five percentage points since 2014. The gap between these pupils in Cambridgeshire and all other pupils nationally widened alarmingly from 19 percentage points in 2014, to 26 percentage points in 2015. The gap in attainment between disadvantaged and non-disadvantaged pupils is also unacceptably wide at the end of Key Stages 1 and 2.

In accordance with our published inspection framework, good or outstanding schools are likely to decline to requires improvement or inadequate at their next inspection if outcomes for disadvantaged pupils are poor. The situation is already bleak. The proportion of good or outstanding secondary schools, at 53%, is the lowest in the East of England region and well below the national average of 76%.

Equally concerning is that, since September 2015, Ofsted inspections have identified a marked decline in the quality of education in Cambridgeshire's primary schools. Between September and December 2015, Ofsted completed 10 short inspections of good schools. Eight out of 10 schools declined from good to requires improvement or inadequate. At 79%, the proportion of primary schools that were good or outstanding in February 2016 was seven percentage points lower than the national figure. It means that there were over 10,000 pupils being educated in Cambridgeshire primary schools that are not good enough in February 2016.

I am aware that strategies are in place that seek to bring about improvement. For example, the two school improvement boards that have been established in the last year, one led by the local authority and the other facilitated by the regional schools commissioner, acknowledge the need for action. Both boards aim to support school leaders and governors in school improvement. The local authority has been working with primary schools specifically to try to raise standards for disadvantaged pupils. The local authority has also undertaken individual school reviews of provision for disadvantaged pupils, promoted school-to-school projects and issued warning notices to 12 schools this year. However, there is little evidence yet to point to any significant impact from these actions and initiatives.

As all except one secondary school in Cambridgeshire are now academies, I look to the regional schools commissioner to challenge the standalone academies and multiple academy chains to do more. Between 8 January 2014 and 27 March 2015, only one warning notice and three pre-warning notices were issued by the regional schools commissioner to schools in Cambridgeshire.

I do not underestimate the challenges school leaders face. Staff recruitment is a particular issue for some in Cambridgeshire. Much more needs to be done to put in place initiatives such as Teach First to tackle this issue across the country. This calls for a strong political will to drive educational improvement.

As leaders responsible for education in Cambridgeshire, you will recognise the need to halt the decline in school performance and take urgent action to improve

outcomes for disadvantaged pupils. A culture of high expectations across all phases of education must eradicate underperformance.

I will, of course, continue to monitor the impact of improvement through the inspections we carry out in the county and will ensure that Her Majesty's Chief Inspector is kept informed about developments.

Yours sincerely

A handwritten signature in black ink, appearing to read "A Cook".

Andrew Cook HMI
Regional Director, East of England

Recipients:

Local Members of Parliament
Chair of Children and Young Peoples Committee, Cambridgeshire County Council
Chief Executive, Cambridgeshire County Council
Director of Children's Services, Cambridgeshire County Council
Regional Schools Commissioner

cc. Department for Education

Cambridgeshire County Council Educational Achievement Board

Purpose

Members and Senior Officers hold Children, Families and Adults Service (CFA) to account to ensure the best educational outcomes for all children in Cambridgeshire.

Personnel Attending

- Leader of Cambridgeshire County Council
- Chairwoman and Vice Chairman of the Children and Young Peoples Service Committee
- CYP Spokes
- The Chief Executive, CCC
- Executive Director, CFA

Officers of the LA providing reports

- Service Directors for Learning, and Enhanced and Preventative Services (EPS) and Strategy and Commissioning (S&C), as required
- Heads of Service: Early Years, Schools Intervention, Commissioning and Enhanced Services, Head of Participation and Services for Young People, as required
- Senior Area Advisers: Schools Intervention Service, as required

Format

- Service Directors and Heads of Service provide an update on key countywide performance indicators, including the performance of vulnerable groups.
- Senior Area Advisers provide an update on:
 - a) schools causing concern and progress towards required outcomes;
 - b) outcomes of any recent OFSTED inspections and, if applicable, actions taken and outcomes achieved; and
 - c) any schools that have changed category or are at risk of changing category, explaining reasons for the concerns and actions being taken.
- Members and Senior Officers hold Officers to account for the priorities and targets in the School Improvement and Accelerating Achievement Strategies.
- The meeting is minuted and these minutes provide the start of the accountability process for the next meeting.
- To meet three times a year: early September to evaluate the provisional headline performance measures; early January to evaluate the validated

outcomes; and early in the summer term to evaluate progress against the key priorities in the School Improvement and Accelerating Achievement Strategies.

Outcome

Members and Senior Officers have a good knowledge and understanding of individual school and Cambridgeshire performance and can effectively hold Officers to account to ensure further improvement.

Links

The **Accelerating Achievement Strategy Group** will inform the discussions at this group.

The outcome of this group will enable Members to engage fully with the **Cambridgeshire School Improvement Board**.

TRANSFORMING CARE PLAN

To: Children and young People's Committee

Meeting Date: 24 May 2016

From: Executive Director, Children, Families and Adults

Electoral division(s): ALL

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

Purpose: To brief Children and Young People's Committee on the programme of work, known as Transforming Care, led by Cambridgeshire and Peterborough Clinical Commissioning Group (CCG), to develop community based services for people of all ages with learning disabilities and/or autism to reduce the need for in-patient beds.

To agree the process for signing off the final plan that has to be submitted to NHS England (NHSE) by the 1 July 2016.

Recommendation: The Children and Young People's Committee is asked to

- 1) Note and comment on the draft Transforming Care plan
- 2) To delegate authority to the Executive Director: Children, Families and Adults, to approve the strategy after it has been presented to both the Children and Young People's and Adults Committees and following discussion with the Chairman of the Adults Committee and the Chairwoman of the Children and Young Person's Committee.

Officer contact:	
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1.0 BACKGROUND

- 1.1 In 2012 the Department of Health commissioned an investigation into the abuse of people with learning disabilities living at Winterbourne View, an inpatient assessment and treatment service for adults with learning disabilities near Bristol. The subsequent report set clear expectations on commissioners to review the situation for people with learning disabilities and/or autism placed in inpatient services out of area and, wherever appropriate, to develop services locally to support them to return to the local area.
- 1.2 Progress nationally has been mixed and the Department of Health have established a three year programme, Transforming Care, to support the development of community based services and reduce the number of admissions into inpatient beds. The programme promotes the transformation of services for people of all ages with a learning disability and/or autism who display behaviour that challenges, including those who also have a mental health condition. The programme will drive the closure of the last long stay NHS hospital for people with learning disabilities that has remained open despite a comprehensive move to close the hospitals in the second half of the 1990's/early 2000's.
- 1.3 The scope of the programme includes adults and children, recognising the importance of ensuring that there is robust support in the community for people of all ages with learning disabilities and/or autism to reduce the need for admission to inpatient services.
- 1.4 The programme has set planning assumptions that no area should need more inpatient capacity than is necessary at any one time to cater for:
- 10-15 inpatients in Clinical Commissioning Group-commissioned beds (such as assessment and treatment units) per million population.
 - 20-25 inpatients in NHS England-commissioned beds (such as low-, medium- or high-secure units) per million population.

Locally, based on the Cambridgeshire and Peterborough Clinical Commissioning Group (CCG) 18+ population of 722,877, this would suggest that Cambridgeshire and Peterborough would need the following numbers of inpatient beds:

- 7-11 CCG commissioned beds
 - 14-18 NHS England commissioned beds.
- 1.5 The national programme has led to the establishment of Transforming Care Boards for NHS and Local Authority systems to lead the changes, and has provided guidance and support to complete local plans for the changes that will be implemented. To emphasise the integrated approach to this work, the final plan has to be signed off by the key NHS and Local Authority partners before submission by 1 July.

2.0 Local Progress

- 2.1 The Transforming Care Board for our system is chaired by the CCG and the vice-chair is the Service Director, Adult Social Care, Cambridgeshire County Council. Peterborough City Council and Cambridgeshire and Peterborough NHS Foundation Trust (CPFT) are the other key NHS and Local Authority

partners.

- 2.2 In adult services the integrated arrangements for people with learning disabilities in Cambridgeshire are well established with specialist health staff and social care staff working together in integrated teams within the Learning Disability Partnership (LDP) service that sits within the management structure of the County Council. The LDP has been effective in repatriating nine of the 16 people who were in out of county inpatient beds, following the Winterbourne View investigation. We have also been working with CPFT to reduce the number of inpatient beds locally, with plans to strengthen existing community services and develop new models of support focused on avoiding admissions to inpatient beds. This work has fed directly into the local Transforming Care plan.
- 2.3 The local targets for adults supported in inpatient beds by 2018/19 have been informed by the planning assumptions in paragraph 1.4 and current activity. The targets are:
- To reduce from 10 inpatients to nine inpatients in CCG-commissioned beds (such as those in assessment and treatment units)
 - To reduce from six inpatients to five inpatients in NHS England-commissioned beds (such as those in low-, medium- or high-secure units).
- 2.4 In children's services where an inpatient bed is required for a child or young person under 18 years with Learning Disabilities (LD) and/or Autism Spectrum Disorder (ASD) the responsibility for provision and funding is with NHS England. NHS England (NHSE) data suggests that there are 10 people under 18 in a tier 4 inpatient bed of which 4 are placed in local provision. Work is underway with NHSE to interrogate and verify this data. Tier 4 Child and Adolescent Mental Health Services (CAMHS) are highly specialised services with a primary purpose of the assessment and treatment of severe and complex mental health disorders in children and young people. These services are part of a highly specialist pathway and provide for a level of complexity that cannot be provided for by comprehensive secondary, Tier 3 community services. It is generally the complexity and severity rather than the nature of the disorder that determines the need for specialist care.
- 2.5 The local tier 4 provision for young people under the age of 18 is based at The Croft which is a unit run by CPFT who are also the local provider of community (Tier 3) CAMHS provision. The unit is recognised nationally as being unusual because the ethos is one of the child and family being resident. It is seen locally by clinicians and families as a very proactive and supportive short term placement to assess and hopefully support families in meeting their child's needs and preventing further need for residential placement and family breakdown.
- 2.6 The CCG currently jointly funds additional support for families in Cambridgeshire and Peterborough, with both local authorities, in order to support children remaining either in their family or within their local community. Additionally, in Cambridgeshire the CCG also provide funding via a Section 256 arrangement for the Short break/Shared care and Residential provision for Disabled children though this is not specifically for LD and/or ASD.
- 2.7 With the additional Department of Health funding for CAMH services, the local

plan has an emphasis on providing early advice and support to families with the aim of supporting them to manage their child's emotional health and wellbeing. With greater integrated support in the community including development of intensive and proactive/reactive support for families in times of crisis the aim is to reduce the incidence of young people who require either CAMHs tier 4 placements and residential school placements, including the reliance on inpatients admission to the Croft. This work is led by the Joint Commissioning Unit for Children and Young people.

- 2.8 The Transforming Care Partnership board are liaising with the Joint Commissioning Unit for Children and Young People which is chaired by Wendi Ogle-Welbourn (Peterborough City Council) to determine how to work together on this common agenda. It is anticipated that the arrangements that will be put in place following these discussions will ensure that there is no duplication between boards but that there is formal and effective feedback from the Joint Commissioning Unit to the Transforming Care Partnership Board.

3.0 The Draft Transforming Care Plan

- 3.1 The draft plan (**Appendix 1**) sets out a description of how the current system operates; the governance arrangements for the programme and how service users and carers and other stakeholders will be involved; the current activity; the future vision and plans for implementation.
- 3.2 Draft versions of the plan have been submitted to NHSE in February and March and feedback received on how to strengthen the plan ready for final submission. The current draft has been strengthened with more detail on the implementation plan and more emphasis on the strong building blocks in place in Cambridgeshire. The building blocks include:
- the integrated community teams with health and social care staff
 - the development of "assessment flats" that provided accommodation and support for people supported to move back to Cambridgeshire. These flats offer the opportunity for local health and social care to understand the needs of the person and develop appropriate services for them
 - the integrated arrangements for lead commissioning with the pooled budget
 - the use of Direct Payments to support both health and social care needs.
- 3.3 As part of the support from the national programme, key partners had a workshop on 22 April with the National Development Team for Inclusion (NDTi). This workshop has helped to focus on the work needed to finalise the plan including the need to describe the future model more clearly, in particular, linking together to two diagrams set out in section three of the plan.
- 3.4 The focus of the new model set out in section four of the plan (and set out below) builds on the positive approaches already in place and extends and strengthens these to ensure that community based responses will be available to support people in ways that minimise the need for inpatient admissions.
- Service users and carers having choice and control, including the use of Direct Payments and Personal Health Budgets
 - Supporting carers, including parent carers, through services delivered by Cambridgeshire Carers Trust and the provision of personal budgets

- Progression and skills development to increase independence
- Flexible approaches to respond quickly and innovatively to address a range of situations that could otherwise escalate (see Transforming Lives approach below)
- Further development of “assessment flats” used successfully in Cambridgeshire to repatriate people in out of area inpatient settings and development of other accommodation options
- Further development of Intensive Community Support to support people in their own homes and in “assessment flats”/crisis house to avoid admission to inpatient services unless MHA powers are appropriate or the risk to the person or the community cannot be managed in the community
- Maintaining the established role of Liaison Nurse in the acute hospitals to promote good access to mainstream health care services.

3.5 The feedback from NHSE and NDTi has confirmed that the Cambridgeshire and Peterborough system is well placed to finalise the Transforming Care plan and move forward into the implementation phase.

4.0 Approval Process

4.1 The date for the final submission of the plan (1 July) falls shortly before the July meeting of the Children and Young People’s Committee, so it will not be possible to bring the finalised version of the plan back to the next Committee for formal sign off. It is therefore proposed that Executive Director is given delegated authority to approve the plan, in consultation with the Chair of the Committee.

4.2 The plan has also been presented to Adults Committee with the same recommendation for delegated authority to be given.

5.0 ALIGNMENT WITH CORPORATE PRIORITIES

5.1 Developing the local economy for the benefit of all

5.1.1 The development of local services in the community to support people with learning disabilities and/or autism will help to maintain this area of the health and care sector with the recruitment for health and social care professionals and other skilled and experienced care and support workers.

5.2 Helping people live healthy and independent lives

5.2.1 The Transforming Care agenda focuses on supporting people to live healthy and independent lives in their local community.

5.3 Supporting and protecting vulnerable people

5.3.1 The Transforming Care programme focuses on some of the most vulnerable people that we support within the health and social care system. The plan developed locally will build on current good practice – including operational and strategic integration – to provide a range of community based services to support people as an alternative to the use of inpatient beds.

6.0 SIGNIFICANT IMPLICATIONS

6.1 Resource Implications

- 6.1.1 Working with the CCG, the Council will need to agree how much health funding to invest in strengthening community services and the most effective and efficient way to provide the relatively small number of inpatient beds required to meet specific needs when these cannot be met in the community because the person needs to be sectioned under the Mental Health Act or the level of risk to the person or others cannot be managed in the community.
- 6.1.2 The Transforming Care programme is supported by funding from the Department of Health against which Transforming Care Boards can bid to support the implementation of the plan. Recognising the need to invest in strengthening and developing a range of community based services, the Board has put forward a bid for £1,877,000 which will be match funded by the investments already committed in community and inpatient services.

6.2 Statutory, Risk and Legal Implications

- 6.2.1 The Transforming Care programme will be delivered within the relevant legal frameworks for health and social care.

6.3 Equality and Diversity Implications

- 6.3.1 There are no significant implications but the services will need to be accessible and offer equity across all relevant groups and across the County.

6.4 Engagement and Consultation Implications

- 6.4.1 Plans for engaging with people with learning disabilities and/or autism and their carers are included in the plan and have been discussed with service user representatives. Formal public consultation about the future of inpatient beds will need to be consulted on in line with NHS requirements. The Council will work collaboratively with the CCG and other NHS colleagues in the engagement of service users, carers and other stakeholders and support with any formal consultation.

6.5 Localism and Local Member Involvement

- 6.5.1 The further development of community services will be enhanced by the involvement of local communities. This will require local communities to be inclusive in their engagement with people with learning disabilities and/or autism. Local Members could support this work by positively promoting the inclusion of people with learning disabilities and/or autism within local communities.

6.6 Public Health Implications

- 6.6.1 The existing health and social care services promote the importance of healthy lifestyles and will continue to do so within the proposed changes.

Source Documents	Location
Transforming Care Plan	CYP Committee on 24 May 2016 http://www2.cambridgeshire.gov.uk/CommitteeMinutes/Committees/Committee

Transforming Lives in Cambridgeshire and Peterborough

Building on Strong Foundations

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1. Governance and stakeholder arrangement

Cambridgeshire and Peterborough are served by Cambridgeshire and Peterborough Clinical Commissioning Group (CCG), Cambridgeshire County Council (CCC) and Peterborough City Council (PCC).

1.1. Cambridgeshire

CCC have the lead commissioning responsibility and hold the pooled budget of approximately £75m per annum for health and social care services (excluding rehabilitation services and services commissioned by Specialist Commissioners). The pooled budget is made up of contributions from CCC (80%) and Cambridgeshire and Peterborough CCG (20%). The pooled budget is managed through a Section 75 agreement.

CCC also manages the Learning Disability Partnership (LDP), a service that integrates social care staff and specialist learning disability health staff. The health staff are employed by Cambridgeshire and Peterborough NHS Foundation Trust and managed within the Learning Disability Partnership. These arrangements are supported by a Section 75 agreement delegating authority to operate an integrated service.

The health and social care professionals include:

- community nurses
- speech and language therapists
- occupational therapists
- physiotherapists
- psychologists
- art therapists
- psychiatrists
- social workers
- adult coordinators

The professionals work in 6 integrated teams across Cambridgeshire. With offices in Cambridge, Huntingdon, Fenland and Ely. Together they assess, provide and arrange health and social care services for approximately 1600 people with learning disabilities.

There is Learning Disability Liaison Nurse post in each of the 2 acute hospitals within Cambridgeshire, in Cambridge (Addenbrookes) and Huntingdon (Hinchingbrook).

The LDP block purchase inpatient beds from CPFT, 6 in the Intensive Assessment and Support Service (IASS) in Cambridge and 2 at the Hollies in Peterborough. The remaining 8 beds at the Hollies are commissioned from CPFT for Peterborough patients. Inpatient beds are spot purchased from private sector providers if local services are not able to admit (due to capacity or mix of service users) or cannot provide the specific expertise required for the person at that time.

People living in the community are supported through a range of services commissioned from the private and voluntary sectors including residential, nursing, supported living, domiciliary care and day care and CCC in-house provision of respite, supported living, day care and Shared Lives.

A small team of social workers and adult support co-ordinators work with people on the autistic spectrum who do not have a learning disability providing social care assessments and arranging services to meet eligible needs.. This is a relatively new team that also has a contract with the National Autistic Society to provide short term one to one support to people to access other services including support with housing.

1.2. Peterborough

PCC does not hold the lead commissioning responsibility for health and social care services. There is not a pooled budget and therefore the CCG retain responsibility for health commissioning and provision of services. However PCC work closely with the CCG to ensure appropriate provision is commissioned, particularly for individuals who are in receipt of Continuing Health Care Funding or Joint Funding. PCC and the CCG have a section 75 agreement in place which enables the Council to employ clinicians who work with adults with a learning disability and/or autism including Learning Disability Community Nurses, Occupational Therapists and Speech and Language Therapists.

PCC does not have a discrete Learning Disability and Autism Team as the Council felt the benefits of further integration and up skilling/cross skilling of staff would further enhance the offer. The Nurses are co-located with the Social Workers in the Long Term Complex Team. The Speech and Language Therapists/Occupational Therapists are colocated with other Therapists including Physiotherapists and Sensory Rehabilitation workers to provide an equitable and comprehensive service to all adults regardless of disability.

Peterborough has a 10 bed learning Disability Assessment & Treatment Unit at the Edith Cavell Centre: The Hollies (see commissioning arrangements above). The IASS unit in Cambridge is also accessed when necessary.

CPFT provide community health services, which are based either with Psychology and Psychiatry outpatient community services next to the Hollies inpatient unit, or within the multi-disciplinary Intensive Support Team at the Gloucester Centre.

PCC health and social care staff work in collaboration with all the teams listed above, although the multiple IT systems can compromise the provision of cohesive and seamless care. The professionals work in partnership to ensure the impact is minimised.

CPFT commissioned services are not co-terminus with PCC local authority boundaries which can lead to provision of services not being equitable. PCC are commissioned to support adults on the Autism spectrum without a co-morbidity of a learning disability whereas CPFT are commissioned to support adults on the Autism spectrum with a co-morbidity of learning disability.

The LD Community Nurses employed by PCC provide full case management to 100% CHC funded service-users, but again CPFT staff do not provide full case management. Whilst PCC does not routinely use the Care Programme Approach for people with learning disabilities and additional mental health needs, the individuals should be supported by a key worker and robust care coordination.

For Specialist Learning Disability Health services there are two points of referral (ARC for LD Psychology and Psychiatry and PCC for LD Nursing, SLT and LD OT).

There is also a part-time Learning Disability Liaison Nurse in Peterborough City Hospital.

The current service delivery and staffing model for Peterborough Adult Community Learning Disability services is detailed below:

Cambridgeshire & Peterborough NHS Foundation Trust Learning Disability Health Staff IST

Team Manager	1.0 WTE
MDT Staff – qualified (nurses/social workers/OT/psychology)	2.8 WTE
Unqualified clinical staff	1.0 WTE
Admin – via CPFT Admin Hub	
Psychiatry	0.3 WTE

Community Learning Disability Service (Edith Cavell Centre)

Psychology	0.8 WTE
Psychiatry	0.7WTE
(0.7 WTE includes work on Hollies IP Unit & 2.5 SPA sessions)	
Staff Grade LD Psychiatrist (Hollies ward work if cover required)	1.0 WTE

Peterborough City Council Learning Disability Health Staff LD Occupational Therapy (Therapies Team, Royce Road)

Grade 10 (approx. equiv. NHS Band 6)	1.0 wte.
Grade 9 (approx. equiv. NHS Band 5)	0.6 wte.
Grade 6 (approx. equiv. NHS Band 3/4)	0.2 wte.
Grade 6 (approx. equiv. NHS Band 3/4)	0.4 wte.
Moving and handling / physical cases are seen by the main OT team to make up the funded LD OT hours. (Section 75 agreement is to provide 2 wt.)	

LD Speech & Language Therapy (Therapies Team, Royce Road)

Band 7 SLT Clinical Lead	1.0 wte.
Band 6 SLT	0.6 wte.
Grade 9 SLT (approx. equiv. NHS Band 5)	1.0 wte.
Band 4 Senior Communication Coordinator	1.0 wte.
Grade 6 Senior Communication Coordinator (approx. equiv. NHS Band 3/4)	1.0 wte.

LD Nursing (Assessment & Case Management Long term Team, Town Hall)

Band 7 LD Nursing Clinical Lead	1.0 wte.
Band 6 Nurse	1.0 wte.
Grade 10 Nurse (approx. equiv. NHS Band 6)	1.0 wte.
Grade 9 Nurse (approx. equiv. NHS Band 5)	1.0 wte.
Grade 9 Nurse (approx. equiv. NHS Band 5)	0.6 wte.
post vacant	
Community support worker	post
vacant	

Nursing skill mix is currently under review, in the light of current vacancies.

Other related roles: There is an LD acute liaison nurse employed by PCH, and a 1.0 wte. LD CHC nurse employed by PCC.

1.2.1. Peterborough City Council Social Care Staff

PCC do not have specific staffing numbers for Social Workers/Care Support Workers who provide core social care functions to adults with a learning disability, as this is provided within the Long Terms and Complex Case Management Team.

The Long Term and Complex Case Management Team includes 26 Social Workers and 12 Care Support Workers. The Long Term Complex Team work with people who have may have a learning disability, physical disability including sensory, long term conditions, mental health and frailty. The team are responsible for assessment including mental capacity/best interest decisions, care and support planning, case management/coordination, reviews and safeguarding. Service users with a learning disability also access generic information and advice from Inform & Advise/See & Solve Teams based at Bayard Place and the Town Hall as required.

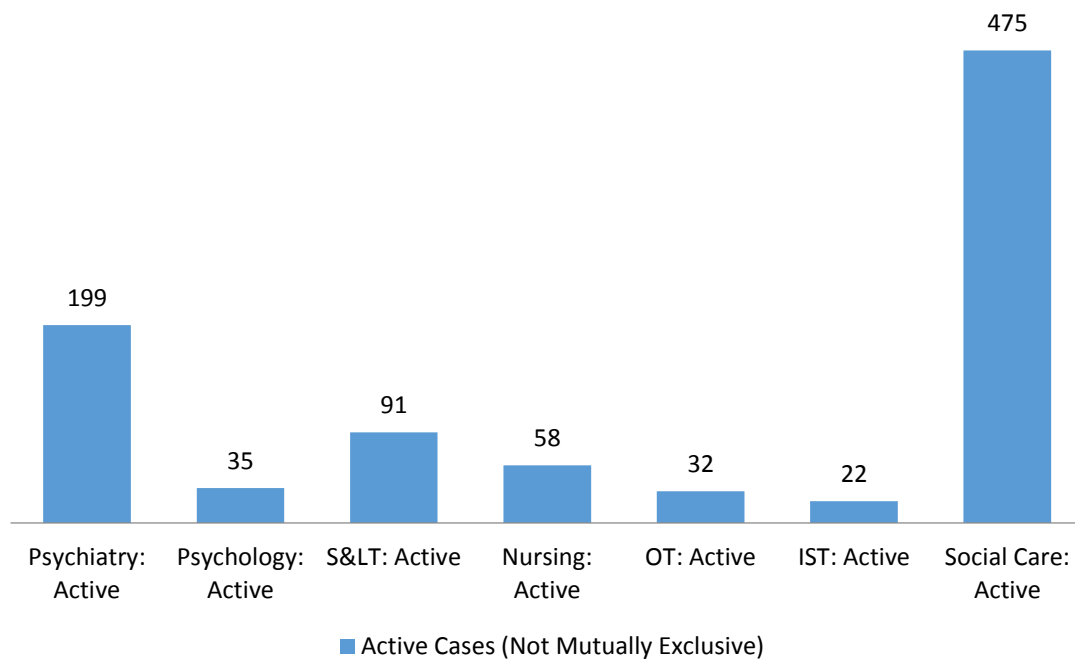
1.2.2. People with LD receiving services on 01/03/2016

Peterborough City Council & Cambridgeshire & Peterborough NHS Foundation Trust liaised to combine anonymised data from both information systems, to capture a snapshot of the combined caseload of adults with a learning disability receiving a service in the week beginning 1st March 2016.

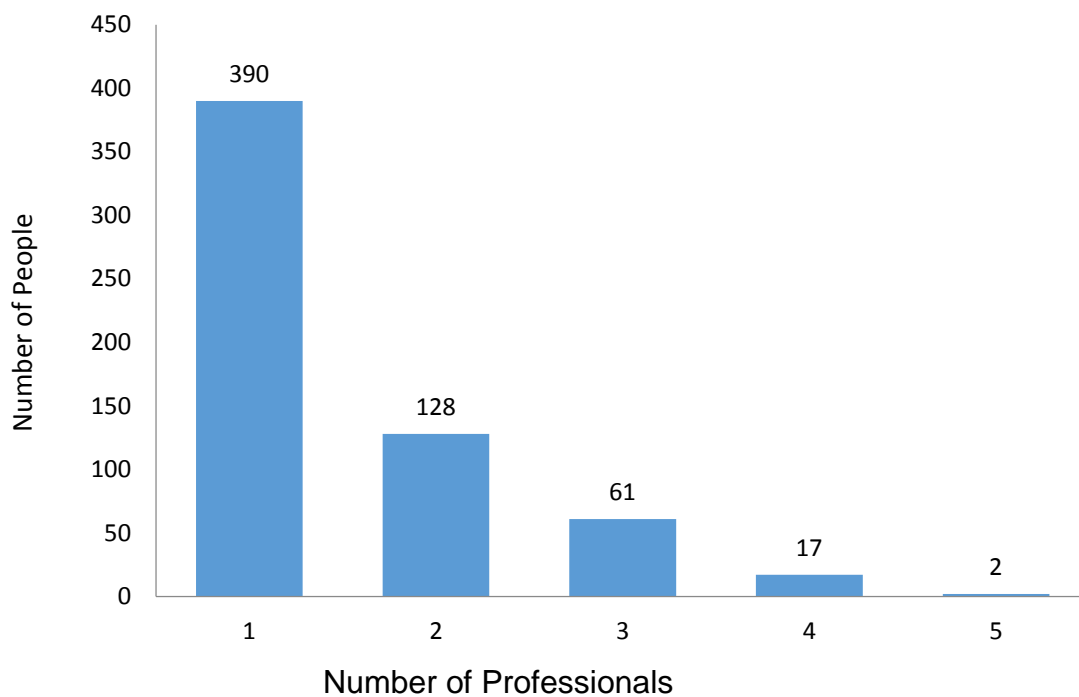
The Social Care active caseload includes all people receiving a Personal Budget and

would include people receiving an annual review only – it does not include people receiving assistance who do not require a funded care package (it may also include some adults with autistic spectrum disorders who do not have a learning disability).

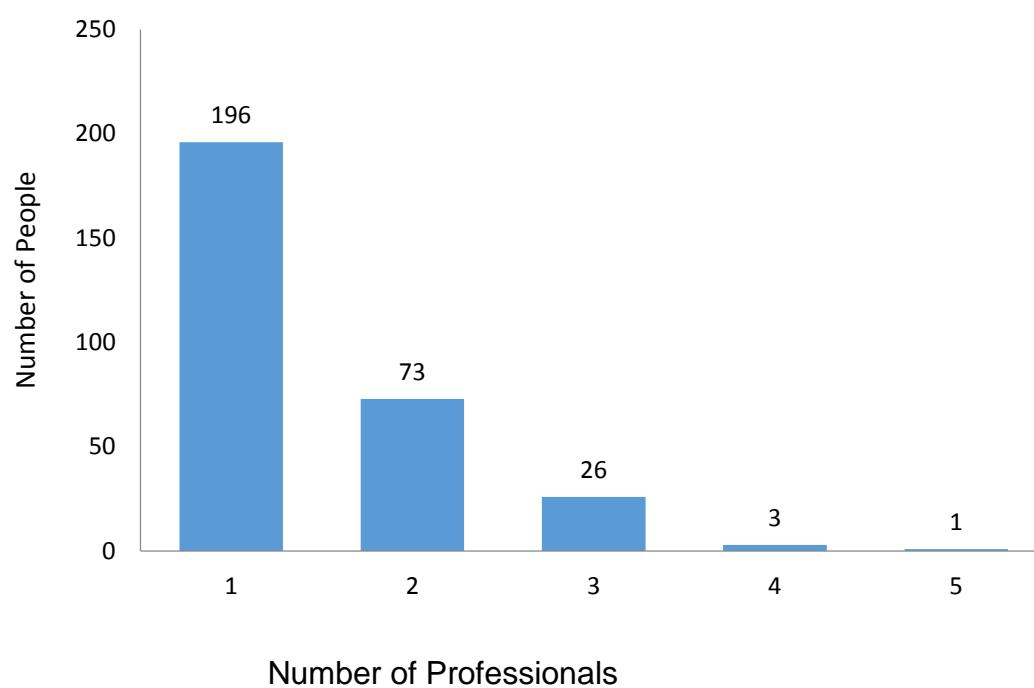
Speech & Language Therapy active caseloads include clients reviewed annually for dysphagia. Community Learning Disability nurses, rather than Social Workers, case manage individuals who are funded 100% by Continuing Health Care.



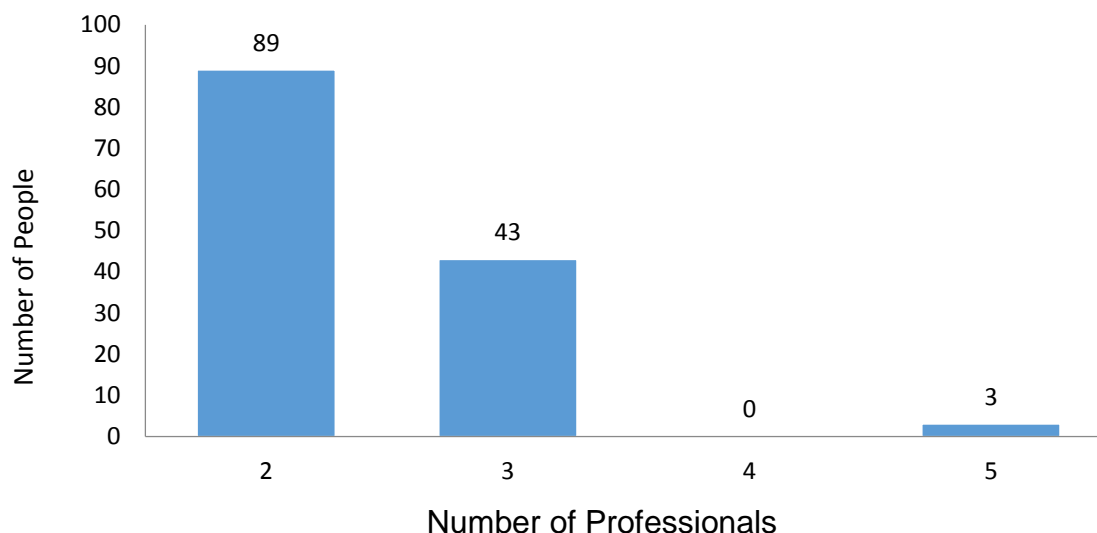
A significant proportion of individuals receiving a service, are seen by more than one professional.



This is also true within the specialist health caseload:



Looking at both active caseload, and those awaiting allocation allows us to see absolute numbers of those requiring multi-professional health input.



1.3 Children's Services in Cambridgeshire

There are currently 6 locality special schools that take a spectrum of children with wide ranging needs. There are also schools with enhanced resources and alternative learning environments for a range of needs.

There is active engagement with the regional colleges in order to support young people to have choice at both 16yrs and 18yrs, in terms of their continuing educational provision and development of independence skills. There is a short break offer which encompasses a range of services from play schemes, community outreach, direct payments, link carers and residential short breaks. The CCG currently support a range of needs through joint funding individual care packages and a S256 for residential short breaks.

The residential provision is currently provided by Action For Children (AFC) and there are 3 units which provide short breaks, shared care and a small number of full time placements.

There are 28 children (20 joint funded) who are in 'Out of County' placements at specialist residential schools. These can either be as weekly or fortnightly boarder or those on 38 or 52 week placements.

CCC are in the early stages of considering the needs for 'out of county' placements and the options for providing the required services 'in county'

1.4 Children's Services in Peterborough

There are 5 Special Schools in Peterborough. Each school has different student profile. The schools range from 1 whose children and young people have complex needs or severe LD to a school specifically for those with ASD.

Peterborough also works actively with the regional colleges in order to support young people to have choice at both 16yrs and 18yrs, in terms of their continuing educational provision and development of independence skills.

The short break offer in Peterborough encompasses a similar range of provision to Cambridgeshire – similarly their play schemes and afterschool clubs being provided by third sector organisations or the schools. However, Link Care, Outreach and residential short breaks are provided as an 'in house' service by PCC. There are no beds within the Peterborough provision defined as Shared Care or full time placements.

In Peterborough the CCG support provision through joint funding of individual care packages but not through any recurrent money to services.

The number of children and young people in 'Out of County' placements which the CCG joint fund is 5 – at this time the data for the total number of 'out of county' placements was not available.

Across both areas there is a lack of either private or third sector providers who can provide services in the community for children and young people with behaviour that challenges which currently limits the scope for the development of greater community based care and choice for families.

1.5 Children's Services and Transition

The CCG commission Community Paediatric and Child and Adolescents Mental Health (CAMHS) services across Cambridgeshire and Peterborough. The community paediatric services and their providers are different for Peterborough and Cambridgeshire but both services provide developmental diagnostic services for children from 0 - 11, including diagnosis relating to Learning Disability and Autistic Spectrum Disorder. The differences in services are being addressed through the CCGs System Transformation programme.

The CAMHS provider across the whole CCG area is CPFT which is the same provider as the adult service but is a separate contract. The CAMHS service has services for those children and young people with a Learning Disability and and/or ASD however the thresholds for the service are high and currently this means that individuals with LD and /or ASD will be offered a service if they are suspected as having a co-morbid mental health condition.

The service has no inpatient beds and whilst there is an Intensive Support Team (IST) for children within CPFT, they do not have the specialism to provide intensive support at points of crisis for children and young people with LD or ASD, the capacity within the team is also limited. Under the additional CAMHS investment from Department of Health the IST is being reviewed in order to support admission prevention.

The CCGs Children's Commissioning Team work actively with our colleagues in social care across both Local Authorities on both service development and commissioning alongside individual case work. The CCG are part of a Children's Joint Commissioning Unit with PCC and CCC.

Transition has been a major area of concern identified through the consultation work with parents and carers represented by Family Voice Peterborough and Pinpoint (Cambridgeshire). The identified issues relate to both the time of transition and the perceived gap in service provision between 16 -18 years.

In 2016-17 the Children's Joint Commissioning Unit will support the establishment of a Transition Network to move the agenda relating to transition forward using the NICE Guideline – Transition from children to adults' services for young people using health or social care services (Feb 2016) with the aim of ensuring that this meets the Transforming Care agenda and that of SEND and the Children and Families Act (2014).

There is a recognised need to develop a clear transition pathway for young people with LD and or ASD and this Network will be an integral part of the Transforming Care work programme with both children and adult service represented and the CAMHs Transformation Programme. The Network will report to both the Transforming Care Board and the Children's Joint Commissioning Unit.

1.6 Governance arrangements for this transformation programme

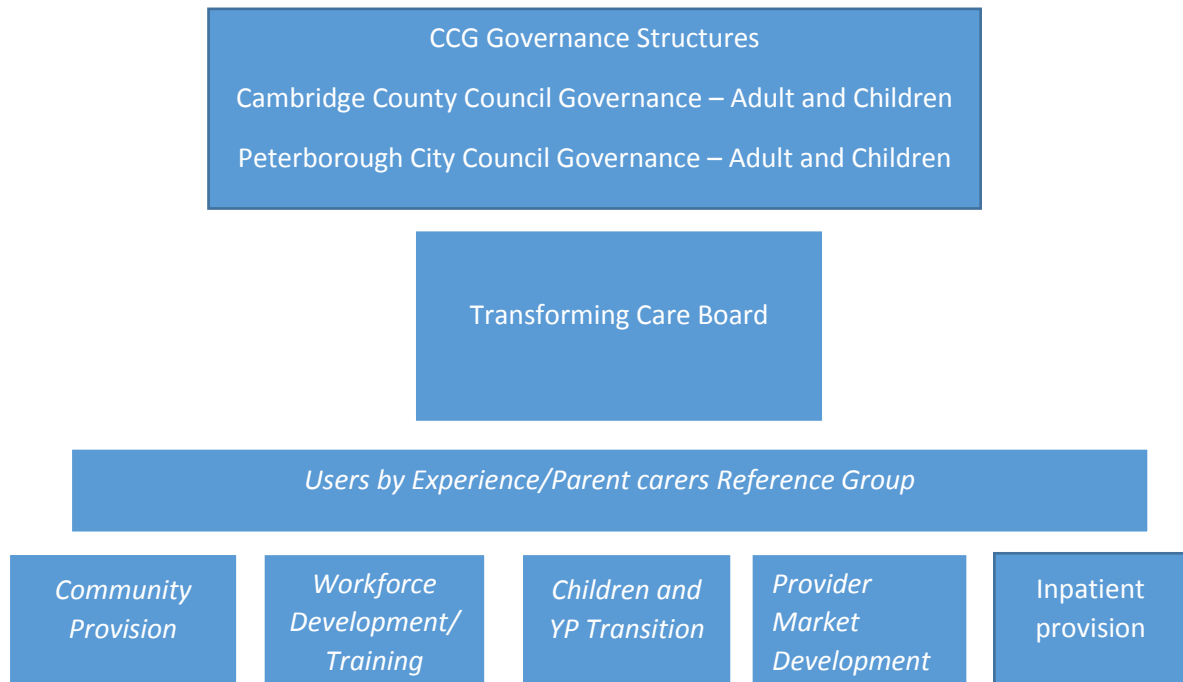
The CCG are leading the transformation programme with the Director of Contracting, Performance and Delivery holding the role of SRO, supported by the Service Director, Adult Social Care, CCC, holding the role of Deputy SRO.

The Transforming Care Board has been established with the first formal meeting taking place on 26 January 2016. The membership of the Board includes representatives from the following organisations/interests:

- Peterborough City Council PCC
- Cambridgeshire and Peterborough Foundation Trust
- Cambridgeshire and Peterborough CCG
- Cambridgeshire County council CCC
- Self-Advocates and Family carer representatives

- Specialised Commissioning Group
- Children’s commissioners

Cambridge and Peterborough’s collaborative governance arrangements are detailed in the diagram below.



The key features of the Transforming Care board are:

- A multi-agency Board to provide a single place for collaborative decision-making by commissioners, clinicians and relevant professionals, experts, users and carers.
- A number of delivery work streams, reporting directly to the Transforming Care Board
- A Users and Carers reference group ensuring effective engagement and co-production within the programme.

1.6.1 Delivery Work Streams

The Transforming Care Board has oversight and responsibility for the development of the service model and the implementation plan for delivering it. The TCP Board has agreed on the following work streams to support the implementation of the new service model:

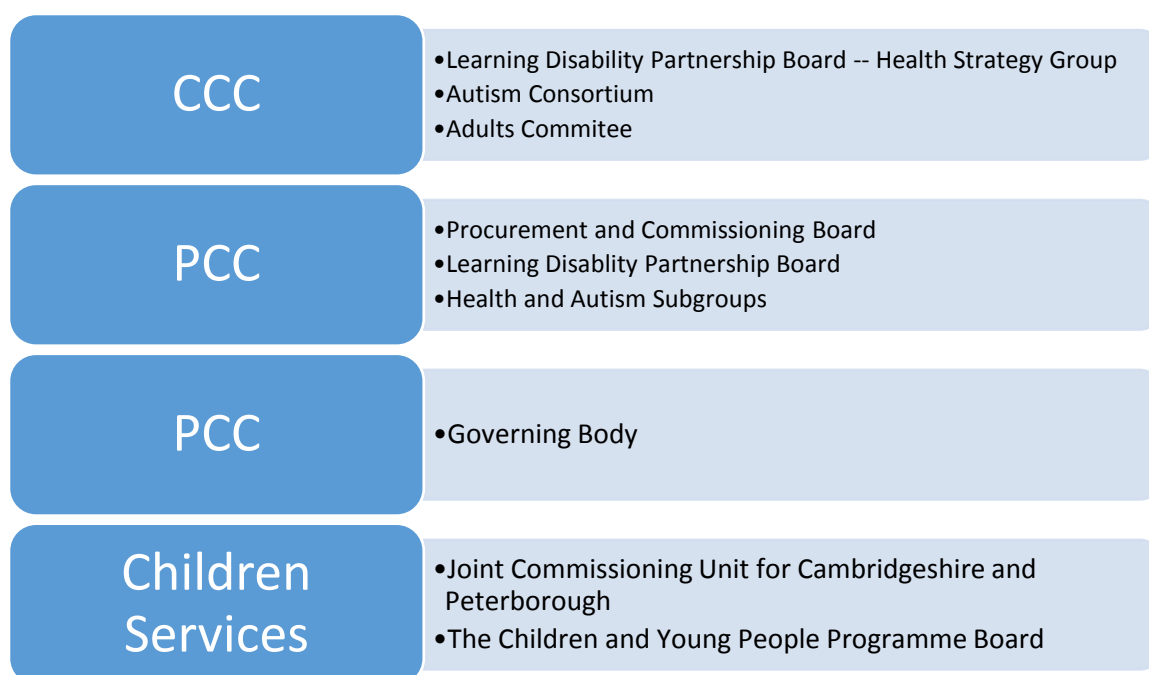
:

- Community Provision
- Workforce development and Training
- Children and Young People Transition
- Provider Market development
- Inpatient Provision

There are nominated leads for each work stream from each of the key partners represented on the TC Board, including CPFT, CCC, PCC and the CCG.

The work streams are due to commence in April 2016.

Each organisation will have links between the TCP Board and internal governance.



1.7 Stakeholder Engagement Arrangements

1.7.1 Current Arrangements

Two local Learning Disability Partnership Boards (LDPB) have a high level of co-production within the day to day delivery of the learning disability strategy. The LDPBs are co-chaired by service user and carers so commissioners are fully aware of the issues being presented by people who experience the service. This plan is reflective of those issues.

Each LDPB has a user and carer engagement philosophy embedded within their frameworks therefore all strategic decisions, service design; planning and delivery are co-produced.

The Children's and Young people's commissioners have good engagement arrangements with Parents and Carers groups but are more sporadic with young children. 14+ are supported by Voiceability within Cambridgeshire but not Peterborough.

Users and Carers (Adults) in Cambridgeshire

Cambridgeshire LDP commission Voiceability to enable effective user and carer engagement within the Learning Disability agenda. The framework for this exists in the formation of a Speak Out council for people aged 14+. The Speak Out Council has elected regional leaders for 3 sub regions of Cambridgeshire. They also have 3 elected leaders for High Support Needs, People with Autism and Young People with learning disabilities. Each of those leaders work with their constituents to bring forward issues that users and carers face and to respond to commissioning agendas.

The Speak Out Council also co-chairs the LDPB and has a responsibility to disseminate any information, plans and directions through their members. Voiceability who hosts the Speak Out Council is aware of the Transforming Care Agenda.

Users and Carers (Young People) in Cambridgeshire

Cambridgeshire County Council employs a young people's engagement worker to assist in the involvement of children and young people in service evaluations and re-design.

Voiceability support young people from age 14. Families and Carers are supported through Pinpoint.

Voiceability is aware of the Transforming Care Agenda.

Pinpoint have representatives on the Local Authority Commissioning Boards, the CCG Children and Young People's Programme Board and are therefore sighted on current strategic agendas.

Users and Carers (Adults) in Peterborough

Peterborough has a Learning Disability Partnership Board (LDPB) with a Health Sub-Group and Autism Sub-Group. The LDPB is co-chaired by the Director of Communities and a self-advocate. Self-advocate input into the LDPB is through a 'Network Group' which is supported by a paid advocate, the Network Group view all papers submitted to the LDPB and give a presentation to the board on any issues it has within the papers. The LDPB agenda is agreed between the co-chairs supported by the paid advocate.

The autism sub-group has received two briefings on TC at its September and December 2015 meetings on the draft TC strategy and service model at its March 2016 meeting. The LDPB will receive its first briefing at its March meeting.

The advocate is funded by the LDPB through its Learning Disability Development Fund. The current service provider is the Peterborough Council for Voluntary Services.

Users and Carers (Young People) in Peterborough

Peterborough City Council employs a young people's engagement worker to assist in the involvement of children and young people in service evaluations and re-design.

Family Voice support parents and carers in Peterborough and have representatives on the Local Authority Commissioning Boards and the CCG Children and Young People's Programme Board and are therefore sighted on current strategic agendas.

Commissioners

The CCG is formed of 8 LCGs across Cambridgeshire and Peterborough for Health Commissioning. Each LCG is regularly updated on the Transforming Care plan through their monthly/quarterly board updates. We have 4 lead GPs from each system who are fully involved within commissioning decisions and arrangements. Each lead is briefed on a monthly basis. We have an overall Clinical Lead GP who co-chairs the Learning Disability Health groups and has overall clinical responsibility for our commissioning arrangements.

In Cambridgeshire the commissioners work actively with the LDPB, service users, carers, the CCG, CPFT and other local providers. This forum provides opportunities to discuss service development and gather the views of stakeholders. The LDPB has a number of subgroups that focus on specific issues including health, housing and day

support opportunities.

The commissioners in Cambridgeshire County Council also work with the Autism Consortium that provides the same opportunities for involvement of people on the autistic spectrum.

Providers

Our Providers have all been actively involved within the creation of this plan and are members of our Transforming Care Board who will oversee the plan.

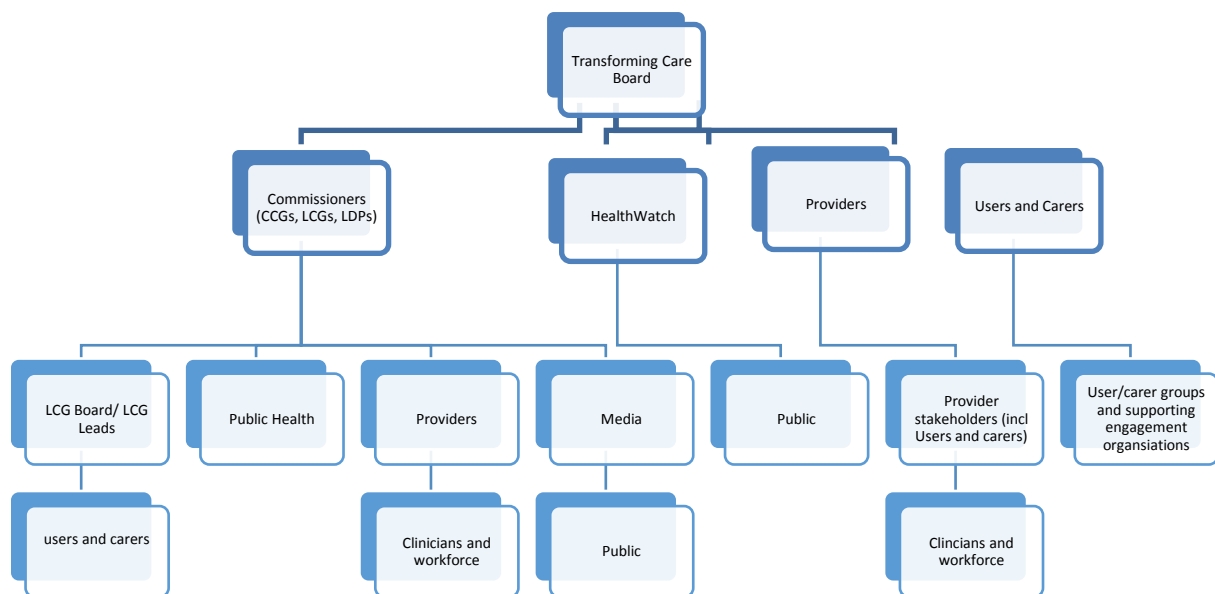
1.7.2 Future Engagement Arrangements

The Transforming Care Board will be appointing a project manager who will oversee and co-ordinate the Engagement Arrangements.

The project manager will deliver a robust engagement strategy in line with the implementation of the plan.

Transforming Care Board Engagement

The overarching engagement arrangements for the Transforming Care Board will exist as follows. Each member of the Transforming Care Board will have the responsibility to cascade information to relevant working groups and stakeholders. The diagram below outlines the pathways for engagement:



Commissioners

Commissioners from the CCG and two Local Authorities will be engaged through their representation on the Transforming Care Board.

The Commissioners will have the responsibility to seek engagement from their respective partnership boards that will in turn have mechanisms for engagement that sit underneath. The LDPBs will be required to cascade information from the Transforming Care Board through the LDPBs and beyond. The LDPBs will also be required to provide information to the Board based on feedback they receive.

The CCG representatives will have the responsibility to seek engagement from the LCG Boards and lead GPs. This is done through bi-monthly updates to the local commissioning groups routinely. Further briefings are delivered electronically through the GP Gateway system. The CCG contracting and commissioning team include a team of lead GP leads from each LCG. They are regularly involved in strategic decision making about the ongoing commissioning of services. The Lead GPs also act as a local representative for their patients and local commissioning groups.

Providers

Healthcare providers are members of the Transforming Care Board and will have representatives on the identified work streams within the plan. They will be required to cascade information from the Board through their own engagement mechanisms and provide information to the Board based on feedback that they have received.

Users and Carers

The Cambridgeshire and Peterborough Transforming Care Board are committed to the co-production ethos for service planning, design and evaluation and have therefore created a user and carer reference group which will support the Transforming Care Board as described above.

Underneath this user and carer reference group, we are looking to work with identified user and carer groups/engagement support agencies to conduct wider engagement around this agenda. This will then be fed into the Transforming Care Board through the User and Carer reference group.

We have proposed this agenda to the Speak Out Council in Cambridgeshire for them to take on as one of their key topics. If approved, they will commence a formal consultation procedure in March with feedback at their council meeting on 16th June. The Speak Out Council is user-lead and their workload is directed by the members.

We will work to ensure that there are consistent levels of engagement across all ages. The User and Carer representation on the board will be supported by a reference group and wider user and carer engagement strategy.

The group will exist to;

- Advise the board of effective engagement mechanisms,
- Ensure that user and carers have been involved at all levels of the work.
- Assess the feedback from user and carer input and ensure that their views, ideas and recommendations are incorporated within the work identified by the plan.
- Act as a reference group to the Transforming Care Board.
- Provide representation to the Transforming Care Board.

Healthwatch

Healthwatch Cambridgeshire and Healthwatch Peterborough are invited to represent the public on the Transforming Care Board and act as a critical friend to ensure effective public engagement.

Provider Engagement

There is an expectation that all commissioned providers of Learning Disability Health and Social Care provision adopt the philosophies and principles of the Transforming Care Agenda and plan into their day to day service delivery. Providers are being invited to join the individual work streams to offer representation and intelligence about the service users that they work with. They will be key sources of information to inform future service design and delivery.

Each provider will be expected to utilise their own methods of engagement in line with their organisational engagement strategies and feedback within the relevant work streams. They will be expected to disseminate all and any information about the Transforming care agenda and plan within their networks and systems.

Service Providers will be required to conduct adequate consultations with service users and carers on any proposed changes that would impact the level/type of service delivered.

Public Engagement

As part of the initiative to promote the Transforming Care Agenda and our subsequent plan, we will arrange 4 public roadshows in the different regions of our catchment throughout 2016/17. They will be based in Cambridge City and East, Peterborough, Huntingdon and Fenland starting in June 2016. These roadshows will be concluded in April 2017. The aim of these roadshows will be raise public awareness and offer a public consultation forum to engage people in the solutions that will drive our plan forwards.

Both Local Authorities, the CCG and our main provider has nominated an Engagement and Communications lead. These leads will work collectively to develop a public engagement strategy, utilising public forums, online resources and social media to ensure effective communication to the public and key stakeholders to drive up the maximum level of engagement.

Engagement Mechanisms

We recognise that there are a variety of tools and approaches that can be used to engage different people and those different methods are appropriate at different times depending on the audience and the content.

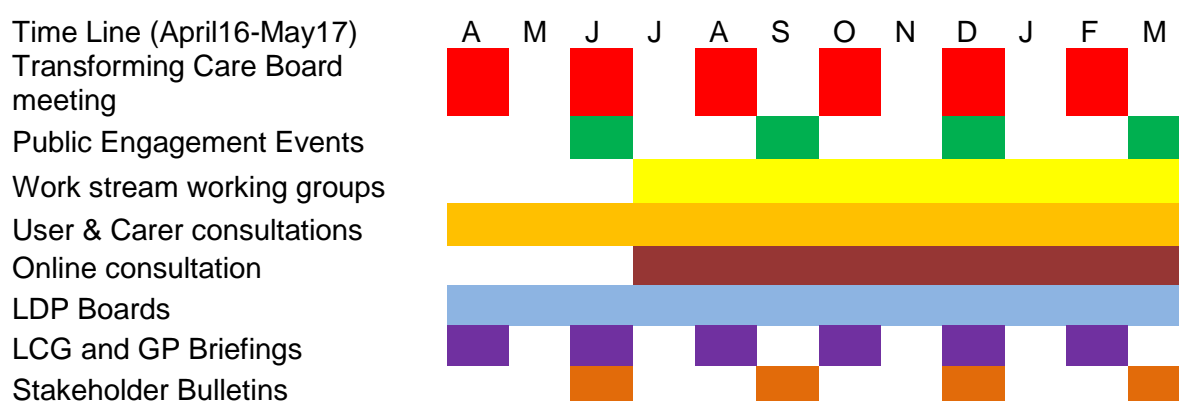
We therefore expect to provide, but are not limited to, the following mechanisms of engagement;

- workshops,
- consultations in the form of online, face to face, email and telephone
- questionnaires
- surveys
- Briefings

The Transforming Care Board are committed to making sure that we provide a wide source of opportunities where possible and will provide regular briefings to key stakeholders.

Where there are to be significant changes to current service provision, the Transforming Care Board will work according to formal public consultation procedures as defined by Cambridgeshire and Peterborough CCG, Cambridgeshire County Council and Peterborough City Council.

1.7.3 Delivery of the Engagement Strategy



We aim to ensure that each group has appropriate representation relevant to the identified work streams within the plan but would like to ensure where possible that there is at least one commissioner, one provider and input from service users and carers. There will be a User and Carer Reference group who will self-select the work streams to attend or request briefings from each group. The Users and Carers reference group will have the authority to decide how they wish to be involved in each element of the programme. They will be supported to be as involved as they choose.

Each work stream will oversee the engagement within their area of the plan. It is expected that each work stream will create further opportunities for engagement in line with the cycle of project management:

1.7.4 Co- Production with children, young people and adults with a learning disability and/or autism and families/carers.

Our LDPBs have a high level of co-production within the day to day delivery of the learning disability strategy. The LDPBs are co-chaired by service user and carers so commissioners are fully aware of the issues being presented by people who experience the service. The plan is reflective of those issues.

All the stakeholders listed in the engagement section above took part either directly via the representation at the TC Board or indirectly via the ongoing established fora to comment and feed into the production of this draft plan.

A more in depth process of co-production is planned as discussed above, and will include children, young people and adults with a learning disability and/or autism and families/carers.

2 Baseline assessment of needs and services

2.1 Detail of the population / demographics

Cambridgeshire's total population in 2013 is estimated to be approximately 635,100 and Peterborough's 186,500 making a total of 821,600.

In Cambridgeshire of the 635,100 people 2376 adults aged 18+ were predicted to have a moderate or severe learning disability: 1767 children with learning disabilities have a Statement of Educational Needs (SEND) and an additional 3452 men and 374 women, aged 18-64, are predicted to have autistic spectrum disorders.

It is estimated that there are currently 2,654 adults (18-64) living in Peterborough with a learning disability, of which 750 have a moderate to severe learning disability, which is 28% of the people with a learning disability. As the city grows this number will increase, and it is projected that this figure will increase by 7% by 2020 and by 12% by 2030.

In terms of those adults aged 18 + on the autistic spectrum prevalence rates would suggest there are 1126 men and women aged 18-64 living within the city.

2.1.1 Adults

In 2013/14 0.4% of the adult population in Cambridgeshire and 0.6% of the population in Peterborough were recorded on GP practice registers as having a learning disability. This compares to 0.5% nationally. The proportion of eligible adults with learning disability who had received a GP health check was 62.3% in Cambridgeshire compared to only 29.6% in Peterborough (44.2% England).

Over the same time period 1,590 adults (18-64 years) with a learning disability were known to Cambridgeshire County Council and 655 people in Peterborough City Council. The associated rate per 1,000 populations were significantly lower than England in Cambridgeshire and significantly higher than England in Peterborough.

In 2013/14 21.4% of adults with learning disabilities were living in non-settled accommodation, around the national average, compared to 17.6% in Peterborough, which was significantly better than the England average. However, the accommodation status of just over 9% adults was unknown in Peterborough. At the time there were no adults with learning disabilities in Cambridgeshire living in severely unsatisfactory accommodation, such as rough sleeping, B&B, shelter or refuge. In Peterborough there were 5 people (0.76%).

In 2013/14 a third of adults with learning disability were receiving direct payments in Cambridgeshire, slightly higher than national average of 30.5% and higher than Peterborough at 29.0%. People with learning disabilities who become eligible for NHS CHC have access to a personal health budget

In 2012/13 240 adults with learning disabilities were referred to adult safeguarding teams due to abuse, with rates significantly higher than England, but these figures include incidents of challenging behaviour directed towards other service users and staff. In Peterborough 20 people were referred due to abuse with rates significantly lower than England.

In 2013/14 there were 500 adults with learning disabilities using day care services supported by local authorities in Cambridgeshire, with an associated rate that was around the England average. There were 1,270 adults who were receiving community services supported by local authorities with a rate that was significantly better than England. In Peterborough 190 adults were using day care services supported by the local authority, with a rate that was around the England average. There were 450 adults receiving community services with a rate that was significantly worse than England.

2.1.1 Children

In 2013/14 there were 1,614 children known to schools who had a learning disability in Cambridgeshire; 1,175 had moderate learning difficulties, 328 had severe learning difficulties and 111 have profound and multiple learning difficulties. The associated rates per 1,000 pupils were all lower than national averages. At the same time there were around 935 pupils with a learning disability in Peterborough; 759 with moderate learning difficulties, 100 with severe learning difficulties and under 3 with profound and multiple learning difficulties. The rate for all children with a learning disability was significantly higher in Peterborough compared to England.

In 2013/14 there were 926 pupils with autism known to schools in Cambridgeshire and 373 pupils in Peterborough. Both areas had rates there were significantly higher than England.

Overall, as the population grows and ages, the number of people with disabilities is also expected to rise. The proportion of people with a learning disability aged over 55 is expected to increase and parents caring for them are likely to have died or become frail. Social care requirements for people with learning disability in England are expected to increase by 14%, up to 2030.

The number of children with disabilities is predicted to increase. The number of children with statements of special educational needs has increased in Cambridgeshire

2.2 Analysis of Inpatient Services Use

Current (31/03/2016) State on Inpatients Adults and Children

As of 31/03/2016 our TCP has 8 CCG commissioned adult inpatients, 10 NHSE commissioned adult inpatients and 10 NHSE CAMHS inpatients. In total there are 28 people in the inpatient units.

TCP inpatient population in beds in footprint						
Unit (NHS)	Unit (Non NHS)	CCG or NHSE?	Type of bed	No of beds	No of beds commissioned contracted	No of beds in use by TCP
Hollies	n/a	CCG	Inpatient	8	8	1
IASS	n/a	CCG	Inpatient	8	8	2
George McKenzie	n/a	NHSE	Low Secure	20	spot	1
Croft Unit	n/a	NHSE	CAMHS	12	spot	1

TCP inpatient population in beds outside footprint (out of area)				
Unit (NHS)	Unit (Non NHS)	CCG or NHSE?	Type of bed	No of beds in use by TCP
n/a	Danshell Group, Thors Park, Colchester, CO7 8JJ	CCG	Low secure	1
n/a	Jessal Cawston Park, Aylsham Road, Norwich	CCG	Low Secure	1
n/a	Cambian Fairview, Boxted Road, Mile End, Colchester	CCG	Low Secure	2
n/a	Danshell Group, Yew Trees, 12 The Street, Kirby-le-Soken, Frinton-on-Sea	CCG	Acute admission beds within specialised learning	1
	Beech House	NHSE	Low secure	5
Broadland Clinic	n/a	NHSE	Medium Secure	3

Warren Court	n/a	NHSE	Medium Secure	1
Emerald Lodge	n/a	NHSE	CAMHS	1
	Ellingham Hospital	NHSE	CAMHS-Low Secure	1
Other	NHSE case manager reports extra 7 CAMHS LD/ASD placements. This number is reflected in the finance planning spreadsheet and Unify submission.	NHSE	CAMHS	7

Source: Local Weekly TCP submissions, NHSE monthly inpatient updates

Where we want to be in three years' time

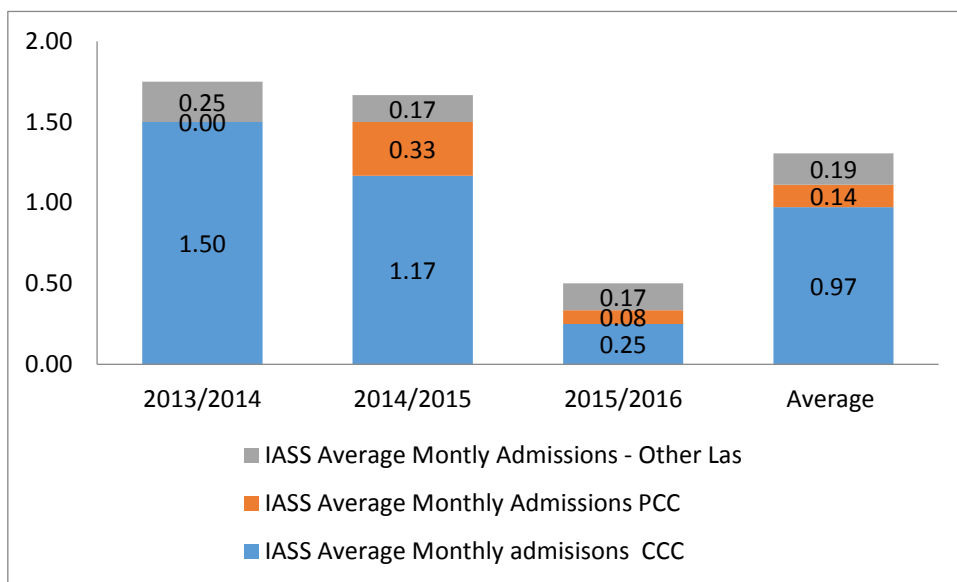
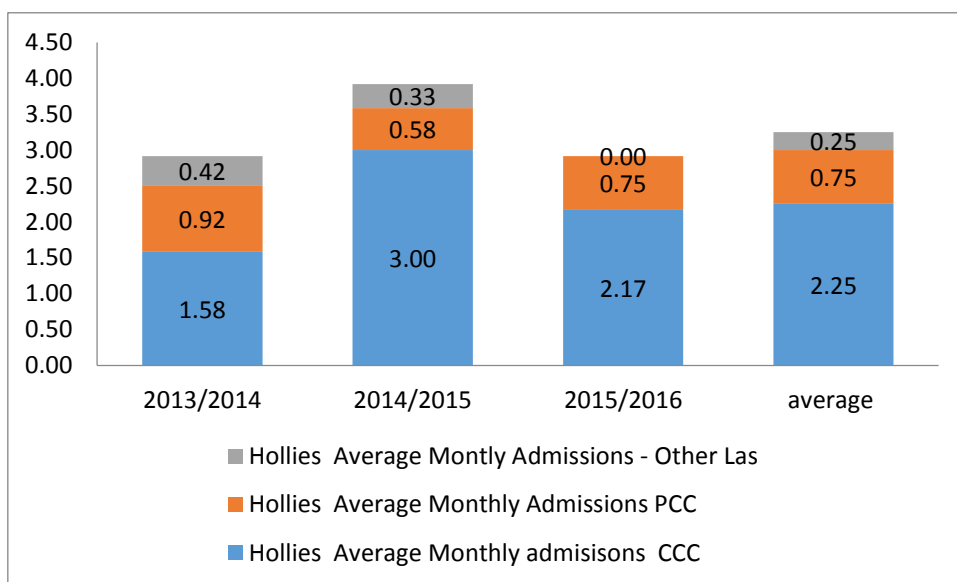
We envisage that:

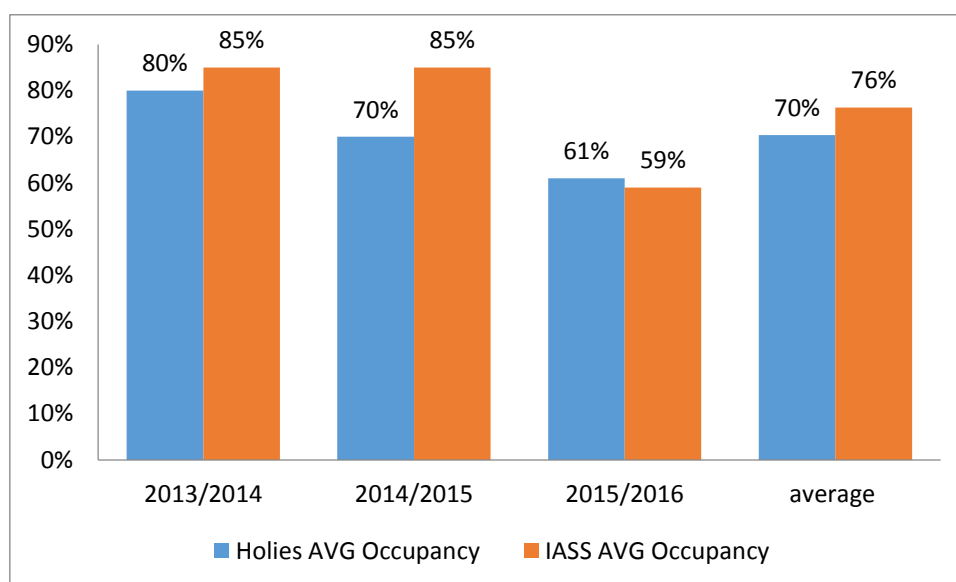
- we will only have 9 inpatients in the local CCG commissioned service
- we will use no or close to none out of area placements for beds commissioned by CCG
- we will have 15 NHSE commissioned patients (adult + children) in the NHSE commissioned services, as close to home as possible

Local In patient Service Admission Trends in last 3 years – highlights

- Hollies - Average monthly admissions are in the range of 2.15 from Cambridge, 0.75 from Peterborough and 0.25 from other Local Authorities
- IASS - Average monthly admissions are in the range of 0.97 from Cambridge, 0.14 from Peterborough and 0.19 from other Local Authorities
- Overall - Average number of patients across 3 years at the inpatient units at any one time is 12 (please note the number are rounded to the full figure).
- Average Length of Stay across 3 year worth of data is 78.3 days per person.

Source: CPFT Reporting





	Holies AVG Occupancy	IASS AVG Occupancy
2013/2014	80%	85%
2014/2015	70%	85%
2015/2016	61%	59%
average	70%	76%
Capacity of the Unit	10	6
Average no of people in the units across 3 years	7	5
Overall AVG LOS	78.73	

The inpatient beds commissioned from CPFT by the CCG and CCC are used exclusively by these commissioners, with flexibility about how the beds are used to ensure that people can be admitted to the most appropriate service at the time of their admission.

A small number of inpatient beds are spot purchased at any one time to meet specific needs that cannot be met in the beds commissioned from CPFT. Wherever possible these are purchased as close to Cambridgeshire and Peterborough as possible.

There are no CCG commissioned inpatient beds for children and young people up to the age of 18 (known as Tier 4 CAMHS) as this is an NHS England Specialist Commissioning responsibility.

Staffing

Rotas (excludes ward manager/day activity co-ord)

		RN	HCA	Total	wte per bed	Beds per WTE
Hollies	Early	2	2	4	0.40	2.50
	Late	2	2	4	0.40	2.50
	Night	2	1	3	0.30	3.33
	Day (2)	1	0	1		
IASS	Early	2	1	3	0.50	2.00
	Late	2	1	3	0.50	2.00
	Night	1	1	2	0.33	3.00
	Day (4)	1	0	1		

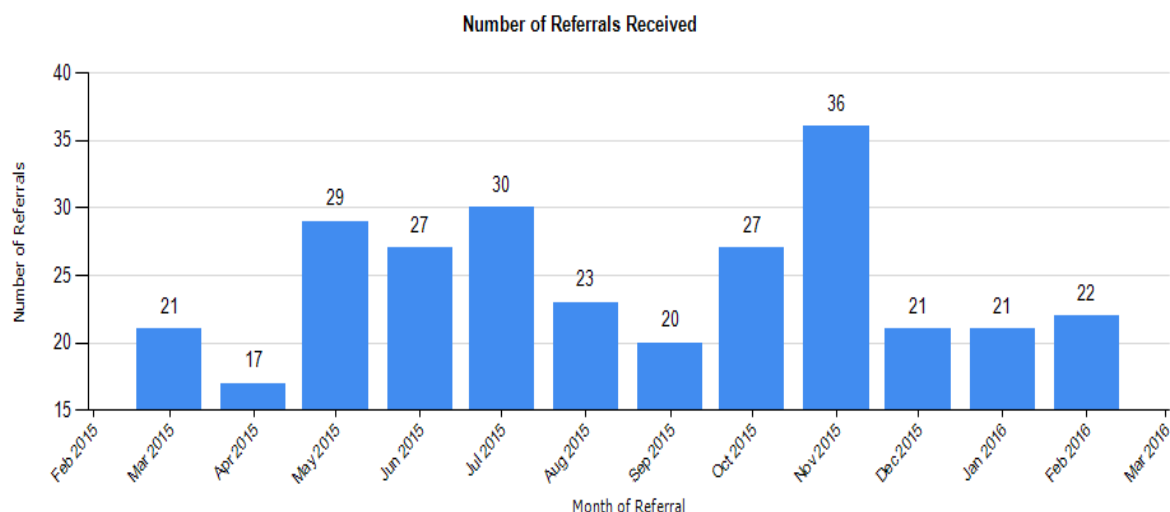
Please note the level of staffing and the best configuration of inpatient beds is subject to Safe Staffing Assessment Tool and TCP discussions between the provider and commissioners.

2.3 CLASS - Cambridge Lifespan Asperger Syndrome Service

The Cambridge Lifespan Asperger Syndrome Service (CLASS) clinic offers a specialist diagnostic assessment for adults who may have Asperger Syndrome or High-Functioning Autism.

- In 2015/2015 CLASS saw 294 people , average 25 people per month
- The service is busy, operating the waiting list, with 22.5% of people waiting more than 26 weeks

Referrals received or transferred to CLASS (team -1/03/15 to 29/02/16 - monthly trend



	Mar 2015	Apr 2015	May 2015	Jun 2015	Jul 2015	Aug 2015	Sep 2015	Oct 2015	Nov 2015	Dec 2015	Jan 2016	Feb 2016	Total
Specialist Services	21	17	29	27	30	23	20	27	36	21	21	22	294
CLASS Team	21	17	29	27	30	23	20	27	36	21	21	22	294

CLASS Waiting List (data extract 07/03/16)

	0-6 Weeks	7-12 Weeks	13-18 Weeks	19-26 Weeks	27-52 Weeks	52+ Weeks	Total
Total	30	24	25	16	5	2	102
Specialist Services	30	24	25	16	5	2	102
CLASS Team	<u>30</u>	<u>24</u>	<u>25</u>	<u>16</u>	<u>5</u>	<u>2</u>	<u>102</u>

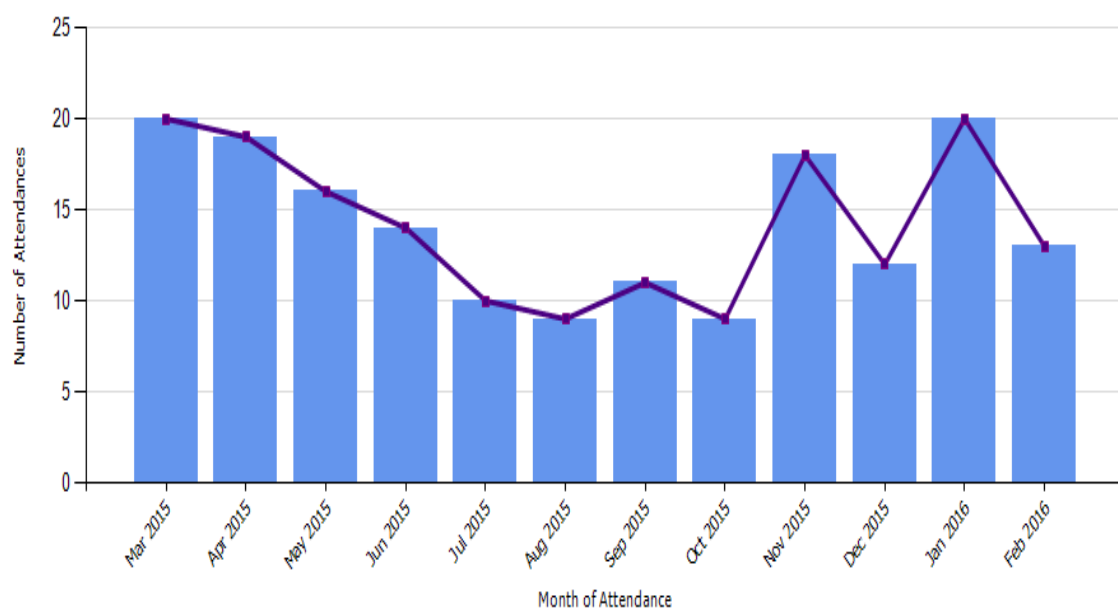
CLASS Activity 01.03.15 to 29.02.16

RiO Contacts

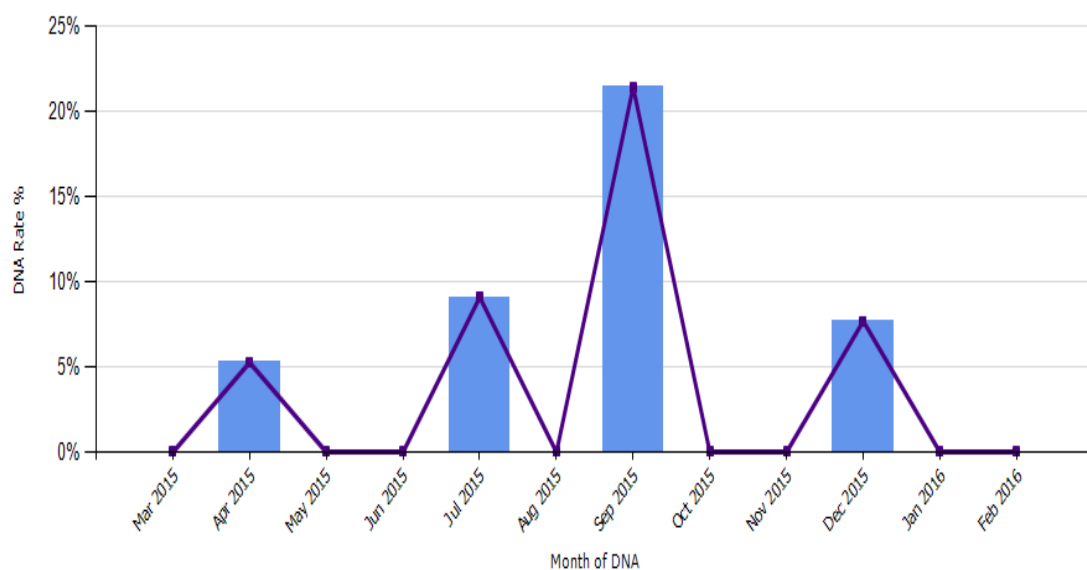
	Mar 2015	Apr 2015	May 2015	Jun 2015	Jul 2015	Aug 2015	Sep 2015	Oct 2015	Nov 2015	Dec 2015	Jan 2016	Feb 2016	Total
Total Attended	20	19	16	14	10	9	11	9	18	12	20	13	171
Face to Face	19	19	15	14	10	9	11	9	18	12	20	13	169
Telephone	1	0	1	0	0	0	0	0	0	0	0	0	2
DNA	0	1	0	0	1	0	3	0	0	1	0	0	6

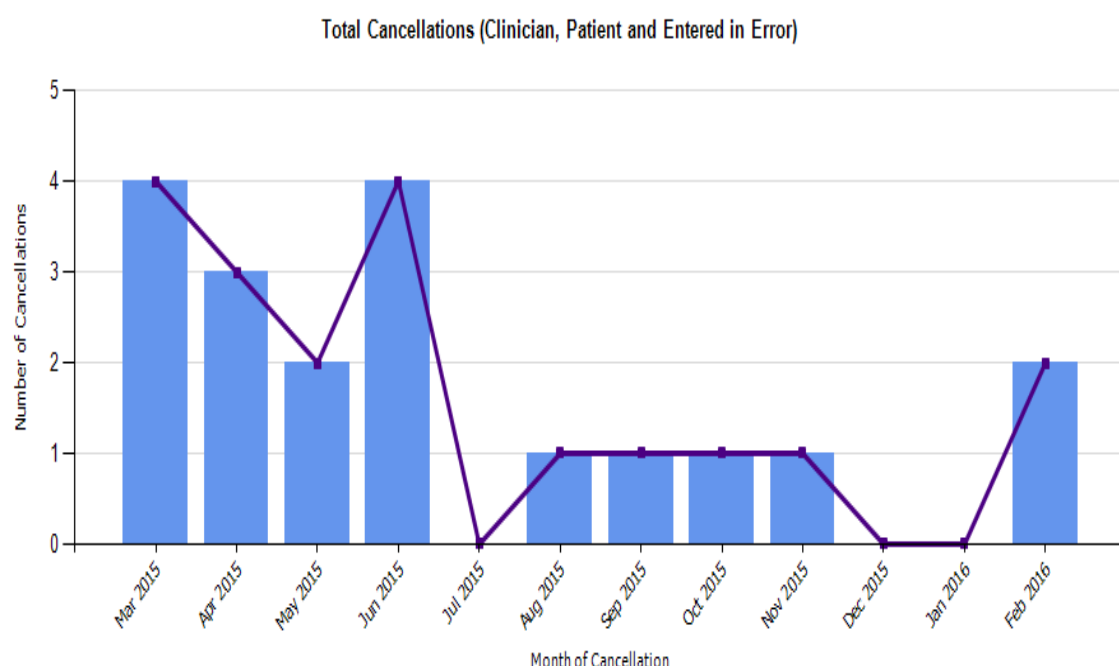
DNA Rate	0.0%	5.3%	0.0%	0.0%	9.1%	0.0%	21.4%	0.0%	0.0%	7.7%	0.0%	0.0%	3.5%
Cancellations	4	3	2	4	0	1	1	1	1	0	0	2	19
by CPFT	1	1	1	0	0	0	0	0	0	0	0	1	4
by Patient	3	0	1	3	0	0	1	1	1	0	0	1	11
Entered in Error	0	2	0	1	0	1	0	0	0	0	0	0	4

Total Attendances



DNA Rate





2.4 Current system

Performance in Cambridgeshire and Peterborough is already within the requirements of transformation programme. There are usually less than 15 adults in hospital placements at any one, commissioned by the CCG.

There are approximately 12 people in SCG commissioned placements at any one time. The target for NHSE commissioned beds per million population is 20-25 inpatients.

In Cambridgeshire and Peterborough most people are cared for in the community either at home, or in local supported living or residential care facilities. In the CCG area there are two short term assessment and treatment facilities which have 16 beds between them and these are where the overwhelming majority of people are placed if their behaviour is placing them or other people at significant risk, including the need to be sectioned under the Mental Health Act.

Please note the reduction of inpatient beds from 16 to 12 which is taking place at the time of writing of this report.

An additional small number of people are placed in out of county hospitals but these are generally close to the CCG area and placements tend to be temporary with a maximum stay of six months being the norm.

There is also a CCG-wide diagnostic service for people with autism and a post diagnostic service in Cambridgeshire.

In Cambridgeshire the social care model is delivered through an approach known as Transforming Lives that focuses on strength based conversations, prevention, progression, independence and community networks. It described three tiers of intervention which can be used individually or together depending on the person's situation at the time. The three tiers are: (i) information and advice and enabling access to community facilities; (ii) more intensive support during crises and (iii) longer term and/or on-going support. The aim is to build on peoples strengths and encourage progression towards independence, and building community resilience to promote greater community support and inclusion.

In Peterborough a Target Operating Model (TOM) has been developed which mirrors that provided in Cambridgeshire. The TOM is designed to support communities and individuals help themselves at the earliest point through the provision of preventative support including advice on community based support, short-term re-ablement support. A long term conditions team is in place for those who require lifelong support.

Providers in both areas are mainly from the third and independent sector but Cambridgeshire has its own in-house provision of day services, respite care, supported living and Shared Lives.

Contracting is a mixture of spot and block -purchasing but the in-area hospital placements are block purchased

Children and young people are supported to live as part of their families in the most inclusive way possible, enabling families to care and for children and young people to live as part of their communities. However, there are on-going issues and differences in eligibility criteria and levels of service between those offered to families up until their child's 18th birthday and those afterwards but these are addressed by the similar approaches (described previously) being adopted by local authorities across all ages.

In Cambridgeshire there is a move towards considering the lifetime costs of intervention – in terms of calculating the cost effectiveness of earlier support which can be translated into lower costs in later life – in order to break down costs but also to break down barriers between adult and children's service models.

In Peterborough the Children with Disabilities Social care team is now a 0-25 team to support both the SEND processes and transition.

The use of spot contracting for specialist placements is used due to the relatively low incidence and the very specialist needs of some young people. However, these are high cost placements which while in many cases meeting the young person's needs, they are not providing the resources to enable local services to up skill and develop. Specialist placements also often mean the children and young people are

placed at some distance from home and family which makes the transition to more community based options as an adult harder to achieve because the young person doesn't have the connections and friendships back in their originating area

2.5 Current estate

The Intensive Support Team (IST) is based at the Gloucester Centre, Morpeth Close, Orton Longueville, Peterborough, PE2 7JU. There are provisional future re-development plans for the Gloucester Centre.

The IASS Inpatient Service in Cambridge is located at the Ida Darwin Hospital site. There are provisional future re-development plans for the Ida Darwin site. The site is the old activities block on an ex Learning Disabilities site which is a multi-use site.

In Peterborough The Hollies is a short-term assessment and treatment unit located at the Cavell Centre on the site of Peterborough City Hospital. This unit was funded through a PFI initiative and provides a modern resource which is compliant with the elimination of mixed gender accommodation requirements.

The Hollies is separated into 2 sections a 4 bed female area and a 6 bed male area. The accommodation offers single en-suite bedrooms. The Hollies modern accommodation and location within the Cavell Centre, a mental health and learning disability in-patient unit facilitates the admission of people with increased acuity and challenging behaviour This is a significant challenge for MDT working as they not colocated with PCC colleagues.

Both male and female areas have a number of lounge and activity rooms which increases the flexibility & adaptability of environment to meet the needs of people with complex needs. .

The Ward benefits from being co-located with Adult mental health, CRHTT and Older Peoples integrated care due to close working partnerships and patient safety systems.

There is access to a range of therapy and therapeutic experiences, gardens and outdoor relaxation areas, fitness and wellbeing suite and a multi faith sanctuary.

The ward achieved an “excellent” AIMS-LD accreditation in 2014 and is currently undergoing self re-assessment. The ward was also rated as “good” during a full CQC inspection in 2015

The CLASS clinic is based in an adapted building on the Fulbourn site (the Chitra Sethia Autism Centre) and also runs a weekly clinic based at the Hollies inpatient unit in Peterborough (the Hollies).

2.6 The case for change

The local TCP already performs with the expected range of inpatient admissions rates. Our approach is about further enhancement of the local services in order to

support people with learning disabilities and autism even better.

Alternatives to Hospital

The commissioners throughout Cambridgeshire and Peterborough, along with the provider market, recognise the need for a range of alternatives to hospital. The vision of the commissioners - again strongly reinforced by national requirements - is that people with a learning disability should have their needs met in the least restrictive setting possible and those who are supported in hospitals should have a clear agreed clinical need for admission and a care pathway for discharge and aftercare.

Evidence would suggest the best outcomes for people in temporary need of additional specialist support are achieved by supporting them in the communities where they live. Removing people into hospital should be seen as the last option such as when the use of a section of the Mental Health Act is required.

Effective Configurations

Both Cambridgeshire and Peterborough have Community Learning Disability services across the county with access to all of the relevant disciplines. In Cambridgeshire there is a community based Intensive Assessment Support Service with links to the inpatient service which works with People, Families and Providers to support people through short and longer term difficulties. In Peterborough there is an Intensive Support Team which works in a similar way.

Peterborough does not have a separate learning disability team. Since February when PCC reconfigured their services they now have a generic adult social care team who also provide input to people with a LD. From CPFT clinicians point of view this can lead to increased challenges to effective and timely joint working.

Data Flow

Currently PCC use Frameworki for their social care and clinical records. CPFT uses RiO for their clinical records but in addition CPFT use Frameworki where the person has a Personal Budget. The two organisations cannot access each other's information systems.

Cambridgeshire currently uses Northgate's AIS system and is working on the specialist health staff in the LDP having a dedicated area for their records on this system. Following a recent procurement process, Cambridgeshire will be moving to CoreLogic's Matrix system for both adult and children's social care records. The procurement process set the expectation that systems would be accessible across the health and social care system (where appropriate and with appropriate safeguards around data security) and this will be explored further with CoreLogic.

Locations/Co locations

In Cambridgeshire, the integrated arrangements of the LDP have been in place since 2001/2. Specialist learning disability health staff and learning disability social care staff work in integrated teams, co-located in four sites across the county with a single public referral route through the Council's contact centre or, for professionals, direct into the relevant team. The approach to working with people with learning disabilities and their families is multi-disciplinary, where ever this is required and proved very effective in repatriating people back to Cambridgeshire following the Winterbourne View enquiry.

The Council has recently established a small dedicated team of social care staff to work with people on the autistic spectrum who do not have a learning disability. This countywide team has developed links with the CLASS clinic and the local branch of the National Autistic Society (NAS). An information and support service has been commissioned from NAS, with staff offering telephone and face to face support across the county.

In Peterborough, staff delivering Learning Disability services are not co-located, being distributed across, Bayard Place, the Town Hall, Royce Road, the Gloucester Centre and the Edith Cavell Centre. In addition there is no single referral route for specialist health LD health care, with referrals either being made via the PCC 'front door' or via CPFT's Access & Referral Centre.

Over recent years there has been an increase in the number of people legally requiring statutory assessments and an expansion of the number of people they apply to. These include Deprivation of Liberty (DOL's) Assessments, Continuing Health Care Assessments and Care & Treatment Reviews. Whilst these assessments are taking up more clinical time, PCC currently fund a LD nurse to undertake the CHC assessments and the DOL's assessments are minimal, however, this will need to be taken into consideration in the future staffing model.

Sensory Services

Sensory Services: NICE Challenging Behaviour Guidelines state the sensory needs should be assessed and formulated, and may form part of interventions to reduce challenging behaviour. It is specifically stated that sensory interventions should not be initiated before a functional assessment of sensory need has taken place. Currently, 1 LD OT has completed levels 1 and 2 training but this does not qualify for assessment and treatment. The intention is that the OT will carry out Level 3 training which will provide qualification for the same. It is recognised that there will remain a capacity issue taking into account the intensity required for assessment, treatment and monitoring.

Better Equity

The provision of services can be patchy and at times confusing across the locality. For example, currently CPFT is not commissioned to provide services to Stanground GP surgery from Peterborough – they provide a service from Huntingdon, but PCC provide LD nursing, OT, SALT and Social Care. PCC LD health & social care staff are commissioned to provide services to adults with a diagnosis of autistic spectrum condition who do not have a learning disability – whereas CPFT provides a diagnostic service only (via the CLASS clinic).

Transitions

There are often issues around transition. Adult LD health services are often not aware of young people with LD or suspected LD, who have been very settled in highly structured child provision and therefore have not required a lot of professional input and have been discharged by health (and are sometimes not open to social care).

These individuals often re-present to services in their 17th year, as people around them realise they will need more support, or because their provision has become less structured, and they may require a lot of support at this stage. There can be a pressure on adult health services to intervene before 18, or very quickly after 18 with limited planning which makes it difficult to provide the quality of care we would wish, despite the best efforts of multiple teams.

The 0 to 25 service meets with specialist schools on an annual basis to review their 14 plus registers to identify those who may need services when reaching adulthood. The schools are helpful in alerting the 0 to 25 service about young people not accessing a statutory social care service but who have high health/behavioural needs however, the Adult LD health services do not have the capacity to support early on in the transition pathway. There is a clear pathway that enables young people with mental health issues to move from CAMHS to AMH however, different components of AMH (health and social care) and the pathways can be confusing and unclear. Where a young person is not known to CAMH but has MH issues the gatekeeping is stringent often not allowing people to access the appropriate service

The CAMHS service as a whole is currently only commissioned to provide services up to the age of 16yrs whilst the adult service are commissioned 18 years, this presents issues relating the transition of cases at 16/17 and for those young people presenting with new mental health issues The service has no inpatient beds and whilst there is an Intensive Support Team (IST) for children within CPFT. However, they do not have the specialism to provide intensive support at points of crisis for children and young people with LD or ASD, the capacity within the team is also limited. Under the additional CAMHS investment from Department of Health the IST is being reviewed in order to support admission prevention.

Accommodation

There is insufficient suitable affordable accommodation in the local area, which impacts on placement planning. There have also been significant issues in the local service provider community - placements have failed due to staffing shortages and agency use – and there have also been issues with the skills, training and expertise of local providers' staff.

Some providers define themselves as specialist providers for specific needs, e.g. autism, but this can simply mean that they seek service-users with this condition, rather than that they have staff with additional skills or specialist resources to meet those needs. This results in community services having to input considerable time to support specialist providers. However the Intensive Support Team in Peterborough offer bespoke training and on-going support to staff that support people in the community with complex needs as required within their contract. In Cambridgeshire, a range of health professionals in the integrated teams and in the Intensive Support Team offer advice, guidance and training to providers to improve the quality and effectiveness of services.

Patient Stratification and Risk Register

At this time the criteria for who should be included in the risk of admission register, has not been finalised locally. An estimate of numbers who may be included has identified approximately 10% of active caseload

The CTR process across both localities will be reviewed to ensure that it is robust and fit for purpose. The system of Blue Light CTR's will be consistently applied.

Demand and Capacity

There are recognised demand and capacity challenges within LD Community teams across the county (PCC and LDP). There are long waiting lists for therapy services due to priority being given to those who are in crisis or who pose increased risk. This can limit proactive work.

Delayed Discharges

There are often delayed discharges from inpatient units in the county. This is for a range of reasons e.g. not being able to find appropriate accommodation or service provider.

Most Effective Estate Configuration

A recent CQC review advised that the physical environment of the IASS Inpatient unit was not fit for purpose and that local LD in-patient units would benefit from

additional psychological/AHP resource. The additional MDT resource would help to ensure high quality assessments and management/intervention. The in-patient unit staff's view is that the current model whereby MDT members attend from the individual's local area is not working well.

2.7 How current model can be improved – main themes

- Increase service delivery integration and co-location of services in Peterborough
- System wide increased focused on proactive working to prevent crisis, this is likely to require additional resources and a skill mix review.
- Development of a range of crisis interventions that can support a person to remain in the community as an alternative to admission
- Ensure that across the system there is a wide range of accommodation options available and that where possible providers and landlords keep an individual's accommodation open to them whilst in hospital as well as actively support discharge.
- Consider how best community forensic services for people with LD and low secure in-patients services that are local to the patients' home can be provided.
- Improve access to mainstream mental health services for people with LD, when these are most appropriate to their needs
- Be clear about the role of each service/team and how this contributes to the whole health and social care service provision for people with LD.
- Harmonisation of patient record keeping systems.

Any additional information

See Finance and Activity spread sheet

3 Vision, strategy and outcomes

We fully endorse Building the Right Support service model.

3.1 Vision statement

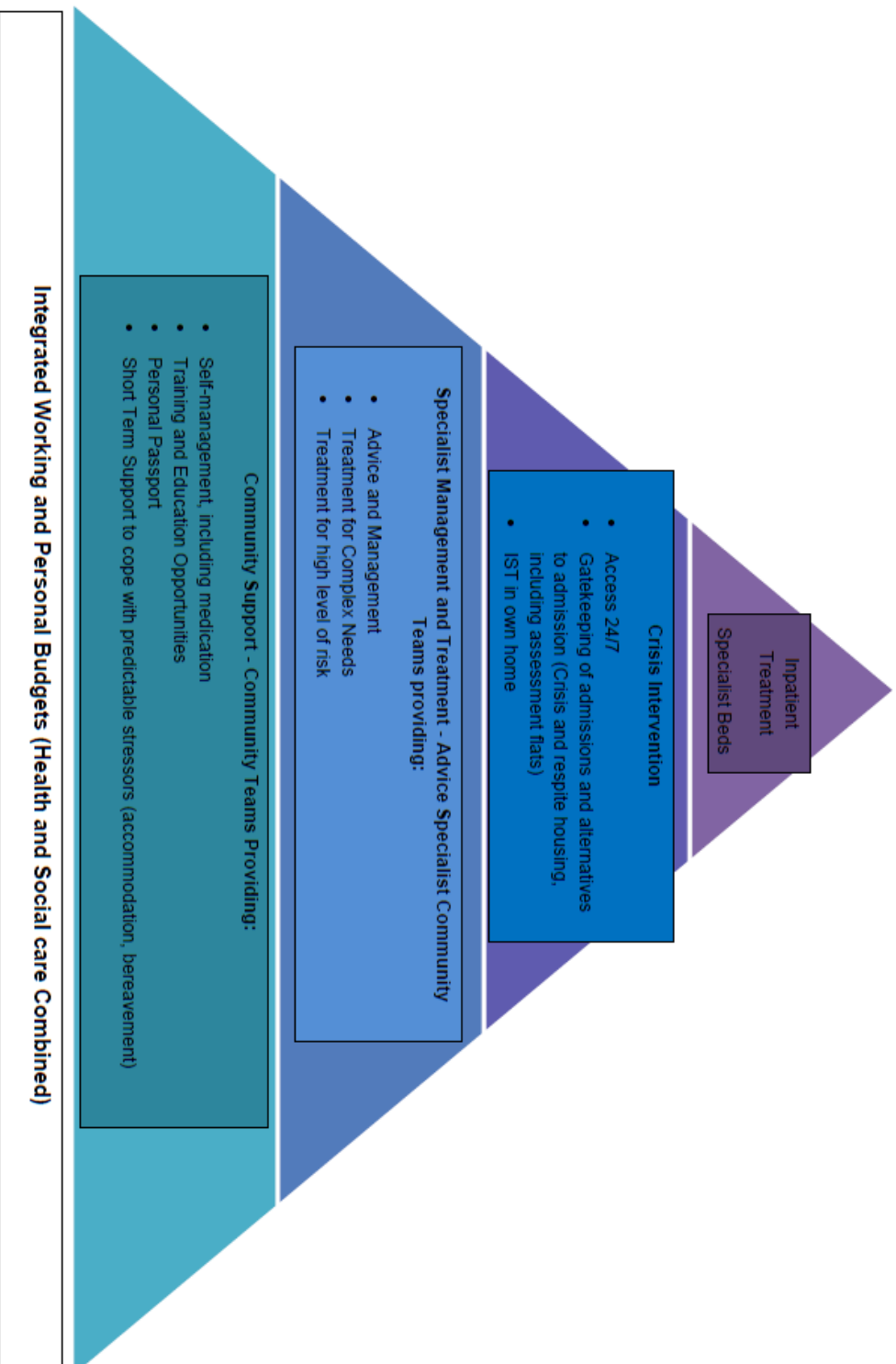
Children, young people and adults with a learning disability and/or autism who display behaviour that challenges, including those with a mental health condition have the right to the same opportunities as anyone else to live satisfying and valued lives and, to be treated with the same dignity and respect. They should have a home within their community, be able to develop and maintain relationships and get the support they need to live a healthy, safe and fulfilling life.*

We will deliver this vision through:

- working with all children and adults with learning disabilities and/or autism (including Asperger syndrome) in a person centred way
- integrated health and social care services that maintain them in their communities and minimise the use of inpatient settings

By delivering this vision, we will ensure that people with learning disabilities and/or autism are able to live the life they want and are supported by personalised services to develop their skills and independence and to remain in their local community.

Model of Care for Cambridgeshire and Peterborough



3.2 How will improvement be measured?

The plan is to work with service users and their families and carers to develop measures of success that they think are meaningful. These are likely to include:

- outcome measurements which will measure progress made in service
- patient/ carer feedback surveys

National indicators will be used as follows:

- Assuring Transformation dataset: to monitor reduced reliance on inpatient services
- Health Equality Framework: to monitor quality of life

A new national basket of indicators is currently being developed that monitor quality of care.

In addition potential pool of local indicators that complement those to be used nationally to measure improvement will be considered from the following list (not exhaustive):

Improved quality of care

- There is sufficient capacity of staff to provide care for service users; this will be based on an assessment of the client group, including volumes and complexity of need
- Staff are adequately trained to provide support to those in the client group in order to be able to meet their health and care needs; capacity to be no less than 95% trained at any one time
- 90% of services users to feedback that the service they received was either good, very good or excellent
- 90% of service users feedback that they considered themselves to have been consulted about their health and social care
- 90% of service users feedback that they felt they had some choice in the nature of the health and social care they received
- 90% Friends and Family Test recommendations

Improved quality of life

- An increase in the number of people of working age that have a learning disability and/or autism that are in paid employment
- An increase in the number of people that have a learning disability and/or

autism that are in receipt of direct payments

- An increase in the number of people that have a learning disability and autism that are in receipt of personal health budgets
- An increase in the number of people that have a learning disability and/or autism that are in settled accommodation
- An increase in the number of people aged 14 and over that have a learning disability accessing an annual health check
- An increase in the number of people aged 14 and over that have an autistic spectrum disorder accessing an annual health check
- A reduction in the waiting time for people with learning disabilities and/or autism being able to access psychological therapies
- A reduction in the waiting time for people with learning disabilities and/or autism being able to access psychiatric services

Reduce reliance on in-patient care

- Hospital admissions to learning disability hospitals on track as per the TCP Plan
- 100 % of service users to have a community CTR, Blue Light CTR or post admission CTR within 10 days of admission
- A reduction in admissions to hospital due to breakdown in community provision
- Effectiveness measures of “alternatives to admissions” will be measured – eg, utilisation and success of assessments flats

3.3 Principles of the Local Care Model

We fully support and adopt Transforming Care Principles Key Principles:

The human rights of people who use services are incontrovertible and must be upheld at all times; consequently there are a number of 'golden threads' that run consistently through the nine principles described and which should therefore be reflected in local commissioning strategies:

Quality of life – people should be treated with dignity and respect. Care and support should be personalised, enabling the person to achieve their hopes, goals and aspirations; it should be about maximising the person's quality of life regardless of the nature of their behaviours that challenge. There should be a focus on supporting people to live in their own homes within the community, supported by local services.

Keeping people safe – people should be supported to take positive risks whilst ensuring that they are protected from potential harm, remembering that abuse and neglect can take place in a range of different environments and settings. There should be a culture of transparent and open reporting, ensuring lessons are learned and acted upon.

Choice and control – people should have choice and control over their own health and care services; it is they who should make decisions about every aspect of their life. There is a need to 'shift the balance of power' away from more paternalistic services which are 'doing to' rather than 'working with' people, to a recognition that individuals, their families and carers are experts in their own lives and are able to make informed decisions about the support they receive. Any decisions about care and support should be in line with the Mental Capacity Act. People should be supported to make their own decisions and, for those who lack capacity, any decision must be made in their best interests involving them as much as possible and those who know them well.

Support and interventions should always be provided in the **least restrictive** manner. Where an individual needs to be restrained in any way – either for their own protection or the protection of others, restrictive interventions should be for the shortest time possible and using the least restrictive means possible, in line with Positive and Proactive Care.

Equitable outcomes, comparable with the general population, by addressing the determinants of health inequalities outlined in the Health Equalities Framework. The starting point should be for mainstream services, which are expected to be available to all individuals, to support people with a learning disability and/or autism, making reasonable adjustments where necessary, in line with Equality Act legislation, with access to specialist multi-disciplinary community based health and social care expertise as appropriate.#

Pathways will be underpinned by:

- Focus on the individual and their well-being (Care Act 2014)
- Strengths based approach promoting independence and personal resilience
- Parity of esteem – mainstream MH services
- Integrated service provision with co-located teams.
- Individual choice about where I live, who I live with, how spend my time and health care
- Carer involvement
- Locally focused community provision (Winterbourne View and Building the Right Support 2015)
- Easy to access enhanced support in a crisis
- Access to health expertise in the community when needed e.g. Psychiatry, SALT, Psychology etc.
- An appropriately skilled workforce
- Recovery focused (e.g. supporting self-management, optimal independence and flow through system)

Other areas to be considered include:

- Specialist LD Forensic services to support and complement other LD services/teams and local Criminal justice services (e.g. court liaison and diversion, prison in-reach)
- Shared record keeping systems
- All age services - Clear pathway into adult specialist health services for children in transition
- Alternatives to specialist LD in-patient beds e.g. crisis support

4 Implementation Planning

4.1 Overview of our new model of care and care pathways

Our Model of Care is summarised in the diagram above.

4.1.1 Model of Care - Building on Strong Foundations

We will build on our well established arrangements of integrated commissioning and community based health and social care teams to deliver a community based model that focuses on:

- Service users and carers having choice and control, including the use of Direct Payments and Personal Health Budgets

- Supporting carers, including parent carers, through services delivered by Cambridgeshire Carers Trust and the provision of personal budgets
- Progression and skills development to increase independence
- Flexible approaches to respond quickly and innovatively to address a range of situations that could otherwise escalate (see Transforming Lives approach below)
- Further development of “assessment flats” used successfully in Cambridgeshire to repatriate people in out of area inpatient settings and development of other accommodation options
- Further development of Intensive Community Support to support people in their own homes and in “assessment flats”/crisis house to avoid admission to inpatient services unless MHA powers are appropriate or the risk to the person or the community cannot be managed in the community
- Maintaining the established role of Liaison Nurse in the acute hospitals to promote good access to mainstream health care services

4.1.2 Model of Care - Accommodation

To deliver the community led approach it will be necessary to have access to a range of accommodation within the community that could be used when the person requiring additional support needs a change of environment to assist in the management of their behaviour at that time. This will not be via an in-patient bed but in line with the ethos of the new model of care, alternatives to hospital admission will be developed.

Cambridgeshire has recently commissioned two assessment flats in the Huntingdon Area in addition to one in Fenland with the specific brief that they are temporary placements with accommodation agreements that run for six months. It is intended that most stays will be for a maximum of six months but depending on the needs of the individual this timescale can be flexible.

The purpose of these services is to provide a more robust community setting that facilitates assessment and formulation of a person’s needs in relation to environment and community support packages ensuring people have the best opportunity for successfully moving onto independent supported living services in the community. The services in Cambridgeshire are funded by the LDP; currently there is no similar service available in Peterborough, however there are plans for a service to be commissioned in 2016/17.

There is also an intention to expand the current provision of ‘assessment

flats/services' to other areas of the county, providing more local and increased provision. There is a need to review and refine the admission and discharge pathways for these services to ensure they are available when needed and that people are supported to move on to the most appropriate longer term solution in a timely way.

Cambridgeshire recognises there may be the need for additional single service assessment accommodation elsewhere across the county as they are providing a good way of both managing difficult situations but more importantly understanding triggers and adopting a behavioural management and formulation approach to challenging needs and mitigating risks without the need for an inpatient admission.

There may be some individuals who have previously accessed the in-patient service whose needs could have been met in the community but not necessarily in their original accommodation. Cambridgeshire, as part of an assessment of demand will look to offer accommodation that could be shared on a short term basis because not everyone needs a single service and there are some benefits for people sharing with others where the needs of individuals and risks allow.

A range of options in terms of accommodation, including the local provision of inpatient beds, will be the best way in meeting the diverse needs of people who require a period of assessment or additional support. Going forward, services will be commissioned on this basis.

4.1.3 Model of Care - Community Teams

A more community based model that minimises the use of inpatient beds will require the re-focusing of investment in current inpatient provision or additional investment to strengthen the integrated health and social care support in the community, ensuring that this is responsive and proactive in supporting the person to avoid admission and managing risks in a community setting.

The service provided has recently been enhanced by the introduction of 'Transforming Lives', a new model of social care that has empowered both social care and specialist health care staff in the LDP to work in different ways with the people they support. It improves outcomes for service users and their families and is linked to building personal and community resilience and will help to develop or maintain skills and independence. An important aspect of Transforming Lives is that it provides a speedier, more flexible person centred response to crises or unforeseen difficulties arising in the community – Tier 2 in the diagram below.



Currently, the community teams operate during office hours but crises and carer breakdown which can result in inpatient admission often happen outside these hours. Going forward, people in the community are given greater accessibility to community teams by extending the hours that they are available. The costs of providing this enhanced community support could be met by a reduction in the numbers and therefore the costs of inpatient beds provided under the existing block contract arrangements. There would be a requirement for one-off transformation funding to support this transition (detailed in Finance and Activity plan bid).

4.1.4 Model of Care - Specialist Health Teams

There is also a need to review and refine the function and capacity of the specialist health provision in the teams. The aim of such a review would be to ensure that there is an effective and timely response to emerging risks and crises and that this response is proactive in seeking community support solutions rather than relying upon admission which should be seen as a last resort.

The service model diagram above (3.1) provides an illustration of the range of services and pathways that will support the new service delivery model for Cambridgeshire and Peterborough with the emphasis being on increased support for people to remain at home in a time of crisis rather than being admitted to hospital.

4.1.5 Model of Care - Access

With all community-led approaches it is recognised a Multi-Disciplinary approach

offers the best outcomes and Commissioners would wish to see the development of a clear decision making framework with integrated community teams holding responsibility through the whole care pathway.

Where, as part of this decision making framework, alternative accommodation is to be sought for an individual either into an assessment flat or in patient service the integrated community team should continue to be fully involved with all aspects of the care pathway.

Where alternative accommodation is arranged an early discharge plan is drawn up and agreed with all parties to prevent individuals staying in a setting longer than they need to therefore ensuring that these services are appropriately used and capacity maintained.

4.1.6 Model of Care - Inpatient Service

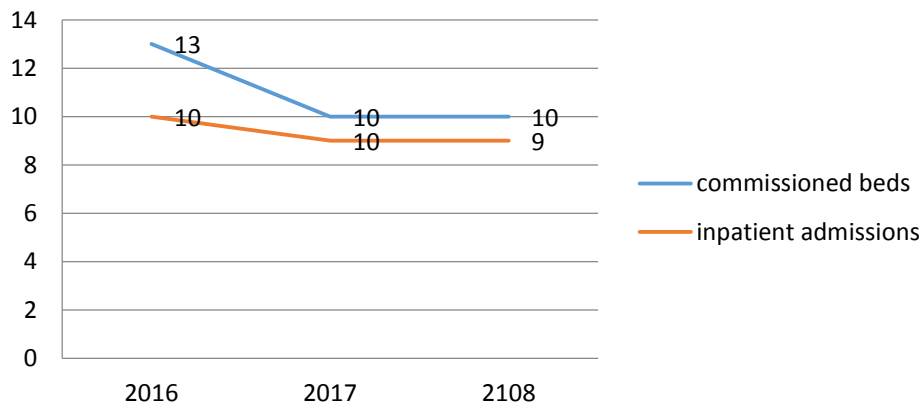
The provision of inpatient services will be seen as an option of last resort for situations where risks cannot be managed in a community setting including in the more robust options described above and / or the person was assessed as needing to be detained under the Mental Health Act.

Where an admission is required it is expected that specialist health and social care staff in the LDP and PCC team local to the persons home address would continue to work with the person during their admission therefore allowing continuity of approach and support and ensuring that any formulations and interventions would be sustainable in a community setting after discharge. The staff working in the LDP locality teams and PCC would therefore become part of the individual's treatment team working alongside nursing staff and other professionals who are part of the unit's core staffing and ensuring that there is a full and robust multidisciplinary team around an individual during their admission.

It is acknowledged that the inpatient unit would need strategic level oversight to give clinical leadership and ensure that the needs of each individual are being appropriately met. This level of co-ordination and leadership would be provided by the professional leads in the LDP and PCC.

Our trajectory for inpatient admissions and commissioned beds for 2016/17 and beyond, in line with Building the Right Support targets to reduce a number of commissioned beds, releases the finances to support the community, and maintain current level of admissions.

Cambridge and Peterborough LD Inpatient Trajectories



4.1.7 Model of Care - Finance

The current cost to commissioners of the block contract is in excess of £4m per annum. This equates to a daily cost per bed across both areas in the region of £685. The current occupancy rate is very low. In addition to this the Cambridgeshire LDP are being asked to fund one-to-one observations over and above the contract cost. These observations are included within the CCG contract for beds for patients from Peterborough.

In order to strengthen the community teams and develop the range of alternative accommodation commissioners will need to re-configure the funding to fund these changes or release all of the funding and move to a spot purchase arrangement as discussed in the finance spreadsheet assumptions.

Current enquiries in the independent sector have suggested that daily bed rates for the type of accommodation that we believe will be required in the future vary between £450 and £550. As a result of these findings we believe that to ensure the requirement for services to be cost effective is met a market-testing exercise is required, which looks at cost and market capacity. Discussions are at an early stage, but this might be one exercise covering provision for both Cambridgeshire and Peterborough.

In Peterborough, due to the absence of a pooled budget similar to CCC, the CCG are responsible for commissioning and funding health placements.

The TCP Board will be matching the released funding (as discussed in the finance spreadsheet) with any contributions allocated from the national TC funds.

4.1.8 Model of Care - Workforce

In terms of service provision, not all learning disability health and social care staff are colocated and this can provide challenges to the provision of integrated care to people with a learning disability. The multi-disciplinary approach and collocation with other professionals such as social workers and other therapists is of real benefit to the overall offer provided. The current provision of service needs to determine how to fully implement the new NICE guidance around a clear multi-disciplinary pathway for the management of challenging behaviour.

There should be equity of services across Peterborough and Cambridgeshire based on evidence and LD demographics. There should also be timely access to Sensory Integration assessment and treatment services.

Referral arrangements will be reviewed to ensure they are robust and wherever possible constitute a single access arrangement. In addition recording arrangements should be harmonised to allow prompt and easy access to, and exchange of, patient information.

4.2 What new services will we commission?

When delivering our aspiration we are looking at evolution rather than revolution. We are already supporting local population in the line with the transformation programme requirements. Our work will look at fine tuning the current landscape. We will consider commissioning and decommissioning of several pathway elements and longer term service provision.

- Rapid response crisis intervention team to operate on at least an extended hours basis if not 24/7 basis (Cambridgeshire)
- Options around supporting people with LD and forensic histories will be explored
- Families will commission services through personal health budgets and where appropriate integrated budgets. The CCG will commission new services for people using PHBs e.g. Brokerage and support services. The learning from the different ways of using PHBs and the services families purchase this way will feedback into future commissioning considerations
- Additional “assessment flats” for single person responses in Cambridgeshire & Peterborough
- Shared “crisis house” where a shared setting is appropriate
- Strengthened Integrated Community Teams to support people in “assessment flats” and “crisis house” working with social care providers
- Accommodation and care and support options around supporting people with LD and forensic histories will be explored to inform future commissioning
- The potential need to commission services with other TCP areas in the Region, to meet the needs of people with some specific conditions e.g. Prada-Willi syndrome, will be considered

4.3 What services will we stop commissioning, or commission less of?

The following services will only be used where the community responses and local inpatient services are not appropriate to meet the specific needs of the person at the time

- Out of area hospital placements
- Low medium and high secure and forensic services out of area
- We will explore more efficient commissioning of unnecessary block inpatient capacity

4.4 What existing services will change or operate in a different way?

The following services will need to change:

- The number of inpatient beds commissioned locally will reduce and a new specification will need to be written to reflect the aspirations of the new model. This may lead to market testing to ensure value for money.
- The Integrated Community Teams in Cambridgeshire will need to be strengthened and the Crisis Response Team developed to operate within and outside office hours
- In Peterborough, the best way to build on and extend the integrated arrangement of Community Learning Disability Nurses within the adult social care teams will need to be considered.
- Social care providers will need to be supported by Commissioners and the Integrated Community Teams to develop greater expertise and skill in supporting people to remain in their own homes even when there is a crisis or escalation of challenging behaviour.

4.5 Personalised Support Packages

Personal Health Budgets

The LDP already deploy funding from the pooled budget as Direct Payments, meeting both health and social care needs and the learning from this will be used to inform further work to expand the use of PHBs from April 2016, in accordance with the 2015/16 NHS Planning Guidance. The CCG lead for Personal Health Budgets is linking into the Transforming Care Board as required.

There are some excellent examples of innovative use of the funding by people with learning disabilities and their families that demonstrates how this approach can enhance the person's life. This work is being used to inform the review being

undertaken by the CCG's lead for personal health budgets who will be making recommendations on how the offer can be expanded, across all eligible people from April 2016.

A Project Board has been established to oversee this work and people with direct experience of personal health budgets are working with the Board to co-produce plans.

There was a stakeholders' event in March 2016 which worked through different options for expanding the local offer. The outcomes of the event feed directly into the development of a business case for expansion in April 2016.

The LDP continues to promote the option of Direct Payments with all social care staff expected to discuss this as an option with people who are eligible for social care services.

Developing a Peer Network

The review of personal health budgets includes reviewing how people learn that personal health budgets (or integrated) budgets are available and how they can be used to benefit people. A local peer network will be offered to enable people to work together with the PHB team at the CCG to develop processes and advise on how to access personal health budgets. This will also include a review of the support that people need to create their personal health budget and how this can be offered.

Integrated Budgets

Integrated budgets are available for people with learning disabilities in Cambridgeshire and the provision of budgets for people in Peterborough is being reviewed as part of personal health budgets review. The local offer for personal health budgets will extend their use in Peterborough.

Children and Young People

Children and young people with a learning disability who are eligible for an Education, Health and Care plan also have the option of a personal health budget and the PHB review will determine if this is currently working well for people. The offer of personal health (or integrated) budgets for children and young people has been identified as an area for improvement and is therefore a particular work stream of the PHB review and will be included in the local offer. The PHB project lead has been invited to attend the Transforming Care Board and is ensuring that the local offer aligns with this plan.

Outcomes

The project to review personal health budgets and to develop the business case is

undertaking a benchmarking exercise to review the numbers of people receiving a personal health (or integrated) budget and the services that have been purchased to offer intelligence for identifying how the offer of budgets can be best extended. The project will review how the outcomes and experience of people with a personal health budget and their carers are monitored.

The PHB project is ensuring that the local offer aligns with the transforming care plan.

4.6 Transition from children's services to adult services

The SEND Reforms of 2014 required the production of a coordinated Education, Health and Care Plan (EHCP) for children and young people aged 0-25 who require one due to the complexity and severity of their special educational needs and/or disability (SEND). This plan must include an assessment of all education, social care and health needs and a description of the provision that must be made to meet these identified needs.

We will have a clearer understanding of the future accommodation needs of young people coming through transition with a learning disability and/or autism. Future 52 week placements will only be made out of area in exceptional circumstances where needs cannot be met locally. A confirm and challenge process will be put in place before OOA placements are made.

In addition to the SEND reforms, the aspirations for children and young people are that through both the CAMHS redesign and the System Transformation that there will be a model of services which is based on earlier identification and intervention. There is agreement across the Joint Commissioning Unit to work to the Thrive model for CAMHS services but this is model which it can be seen mirrors both PCC and CCCs approaches across children and adult services.

The development of services within the CCG area for both Cambridgeshire and Peterborough should consider development of the specialist support in our area. One of the options, possibly through the development of the market or direct provision is the development of a more specialist residential/shared care and education placement in county.

Ensuring that the gap in CCG commissioned services between 16 – 18 years is resolved and transition between services is more integrated and seamless

4.7 Commissioning Underpinnings

As described in the previous sections the TCP already operates a) a S75 agreement with lead commissioning and a pooled LD budget in Cambridgeshire delivered via Learning Disability Partnership and b) s75 agreement in Peterborough which places some of the specialist LD staff in the local authority teams.

We will build on these strong foundations, review the arrangements to ensure that they operate even more efficiently and support the transforming care agenda.

Particular areas which we will focus on more are:

- Our transition arrangements and how they can be supported more via the existing arrangements

- Even greater availability of the personal health budgets which is currently in place by default pooled budget in Cambridgeshire for people with learning disabilities
- Person centred and outcomes based commissioning and contracting linked to a broader approach that is being explored across all client groups in Cambridgeshire
- Campaign to attract more people to become Shared Lives carers
- Staying Put model to be extended to support children and young people to stay within the area when it is not possible for them to remain in the family home – Disability specific services

We will also work with District Councils and RSLs :

- to increase the supply of housing to meet the needs of people with PMLD including the use of the Disabled Facilities Grant to support people to stay in the family home
- to match forecast demography through future needs planning and forecasting

4.8 Local Estate

Success of Repatriation and Prevention of Out of Area Placements

In Peterborough, at the ISTs inception in 2010 there were 72 people out of area. 35 people were allocated to IST as these were deemed to be the most complex individuals. Of these 12 have been returned, settled and handed over to local community LD service.

A further 14 wished to remain where they were as they felt those places to be their homes. A further two individuals have deceased. Of this original cohort IST have 3 individuals in the community about to be discharged to local LD services. A further 4 of the original cohort remain detained in hospital (secure and non-secure settings) and 2 people living out of area are being reviewed for potential resettlement in Peterborough. People who have returned are living in a range of residential care and supported living settings with a variety of service providers and legal structures around them (DOLS).

In addition to the original cohort IST is supporting 5 people in the community who present significant challenges and high levels of risk to remain in the community. IST has 3 additional service users in hospital settings who have been placed out of area since the inception of IST.

IST has 3 transitions cases where they are involved in a consultative role prior to 18th birthdays in order to facilitate transition to adult services without recourse to out of area placements.

The IST in Peterborough are cited in DoH best practice document; “Learning disability Good practice project” (2013) and were subsequently asked to present at the Westminster Briefing in October 2015; “Supporting people with learning disabilities under the new government”.

In Cambridgeshire the Community Intensive Assessment and Support Team have undertaken a similar role to the IST in leading work on out of area placements made for both health and social care reasons as this was considered best practice.

A project team was created in 2012 and 169 people were identified as living out of area. All of these people were reviewed to gain an understanding of their current needs. Following review, 37 people were identified for further work to re-locate back into area. It was noted that of the original 169, 70% were living close to the county boundary with some living closer to their original community than they would have been if placed in area. At the end of December 2013, 119 of the 169 identified remained out of area which represents a reduction of 50 people.

The focus of this work since that time has been to address the drivers for out of area placements being made and therefore prevent these happening in the future.

Impact on Local Estate

The intelligence consolidated from the successful IST work support local estate planning.

The highest number of out of area placements originate from out of area educational placements. Cambridgeshire LDP has commissioned a service locally from one of the main out of county providers to facilitate the return of these young people to Cambridgeshire when their schooling finishes. We will continue to focus on this to better understand what services could be developed to minimise the need for out of area educational placements.

The Assessment flats have proven successful in supporting the return of people from out of county inpatient settings (there are now only 5 people in these settings) and providing an alternative to admission to local inpatient services. New capital investment would support the development of more assessment flats or a group version of this type of accommodation as part of the community based service provision.

Alongside service redesign (e.g. investing in prevention/early intervention/community services); transformation in some areas will involve 'resettling' people who have been in hospital for many years. What will this look like and how will it be managed?

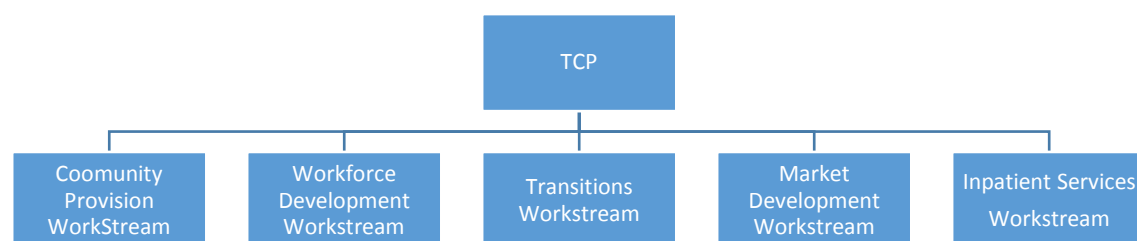
Locally there are no people who have been in hospital for many years.

4.9 Wider Interdependencies

Strategic Work	How Fits
LD Commissioning Strategy	Transformation Programme is one of the critical elements of the current service redesign provision for people with Learning Disabilities. Learning Disabilities partnerships and working subgroups are integral parts of the transformation work.
CAMHS review	CAMHS commissioners are core members of the TCP board. Transitions are one of the main work streams.
MH Concordat, Vanguard Site - Crisis Care	Green Light and reasonable adjustments for people with learning disabilities are part of the local work. CCG is also a crisis care vanguard and MH crisis care redesign features as one of the main workgroups of the vanguard work.

Personal Health Budgets Local Offer	CCG wide project to increase PHB capacity fully encompasses the use of PHB for the purposes of transforming care programme.
Autism Strategy	The lead of the Autism Consortium is a Lead LD commissioner that is a core member of the TCP group. This ensures necessary engagement and co-production as required.
All Age Carers Strategy	Ensures that the needs of local carers are fully supported.

4.10 How will we deliver the changes?



Workstream: Community Provision		
Who Leads	What needs to happen locally	By When
Service Director, Adult Social Care, CCC	<ol style="list-style-type: none"> 1. Review the community teams , and refine health support functions 2. Further clarify commissioning arrangements across TCP area to ensure clear and equitable care 3. Streamline referral routes to the specialist services, and make it clearly accessible 4. Build on existing pooled budgets arrangements to deliver even greater uptake of personal budgets 5. Streamline data provision and recording across the TCP patch 	<ol style="list-style-type: none"> 1. 2016/2017 2. 2016/2017 3. 2016/2017 4. 2017/2018 5. 2017/2018 6. 2018/2019

Workstream: Workforce Development and Planning		
Who Leads	What needs to happen locally	By When
Service Manager for speciality LD services CPFT	<ol style="list-style-type: none"> 1. Map the workforce capacity 2. Explore further effective staff co-location across the services 3. Review the full Implication of DOLs assessments on the workforce capacity 4. CTR process reviewed and aligned to the care pathway 5. Enhance Sensory Services with the appropriate skill mix 	<ol style="list-style-type: none"> 1. 2016/2017 2. 2016/2017 3. 2016/2017 4. 2016/2017 5. 2017/2018
Workstream: Children and Young People in Transition		
Who Leads	What needs to happen locally	By When
Commissioning and Contracting Lead for Children and Young People	<ol style="list-style-type: none"> 1. Utilise Future in Mind to develop crisis pathway and link to the whole system pathway 2. Review the whole MH transition pathway 3. Enhance the system for information exchange between social carer and health services 	<ol style="list-style-type: none"> 1. 2016/2017 2. 2016/2017 3. 2017/2018
Workstream: Provider Market Development		
Who Leads	What needs to happen locally	By When
Head of Service for the Learning Disability Partnership CCC	<ol style="list-style-type: none"> 1. Work with the stakeholders to understand local "philosophy of care" and skill mix required to deliver evidence based support for people with behaviour that challenges 2. Review and market test necessary accommodation in the TCP area 	<ol style="list-style-type: none"> 1. 2016/2017 2. 2017/2018
Workstream: Inpatient Provision		
Who Leads	What needs to happen locally	By When
Commissioning and Contracting	<ol style="list-style-type: none"> 1. Enhance development of "alternative to hospital 	<ol style="list-style-type: none"> 1. 2016/2017 2. 2017/2018 3. 2016/2017

Lead for MH and LD C&P CCG	admission “ options, building on the existing good local practice (e.g assessment flats) 2. Review commissioning Framework for the impatient and specialist services across TCP 3. Review and redesign local inpatient stock 4. Capital project – delivery of purpose built – healing environments – inpatient stock	4. 2018/2019	
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4.11 Key Milestones

Milestone	What Work stream it Relates to	By When
Community Service Specification Agreed	Community Care	03/2017
LD community Services Redesigned	Community Care	03/2018
Workforce Capacity and skills mix mapped	Workforce	03/2017
Workforce modifications in place	Workforce	03/2018
Transitions Pathway Reviewed	Transitions	03/2017
Providers sign up to the local care model	Market Development	03/2017
Inpatient Unit Capital Project Scoped and change mechanism identified	Market Development	03/2017
Assessment Flats Commissioned	In Patient Provision	03/2018

4.12 Risks, and mitigations

Risk Definition	How likely (1-4)	Impact (1-4)	Score (1-16)	Mitigation
Because of generic social care functions in TCP patch there is a risk that people in the scope of this plan might not be support as effectively as	1	4	4	Workforce strategy and Workforce development workgroup action

they could be which will result in the unnecessary admissions				plan	
Because of several data management systems there is a risk that the information will not be as effectively used and recorded as needed which can impact on the service planning and service redesign capacity	1	3	3	Workforce and Community Work steam action plan	
Because of not securing the NHSE transformation funding there is a risk that the elements of the transformation plan will not be delivered which can impact on the overall admission rates	2	4	8	Robust planning and plans iteration via TCP in place Proactive liaison with NHS E to rectify improvements asap	
Because of combination of various funding streams that support the transformation program there is a risk that stakeholders competing priorities might delay funds pool which can impact on the deliverables within agreed timescales or prevent the delivery of some action plan elements	2	4	8	TCP governance in place Explore supplementary MOU in addition to existing commissioning and contracting arrangements	
Because of the system wide transformation work there is a risk that the existing workforce capacity will not be able to deliver required milestones and requirements	2	4	8	CCG to recruit CTR post CCG to recruit TCP project lead Partners to explore further capacity support	
Because of not being able to secure required capital for inpatient units redesign there is a risk that the current provision will not be able to support the care pathway effectively which will result in the unnecessary prolonged LOS	2	4	8	Early TCP and contractual discussions to ring fence capital required Market testing via Market Development stream	
Because of the multilevel cooperation required to deliver the plan there is a risk that the partners will not have as sufficient focus as required to deliver the work which can result in partial redesign work only	2	4	8	Dedicated PM to be recruited asap	

5 The Plan Sign Off Timetable

Organisation	What Governance Body	When
CCG	Strategic Clinical and Management Executive Team	01/06/2016
Cambridgeshire County Council	Adults Committee and Children and Young People's Committee	Meeting in May 2016 where delegated authority will be given to Chairs, Vice Chairs and Executive Director to approve final version of the plan prior to submission by the 1 July deadline
Peterborough City Council	Health and Wellbeing Board	June 2016 meeting

Annex A – Developing a basket of quality of care indicators

Over the summer, a review led by the Department of Health was undertaken of existing indicators that areas could use to monitor quality of care and progress in implementing the national service model. These indicators are not mandatory, but have been recommended by a panel of experts drawn from across health and social care. Discussion is on-going as to how these indicators and others might be used at a national level to monitor quality of care.

This Annex gives the technical description of the indicators recommended for local use to monitor quality of care. The indicators cover hospital and community services. The data is not specific to people in the transforming care cohort.¹

The table below refers in several places to people with a learning disability or autism in the Mental Health Services Data Set (MHSDS). This should be taken as an abbreviation for people recorded as having activity in the dataset who meet one or more of the following criteria:

1. They are identified by the Protected Characteristics Protocol - Disability as having a response score for PCP-D Question 1 (Do you have any physical or mental health conditions lasting, or expected to last, 12 months or more?) of 1 (Yes – limited a lot) or 2 (Yes – limited a little), and a response score of 1 or 2 (same interpretation) to items PCP-D Question 5 (Do you have difficulty with your memory or ability to concentrate, learn or understand which started before you reached the age of 18?) or PCP-D Question 13 (Autism Spectrum Conditions)
2. They are assigned an ICD10 diagnosis in the groups F70-F99, F84-849, F819
3. They are admitted to hospital with a HES main specialty of psychiatry of learning disabilities
4. They are seen on more than one occasion in outpatients by a consultant in the specialty psychiatry of learning disabilities (do not include autism diagnostic assessments unless they give rise to a relevant diagnosis)
5. They are looked after by a clinical team categorised as Learning Disability Service (C01), Autistic Spectrum Disorder Service (C02)

¹ Please refer to the original source to understand the extent to which people with autism are categorised in the data collection

Indicator No.	Indicator	Source	Measurement ²
1	Proportion of inpatient population with learning a disability or autism who have a person-centred care plan, updated in the last 12 months, and local care co-ordinator	Mental Health Services Data Set (MHSDS)	<p>Average census calculation applied to:</p> <ul style="list-style-type: none"> Denominator: inpatient person-days for patients identified as having a learning disability or autism. Numerator: person days in denominator where the following two characteristics are met: (1). Face to face contact event with a staff member flagged as the current Care Co-ordinator (MHD_CareCoordinator_Flag) in preceding 28 days; and 2. Care review (Event record with MHD_EventType 'Review') within the preceding 12 months.
2	Proportion of people receiving social care primarily because of a learning disability who receive direct payments (fully or in part) or a personal managed budget (Not possible to include people with autism but not learning disability in this indicator)	Short and Long Term Support statistics	<p>This indicator can only be produced for upper tier local authority geography.</p> <p>Denominator: Sum of clients accessing long term support, community services only funded by full or part direct payments, managed personal budget or commissioned support only.</p> <p>Numerator: all those in the denominator excluding those on commissioned support only.</p> <p>Recommended threshold: This figure should be greater than 60%.</p>
3	Proportion of people with a learning disability or autism readmitted within a specified period of discharge from hospital	Hospital Episodes Statistics (HES) and Assuring Transformation datasets. Readmission following discharge with HES main specialty -	<p>HES is the longest established and most reliable indicator of the fact of admission and readmission.</p> <ul style="list-style-type: none"> Denominator: discharges (not including transfers or deaths) from inpatient care where the person is identified as having a learning disability or autism Numerator: admissions to psychiatric inpatient care within specified period

² Except where specified, all indicators are presumed to be for CCG areas, with patients allocated as for ordinary secondary care funding responsibility.

		Psychiatry of Learning Disabilities or diagnosis of a learning disability or autism.	<p>The consultation took 90 days as the specified period for readmission. We would recommend that this period should be reviewed in light of emerging readmission patterns. Particular attention should be paid to whether a distinct group of rapid readmissions is apparent.</p> <p>NHS England is undertaking an exercise to reconcile HES and Assuring Transformation data sets, to understand any differences between the two. At present NHS England will use Assuring Transformation data as its main source of information, and will be monitoring 28-day and 12-month readmission.</p>
4	Proportion of people with a learning disability receiving an annual health check. (People with autism but not learning disability are not included in this scheme)	Calculating Quality Reporting Service, the mechanism used for monitoring GP Enhanced Services including the learning disability annual health check.	<p>Two figures should be presented here.</p> <ul style="list-style-type: none"> • Denominator: In both cases the denominator is the number of people in the CCG area who are on their GP's learning disability register • Numerator 1. The first (which is the key variable) takes as numerator the number of those on their GPs learning disability register who have had an annual health check in the most recent year for which data are available • Numerator 2. The second indicator has as its numerator the number of people with a learning disability on their GPs learning disability health check register. This will identify the extent to which GPs in an area are participating in the scheme
5	Waiting times for new psychiatric referral for people with a learning disability or autism	MHSDS. New referrals are recorded in the Referrals table of the MHSDS.	<ul style="list-style-type: none"> • Denominator: Referrals to specialist mental health services of individuals identified in this or prior episodes of care as having a learning disability or autism • Numerator: Referrals where interval between referral request and first subsequent clinical contact is within 18 weeks

6	Proportion of looked after people with learning disability or autism for whom there is a crisis plan	MHSDS. (This is identifiable in MHMDS returns from the fields CRISISCREATE and CRISISUPDATE)	<p>Method – average census.</p> <ul style="list-style-type: none"> • Denominator: person-days for patients in current spell of care with a specialist mental health care provider who are identified as having a learning disability or autism or with a responsible clinician assignment of a person with specialty Psychiatry of Learning Disabilities • Numerator: person days in denominator where there is a current crisis plan
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CHILDREN'S CENTRE OFFER 2017 ONWARDS

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

Meeting Date: **24 May 2016**

From: **Jo Sollars, Head of Family Work (Early Help), Enhanced and Preventative Services**

Electoral division(s): **All**

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

Purpose: **This paper is to provide background information for the Committee's early consideration of Children's Centre savings, as set out in the Business Plan for 2017-18, the potential impact on wider Council services, and signal next steps in the discussion.**

Recommendation:

- a) Consider the challenges to service delivery set out in the report**
- b) Note and comment on the content and the risks associated with the potential scale of service change**
- c) Note the links to the Council's procurement of the Healthy Child Programme service (Health Visiting, School Nursing and Family Nurse Partnership), as well as the emerging Community Hubs agenda, and the opportunities for service alignment**
- d) Agreed to receive a further paper setting out some models and options based on the issues raised in this paper for service delivery and associated costs. These would be linked to the developments in (c)**

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1.0 BACKGROUND

- 1.1 Children's Centres have been developed across Cambridgeshire over the last 10 years and are a crucial element of Early Help services focused on the youngest in our society, which are linked effectively across the Council with other services accessed by families including 0-19 Locality Teams, maternity services, health visiting, early years and community provision. Children's Centres give a robust infrastructure with a cross-agency approach which enables these children to have the best and safest start in life.
- 1.2 The savings proposals Members are currently being asked to consider for 2017/18 in the Business Plan would reduce the total budget for Children's Centres in Cambridgeshire to £2.5 million (compared to a budget in 2014 of £6.3 million). This level of funding reduction would require significant structural adjustment and result in high impact change. Reworking the preventative service offer to young families which makes the best use of available resources across the system, and maximises the opportunities presented by changes in health commissioning and the development of the community hubs agenda, will be essential.
- 1.3 Children's Centres and partners work together in a Think Family way to deliver the Healthy Child Programme (HCP) which is the 0-19 health delivery for families including Health Visitors, School Nurses, and Family Nurse Partnership. Service delivery from centres has an articulated, strong focus in Cambridgeshire on work which contributes to wider, cross-service priorities including delivery of the Government's Troubled Families programme, Accelerating the Achievement of vulnerable groups, and supporting the strategy to reduce numbers of children who are Looked After (LAC).

2.0 NATIONAL PERSPECTIVE

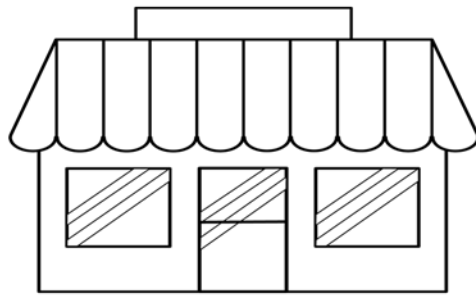
- 2.1 The Local Authority is required to make provision for Children's Centres, secured in statute through the Childcare Act 2006. Centres comply with the national OfSTED framework for the inspection of Children's Centres.
- 2.2 A national consultation on the future of Children's Centres will now launch later in 2016, and will be linked to the development of the Government's 'Life Chances Strategy'. The Government aims to publish a Life Chances Strategy in the spring. This strategy is likely to focus on early year's childcare, family relationships and stability.
- 2.3 Pending the outcome of the consultation, the Department for Education (DfE) have agreed with Ofsted to pause the Children's Centre inspection cycle. It is unclear at this stage what legislative requirements there will be on Local Authorities in relation to Children's Centre provision following this consultation.

3.0 CURRENT CHILDREN'S CENTRE OFFER

- 3.1 The Cambridgeshire offer made to families with children aged 0-5 is a partnership offer with many elements of the HCP delivered through Children's Centres by Children's Centre staff alongside Health professionals. Ofsted has always inspected Children Centres on the basis that they will be delivering services in partnership with other providers.

- 3.2 In Cambridgeshire, there is a mixed model of Children's Centre service delivery and centre management, where the majority of Centres are managed by the Local Authority and other centres by nursery schools, a primary school federation and two voluntary sector organisations – Romsey Mill and Ormiston Families. Current contracts with voluntary sector providers have been extended by means of a Voluntary Ex Ante Transparency (VEAT) notice from 1 April 2016 until October 2017. Twelve of the Centres have been designated as Specialist Hubs for children with Special Educational Needs or Disabilities (SEND).
- 3.3 Centres offer a range of services including open-access activities, parenting groups and 1:1 Family Work targeted to meet the needs of vulnerable families in their local communities. Cambridgeshire has invested heavily in Family Work, creating an established workforce (with an average length of service of 7 years), skilled at delivering effective early intervention for all families through Children's Centres, parenting programmes and high quality information resources. In this context "early" is used to mean early in a child's life but also early in the emergence of problems which may one day escalate into crisis requiring higher tier specialist intervention.
- 3.4 *'Early Intervention enables every baby, child and young person to acquire the social and emotional foundations upon which our success as human beings depends. Most parents give this to their children and often by instinct and common sense alone, but all of our children deserve nothing less. A child who is rounded, capable and sociable has a great chance in life. Those denied these qualities have a bad start and few of them recover. During their lifetimes they can impose heavy penalties on themselves and generate major costs, financial and social, for their families, local communities and the national economy'*
(Graham Allen, Early Intervention: The Next Steps)
- 3.5 Children's Centre Family Workers are key deliverers of the Together for Families programme (Cambridgeshire's Troubled Families programme) for families with young children, and have played a key role in the adoption of Cambridgeshire's Family Common Assessment Framework (CAF). Children's Centre Managers have led the development of Locality Allocation and Referral Meetings for children under school age (known as 0-5 LARMs) which run in conjunction with colleagues from Health Visiting and Midwifery providing a strong multi-agency approach to family support and intervention.
- 3.6 31% of people in the currently identified Troubled Families cohort in Cambridgeshire have a Family Worker as their Lead Professional (where a lead professional has been identified). This rises to 40% when the subject is under 5.
- 3.7 The Family Work workforce, both in Children's Centres, and the wider Locality teams, are seen as crucial front line staff in the delivery of some core strategic priorities for the Council, for example in the LAC Strategy and in Accelerating Achievement .

- 3.8 The image below illustrates how the public front door to services relates to the family work and partnership approach to supporting families:



Children's Centre 'Shop Front'

- Buildings
- Groups and Activities
- Information Provision
- Website
- Social Media

What the Public don't see

- Family Work– supporting vulnerable families through one to one support, targeted activities and parenting courses.
- Integrated support packages alongside Social Care, Together for Families, Locality Teams and Health Services.
- Leading partnership approach to early help services for young families– across health, mid-wifery, JCP, adult learning, etc.

This takes up over 70% of time and resources and is reliant on a strong 'Shop Front'

4.0 WHAT CHILDREN'S CENTRES DO

- 4.1 There are an estimated 38,232 children aged under 5 in Cambridgeshire, of which 28,809 (75.4%) are registered with a Children's Centre. Our centres have a particular focus on targeting support to vulnerable families, and are successful in reaching a high proportion of these families as the table below shows:

Vulnerable Groups (0-4's)	Total Number	Number registered	Percentage Reached
0-4 CAFs	780	697	89.4%
Open to Social Care	671	511	76.2%
Open to Early Support (SEND)	582	538	92.4%
Teenage Parent families	206	158	76.0%

- 4.2 Nearly 50% of the Local Authority's Family Workers are funded by Children's Centres, working with families with children under 5, the remainder of this resource supporting school aged children and based in our 0-19 locality teams.
- 4.3 Of the families that were being supported in July 2015, the following vulnerabilities were recorded:

Identified Support Need	Percentage of open family work cases	Identified Support Need	Percentage of open family work cases
Mental Health	52%	Physical Health (including substance misuse)	28%
Work / finance	37%	Domestic Abuse	20%
SEND	28%	Attendance	18%

- 4.4 The family work delivered by Children's Centres has been assumed in other work strands as an available resource, for example work on the ASD/ ADHD pathway includes an expectation that Family Workers will work as part of the team of professionals around a family to deliver the work. Referrals into our Family Work team (working across locality teams and Children's centres), come from across all services as shown below:

New referrals to Family workers (Aged 0-19, between 1/1/2015- 31/12/2015, Locality and Children's Centres)	
Locality	435
Social Care-Integrated Access Team	367
Health	424
Social Care Ongoing-Under Plan	67
Social Care Closure- Step Down	552
Parent/Carer/ young person	292
School	991
Early Support Programme (SEND)	45
Children's Centre	345
Early Years Setting	72
Other	53
TOTAL	3643

(Other includes housing, police, voluntary sector, adult services and YOS)

4.5 Parenting Courses

- 4.5.1 Staff have been fully trained to deliver a suite of evidence based parenting programmes including Webster Stratton and Triple P, and used to work with individual families to increase confidence and competence for parents. Over 80% of Family Workers are trained to deliver these programmes and in the last 12 months 61 courses have been delivered supporting 528 parents.

5.0 WHAT FAMILIES TELL US ABOUT CENTRES

- 5.1 In **Appendix 1** there is a visual case study to represent a family that centres routinely support. This was created by a group of centre managers and sets out the range of support that a family can expect, as well as identifying possible risks if future proposed savings are made.
- 5.2 Feedback is received from service users to indicate the impact that services have on their families. Below is a selection of common feedback:
- *"I know my Health Visitor works with the Children's Centre and that together they can support me and my small children. I get support and helpful ideas about family life from both of them"*
 - *"I was 16 when I had my baby and didn't take any exams at school. My Children's Centre have helped me get my maths GCSE and now I feel able to help my children get ready to start school"*
 - *"My Social Worker said I needed to take part in the group at the Children's Centre so that I could be a better parent. Now that I have done that I don't have to see the Social Worker anymore"*
 - *"When things got very difficult for me after my violent partner left me the worker at the Children's Centre helped me find out where to get information about benefits and housing, as well as supporting me to become more assertive and confident."*
 - *"My baby has special needs which has made it quite hard for me to be*

confident as a new Mum – everything is new but also quite difficult – we don't know where we fit in. The Children's Centre has linked me up with a special play group, they have supported me with information and accepted Lucy and me just as we are."

6.0 JOINT COMMISSIONING

- 6.1 Now that commissioning for Health Visiting is the responsibility of Local Authority, there is an opportunity to explore the potential to bring the offer for families into greater alignment. Work is ongoing through the Children's Joint Commissioning Unit for Cambridgeshire and Peterborough (JCU) to investigate possibilities to align commissioning activity, considering what workforce changes could be made to ensure the maximum impact of our services within the challenging budgetary constraints.
- 6.2 *'Maternity services, health visitors, social care, adult mental health services and Children's Centres should work closely together to share vital data, ensuring those who need additional support receive appropriate, timely, and culturally sensitive help. The pooling of budgets for these services will encourage innovative commissioning and induce a culture of joined-up working.'*
The1001 Critical Days Cross party endorsed manifesto to support the youngest children, (http://www.1001criticaldays.co.uk/the_manifesto.php)
- 6.3 Elsewhere in the country opportunities for joint planning and commissioning have also been considered. Some examples of approaches other areas have taken are:
- Essex has agreed to bring together budgets for public health and children's centres planning one contract for a pre-birth to 19 workforce.
 - Luton are looking at developing an integrated workforce for the non-clinical side of the Healthy Child Programme
 - In Lincolnshire Public Health have transferred responsibility for commissioning 0-19 Child Health services from Public Health to Children's Services. All of the Public Health 0-19 contracts are being considered as part of their review of Early Years and Children's Health
- 6.4 In Cambridgeshire joint discussions have started with the Chairs and Vice Chairs of the Children's and Health Committees to ensure that there is full understanding of the interdependencies of these functions of the Local Authority, in order to inform decision making.

7.0 CONSIDERATION OF THE IMPACT OF PROPOSED SAVINGS ON SERVICES

- 7.1 Before progressing further into the business planning cycle for 2017/18, there is a need for early discussions to consider the services which are delivered by Children's Centres and the links which exist between centres and the wider system of early childhood services. The debate should include consideration of the impact on other CFA services of taking a significant saving from the current Children's Centre budget, and we need to take into account the related risks to other service budgets that this saving may cause in the medium and longer term.
- 7.2 The savings sit alongside the significant growth agenda in Cambridgeshire that forecasts a major increase in the number of young families living in the county, and the gathering evidence about the challenge for families of moving into or being re-housed into new communities. Any changes to funding for Children's Centres will sit alongside proposed cuts to the Public Health funding for the Healthy Child Programme which will be realised in 2017-18

- 7.3 In terms of impact to staffing, there are currently approximately 157 FTE (Full Time Equivalents) staff across our Children's Centres (109 FTE are employed by the Local Authority, others are in commissioned centres). Of our current £4.5 million budget, our spend on family facing staff is £3.12 million, the majority of this on Family Workers and an additional amount on our Children's Centre Workers (who deliver our universal groups, crèches and support parent's understanding of child development).

Post	Expenditure £000
Family Work	2,530
Children's Centre Workers	590
Total Family-facing staff	3,120

The proposed saving of £2million would mean that this level of staffing would need to be reduced. At this point it is difficult to precisely quantify the amount of families that would be effected by these proposed savings, but we can say that for every 10% of the family work budget lost, we anticipate 105 fewer children at any given time would be in families receiving one to one family support (data based on report by York Consulting in 2014).

- 7.4 The £2M saving to Children's Centres and any reduction in Family Work capacity would limit our ability to contribute to corporate priorities including reducing the pressures on our LAC budget, Accelerating the Achievement of Vulnerable Groups and the outcomes of Together for Families (Cambridgeshire's Troubled Families Programme).

- 7.5 Children under 5 make up a disproportionately large percentage of children in our child protection numbers in Cambridgeshire. During 2015/16, 48.8% of all those starting a plan were under 5, with 20% of the total number being aged under 1.

Nationally, 63% of published Serious Case reviews in 2015 concerned a child aged under 5, with 42% of the total number aged under 1. (NSPCC data)

- 7.6 Any reduction in funding to Children's Centres will have an impact on those families with young children with lower support needs who may not be able to access support from any new service offer which is further targeted or prioritised on a needs basis. This could lead to higher level interventions being required at a later stage, by higher tier services, at a greater cost.

- 7.7 This dis-investment in the level of support services for those aged 0-5 would have significant knock-on impact for Locality Team services where some teams will have to expand/flex/develop existing services in order to address the gap caused by funding reduction. A significant risk is that services will not be robust and joined up at the point of delivery, which they have been when co-ordinated by Children's Centres, and may not seem as inviting. Considering future open access points for communities, it will be important to retain the friendly face and open door which Children's Centres have been good at providing. It will be important to ensure that families can continue to access what they need when they need it, and become confident and independent users of statutory services.

- 7.8 As proposals are developed, consideration will need to be given to how interventions are retained which make the greatest impact for families, and where we are likely to make the greatest impact for example, in some of our care budgets.

8.0 FUNDING COMPARISONS – OTHER AREAS

- 8.1 An analysis of the level of funding proposed compared with other regional authorities, illustrates that Cambridgeshire would have a very low level of funding per child:

	Funding level 2016/17	Estimated numbers of 0-4's	Funding level per child 2016/17	Proposed funding level 2017/18	Funding level per child 2017/18
Essex	£9.8 million (have taken cuts of 18.5% in previous years)	Approx. 84,000	£116.67	Figure unavailable at present as will be part of pooled budgets with public health	
Luton	£2.2 million (have taken cuts of £1million from 2015/16)	Approx. 17,500	£125.71	Currently planned at the same level in 2017/18	£125.71
Herts	£12.1 million	Approx. 77,000	£157.14	There are 3 year contracts, currently at the end of year 1 so funding confirmed for 2017/18	£157.14
Northamptonshire	£10.1 million	47,133	£214.29	Savings proposed of £3 million, reducing the total spend to £7.1 million	£150.64
Cambridgeshire	£4.5 million (have taken cuts of £1.55 million in last 3 years)	Approx. 38,230	£117.70	Savings proposals would take the funding to £2.5 million	£65.40

- 8.2 *'One of the difficulties of investing in early intervention is that the financial benefits may not come back to the services that fronted the original investment. This silo culture can prevent worthwhile schemes getting off the ground.'*
Discussing the need for an 'invest to save' business plan, 'Children's social care: the case for early intervention', CIPFA (The Chartered Institute of Public Finance and Accountancy)

9.0 DEVELOPING OPTIONS AND NEXT STEPS

- 9.1 The financial challenges facing the Council are well rehearsed and it is recognised that difficult decisions have to be made. The business plan savings for £2m have been proposed in this light but it has been recognised that there would be significant consequences from reductions of this scale.
- 9.2 At this time there is a need to take a hard look at all services whatever their impact. This includes Children's Centres and recognising the benefits of the work and the feelings of loyalty which centres engender, particularly with families at their most local community level. Centres have developed over the relatively short period of

their existence to be a significant set of protected services for families with the youngest children, operating in effective partnership with colleagues in maternity services, health visiting, community based organisations, early year's settings and schools. This inter-connected matrix has provided a network of support for families. This approach which enables local access to services which 'wrap around' families has had notable benefits and signalled a step change in the way services have worked together. Any decisions made should avoid where possible having the unintended consequence of creating cost at a later stage, and build on the current strengths of the Children's Centre offer wherever possible.. There is a need to balance the drive of savings and ensuring an effective matrix of service delivery is protected, alongside ensuring the Council can continue to meet its statutory obligations, and minimise reputational risk

- 9.3 Children's Centres have been able to demonstrate their effectiveness and value for money, as front doors to community services located in the heart of a community. Some exploration of their synergy and alignment with other priority work is useful. As proposals are developed, consideration will need to be given to how interventions are retained which make the greatest impact for families, and where we are likely to make the greatest impact for example, in some of our care budgets.

9.4 **HEALTHY CHILD PROGRAMME**

- 9.4.1 Children's Centres have established effective partnerships with Health Visitors across Cambridgeshire, working together to support families and supporting the outcomes of the Healthy Child Programme (HCP). As well as contributing to those outcomes it would be possible to pull on the procurement opportunities presented by Public Health led commissioning of the HCP to ensure a broad service offer is made available, provided by different services, and specifically capitalising on a clear analysis of the relative similarities and differences to maintain excellence and a range of interventions.
- 9.4.2 One approach could be to ensure a form of the current, recognisable Children's Centre in specific areas of higher need with a fully interlinked, skill mix of professionals operating together to deliver all aspects of the HCP. In other communities the offer to families could be varied and adapted according to need, and might be provided utilising more routine, universal interventions with families. The extent of such an approach and way of delivering it would require detailed modelling and consideration, as well as effectively being a re-commissioning of a set of services. It will be important to recognise that without careful consideration this could result in an inconsistent service offer to families under 5, and runs the risk of missing families in rural pockets of parts of the county where there is a reduced service.

9.5 **COMMUNITY HUBS**

- 9.5.1 The experience of close working with families by Children's Centre staff to strengthen and build their resilience as parents and thereby strengthen the communities they live in needs to be defined and considered as part of the inter-service approach to developing Community Hubs. The capacity of Children's Centres to engage and build confidence with those families who are more reticent about engaging with services will enhance the emerging understanding of what a Community Hub could be, and can benefit the development of this form of service delivery. Bringing together the timescales for both Children's Centre and Library changes could strengthen delivery of both these challenging projects. It would be

possible to develop an offer to families from Community Hubs across the county which continued to build confidence and aspiration for parents of very young children.

- 9.5.2 The broad outlines of ways forward described would place an emphasis on retaining the excellence of Family Work which is a key strength and achievement of the collective investment in Children's Centres in Cambridgeshire, whilst recognising that savings need to be delivered. Each, and others not yet fully understood, would require a new way of considering Children's Centre service provision based as much on skills and strengths of the workforce as the buildings from which services are currently delivered.
- 9.6 As this paper signals, there are a number of complex interdependencies of this work to other significant corporate and partnership activities. As related discussions start to take shape the role and function of our early help offer to young families needs to start to be reconfigured. It is proposed that the next step is to work up a service offer which seeks to focus elements of our support to families which can make the most difference preventatively, and articulate what community based approaches might form part of a future offer, for example linked to the Community Hubs work. This should include considering different ways in which we might engage with and foster developments within the voluntary and community sector.
- 9.7 Recognising that savings will need to be delivered, this work will ensure that we focus on preserving the most critical elements of the current Children's Centre provision, and identify associated savings for consideration as part of the business plan for 2017/ 18. This will be the basis of a future paper to Committee and will be linked to the wider work on children's health commissioning.
- 9.8 We would suggest that our next step will be working up some models and options based on the issues raised in this paper and bring back to Committee for further consideration.

10.0 ALIGNMENT WITH CORPORATE PRIORITIES

10.1 Developing the local economy for the benefit of all

- 10.1.1 The developing Community Hubs agenda could support the ongoing delivery of debt advice and support into employment in communities. This could offset some of the impact of reducing Children's Centre provision.

10.2 Helping people live healthy and independent lives

- 10.2.1 The report above sets out details of significant implications in paragraphs 1.3, 2.1, 2.2, 7.4 and Section 5.

10.3 Supporting and protecting vulnerable people

- 10.3.1 The report above sets out details of significant implications in paragraphs 1.1, 2.2, 2.3, 7.4 and appendix 1. The work being developed in relation to community hubs and the joint commissioning of health services is pivotal to expanding our narrative about how services in the future may be configured to meet needs of young families

11.0 SIGNIFICANT IMPLICATIONS

11.1 Resource Implications

- 11.1.1 The report above sets out details of significant implications in paragraphs 1.2, 7.2, 7.3, 7.4.

11.2 Statutory, Risk and Legal Implications

- 11.2.1 The report above sets out details of significant implications in paragraph 7.4.
- 11.2.2 Also 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.

11.3 Equality and Diversity Implications

- 11.3.1 A Community Impact Assessment will need to be carried out in the future.

11.4 Engagement and Consultation Implications

- 11.4.1 A full public consultation will be necessary when business plan proposals are finalised for 2017/ 18.

11.5 Localism and Local Member Involvement

- 11.5.1 Local members will be key partners in this agenda going forward, and will be engaged through the summer months on this and the community hubs agenda in local conversations.

11.6 Public Health Implications

The report above sets out details of significant implications in paragraphs 1.3, 2.1, 2.2, 7.4 and Section 5.

Source Documents	Location
<p>Accelerating Achievement Strategy Accelerating the achievement of vulnerable groups of children and young people within Cambridgeshire</p>	<p>http://www.cambridgeshire.gov.uk/downloads/file/3322/accelerating_achievement_strategy</p>
<p>Building Family Resilience-Looked After Children Strategy-2015 – 2021 This strategy sets out how we will help families to build their resilience so that more children are able to stay safely at home.</p>	<p>http://www.cambridgeshire.gov.uk/download/downloads/id/4180/looked_after_children_strategy_2015-2021_building_family_resilience_draft.pdf</p>
<p>Early help- Response to the Formal Consultation on the Recommissioning of Early Help Services (Phase 2)</p>	<p>http://www.cambridgeshire.gov.uk/info/20076/children_and_families_practitioners_and_providers_information/370/providing_children_and_families_services/8</p>
<p>1001 days It is a unique, cross party manifesto which gives a vision for the provision of services in the UK for the early years period, which puts forward the moral, scientific and economic case for the importance of the conception to age 2 period. This period of life is crucial to increase children's life chances, and they have pledged their commitment to ensure all babies have the best possible start in life. They all agree that society is missing an opportunity if we don't prevent problems before they arise and that it is vital that a focus on the early years is placed at the heart of the policy making process</p>	<p>http://www.1001criticaldays.co.uk/the_manifesto.php</p>
<p>Early intervention- Next Steps A report by Graham Allen MP about how intervention in children's earliest years can eliminate or reduce costly and damaging social problems.</p>	<p>https://www.gov.uk/government/publications/early-intervention-the-next-steps--2</p>
<p>Children's Centre Census 2015- 4 Children Provides an overview of the major trends and developments taking place in Children's Centres across the country</p>	<p>http://www.4children.org.uk/Resources/Detail/Childrens-Centre-Census-2015</p>

Appendix 1- A Children's Centre Family

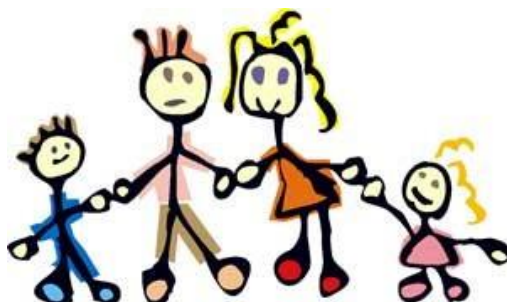
Before attending a Children's Centre:

Dad has recently had his hours reduced at work. They have struggled to find the money for their food and utility bills. Tensions at home mean that Dad is currently living away from the family home.

Sam is 2 and has lots of energy. His behaviour at home is difficult for Mum to manage.

Leah is 8 months old and not currently eating solid foods. She has yet to have any of her immunisations.

Mum is struggling with poor mental health and finds keeping the family routines a challenge. She has had to give up her job and is isolated in her community.



Family support offered by the Children's Centre:

- Working with the whole family the children's centre worked with both parents to complete a whole family CAF assessment to look at their strengths and to help identify what support they need.
- The CC FW, working alongside health colleagues, supported Mum to get support with her mental health needs, and accompanied Mum to toddler groups running at the centre where she has made new friends.
- The family were initially helped to access the local food bank, and were given help from a local voluntary agency around family finances and job search. Dad now has a job with better pay.

After the Children's Centre:

Sam now attends a local nursery 5 mornings a week using the free 2's funding Mum found out about from her family worker. He is loving the activities there and making expected progress.

Both Mum and Dad attended a parenting course at the Children's Centre and are now able to co-parent their children without arguing and have established good routines. They have noticed they are more able to manage their children's behaviour and are talking about getting relationship support.

Leah has had her early immunisations and Mum is working with the health visitor to introduce solid foods. Some previously undiagnosed food intolerances are now being looked into.

Possible risks under savings proposals:

- Children's Centre building in the village has had to close and the family is now supported by the team working from the community hub 3 miles away. Without a car, the family worker arranges more visits at home and mum is less able to self-support by accessing the centre resources herself.
- As the centre was more difficult for the family to access, early identification of this family's needs wasn't possible, and it wasn't until Leah's one year health check that concerns were raised. This meant that the family had built up large debts and Dad was no longer willing to engage in parenting support. Delays in identifying Leah's food intolerances have led to periods of hospitalisation.
- Sam didn't take up his funded 2 year old childcare place and is now receiving some additional support at his pre-school to address issues with his behaviour and delayed speech and language skills.

This case study was developed by Cambridgeshire Children's Centre Managers, and showcases the most prevalent issues experienced by the families they work with.

DRAFT CFA PROCUREMENT STRATEGY

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

Meeting Date: **24 May 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 update the Committee on the development of a CFA Procurement Strategy and to seek views to inform the strategy.**

Recommendation: **The Committee is asked to;**
a) Review and comment on the draft strategy
b) To delegate authority to the Executive Director: Children, Families and Adults, to approve the CFA Procurement Strategy after it has been presented to the Adults Committee

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1.0 BACKGROUND

- 1.1 As part of the business planning work within CFA a revised procurement strategy has been developed to set out actions being taken to ensure the procurement of services is as efficient as possible, and delivers the best possible value for money over the five years of the business plan.
- 1.2 In particular this strategy has been developed in response to the inflationary and cost pressures CFA faces in the coming period which will require officers to work differently in order to meet needs within diminishing resources. The intention is to demonstrate to members, officers and the public that the directorate is doing everything possible to mitigate these cost pressures and maximised value for money in each and every service area.

The key pressures the strategy responds to are;

- The National Living Wage which came into effect in April 2016 and is expected to create additional inflationary pressures for the Council. The scale of these pressures is significant, and greater than any the organisation has faced previously
- The need to regard the 'fair cost of care' in Adult Social Care resulting from legislative changes (the Care Act 2014)
- General increases in prices and costs (such as fuel and rent)

2.0 DRAFT CFA PROCUREMENT STRATEGY

- 2.1 The Strategy focuses on new actions being taken within CFA to achieve further efficiency from the procurement function. It is not intended as a fully comprehensive description of procurement or commissioning practice across the directorate, instead the strategy focusses on those actions that can generate the maximum level of efficiency from procurement activity in support of the five year business plan.
- 2.2 The CFA Procurement Strategy has three key priorities:
- Improving procurement and contract management arrangements
 - Delivering efficiency and value for money from procurement
 - Supporting the commissioning function to deliver efficiency by considering different procurement options

2.3 Improving procurement and contract management arrangements

- 2.3.1 The strategy promotes improved procurement and contract management arrangements by advocating;
- Consolidating procurement and contracting activity across Directorates and strengthening links with procurement and legal support in LGSS
 - Using best practice models in procurement activity
 - Involving service users and providers in service design, building on recent experience gained through the procurement of support for carers and advocacy services to influence future procurement including the retendering of the homecare contract due to be complete in late 2017

2.4 Delivering efficiency and value for money from procurement

- 2.4.1 The strategy promotes the delivery of efficiency and value for money from

procurement by;

- Helping providers manage their costs and revisiting specification requirements, including, for example, the development of a shared understanding of the impact of the national living wage
- Working with other local authorities on joint procurement, such as the current advocacy services tender
- Reconsidering contract lengths
- Efficiency from scale/volume, including the use of block contracts where appropriate to reduce unit costs
- Incentivising providers to innovate and align with our strategy, such as exploring the viability of payments by results
- Maximising the contribution of the voluntary and community sector

2.5 Supporting the commissioning function to deliver efficiency by considering different procurement options

- 2.5.1 The strategy supports the commissioning function to deliver efficiency by considering different procurement options, including;
- Ensuring the right model – insourcing and outsourcing – investigate viability of in house provision of home care and residential/nursing care, review current tasks and/or functions that could be more cost effective if provided by other organisations
 - Integration and Joint commissioning – maximising opportunities for procuring jointly with health, for example, around falls prevention, homecare and Continuing Health Care and transport

2.6 THE DRAFT CFA PROCUREMENT STRATEGY NEXT STEPS

- 2.6.1 The final draft of the CFA Procurement Strategy will also be submitted to the Adults Committee in May seeking comment and approval from Members. Once approved by both Committees the strategy will be implemented across the directorate.

3.0 ALIGNMENT WITH CORPORATE PRIORITIES

3.1 Developing the local economy for the benefit of all

- 3.1.1 The strategy sets out themes and actions for consideration by officers when procuring goods and services, and emphasises actions that would benefit the local economy, in line with national best practice, such as taking actions that will support small or medium-sized enterprise (SMEs) and Voluntary and Community Sector (VCS) tenders and identifying opportunities to apply the Social Value Act 2012.

3.2 Helping people live healthy and independent lives

- 3.2.1 The strategy promotes value for money; ensuring Council resource is used effectively to support people living healthy and independent lives.

3.3 Supporting and protecting vulnerable people

- 3.3.1 The strategy promotes the best use of resource enabling the Council to maximise the level of support available to protect vulnerable people.

4.0 SIGNIFICANT IMPLICATIONS

4.1 Resource Implications

- 4.1.1 The strategy outlines themes and actions designed to maximise value for money and efficiency, therefore making better use of the Council's financial resource and supporting the achievement of the challenging savings targets outlined in the business plan.

4.2 Statutory, Risk and Legal Implications

- 4.2.1 The draft strategy is supported by existing procurement legislation and best practice.

4.3 Equality and Diversity Implications

- 4.3.1 By promoting efficiency from the procurement process to achieve value for money, the strategy will enable the Council to maximise the level of support available to vulnerable children families and adults.

4.4 Engagement and Consultation Implications

- 4.4.1 A consultation exercise was undertaken in January 2016 to share the draft strategy with local provider networks. 12 responses were received. The responses were overwhelmingly positive. Providers particularly welcomed having sight of the Councils' overall strategy for procurement, and felt that the identified actions were appropriate. Some minor points of clarification were raised and have been incorporated into the final draft of the document. Providers also offered a range of ideas for service development and delivery that will be followed up individually with the providers. A report summarising the consultation feedback is attached as **appendix B**.

4.5 Localism and Local Member Involvement

- 4.5.1 There are no significant implications within this category. Spokes have been consulted.

4.6 Public Health Implications

- 4.6.1 There are no significant implications within this category.

Source Documents	Location
None	

APPENDICES

Appendix A: Draft CFA Procurement Strategy

Appendix B: Draft CFA Procurement Strategy consultation response report

Children Families and Adults Services Procurement Strategy

May 2016

Version 12 (Final Draft)

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1. Purpose

This strategy sets out the actions being taken across Children, Families and Adults Services (CFA) to ensure the procurement of services is efficient, effective, delivers value for money and achieves the savings targets set out in the Council's business plan, whilst achieving the CFA vision.

Our vision is for children, families and adults in Cambridgeshire to live independently and safely within strong and inclusive local networks of support. Where people need our most specialist intensive services, we will support them.

Because effective procurement activity is dependent on strong, coherent and creative commissioning (see appendix 2 for further details), this strategy will also set out some broad principles to ensure that procurement and commissioning activity is aligned across the directorate to support the achievement of the challenging savings targets set out in the Council's business plan.

2. Drivers for change

CFA faces significant cost pressures in the coming period, including:

- The impact of the National Living Wage announced by the Chancellor in early July 2015. Analysis undertaken in conjunction with the sector suggests provider costs will increase over the next 5 years as a result of this additional financial commitment
- General inflationary increases in prices and costs (such as fuel and rent) by working with providers to better understand cost pressures
- A relative lack of supply across the sector having an adverse impact on pricing. In recent years, we have typically found that the cost of new placements in care homes in particular is a key cost pressure which can be attributable to:
 - Between 2016 and 2021 the number of residents aged 85 and older is expected to grow by 24%. Demographic growth coupled with the relative affluence of the county means the Council is competing for care placements in a market where providers can attract and charge higher prices to people who fund their own care.
 - Diminishing supply – between April 2013 and April 2015 the total number of registered residential and nursing beds within the county reduced by 6%, despite significant population growth over the same period
 - Falling block contract volumes resulting in greater use of spot contract purchasing during periods of high demand - with an adverse impact on pricing
- Supply has been further impacted by:
 - Several domiciliary care providers have withdrawn from Cambridgeshire in 2015/16 – stating staff recruitment and retention was a significant factor
 - An increasing number of providers are struggling to meet the requirements of the new Care Quality Commission (CQC) Regulatory Framework. 11 providers have been judged as requiring improvement and 2 services have gone into Special

Measures. The effect of a care home receiving a judgement a poor judgement is usually an increase in prices in neighbouring homes

- The Council has a savings target of over £100m between April 2016 and March 2021
- In response to the cost and demographic pressures outlined above, CFA has developed a number of ambitious strategies focussed on service transformation across the directorate. Effective, efficient and innovative procurement practice will be required if the vision set out in these strategies is to become reality.

It is clear that the scale of these pressures is greater than the organisation has faced previously and makes it imperative that the commissioning, procurement and contract management functions work collectively to drive savings whilst maintaining safe services. This will mean working with providers to embrace innovation and develop new ways of providing services alongside other partners such as health colleagues and the voluntary and community sectors.

3. Key areas for development

3.1 Improving commissioning, procurement and contract management arrangements in Children, Families and Adults Services

We have an aspiration for a more devolved, creative and flexible approach to commissioning within Children, Families and Adult Services which helps our teams move away from a reliance on traditional forms of care and support, allowing them to spend flexibly on whatever meets need most cost-effectively, with the emphasis on prevention, community resilience and personalisation to reduce the demand for long-term care.

We will match this aspiration for commissioning with the right model of procurement, involving:

- Closer collaboration between procurement teams, individual commissioners, care managers, social workers and other commissioning roles, including commissioners in other organisations. Where officers are exploring new types or models of care we need procurement leads helping explore how a new solution could be developed and operationalised, how costs could be minimised, and help put new solutions into practice as quickly as possible. People who use services will need to be consulted and be aware that families will need to accept more responsibility.
- There are still areas where the Council is the major commissioner/purchaser of services. In many cases services are commissioned using traditional models of care and support. This approach will need to change to one where the Council is working with providers to capitalise on our leverage, minimise costs whilst being realistic about the services people need. Safety will not be compromised but the approach to delivering services will need to take into account reduced budgets.

Actions

By agreeing clear boundaries and expectations of the commissioning, procurement and contract management functions we can improve the effectiveness of our response to cost pressures. Actions being taken by the procurement and contracting function are:

- Consolidating the procurement and contracting function

- Developing Market Position Statements in major areas of spend to give clear messages to the market concerning what we intend to commission and why, to facilitate dialogue with service providers and encourage new service delivery models
- Strengthening the links with the LGSS procurement and legal teams as an enabler for innovative procurement practice
- Supporting commissioners to:
 - Implement a flexible commissioning model that places greater emphasis on co-production and joint commissioning with partner and regional organisations
 - Ensure sufficient lead-in time when commissioning / re-commissioning services, for example committing to undertake a full pre-tender market assessment beginning 2 years before an existing major contract is due to expire
 - Establish commissioning processes / checklists to ensure there is sufficient consideration given to best practice, benchmarking and innovation
 - involve service users as well as providers in the co-production of service design – in future we want to see people who use services taking an active role in service development
 - Ensure there is adequate staff resource within CFA to prioritise engagement with service users, residents and providers to support the development of service specifications and minimum quality standards
 - Support the development of a CFA virtual commissioning group to:
 - a. Share learning, experience, innovation and best practice
 - b. Identify new commissioning opportunities
 - c. Act as a forum for constructive challenge and independent review, testing questions and assumptions

Given the importance of collaboration with partner agencies – particularly the NHS and district councils – once established, the group will be opened out to include representatives from these organisations. The group will be sponsored by the Service Director for Strategy & Commissioning to help give the forum its initial momentum and help ensure it has sufficient influence and support to enable system wide change and greater efficiencies, as well as a system-wide appreciation of the challenges faced by commissioners from a range of organisations.

3.2 Delivering efficiency and value for money from procurement and contracting

3.2.1 Helping providers manage their costs & revisiting specification requirements

By working alongside providers we can help them to manage their costs and so offer services at a lower price. We will encourage as many of our providers as possible to work proactively and openly with us to find ways to minimise cost pressures.

Equally, we need to recognise that by working closely with our service users on a daily basis, providers are uniquely placed to gain valuable insight into the most cost effective way

of meeting need. It is important therefore to ensure we continue to engage in constructive dialogue with providers to utilise this experience to shape current and future services.

Actions

Actions being taken by procurement staff are:

- Engaging with providers to better understand their cost pressures, particularly the impact of the NLW to help prepare providers for implementation in 2016
- Working with providers to identify other, non-salary cost pressures within provider organisations, focussing on the detailed specific pressures for each organisation rather than a general inflationary uplift for the sector as a whole, and supporting the development of plans to minimise price rises
- Using Provider Forums to highlight the challenges facing the Council and engage with providers to develop creative, cost effective responses
- Initiating individual meetings with Directors of the Council's largest providers aimed at understanding their challenges and cost pressures. These meetings will include a discussion around provider's medium term strategy for Cambridgeshire
- Working with providers to review the financial consequences of existing service specifications, with particular focus on identifying non-value added requirements that have comparatively little impact on service user outcomes
- Undertaking detailed pre-tender market assessments in all key areas which will also help identify where:
 - Specific elements of a service specification are disproportionately influencing costs
 - There are more cost effective ways of meeting agreed outcomes
 - Ensuring that the procurement process is proportionate, relative to the spend and the market's willingness to engage
 - Developing sustainable approaches to inflation that limit the financial exposure to the Council but also take into account the increase in relevant aspects of a provider's costs
- Developing more risk based flexible approaches to contract monitoring arrangements and avoiding duplication with the CQC
- Ensuring training standards are relevant to the service specification and outcomes
- Developing a minimum set of standards that would be applicable to all service specifications (such as wellbeing and safeguarding) whilst recognising that other standards may be more flexible
- Supporting commissioning staff to:
 - Engage with and influence strategic meetings of health partners (CCG, LCG's and acute trusts)

- Work with District Council's to identify and plan for the long-term accommodation needs of older people

3.2.2 Joint procurement: working with other local authorities

We are seeking efficiency by identifying opportunities for joint commissioning with other authorities and by sharing services. Certain contracts will be considered for a joint exercise with other local authorities in the first instance. This approach can help reduce unit costs by offering contracts at greater volume and scale and equally it can help achieve operational efficiencies by sharing the transaction costs of tendering exercises.

Actions

Actions being taken are:

- Engaging with regional networks (ADASS contracting group, Children's Cross Regional Arrangements Group [CCRAG]) to:
 - Support the development of a joint adult social care regional contracting plan, using a consolidated contracts register to identify shared opportunities such as a regional integrated community equipment contract and cross-border homecare solutions with neighbouring authorities
 - Identify opportunities to develop joint contracts for children's services by utilising a shared database of providers and opportunities for informal information sharing. If necessary, Cambridgeshire will take the lead in coordinating the CCRAG work programme to ensure it drives opportunities for efficiency
- Giving particular consideration to achieving further efficiencies of scale from joint procurement arrangements for:
 - Direct Payment Support Service.
 - Integrated Community Equipment Services
 - Residential and Nursing Beds
 - Advocacy Services
- Supporting joint commissioning arrangements with Peterborough City Council to reduce management and overhead costs and standardising service delivery across the two local authority areas. We have implemented a joint head of children's health commissioning and are establishing shared arrangements for the commissioning of adult mental health services

3.2.3 Reconsidering contract lengths

We are carefully examining our approach to contract lengths, getting this right can deliver lower costs in a number of ways.

In some areas offering longer contracts would be beneficial:

- Giving increased certainty to providers, allowing them to invest in the service, and encouraging a more strategic approach to service delivery both from commissioning bodies and providers

- Offering certainty of business over a greater period could increase provider profit margins by allowing a greater period over which to repay capital investment, this additional margin of profit could be used to reduce care costs

Equally in other areas it may be better to offer short contracts;

- Where the market is competitive or prices in a service are likely to reduce it may make sense to offer shorter contracts or build in more regular contract reviews in order to continue to drive down costs and maximise efficiency
- In areas of spend where completely new service models are being developed or where new providers are appearing we would want to test the market regularly and ensure we retain the ability to react to emerging best practice and new innovations within the sector, for example the use of assistive technology

Actions

Actions being taken are:

- Ensuring consideration is given to the characteristics of the specific market when commissioning services so that that the contract length remains appropriate, involving:
 - Formal analysis of contract length when undertaking pre-market assessments. Given the scale and pace of innovation and technological change, this will be undertaken when re-commissioning as well as commissioning new services
 - Placing a greater emphasis on contract reviews and break clauses to enable contracts to be amended or varied to reflect policy changes, changes in commissioning requirements or service user expectations
 - Robust discussions with potential providers aimed at identifying the advantages and disadvantages of longer contracts (primarily cost savings)
- Through our strategy for children in care and other vulnerable groups we are looking to move away from costly spot purchasing towards longer-term contracts for key accommodation which we know we will need for the medium term. This will include supported accommodation to be jointly commissioned with district council such YMCA and Foyers
- Reviewing the approach to respite care to ensure it targets those families who would otherwise fall into crisis if the service was unavailable, whilst ensuring the arrangements achieve value for money in line with business plan savings targets.
- Exploring suitable contract lengths for the home and community support contract due to expire in 2017

3.2.4 Efficiency from scale/volume

Due to its size, the County Council is able to exercise significant market influence and use its buying power in order to manage and influence costs and achieve value for money. Whilst this approach can be used in some sectors, it is less than effective in areas such as care homes.

Actions

Actions being taken are:

- Forecasting expected volumes when undertaking a pre-market assessment to ensure that, as far as possible, contract volumes reflect anticipated demand. Factors to include are:
 - Demographic pressures
 - Other relevant up-coming changes to service delivery across the sector
 - Known or anticipated changes in local or national policy
- Identifying opportunities to implement a sliding scale of payment, whereby the authority offers to pay 100% of an agreed price until a provider's costs are met and then a sliding and reducing scale for any additional business offered thereafter. This would ensure the provider's margin remains static whilst delivering a lower price for providing sufficient volume (effectively a form of bulk discount)
- Merging similar services to ensure that a greater volume of work is available under one individual contract, thus allowing the discounts above to be met more effectively, and giving providers the opportunity to streamline back office costs by having one organisation provide the administration for a single contract
- Identifying opportunities to utilising 'alliance contracting' to allow collaboration between providers through the delivery of integrated services without the need for organisational integration, while sharing risk and accountability between alliance partners
- Adopting 'payment by result' approaches that rewards the achievement of a desired set of outcomes

However, this of approach comes with a number of risks/challenges:

- There needs to be willingness and an ability within the market to diversify
- Contracts need to be robust and fit for purpose when considering numerous contractual and legislative responsibilities relating to the various service areas
- Requires internal buy-in from all departments involved (commissioning, procurement and contracting, operational)
- There is a risk of creating monopoly providers, or providers who are 'too big to fail'

3.2.5 Incentivising providers to innovate and align with our strategy

We are exploring ways in which to support providers to develop new ways of working which deliver efficiency for the local authority and improves outcomes for service users through greater emphasis on prevention and the delaying and escalation of need. The work of external providers needs to align wherever possible with our strategy of demand management and key programmes such as Transforming Lives.

Actions being taken are:

- Support the utilisation of "outcomes based commissioning" to assist a move away from traditional 'time and task' contracts and incentivise providers who are able to meet agreed outcomes (either at a whole-population or service user specific level)
- Developing innovative procurement practices, (such as competitive dialogue) to ensure flexibility and enable the market to collaborate on the development of new and sustainable solutions that promotes community resilience and supports the Transforming Lives model and the prevention agenda
- Encouraging change and innovation by developing shared models of risk that reward and support providers to engage with the commissioning process and offer innovative suggestions which reduce long-term care costs for the Council
- Developing mechanisms that make it easy for new and existing providers to propose creative ways of meeting need in a way that improves service user outcomes, reduces demand for long-term care and achieves value for money. This includes:
 - Improving the quality of information on the Council's external website so new and existing providers are able to approach key staff with new ideas
 - Identifying CFA resource that can help support relevant business case development
 - Working with partner organisations and service user groups to support relevant business case development
 - Committing to the development of an 'invest-to-save' budget that can be called on to implement pilot schemes or new ideas that align to council objectives
- Undertaking options appraisals to explore the viability of:
 - Incentivising homecare agencies to reduce visits while ensuring service user needs continue to be met. This could involve homecare agencies making greater use of equipment, technology and voluntary organisations to replace traditional homecare visits
 - Ensuring that providers with high cost placements are using the most effective and efficient support systems e.g. assistive technologies
- Supporting commissioning staff to:
 - Commission a single provider for short breaks, shared care and long term care for children with disabilities in order to support them remain at home and/or in-county and accessing local schools
 - Link residential homes with foster carers (as per the Residential Hub model) to enable young people, where appropriate for them, to have family experience and help to move on

3.2.6 Supporting the local economy and maximising the contribution of the voluntary and community sector

Councils need to maximise the economic, social and environmental benefits to communities for every pound that is spent, and spend with small or medium-sized enterprise (SMEs) and

the Voluntary and Community Sector (VCS) can make a significant contribution to local economic growth. Voluntary and community sector (VCS) organisations can offer services which are fully or partly funded by other means, such as charitable donations and grants, or are reliant on volunteering, which often means they can meet our objectives at lower cost. Due to their extensive community links they can provide added value for service users over and above what might be specifically commissioned within a local authority contract. It is vital that we explore where we could seek to contract with VCS organisations, and be brave about including the sector much more fundamentally in our service model.

Actions

Actions being taken are:

- Identifying forward spend wherever possible, and using this data to inform pre-market engagement and supplier planning to encourage SME and VCS tenders
- Identifying opportunities to apply the Social Value Act 2012 to contract opportunities that fall below Official Journal of the European Union (OJEU) thresholds
- Review the existing VCS contracts to eliminate duplication within CFA, explore opportunities for joint commissioning with health partners and neighbouring local authorities and streamline management arrangements to develop single points of contact to reduce costs
- Undertake risk / impact assessments when reviewing VCS contract viability
- Review our major contracting areas to identify which activities might be offered by VCS organisations more efficiently or where they might lever in additional added-value to core contract specifications
- Working with commissioners to undertake options appraisals for:
 - Developing a single Advocacy contract in collaboration with Peterborough City Council, covering both children's and adult services
 - Increasing the number of volunteers willing to assist people to remain independent could potentially save money from the home care budget
 - Developing signposting alongside information and advice services that can divert people away from statutory services is an area currently under developed across the county

3.3 Supporting the commissioning function deliver efficiency

Effective procurement and contract management activity is dependent on strong, coherent and creative commissioning (see appendix 2 for further details), the following sections identify opportunities to further enhance the commissioning function where there is a direct impact on the effectiveness of procurement and contracting activity.

3.3.1 Ensuring the right model – insourcing and outsourcing

There should be no prior assumption in favour of in-house or external delivery for different services; a mixed economy is the right approach so that we choose the model which best fits the service or contract. However it is vital that we review whether we have the right approach

in all areas and identify any potential to reduce overall spend either by outsourcing services or bringing them into direct control.

Broadly, external delivery can reduce operating costs (eg lower staff costs) and regional and national providers can achieve economies of scale beyond the reach of a local authority

Equally the in-house delivery of services allows services can be offered in areas which are not commercially viable and where the focus can be on meeting needs most efficiently without any profit motive – the incentive for teams is to reduce long-term workload for each service user rather than maintain income.

Actions

Working with commissioning staff to:

- Ensure consideration is given to the merits of in-house and outsourced provision when reviewing service scope and design - specifically where there are gaps and shortfalls in market provision. Specific focus is being given to the viability of in-house service provision of:
 - Homecare services
 - Residential care homes
- Piloting the use of an external organisation to undertake adult social care assessment and review activity to help clear backlogs in the Older Peoples service
- Continue to monitor the benefits of outsourcing adult social care carers assessments, services and reviews
- Reviewing the current in-house arrangements to identify tasks and / or functions that could be more cost effective if outsourced and provided by private or voluntary sector organisations

3.3.2 Integration – Joint commissioning and procurement with health

There are numerous areas where overlap occurs between health and social care, whether this is in relation to each discipline delivering a similar service or where there is joint involvement with an individual service user (e.g. district nurses, health care assistants and homecare workers). There is significant scope to achieve efficiency through joint commissioning and combining procurement and contracting arrangements with health partners – both in terms of administrative efficiencies and through more fundamental alignment of service models.

Actions

Actions being taken are:

- Imbedding existing joint procurement and contract management arrangements with health partners including:
 - Short breaks for families with children with disabilities
 - Integrated Speech and Language Services
 - Integrated Occupational Therapy Service

- Supporting commissioners to Engage with the Cambridgeshire Executive Partnership Board and the Better Care Fund Programme to explore opportunities for further joint commissioning with health partners, to include:
 - Falls prevention services
 - Homecare and Continuing Health Care
 - Total transport
 - Further opportunities for shared roles
 - Reducing duplication of Homecare Agency/District Nurse/Carer time by agreeing an approach whereby health and social care tasks can be shared between organisations

4. Risks and dependencies

There are a number of risks related to a change in the procurement and contracting approach currently employed by the County Council to a focus more explicitly on cost reduction:

- Insisting on lower prices may reduce quality and force smaller providers out of the market, further reducing supply and creating monopolies
- The market might not have the required appetite for change
- Where we have immature markets we will require significant management and development prior to and post implementation of new concepts – stretching capacity
- Provider relationships could suffer due to a new cost-focussed approach, we would need to ensure that we work in a collaborative way, possibly sharing benefit with providers to encourage cooperation and innovation
- There is a risk of provider / contract failure resulting in higher costs in longer term (as we have to spot purchasing at a higher price)
- Service user needs may not be fully met
- The focus on cost might mean final service provision does not match what our service users tell us they want through consultation – leading to dissatisfaction or challenge

5. Appendix 1: Useful links

IPC framework for joint commissioning and purchasing of public care services

http://webarchive.nationalarchives.gov.uk/20091116142854/http://dhcarenetworks.org.uk/_library/Chap1FRichardson.pdf

Monitoring social care contracts: a framework for good practice?

http://www.thinklocalactpersonal.org.uk/_library/Resources/BetterCommissioning/MONITORING_CONTRACTS_FRAMEWORK.pdf

National Procurement Strategy

http://www.local.gov.uk/documents/10180/5878079/L14-304+National+Procurement+Strategy+for+Local+Government+in+England_07.pdf/0c66cccf-9ad8-416c-8e5a-2419b033fbbe

National Social Care Category Strategy for local government

<http://www.local.gov.uk/documents/10180/7519026/lg+procurement+-+National+social+care+category+strategy+for+local+government/dc65f5a4-5c2d-4ba4-92c7-a25b8f58fa09>

Commissioning for better outcomes: a route map

<http://www.local.gov.uk/documents/10180/5756320/Commissioning+for+Better+Outcomes+A+route+map/8f18c36f-805c-4d5e-b1f5-d3755394cfab>

Contract Management Guide – Chartered Institute of Purchasing & Supply (CIPS)

http://www.cips.org/documents/CIPS_KI_Contract%20Management%20Guidev2.pdf

CFA Strategy for Children, Families and Adults services in Cambridgeshire 2016/17 to 2020/21

http://www.cambridgeshire.gov.uk/download/downloads/id/4114/strategy_for_children_families_and_adults_services_in_cambridgeshire_2016_to_2017.pdf

CFA Participation strategy

http://www.cambridgeshire.gov.uk/info/20166/working_together/580/getting_involved

6. Appendix 2: The commissioning and contracting cycle explained

Source: IPC framework for joint commissioning and purchasing of public care services (2006)



The paragraphs below outline some of the activities that might be undertaken under each element of the commissioning cycle.

Analysis

Understanding the values and purpose of the agencies involved, the needs they must address, and the environment in which they operate. This element of the commissioning cycle involves activities such as:

- Clarifying the priorities, whether local or national, and the research and best practice basis for the services.
- Undertaking needs analysis to identify the current and likely future needs of the whole population for the relevant services.
- Mapping and reviewing services across agencies to understand provider strengths and weaknesses, and identifying opportunities for improvement or change in providers.
- Identifying the resources currently available and agreeing future resources across agencies.
- Analysing the risks involved in implementing change and/or continuing with the status quo.

Planning

Identifying the gaps between what is needed and what is available, and planning how these gaps will be addressed. This element of the commissioning cycle involves activities such as:

- Undertaking a gap analysis to review the whole system and identify what is needed in the future.
- Designing services to meet needs.
- Writing a commissioning strategy which identifies clear service development priorities and specific targets for their achievement.

Doing

Ensuring that the services needed are delivered as planned, in ways which efficiently and effectively deliver the priorities and targets set out in the commissioning strategy. This element of the commissioning cycle involves activities such as:

- Managing the balance of services to reduce risk, i.e. deciding which services should be undertaken in-house and which should be contracted from other providers. Ensuring a good mix of service providers, offering consumers an element of choice in how their needs are met.
- Developing good communications and effective relationships with existing and potential providers.
- Making arrangements to ensure service quality, including identifying the quality assurance criteria that should be included in contracts in order to ensure services meet the standards required.
- Purchasing new services and de-commissioning services that do not meet the needs of the client group.

Reviewing

Monitoring the impact of services and analysing the extent to which they have achieved the purpose intended. This element of the commissioning cycle involves activities such as:

- Pulling together information from individual contracts or service level agreements.
- Developing systems to bring together relevant data on finance, activity and outcomes.
- Analysing any changes in population need, reviewing the overall impact of services, and considering the effectiveness of service models across the market to respond to different needs.
- Identifying revisions needed to the strategic priorities and targets.

The purchasing and contracting cycle

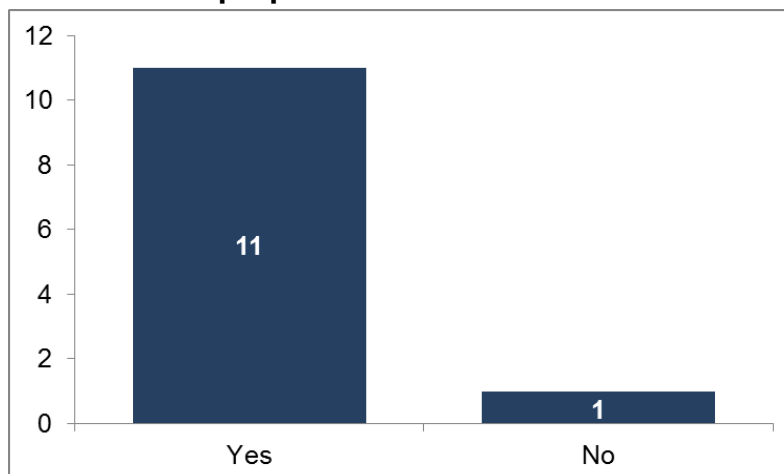
This inner circle follows the same pattern of analyse, plan, do and review and consists of similar activities, but at a different level. Activities in the purchasing cycle include:

- Analysing patients/service users' needs and the strengths and weaknesses of providers, as well as the direction set in the commissioning strategy.
- Developing service specifications and deciding on contract type and terms.
- Day-to-day care and contract management and communication with providers.
- Tendering for services and letting of contracts.
- Monitoring and reviewing contracts.

Draft procurement and contracting strategy: provider engagement questions

Sections 1 and 2 set out the purpose of the strategy and the drivers for change.

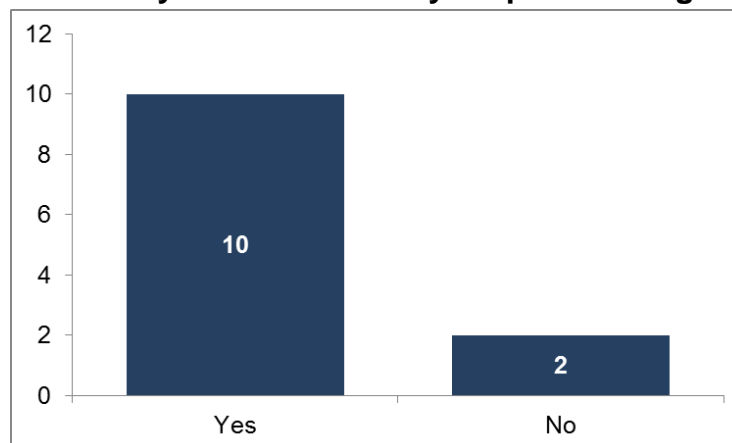
1. Do you feel that the purpose of the document is clear in section 1?



Summary of feedback received on this section of the strategy:

Comment	Response
The purpose is clear - achieve savings as set out in the business plan in a collaborative way where appropriate	To note
The content of Section 1 regarding the Strategy's purpose is clear. We understand from the content of the strategy and your covering letter that CCC CFA wishes to use this strategy to generate innovation and ideas from providers to achieve both reductions in cost and improvements in quality	To note
Section 1 says nothing about outcomes for children, families or adults; it focuses entirely on the council. The strategy would be more meaningful if it recognised that the Council's main purpose is to support and improve outcomes for its residents and particularly the most vulnerable.	ACTION: The CFA vision has been is referenced in section 1

2. Do you feel the drivers for change outlined in section 2 adequately describe the challenges faced by the council and your provider organisation?

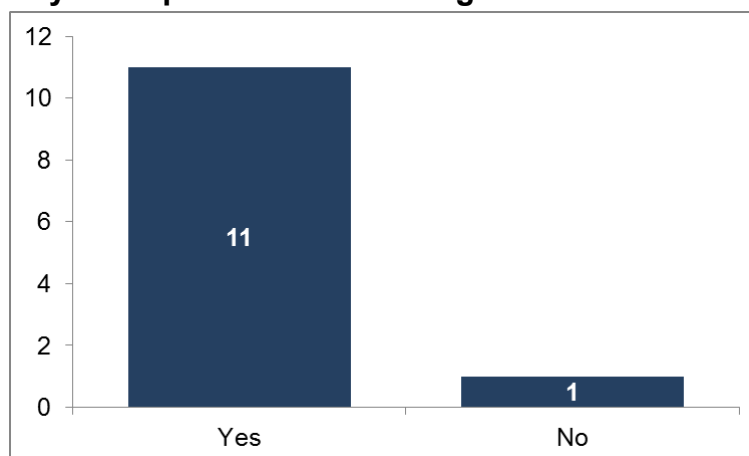


Summary of feedback received on this section of the strategy:

Comment	Response
It is difficult to answer on behalf of the council but the document adequately describes pressures on the provider. NMW and increases to overall costs are the key drivers we are attempting to address to maintain services	To note
Very comprehensive list of drivers	To note
We recognise and agree with the drivers for change outlined in Section 2 and can see there are additional external and local factors making the status quo for CAF unsustainable	To note
Additional cost pressures include paying for Carer travel time at or above National Living Wage. There are increasing pressures to pay for all expenses relating to a Carer's duties including mobile phones and increased mileage payments	To note
The attraction and retention of Carers into the market is our main challenge	To note
The draft strategy does not provide any evidence that these pressures are greater than previously, particularly inflation and demographic growth	ACTION: Evidence of demographic growth added to section 2
(CamSight) We believe the local charity and community sector is well placed to offer specialist and informed assessment services and would welcome the opportunity to explore this in more detail. It is possible that Cam Sight could offer expertise and capacity to support assessments for visually impaired people, signposting to other local services before escalating priority cases to Social Services.	ACTION: Requires follow up by relevant commissioning / contracting staff

Section 3 focusses on improvements to the commissioning, procurement and contract management functions across the CFA directorate.

3. Do you agree that the actions outlined in this section will improve the Council's ability to respond to the challenges outlined in section 2?



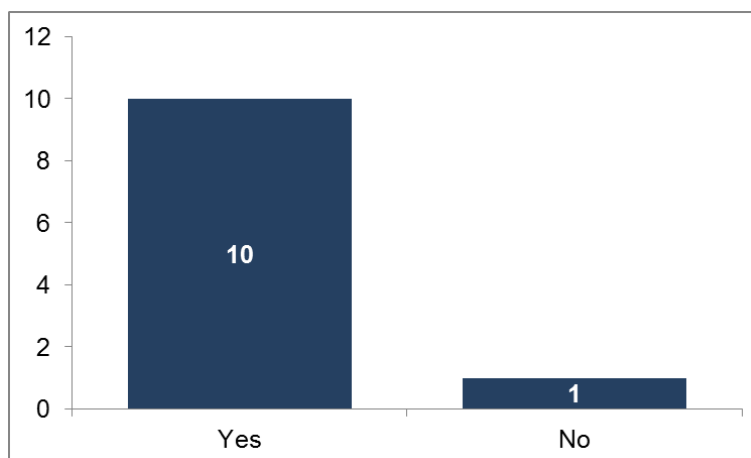
Summary of feedback received on this section of the strategy:

Comment	Response
Yes but consideration is required as these models could be at the expense of current suppliers which could affect the current market further. In order for this to work commissioning will need to be robust and focus on clarity so that providers are clear of their responsibilities and not expected to make up shortfalls in commissioning which will only destabilise the market further. When commissioning occurs the risk assessments in place should show how the changes will be managed and who will be responsible	To note
We welcome the actions outlined in Section 3, in particular the emphasis on giving time to engagement with service users, residents and providers; communicating future intentions and clarifying commissioning processes.	To note
I agree that Market Position Statements would be very helpful – in prioritising Transforming Lives as a given outcome. This is vitally important because I understand Transforming Lives has no ongoing budget.	To note
I agree that Market Position Statements would be very helpful – in prioritising Transforming Lives as a given outcome. This is vitally important because I understand Transforming Lives has no ongoing budget.	To note
It would be good to see more emphasis on joint commissioning of services, particularly to provide a more integrated approach to service provision.	This is covered in detail in section 4.2
We note in this Section that you consider Social	This comment probably reflects

Workers to be commissioners. Although we accept that many social workers are initiating interventions and services on behalf of individuals and thus acting as commissioners at this level, we feel the majority of Social Workers are in-house providers of social care to the residents of CCC	variations in practice between adults and children's services. The strategy reflects the practice in adult social care where care is commissioned from the independent and voluntary sectors.
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Section 4 sets out a series of actions that are intended to help the Council deliver efficiency and value for money when purchasing care services.

4. Do you agree that the identified actions are the right areas for the Council to focus on?



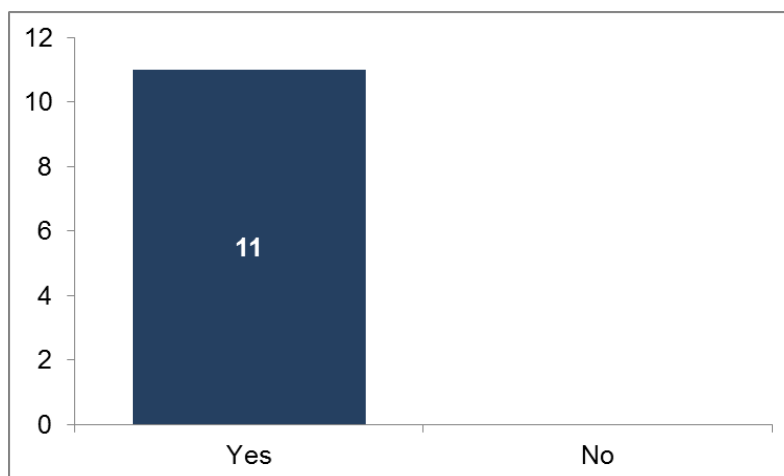
Summary of feedback received on this section of the strategy:

Comment	Response
Working with providers to understand their cost pressures is imperative	To note
We welcome longer contract lengths as this helps ensure the stability of our service and enables us to commit to providing more added value elements to our provision	To note
We welcome the Council's proposed actions to strengthen efficiency and value for money, including in particular measures such as engaging with providers; detailed market assessments; a common minimum set of standards; joint procurements with the NHS and reconsidering contract lengths.	To note
The council should focus on what it can do to make generic savings available to providers and their workforce. Where we can afford to pay between 60-80% of the recognised contribution for fuel expenses (20-30p per mile) our staff would benefit from discounts negotiated with fuel providers. This will only be possible if the council could negotiate on behalf of all providers. This could be expanded to other schemes (car repairs etc) to make the cost of living less of a concern for low paid workers such as the care workers and support workers employed by local providers	ACTION: Requires follow up by relevant commissioning / contracting staff
(CamSight) As an organisation within the 'Voluntary and Community Sector' we particularly welcome the actions listed in Section 4.6. We have a number of suggested areas where the VCS could offer a more cost effective model with better service user experience and sustainable	ACTION: Requires follow up by relevant commissioning / contracting staff

outcomes and have listed these under the final question of the consultation under 'additional comments'.	
(CamSight) Section 4.4 refers to a strategic move towards merging services and 'alliance contracting'. It also identifies associated challenges with this approach, including the creation of monopoly providers or those 'too big to fail'. We also anticipate the risks associated with large scale mergers and 'prime contractor' procurement models that can constrict and contract the local market. We would like to see this risk addressed within the Council's strategy and hope that this can in part be resolved by the measures listed in Section 4.1.	The strategy is designed to be a high-level, over-arching document, so while these risks are valid, they should be addressed as part of individual procurement exercises, rather than in the top-level strategy
Whilst there are increasing efforts for health and social care to integrate better, territorialism is still rife, and without a true partnership and mutual support between health and social care, the drive towards integration and overall cost savings will be undermined.	Comment highlights a key challenge to integration and partnership working
Contract lengths – whilst longer contracts are very supportive towards longer term investment, the current economic climate and uncertainty about the Council's ability to cover increased provider costs would provide a disincentive for providers to accept longer term contracts. To overcome this we recommend a clear, contractual obligation for inflationary increases, and also mutual termination clauses for either party to exit.	Issue to consider when reviewing contract lengths
The lack of guaranteed business means that often providers don't achieve the indicative volume at any time during the contract. More assertive steps should be taken to ensure transfers of services, not just at the start, but also during the contract term (e.g. where other 'non-strategic' providers build volumes not intended within the commissioning framework).	Issue to consider when contracting services
'Lead provider' contracts – a growing number of local authorities are implementing such contracts in the misguided belief that such lead providers can solve the capacity problems in that area just by passing responsibility to them, able to subcontract if they are unable to do this. Evidence clearly shows that this has not worked.	Issue to consider when contracting services

Section 5 identifies actions that will help the Council enhance the commission function within CFA.

5. Do you agree that the identified actions are the right areas for the Council to focus on?



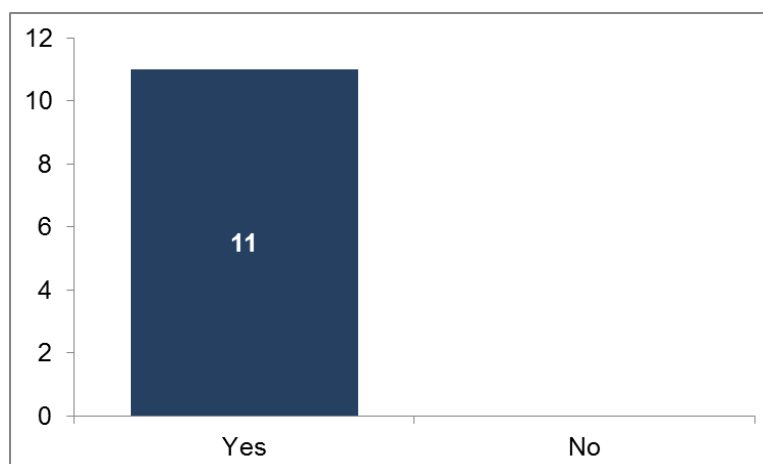
Summary of feedback received on this section of the strategy:

Comment	Response
Commissioning larger packages to begin with will enable a service user to complete bus training if required and become more independent eventually meeting the support worker at the end point saving support time and making the services more efficient. This involves having clear outcomes that are not only agreed with the provider but also the service user and their family.	Note the support for outcomes based services
I am particularly pleased to read the section on integration. Closer working between health and social care is absolutely essential. This is arguably the most important clause in the document.	To note
Although we accept that regional and national providers can achieve economies of scale in some service areas, in others we fear that procurement of local services from regional or national providers will cut the links to local people, communities and local support organisations with a significant loss of safety and service quality.	Issue to consider when contracting services
Use of an external organisation to undertake adult social care assessment and review activity - we would like to reiterate our comments relating to Section 2 and propose that a clear pathway of assessment would cut costs; avoid duplication; prevent people falling through the net; empower service users and avoid confusion thus enabling	ACTION: Requires follow up by relevant commissioning / contracting staff

more efficient referral and timely take up of prevention based services to avoid crises and support independence.	
<p>(CamSight) It would be very helpful to discuss the sharing of information. Cam Sight is a member of the Cambridgeshire Vision Partnership. Yet Cam Sight currently has no access to names and details of adults in the County who appear on the register of people who are blind or partially sighted held by Sensory Services. People who could benefit from our services may have to wait before they are referred to Cam Sight and can take up emotional, practical and peer support that would benefit them at this vulnerable time of diagnosis, or they may decide on the basis of second hand information that our services are unsuitable.</p> <p>In the case of children, the register is held by the Sensory Education Service. Again Cam Sight has no knowledge of the children on the register who are then far less likely to take up all the groups, activities and peer support available. Cam Sight has been awarded £5,000 to set up a pre-school group in Fenland for blind and partially sighted children and their families. We have not been able to identify families in Fenland and as only one child attends, we may need to return the funding in June 2016 and this particular money will not be available in the future.</p> <p>A positive and collaborative approach to information sharing and assessment is included in the group of potential examples of new cost effective and beneficial models of commissioning outlined under 'other comments' in Section 5.</p>	ACTION: Requires follow up by relevant commissioning / contracting staff
Joint Commissioning and procurement with Health (section 5.2) – we observe many areas of overlap between Health and Social Care. We welcome closer and joint procurement across people's health and care needs building on the framework of the Cambridgeshire Vision Partnership.	To note
The overlaps between health and social care are vitally important. At Red2Green we are contracted by the LA (through Personal Budget income) to provide for adults with Learning Disabilities and by the CCG to provide for adults with mental health challenges. There is clearly added value in having such services operating side-by-side within the same organisation	To note

Section 6 summaries risks and dependencies associated with this strategy.

6. Do you agree with the identified risks and dependencies?



Summary of feedback received on this section of the strategy:

Comment	Response
I think it is certain that these risks are real and will require some delicate management. Providers are in business and need a certain level of assurance for future planning but do understand that costs need to be saved. It would be better if we were consulted and informed of changes for the new financial year earlier than we are currently.	To note
The risks identified are all accurate, and very real. But it is essential that these are not downplayed.	To note
We recognise the risks and challenges identified in Section 6 and look forward to working with the Council to put proposed mitigating strategies in place to address these.	To note
It is unfortunate that yet again, service users are not the main focus of the strategy;	The main focus of the strategy is improving the efficiency and effectiveness of the procurement function. The need to involve service users in the production and monitoring of services is referenced throughout the document. ACTION: A link to the participation strategy has been added to appendix 1

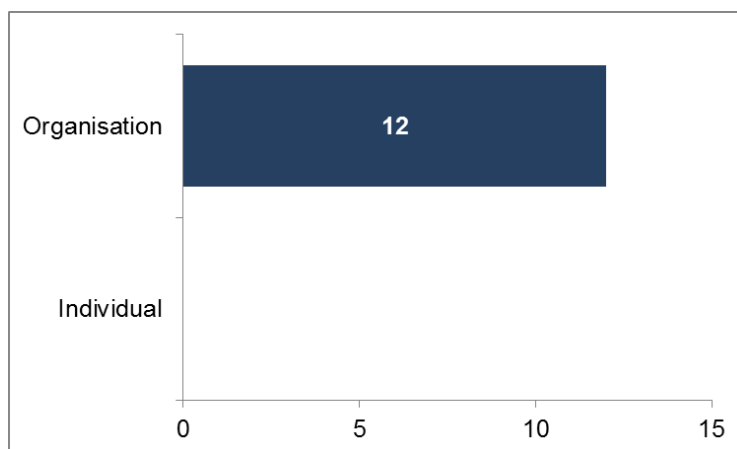
7. Please use this space to add any additional comments on the draft strategy.

Comment	Response
<p>Thank you for the opportunity to comment on the Council's Draft Procurement and Contracting Strategy for Children, Families and Adult Services. If implemented in full, this strategy describes a major shift in the approach to commissioning and procuring local services for local people.</p>	<p>To note</p>
<p>Cam Sight would greatly appreciate the opportunity to discuss the following potential new models of service delivery and how we might contribute:</p> <ul style="list-style-type: none"> • We are aware that there is insufficient capacity within Sensory Services to deliver individual Habilitation training in mobility and daily living skills for all visually impaired children who would benefit. Cam Sight has two trained Rehabilitation and Habilitation workers who run groups for pre-school children and families; primary age children with associated parent support and for teenagers and young people. Cam Sight would like to deliver an introduction to mobility through use of the guide cane and long cane and also daily living skills training within the existing group settings which would be cost effective and fun. We would provide six sessions, assessing the children and working with parents. Sensory Services or Cam Sight could then follow with another six sessions of more formal sessions if they were needed • A shared client visual impairment passport with fields of information agreed by the joint agencies and held by the client would save cost and support effective assessment. Clients would have the option to withhold information from specific members of the Cambridgeshire Vision Partnership but this approach would encourage visually impaired people to take up prevention based services. Any information would build upon rather than duplicate previous information. A visual impairment worker could accompany domiciliary care staff to benefit from the visual impairment aspect of their detailed assessment. Local specialist providers are well placed to perform elements of the assessment process within their fields of expertise well as sign-posting and drawing on local support services • Adults with learning disabilities are ten times 	<p>ACTION: Requires follow up by relevant commissioning / contracting staff</p>

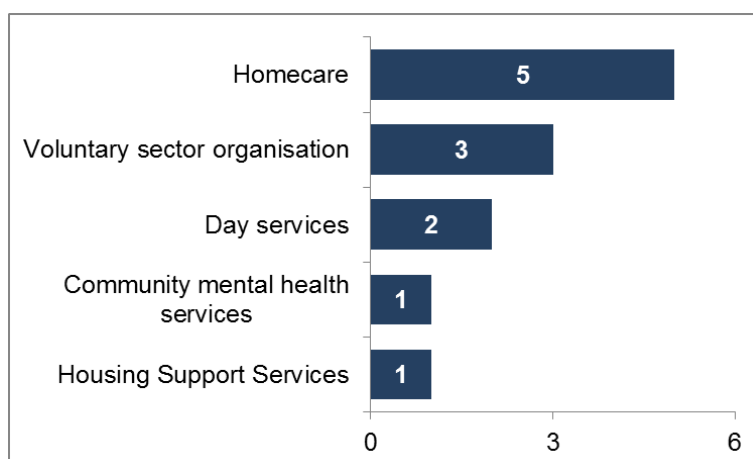
<p>more likely to be blind or partially sighted than the general population (RNIB, 2016). Cam Sight has experience of supporting people with a learning disability and visual impairment. We would be keen to lead peer support groups for people with a mild learning disability and sight loss and provide appropriate support in a group setting. This would provide social support without proving an expensive outlay in people's personal budgets</p> <ul style="list-style-type: none"> • We could work more closely with social workers as they put care packages together for people who have sight loss perhaps in addition to other needs to ensure the elements within the packages are available. 	
Although the market may not have an appetite to change it should not rely on past models being effective for future requirements.	To note
While the draft strategy does talk about new ways of working, its solutions tend to be much more traditional contract based, following a "predict and provide" model.	To note
It is a very helpful and useful strategy document; I hope it gets implemented.	To note

The following information will be used for monitoring purposes only.

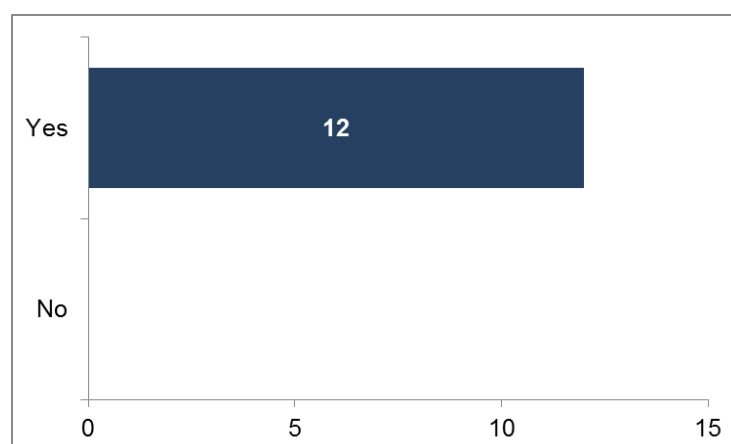
8. Responding as:



If responding on behalf of an organisation please describe the type of service(s) your organisation provides:



9. Do you currently provide services to the Council?



FINANCE AND PERFORMANCE REPORT – MARCH 2016

To: Children and Young People Committee

Meeting Date: 24 May 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 March 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 March 2016.

Recommendation: The Committee should review and comment on the finance and performance report and:

- a) Note the finance and performance position as at the end of March 2016
- b) Note the implications for 2016-17 budget setting
- c) Endorse the proposed service reserves for 2016-17 (listed in Appendix 1) and refer them to the General Purposes Committee for their approval

Officer contact:	
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Tel:	01223 699733

1.0 BACKGROUND

- 1.1 A Finance & Performance Report for the Children, Families and Adults Directorates (CFA) is produced monthly and the most recent available report is presented to the Committee when it meets.
- 1.2 The report is presented to provide the Committee with the opportunity to comment on the financial and performance position of the services for which the Committee has responsibility.
- 1.3 This report is for the whole of the CFA Service, and as such, not all of the budgets contained within it are the responsibility of this Committee. Members are requested to restrict their attention to the budget lines for which this Committee is responsible, which are detailed in **Appendix 3**.

2.0 MAIN ISSUES IN THE DECEMBER CFA FINANCE & PERFORMANCE REPORT

- 2.1 The March 2016 Finance and Performance report (F&PR) is attached at **Appendix 2**. This is not the final report for 2015-16; this will be available at the next Committee meeting after the completion of the year-end 'closedown period'. The Committee did not meet in April to receive the February report, which was published on the Council's website. In February, a year-end underspend of £1,924k was forecast across CFA. At the end of March the forecast underspend was slightly improved at £1,940k.
- 2.2 Between January and March, the main revenue changes within the Children and Young People's services areas were as follows:
 - In Children's Social Care, a new overspend of £150k was reported against legal proceedings, reflecting costs from a case taken to judicial review and two other significant court cases.
 - In Children's Social Care, the forecast position for Children Looked After, (not to be confused with the LAC Placement budget), moved by £165k from an £80k underspend to an £85k overspend, reflecting pressure from increased numbers of Unaccompanied Asylum Seeking Children and the expected shortfall in Home Office grant.
 - In Strategy and Commissioning there is an increased underspend of £113k on Strategic Management reflecting an over recovery of vacancy saving and a saving on the legal budget.
 - In Learning, the forecast overspend on Home to School Transport (Mainstream) has decreased to £520k. Estimates were revised following further review of commitments and spending levels at this point in the year.
 - In Learning, there is an increased overspend of £239k in Children's Innovation & Development Service is being reported due to the underachievement of income targets.
 - In Learning, there is a new underspend of £115k reported against the Teachers' Pension and redundancies budget, reflecting the reduced cost of the scheme due to a greater membership turnover than originally predicted.
- 2.3 **Capital**

Since last Committee, the forecast underspend for 2015-16 has increased to £12,773k. This reflects changes in profiled spend across years, including the acceleration and slippage of individual schemes.

2.4 Performance

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

Of the Children and Young People Performance Indicators, four are green, three are amber and four are red. The four 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;
3. The FSM/Non-FSM attainment gap % achieving level 4+ in reading, writing and maths at Key Stage 2.
4. The FSM/Non-FSM attainment gap % achieving 5+ A*-C including English and maths at GCSE.

2.5 CFA Portfolio

The major change programmes and projects underway across CFA are detailed in Appendix 8 of the detailed Finance and Performance report – none of these is currently assessed as red.

3.0 CARRYFORWARD PROPOSALS: CFA EARMARKED RESERVES IN 2016-17

- 3.1 The Scheme of Financial Management permits Service Management Teams to propose “carry-forwards” from year-end underspends, which can be held in reserve to provide one-off funding for specific earmarked purposes. These amounts can be used to provide investment funding for projects or to support savings, to enable pilot schemes or to respond to short term pressures.
- 3.2 Plans for the use of such reserves are reviewed by Service Committees at the beginning of the year, and additionally in 2016, GPC will also confirm use of service reserves. Once approved, the earmarked reserves are reported on each month in Appendix 5 of the F&PR.
- 3.2 The tables in Appendix 1 of this report set out the range of proposals for either new or continuing funding from earmarked reserves within the purview of this Committee. Several of the current earmarked reserves shown in Appendix 5 of the F&PR do not need to continue and will be re-allocated as part of this process. The table describes the amount intended for investment and the anticipated benefit in terms of savings or improved outcomes.
- 3.4 Service earmarked reserves are separate from the larger strategic transformation fund which has been discussed through Members seminars. Officers are working on the basis that the use of in-directorate reserves should support smaller scale and more ‘tactical’ investments, including those needed to secure the savings planned for this financial year (2016-17) whereas the transformation fund is intended for larger scale and longer term change which will support savings for the later years of the business plan (2017-18 and beyond).

4.0 UPDATE ON 2016-17 BUDGETS

- 4.1 The majority of the 2015-16 underspend in CFA is non-recurrent. This is described where applicable in Appendix 2 of the F&PR and is largely attributable to funding/grants which will not continue in the same form after 2015-16, to temporary underspends on staffing due to vacancies or has already been reduced through the application of savings in 2016-17.

- 4.2 However there are some areas where we can identify a recurrent or structural underspend which has been confirmed since the Business Plan was developed. Consideration has been given to transferring this budget away from the underspent service area to alleviate pressures arising in other areas. In this way we can ensure we move resources to where they are needed and avoid the existence of any significant pressures at the outset of the financial year.
- 4.3 This review of year-end variances forms part of the “finance and budget” theme within the Corporate Transformation Programme. At this stage, close to the conclusion of 2015-16 year-end process, the following budget transfers within the CFA service block, and above the Executive Director’s delegated approval limits, appear advisable and will be proposed to the General Purposes Committee meeting in July, which can authorise the virements required:

Area	Budget increase	Budget decrease	Brief Reasoning
Older People’s Services		-£950k	Care spending and client contribution levels are significantly ahead of the target as at April 2016, due to forecast improvements in the final quarter of 2015/16
Looked After Children Placements	£950k		Starting position in April 2016 reflects higher demand than anticipated when the budget was set
ASC Practice & Safeguarding: Mental Capacity Act – Deprivation of Liberty Safeguards		-£200k	Commitments following budget build suggest there is surplus budget in 2016-17, ahead of planned timing of reduction.
Learning Disability Partnership	£200k		Anticipated pressure against delivery of care plan savings level, which cannot be met through alternative measures within the LDP
Home to School Transport Mainstream		-£310k	Starting position in April 2016 reflects lower demand than anticipated when the budget was set
Children’s Social Care, SENDIAS and Youth Offending	£310k		New services pressures confirmed after the Business Plan was set.
Subtotal	£1460k	-£1460k	

5.0 ALIGNMENT WITH CORPORATE PRIORITIES

5.1 Developing the local economy for the benefit of all

- 5.1.1 There are no significant implications for this priority.

5.2 Helping people live healthy and independent lives

- 5.2.1 There are no significant implications for this priority

5.3 Supporting and protecting vulnerable people

5.3.1 There are no significant implications for this priority

6.0 SIGNIFICANT IMPLICATIONS

6.1 Resource Implications

4.1.1 This report sets out details of the overall financial position of the CFA Service.

6.2 Statutory, Risk and Legal Implications

6.2.1 There are no significant implications within this category.

6.3 Equality and Diversity Implications

6.3.1 There are no significant implications within this category.

6.4 Engagement and Consultation Implications

6.4.1 There are no significant implications within this category.

6.5 Localism and Local Member Involvement

6.5.1 There are no significant implications within this category.

6.6 Public Health Implications

6.6.1 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

Appendix 1: CFA Earmarked Reserves

Final CFA reserves to be reported at the June Committee meeting as part of closedown Finance & Performance Report.

Proposed allocation to continuing CFA earmarked schemes

£3,474k - CYP schemes within this detailed in List 1 below.

Proposed allocation to new CFA earmarked schemes

£2,403k - CYP schemes within this detailed in List 2 below.

Total proposed CFA earmarked reserves in 2016-17

£5,877k

List 1

Proposal Title	Investment Amount £'000	Notes
Continuing CFA Reserves (Including Trading Unit Replacement Reserves and Equalisation Reserves)		
Changing the cycle (SPACE/repeat referrals)	£67	Project working 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 continues into 2016/17.
IT for Looked After Children (LAC)	£178	Replacement reserve for IT for Looked After Children (2 years remaining at current rate of spend).
Independent Reviewing Officers (IRO) and Care Planning (CP) Chairperson	£28	Increase in IRO capacity to provide effective assessment which will safeguard the YP as per statutory guidance under the Care Planning Regulations Children Act 1989 – (Remaining balance will support for 1 post for 6 month period)
Adaptations to respite carer homes	£14	Committed for adaptations to respite carer homes.

Building Schools for the Future (BSF)	£141	Reserve to support ongoing IT risk associated to BSF schools which continue into 2016/17. Current contracts end in August 2016.
Statutory Assessment and Resources Team (START)	£10	Previously agreed fixed term staff – contracts due to end in 2016/17
Home to School Transport Equalisation reserve	£253	Reserve to amend the budget for number of days in the school year. There are 197 days (7 more than the average) in 2016/17.
Time Credits	£74	2016/17 is the third (and final) year of the ongoing Time Credits commitment.
Disabled Facilities	£127	Funding to support housing adaptations for disabled children. To be reviewed in-year.
Commissioning Services – Children's Placements	£13	Previously agreed fixed term Resource Officer posts – contracts due to end in 2016/17.
Multi-Systemic Therapy (MST) Standard	£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.
MST Child Abuse & Neglect	£78	Whilst the MST CAN project ended in 2015/16, the posts of MST Program Manager and Business Support Manager who support all of the MST teams have been retained and will transfer to the MST Mutual CIC. Funding is required until the MST Mutual commences.
Youth Offending Team (YOT) Remand (Equalisation Reserve)	£250	Equalisation reserve for remand costs for young people in custody in Youth Offending Institutions and other secure accommodation. There is now no other revenue funding for remands as the remand budget is funding shortfall in Youth Justice Board grant. Rebalanced to £250k.

All Age Lead Professional	£40	Trialling an all age locality lead professionals. Ongoing trial into 2016/17.
Equipment Replacement Reserve	£604	Replacement reserve to support ongoing equipment replacement within the (Education) ICT Service.
Cambridgeshire Culture/Art Collection	£87	Ongoing reducing reserve to support cultural activities for children and young people. (Created from ring-fenced Trust Fund)
Discretionary support for LAC education	£182	Additional support for LAC. Final balance increased by £48k to reflect grant substitution.
ESLAC Support for children on edge of care	£50	Children in Need Support Worker continuing into 2016/17 and 2017/18.
CCS (Cambridgeshire Catering and Cleaning Services)	£119	CCS Reserve to make additional investment in branding, marketing, serveries and dining areas to increase sales and maintain contracts. Also includes bad debt provision following closure of Groomfields Grounds Maintenance Service.
Information Advice and Guidance	£20	Reserves were used to delay the saving from the Information Advice and Guidance teams by one year (from 15/16 to 16/17). £240k of an existing £320k reserve were used in 15/16 and £20K will be used in 16/17 to cover the salaries of 6 remaining post holders who will leave by redundancy on 11 th May 2016.
Subtotal	£2,517	Continuing earmarked reserves

List 2

Proposal Title	Investment Amount £'000	Description	Associated Saving / Benefits
		New proposed schemes funded from earmarked CFA reserves	
Develop 'traded' services	£57	<p>£30k for Early Years and Childcare Provider Staff Development:</p> <p>To buy additional functionality into the Child Assessment System for Early Years. This will be a package that early Years providers can buy which will support them with managing their staff training, supervision and development</p>	This will deliver an additional part-year saving from 2017/18 of approximately £15k per annum
		<p>£27k for the transition to fully traded Youth Development Coordinators:</p> <p>Two 0.5 fte Youth Development Co-ordinators were retained in the Early Help Review (phase1) and it is proposed these posts become fully traded. This funding will support the transition to a fully funded offer.</p>	This investment enables us to support the youth element of the Community Resilience Strategy which will become self-sustaining financially

Reduce the risk of deterioration in school inspection outcomes	£60	Adviser for Accelerating Achievement of Vulnerable Groups: A fixed term post to support the development and implementation of the revised 'Narrowing the Gap' strategy	Narrowing the gap is our key school improvement priority. This investment will reduce the risk of savings leading to an increase in schools being judged as 'requires improvement'
Improve the recruitment and retention of Social Workers (these bids are cross-cutting for adults, older people and children and young people)	£85	£40k for a fixed term post to implement the virtual College of Social Work: A fixed term post to improve the recruitment and retention of social workers	This dedicated capacity will deliver on reducing recruitment costs and will reduce payments for agency workers to meet the business planning savings target of -£502k in 2016/17
		£45k for recruitment and retention capacity (Social Work): Additional recruitment and retention capacity in LGSS for one year to help coordinate the Recruitment and Retention Strategy and manage two recently recruited Recruitment Support Officers via LGSS People.	

Maximise resources through joint commissioning with partners	£14	This post seeks to coordinate the Area Partnership's work, ensuring that local needs are identified and met in relation to children's services by bringing together senior managers of local organisations in order to identify and develop priorities and commission local services. Work will continue in 2016/17 to seek sustainable solution to the shortfall in funding on a permanent basis.	
Independent Domestic Violence Advisors	£24	To continue to provide a high level of support to partner agencies via the Multi-agency safeguarding hub, and through the multi-agency risk assessment conference process, by supporting high-risk victims of domestic abuse.	
Reduce the cost of home to school transport	£60	<p>Independent travel training for children with SEND:</p> <p>An independent travel training scheme to work with young people with SEND so they can develop skills to travel independently post-16. Funding is for a centrally based ITT co-ordinator post and a bank of travel trainers on zero hours contracts to either directly deliver travel training to young people or support schools</p>	11% (24) of young people 16+ with SEND will be successfully travel trained in the first full year, achieving a saving of £128k in one year. This will become a permanent saving and is likely to increase year on year as independent travel training becomes a standardised approach to post-16 transport for SEND young people. Young people will develop life skills that will support them to prepare for adulthood and enable greater independence.

Prevent children and young people becoming Looked After	£57	<p>£25k for re-tendering of Supporting People contracts:</p> <p>A part-time post on a fixed term contract for one year to support and undertake the activities to review all Supporting People contracts across the Council and retender them.</p>	<p>Without this review, we may suffer reduction in resources and capacity or face incidences of supported housing provider failure and an increase in homelessness (increasing the number of Looked After Children), along with significant risks to the Council's reputation if services for homeless young people and adults are not provided.</p>
		<p>£32k to extend the SPACE programme pilot:</p> <p>Extend the SPACE Programme pilot for post-October to 2016/17 year-end to enable a full year of direct work to be evaluated for impact</p>	<p>Avoid 7 babies being taken into the care system per year, resulting in a 6 month investment saving of £155k.</p>
		<p>Looked After Children Commissioning Strategy - £60k for adaptation and refurbishment of a number of Council owned properties:</p>	<p>15 extra in-county placements resulting in a saving of £1,679k per year compared to placements currently being funded for these young people</p>

Reduce the cost of placements for Looked After Children	£184	Three properties owned by Cambridgeshire County Council have become vacant, or are becoming vacant over the coming months. Funding some adaptations and refurbishment of these properties presents an opportunity to increase the in-county accommodation capacity for children who are looked after.	
		<p>Looked After Children Commissioning Strategy - £50k to adapt Havilland Way:</p> <p>A one off investment of £50k to adapt an annex at Havilland Way to make it suitable for use as an emergency placements for children and young people with learning disabilities</p>	Based on recent numbers of young people requiring emergency placements (4 per year), there would be an annual saving of £243k for an investment of £50k, plus savings from young people being placed in Cambridgeshire rather than out of county as is the case now
		<p>Looked After Children Commissioning Strategy - £74k to increase the capacity of in-house foster caring:</p> <p>An investment to support the implementation of the in-house fostering action plan. Targets are extremely challenging, particularly the early years. Dedicated resource to drive forward the action plan and to increase the resources available for marketing and recruitment activities is needed to establish momentum.</p>	Increase number of 52 week in-house foster care placements by 56.92 in 2016/17, resulting in a saving of -£1,976k

Child Sexual Exploitation (CSE) Service	£250	Voluntary sector support to undertake missing interviews and to provide an intensive support service for young people at greatest risk of CSE.
Subtotal	£791	New proposed schemes funded from earmarked CFA reserves

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

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Children, Families & Adults Service

Finance and Performance Report – March 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 – Feb 2016 Data (see sections 4&5)

Monthly Indicators	Red	Amber	Green	Total
Feb Performance (No. of indicators)	7	4	7	18
Feb Portfolio (No. of indicators)	0	2	6	8

2. INCOME AND EXPENDITURE

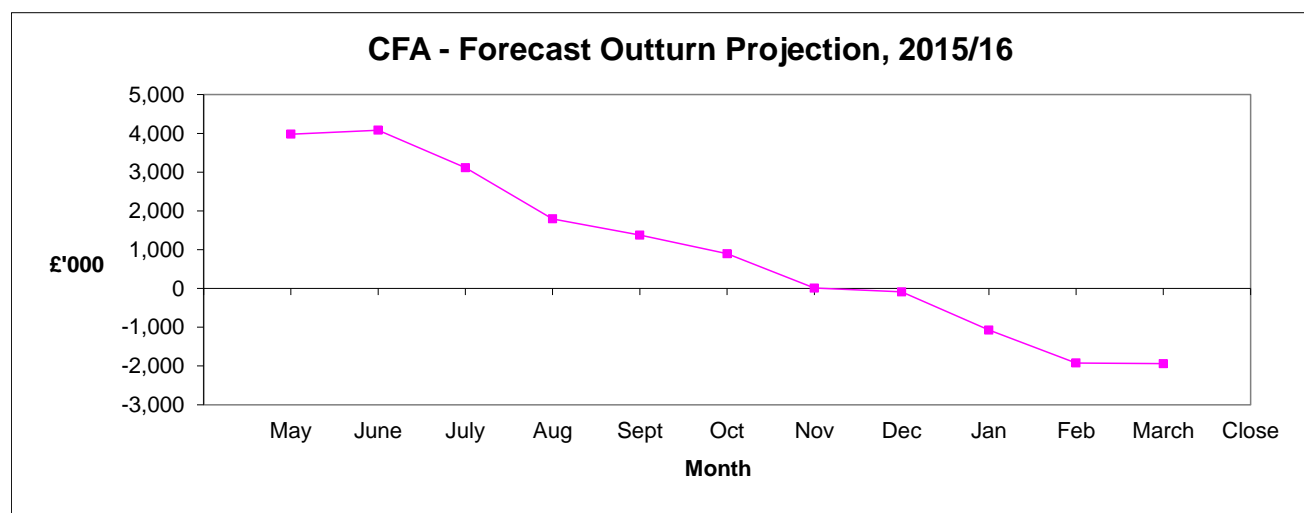
2.1 Overall Position

Forecast Variance - Outturn (Feb) £000	Directorate	Current Budget for 2015/16 £000	Current Variance £000	Current Variance %	Forecast Variance - Outturn (Mar) £000	Forecast Variance - Outturn (Mar) %
-2,628	Adult Social Care	84,685	-1,882	-2.2%	-2,608	-3.1%
-3,929	Older People & Adult Mental Health	85,221	-3,886	-4.6%	-4,063	-4.8%
1,840	Children's Social Care	35,054	2,236	6.3%	2,093	6.0%
3,061	Strategy & Commissioning	42,660	2,996	7.5%	2,936	6.9%
-400	Children's Enhanced and Preventative	31,899	-495	-1.7%	-493	-1.5%
447	Learning	20,450	915	4.8%	499	2.4%
-1,608	Total Expenditure	299,970	-117	0.0%	-1,635	-0.5%

						Appendix
-316	Grant Funding	-54,371	0	0.0%	-305	0.6%
-1,924	Total	245,600	-117	0.0%	-1,940	-0.8%

The service level finance & performance report for March 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 March 2016, CFA is forecasting a year end underspend of £1,940k. Significant issues are detailed below:

- i) In Older People & Mental Health, new underspends of £186k are reported in countywide budgets, the result principally of a newly reported underspend on housing related support, and an increased expectation around deferred payment income
- ii) In Older People & Mental Health, across locality teams the client contributions forecast has decreased by £298k, of which £102k is in City & South, partly reversing an adjustment made last month as further income has been reconciled between the ledger and commitment records.
- iii) In Older People & Mental Health, the forecast position for Fenland locality has worsened by £177k. Apart from the locality's share of the client contributions adjustment mentioned above, this is mainly due to incorrect omission of transferring clients from commitment records
- iv) In Older People & Mental Health, the forecast underspend for Reablement, Occupational Therapy & Assistive Technology has increased by £150k, reflecting lower levels of assistive technology equipment purchases and lower than expected staffing expenditure over the winter period.
- v) In Children's Social Care, the forecast position for Children Looked After has moved by £165k from an £80k underspend to an £85k overspend, reflecting

pressure from increased numbers of Unaccompanied Asylum Seeking Children and the expected shortfall in Home Office grant.

- vi) In Strategy and Commissioning, an increased underspend of £113k on Strategic Management reflecting an over recovery of vacancy saving and a saving on the legal budget.
- vii) In Learning, an increased overspend of £239k in Children's Innovation & Development Service is being reported due to the underachievement of income targets.
- viii) In Learning, a new underspend of £115k is reported against the Teachers' Pension and redundancies budget, reflecting the reduced cost of the scheme due to a greater membership turnover than originally predicted.

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 March for Looked After Children (LAC) is shown below:

Appendix

	BUDGET				ACTUAL (March)				VARIANCE		
Service Type	No of placements Budgeted	Annual Budget	No. of weeks funded	Average weekly cost per head	Snapshot of No. of placements Mar 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	£231k	2,223.00	0.54	-£150k	-1,440.30
Residential - secure accommodation	0	£k	52	0.00	0	0.28	£72k	5,110.00	0.28	£72k	5,110.00
Residential schools	8	£828k	52	1,990.93	10	10.83	£995k	1,709.74	2.83	£167k	-281.19
Residential homes	16	£2,342k	52	2,814.92	26	27.73	£4,180k	3,044.18	11.73	£1,838k	229.26
Independent Fostering	261	£9,813k	52	723.03	225	238.16	£9,623k	792.26	-22.84	-£190k	69.23
Supported Accommodation	15	£1,170k	52	1,500.00	27	23.14	£1,282k	1,146.67	8.14	£112k	-353.33
16+	9	£203k	52	433.58	11	10.29	£202k	357.29	1.29	-£1k	-76.29
Growth/Replacement	-	£k	-	-	-	-	£k	-	-	£k	-
Pressure funded within directorate	-	£k	-	-	-	-	-£136k	-	-	-£136k	-
TOTAL	311	£14,737k			300	312.97	£16,449k		1.97	£1,712K	
In-house fostering	140	£3,472k	55	185.55	147	143.93	£3,379k	176.19	3.93	-£93k	-9.37
Kinship	26	£733k	55	185.55	50	33.82	£790k	187.29	7.82	£57k	1.74
In-house residential	16	£1,588k	52	1,908.52	15	11.42	£1,588k	2,673.93	-4.58	£k	765.41
Concurrent Adoption	3	£50k	52	350.00	5	9.24	£181k	350.00	6.24	£131k	0.00
Pressure funded within directorate	-	£k	-	-	-	-	-£95k	-	-	-£95k	-
TOTAL	185	£5,843k			205	198.41	£5,843k		13.41	£k	
Adoption	289	£2,550k	52	162.50	355	339.65	£3,121k	168.41	50.65	£571k	5.91
TOTAL	289	£2,550k			355	339.65	£3,121k		50.65	£571k	
OVERALL TOTAL	785	£23,130k			860	851.03	£25,413k		66.03	£2,283k	

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 March for SEN Placements is shown below:

BUDGET				ACTUAL (March)				VARIANCE			
Ofsted Code	No. of Placements Budgeted	Total Cost to SEN Placements Budget	Average annual cost	No. of Placements Mar 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	102	100.44	£6,320k	£62,924	10	8.44	£567k	£388
Behaviour, Emotional and Social Difficulty (BESD)	35	£1,438k	£41,089	38	36.27	£1,486k	£40,960	3	1.27	£47k	-£130
Hearing Impairment (HI)	4	£135k	£33,690	3	2.85	£78k	£27,510	-1	-1.15	-£56k	-£6,179
Moderate Learning Difficulty (MLD)	3	£99k	£33,048	3	2.21	£81k	£36,835	0	-0.79	-£18k	£3,787
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	-	-	-£17k	-	-	-	-£17k	-
TOTAL	154	£8,099k	£52,590	160	157.67	£8,484k	£53,917	6	3.67	£385k	£1,327

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

		BUDGET			ACTUAL (March)			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 Mar16	Current Average Unit Cost (per week)	Projected Spend	Net Variance to Budget
Physical Disability Services	Residential	40	£969	£2,015k	40	£1,079	£2,352	£337k
	Nursing	23	£926	£1,107k	23	£828	£1,117	£10k
	Community	620	£334	£10,758k	650	£336	£10,674	-£84k
Physical Disability Services Total		683		£13,880k	713		£14,143	£263k
Income variance								-£462k
Further savings assumed within forecast								£0k
Learning Disability Services	Residential	294	£1,253	£19,161k	309	£1,315	£21,181k	£2,020k
	Nursing	17	£1,437	£1,270k	19	£1,413	£1,400k	£130k
	Community	1,272	£543	£35,907k	1,209	£598	£37,716k	£1,809k
Learning Disability Service Total		1,583		£56,338k	1,537		£60,297k	£3,959k
Further savings assumed within forecast								0

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. In the table above, the assumption has been made that packages that are currently open last 365 days, as a proxy for full year activity, rather than full reflection of closed and part-year packages

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 March for **Adult Mental Health Services** is shown below:

		BUDGET			ACTUAL (March)			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 Mar 16	Current Average Unit Cost (per week)	Projected Spend	Variance
Adult Mental Health	Community based support	67	£76	£265k	116	£93	£534	£269k
	Home & Community support	196	£87	£886k	216	£81	£773	-£113k
	Nursing Placement	13	£682	£461k	19	£659	£537	£76k
	Residential Placement	71	£732	£2,704k	73	£754	£2,468	-£236k
	Supported Accommodation	137	£81	£579k	152	£88	£629	£50k
Adult Mental Health Total		484		£4,894k	576		£4,941k	£46k
Further savings assumed within forecast								-£150k

2.5.5 Key activity data to the end of March 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	540	£434	£13,128k	£535k
Residential Dementia	319	£520	£8,675k	356	£501	£9,044k	£369k
Nursing	319	£613	£10,189k	314	£591	£10,043k	-£146k
Respite	289	£497	£861k	109	£501	£1,057k	£196k
Community based							
~ Direct payments	356	£176	£3,276k	274	£257	£3,535k	£259k
~ Day Care	326	£104	£1,773k	431	£131	£1,795k	£22k
~ Other Care			£5,434k			£5,567k	£134k
~ Homecare arranged	1,807	per hour £16.48	£18,572k	1,713	per hour £16.83	£17,991k	-£581k
Total	3,947		£61,372k	3,737		£62,160k	£788k
Income Variance							-£2,143k
Further Savings Assumed Within Forecast							£0k

2.5.6 Key activity data to the end of March 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	51	£617	£403k	£71k
Residential Dementia	38	£529	£1,097k	28	£487	£1,331k	£234k
Nursing	36	£625	£1,172k	40	£717	£1,173k	£1k
Nursing Dementia	156	£680	£5,534k	154	£667	£5,537k	£3k
Respite	16	£400	£38k	6	£442	£45k	£7k
Community based:							
~ Direct payments	16	£271	£226k	18	£204	£218k	-£8k
~ Other Care			£62k			£48k	-£14k
~ Homecare arranged	92	<i>per hour</i> £16.08	£615k	76	<i>per hour</i> £15.27	£543k	-£72k
Total	368		£9,076k	373		£9,298k	£222k
Income Variance							-£307k
Further Savings Assumed Within Forecast							£0k

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 In Year Pressures/Slippage

As at the end of March the capital programme forecast underspend is expected to be £12,773k, £1,052k less than last month. The significant changes in the following schemes have been the major contributory factors to this;

- Isle Primary, Ely; -£300k slippage expected cost of IT equipment and furniture and fittings have slipped into 2016/17.
- Westwood Primary, March; £270k accelerated spend due to good weather allowing works to progress quicker than anticipated
- Burwell Additional Places; -£70k slippage construction contract sum has not be concluded as originally forecast
- Trumpington Community College; £300k accelerated spend due to delays being resolved and the rectification of defects being completed.
- Cambridge City additional Capacity; £53k accelerated spend due to additional design work carried out in 2015/16.
- Littleport Secondary & Special; -£600k. Contractor still carrying out ground works, infrastructure and site set up. Work has not commenced on building as yet. Therefore spend lower than originally forecast
- Hampton Garden Secondary; £1,490k accelerated spend. Agreement reached that CCC will pay Peterborough City Council towards the land on which the school is sited.
- Building Schools for Future; £153k slippage as costs anticipated in 2015/16 to transfer ICT arrangements from Dell in September 2016 have slipped into 2016/17.

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. Information on all the indicators is now included in the performance table in appendix 7: % 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, KS2 FSM/non-FSM gap and the GCSE FSM attainment gap.

Seven 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 32 Secondary schools with Inspection results are judged as good or outstanding, covering 14,550 pupils. This is 49.4% 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 599 during February 2016. 50 of these (8.3%) are UASC. There are work streams in the LAC Strategy which aim to reduce the rate of growth in the LAC population, or reduce the cost of new placements. These work streams 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+)**

In spite of excellent progress earlier in the year we have seen some deterioration in the last few months. The Cambridgeshire health and social care system is experiencing a monthly average of 2,409 bed-day delays, which is 15% above the current BCF target ceiling of 2,088. In December there were 2,868 bed-day delays, up 831 compared to the previous month.

We are not complacent and continue to work in collaboration with health colleagues to build on this work. However, since Christmas we have seen a rise in the number of admissions to A & E across the county with several of the hospitals reporting Black Alert. There continues to be challenges in the system overall with gaps in service capacity in both domiciliary care and residential home capacity. However, we are looking at all avenues to ensure that flow is maintained from hospital into the community

Between February '15 and January '16 there were 29,183 bed-day delays across the whole of the Cambridgeshire system - representing a 10% decrease on the preceding 12 months.

Across this period NHS bed-day delays have decreased by 7% from 21,986 (Feb 14 - Jan 15) to 20,487 (Feb 15 - Jan 16), while bed-day delays attributed to Adult Social Care have decreased from 8,326 (Feb 14 - Jan 15) to 7,388 (Feb 15 - Jan 16) an improvement of 11%.

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

Between April '15 and January '16 there were 6,335 bed-day delays recorded attributable to ASC in Cambridgeshire. This translates into a rate of 123 delays per 100,000 of 18+ population. For the same period the national rate was 106 delays per 100,000. During this period we invested considerable amounts of staff and management time to improve processes, identify clear performance targets as well as being clear about roles & responsibilities. We continue to work in collaboration with health colleagues to ensure correct and timely discharges from hospital. We have seen a slight increase in the number of delays attributable to social care which has

been due to a number of factors i.e. .A seasonal spike in demand, Provider Failures, staff sickness and recruitment challenges. Added to this we have seen a shortage of provision in the residential and nursing market which has resulted careful (but time consuming) negotiation with providers to get value for money

Nationally there is a shortage of care staff which has a direct impact on the domiciliary care market and we have seen particular challenges in the east of the county in this regard.

Please note that we receive the official data for DTOC measures from NHS England 6 weeks after the end of the month so reporting is always a month behind. However, we receive more up-to-date data on Social Care delays from the Acute hospitals. At 18/03/2016 there were 2 social care delays at Hinchingsbrooke, contributing 28 bed-day delays. At Addenbrookes, 7 social care delays were contributing 52 bed-day delays.

- **Proportion of Adults with Learning Disabilities in paid employment**

Performance has increased during February though still well below target. As well as a requirement for employment status to be recorded, unless a service user has been assessed or reviewed in the year, the information cannot be considered current. Therefore this indicator is also dependent on the review/assessment performance of LD teams.

- **FSM/Non-FSM attainment gap % achieving L4+ in Reading, Writing & Maths at KS2 and FSM/non-FSM attainment gap % achieving 5+A*-C at GCSE including Maths and English**

Data for 2015 shows that the gap has remained unchanged at KS2, but increased significantly at KS4. 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 (Feb) £'000		Service	Current Budget for 2015/16 £'000	Expected to end of Mar £'000	Actual to end of Mar £'000	Current Variance £'000 %		Forecast Variance Outturn (Mar) £'000 %	
Adult Social Care Directorate									
-2,529	1	Strategic Management – ASC	4,232	4,232	1,332	-2,900	-69%	-2,529	-60%
-16		Procurement	563	563	593	31	5%	-10	-2%
-37		ASC Strategy & Transformation	2,184	2,184	2,196	12	1%	-37	-2%
-1,185	2	ASC Practice & Safeguarding	2,109	2,109	761	-1,348	-64%	-1,197	-57%
-61	3	Local Assistance Scheme	386	386	387	1	0%	-76	-20%
Learning Disability Services									
-713	4	LD Head of Services	250	250	-605	-856	-342%	-667	-267%
910	4	LD Young Adults	626	626	1,460	834	133%	979	156%
1,200	4	City, South and East Localities	31,287	31,287	33,260	1,973	6%	1,282	4%
555	4	Hunts & Fenland Localities	21,744	21,744	22,802	1,058	5%	382	2%
83	4	In House Provider Services	4,543	4,539	4,405	-134	-3%	58	1%
Physical Disability Services									
-107	5	PD Head of Services	943	947	843	-104	-11%	-167	-18%
-172	5	Physical Disabilities	12,585	12,585	12,738	154	1%	-140	-1%
12		Autism and Adult Support	607	607	582	-25	-4%	-4	-1%
-18		Sensory Services	504	504	457	-47	-9%	-20	-4%
-549	6	Carers Services	2,121	2,121	1,591	-530	-25%	-462	-22%
-2,628		Director of Adult Social Care Directorate Total	84,685	84,685	82,803	-1,882	-2%	-2,608	-3%
Older People & Adult Mental Health Directorate									
-1,632	7	Director of Older People & Adult Mental Health Services	8,907	8,907	7,544	-1,363	-15%	-1,818	-20%
-1,112	8	City & South Locality	18,600	18,600	19,222	622	3%	-893	-5%
-323	9	East Cambs Locality	7,269	7,269	6,788	-481	-7%	-409	-6%
8	10	Fenland Locality	8,266	8,262	8,857	596	7%	185	2%
-256	11	Hunts Locality	12,443	12,443	12,877	434	3%	-282	-2%
0		Addenbrooke Discharge Planning Team	1,051	1,051	996	-55	-5%	-33	-3%
0		Hinchingbrooke Discharge Planning Team	634	634	631	-2	0%	0	0%
-455	12	Reablement, Occupational Therapy & Assistive Technology	7,718	7,718	6,451	-1,267	-16%	-605	-8%
0		Integrated Community Equipment Service	802	802	78	-724	-90%	8	1%
Mental Health									
65		Head of Services	4,231	4,231	4,124	-107	-3%	-2	0%
-100	13	Adult Mental Health	7,132	7,132	6,077	-1,055	-15%	-104	-1%
-123	14	Older People Mental Health	8,169	8,169	7,685	-484	-6%	-111	-1%
-3,929		Older People & Adult Mental Health Directorate Total	85,221	85,217	81,332	-3,886	-5%	-4,063	-5%

Forecast Variance Outturn (Feb) £'000		Service	Current Budget for 2015/16 £'000	Expected to end of Mar £'000	Actual to end of Mar £'000	Current Variance		Forecast Variance Outturn (Mar)	
						£'000	%	£'000	%
Children's Social Care Directorate									
400	15	Strategic Management – Children's Social Care	3,138	3,118	3,522	404	13%	400	13%
370	16	Head of Social Work	4,249	4,203	4,614	411	10%	411	10%
125	17	Legal Proceedings	1,530	1,358	1,514	156	11%	150	10%
135	18	Safeguarding & Standards	1,177	1,123	1,280	157	14%	157	13%
420	19	Children's Social Care Access	4,448	4,379	4,802	422	10%	420	9%
-80	20	Children Looked After	10,860	11,528	11,774	246	2%	85	1%
470	21	Children in Need	3,933	3,888	4,344	456	12%	470	12%
0		Disabled Services	5,720	5,975	5,960	-15	0%	0	0%
1,840		Children's Social Care Directorate Total	35,054	35,573	37,809	2,236	6%	2,093	6%
Strategy & Commissioning Directorate									
-252	22	Strategic Management – Strategy & Commissioning	417	363	-19	-382	-105%	-365	-87%
-65		Information Management & Information Technology	1,859	1,842	1,765	-77	-4%	-77	-4%
-52		Strategy, Performance & Partnerships	1,521	762	703	-59	-8%	-52	-3%
Commissioning Enhanced Services									
1,712	23	Looked After Children Placements	16,490	15,955	17,705	1,750	11%	1,712	10%
385	24	Special Educational Needs Placements	8,469	8,498	8,919	421	5%	385	5%
0		Commissioning Services	3,665	3,443	3,747	305	9%	0	0%
0		Early Years Specialist Support	1,323	1,094	1,092	-2	0%	0	0%
625	25	Home to School Transport – Special	7,085	6,309	6,977	668	11%	625	9%
575	26	LAC Transport	671	656	1,204	548	84%	575	86%
Executive Director									
0		Executive Director	440	429	426	-3	-1%	0	0%
133	27	Central Financing	719	394	221	-173	-44%	133	18%
3,061		Strategy & Commissioning Directorate Total	42,660	39,745	42,741	2,996	8%	2,936	7%
Children's Enhanced & Preventative Directorate									
-29		Strategic Management – Enhanced & Preventative	1,771	1,724	1,624	-100	-6%	-89	-5%
-60		Children's Centre Strategy	707	579	520	-60	-10%	-60	-8%
0		Support to Parents	3,532	2,727	2,711	-16	-1%	0	0%
-15		SEND Specialist Services	5,371	5,365	5,360	-6	0%	-15	0%
0		Safer Communities Partnership	7,168	6,927	6,903	-24	0%	-24	0%
Youth Support Services									
-4		Youth Offending Service	2,364	1,639	1,630	-9	-1%	-4	0%
-130	28	Central Integrated Youth Support Services	1,112	869	690	-179	-21%	-146	-13%
Locality Teams									
-93		East Cambs & Fenland Localities	3,427	3,384	3,312	-72	-2%	-86	-3%
-41		South Cambs & City Localities	3,915	3,852	3,827	-25	-1%	-41	-1%
-28		Huntingdonshire Localities	2,531	2,449	2,445	-5	0%	-28	-1%

		Appendix						
-400	Children's Enhanced & Preventative Directorate Total	31,899	29,518	29,022	-495	-2%	-493	-2%

Forecast Variance Outturn (Feb) £'000	Service	Current Budget for 2015/16 £'000	Expected to end of Mar £'000	Actual to end of Mar £'000	Current Variance		Forecast Variance Outturn (Mar)	
					£'000	%	£'000	%
Learning Directorate								
223	29 Strategic Management - Learning	67	67	219	151	225%	151	224%
-55	Early Years Service	1,813	1,780	1,721	-59	-3%	-55	-3%
-40	Schools Intervention Service	1,710	1,690	1,650	-40	-2%	-40	-2%
-157	30 Schools Partnership Service	1,324	1,466	1,265	-201	-14%	-157	-12%
52	31 Children's' Innovation & Development Service	163	545	902	357	65%	291	178%
-25	Integrated Workforce Development Service	1,486	1,234	1,186	-48	-4%	-25	-2%
-21	Catering & Cleaning Services	-350	-390	-570	-180	46%	-26	-7%
0	32 Teachers' Pensions & Redundancy	3,000	3,000	3,352	352	12%	-116	-4%
Infrastructure								
-35	0-19 Organisation & Planning	1,769	1,598	1,446	-152	-10%	-48	-3%
0	Early Years Policy, Funding & Operations	149	149	41	-108	-73%	0	0%
-15	Education Capital	176	176	515	339	193%	4	2%
520	33 Home to School/College Transport – Mainstream	9,143	7,808	8,311	503	6%	520	6%
447	Learning Directorate Total	20,450	19,124	20,038	915	5%	499	2%
-1,608	Total	299,970	293,862	293,745	-117	0%	-1,635	-1%
Grant Funding								
-316	34 Financing DSG	-23,212	-23,212	-23,212	0	0%	-305	-1%
0	Non Baselined Grants	-31,159	-30,864	-30,864	0	0%	0	0%
-316	Grant Funding Total	-54,371	-54,076	-54,076	0	0%	-305	1%
-1,924	Net Total	245,600	239,785	239,669	-117	0%	-1,940	-1%

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	4,232	-2,900	-69%	-2,529	-60%
<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, did not begin this financial year and technical preparations for care accounts can take place over a longer timeframe. 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 work streams, leads to a forecast underspend in this area of £2,604k.</p> <p>There has been national recognition that the social care system is under significant strain 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 4). Care Act funding will be within general funding from government next year, rather than standalone grants, with a smaller separate contribution continuing through the Better Care Fund. This has been reflected in Business Planning.</p> <p>This underspend is partially offset by a pressure on the vacancy savings budget.</p>					
2) ASC Practice & Safeguarding	2,109	-1,348	-64%	-1,197	-57%
<p>An underspend of £1,197k 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>Although there has been moderate recent success in recruiting to posts in the latest round of interviews, lead-in times for staff joining have meant that the forecast underspend in this area remains £1,197k.</p>					
3) Local Assistance Scheme	386	1	0%	-76	-20%
<p>The Cambridgeshire Local Assistance Scheme is now forecasting an overall underspend of £76k against budget, equating to the saving taken in Business Planning. This is predominantly due to</p>					

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 £259k at year-end based on current demand levels.

Service	Current Budget for 2015/16	Current Variance		Forecast Variance Outturn	
	£'000	£'000	%	£'000	%
4) Learning Disability Services	58,451	2,876	5%	2,034	3%
<p>Across the Learning Disability Partnership (LDP) at the end of March 2016 of £2,553k. Of this, £2,034k relates to the County Council after the pooled budget risk share with the NHS is taken into account. Although still of concern, this is a significant improvement on the £4,800k forecast outturn reported at the start of this financial year.</p> <p>This overall reported forecast is unchanged this month. The principal changes this month are the result of:</p> <ul style="list-style-type: none"> • Commitments decreasing as needs change and services end: -£82k (South • -£46k, North -£29k and -£7k in Young Adults). • Additional costs from changed needs, placement and carer breakdown: £297k (South £172k, North £29k, and £96k in Young Adults). • An increase in the forecast for direct payments clawbacks -£31k. • Recharge with OP Service for clients over 65 occupying a Provider block bed in accommodation services -£130k • A reduction in the Provider Services forecast, due to additional support recharges -£24k. <p>The provision for further improvements on cost of care expenditure has increased by £31k. This now allows for £206k of favourable changes arising from year end spending analysis.</p> <p><u>Actions being taken to manage the ongoing pressure</u></p> <p>The additional project management capacity and scrutiny around numbers / pace of re-assessments will continue into the new financial year. There will continue to be a focus on the financial outcome of reassessments ensuring that the financial recording is timely and accurate. This will give increased assurance around the accuracy of the forecast out turn going forward.</p> <p>Work within the teams on reviewing areas of funding in packages of care will continue with work plans being drawn up and starting to be implemented for the next financial year. All workers have a full understanding of the budget pressures and the need to provide cost effective services is included in each individual worker's personal development plans.</p> <p>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.</p> <ul style="list-style-type: none"> • 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 <p>From April 2016 the North and East Teams will use AFM commitment records and work is continuing to move the City and South Teams to the commitment records for 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 continues to be given to this area to ensure that progress is made.</p> <p>Work has already been started to reduce the expenditure on staffing in in-house provider services. Vacant posts and relief posts are being 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, with use being monitored and reported across the services. 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.</p> <p>We are further developing the process for tracking costs for young people with a learning disability as they prepare for adulthood.</p>					
5) Physical Disabilities incl. Head of Services	13,528	50	0%	-307	-2%
<p>The underspend in Disability Services (Physical Disability, Sensory Loss, HIV and Vulnerable Adult and Autism Services) has reduced by £32k. In the main the continuing underspends is due to contract funding no longer required under the Head of Service budget, expected clawback on direct payments paid to people with a Physical Disability and management of demand.</p> <p>The principal changes this month are due to the continued management of demand through the use of short term intervention, increasing people's independence and use of community resources, the recalculation of the cost of people over the age of 65 remaining with the service, and a revised forecast of NHS contributions.</p>					
6) Carers Service	2,121	-530	-25%	-462	-22%
<p>Allocations to individual carers have been below expected levels, and as such, the anticipated underspend is currently forecast to be £462k. Revised arrangements for carers support were implemented this year, following the Care Act, and it is taking longer than expected for the additional anticipated demand to reach budgeted levels. However, activity has increased this month, which has led to the underspend decreasing by £87k</p>					

Service	Current Budget for 2015/16	Current Variance		Forecast Variance Outturn	
	£'000	£'000	%	£'000	%
7) Director of Older People and Mental Health Services	8,907	-1,363	-15%	-1,818	-20%
<p>Following the significant revision to the income forecast last month we have further refined the calculations which has accounted for a further £298k which had been correctly forecast earlier in the year. This impact is shown across OP localities.</p> <p>Within the director's policy line, changes to this month's forecast outturn include:</p> <ul style="list-style-type: none"> • An underspend of £90k is newly reported on housing related support, reflecting the early delivery of savings planned for 2016/17. • The expected income collected from deferred payments has increased by £43k • An underspend of £15k is expected on the Addenbrookes' discharge to assess budget used to reduce hospital delays. • A £10k underspend on the Brokerage team budget which represents a vacant post that has been permanently deleted in business planning • Expenditure of £50k is now expected on delayed transfers of care reimbursement with a view to all reimbursement ending in 2016/17 in line with a planned saving. <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 £289k. • 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 totalling £390k; this has been shown as a permanent saving in Business Planning • The total over-recovery on deferred payments is expected to be £162k this year. • A one-off underspend of £182k 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 • £349k 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). • An under-recovery on funded Nursing Care of £150k expected for 2015/16 					
8) City & South Locality	18,600	622	3%	-893	-5%
<p>There has been an adverse change in the City and South Locality of £219k.</p> <p>The expected client contributions for city and south have reduced by £143k. Around £102k of this is due to further analysis of the general ledger which has allowed more income received to be reconciled with the commitment records, reducing ambiguity in this area.</p> <p>£41k is from a reduction on individual packages including £26k reduction identified on extracare income and the rest across community and care home income.</p> <p>There is a £86k increase in cost of care of which £59k comes from inaccurate recording of adult</p>					

social care recharges, work is being undertaken to move Physical Disability and Learning Disabilities clients onto AFM which should reduce the risk of these changes late in the year.

Service	Current Budget for 2015/16	Current Variance		Forecast Variance Outturn	
	£'000	£'000	%	£'000	%

City & South Locality continued.

There has been a £54k adverse change on committed cost of care and a reduction of committed income. A large proportion, around £45k, has been due to three high cost threshold packages backdated to much earlier in the year. Threshold packages (where self-funding clients approach the thresholds for financial support from the Council) are often a risk to the forecast as they can take a long time to be committed; all teams are working on a process to include these likely risks in future forecasts. Minor increases were also present in other types of care.

There have been other decreases totalling £27k predominantly due to more accurate recording of continuing health care, this will be continued going forwards.

A focus on keeping office costs including staff travel low has meant that there has been a £10k reduction on staffing and office costs. Staffing vacancies persist despite several attempts to recruit to all levels in this team, capacity has been supported with Agency workers however the time taken to induct them has impacted on performance and spending patterns. There is currently a waiting list of 140 people, some of whom will be waiting for long term placements and care packages and some of whom will need court of protection applications submitting. This means that the current underspend does not reflect the true position of eligible needs that currently need supporting in the city and south locality.

9) East Cambs Locality	7,269	-481	-7%	-409	-6%
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There has been a £86k favourable change in East Cambs.

Work continues to review packages and identify potential savings and there has been a decrease in cost of care on AFM packages of £43k this month. This has been matched by an increase in income of £43k predominantly on manually committed income.

10) Fenland Locality	8,266	596	7%	185	2%
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The outturn position has increased by £177k to £185k overspent as a result of the following:

- £103k increase due to changes in the manual recording of recharges for Adult Social Care clients not yet loaded commitment records, this is expected to improve as LDP move onto AFM.
- £44k decrease in expected client contributions
- £26k – Staffing overspend due to extended agency worker arrangements. Agency workers are being used to increase the review capacity of the team in order to achieve savings targets after incurring large unforeseen pressures.

Savings continue to be difficult to make on individual packages of care, and the following underlying pressures still apply:

- £140k under budgeting for clients with a learning disability who transferred service at 65, prior to the change in procedure.
- £80k pressure due to unforeseen service users being made ordinarily resident in Cambridgeshire from Norfolk.

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.

Service	Current Budget for 2015/16	Current Variance		Forecast Variance Outturn	
	£'000	£'000	%	£'000	%
11) Hunts Locality	12,443	434	3%	-282	-2%
<p>An underspend of £282k against budget is now being reported, which is an increase of £26k compared to the figure reported last month. This is due to an underspend on staffing.</p> <p>Previously reported underspends achieved through reductions of cost of care following reviews and increases in Continuing Healthcare funding awarded still apply.</p>					
12) Reablement, Occupational Therapy &	7,718	-1,267	-16%	-605	-8%
<p>An underspend of £605k is reported for Reablement, Occupational Therapy and Assistive Technology, an increase of £150k from the figure reported last month.</p> <p>This reflects an underspend of £55k identified across the Reablement Teams due to enhancements and extra hours payments being lower than expected for the winter period, and a £95k underspend on Assistive Technology and Environmental Controls split across both staffing and equipment.</p> <p>The following underspends continue in this policy area:</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 £72k. 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. • £220k 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 (£45k). 					
13) Adult Mental Health	7,132	-1,055	-15%	-104	-1%
<p>The underlying Adult Mental Health cost of care forecast has decreased by £85k since last month. This, along with an expected underspend of £64k against the Section 75 agreement, has resulted in the reported underspend of £104k.</p>					
14) Older People Mental Health	8,169	-484	-6%	-111	-1%
<p>Older People Mental Health is forecasting an underspend of £111k, with £12k additional cost being reported this month. Spending on 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 are generating the reported underspend.</p>					

Service	Current Budget for 2015/16	Current Variance		Forecast Variance Outturn	
	£'000	£'000	%	£'000	%
15) Strategic Management - Children's Social Care	3,138	404	13%	400	13%
<p>The Children's Social Care (CSC) Director budget is forecasting an over spend of £400k.</p> <p>CSC Strategic Management had a vacancy savings target of £656k and although the directorate actively managed the staff budgets and use of agency staff, savings were 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	4,249	411	10%	411	10%
<p>The Head of Social Work budget is forecasting an over spend of £411k.</p> <p>The adoption allowances budget is forecasting an overspend of £575k 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 £164k 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></p> <p>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) Legal Proceedings	1,530	156	11%	150	10%
<p>The legal budget is forecasting an over spend of £150k. This is an increase of £25k</p> <p>This is because of a recent Judicial Review case where costs are estimated to be c£80k, and three other court cases from other LAs costing c£60k. Aside from these exceptional cases the budget is close to balance.</p>					
18) Safeguarding & Standards	1,177	157	14%	157	13%
<p>The Safeguarding and Standards budget is forecasting an over spend of £157k.</p> <p>In Head of Safeguarding and Standards there is a £87k 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 £62k 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></p> <p>We are looking to manage the Complaints pressure from within CSC going forward into 2016/17.</p>					

Service	Current Budget for 2015/16	Current Variance		Forecast Variance Outturn	
	£'000	£'000	%	£'000	%
19) Children's Social Care Access	4,448	422	10%	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>					
20) Children Looked After	10,860	246	2%	85	1%
<p>The Children Looked After budget is forecasting a £85k overspend due to unaccompanied asylum seeking children (UASC). Historically the Home Office grant allowance for unaccompanied asylum seeking children (UASC) does not cover expenditure and a small, now reducing, reserve has been utilised to manage any deficit. In previous years the cohort of UASC that CCC have been supporting has been relatively small but in 2015/16 we have seen an extra 55 UASC cases up to February 2016 which has seen expenditure exceed the grant beyond the limit of the reserve. The forecast is based on expectation of grant to be approved in 2015/16 but final confirmation will not be received until June 2016 and is dependent on necessary documentation being provided. In the meantime CCC continue to support these UASC and are incurring costs relating to accommodation, a weekly allowance for the UASC as well as expenditure on age assessments, interpreters, clothing allowances and articles to support the religious beliefs of the individual. Controls are being put in place to proactively manage expenditure in this area in 2016/17 with accommodation costs being the main focus.</p>					
21) Children In Need	3,933	456	12%	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>					
22) Strategic Management – S&C	417	-382	-105%	-365	-87%
<p>The overall reported underspend is £365K. Within the additional savings identified at the September GPC meeting there was an expectation for the following;</p> <ul style="list-style-type: none"> • reduction of £227k in earmarked Building Schools of the Future reserve to reflect anticipated demand levels • saving on SEND delivery grant funding of £25k <p>The remaining £113k is the result of £25k underspend on S&C central legal budgets and £88k over-recovery of vacancy savings.</p>					

Service	Current Budget for 2015/16	Current Variance		Forecast Variance Outturn	
	£'000	£'000	%	£'000	%
23) Looked After Children Placements	16,490	1,750	11%	1,712	10%

Overall Looked After Children (LAC) numbers at the end of March 2016, including placements with in-house foster carers, residential homes and kinship, are 610, 75 more than 1 April 2015 and 11 more than the end of February 2016. This includes 61 unaccompanied asylum seeking children (UASC).

External placement numbers (including 16+ and supported accommodation) at the end of March are 300, 1 fewer than in February.

External Placements Client Group	Budgeted Packages	29 Feb 2016 Packages	31 Mar 2016 Packages	Variance from Budget
Residential Disability – Children	2	1	1	-1
Child Homes – Secure Accommodation	0	0	0	-
Child Homes – Educational	8	10	10	+2
Child Homes – General	16	27	26	+10
Supported Accommodation	15	26	27	+12
Supported living 16+	9	11	11	+2
Fostering & Adoption	261	226	225	-36
TOTAL	311	301	300	-11

The LAC Placements commitment record (including 16+ and supported accommodation) is now forecasting an overspend of £1,848k. 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 15.38 more residential placements and 22.84 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 £1.712m is reported as a result of a staffing underspend within in-house fostering (£57K) and Alternatives to Care (£69K), and use of CFA reserves allocated for Alternatives to Care (£44K).

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.

Actions taken to manage the rising LAC numbers and the resulting financial pressure, all of which will continue throughout 2016/17, 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.

Service	Current Budget for 2015/16	Current Variance		Forecast Variance Outturn	
	£'000	£'000	%	£'000	%
<p>Looked after Children Placements, continued:</p> <ul style="list-style-type: none"> 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 was agreed by CYP Committee in January. Alongside this is an action plan with savings allocated to activities to ensure that future savings will be achieved. <p>The savings target for LAC Placements in 2015/16 was £2m. Within the LAC Strategy there are a number of work streams which have achieved savings in 2015/16, including:</p> <ul style="list-style-type: none"> 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. 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. <p>There are also work streams which aim to reduce the rate of growth in the LAC population, or reduce the cost of new placements. These work streams cannot impact current commitment but aim to prevent it increasing:</p> <ul style="list-style-type: none"> 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 (non-UASC) 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%. 					
24) SEN Placements	8,469	421	5%	385	5%

OFSTED Category	1 Apr 2015	29 Feb 2016	31 Mar 2016	Variance from 1 Apr 2015
Autistic Spectrum Disorder (ASD)	98	102	102	+4
Behaviour, Emotional and Social Difficulty (BESD)	38	37	38	-
Hearing Impairment (HI)	3	3	3	-
Moderate Learning Difficulty (MLD)	1	2	3	+2
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	158	160	-

Service	Current Budget for 2015/16	Current Variance		Forecast Variance Outturn	
	£'000	£'000	%	£'000	%
SEN Placements, continued:					
<p>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.</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 continues to be under significant pressure due to numbers: whilst maintained Statement numbers are decreasing the level of need escalated in early years with this age group requiring additional capacity in all of our Special Schools in 2015/16. This additional need in early years meant schools are at capacity, placing greater pressure to look outside of Cambridgeshire.</p> <p><u>Going forward into 2016/17 we will continue to:-</u></p> <ul style="list-style-type: none"> • 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. 					

Service	Current Budget for 2015/16	Current Variance		Forecast Variance Outturn	
	£'000	£'000	%	£'000	%
25) Home to School Transport – Special	7,085	668	11%	625	9%
<p>The forecast for Home to School Transport – Special is an overspend 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 delivered savings:</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 routes rationalised. • Changes to the SEN post-16 transport policy, introducing contributions from parents / carers to transport costs. • Worked with Health professionals to agree an alternative to using ambulances for Home to School Transport. <p>To manage the pressure going forward into 2016/17, 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. The tender process is due to begin in the summer 2016 and contracts awarded for the start January 2017. • 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. • Introducing the use of Personal Travel Budgets. 					
26) LAC Transport	671	548	84%	575	86%
<p>The forecast for LAC Transport is an overspend of £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>To manage the pressure going forward into 2016/17, the following activity is taking place:</p> <ul style="list-style-type: none"> • Conducting a recruitment campaign to increase the number of volunteer drivers within Cambridgeshire and therefore reduce the average cost per mile for LAC Transport. • Reviewing 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 provided by the Statutory Assessment & Resources Team (StART) for all transport requests. 					

Service	Current Budget for 2015/16	Current Variance		Forecast Variance Outturn	
	£'000	£'000	%	£'000	%
27) Central Financing	719	-173	-44%	133	18%
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.					
28) Central Integrated Youth Support Services	1,112	-179	-21%	-146	-13%
An under spend of £146k 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 2015/16. This is a non-recurrent position and the additional funding will be applied in full from 2016/17 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. A £2K under spend is expected against the legal budget and £14K of additional income has been generated by the Attendance and Behaviour Service.					
29) Strategic Management – Learning	67	151	225%	151	224%
<p>There is a pressure of £151k on Strategic Management – Learning.</p> <p>A pressure of £106k 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. However this pressure has reduced from £200k to £106k since the last quarter as a result of increased income in the Directorate meaning that the vacancy saving held to cover the income could be released.</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. There is further underspend of £8k against lines in the Director budget.</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 £66k on Business Support as a result of savings budgeted for not being realised. This will be addressed in full in 2016/17 through a business support restructure. It was hoped in-year vacancies would realise this saving but that has not been the case.</p>					

Service	Current Budget for 2015/16	Current Variance		Forecast Variance Outturn	
	£'000	£'000	%	£'000	%
30) Schools Partnership Service	1,324	-201	-14%	-157	-12%
<p>The Education Support for Looked After Children Team (ESLAC) is reporting an underspend on its Local Authority budget of £157k. This is mainly because it has had to allocate less of this budget to individual tuition than it had anticipated.</p>					
31) Children's Innovation & Development Service	163	357	65%	291	178%
<p>The overall pressure on CID is £291,000.</p> <p>There is a pressure of £282k reported on the Head of Service's income target of £314k from sponsorship from external organisations. Whilst significant sums have been / are being secured from sponsors that will fund a wide range of activities for children and young people, the income to the LA, e.g. for administration has been less than had been modelled. This target should be secured in 2016/17 but will need reviewing for 17/18 onwards as the external environment has changed significantly since the original target was set.</p> <p>The Service Development team is reporting an underspend of £50,000. This is a combination of a vacant post and a staff member of maternity leave, plus a small underspend on the expenditure of the Adventure Playground in Wisbech. This team has been reviewed and the saving made permanent for 2016/17.</p> <p>The Education Wellbeing Team are reporting a combined overspend of £23,000. This is due to staffing changes and missed income targets. The team has significantly reviewed its operations for 2016/17 in order to meet its future targets.</p> <p>The Outdoor Centres - Stibbington and Burwell House - are reporting under-recoveries of income of £28,000 and £8,000 respectively. Both centres have reviewed their operations. The former has consulted on staffing reductions and the latter has had some capital investment in its domestic facilities that should result in an increase in income.</p>					
32) Redundancy & Teachers Pensions	3,000	352	12%	-116	-4%
<p>The Teachers' Pension and Redundancy budget is underspent by £116k.</p> <p>This budget is used to fund historic pension commitments, and redundancies of staff in maintained schools where staffing changes have had to be made due to reasons beyond the school's control.</p> <p>£16k of this relates to an in-year renegotiation of the EPM contract by the Director of Learning.</p> <p>This year the pension fund has seen a greater membership turnover than expected and so the required charges have been lower than in previous years. This has resulted in an underspend of £100k.</p>					

Service	Current Budget for 2015/16	Current Variance		Forecast Variance Outturn	
	£'000	£'000	%	£'000	%
33) Home to School / College Transport – Mainstream	9,143	503	6%	520	6%
<p>The forecast outturn for Home to School/College Transport – Mainstream is +£520k.</p> <p>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.</p> <p>The provisional forecast for Home to School Mainstream transport is an overspend of £370k, 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.</p> <p>The forecast variance outturn also takes account of the following, all of which came into effect on 1 September 2015:</p> <ul style="list-style-type: none"> • 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 <p>In addition, the amount of funding anticipated to be required to meet the cost of new transport arrangements as a result of families moving into and within Cambridgeshire in cases where the local schools are full has been reassessed to take account of a reduction in the number of in-year admission requests lodged since the start of the spring term.</p> <p>However, the main influencing factor in the significant adjustment in the forecast outturn results from a comprehensive review of the commitment record to identify and remove routes and transport arrangements which are no longer required.</p> <p>Following approval of the Business Plan, those post-16 students who are commencing a new course of study from 1 September 2016 under the Council's low-income criteria will be responsible for meeting all of their transport costs. This change to the Council's post-16 transport policy will further reduce demands on this budget.</p> <p>Increased levels of income are anticipated as a result of increasing the cost of purchasing a spare seat on one of the Council's contract services from £160 to £200 per term from September. In addition, those students who qualify for assistance will be required to pay an extra £10 per term.</p> <p>The following options are being worked on to further reduce demand and costs in future years:</p> <ul style="list-style-type: none"> • 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

Service	Current Budget for 2015/16	Current Variance		Forecast Variance Outturn	
	£'000	£'000	%	£'000	%
34) Financing DSG	-23,212	0	0%	-305	-1%
<p>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 (-£40k), SEND Specialist Services (-£15k) and E&P Locality teams (-£25k).</p> <p>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 £305k for this financial year will be met by DSG related vacancy savings.</p>					

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	6,859
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	832
Youth Offending Good Practice Grant	Youth Justice Board	584
Crime and Disorder Reduction Grant	Police & Crime Commissioner	127
Non-material grants (+/- £160k)	Various	193
Troubled Families	DCLG	2,105
Children's Social Care Innovation Grant (MST innovation grant)	DfE	519
Music Education HUB	Arts Council	781
Total Non Baselined Grants 2015/16		31,159

Financing DSG	Education Funding Agency	23,212
Total Grant Funding 2015/16		54,371

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	899
Strategy & Commissioning	111
Enhanced & Preventative Services	9,718

Learning	897
TOTAL	31,159

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, Dec & Mar	108	Allocation of 2015/16 Staying Put Implementation Grant
Across ASC and OP&MH	Sept, Oct & Feb	1,037	Allocation of 15/16 Independent Living Fund (ILF) following transfer of function from central government
Across CFA	Feb	454	Annual Insurance Charges 2015/16
Current Budget 2015/16		245,600	

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 Mar 16		
	£'000	£'000	£'000	£'000	
General Reserve					
CFA carry-forward	0	0	0	1,940	Forecast underspend of £1,940k applied against reserves.
Subtotal	0	0	0	1,940	
Equipment Reserves					
ICT Equipment Replacement Reserve	566	159	725	566	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	178	Replacement reserve for IT for Looked After Children. Laptops to be replaced in 2015/16.
subtotal	744	159	903	744	
Other Earmarked Funds					
Adult Social Care					
Capacity for Reviews	336	0	336	336	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 2016/17 onwards.
Capacity in Procurement and Contracts	250	-6	244	244	Increase in capacity for contract rationalisation and review etc. Expected to be used from 2016/17 onwards.
In-house Care Home	15	-8	7	7	Amount spent to commission report from Consultants. Remaining amount 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	321	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	82	The County Council could decide to employ its own staff to undertake CHC assessments - ensuring they are completed in a transparent way with a view to ensuring that those who are eligible for CHC receive it. This would allow 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 Mar 16		
	£'000	£'000	£'000	£'000	
Social Work Recruitment	120	-12	108	103	Social Work recruitment stability / strategy post to cover the next two years.
Home Care Development	90	-14	76	62	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	30	£50k for 12 months role
Live in Care	20	29	49	49	Trailing the Adult Placement Scheme within OP&MH
Children Social Care					
Alternatives to Care / Family Crisis Support Service	500	-60	440	396	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 2015/16 and 2016/17.
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	-415	0	0	Provision opened May 2014.
START Team	164	-154	10	10	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 Mar 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	-74	83	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	-73	127	127	Funding for grants for disabled children for adaptations to family homes.
Commissioning Services – Children's Placements	84	-51	33	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. However E&P are currently developing a traded offer with schools, and any income received by trading in 2015/16 may reduce the call on this reserve.
MST Child Abuse & Neglect	307	0	307	77	To continue funding the MST CAN project (previously DoH funded).
YOT Remand	223	0	223	223	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	40	To fund central redundancies that arises following the reconfiguration of The County School.
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	193	Fund to support cultural activities within the county and the maintenance and development of the Art Collection.
Discretionary support for LAC education	134	0	134	134	LAC Pupil Premium grant from Department for Education to provide further discretionary support for Looked

Schools Partnership - NtG CREDS	72	-72	0	0	After Children. Funding to be used in 2015/16
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Fund Description	Balance at 31 March 2015	2015/16		Forecast Balance at 31 March 2016	Notes
		Movements in 2015/16	Balance at 31 Mar 16		
	£'000	£'000	£'000	£'000	
ESLAC support for children on edge of care	50	0	50	50	Pilot Scheme
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	-363	311	311	Reserves funding for 2015/16.
Other Reserves (<£50k)	255	-82	173	173	Other small scale reserves.
Subtotal	7,533	-2,434	5,100	3,949	
TOTAL REVENUE RESERVE	8,277	-2,275	6,003	6,633	
Capital Reserves					
Building Schools for the Future	280	0	280	100	Building Schools for Future - c/fwd to be used to spent on ICT capital programme as per Business Planning 2015/16
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 2015/16 will be spent in full.
Other Children Capital Reserves	635	295	930	130	Comprises the Universal Infant Free School Meal Grant c/f and the Public Health Grant re Alcohol recovery hub & contributions from schools. Anticipate spending by year end.
Other Adult Capital Reserves	2,583	3,217	5,812	2,133	Receipts for Community Capacity grant and spend on planned programme.
TOTAL CAPITAL RESERVE	6,272	12,240	18,524	2,364	

(+) 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 £'000	Scheme	Revised Budget for 2015/16 £'000	Actual Spend (Mar) £'000	Forecast Spend - Outturn (Mar) £'000	Forecast Variance - Outturn (Mar) £'000	Total Scheme Revised Budget £'000	Total Scheme Forecast Variance £'000
	Schools						
27,500	Primary Schools - New Communities	15,657	12,248	15,110	-546	95,765	3,400
32,611	Primary Schools - Demographic Pressures	40,124	33,638	36,530	-3,593	125,820	18,179
1,810	Primary Schools – Adaptations	1,882	1,931	1,803	-79	6,541	0
16,000	Secondary Schools - New Communities	16,906	13,405	14,575	-2,331	114,596	-4,150
9,936	Secondary Schools - Demographic Pressures	8,747	6,527	7,699	-1,049	113,380	-12,070
0	Final Payments	0	20	0	0	0	0
250	Building Schools for the Future	363	219	210	-153	9,118	0
1,126	Devolved Formula Capital	2,248	14	1,550	-698	17,425	0
0	Universal Infant Free School Meals	164	154	164	0	0	0
3,400	Condition, Maintenance and Suitability	3,521	5,111	5,150	1,629	47,578	1,450
300	Site Acquisition and Development	300	68	300	0	1,870	0
500	Temporary Accommodation	500	1,428	1,428	928	8,748	0
0	Youth Service	134	8	134	0	0	0
4,307	Children Support Services	4,607	775	1,354	-3,253	10,636	0
4,614	Adult Social Care	4,706	3,373	3,577	-1,129	12,952	0
2,500	CFA Wide	2,500	0	0	-2,500	5,000	-2,000
104,854	Total CFA Capital Spending	102,358	78,919	89,584	-12,773	569,429	4,809

Primary School - New Communities £546k 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); -£90k slippage due to limited design work being completed and Alconbury 1st Primary(£552k) where poor weather has disrupted mobile cranes lifting frame into place. Trumpington Meadows slippage on final accounts being settled (£35k)

Primary School – Demographic Pressures £3,593k 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, (£30k) and Huntingdon Primary School (£50k), Loves Farm Early Years (£102k) Orchards Primary, Wisbech £24k), 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 (£115k) 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 (£310k) where slippage from original programme has occurred and the start on site is now anticipated in April 2016.

Burwell Primary (£420k) programme slipped by one month to February 2016 following a slight revision to enabling works timetable.

Isle of Ely Primary (£1,300k) due to delays in establishing infrastructure required to further develop the site.

Westwood Primary expansion (£930k) 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 (£65k) 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 (£213k) rephrasing of the access road within the scheme timescales (£163). School final account settled for less than expected due to contingencies not being used. (£50k).

Secondary Schools – New communities' £2,331k slippage

Southern Fringe Secondary scheme has experienced slippage (£2,300k) due to significant delay in construction (£1,509k), this has a knock on effect in procuring fitting and fixtures and ICT equipment (£791k). Northstowe secondary is also reporting slippage (£24k) as design work has not progressed as quickly as expected and is at early option/feasibility stage. Cambridge City Additional Capacity (£7k) part of the project is currently on hold while planning permissions are being sought.

Secondary Schools - Demographic Pressures £1,049k slippage

Two schemes have had increased expenditure since the 2015/16 business plan was approved. Cambourne Secondary expansion (£410k) 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 (£3,500k) due to delays to the start on site. Work is now scheduled to commence in February 2016. The slippage of these schemes is offset slightly by accelerated spend experienced by North Cambridgeshire Secondary (£1,704k). The project has started onsite February 2016 triggering the first payments from Peterborough City Council, it has also been agreed that a £1,500k contribution will be made for the land the school is sited on. Bottisham Village College (£20k) as initial project work has been undertaken

Building Schools for Future; £153k slippage

£153k slippage as costs anticipated in 2015/16 to transfer ICT arrangements from Dell in September 2016 have slipped into 2016/17.

Devolved Formula Capital £698k 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 £1,629k overspend

The forecast £1,329k overspend is due to Castle and Highfield Special School projects continuing from 2014/15 due to delays on site, (£850k) 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 (£779k)

Temporary Accommodation £928k 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 £3,253k 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. Early Years Provision experienced slippage (£590k) due to delays in planning permissions for two schemes which have failed to commence in 2016/17. Small slippage (£29k) on Children's minor works which has not been required in 2015/16

Adults Strategic Investment £718k 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 £356k 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 £2,500k 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 (Mar) £'000	Forecast Funding Variance - Outturn (Mar) £'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	3,577	-1,129
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 Contributions	554	554	0
34,262	Prudential Borrowing	43,355	32,410	-10,945
27,352	Prudential Borrowing (Repayable)	30,197	30,197	0
104,853	Total Funding	102,357	89,584	-12,772

The overall position of the Capital Plan for March 2016 is a net increase in prudential borrowing of £972k






The overall net impact of the movements within the capital plan, results in an expected £12,772k underspend in 2015/16 £1,129k 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 – approved by the GPC on 22nd December 2015.
Revised Phasing (Other Contributions)	-0.7	Isle of Ely Primary – capital contributions of £0.7m have been delayed. A tariff agreement set up with the landowner to cover the infrastructure funded by CCC has been delayed. - as reported in Mar 16 and to be approved by the GPC May 2016..
Revised Phasing (Prudential Borrowing)	0.7	Delayed capital contribution in relation to the Isle of Ely Primary scheme - as reported in Mar 16 and to be approved by the GPC May 2016.



APPENDIX 7 – Performance at end of February 2016




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%	96.5%	95.6%	Feb 16		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	74.7%	75.0%	78.0%	Feb-16		G	154 Primary schools are judged as good or outstanding by Ofsted covering 36446 pupils. Two maintained primary school's remain in an Ofsted category and has specific actions plans in place to support their improvement. (Source:Watchsted)
The proportion pupils attending Cambridgeshire Secondary schools judged good or outstanding by Ofsted	Learning	47.4%	75.0%	49.4%	Feb-16		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 of 32 Secondary schools with Inspection results are judged as good or outstanding, covering 14,550 pupils. This is 49.4% of pupils against the target of 75%. (Source:Watchsted)
The proportion pupils attending Cambridgeshire Special schools judged good or outstanding by Ofsted	Learning	92.9%	75.0%	92.9%	Feb-16		G	8 out of 9 Special schools are judged as Good or outstanding covering 903 (92.9%) pupils.

Measure	Responsible Directorate(s)	Previous period	Target	Actual	Date of latest data	Direction of travel (from previous period)	RAG Status	Comments
No. of 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	87.7%	85.0%	88.3%	Feb-16		G	This indicator is subject to a new calculation method for 2015/16. Performance remains slightly above the target and is improving gradually. Performance is above the national average for 14/15 and will be monitored closely.
RBT-I - Proportion of service users requiring no further service at end of re-ablement phase	Older People & Mental Health	55.4%	57.0%	54.9%	Feb-16		A	Performance has dropped slightly during February. There has been a significant increase in the number of people attending A & E which resulted in high number of admissions across the county. Over the last couple of years we have seen the average age of people increase and often this is associated with greater physical frailty. Whilst we have seen a slight decrease in the number leaving the service with no ongoing care needs we continue to work with people to maximise their independence and achievement of individual goals. We constantly look at existing process to see if we can improve our effectiveness.
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	Childrens Social Care	44.6	32.8 - 38.5	45.6	Feb-16		R	<p>The number of Looked After Children increased to 599 during February 2016. 50 of these (8.3%) are UASC. There are work streams in the LAC Strategy which aim to reduce the rate of growth in the LAC population, or reduce the cost of new placements. These work streams cannot impact current commitment but aim to prevent it increasing:</p> <ul style="list-style-type: none"> • 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%.
% children whose referral to social care occurred within 12 months of a previous referral	Childrens Social Care	20.0%	25.0%	19.6%	Feb-16		G	Performance in re-referrals to children's social care has shown a slight improvement in February and remains within target

Measure	Responsible Directorate(s)	Previous period	Target	Actual	Date of latest data	Direction of travel (from previous period)	RAG Status	Comments
% CAFs where outcomes were achieved	Enhanced & Preventative	77.3%	80.0%	78.0%	Feb-16		A	Performance has improved again during February as the move to the Family CAF continues. We will continue to report on this measure until the end of the financial year. . 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.
BCF Average number of bed-day delays, per 100,000 of population per month (aged 18+) - YTD	Older People & Mental Health	459	406	469	Jan-16		R	<p>In spite of excellent progress earlier in the year we have seen some deterioration in the last few months. The Cambridgeshire health and social care system is experiencing a monthly average of 2,409 bed-day delays, which is 15% above the current BCF target ceiling of 2,088. In December there were 2,868 bed-day delays, up 831 compared to the previous month.</p> <p>We are not complacent and continue to work in collaboration with health colleagues to build on this work. However, since Christmas we have seen a rise in the number of admissions to A & E across the county with several of the hospitals reporting Black Alert. There continues to be challenges in the system overall with gaps in service capacity in both domiciliary care and residential home capacity. However, we are looking at all avenues to ensure that flow is maintained from hospital into the community</p>

Measure	Responsible Directorate(s)	Previous period	Target	Actual	Date of latest data	Direction of travel (from previous period)	RAG Status	Comments
								<p>Between February '15 and January '16 there were 29,183 bed-day delays across the whole of the Cambridgeshire system - representing a 10% decrease on the preceding 12 months.</p> <p>Across this period NHS bed-day delays have decreased by 7% from 21,986 (Feb 14 - Jan 15) to 20,487 (Feb 15 - Jan 16), while bed-day delays attributed to Adult Social Care have decreased from 8,326 (Feb 14 - Jan 15) to 7,388 (Feb 15 - Jan 16) an improvement of 11%.</p>
Average number of ASC attributable bed-day delays per 100,000 population per month (aged 18+) - YTD	Older People & Mental Health	117	94	123	Jan-16		R	Between April '15 - Jan '16 there were 6,335 bed-day delays recorded attributable to ASC in Cambridgeshire. This translates into a rate of 123 delays per 100,000 of 18+ population. For the same period the national rate was 106 delays per 100,000. During this period we invested considerable amounts of staff and management time to improve processes, identify clear performance targets as well as being clear about roles & responsibilities. We continue to work in collaboration with health colleagues to ensure correct and timely discharges from hospital.
1F - Adults in contact with secondary mental health services in employment	Older People & Mental Health	15.4%	12.5%	13.5%	Feb-16		G	Despite a small decrease in performance during February, performance remains above target

Measure	Responsible Directorate(s)	Previous period	Target	Actual	Date of latest data	Direction of travel (from previous period)	RAG Status	Comments
1E - Proportion of adults with learning disabilities in paid employment	Adult Social Care	1.7%	7.5%	2.2%	Feb-16		R	Performance has increased during February though still well below target. As well as a requirement for employment status to be recorded, unless a service user has been assessed or reviewed in the year, the information cannot be considered current. Therefore this indicator is also dependent on the review/assessment performance of LD teams.
FSM/Non-FSM attainment gap % achieving L4+ in Reading, Writing & Maths at KS2	Learning	28	21	28	2015		R	Data for 2015 suggests that the gap has remained unchanged at KS2 but increased significantly at KS4. 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
FSM/Non-FSM attainment gap % achieving 5+ A*-C including English & Maths at GCSE	Learning	31.3	26	37.8	2015		R	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 February 2016

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. The CCS Transfer project has now closed. A new project has been established 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. The Business Plan was agreed by Council in February. Delivery plans are now being finalised, including monitoring 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
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Programme/Project and Lead Director	Brief description and any key issues	RAG
Accelerating Achievement: Keith Grimwade / Meredith Teasdale / Sarah Ferguson	<p>Delivering the strategy aimed at groups of children and young people who are vulnerable to underachievement. Development of the 2016-18 action plan is nearing completion. A revised process for monitoring progress is in development.</p> <p>No key issues.</p>	GREEN
LAC Placements Strategy: Meredith Teasdale	<p>The consultation period on the draft strategy has now closed. The revised final version of the strategy and action plan will be presented to the CYP Committee in March 2016.</p> <p>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.</p>	AMBER
Early Help: Sarah Ferguson	<p>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 and the response was published in February 2016. Recruitment & selection will take place in March 2016.</p> <p>No key issues.</p>	GREEN

CHILDREN AND YOUNG COMMITTEE PEOPLE AGENDA PLAN; APPOINTMENTS TO INTERNAL ADVISORY GROUPS AND OUTSIDE BODIES

To: **Children and Young People Committee**

Meeting Date: **24th May 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; and to consider an appointment to the Mosaic Implementation Members' Reference Group; to receive any reports back from Councillors on the relevant outside bodies on which they represent the Committee.**

Recommendation: **It is recommended that the Children and Young People Committee:-**

- 1. Notes the agenda plan as set out at Appendix A.**
- 2. Reviews its representation on:-**
 - Internal Advisory Groups and Panels (as set out in Appendix B); and**
 - Partnership Liaison and Advisory Groups (as set out in Appendix C).**
- 3. Receives any reports back from representatives on outside bodies.**

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1. AGENDA PLAN

- 1.1. The Children and Young People Committee Agenda Plan is attached as Appendix A.

2. APPOINTMENTS TO INTERNAL ADVISORY GROUPS AND PANELS AND PARTNERSHIP LIAISON AND ADVISORY GROUPS

- 2.1 As this is the first meeting of the new Municipal Year, the Committee is requested to review its representation upon:-
- Internal Advisory Groups and Panels (Appendix A); and
 - Partnership Liaison and Advisory Groups (Appendix B).
- 2.2. Particular reference is drawn to membership of the Members' Reference Group that was set up to oversee the Children, Families and Adults (CFA) Management Information Systems Procurement Project. At its meeting held on 19th January 2016 the Committee considered the outcome of the procurement exercise for the project. In so doing the Committee suggested that it would be desirable for the Member Reference group to remain constituted to oversee the implementation of the project.
- 2.3 A new group has now been established which will be known as the Mosaic Implementation Members' Reference Group. Mosaic is the name of the case management system. It is envisaged that the group will engage with the implementation of the new business software, so that Members are aware of the rationale and direction of travel and have the opportunity to discuss, challenge, influence and support the project.
- 2.4 The group will meet bi-monthly in Shire Hall usually late in the day (after 4pm). The first meeting is scheduled for Thursday 26th May 2016 at 4pm in Shire Hall Room 214.
- 2.5 To achieve political balance on the group, it is appropriate to appoint a Conservative member to replace Councillor Dent on the group. The Committee is therefore invited to appoint a Conservative group representative of the Children and Young People Committee to serve on the Mosaic Implementation Members' Reference Group.

3. REPORTS BACK FROM REPRESENTATIVES ON OUTSIDE BODIES

- 3.1 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.

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.

6. SIGNIFICANT IMPLICATIONS

6.1 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	<i>N/A</i>

CHILDREN AND YOUNG PEOPLE POLICY AND SERVICE COMMITTEE AGENDA PLAN

Published: 3 May 2016
Updated: 16 May 2016

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
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	Democratic Services	Not applicable			
	National Free School Process	C Buckingham	2016/023			
	Educational Outcomes in Cambridgeshire	K Grimwade	Not applicable			
	Transforming Care Plan	C Bruin	Not applicable			
	Draft CFA Procurement Strategy	M Teasdale	Not applicable			
	Children's Centres	S Ferguson	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>[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			
	Risk Register	A Loades	Not applicable			
	Cambridgeshire Catering Service Future Options'	K Grimwade / R Imhoof	Not applicable			
	Arrangements for a Regional Adoption Agency	T Collins	Not applicable			
	Looked After Children (LAC) Strategy Progress Report	M Teasdale	Not applicable			
	Review of Secondary Provision in Cambridge	H Belchamber/ R Lewis	Not applicable			
	Finance and Performance Report	C Malyon/ M Wade	Not Applicable			
	Agenda Plan: Appointments to Outside Bodies and Training Plan	Democratic Services	Not Applicable			
<i>[16/08/16] Provisional Meeting</i>				28/06/16	02/08/16	05/08/16
13/09/16	Minutes and Action Log	Democratic Services	Not Applicable	02/08/16	30/08/16	02/09/16
	Fenland Secondary School Review – Phase 2 consultation	C Buckingham	Not applicable			

Committee date	Agenda item	Lead officer	Reference if key decision	Spokes meeting date	Deadline for draft reports	Agenda despatch date
	Recruitment and Retention Strategy - Update	C Black	Not applicable			
	Sufficiency of Early Years Places	H Belchamber	Not applicable			
	Business Planning	A Loades	Not applicable			
	Cambridgeshire LA's School Improvement Strategy 2016-18	K Grimwade	Not applicable			
	The LA's Role in Education	K Grimwade	Not applicable			
	0-19 – JCU Specification	J Dullaghan	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
	Looked After Children (LAC) Strategy Progress Report	M Teasdale	Not applicable			
	Business Planning	A Loades	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>06/12/16 Provisional Meeting</i>				19/10/16	22/11/16	25/11/16

Committee date	Agenda item	Lead officer	Reference if key decision	Spokes meeting date	Deadline for draft reports	Agenda despatch date
17/01/17	Minutes and Action Log	Democratic Services	Not Applicable	30/11/16	03/01/17	06/01/17
	Risk Register	A Loades	Not Applicable			
	Business Planning	A Loades	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>[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
	Looked After Children (LAC) Strategy Progress Report	M Teasdale	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>[11/04/17] Provisional Meeting</i>				28/02/17	28/03/17	31/03/17
06/06/17	Minutes and Action Log	Democratic Services	Not Applicable	27/04/17	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).

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

APPOINTMENTS TO INTERNAL ADVISORY GROUPS AND PANELS

NAME OF BODY	MEETINGS PER ANNUM	REPS APPOINTED	REPRESENTATIVE(S)	CONTACT DETAILS
Adoption Panel The function of the Adoption Panel is to make quality and appropriate recommendations, and to review recommendations proposed by the Adoption Service. This is in relation to whether the child should be placed for adoption; whether a prospective adopter(s) is suitable to adopt a child; and whether the child should be placed for adoption with a particular prospective adopter.	11	2	Councillor P Brown (Con)	Barbro Loader Adoption Partnership Manager Barbro.Loader@cambridgeshire.gov.uk
Cambridgeshire Culture Steering Group The role of the group is to give direction to the implementation of Cambridgeshire Culture, agree the use of the Cambridgeshire Culture Fund, ensure the maintenance and development of the County Art Collection and oversee the loan scheme to school and the work of the three Cambridgeshire Culture Area Groups.	3	3	1. Councillor D Harty (Con) 2. Councillor N Kavanagh (Lab) 3. Councillor P Downes (LD)	Keith Grimwade Service Director - Learning 01223 507165 Keith.Grimwade@cambridgeshire.gov.uk

NAME OF BODY	MEETINGS PER ANNUM	REPS APPOINTED	REPRESENTATIVE(S)	CONTACT DETAILS
Cambridgeshire Schools Forum The Cambridgeshire Schools Forum exists to facilitate the involvement of schools and settings in the distribution of relevant funding within the local authority area	6	3 Observer Status	1. Councillor P Downes (LD) 2. Councillor D Harty (Con) 3. Councillor J Whitehead (Lab)	Rob Sanderson Democratic Services Officer 01223 699181 rob.sanderson@cambridgeshire.gov.uk
Children, Families and Adults Management Information Systems Mosaic Implementation Members' Reference Group		1	1. Councillor B Chapman (Ind) 2. Councillor P Clapp (UKIP) 3. <i>vacancy (Con)</i> 4. Councillor I Manning (LD) 5. Councillor M Tew (UKIP) 6. Councillor P Topping (Con) 7. Councillor G Wilson (LD)	Chris Rundell Head of Information Management 01223 699010 Chris.rundell@cambridgeshire.gov.uk

NAME OF BODY	MEETINGS PER ANNUM	REPS APPOINTED	REPRESENTATIVE(S)	CONTACT DETAILS
Corporate Parenting Partnership Board The Corporate Parenting Partnership Board looks after the interests of all children and young people who are looked after. As corporate parents, the Council will strive to ensure we provide our Looked After children with safe and supportive care which promotes their talents, skills and potential and encourages them to be the best that they can be	4	6	1. Councillor D Brown (Con) 2. Councillor D Divine (UKIP) 3. Councillor P Downes (LD) 4. Councillor F Onasanya (Lab) 6. Councillor J Whitehead (Lab)	Cheryl Phillips Business Support Assistant and LAC Health Liaison 01223 703236 Cheryl.Phillips@cambridgeshire.gov.uk
Fostering Panel Recommends approval and review of foster carers and long term / permanent matches between specific children, looked after children and foster carers.	2 all-day panel meetings a month	2	1. Councillor P Topping (Con) 2. vacancy	Jill Blose Service Manager for Fostering & Adoption 01480 372494 Jill.Blose@cambridgeshire.gov.uk

NAME OF BODY	MEETINGS PER ANNUM	REPS APPOINTED	REPRESENTATIVE(S)	CONTACT DETAILS
New Street Ragged School Trust Management of the Cambridge Learning Bus, which visits Cambridge City schools to provide additional learning experiences for primary aged children.	2	1	1.Councillor L Nethsingha (LD) 2. Councillor J Whitehead (Lab)	Keith Grimwade Service Director – Learning 01223 507165 Keith.Grimwade@cambridgeshire.gov.uk
Next Steps Board To oversee continued improvement in social care.		2	1. Councillor D Brown (Con) 2. Councillor J Whitehead (Lab)	Clare Rose Project Manager 01223 703889 Clare.rose@cambridgeshire.gov.uk

NAME OF BODY	MEETINGS PER ANNUM	REPS APPOINTED	REPRESENTATIVE(S)	CONTACT DETAILS
Places Planning Project Board An internal meeting bringing together all services involved with school and setting place planning.	6	1	Councillor D Harty (Con)	Keith Grimwade Service Director – Learning 01223 507165 Keith.Grimwade@cambridgeshire.gov.uk
Standing Advisory Council for Religious Education (SACRE) To advise on matters relating to collective worship in community schools and on religious education.	As required	3	1. Councillor E Cearns (LD) 2. Councillor T Orgee (Con) 3. Labour (TBA)	Keith Grimwade Service Director – Learning 01223 507165 Keith.Grimwade@cambridgeshire.gov.uk

NAME OF BODY	MEETINGS PER ANNUM	REPS APPOINTED	REPRESENTATIVE(S)	CONTACT DETAILS
<p>Transitions Partnership Board</p> <p>To enable young people aged between 14 and 25 years, with additional needs who are eligible under fairer access to care legislation, to move successfully into the adult world through strategic planning and inter-agency co-operation.</p> <p>To ensure that robust Transition arrangements are in place across the County and deliver consistent outcomes.</p>	3	2	<p>1. Councillor S Bywater (UKIP)</p> <p>2. Councillor G Kenney (Con)</p> <p>One appointment from Adults Committee and one from Children and Young People's Committee.</p>	<p>Clare Rose</p> <p>Project Manager</p> <p>01223 703889</p> <p>Clare.Rose@cambridgeshire.gov.uk</p>
<p>Virtual School Management Board</p> <p>The Virtual School Management Board will act as "governing body" to the Head of Virtual School, which will allow the Member representative to link directly to the Corporate Parenting Partnership Board</p>		1	<p>Councillor P Downes (LD)</p>	<p>Keith Grimwade</p> <p>Service Director – Learning</p> <p>01223 507165</p> <p>Keith.Grimwade@cambridgeshire.gov.uk</p>

CAMBRIDGESHIRE COUNTY COUNCIL APPOINTMENTS TO PARTNERSHIP LIAISON AND ADVISORY GROUPS

Cambridge University Technical College A specialist science college for 14-19 year olds providing a curriculum closely aligned to the local and national labour markets in Biomedical and Environmental Science and Technology		1	Cllr T Orgee (Con)	Miss A Constantine Chair of Governors UTC Cambridge Robinson Way CAMBRIDGE CB2 0SZ Tel: 01223 969004 Email: aconstantine@camre.ac.uk
Cambridgeshire Children's Trust Executive Partnership The Cambridgeshire Children's Trust Executive Partnership is a partnership which oversees the work of the Area Partnerships, the work that it co-ordinates and provides synergy between work areas.	2	1	Councillor J Whitehead (Lab) (Sub: Councillor D Brown (Con))	Ruth Yule Democratic Services Officer 01223 699184 ruth.yule@cambridgeshire.gov.uk

Cambridgeshire Music Hub A partnership of school music providers, led by the County Council, to deliver the government's National Plan for School Music.	3	1	1. Councillor D Harty (Con) 2. Councillor P Downes (LD)	Keith Grimwade Service Director – Learning 01223 507165 Keith.Grimwade@cambridgeshire.gov.uk
Child Poverty Champions Group The Child Poverty Champions Group was set up in response to the Child Poverty Act 2010, which gives local authorities the statutory duty to work with Partners to combat child poverty and to mitigate its effects. The Group brings together Partners from the statutory and voluntary sector to develop a triennial Child Poverty Strategy, and meets termly to develop and report on actions arising from the strategy.	3	1	Councillor S Bywater (UKIP)	Lisa Faulkner Strategy Manager, Strategy and Commissioning 01223 729162 lisa.faulkner@cambridgeshire.gov.uk
Children's Health Joint Commissioning Board Health and Local Authority Commissioners work together to improve the quality of provision of services delivered to children and families and comment on the performance of health contracts which affect children and young people in Cambridgeshire.	6	2	1. Councillor P Brown (Con) 2. Councillor L Nethsingha (LD)	Meredith Teasdale Service Director: Strategy and Commissioning 01223 714568 Meredith.teasdale@cambridgeshire.gov.uk

College of West Anglia Governing Body One up to sixteen members who appear to the Corporation to have the necessary skills to ensure that the Corporation carries out its functions under article 3 of the Articles of Government.	5	1	Councillor S Count (Con) [4 year appointment]	Rochelle Woodcock Clerk to the Corporation The College of West Anglia 01553 815288 rwoodcock@col-westanglia.ac.uk
F40 Group F40 represents a group of the poorest funded education authorities in England where government-set cash allocations for primary and secondary pupils are the lowest in the country.	TBC	1 +sub	Councillor D Harty (Con) Sub: Councillor P Downes (LD)	Meredith Teasdale Service Director: Strategy and Commissioning 01223 714568 Meredith.teasdale@cambridgeshire.gov.uk
Joint Consultative Committee (Teachers) The Joint Committee provides an opportunity for trade unions to discuss matters of mutual interest in relation to educational policy for Cambridgeshire with elected Members	2	6	1. Councillor D Brown (Con) 2. Councillor D Divine (UKIP) 3. Councillor P Downes (Lib Dem) 4. Councillor F Onasanya (Lab) 5. Vacancy (Ind) 6. Councillor J Whitehead (Lab)	Ruth Yule Democratic Services Officer 01223 699184 ruth.yule@cambridgeshire.gov.uk

<p>Local Safeguarding Children's Board</p> <p>LSCBs have been established by the government to ensure that organisations work together to safeguard children and promote their welfare. In Cambridgeshire this includes Social Care Services, Education, Health, the Police, Probation, Sports and Leisure Services, the Voluntary Sector, Youth Offending Team and Early Years Services.</p>		1	Councillor J Whitehead (Lab)	
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