

Appendix 2b

Children and Young People Committee

Pressures and Investment Proposals

Children's Occupational Therapy	Page 1
SEND Capacity	Page 14
Children's Disability	Page 22
SAFE Team	Page 30

Business Planning: Business Case - Investment proposal

Project Title: Children's Occupational Therapy Investment

Committee: Children and Young Peoples (CYP) Committee

2022-23 Investment: £496,000

Brief Description of proposal:

Approval for permanent recurrent additional funding of £496,000 for Paediatric Occupational Therapy in Cambridgeshire County Council via a Section 75 agreement with Cambridgeshire Community Services.

Date of version: 14 September 2021

BP Reference: A/R.4.037

Business Leads / Sponsors: Lucy Loia, Senior Commissioner, SEND
Toni Bailey, Assistant Director for SEND & Inclusion

1. Please describe what the proposed outcomes are:

In June 2021, CYP Committee noted an interim investment of £261,000 into the Occupational Therapy (OT) Service in Cambridgeshire, delivered by Cambridgeshire Community Services (CCS) via a Section 75 agreement.

CYP committee also noted permanent recurrent funding will be required to be approved as part of the business planning process for 2022/23 onwards in line with the ongoing commissioning and review of the contract between Cambridgeshire County Council and CCS. The recurrent funding was agreed at £496,000 per annum.

Until March 2021, the service was funded fully by the Dedicated Schools Grant (DSG) and High Needs Block at a value of £245,000. There were a number of issues identified in relation to the funding arrangement and the use of the DSG, as the service actually provides support to both children and young people with an Education, Health and Care Plan (EHCP) but also those known and open to Disabled Children's Social Care. This is highlighted and explained in more detail later in the business case.

The Clinical Commissioning Groups (CCG) health contribution to CCS Occupational Therapy service is £685k, to support Health OT elements.

There was an inequity of funding to support the joint approach across health, social care and education. Of the £245k from CCC for the social care element of the OT role; £210k currently funds the housing pathway (major adaptation work primarily), leaving £35k to fund staff across the whole county for equipment, moving/handling assessment/review etc. Other funding from CCC included ad hoc payments for tribunal-related work and a Service Level Agreement (SLA) for mainstream school staff and school adaptation work.

Specific tribunal pressures – In 2020, CCS had in excess of 52 requests from Education; ranging from tribunal request input into mediation related to tribunals, advice following an independent OT report has been received etc. These could not be managed within the existing caseloads and so resulted in additional spot purchases of around £75,000 to the Special Educational Needs & Disabilities (SEND) service.

Caseload sizes are up to 50% higher compared with the Royal College of Occupational Therapy recommendations with CCS OTs typically carrying a caseload of 47 vs. a recommendation of 23.

The Section 75 for OT identifies both education and social care support within the scope of delivery, however CCS report that they are currently only providing support for the Social Care service (including the provision of disabled facilities grants and housing adaptations) and the budget for this is already pressured. Support for education provision is being provided, however this is spot purchased by the SEND Service over and above the current S75 agreement.

There is no permanent recurrent budget for OT within Social Care or in other Council

funded budget and the only available funding is via Designated Schools Grant and High Needs Block, which is not a sustainable position long term in respect of demand or equity in funding provision. The high needs block guidance is clear on the use of funding in relation to therapies not met by primary care or NHS Services, however this funding requirement is outside of that scope and for the provision of Social Work; and therefore, needs to be provided from General Council Funds. The definitions are detailed below:

High Needs Block

Therapies and other health related services: include costs associated with the provision or purchase of speech, physiotherapy and occupational therapies. Include any expenditure on the provision of special medical support for individual pupils which is not met by a Primary Care Trust, National Health Service Trust or Local Health Board.

Local Authority

Social work (including local authority functions in relation to child protection): Social workers who are directly involved with the care of children and with the commissioning of services for children. Include most of the direct social work costs (except those detailed below), including the processes for assessing need, determining, and defining the service to be provided and reviewing the quality of and continued relevance of that care for children. Also include:

- Child protection costs;
- Field social work costs (include hospital social workers);
- Occupational therapy services to children;
- Relevant support staff costs.

Therefore, the Council need to provide more funds to meet the statutory requirements and duties for disabled children, for example Section 27 of the Children Act 1989 which encourages Councils to engage other agencies in the assessment of children:

“The guidance places emphasis on the importance of involving other agencies - paragraph 5.3 states:

...These ‘agencies’ could include a child’s school, GP, physiotherapist, speech and language therapist, occupational therapist and other professionals they may have had contact with.”

The OT service provides input to children with an Education, Health and Care Plan (EHCP). The service should also provide support to children and young people who have SEND needs that may not have an EHCP. However, this is limited due to capacity and funding shortfalls. In 2020, out of the 768 children on the existing/current caseloads, 517 have an EHCP.

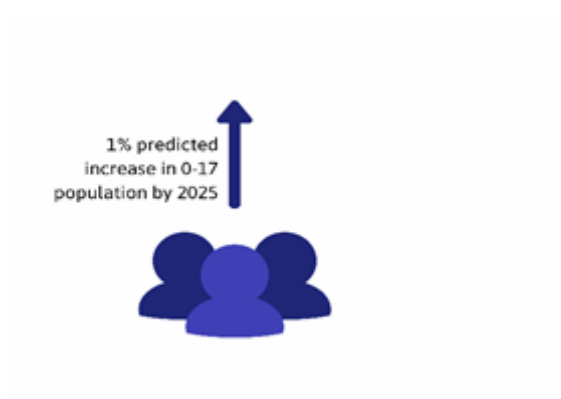
Within an integrated service and the nature of Occupational Therapy, it is not currently possible to accurately divide a child's care into what is school, what is home and what is health when collating data. Best practice would view the child holistically and discuss all elements of daily living. The data below from a typical year (2018 and 2019) sets out broadly the primary category for input:

	Percentage of overall number of referrals in (averaged over two years)	
Health	12%	Reason for input linked to Health in 56% of all referrals
Health and Local Authority	36%	
Health and Social Care	8%	
Local Authority	20%	Reason for input linked to Local education authority in 56% of all referrals
Social Care	24%	Reason for input linked to social care in 32% of all referrals

It is important to note that this doesn't capture the amount of time spent on an average case under each category, which naturally is dependent upon the complexity of the child's needs related to Occupational Therapy.

Demand and Growth in Population

Cambridgeshire is predicted to see a 1% growth in population size of 0-17 year-olds in the coming five years.



In the next five years England overall expects a 2% increase in the 0-17 population.

Cambridgeshire is set to have significant new housing development with a total of 74,000 new homes to be built by 2031 across the five districts. Including a new town, Northstowe, north of Cambridge which will create 9,500 new homes. On top of this single large development there will be multiple smaller developments of around 600 homes each, with each development requiring its' own school and early years/childcare facilities. Also in

Cambridgeshire, there are a number of interdependent commissioning priorities and capital planning programmes that look to address and respond to growth in population, demand for EHCP's and the increasing complexity of need of children, young people and adults. These are all likely to further increase the demand for Occupational Therapy and therapeutic interventions to enable inclusion in Schools.

1. Enhanced Resource Base Review (ERB) – a review of the cost, quality and provision of ERBs that provide inclusive provision for children and young people with Autism on mainstream school sites.
2. New School Provision – Development of three new special Schools across the County.
3. Special School Expansion on two sites and alternations to age range and status on a further site ;
4. As well as the new Children's Hospital on the Addenbrookes site

Demand and Growth in EHCPs in Cambridgeshire

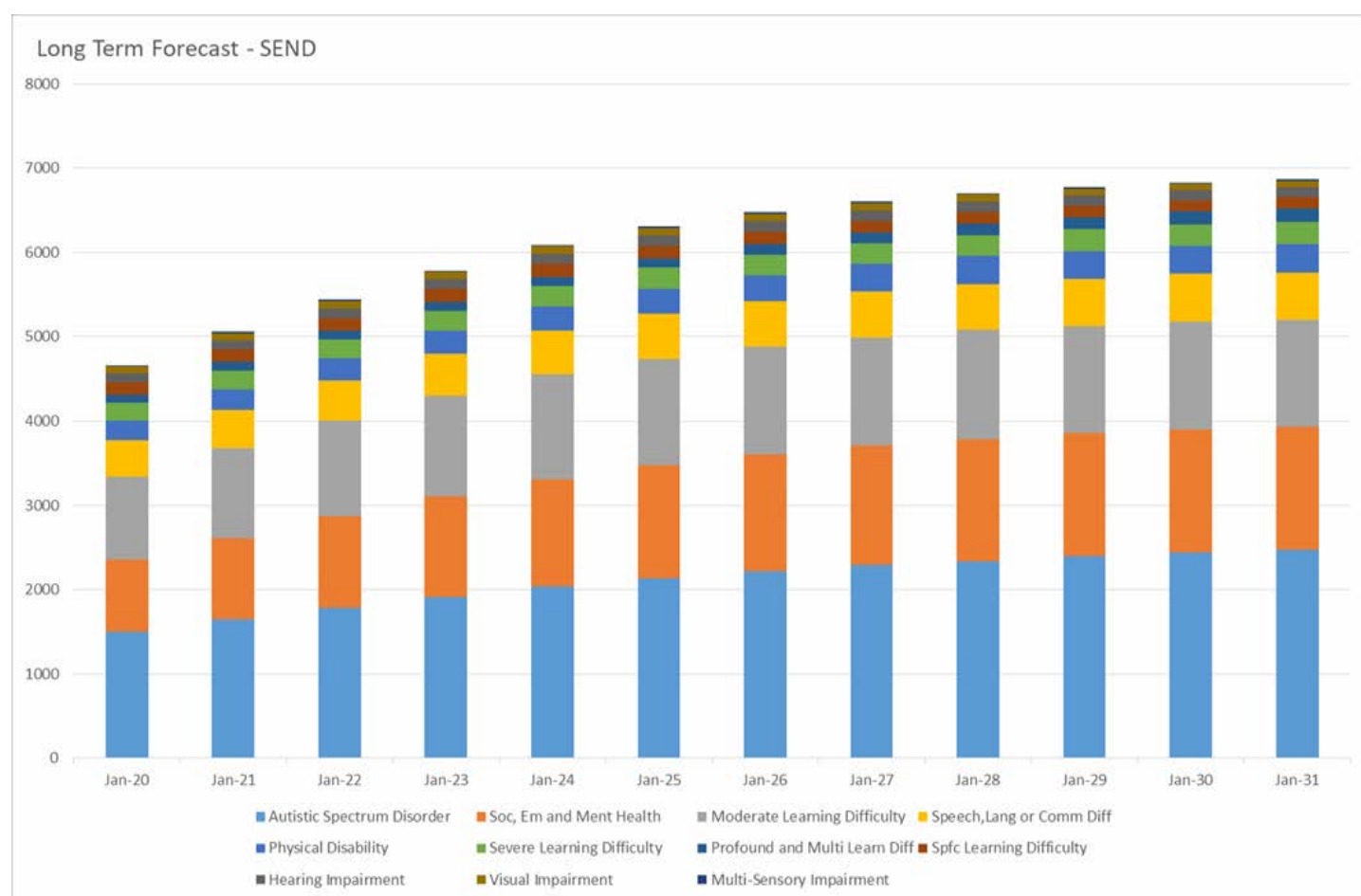
Cambridgeshire County Council are anticipating a growth of approximately 47% of EHCPs in the next 10 years. Much of this growth occurs in the coming five years, with particular notable increase in both Autism Spectrum Disorder [65%], Social Emotional Mental Health [70%] and Profound and Multiple Learning Disabilities [63%]

There are growth areas and variable financial impacts as a result of this growth, however these figures are specifically pertinent to the provision of Occupational Therapy in Education Settings and in children and young people's homes.

Table 1 is a simple representation of the total growth across all age categories and educational need groups.

Educational Need	Jan 20	Jan 31	Change	% Change
Autistic Spectrum Disorder	1497	2475	978	65.3%
Social Emotional Mental Health	857	1458	601	70.1%
Moderate Learning Difficulty	989	1270	281	28.4%
Speech, Lang or Comm Difficulty	434	561	127	29.£%
Physical Difficulty	228	337	109	47.8%
Severe Learning Difficulty	209	265	56	26.8%
Profound and Mult Learn Diff	97	159	62	63.6%
Spfc Learning Disability	146	129	-17	-11.6%
Hearing Impairment	110	124	14	12.7%
Visual Impairment	84	71	-13	-15.5%
Multi Sensory Impairment	11	17	6	54.5%
Total	4662	6866	2205	47.3%

Table 2 represents the same information above but demonstrates the data over time to articulate the specific growth areas and when they occur.



Growth and Demand in Disabled Children

Table 3 outlines the predicted growth of the 0-18 population across Cambridgeshire and Peterborough; the 8% prevalence rate (as per the Department for Works and Pensions Family Resource Survey) has been applied to try and get a better understanding of the number of children and young people with disabilities across both counties.

Population Forecasting 2016-2036

Year	0-4	5-14	15-17	Total 0-17	% INCREASE ON 2016	8% PREVALENCE RATE APPLIED
2016	58,810	101,870	28,550	184,230	-	14,738
2021	56,630	113,540	30,530	200,700	8.94%	16,056
2026	60,230	119,190	35,580	215,000	16.70%	17,200
2031	59,560	112,650	35,660	217,870	18.26%	17,430
2036	57,670	121,690	36,830	216,460	17.49%	17,137

The table demonstrates that we can expect to see a rise in children with disabilities of over 17% in the next ten years, around 2500 more children than in 2016.

Table 4 outlines the number of children and young people open to Social Care currently, and the projected increase based on previous years.

	Current CCC	Project CCC (2036)**
Open under 1989 Children Act	280	333
Open under the Chronically Sick & Disabled Persons Act (CSDPA)	828*	989

*646 of whom are accessing the Local Short Break Offer

**assuming growth in line with population

This demonstrates that we can expect a rise of around 18% of children and young people open to social care over the next ten years.

It is not possible to consolidate the totality of data available that assists us in understanding the exact demand for OT services, as many children may or may not have an EHCP, may or may not have a disability; and there is variance in the level of interventions required at any one time for children and young people.

However, we know already that the service is not sufficient in meeting the demands of existing cases as set out within Section 2, at least a third of children and young people on existing case loads do have an EHCP and, as mentioned above, case loads are already over 50% higher than what is considered best practice.

There are currently around 500 [10% of the total number of EHCPs] children and young people with an EHCP accessing the OT service, we can therefore broadly assume that based on EHCP data alone, if there are 2200 more EHCPs in the next ten years, with significant spikes in 2021-2025 [around 1500 new plans] then in the next three years we can expect around 150 children with EHCPs alone requiring OT support, in addition to those already accessing the service.

Outcomes to be achieved:

Communities at the heart of everything we do

- Access to education and support to live within the home and local community.
- Upskilled workforce to ensure education and social care staff have the skills to meet the needs of their communities.
- A county with good quality of provision and offer, supporting the response to the growth and development of our communities and population.

A good quality of life for everyone

- Timely and good quality provision of OT for children and young people with and without

disabilities and SEND.

- Efficient provision of OT without delay.
- Integrated service to ensure consistency in assessment and support.

Helping our children learn, develop and live life to the full

- Early intervention
- Prevention of escalation in need
- Family resilience and skilled parenting and support
- Independence of children and young people and ability to remain in their local schools and communities
- Sufficient funding for a fully integrated model
- Well prepared parents

2. What evidence has been used to support this work, how does this link to any existing strategies/policies?

This programme of work and the ongoing need for an Integrated Education, Health and Social Care Occupational Therapy Service, along with the continuing need to ensure sufficient provision of service to meet future demand, is well articulated in both the Council's SEND Strategy and SEND sufficiency strategy, as well as a continuous programme of work through the SEND Recovery and Transformation Board in relation to ensuring early intervention and prevention to manage demand of EHCP's and ensure needs are met locally, within existing school settings, with the skills and resources to ensure inclusion.

CCS have told us that the additional funding and resources will provide the following impact:

- Use of our specialist knowledge with regards to supporting provision needs (assessments, reports, intervention within core offer and discussions when additional input is required)
- A training offer to SENCOs and settings around core areas identified within our team and at SENCO forums to again ensure efficient referrals and knowledge across Peterborough
- Updated resource guides sign post to our universal offer (so Parents and Settings can access for free online) and a more targeted offer suggesting resources either freely or commercially available for settings/teachers to follow up on if ongoing concerns

Providers told us that "Positive work on jointly commissioned services is beginning to make a difference. For example, the additional budgets used to increase capacity within the Occupational Therapy team means that there are sufficient budgets to meet current demand and implement a changed model that will see a reduction in waiting times for children and young people; as well as smoothing the gaps in assessment and provision for 19-25 year-olds."

The funding will be pooled to ensure seamless and efficiency of delivery, under a single service specification between Cambridgeshire County Council and Cambridgeshire Community Services, with the existing £245k primarily funding the SEND provision [namely EHCP assessment, advice and tribunal] and the additional funding supporting the social care elements [namely housing adaptations, disabled facilities grants and assessments], therefore ensuring appropriate use of both DSG and Council general funds.

3. Has an options and feasibility study been undertaken? Please explain what options have been considered.

The Cambridgeshire and Peterborough CCG already block purchase Occupational Therapy via CCS and the Councils S75 agreement extends that offer to meet the needs of children and young people open to Social Care and with SEND. Therefore, there is little benefit to commissioning the additional proposed capacity via an alternative route, as this will undermine the economies of scale, integration and seamless delivery of provision for children, young people and families.

4. What are the next steps/ actions the Council should take to pursue it? Please include timescales.

The current contract is jointly commissioned between the Local Authority and C&P CCG and will continue to be contract managed, commissioned and report to the Joint Child Health Commissioning Board.

Following approval of recurrent funding, the service specification and S75 agreement will be adjusted to reflect the permanent nature of funding and Key Performance Indicators and contract monitoring meetings are already well established.

Task	Start Date	End Date	Overall Responsibility
Draft Section 75	Commenced for 2021/22 funding	December 2021	Lucy Loia
Contract Management	January 2021	Ongoing	Lucy Loia
Commence Integration programme	January 2021	March 2022	Jenny Maine, Peterborough & Cambridgeshire Clinical Commissioning Group

5. Could this have any effects on people with Protected Characteristics including poverty and rural isolation? If so please provide as much detail as possible.

The contract and additional funding are likely to improve and have a positive impact on those with protected characteristics including poverty and rural isolation, as it will extend the capacity and resources within the service and therefore in turn will bolster the offer of both targeted and specialised services, but also the universal offer provided within schools. No negative impacts can be foreseen at present, however an Equality Impact Assessment will be developed to ensure we are considering people with protected characteristics in our decision making and to allow us to mitigate against any risks of adverse impacts.

6. What financial and non-financial benefits are there and how will you measure the performance of these? Are there any dis-benefits? These MUST include how this will benefit the wider internal and external system.

Funding Breakdown

Funding Options

Year 1: 2021/22 Additional Staffing Requirement

2 x Band 7 OTs –Education
 1 x Band 6 OT – Education
 1 x Band 7 OT – Social Care

Note “Band” is in relation to the NHS pay band.

- This funding was already secured, pro rate, as detailed in with section 1.2
- The provision of services primarily covers Education Health and Care Plan Assessment, Tribunals and support and training in schools and settings.
- It includes the application of a tiered model (universal, targeted, specialist) to make most efficient use of Occupational Therapy services.
- The provision of services has reduced unsustainable caseload levels.
- The provision of services has increased the training offer to all special schools, further releasing capacity on the targeted and specialist service provided by CCS.

Total for 2021/22 £260,970

Year 2: 2022/23 Additional Staffing Requirement

- 1 x Band 6 – Education
- 1 x Band 6 – social care
- 2 x Band 4 – education
- 1 x Band 4 – social care

- This is new and recurring money as requested by this paper.
- It will support the further roll-out of the tiered model – focussing on targeted support within schools and pre -schools.
- Create a sustainable service with introduction of further skill mix, support the apprenticeship ‘grow your own’ scheme.
- Support clinical delivery.
- Sustainable caseload levels for social care elements of the OT role.

Total for 2022/23 £235,482

The total overall additional funding for CCS children’s OT service from Cambridgeshire County Council:	
2021/22 and 2022/23	496,452

Therefore, the combined increase inclusive of the existing funding of £245k from the Dedicated Schools Grant [DSG] and the additional requested funding detailed throughout 5.0 will be:

Current Funding	£245k
Requested uplift for 21/22	£261k
Total Funding for 21/22 – which would then be permanent in the base	£506k
Requested uplift for 22/23	£235k
Total Funding for 22/23 – which would then be permanent in the base	£741k

Non-Financial Benefits

- Use of our specialist knowledge with regards to supporting provision needs (assessments, reports, intervention within core offer and discussions when additional input is required)
- A training offer to SENCOs and settings around core areas identified within our team and at SENCO forums to again ensure efficient referrals and knowledge across Peterborough

- Updated resource guides sign post to our universal offer (so Parents and Settings can access for free online) and a more targeted offer suggesting resources either freely or commercially available for settings/teachers to follow up on if ongoing concerns
- Improved timeliness of assessment and provision
- Improved confidence in accessibility and provision of support
- Equitable provision of services across education and social care

7. Are there any identified risks which may impact on the potential delivery of this? What is the risk if we do not act?

Risk	Mitigation	RAG (should the risk occur)	Overall Responsibility
Failure to negotiate new specification	This is already in final form and new offer from CCS is in writing	Amber	P&CCCG Childrens Commissioning
Recruitment – national shortfall in workforce causing both delays in services for families and non-delivery against contract	Recoupment mechanisms within the specification on vacancies Provision of private OT's with recoupment [although more costly]	Amber	CCS
Ongoing increasing demand – so may additional resources in the future	Close contract managements and deployment of resource to manage demand Upskilling of schools so improved universal offer reducing demand on specialist therapies	Amber	P&CCCG Childrens Commissioning CCS
Inaccurate forecasts	Forecasts are redefined annually in line with SEN2 return	Amber	P&CCCG Childrens Commissioning
	<i>Contract management and analysis of management information</i>		CCS

8. Scope: What is within scope? What is outside of scope?

The service covers education and social care in Cambridgeshire only. Peterborough City Council is out of scope for this business case, as is any other therapies already commissioned by the Council.

Summary & Recommendations

1. There is already a significant pressure on the existing Occupational Therapy Service across Cambridgeshire, significantly impacting on the timeliness and efficiency of provision offered to children and young people eligible for service. In addition, there is a growing financial pressure on services as a result of a lack of Occupational Provision in order to assess and provide quality EHCP advice and subsequently robust evidence of provision resulting in expedition of tribunal process.
2. There is also an opportunity to conduct a full and proper commissioning exercise that looks to understand the detailed and segmented demand likely to require Occupational Therapy in the future and ensure the totality of resources across all funding services and organisations to deliver efficient, effective, high quality and good value provision through the implementation of an integrated service delivery model across education, health and social care.
3. However, the current funding arrangements are significantly stalling the ability to deliver early intervention, prevention and timely provision of advice and support and therefore it is recommended that the funding identified in 5.0 is agreed under an interim service specification to address the immediate issues and concerns, whilst allowing for a sufficient pool of resources to be considered as part of an Occupational Therapy review and identification of the correct service delivery model to ensure a robust and sustainable provision in the future.

Business Planning: Business Case Investment proposal

Project Title: SEND Capacity

Committee: Childrens and Young People (CYP)

2022-23 Investment amount: £562,200 / £325k

Annual permanent investment of £562,200. Plus a one off investment in 22/23 of £325k

Brief Description of proposal: SEND (Special Educational Needs and Disability) Capacity to address resourcing challenges with Education, as previously approved at JMT (Joint Management Team).

Date of version: 17 September 2021

BP Reference: A/R.4.038

Business Leads / Sponsors: Jonathan Lewis, Director of Education

1. Please describe what the proposed outcomes are:

This business case outlines the need for a permanent increase in base budget for the service, so we can keep pace with our statutory responsibility. A huge amount of work is currently underway to look at savings/transformation in SEND, but in this area, any efficiency saving is likely to be offset by increasing numbers, especially as growth in numbers is highest in the primary sector and these will move through into secondary where rates are lower.

Additional capacity is required in the following teams, with the full cost breakdown contained in section 8:

- Statutory assessment team - Casework and Business Officers
- Educational psychology - Educational Psychologists
- Place planning and business intelligence - Education Officer with SEND specialism and Senior Analyst.

The Statutory Assessment Team is required to undertake the following tasks, all of which relate to the statutory duties of the Local Authority:

<p>Managing Education Health and Care Needs Assessment (EHCNA) and Education, Health and Care Plan (EHCP) processes</p>	<p>These processes include managing within statutory timescales:</p> <ul style="list-style-type: none"> • Requests for Education Health and Care Plan Needs Assessment (EHCNA). • Statutory EHCP planning meetings with parents. • Preparing and issuing proposed, amended and final EHCPs. • EHCP Annual Review monitoring and issuing amended EHCPs.
<p>Arranging placements and provision for children and young people with EHCPs (or Statements).</p>	<p>These processes include managing, within statutory timescales, the following:</p> <ul style="list-style-type: none"> • The LA response to parent and/or child /young person (C/YP) views. • Consultation with special and mainstream schools and education settings to arrange placement. This includes placements in Independent Special Educational Provision (ISEP). • The monitoring of start and end dates for C/YP in special educational provision. • The annual phase transfer of C/YP with EHCPs (e.g. Primary to secondary school). • Placement of C/YP arriving in Cambridgeshire from another LA. • Provision of alternative education such as home tuition where required. • Provision of specialist equipment, therapies, specialist support where required.

	<ul style="list-style-type: none"> • Resolution of placement breakdown – including exploration of alternative placement or provision. • Provision of advice on transport needs for pupils with EHCP.
Financial management.	<ul style="list-style-type: none"> • Allocation of top up funding to mainstream schools, colleges, special schools and units for students with EHCPs. Checking start and end dates and monthly updating central finance records. • Raising purchase orders for Independent School placements – managing within-year-adjustments – checking start and end dates – updating records • Ordering specialist equipment – raising purchase orders – checking costs against committed expenditure. • Provision of monthly financial reports (e.g. general ledger) • Management of recoupment. • Home tuition for pupils Educated at home – managing referrals – managing provider bids - raising purchase orders – checking invoices – checking start and end dates - updating records – scanning provider contracts.
Each of the above responsibilities carries extensive administrative processes including the preparation of EHCP documents themselves, papers for panels, papers for SEN Tribunals, record keeping, finance spreadsheets, performance reports, letters to parents, schools, and other professionals	

Current team pressures in the Statutory Assessment Team and SEND District Teams (Educational Psychology)

The service maintains consistently high key performance indicators for Statutory Assessment, the high percentage rate of timescales being met for 20 week assessment masks an underbelly of strain within the system. Educational Psychologists, as part of the wider multi-disciplinary SEND district teams offer a time allocation model to schools. We are now seeing a pattern where Educational Psychologists non-statutory assessment time is being suspended to be able to fulfil the numbers of statutory assessments. This comes at a time where preventative work and critical incidents are more crucial than ever. Where early intervention support decreases, Cambridgeshire will see an even greater demand for EHCPs.

Over the past three years, our Annual Review processing within Business Support runs at around 6-12 months behind timescales. Again, this is a common issue across the Eastern region and beyond, with some London authorities, for example, reporting a three year back log in Annual Reviews. The crucial issue here, though, is that casework officers and Educational Psychologist do not have the capacity to:

- Attend annual reviews – this is leading to a lack of capacity to de-escalate when needs have been met.

- Attend annual reviews at key points of transition.
- Have adequate time to analyse annual reviews carried out by the setting and agree or challenge wording, changes to provision, use of funding, quality of outcomes or consideration for the ceasing of plans where outcomes have been achieved.
- Where there are emergency annual reviews, Educational Psychologists or Casework Officers are not always able to attend, to facilitate solutions which prevent breakdown of placement. There is a direct correlation between these instances and the increase of pupils moving on to expensive tuition programmes, into special school or more specialist independent provision.

Analysis of recent data around complaints highlights the significant amount of complaints and Local Government Ombudsmen (LGO) investigations relating to the Statutory Assessment Team in particular complaints related to delays in meeting statutory deadlines. Mediation and Tribunals are currently covered by one Casework Officer (CWO) (0.8) and this volume of work is too high. This is currently a single point of failure for the Statutory Assessment Team.

Place Planning team works effectively and efficiently to ensure the delivery of all of the Council's statutory duties with respect to mainstream education place planning, specifically securing an appropriate match between places and demand for the populations served by Cambridgeshire County Council (CCC) and Peterborough City Council (PCC), including through the commissioning of new provision to serve children and young people in the 0-19 age range. It does this with the support of Business Intelligence, Education Capital and Planning colleagues.

Currently the provision for SEND children sits outside of this team and the responsibility for the strategic planning for SEND places and schools is not supported by a dedicated and skilled SEND place planning team. Place planning at this strategic level should be the same for all children irrespective of their needs. In some ways, the information utilised by the place planning team also covers the demographics and changing needs of children with SEND as the demographic and sufficiency data which informs the Place Planning Team's work is based on birth rate analysis as well as growth in housing, amongst other factors. All these factors include a percentage of SEND needs, which potentially, is not accurately being fully incorporated into plans within the overall place planning strategy.

This proposal seeks to add capacity to the existing and excellent place planning team, enabling them to have, within their compliment, a dedicated SEND officer, who can work alongside the team and utilise specific data from Business Intelligence and Commissioning to ensure we have a strategic approach to planning education infrastructure that incorporates all children irrespective of needs. Plus additional Senior Analyst Role within Business Intelligence for forecast modelling, data interpretation and model development.

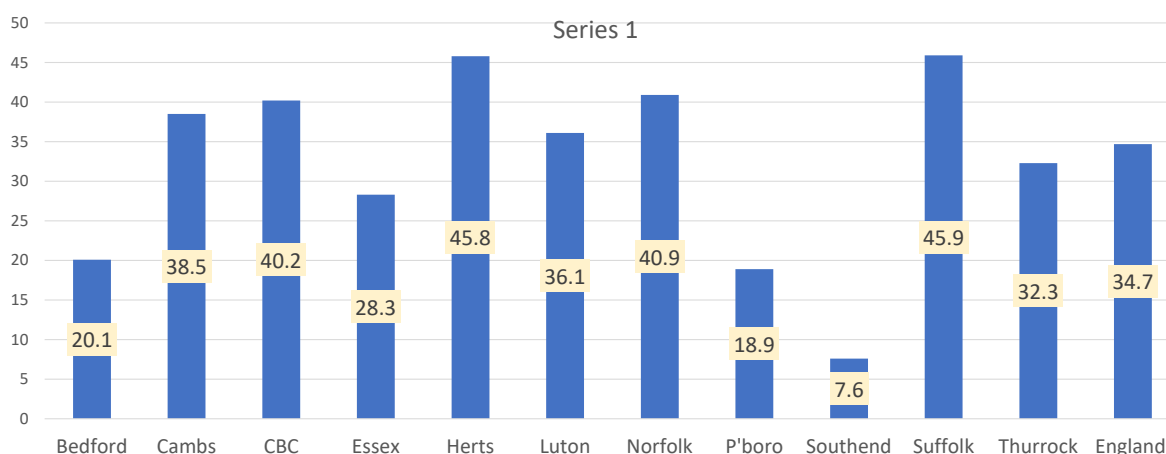
This additional capacity will enable SEND sufficiency to be planned alongside mainstream provision plans and will support joined up approaches to solutions that will increase the level of inclusion and ensure that all children are 'in sight' from birth.

We are also expecting an Ofsted inspection of our SEND services in 2022 and the inspection will focus on these areas.

This business case supports the Council's outcome of 'Helping our Children learn, develop and live life to the full'.

2. What evidence has been used to support this work, how does this link to any existing strategies/policies?

Our growth in numbers has been exceptional since the reforms in SEND in 2015 but our overall rate of growth in recent years has been similar to other shire counties, showing the challenges we face nationally.



There are currently 6044 EHCPs (Education, Health and Care Plans) in Cambridgeshire, with over 900 new plans issued in the last year, an increase of 41.5% against the previous reporting period. This represents an increase of 236% over the last six years. Growth in EHCPs is particularly acute in those aged 10 and under (primary school and early years) and 20 and over.

Trends for the future forecast a year on year increase in EHCPs representing a 47% increase by 2031 based on current trends.

3. Has an options and feasibility study been undertaken? Please explain what options have been considered.

This is an in house provision and is a statutory requirement to deliver. Currently there is insufficient capacity in the team to meet the increased demands for the service.

4. What are the next steps/ actions the Council should take to pursue it? Please include timescales.

Recruitment to additional posts will be required, as outlined in section 8.

Task	Start Date	End Date	Overall Responsibility
Recruitment of posts	November 2021	February 2022	Jo Hedley (SAT & Eps) Clare Buckingham (Place Planning) Tom Barden (Business Intelligence)

5. Could this have any effects on people with Protected Characteristics including poverty and rural isolation? If so please provide as much detail as possible.

Children and young people - a continued focus on improving outcomes with an emphasis on meeting a child's needs inclusively.

Statutory Assessment staff – the service has lost seven posts in the last two months including two senior managers. All have cited the work pressure as their reason to leave. Additional capacity should have a positive impact by reducing the pressures placed upon staff, and improving continuity of the service for children and young people, however an Equality Impact Assessment will be developed to ensure this proposal is equitable in its aims and delivery.

6. What financial and non-financial benefits are there and how will you measure the performance of these? Are there any dis-benefits? These MUST include how this will benefit the wider internal and external system.

Financial Benefits

A huge amount of work is currently underway to look at savings / transformation in SEND (see SEND Transformation Business Case) but it is likely in this area that any efficiency saving is likely to be offset by increasing numbers especially as growth in numbers is highest in the primary sector and these will move through into secondary where rates are lower.

Non-Financial Benefits

Increased Tribunal Casework Officer	£9,900	£0
Business Officer	£0	£325,000
Educational Psychologist	£132,448	£0
Total	£477,290	£325,000
Total	£477,290	£325,000
<u>Place Planning and Inclusion/Business Intelligence</u>		
1FTE grade P3 point	£59,410	£0
1 Senior Business Analyst for 26 weeks	£25,500	£0
Total	£84,910	£0
Overall Total	£562,200	£325,000

Business Planning: Business Case – Pressure / Savings

Project Title: Children’s Disability 0-25 Service

Committee: Children and Young People Committee.

2022-23 Pressure amount: £400,000

In addition to the £400k pressure amount, there is currently £100k Children with Disabilities (CWD) saving in the Business Plan for 22/23. It is proposed that this will be offset over a two-year period by increasing the Adults Positive Challenge Saving Preparing for Adulthood saving by an additional £54k in 22/23 and 23/24.

Brief Description of proposal:

Pressure funding to off-set the cost pressures within the in-house residential short breaks service.

2023-24 -£100k savings

2024-25 -£100k savings

Date of version: 17 September 2021

BP Reference: A/R.4.039

Business Leads / Sponsors: Sasha Long, Head of Service, Disability Social Care 0-25 Service) and Debbie McQuade, Assistant Director.

1. Please describe what the proposed outcomes are:

Cambridgeshire County Council (CCC) delivers a range of short breaks services for disabled children and young people, including activity clubs, holiday clubs, community support, and overnight short breaks. These services are provided for parent carers of disabled children in order to support their ability to continue their caring responsibilities as effectively as possible, whilst the young people have the opportunity to develop their independence, promote and support their physical and emotional health, build relationships and enjoy new experiences.

In 2019 the Council undertook a review of the overnight short breaks aspect of this offer in order to better understand the present and future needs of families accessing these services. Between April 2019 and October 2019 a range of consultations with parents, the workforce, other Councils, and children/young people took place. The feedback gathered throughout this consultation process evidenced a clear need for a more flexible approach around the offer of overnight short breaks, to provide families with greater choice, more control, and placing the families at the centre of their child's person-centred care planning.

Up until this point, the funds for residential overnight short breaks were committed to a block contract arrangement with Action for Children, meaning there was no flexibility around how these funds could be utilised. This contract covered the delivery of residential short breaks across three Ofsted registered residential children's homes in Cambridgeshire: Haviland Way (shared care and long term care), Woodland Lodge (short breaks care), and London Road (shared care and long term care).

Following the consultation, the council acknowledged the need to change the block contract funding arrangements, and a business case was made to in-source the three children's homes. By bringing the three children's homes in-house, it was anticipated the Council would release the block contract funding and have greater control over the re-design of the services to meet the requirements of families. This would also place the service closer to senior decision making processes, and therefore better able to pre-empt and/or respond to crises with stronger links and a single approach to care planning across Education, Health and Social Care. This proposal was heard at the Children and Young People Committee (Jan 2020 and July 2020) who approved the plan, followed by the Commercial and Investments Committee (September 2020). The three children's homes were subsequently successfully in-sourced in September 2020.

Despite the many benefits of this move, this insourcing presented financial challenges, as acknowledged within the committee business case. The contract, with a value of £2,473,525.00, had been awarded in October 2015 for four years and it was acknowledged the service would cost the same, if not more, to provide in-house. Through the in-sourcing process, additional cost pressures were identified in relation to the greater cost to the service from LGPS pension contributions once staff transferred (TUPEd) over to CCC, and property costs required in order to bring the buildings up to standard. A cost pressure was therefore acknowledged in advance of

the decision to bring these services in-house, with the business case to the committees consistently forecasting an anticipated £300,000 pressure. However, following the TUPE of staff from Action for Children to CCC, some staff have opted to resign from their AFC posts and to re-apply for new vacancy posts under CCC terms and conditions, which have increased staffing costs. In addition to this, an entitlement to pay enhancements that were not relevant when the staff were employed by Action for Children has come into effect, resulting in the cost pressure forecast of £400,000 for this financial year 2021/22.

Having acknowledged this cost pressure, and in agreeing to in-source the children's homes, the service was tasked with reducing the budget once the homes were brought in-house. The service plan was to achieve these savings by changing our service delivery model around overnight short breaks. Rather than relying on the residential children's homes to deliver all overnight care, we planned to introduce overnight short breaks via Direct Payments. This would enable the overnight support to be delivered in the child's own home, with a paid Personal Assistant overseeing their care, effectively reducing the number of children accessing residential short breaks, and creating savings through reduced staffing / reduced agency spend within the children's homes. Whilst we were able to implement the first phase of this plan (bringing the children's homes in-house and setting up a Direct Payments overnight scheme), the COVID-19 pandemic has had a detrimental impact upon these plans and prevented the service from achieving any savings to date. This is due to the pandemic causing a significant reduction of available Direct Payment workers, resulting in an increased reliance on either agency staff (at a higher cost), or residential short breaks (eliminating any proposed staff savings). In addition to this, there has been an increased demand for overnight short breaks for the families of disabled children and young people throughout the pandemic in order to prevent family breakdown. Therefore, whilst the initial phase of this work has been instigated, we are not in a position to realise any savings around this project within this financial year.

However it is recognised that through working collaboratively with the Adults Positive Challenge Preparing for Adulthood workstream, that savings can be generated through that work to offset the £100k CWD disability saving that is currently in the MTFS in 22/23. This saving will be offset across both 22/23 and 23/24.

Demand for the initiative:

The three residential children's homes are a fundamental aspect of our short breaks offer, providing essential respite to the families of vulnerable children and young people with complex and challenging needs. The children's homes are consistently well populated with children and young people who access support across a range of timescales; from short breaks, to shared care and full time care. As outlined above, our service plan is to gradually reduce the demand on residential short breaks and to use the funding more flexibly to enable families to have greater choice regarding how this support is delivered, such as via a Direct Payment. However, the COVID-19 pandemic has significantly reduced the available PA workforce, whilst simultaneously increasing the need for overnight short breaks within vulnerable

families, so the demand for residential care has remained high, and increased, throughout the past year.

The proposal links to the following CCC priorities:

- **Communities at the heart of everything we do:**
The children's homes enable these children to continue living within their local communities, accessing their local health services, attending their local schools and keeping in regular contact with their friends, families and support networks.
- **A good quality of life for everyone:**
The children's homes enable families to have a sustained break from their caring roles, whilst their children spend time in a provision which has been tailored for their individual needs, through targeted health training for staff, careful matching with other residents and person-centred planning around the child's skills, abilities, interests, likes and dislikes. This supports the children and young people to achieve good outcomes linked to preparing them for adulthood.
- **Helping our children learn, develop and live life to the full:**
The children's homes enable children to access fun and educational activities alongside their peers, whilst being supported to build upon their existing skills and increase their independence in preparation for adulthood. The children are supported within the children's home setting, and also out in the community, ensuring they remain part of their local network and develop their skills around travel training, for example. The children are carefully matched to other residents in order to encourage friendships and so they can spend time with children who have similar interests.
- **Cambridgeshire: A well-connected, safe, clean, green environment:**
The children's homes enable the children to remain living in their local communities, connected to their local services and continuing to be full members of their local communities. The alternative could be for them to be placed in out-of-county placements, resulting in them being displaced from all forms of local support, and creating travel requirements for their families, the staff visiting them on a regular basis and the multi-agency group around the child. Being local to family, friends and communities also provides a natural care, support and safeguarding network that cannot be offered easily in a provision that is further away.
- **Protecting and caring for those who need us:**
This proposal would enable the continued provision of essential support and services to children and young people with disabilities and complex needs. This would improve their outcomes, both in terms of being able to remain living at home with their families, but also remaining within their local communities, attending their local schools and accessing their local support network. This will support these children and young people to achieve their desired outcomes in terms of increasing their independence, enhancing their opportunities, and preparing them for adulthood. There are no identified

health and safety concerns relating to this proposal, as continuing to operate the in-house children's homes would strengthen the safeguarding networks around these children and enable a greater degree of professional oversight of their care and support arrangements, compared to that which is possible for children placed out-of-county.

2. What evidence has been used to support this work, how does this link to any existing strategies/policies?

This proposal is clearly linked to the public consultation which took place in 2019 and concluded that families across Cambridgeshire wanted more choice and control in relation to the offer around overnight short breaks for children and young people with disabilities. The key points noted in the summaries from this consultation suggested that initially there would be an immediate take-up of Direct Payments, followed by a likely steady increase in families moving towards a Direct Payment in the future. This outcome has been delayed by the impact of the COVID-19 pandemic, but we remain confident that families will start to utilise the additional options for overnight short breaks once there is a consistent workforce of Direct Payment PA's to facilitate this.

Furthermore, the move in-house affords the Council greater control over the re-design and shaping of the services to meet our requirements in the future, whilst allowing for a programme of work that aligns and maximises innovative efficiency opportunities, such as enabling a greater flexibility around the use of overnight short breaks funding. This fits with the overall strategic service plan and enables a closer oversight of service management by the Local Authority, due to the service sitting closer to senior decision making processes. It also increases the service's ability to pre-empt and/or respond to crises through stronger links to local services, including Education, Health and Social Care.

3. Has an options and feasibility study been undertaken? Please explain what options have been considered.

Prior to the insourcing taking place, the service considered all other options to meet the evolving needs of the families accessing overnight short breaks for children and young people with disabilities. This included holding an extensive consultation with parents, the workforce, other Councils, and children/young people. This consultation and the subsequent insourcing activity outlined the need for greater flexibility and control over the overnight short breaks option, which could only be achieved by bringing the three children's homes in-house.

This was always with an acknowledgement of the financial pressures which would result from this, and the investment of the £400,000 pressure funding will enable the service to continue delivering essential support to vulnerable children and families across Cambridgeshire.

As outlined above, the service have aspirations for making changes to the service delivery model and achieving savings in the future, but these plans have been impeded by the ongoing impact of the COVID-19 pandemic. This proposal is therefore to put in this pressure funding until such a time as we can start to realise the anticipated savings from devolving demand from the children's homes and replacing this support with more cost effective Direct Payments option.

4. What are the next steps/ actions the Council should take to pursue it? Please include timescales.

By providing the £400,000 pressure funding, the service will be able to continue running under the existing model in 2022/23, enabling recovery from the COVID-19 pandemic and continuing to support vulnerable families without any disruption in care. Moving forward the service will be working on plans to make savings to manage down these costs.

Having consulted extensively with Pinpoint (our parent carer forum) and the Voiceability Speak Out Council (young people's forum) in the early stages of this project, we will continue to work alongside these agencies moving forward to ensure our plans for the service re-design will continue to meet the needs of this cohort of families.

Task	Start Date	End Date	Overall Responsibility
Development and Delivery Board meetings to track the progress with Phase Two.	Monthly	Ongoing	Debbie McQuade (Assistant Director)
Monthly liaison with Pinpoint and Voiceability Speak Out Council representatives to ensure co-production of plans.	Monthly	Ongoing	Sasha Long (Head of Service.)

5. Could this have any effects on people with Protected Characteristics including poverty and rural isolation? If so please provide as much detail as possible.

By providing the £400,000 pressure funding, there will be no change to the service delivery for the children and young people who have protected characteristics; Disability, Race, Religion, Sex, Sexual Orientation, Poverty and Rural Isolation (which are all factors which could be present for this cohort but which are supported by the consistent provision of overnight short breaks support).

There is no financial impact upon these families as the overnight short breaks are funded via Personal Budgets based on the child's assessed level of needs. Furthermore, in delivering this support we are enabling families to receive essential breaks from their caring roles and to ultimately recover from the impact of the COVID-19 pandemic. If we were unable to continue delivering this level of support via the children's homes, these families would face risks in terms of potential family breakdown and significant impacts upon the wellbeing of each family member. An Equality Impact Assessment will be developed to ensure equitable outcomes.

6. What financial and non-financial benefits are there and how will you measure the performance of these? Are there any dis-benefits? These MUST include how this will benefit the wider internal and external system.

Financial Benefits

By providing the £400,000 pressure funding, we will be able to manage the service within budget throughout the next financial year (2022/23), as opposed to accumulating an over-spend. Looking ahead, the service will plan to manage down these costs once the impact of the pandemic has lessened and we are in a position to implement the service re-design.

Non-Financial Benefits

The service will be able to continue delivering essential overnight short breaks support to children and young people with disabilities, and their families, preventing a risk of family breakdown. These children and young people will be supported to remain living within their local communities and accessing all local services, including education and health. The success of this project will be measured through the numbers of children and young people who have accessed this support, achieving the positive outcomes identified through their review planning meetings, and through family feedback to the service. In addition to this, success will be measured through the eventual re-design of the service, enabling more children and young people to access overnight short breaks via a Direct Payment, and providing families with increased choice and control over their child's care planning arrangements. We will continue to work closely with our parent carer and young people forums in order to evidence this through family feedback and the co-production of future service changes.

7. Are there any identified risks which may impact on the potential delivery of this? What is the risk if we do not act?

Risk	Mitigation	RAG (should the risk occur)	Overall Responsibility
Without the pressure funding, we will overspend in the next financial year, which could risk the continuation of service delivery, or being able to support as many children and young people as needed.	We would try to reduce costs to enable the ongoing running of the service, but this would affect service delivery and our ability to meet demand.	Red	Sasha Long

8. Scope: What is within scope? What is outside of scope?

The in-house residential short breaks service is the key area within scope, with benefits also being achieved in relation to meeting the goals of the Adult's Positive Challenge programme and the Preparing for Adulthood workstream of the SEND Strategy.

Business Planning: Business Case – Investment proposal

Project Title: Investment in SAFE Team

Committee: Children and Young People
Committee

2022-23 Investment amount: £268k investment

Brief Description of proposal:

The SAFE team works with young people at very high risk of criminal exploitation. The team had been funded by grants, but these have now ended. There is some potential for government and partner funding to reduce the investment identified above, but any such funding is likely to be one off and is uncertain.

Date of version: 25th October 2021 BP Reference: A/R.5.012

Business Leads / Sponsors: Lou Williams

1. Please describe what the proposed outcomes are:

The SAFE team is part of our youth justice offer and works with young people who are actively the subject of criminal exploitation.

Young people involved in criminal exploitation are vulnerable to serious violence and other forms of harm including serious sexual assault. They are groomed by older young people and adults to participate in organised criminal activities including the transportation of Class A drugs around the country (also called 'County Lines').

Young people often do not recognise that they are the victims of criminal exploitation. Those exploiting them are from serious and organised criminal groups. It is not uncommon for young people involved in county lines to be, for example, 'robbed' of drugs and money in their possession by members of the organised crime group. The financial loss becomes a debt, and young people are then threatened with harm, or with harm to their families, unless they continue to work for the gang to pay off their 'debts'. This type of criminal activity can be associated with serious youth violence, as young people become involved in the violence of the organised crime groups in protecting their areas of business. Young women becoming involved in these activities are also at particular risk of sexual harm, as well as violent harm.

The SAFE team has demonstrated significant impact in its work to date; young people open to the service and, crucially, also after they have ceased involvement, are very much less likely to come to the attention of the police either as suspects, victims or witnesses to offences. The team has also successfully worked with a number of young people who were at significant risk of coming into the care system because their relationships at home had deteriorated or in order to offer protection. In some cases, young people have been supported to end their involvement with the organised crime group, and they and their family supported to relocate to another part of the country.

Placements for young people in these situations tend to be very high cost and while it is difficult to say with complete confidence that the actions of the SAFE team have definitely avoided placements for specific young people, there is clear evidence that the team is an important part of our overall approach at preventing young people coming into care as a result of harms from outside of their families.

Being able to continue this service will support the following County Council outcomes for Cambridgeshire:

- Communities at the heart of everything we do
- A good quality of life for everyone
- Helping our children learn, develop and live life to the full
- Protecting and caring for those who need us

2. What evidence has been used to support this work, how does this link to any existing strategies/policies?

The service has monitored outcomes information for young people currently supported by the team, as well as those who have ceased their involvement.

The team works with young people already involved in serious offending. Nevertheless, the reduction in police investigations of young people involved with the team or post involvement as a suspect in an offence is 60%. Missing instances reduced by over 90% for young people currently involved with the service or who had ceased involvement.

While these indicators may be seen as only benefiting the police, in reality they are also proxy indicators for the likelihood of children's services expenditure and continuing involvement.

The SAFE team has also successfully supported the stepping down from care to a return home for three young people, one of whom was in a residential placement, because of concerns for their on-going safety. The team has also worked with a total of 15 young people who were all assessed as being of very high likelihood to enter the care system, and who have successfully remained at home with their families.

There is therefore an emerging body of evidence to support the view that the SAFE team is successfully avoiding a higher level of spend than the investment required to provide the service. It is also, of course, supporting significantly improved outcomes for extremely vulnerable young people which have the potential to be lifelong, with long term benefits to the community as a whole.

3. Has an options and feasibility study been undertaken? Please explain what options have been considered.

An option of using temporary funding from reserves has been considered on the basis that the group of young people worked with by the team have been adversely affected by COVID-19, and that continued funding maybe possible to achieve through identified savings to the cost of placements.

While this group of young people have been particularly affected by COVID-19, the proliferation of the organised criminal exploitation of young people is unlikely to come to an end as we move beyond the pandemic.

Seeking to fund this team from the placement budget is also high risk, given the volatility of this budget and the shortage of placements for children in care that has been articulated elsewhere.

4. What are the next steps/ actions the Council should take to pursue it? Please include timescales.

In the event that this investment is supported, no further action would be required; the team would continue to work as they currently are doing.

High Level Timetable

Task	Start Date	End Date	Overall Responsibility
Investment decision	30 November CYP Committee	N/A	Lou Williams

5. Could this have any effects on people with Protected Characteristics including poverty and rural isolation? If so please provide as much detail as possible.

Continuing the service through approval of the investment requested would mean that the current positive impacts for young people continue, however, an Equality Impact Assessment will be developed to ensure that this is done equitably.

6. What financial and non-financial benefits are there and how will you measure the performance of these? Are there any dis-benefits? These MUST include how this will benefit the wider internal and external system.

Financial Benefits

As noted above, while it is difficult to calculate cost avoidance for any preventative service, there is growing evidence that the team is preventing young people from entering or remaining in care.

The annual cost of the team is £268k; placements for young people who have become ensnared in criminal exploitation tend to be high cost, with even semi-independent/supported placements being in the £1,500-£2,000 per week range and residential placements closer to £4,000 and above. These are not young people for who any foster care placement is likely to be identified.

Even at the lowest cost of placement, if the service avoids 4 young people coming into the care system at a placement cost of £1,500 a week, there is a financial return on investment. Clearly, even one young person prevented from needing a residential placement will almost result in meeting the investment costs.

Non-Financial Benefits

The benefits of preventing young people from becoming involved in criminal exploitation are very significant and potentially life-long.

Young people who receive custodial sentences are much more likely to remain involved in offending, have much poorer mental health and be less likely to be able to make a positive contribution to their community as adults and parents.

There are challenges in demonstrating benefits of preventative services such as these. However, outcome measures will continue to be monitored, including:

- The number of care placements avoided;
- Arrest rates;
- Reduction in numbers of young people being victims of offending;
- Reports of missing episodes.

7. Are there any identified risks which may impact on the potential delivery of this? What is the risk if we do not act?

As the service is already in operation; there are no risks assuming it continues to remain in operation.

Should investment not be supported, there would be:

- a need to explore the extent to which current team members can be redeployed to other areas of the business
- consideration of negative impacts to young people at very high risk of criminal exploitation

8. Scope: What is within scope? What is outside of scope?

This business case is for continued investment into the operation of the SAFE team.

In the event of any one off or recurring funding from central government or partners, the investment required will be reduced accordingly.