

Phil Norrey  
Chief Executive

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To: The Chair and Members of the  
Children's Scrutiny Committee

County Hall  
Topsham Road  
Exeter  
Devon  
EX2 4QD

(See below)

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Your ref :  
Our ref :

Date : 24 May 2018  
Please ask for : Stephanie Lewis 01392 382486

Email: [stephanie.lewis@devon.gov.uk](mailto:stephanie.lewis@devon.gov.uk)

## **CHILDREN'S SCRUTINY COMMITTEE**

Monday, 4th June, 2018

A meeting of the Children's Scrutiny Committee is to be held on the above date at 2.15 pm at Committee Suite - County Hall to consider the following matters.

P NORREY  
Chief Executive

## **A G E N D A**

### **PART I - OPEN COMMITTEE**

- 1 Apologies
- 2 Minutes  
Minutes of the Children's Scrutiny Committee meeting held on 20 March 2018 (previously circulated).
- 3 Items Requiring Urgent Attention  
Items which in the opinion of the Chair should be considered at the meeting as matters of urgency.
- 4 Public Participation  
Members of the public may make representations/presentations on any substantive matter listed in the published agenda for this meeting, as set out hereunder, relating to a specific matter or an examination of services or facilities provided or to be provided.

### **MATTERS FOR CONSIDERATION OR REVIEW**

- 5 Children Centres - Action for Children  
The Committee to receive a presentation on Children's Centres from Action for Children.

- 6 Special Education Needs and Disability Update Report (Pages 1 - 4)  
Report of the Head of Education and Learning (CS/18/20), attached.
- 7 Children and Young People's Emotional Health and Wellbeing Task Group Report (Pages 5 - 26)  
Final Report of the Task Group (CSO/18/13), attached.
- 8 PRU Provision (Pages 27 - 30)  
Report of the Chief Officer for Children's Services (CS/18/21), attached.
- 9 Performance - Education (Pages 31 - 42)  
Report of the Head of Education and Learning (CS/18/22), attached.
- 10 Learning from Audit in Children's Social Care 2017-18 (Pages 43 - 52)  
Report of the Head of Children's Social Care (CS/18/23) attached.
- 11 Commissioning Liaison Update Report (Pages 53 - 84)  
Report of Chief Officer for Children's Services (CS/18/24), attached.
- 12 Election of the Commissioning Liaison Member

### **MATTERS FOR INFORMATION**

- 13 Information previously circulated  
Below is a list of information previously circulated for Members, since the last meeting, relating to topical developments which have been or are currently being considered by this Scrutiny Committee:
- Welfare Reform
  - Public Health Nursing Transition

- 14 Children's Scrutiny Committee Work Programme  
In accordance with the previous practice, Scrutiny Committees are requested to review the list of forthcoming business (previously circulated) and to determine which items are to be included in the Work Programme.
- The Committee may also wish to review the content of the Cabinet Forward Plan to see if there are any specific items therein it might wish to explore further.
- The Work Programme and Forward Plan can be found at:
- <http://democracy.devon.gov.uk/mgPlansHome.aspx?bcr=1>

### **PART II - ITEMS WHICH MAY BE TAKEN IN THE ABSENCE OF THE PUBLIC AND PRESS**

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### **Membership**

Councillors R Hannaford (Chair), D Sellis (Vice-Chair), S Aves, F Biederman, J Brazil, E Brennan, C Channon, I Chubb, G Gribble, J Hawkins, L Hellyer, R Hosking, T Inch, J Mathews, A Saywell, M Squires, C Mabin and J Mannix

### **Declaration of Interests**

Members are reminded that they must declare any interest they may have in any item to be considered at this meeting, prior to any discussion taking place on that item.

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Anyone wishing to speak is requested to register in writing to the Clerk of the Committee (details above) by the deadline, outlined in the Council's Public Participation Scheme <https://new.devon.gov.uk/democracy/committee-meetings/scrutiny-committees/>, indicating which item they wish to speak on and giving a brief outline of the issues/ points they wish to make.

Alternatively, any Member of the public may at any time submit their views on any matter to be considered by a Scrutiny Committee at a meeting or included in its work Programme direct to the Chair or Members of that Committee or via the Democratic Services & Scrutiny Secretariat ([committee@devon.gov.uk](mailto:committee@devon.gov.uk)). Members of the public may also suggest topics (see: <https://new.devon.gov.uk/democracy/committee-meetings/scrutiny-committees/scrutiny-work-programme/>)

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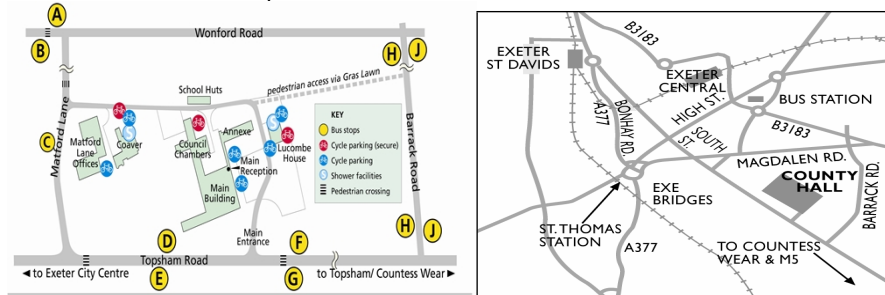
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**NB**   Denotes bus stops

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## Special Educational Needs – Update Report

### Report of the Head of Education and Learning

*Please note that the following recommendations are subject to consideration and determination by the Cabinet (and confirmation under the provisions of the Council's Constitution) before taking effect.*

**Recommendation:** Members of the committee are requested to note the report, the specific challenges faced by the local authority and current action to mitigate against these.

#### 1. Background/Introduction

Since September 2014, SEND 0-25 has operated under a new SEND Code of Practice, which for the first time brought together a joint responsibility amongst education, health and care services and professionals to jointly identify, plan for and meet the needs of children with special educational needs.

Within this Code, there are strict timescales (see below) which allow for a decision to be made about the special educational provision which must be implemented.

Timescales – needs assessment	
Day 1	request received
At 6 weeks	Decision to assess or not to assess
At 10 weeks	Advice requested should be received
At 16 weeks	Decision to issue or not to issue a plan & draft plan issued
Weeks 16-20	Must give parent 15 calendar days to respond and settings 15 calendar days
At 20 weeks	Final EHCP issued

An underlying theme in the new code is a partnership approach, working with families to meet the needs of children and young people; this is a clear expectation of all partners. It's important to understand that whilst a partnership approach is expected it is the **educational needs** that determine whether a statutory Education Health and Care plan (EHCP) is required. In Devon, a SEND Improvement Board is in place that monitors the joint responsibilities across the services and how these align with our SEND Strategy.

#### **SEND headlines regarding education provision include:**

The number of children and young people supported by EHCPs has increased – Jan 2018 DfE data return reported 4093 (10% increase from 2017).

Educational outcomes of children with SEN are good and higher than national average. Special Schools in Devon (1087 children) are judged good or better by Ofsted.

All transfers from statements to EHCP were completed within the DfE timeframe.

# Agenda Item 6

Feedback received from families following assessment is generally positive showing good levels of satisfaction.

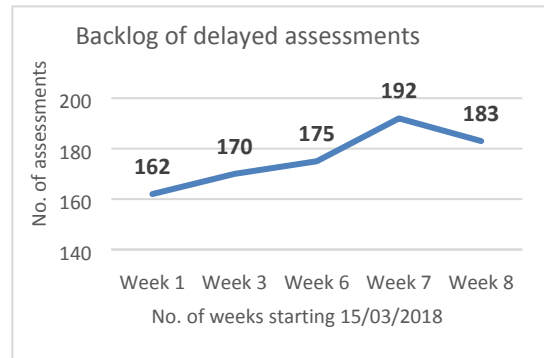
## 2. Current Issues and Action taken

The First Assessment process has been under considerable pressure and this is evident in delays completing assessments within the statutory 20-week timescale.

DCC investment in increased staffing capacity started on 1 April 2018 and intensive monitoring has been put in place to ensure the impact of this investment is visible.

Progress is now being made on the backlog of cases but this will take time to clear.

For each child there may be multiple professionals from whom advice must be requested; advice must come from at least Educational Psychologists, Health and Care. Current reports show a high level of returns are made on time, however just one piece of advice being returned late means the plan cannot be completed and the whole timescale is delayed. Delays can also occur between draft and final plan (weeks 16 to 20) due to negotiation and disagreement with schools or parents about which school and/or College to name.

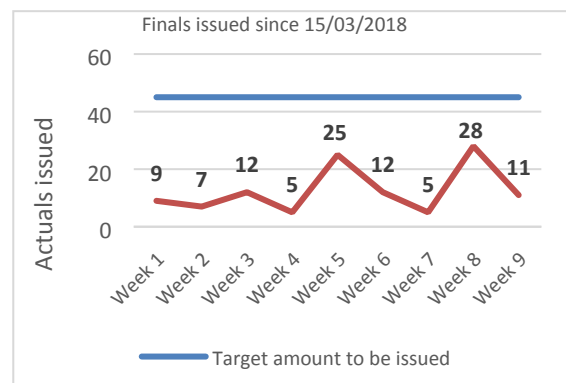


The number of children who are anxious about school is increasing and we have several families who are reluctant to see a mainstream school as part of the solution.

Recent evidence from Educational Psychologists' research across different Local Authorities shows a more robust approach may be needed to challenging schools' information, and the possible solutions that they could implement ahead of requesting an assessment (week 6 on the timescales) than is currently in place.

### Current action and progress

- Capacity issues addressed and focus on First Assessment work April to August.
- Weekly targets for teams in terms of output of work – 160 plans per month, yet to reach expected levels but significant improvement has been made. Improved communication has been made. Improved communication about delays, through letter and DIAS.
- Review across multi-agency professionals who provide advice, addressing both process and quality.
- Clearer process and challenge before requests made.
- Clearer communication to schools, professionals and parents about roles in SEN processes.



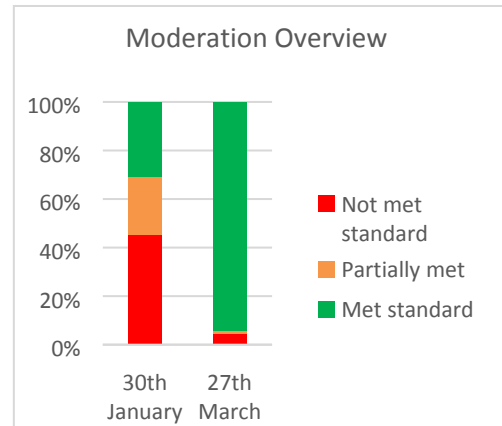
The Quality of Plans produced is not always consistent and some parents express concerns around the specificity of the provision that is detailed in the Plan.

A multi-agency Quality Assurance Framework is in place. This was agreed and started in Jan 2018. EHCPs are moderated and a Red, Amber Green rating is used against the quality standards put in place by the Council for Disabled Children. This will continue to be monitored and themes of improvement will be managed through the SEND Operational Delivery Group.

Currently practice shows expectations of continued amendments to a draft Plan. This results in a prolonged exchange of emails and Plans. Professionals who have already contributed are often approached to amend on behalf of parents.

### Current action and progress

- Weekly Quality Assurance processes in SEN team.
- Bi-monthly multi agency QA process – shows standards in the second sample had improved considerably from the first
- Practice to meet legal requirement of one opportunity for comment from parents.



Appeals have remained relatively stable at around 1.4% of the total cohort. Complaints, aside from delays, are changing in complexity.

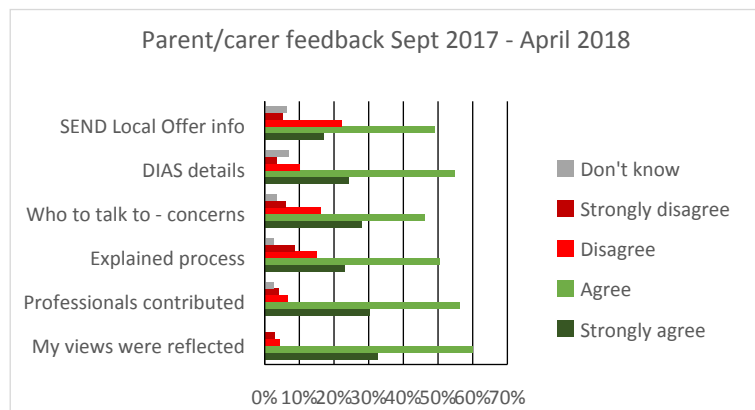
Reaching the SEN 0-25 team is reported as increasingly difficult.

### Feedback

Responses were received from 200 new assessments; the majority of parents who responded were positive about their experience.

### Appeals

Appeals are directly affected by the change from statement to EHCPs; an increasing number of issues extend beyond the education part of the plan.



### A Different Conversation

Training and support across the SEND agencies is looking at 'A Different Conversation'. This is recognising that the parent knows the child much better than professionals, often the parent wants someone to listen to them as they feel let down by services, the key is seeing that things are happening and having an explanation of how we are going to work together to try to reach an agreed solution.

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## **Communications – reaching the SEN Team**

DCC has introduced a new telephony system which has resulted in additional complications; families believe calls are not being answered when they are in fact queued with no information. We are investigating solutions to reduce frustrations and provide clear information to callers. We are asking that families and schools bear with us during this time.

Dawn Stabb  
Head of Education and Learning

## **Electoral Divisions: All**

Cabinet Member for Children, Schools and Skills: Councillor James McInnes  
Chief Officer for Childrens Services: Jo Olsson

## LOCAL GOVERNMENT ACT 1972: LIST OF BACKGROUND PAPERS

### *Contact for Enquiries:*

Julia Foster – Senior Manager SEND 0-25

Email: [Julia.foster@devon.gov.uk](mailto:Julia.foster@devon.gov.uk)

Tel No: 01392 383000

Room: 131, County Hall



Children's Scrutiny Committee

Children & Young People's  
Emotional Health &  
Wellbeing  
Task Group

Final Report

# Agenda Item 7

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This report can be downloaded from:

<http://democracy.devon.gov.uk/ieListDocuments.aspx?CId=428&MId=2855&Ver=4>

## Preface

In 2013 headteachers, as part of the Early Help strategy development work led by the County Council, expressed concern about children and young people with mental health and behaviour problems which are sometimes linked to issues relating to adults, such as drug and alcohol abuse, domestic violence, sexual exploitation or even genetic disorders. They were also concerned about supporting children and young people who were suffering anorexia, bulimia, self-harming, gender issues, stress or bullying. Schools felt that the only support option open to them was the CAMHS service, but they were also aware of how over-stretched that service is and that there was little intervention and support going below Tier 3. In recognition of this gap in provision it was suggested that the Public Health Grant might be used to develop a programme of prevention and early intervention. In Devon in August 2015, a programme was procured for three years in the first instance and the Early Help for Mental Health Service (EH4MH) was born.

The Children's Scrutiny Committee is aware that since this contract was let, some schools have engaged in very good practice, but we are also aware that there were others who are struggling to make this effective. It was therefore agreed to set up a Task Group to explore where there is first-class intervention and support in our County so that it might be rolled out to those who wished to improve and those who were struggling.

The Task Group agreed to focus this piece of work expressly on our Secondary Schools, although we are mindful that the process should be followed up by a similar exercise in our primary schools. We have been really impressed by the quality of early intervention and support developed in some schools, where a real understanding and profound care for the young people concerned, coupled with a creative approach which has yielded positive outcomes for both the young people and the school. Peer groups are well-placed to identify mental health and well-being issues and promote early help among their fellow students. EM4MH is a good scheme which deserves to be adequately funded and developed further. There is evidence that it has helped schools to deal with challenging behaviour, giving students a sense of self-worth, and helped them to develop their potential from both an educational and healthy life-style point of view. We were particularly impressed with the empathy peer-counsellors showed to fellow students, who were experiencing personal problems, as we realise that not only were they helping that person but that they, too, were developing a more mature outlook on life.

I would like to thank the Members of the Task Group for the incisive, yet sensitive way, in which they have helped me carry out this piece of work. I would also like to thank those who have been prepared to take part for the honest way in which they have shared their information with us. Finally, we would like to thank Dan Looker for arranging our meetings, faithfully recording the discussions and helping draft this report.

**Councillor Christine Channon,  
Chair, Children & Young People's Emotional Health & Wellbeing Task Group,  
Children's Scrutiny Committee**

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## 1. Introduction

- 1.1 The Task Group — Councillors Christine Channon (Chair), Su Aves, Rob Hannaford, Linda Hellyer and Andrew Saywell — would like to place on record its gratitude to the witnesses who contributed to the review. In submitting its recommendations, the Group has sought to ensure that its findings are supported with evidence and information to substantiate its proposals.
- 1.2 On 15 June 2017 Children’s Scrutiny resolved to set up the Children & Young People’s Emotional Health & Wellbeing Task Group. The terms of reference for the review were:
  1. To understand the full system of support for the delivery of emotional health and wellbeing services in Devon including schools, Further Education (FE) colleges, youth services (DYS Space), GPs, community groups, the third sector etc.
  2. To evaluate early help for emotional health and wellbeing through on-line counselling and self-help.
  3. To report back to the Children’s Scrutiny Committee on the findings of the Task Group.
- 1.3 Scrutiny has previously focused on CAMHS, delivered by Virgin Care, and the top end of mental health need in Devon at the secondary level, with particular emphasis on the issue of delays in referral to treatment times. Members recognise that work continues to reduce these times, and while certain problems remain, agreed that for the purposes of this Task Group the focus would be predominantly on the measures in place to prevent the development of mental ill health and identify and support lower levels of emotional health and wellbeing.
- 1.4 Time and resources necessitate that this report provides a snapshot approach to highlight significant issues. The list of witnesses to the review does not pretend to be exhaustive but hopes to provide insight into some of the central themes.

## 2. Recommendations

### Early Help for Mental Health Service

#### Recommendation 1

- i. That the Early Help for Mental Health (EH4MH) service (or equivalent) is continued beyond the 3+1+1 year period of the current contract.
- ii. That EH4MH continues to be offered to all primary schools in Devon to try to ensure maximum take up of the service.

### Schools

#### Recommendation 2

That there is better awareness in schools in Devon as to the nationally available tools and resources on emotional and health & wellbeing, that can be linked in with EH4MH, promoting use of a range of strategies to ensure wrap-around support to young people including counselling, peer mentoring and internal pastoral support.

#### Recommendation 3

That all Devon schools are encouraged to have a lead mental health champion and support champions and that all appropriate teaching staff are trained in terms of emotional health & wellbeing with access to annual best practice updates.

#### Recommendation 4

That there is better promotion of the offers available from outside agencies so schools know exactly what support and training is available.

### Multi-Agencies

#### Recommendation 5

That the County Council supports the work started by the Strategic Partnership Forum who, alongside schools are seeking to resolve issues relating to Autistic Spectrum Disorder (ASD) assessments. This work will later transfer to the Special Educational Needs and Disabilities (SEND) Improvement Board.

#### Recommendation 6

That the Council promotes joint agency working in line with the Early Help protocols to ensure that, as far as possible, all agencies (DCC, CAMHS, Health, Police etc) work together to support young people whose mental health puts them at risk of harm.

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## 3. Summary

- 3.1 One in ten people in the UK have some form of mental health disorder (although research suggests this is an under estimation of the extent of the issue with a high number of people undiagnosed) which equates to around 850,000 children and young people with a diagnosable mental health disorder in the UK today.<sup>1</sup> There is a much higher number of people suffering with emotional stress, and needing support.
- 3.2 The overwhelming majority of NHS mental health spending goes towards those with the most severe needs. 38% of NHS spending on children's mental health goes on providing in-patient mental-health care, accessed by 0.001% of children aged 5-17. 46% of NHS spending goes on providing CAMHS community services, accessed by 2.6% of children.<sup>2</sup>

- £5.08 per student – the cost of delivering an emotional resilience programme in school
- £229 per child – the cost of delivering six counselling or group CBT sessions in a school
- £2,338 – the average cost of a referral to a community CAMHS service
- £61,000 - the average cost of admission to an in-patient CAMHS unit

[Children's Mental Healthcare in England, Children's Commissioner \(October 2017\)](#)

- 3.3 The focus needs to be on young people being mentally healthy and there is a need to find a way within the system of shifting resources from treatments to prevention. The Children and Young Person's workstream of the Devon Sustainability and Transformation Plan (STP) has Emotional Health and Well-Being as a priority and this is joined to the Mental Health workstream of the STP with the aim of achieving a seamless, all age, wrap-around response for those who are ill.
- 3.4 Most children face challenges. Exam pressure, social media, coupled with issues within the family home are significant factors affecting young people's emotional health, but the fundamental point is what is being done to help build resilience in young people to overcome these challenges. Amongst the best schools in the County, solution-focused and restorative approaches are utilised looking for positive outcomes, where young people have been involved in every aspect of planning and service design. The message that EH4MH promotes is letting young people know that everyone has "mental health" and it is not something that should be stigmatised, but seen as a strength to be able to ask for help. This is a challenge for schools and for some it will require a cultural change in how they meet their attainment measures and promote good mental health. The fact remains that all pupils are most likely to thrive when the school gets it right for their most vulnerable pupils. The Emotional Health and Well-Being delivery project of the STP Children & Young People workstream has developed, with the Anna Freud Centre, the i-THRIVE model and resilience framework which is to be rolled out and embedded across the system.

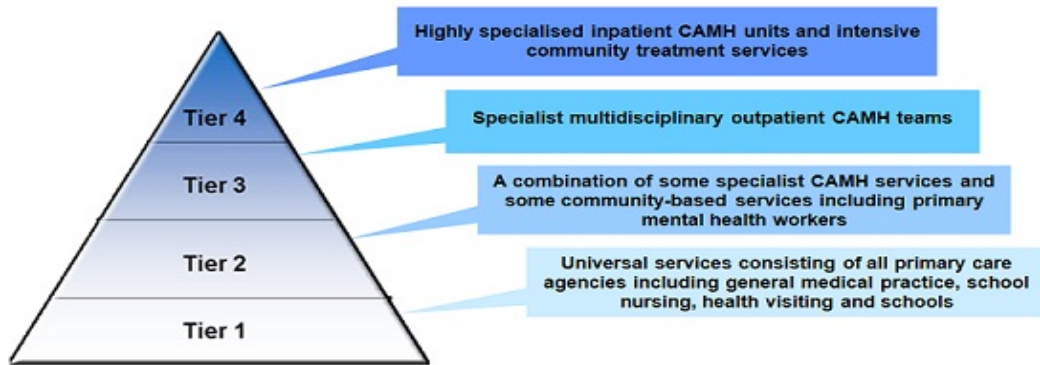
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<sup>1</sup> [Based on 2016 ONS population estimates for ages 5-16. Office of National Statistics. Overview of the UK population: February 2016.](#)

<sup>2</sup> P.4 [Children's Mental Healthcare in England, Children's Commissioner \(October 2017\)](#)

## 4. Strategic Framework

4.1 Previously a 4-tier strategic framework has been used to define provision need.



4.2 The 4-tier service model has been complemented by i-THRIVE, which is a national programme of innovation and improvement in child and adolescent mental health. To help children and young people in Devon experience good emotional health and wellbeing support, the i-THRIVE framework tries to balance emotional health and wellbeing needs with the type of support that a young person may need.

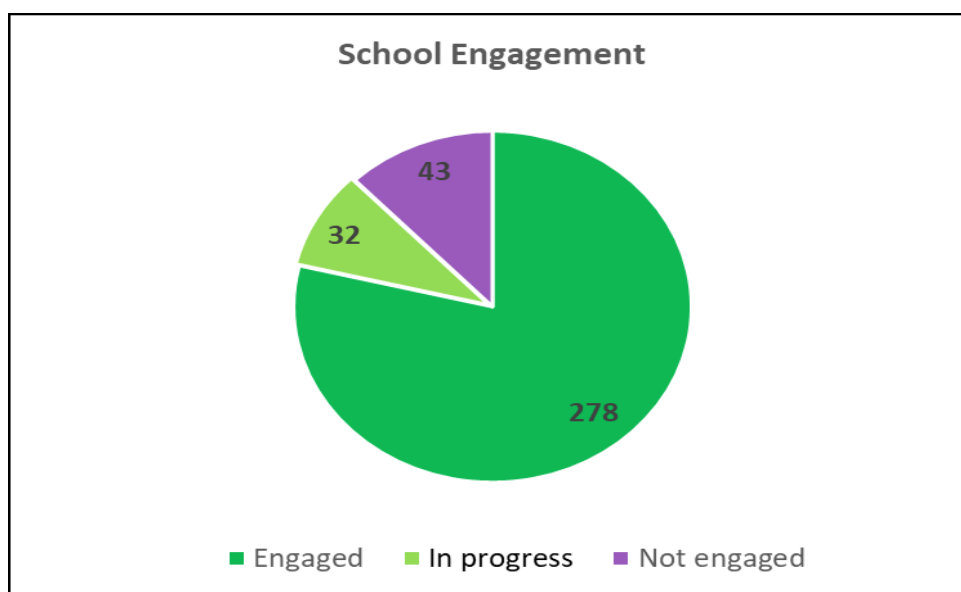


THRIVE framework, THRIVE Elaborated (2016)

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## 5. Early Help for Mental Health

- 5.1 In conversations with Local Learning Communities (LLCs) during 2013, headteachers expressed significant concern about children and young people with mental health and behavioural problems sometimes linked in with issues relating to adults – namely drug and alcohol abuse, domestic violence and the mental health problems of their parents. Schools felt that the only option available to them was to make a referral into CAMHS. Historically there had been support workers attached to each of the 33 LLCs but national funding for early intervention services was cut and Tier 2 services had gradually been drawn in to providing specialist support.
- 5.2 In recognising that there was a gap in provision, it was suggested that the Public Health Grant could be used to intervene earlier when mental health problems arose. Work was undertaken with schools and colleges to develop a programme to support prevention and early intervention. All schools agreed collectively to put money into a combined fund, with the school's contribution funded by top-slicing the Dedicated Schools Grant (DSG) totaling £60,000 with an additional £91,00 from the Better Care Fund (which includes £20,000 from the CCGs) and £549,000 from the Public Health Grant. Early Help 4 Mental Health (EH4MH) is now in the final year of the initial 3-year contact which runs up until August 2018.
- 5.3 The contract was originally tendered as a 3+1+1 year arrangement, so it could run to a maximum of 5 years subject to funding being available. This initial investment from Public Health was made prior to significant cuts being announced by the Government in 2015 to the Public Health Grant to local authorities. As a result, it has become problematic bridging the budgetary gap.



*Data as at 31 December 2017*

- 5.4 The Local Government Association has cited EH4MH as an exemplar of best practice. 310 schools are currently in process or engaged in the programme (including all the secondary schools<sup>3</sup>), which represents 88% of all state funded schools in Devon. EH4MH has 3 providers XenZone, Young Devon and Virgin Care. XenZone is a provider of online mental health services for children, young people

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<sup>3</sup> Work is ongoing in partnership with the County Council and Health linked in to the [Anna Freud Centre](#) working with special schools, FE colleges and private schools as these institutions are not part of EH4MH.



and adults. Kooth, from XenZone, is an online counselling and emotional wellbeing platform for children and young people, accessible through mobiles, tablets and desktops and free at the point of use. Young Devon are responsible for the direct delivery element of the EH4MH. Young Devon's counselling model uses professional trainee counsellors, and Young Devon provides their supervision etc, allowing them to provide a considerable amount of counselling within the contract value. The blended offer links in with XenZone's online service, providing young people with mentoring. In addition to the mentoring, counselling, and online offers there is also a participation offer where young people work to design services.

- 5.5 Over 3000 young people have used the online service in the last 2 years, compared to 1200 making face-to-face contact. Many users accessing EH4MH do so out of hours, when the offices are closed. The online service also helps to take away the isolating factor that some young people may otherwise feel, in that there is someone they can contact when they need them regardless of where in the County they are, which given the rurality of Devon is especially advantageous.
- 5.6 The opportunity to read articles and testimonies from other young people experiencing similar issues is powerful, as well as to learn what materials and/or interventions helped them to feel better. Young people reported to the Task Group that the online Kooth element of the EH4MH is felt to be important as it provides a platform for an anonymous link to a conversation they may feel they cannot otherwise have with their GP, parent or teacher. In terms of the data from self-assessments, 70% - 80% of young people reported to feel better following their involvement with EH4MH.
- 5.7 The Virgin Care element of the contract delivers directly to school staff only and includes clinical supervision, training and mental health consultation. School staff have an opportunity to talk about children whom they are working with, the interventions they are making and what they might be able to do differently. Each school appoints an emotional health and wellbeing lead and support champion responsible for liaising with the Virgin Care school support team for consultation and access to training. Schools reported that the impact of the supervision provided by Virgin Care for teaching staff and support assistants has been noticeable in terms of coping with pressure and building resilience. Staff feel less anxious in terms of their ability to cope with some of these issues, knowing where support is available.
- 5.8 The service also provides mental health consultations to develop and promote clear referral pathways for school staff so that where more specialised support is needed, it can be accessed effectively and efficiently, but crucially reduce inappropriate referrals. Schools have in the past been making referrals to CAMHS that were falling some way below that threshold.
- 5.9 Schools have provided positive feedback on the resources offered by EH4MH and report that it is making a difference, but it has not yet resulted in a visible reduction in demand for higher tier services. Nationally, pressure on child and adolescent mental health services continues to grow. It is hoped that the service will reduce the number of children who are absent through anxiety and those permanently excluded from school. There are some primary schools that are using other approaches such as THRIVE practitioners and have chosen not to take up the EH4MH offer.

I get really angry sometimes. Some teachers understand why, but others don't and shout which just makes me angrier. I want to control it. Teachers also ask for pupils to be more respectful, but they also need to respect pupils in the way they talk to them. Teachers need to be more open to mental health issues, as things have changed a lot since the time that they were in school.

Jess, Year 10

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## 6. Children & Young People's Feedback - 'What helps me feel well at school & college?'



## 7. Issues Identified as Affecting Young People's Emotional Health & Wellbeing

- 7.1 These are by no means exhaustive lists of issues affecting young people's emotional health and wellbeing, but were the main themes raised through the Task Group's school visits and offer an illustration of what children may be contending with.

### Social Media

- 7.2 The use of social media was identified as a problem by many pupils the Task Group interviewed. Cyber-bullying is a huge issue and schools reported incidents of parents even joining in on various platforms, such as Facebook and Twitter. Schools do have strict protocols in terms of dealing with cyber bullying and sexting.
- 7.3 Social media also was felt to expose children to body image pressures and which can lead to the setting of unrealistic goals by pupils (e.g. to become celebrities). However, while the negative impact that the internet can have on pupil's mental health was highlighted, it was also acknowledged that social media can be positive in facilitating supportive networks of friends and peers helping young people feel less isolated and having a platform to share and discuss experiences. This commonality can be powerful.

### Domestic Violence

- 7.4 Domestic violence was described to the Task Group as one of the most prevalent issues young people contend with and strongly links to their emotional health & wellbeing. It is recognised that there is a relationship between domestic abuse and harm to children, whether physically, emotionally or through neglect. *Operation Encompass* was launched in June 2017 in Devon, where Police will now notify a school by 9.00am the following morning if there has been a recorded domestic violence incident outside working hours. Schools should also be notified where a child is living at home with an adult with mental health issues.

### Substance Misuse

- 7.5 In addition to domestic violence, there may often be a range of vulnerabilities within the family home including drug and alcohol use, and parents presenting with mental health issues, which will inevitably also impact negatively on a child's emotional health and well-being.
- 7.6 There are also issues in schools with pupil's drug use. Schools reported that CAMHS will not intervene where there is a drug issue which is problematic given the level of cannabis use with some groups of pupils, or where some young people with emotional wellbeing issues were felt to be 'self-medicating'. Overdoses, however, happen to children who may not have presented any issues in the past. It is a major concern reported by schools as to the decision-making process relating to whether a young person is ready to return to school following an overdose. There is no systematic mental health assessment that schools are made aware of, and it was reported to be a rare event that a CAMHS worker contacts the school to provide an update.

### Autistic Spectrum Disorders

- 7.7 The Task Group received numerous reports of pupils coming into the school at Year 7 with undiagnosed autism. These pupils are often labelled as naughty when they actually have an Autistic Spectrum Disorder (ASD), and the school has to unpick the

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barriers to learning they may have. It is not clear always how schools access ASD assessments, particularly smaller primary schools. A number are referred to CAMHS for Statutory Assessments, whilst others are being accessed through paediatric channels or private assessments. Whilst these children are on waiting lists there are increasing numbers of children being referred to the County Council where the child is unable to attend school. The County Council commissions approximately 100 places with an alternative provider for medical tuition but currently is in excess of these numbers. The waiting list for an autism assessment has been known to have taken up to a year.

- 7.8 Determining the best mental health or autism pathway can be very complex and therefore, it was felt that more focus needs to be on developing support rather than on diagnosis. Over the past 12 months a high percentage of schools have undertaken a DCC funded Devon Enhanced Autism Programme which provided free training (provided by Babcock) to help schools better understand and meet the needs of young people.

## Education, Health and Care Plans

- 7.9 Following changes to Special Educational Needs (SEN) funding the number of Education, Health and Care Plans (EHCPs) has put significant and challenging pressure on schools, the County Council's SEN 0-25 Team and the High Needs Block of the Dedicated Schools Grant. Schools expressed frustration with delays to young people getting their EHCP and also noted that a child might have an EHCP in Cornwall for example, but these were not always transferable to a Devon school, with the resulting delays in support being far from helpful to a child's wellbeing. The County Council has made extra investment in the 0-25 team to provide additional capacity in order to meet the increased demand and provide a timelier response to requests for assessment into 2018/19.

## Gender and Sexual Identity

- 7.10 Secondary schools reported pupil's emerging gender/sexual identities as an issue in terms of their emotional health and wellbeing. One school reported 6 pupils who they were aware were considering exploring their gender identity. This is a complex area for schools and so recently an extensive piece of work has been carried between the Council and Intercom Trust to provide advice to schools and a suite of [online resources](#).

## Transitions

- 7.11 The transition from primary to secondary school can be a challenge for children and needs to be recognised in terms of emotional health and wellbeing. DCC with Babcock Educational Psychologists are undertaking research around transition from primary to secondary settings which will be used to develop good practice and shared through a variety of forums and networks. Some secondary schools have good buddying policies which support Year 7 children. There is particular concern where a child may come from a small cohort of pupils to a much larger secondary school and feel overwhelmed.

For some of these young people life is crazy, and it can be 24/7 with the social media aspect. They often do not feel as though there is a time when they can switch off, and stress builds up as a result leading to 'flight or fight mode' potentially. There needs to be a time for space and stillness in their lives.

School Counsellor

## 8. Impact of Poor Mental Health

### Self-Harm

- 8.1 Schools outlined how there are daily incidents relating to pupil's emotional health, of which often the most alarming were presentations of self-harm. Self-harm describes a spectrum of injuries ranging from small cuts, ingestion of damaging materials such as metal or glass, substance abuse to attempted suicide. It can be a way of coping with or expressing overwhelming emotional distress. Young people are faced with issues including bullying, sexual abuse, gender issues, social media, pornography etc. Staff emphasised how self-harm was particularly prevalent among older pupils as they faced GCSE examinations and uncertainty relating to life after school. However, children in younger years without the same examination pressures were also self-harming. Members were told that it was not uncommon for multiple hospital visits to occur through self-harm before CAMHS became involved. For even the most vulnerable and complex young people a CAMHS appointment may be at least 2 months away.
- 8.2 Self-harming was reported to be more of an issue with girls. Data on admission rates are significantly higher in more deprived areas and in females, with females in the most deprived areas of Devon 10 times more likely to be admitted for self-harm than males in the least deprived areas. Self-harming children are not always those that are isolated, they often have group of friends and this can lead to more than one member of the group self-harming. One school advised that as part of their clear procedure on self-harm, they try not to medicalize, but instead adopt a low-key reaction: a child's wound will be bandaged and the parents notified.
- 8.3 Emotional health and wellbeing issues for young people in rural areas might sometimes be hidden. There can be an internalisation of mental health need in boys, who do not have an outlet for expressing emotion. Boys may not want to talk about issues and there is also a higher suicide rate in males. At some schools' pupils can log anonymously safeguarding issues, as an effective tool for reporting concerns.
- 8.4 Members expressed concern about a higher rate of self-harm in Devon than elsewhere in the South West. Officers suggested that initial analysis has revealed a higher level of repeat admissions in the region, which creates higher admission rates, rather than a higher prevalence of self-harm. Analysis of individual cases and pathways highlight specific challenges including the inter-relationships between services, and the impact of delays in connecting support services together which both increase the risk of repeat admission.<sup>4</sup>

### Medical Absence

- 8.5 It was reported to the Task Group that there are a significant number of medical absence cases across the County that fall between the gaps in provision and support since these young people often do not reach the threshold for CAMHS but are too anxious to attend school. The County Council now has an Occupational Therapist working in the Education Inclusion Service with the Medically Unexplained Symptoms team at the Royal Devon & Exeter Hospital. This is a multi-agency team including CAMHS, paediatrics and clinical psychology. The Education Inclusion Service is also working with Education Welfare to identify the number of children absent from school for medical reasons, to reduce their absence, understand their needs and offer practical advice on how to re-engage and consequently deflect them moving into alternative provision.

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<sup>4</sup> Health and Wellbeing Outcomes Report (DCC 14 December 2017)  
<http://democracy.devon.gov.uk/documents/s12978/Health%20and%20Wellbeing%20Outcomes%20Report%20Paper%20December%202017.pdf>

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## 9. School Interventions

- 9.1 The complexity of needs young people present with is a challenge for teachers and staff. Teachers reported that it can be difficult at times disentangling 'naughty' behaviour from that of a more serious underlying mental health issue, as well as balancing subject teaching with 'being out of class giving mental health support'.
- 9.2 Schools need to create a culture of positive mental health & wellbeing and engender resilient young people. It was evident to Members on their visits that in terms of understanding and supporting pupil's emotional health and wellbeing the most successful schools appeared to be those that focused on asset-based approaches. One of the school's evidenced a number of relatively cheap interventions including the deployment of ambassadors and peer mentors so that students are encouraged to help each other, creating a caring and supportive environment. Schools adopt strategies to help manage these young people to give staff more confidence and reduces their level of anxiety around supporting students in their classes.
- 9.3 It was apparent to Members that some schools go to great lengths to address issues relating to young people's emotional health and wellbeing. This was shown by those schools that worked hardest to keep pupils in school, so rather than address a behavioural incident with a fixed term exclusion, they would use an internal inclusion provision. That way, the school seeks to look both at the root cause of the behaviour, and also ensure that pupils keep up with academic work. It appeared helpful where schools logged issues relating to pupil behaviour on an online system, building a chronology around a student and producing reports on vulnerable pupil groups alongside strategies, allowing staff to adopt a consistent response.
- 9.4 Schools welcome the quality of support offered by the Education Inclusion Service, but did not always feel there was enough financial resource available.
- 9.5 There are question marks as to the amount of personal and social education some schools are currently doing given reductions in budget and the impact of this on the children and young people concerned. From September 2019 sex & relationship education will be mandatory in schools. This is a positive step forward and will be a route into schools for discussing emotional intelligence.
- 9.6 The Green Paper *Transforming Children and Young People's Mental Health Provision* sets out a commitment 'to incentivise every school and college to identify and train a Designated Senior Lead for Mental Health, building on existing practice in many parts of the country and the lessons from successful school's link pilots'<sup>5</sup>. Whilst practice across Devon can be variable the principals behind the Early Help for Mental Health programme reflect those in the green paper and, as nearly all schools have engaged with EH4MH, means Devon is well placed to put itself forward to be a green paper trailblazer area.

The school has an approach that staff should always say hello to each pupil. All teachers also have an open-door policy for pupils. Young people in the school are never ignored by teachers, so that a culture is created where young people trust staff and are able to gain their confidence. It is very important that the adults around a child in the school environment are happy and positive. The school places a huge emphasis on this approach to try to ensure they feel as secure as they can be, as the environment they have at home may be very different.

Headteacher, Devon Secondary School

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<sup>5</sup> P.22

[https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/664855/Transforming\\_children\\_and\\_young\\_people\\_s\\_mental\\_health\\_provision.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/664855/Transforming_children_and_young_people_s_mental_health_provision.pdf)

## **Pastoral Support**

- 9.7 Pastoral support is a key factor in being able to help children and young people before issues escalate. It was apparent to the Task Group that those schools who took a holistic view of the child, and worked to build strong relationships with parents, particularly those in need of additional support, created a team around the child that was able to support their emotional health and wellbeing and resulted in them succeeding better in school. Mindfulness programmes are becoming popular with a whole school approach to understanding what issues make someone feel upset, angry, and how to look at things more clearly.
- 9.8 Best practice found schools with an open-door approach to its pastoral work. Pupils know that the school has safe spaces where they can be helped both in terms of emotional, behaviour or learning support. There is an opportunity for children to drop-in, in addition to those young people who have weekly sessions. One school reported having no permanent exclusions at the school since the school adopted a new mentoring programme at the start of the year. The school also supports staff with their emotional health and wellbeing so that they feel empowered.
- 9.9 Peer mentoring was described very positively by a number of young people whom the Task Group spoke to. Peer mentors, anti-bullying ambassadors and library mentors were cited as being more readily approachable than some staff and providing a level of empathy that not all teachers are able to offer. Young people felt it was sometimes easier to talk to their peers than to an adult, as they were often better able to understand the issues that person is going through and also more able to recognize the signs and extent of the problem. DYS Space (formerly Devon Youth Service) have developed a peer wellbeing group with young people, and also carry out mentoring on emotional wellbeing in schools, as well as deliver assemblies and workshops in PSHE lessons.
- 9.10 The Task Group received representations from schools reflecting on the difficult balance between the focus on the academic side to improve their Ofsted rating against investing heavily on the pastoral side.

## **School Counsellor / Pastoral Support Worker**

- 9.11 It was apparent from the young people's representations that there is now much less stigma in terms of accessing school counselling and that pupils are more open to the notion. One school counsellor described it as impossible to meet the demand of all the young people who wanted to see her in the time she has available and so she offers group work instead. Pupils self-refer on issues such as stress, exam pressure and the fear of leaving school.
- 9.12 It is a concern where schools have had to reduce school counselling offers due to resource pressure. This appeared to the Task Group as a false economy given the positive impact such support may have on a young person's emotional wellbeing. Schools have an imperative to find a creative response to meet this need. A positive and cost-effective initiative deployed by one school had a Pastoral Support Worker overseeing trainee counsellors who are a free resource as they are completing their counselling training, but need supervision.

## **Teacher Training and Support**

- 9.13 Teachers should undertake accredited mental health training as part of their PGCE to support them in working with young people who may be experiencing difficulties. However, some of the issues schools have to deal with can be frightening for staff and it is important for both pupils and staff that they receive the most appropriate training in order to deal with such issues. Support is available to staff in relation to those young people with more complex emotional health needs including supervision and advice drop ins through Virgin Care as part of EH4MH.

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## Alternative Provision

- 9.14 The Task Group received complaints about the cost of alternative provision for young people that could not be supported in school. This is a high cost and complex area, which is being investigated further by the medical workstream of the Devon Inclusion Project.

## Family Support

- 9.15 Some young people resent the school's involvement in their home life with tensions in terms of information sharing between the school and parents. Staff highlighted the importance of working together with parents to establish good relationships when dealing with pupil's emotional needs. The process must remain child centred. Schools reported parents within the community that really struggle with the education system. Schools try to break that cycle through also furthering parental aspiration as well. It has a profoundly positive effect to work with parents at raising their confidence and self-esteem. Such work can lead to parents feeling much better equipped to role model for their children.

### **Emotional Health & Wellbeing Support Initiatives**

- Hospice and bereavement counselling
- School nurse
- Mindfulness
- Supportive listening
- Peer mentors – through the Diana Award training scheme. The school has 8 peer mentors who have their own office.
- Anti-bullying ambassadors and library mentors (drawn from Years 8 to 11).
- Referral to school counsellor (capacity issues)
- Referral to Young Devon
- Assemblies – wellbeing
- Resilience support
- Extra-curricular clubs
- Journey After Child Abuse Team
- Online – Kooth, Childline
- LGBTQ support
- Children in Care specialist life story work
- 'Time out' cards for pre-identified pupils to leave classroom

Sampled Devon Secondary School



## 10. Early Help

- 10.1 In Devon, the Early Help system is made up of service users, community resources, universal service providers and targeted services working together to enable families to manage their own dilemmas and solve their own problems, making whatever changes are necessary to secure the well-being of their children, enabling appropriate risk management in the community and a proportionate response to risk and need<sup>6</sup>.
- 10.2 The Right For Children IT (R4C) platform went live in April 2017 to replace the 'Holistix' system, with the introduction of more streamlined Early Help assessment and planning tools. The system allows the school to share information in a multi-agency way which has been helpful, although as a system it is only as good as the data that is inputted. Schools are engaging with R4C but some felt that, too regularly they are picking up the cases as lead professionals. The Chief Officer for Children's Services reported that it is not unusual for a member of a school staff to be the lead professional since the school is where a child spends most time. The key is that the lead professional is usually the best person to bring everyone together in Team Around a Child meetings. The resilience of a school and the importance of a pupil's emotional health and wellbeing is not the fact of them being left simply with one member of staff but that the whole school owns this agenda. Early Help should reduce the demand on schools through a greater collaboration of agencies identifying need and offering and engaging support. The focus is on looking at the whole system and bringing it together to meet multiple family needs.
- 10.3 An Early Help Improvement Board is in place and schools recognising the growing impact of the Early Help system for children and families. The locality boards are becoming more effective in knowing the areas they serve and in co-ordinating work across agencies. There is still much work to do but progress is being monitored on a monthly basis through the board and the associated workstreams.

Staff relate to the young people they work with and try to offer support and empathy. It is vital to believe in the students and their ability to succeed, which the children subsequently recognise and this builds trust and respect.

Staff member, Devon Secondary School

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<sup>6</sup> <https://new.devon.gov.uk/educationandfamilies/special-educational-needs-and-disability-send-local-offer/early-help>

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## 11. Multi-Agencies

- 11.1 Schools want better collaboration with outside agencies. It would appear that there is still some way to go to communicate EH4MH across the partnership. It is difficult for GPs to keep this high up their agenda and there is a wider issue of how to engage GPs in terms of Early Help. Social workers were largely praised by schools for their input when provided, but there was frustration when social workers are not able to attend meetings due to other commitments. The issue was raised about health and social care not routinely sharing information with schools on plans moving forward following a suicide attempt for instance. Schools would like a more of a formal handover of children from these agencies to avoid the situation where a child is hospitalised, then he/she is back in school the next day and the teacher is completely unaware. This is an important element to be considered as part of the working together protocols, as the young person's right to confidentiality also has to be considered.

### CAMHS

- 11.2 Analysis undertaken by the Children's Commissioner<sup>7</sup> shows just over 200,000 children received CAMHS treatment in the England last year, 2.6% of the age 5-17 population, which compared to recent research on the number of children with a mental health condition suggests between 1 in 4 and 1 in 5 children with a mental health condition were seen by CAMHS last year. Schools in Devon reported that CAMHS access remains difficult. One school described a young person who had an initial referral to CAMHS 12 months ago, and stated that it took a year to be seen, despite an escalation of incidents and exclusions from the school.
- 11.3 Schools reported that support from CAMHS appears to be only available where there is a prominent and obvious self-harm (facial) or there has been a suicide attempt. Referral to CAMHS requires a full Early Help Assessment, where the child and parent share information and agree to engagement. If family/child fails to engage then the support offer is withdrawn. This is often the case with young people with anxiety who do not want to talk to workers they do not know.

### Local Transformation Plan Refresh

- 11.4 NHS Northern, Eastern and Western Devon Clinical Commissioning Group's (CCG)'s CAMHS Transformation Plan 2015/16–20/21 has recently been refreshed and has provided as an opportunity to bring together two CCGs and three Local Authorities to develop shared priorities across Plymouth, Devon and Torbay.

Councillors Christine Channon (Chair)  
Su Aves  
Rob Hannaford  
Linda Hellyer  
Andrew Saywell

*Copies of this report may be obtained from the Democratic Services & Scrutiny Secretariat at County Hall, Topsham Road, Exeter, Devon, EX2 4QD or by ringing 01392 382232. It will be available also on the County Council's website at:*

[http://www.devon.gov.uk/index/councildemocracy/decision\\_making/scrutiny/taskgroups.htm](http://www.devon.gov.uk/index/councildemocracy/decision_making/scrutiny/taskgroups.htm)

*If you have any questions or wish to talk to anyone about this report then please contact:*

Dan Looker  
01392 382232/ dan.looker@devon.gov.uk

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<sup>7</sup> Figures on those entering treatment taken from the NHS Forward-View Dashboard. Population figures taken from ONS Table SAPE18DT5: Mid-2015 Population Estimates for CCG in England

## APPENDIX 1

### EH4MH Hub

- A1.1 Young Devon holds monthly Hub groups for young people aged 11-19 in Newton Abbot, Exeter & Barnstaple to look at various topics around mental health. These groups are an opportunity for young people to meet, share thoughts, and reflect on how the community can best promote positive mental health and support other young people. The Task Group were extremely grateful to attend the Exeter Hub and meet with 6 of its members. During discussion the following issues were raised:
- A1.2 Young people described finding out about the Hub, when their CAMHS work was coming to an end, which was important within this context to have somewhere to go even though it is only once a month. There is no pressure to share, but it is a safe place to do so. Everyone is passionate about helping other young people and making a difference. It is about breaking down the stigma of mental health, and creating a ripple effect with friends and families as well. It is about acknowledging that everyone has mental health, it is not just about poor mental health, with parents and teachers understanding the pressure of school and college even when it is an apparently small issue.
- A1.3 In terms of school's approach to mental health, a lot depends on the individual teacher. Schools tend to focus more on physical health of their pupils than their mental health. Teachers need regular training on mental health and wellbeing. It is problematic where a young person may have built up the courage to speak to a teacher about an issue, and then the teacher does not know how to respond.
- A1.4 Schools are not always providing safe spaces for young people to go if they have an anxiety attack and need to leave the classroom. There are instances as well where a young person will disclose information to a member of staff, and then 'behind their back' the school calls the parents. This is understandable where a young person is at risk of harm, but otherwise it is far from helpful and only increases their problems.
- A1.5 Waiting times for autism testing and CAMHS is an issue. Young people would like to know where they are on the waiting list and a time frame for being seen. One young person said it was frustrating where she had been diagnosed with PTSD but had not been told by CAMHS about this. It is essential young people are informed of their diagnosis, as it is an important part of understanding why they might be feeling a certain way which helps with feeling less anxious and isolated. It helps them not to feel that they are just "crazy" and "broken".
- A1.6 CAMHS were reported to be offering a largely positive intervention in terms of the young people at the Hub. It was felt that they had all been seen relatively quickly given their state of crisis, which was often a suicide risk. One young person described CAMHS involvement as 'life changing', and was now working with Virgin Care's Participation Team on how to improve the service.
- A1.7 It is important young people know that support is out there and available. It however can sometimes be difficult for young people to recognize for themselves that they might have an issue in terms of their mental health that needs to be addressed, or they may feel that something is wrong but feel embarrassed. Young people at the Hub are involved in a piece of work to list services for young people in one place.
- A1.8 Exeter College are now doing much more in terms of mental health. One young person described the death of a friend who had been at Exeter College who committed suicide and the work that has been undertaken at the College since this happened. The young person is organising a memorial tree to be planted.
- A1.9 One of the young people reported that he was trying to promote male mental health as well as mental health for young people with a learning disability.

### Task Group Activities

- A2.1 The first meeting of the Task Group took place on **6 July 2017** to discuss the scoping of the review and receive an overview of the service from the Head of Commissioning Children's Services.
- A2.2 On **18 September 2017** members received evidence from Chief Officer for Communities, Public Health, Environment and Prosperity and Advanced Public Health Practitioner; Chief Executive, Young Devon, Head of Service for Information, Advice & Rights - Young Devon, Early Help 4 Mental Health Service Manager - Young Devon and Early Help 4 Mental Health Service School Support Programme Lead - Virgin Care; Head of Children's Social Care Operations Manager Early Help – Northern Devon Service Manager and Head of Education & Learning.
- A2.3 On **4 October 2017** the Task Group visited The Park Community School and met with the Deputy Headteacher and a range of school staff.
- A2.4 On **16 October 2017** members visited King Edward VI College, Totnes.
- A2.5 On **19 October 2017** the Task Group visited South Molton Community College and Pilton Community College.
- A2.6 On **23 November 2017** members went to meet young people from the EH4MH Hub Group, YES Centre, George Street, Exeter. The Task Group met with 6 Young People – all past and present Exeter College students, along with the Early Help 4 Mental Health Service Manager, Young Devon and the Participation Coordinator, Young Devon.
- A2.7 On **7 February 2018** The Task Group met the Chief Officer for Children's Services; Assistant Director of Public Health; Commissioning Manager (Children and Young People's Mental Health, South Devon and Torbay Clinical Commissioning Group; Children's and Young People's Commissioning Lead, NEW Devon CCG and Director of Strategy, Organisational Development & Workforce, Devon Partnership Trust.
- A2.8 On **5 March 2018** members met to discuss their findings and recommendations.
- A2.9 On **24 April 2018** the Task Group met the Head of Education & Learning and discussed the draft report.

## APPENDIX 3

### Contributors / Representations to the Review

Witnesses to the review in the order that they appeared before the Task Group. Members also met with a significant number of children and young people on their school visits.

<b>Witness</b>	<b>Position</b>	<b>Organisation</b>
Fiona Fleming	Head of Commissioning Children's Services	Devon County Council
Dr Virginia Pearson	Chief Officer for Communities, Public Health, Environment and Prosperity	Devon County Council
Rachel Humphries	Advanced Public Health Practitioner	Devon County Council
Andy Moreman	Chief Executive	Young Devon
Ros Arscott	Head of Service for Information, Advice & Rights - Young Devon	Young Devon
Jamie Keyse	Early Help 4 Mental Health Service Manager - Young Devon	Young Devon
Sarah Lewis	Early Help 4 Mental Health Service School Support Programme Lead	Virgin Care
Mark Lines	Head of Children's Social Care	Devon County Council
Sarah Simpson	Operations Manager Early Help – Northern Devon Service Manager	Devon County Council
Dawn Stabb	Head of Education & Learning	Devon County Council
Kay Sanders	Deputy Headteacher	The Park Community School
Lorraine Stone	SENCO	The Park Community School
Simon Borrington	HLTA	The Park Community School
Sam Saintey	HLTA	The Park Community School
Lisa Barton	Pastoral Mentor	The Park Community School
Kim Scott	Pastoral Mentor	The Park Community School
Sarah Winstone	Assistant Principal – Inclusion	King Edward VI College
Andrew Finney	Principal	South Molton Community College
Lindsay Skinner	House Learning & Behaviour Coach / Safeguarding Officer	South Molton Community College
Michelle Goddard	Assistant Headteacher	Pilton Community College
Suzie Eden	SENCO	Pilton Community College
Julie Lea	School Counsellor	Pilton Community College
6 Young People	EH4MH Hub Group (all past and present Exeter College students)	YES Centre, George Street, Exeter
Jamie Keyse	Early Help 4 Mental Health Service Manager	Young Devon
Melody Hunter Evans	Participation Coordinator	Young Devon
Jo Olsson	Chief Officer for Children's Services	Devon County Council
Steve Brown	Assistant Director of Public Health	Devon County Council
Louise Arrow	Commissioning Manager (Children and Young People's Mental Health	South Devon and Torbay CCG

# Agenda Item 7

Kate Taylor	Children's and Young People's Commissioning Lead	NEW Devon CCG
Helen England	Director of Strategy, Organisational Development & Workforce	Devon Partnership Trust

## Written representations

Catherine Higley	Headteacher	East-the-Water Primary School
Marc Kastner	Strategic lead for Education Inclusion Services & Other Services to Vulnerable Children	Devon County Council

## APPENDIX 4

### Bibliography

- CAMHS Transformation Plan – Devon Torbay and Plymouth (2017/18 Refresh)
- Future in Mind (Department of Health, 2015)
- [Children's Mental Healthcare in Britain \(Children's Commissioner, 2017\)](#)
- [Transforming Children and Young People's Mental Health Provision \(Department of Health / Department of Education 2017\)](#)

## PUPIL REFERRAL UNIT/ALTERNATIVE PROVISION UPDATE

### Report of the Chief Officer for Children's Services

*Please note that the following recommendations are subject to consideration and determination by the Cabinet (and confirmation under the provisions of the Council's Constitution) before taking effect.*

#### **Recommendation:**

that Scrutiny Committee notes the current position on Devon's Alternative Provision and SchoolsCompany Trust (SCT).

#### **Background**

Devon has 160 Alternative Planned Places and 90 Medical Planned places commissioned across SCT Alternative Provision Academies in Exeter, Barnstaple and Dartington. Planned places are directly funded by the Education and Skills Funding Agency (ESFA) but can be redistributed by the Local Authority annually to reflect changing commissioning arrangements. A significant majority of alternative provision has been commissioned through these academies.

In addition, top up funding is paid from the High Needs block for each Alternative Place provided. Devon has also directly commissioned 10 additional Medical Places and a small number of places for learners with statutory plans.

In total, Devon has commissioned 275 FTE places with this Alternative Provider whose core function is to ensure the Local Authority can meet its statutory responsibility of a full time education offer, in particular for those who have been permanently excluded or have medical needs preventing them from accessing education.

#### **SchoolsCompany Trust (SCT)**

SCT, a Multi Academy Trust, has been running Devon's Alternative Provision since March 2015. Initially the Trust's performance was considered acceptable however, in last 18 months, there have been concerns over performance which have been raised directly with the Trust and since March 2017, directly with the Regional School Commissioner (RSC).

In June 2016, the DfE appointed SCT as a sponsor for a secondary academy in Kent. Assurances about the quality of provision would have been secured by the DfE prior to this appointment, however 12 months later the Trust was issued a Financial Notice to Improve by the ESFA. During the Autumn Term 2017, OfSTED inspections highlighted ineffective safeguarding at the Exeter provision and an inspection at the North provision resulted in an Inadequate judgement in January 2018. At the time of writing, provision in South and West (Dartington) was subject to a Section 5 OfSTED inspection.

# Agenda Item 8

The Trust is now under new interim leadership with a new CEO and Board of Trustees appointed by the DfE, pending rebrokerage. Leadership support has been commissioned by the Trust from ACE (Alternative Complementary Education) Academy Trust. Devon is working closely with the new leadership

## **Next Steps**

Following the failure of SCT the RSC is responsible for securing a sponsor and re-brokering all 3 Academies which currently form the SCT. A decision on the preferred provider is expected to be made at the RSC Headteacher's Board meeting in May. At this point, Devon will engage with the new provider on the commissioning arrangements whilst they undertake their due diligence.

To support the process of re-brokerage Devon has provided the following strategic overview of what the LA would look for from a new provider, but has not been involved in the detailed assessment:

- Track record of school improvement to ensure Devon's provision will swiftly move to at least good;
- A recognition and plan to address the current challenges as well as the national challenges in terms of inclusion;
- A collaborative, flexible approach to working with the Education Authority and Schools, recognising how Devon's AP sits within the continuum of provision, its strategic role within a large rural authority;
- A strong focus on successful reintegration and preventative work with schools;
- A strong focus of transition for learners reaching a transition point whilst on roll, i.e. Year 6 and Year 11;
- The KPIs and requirements as set out in the current commissioning agreement.

It is anticipated that the new provider will officially be commissioned by the Spring term 2019, potentially by the Autumn term 2018.

## **Learning**

Devon is undertaking a deep-dive into the commissioning of Alternative Provision to ensure its strategic overview and operational approach are aligned to provide appropriate education and a therapeutic offer to match learners' specific needs. Whilst the commissioning agreement clearly sets out the expectations of the Local Authority, the combination of a weak provider and increased numbers has meant there has been unacceptable performance.

The challenge of having all of Devon's planned places in a single Trust, combined with ESFA restrictions on our ability to move planned places meant we were unable to quickly disinvest to reinvest. The Devon Inclusion Project has a workstream linked to re-commissioning and whilst it is likely the bulk of alternative provision and planning will sit within the re-brokered provision, opportunities to re-allocate funding



and create a broader offer, including working with mainstream schools, are being explored.

It is clear that the responsibilities of the Local Authority and the other Government Departments (RSC and ESFA) remain blurred at times and the capacity and lack of information sharing has contributed to the delay in implementing necessary structural changes and finally re-brokerage. The recent announcement from the Secretary of State regarding the role of the RSC would suggest that Local Authorities will have to assume greater responsibility in school improvement, especially in directly commissioned Academy provision. Despite flagging concerns to the RSC on the Trust's performance early and consistently, structural change and therefore improvement has taken too long.

## **Financial Considerations**

Funding for Alternative Provision comes from the High Needs Block and including planned places, totals circa £5m per year.

## **Other Implications**

None as the report is an update.

## **Legal Considerations**

There are no specific legal considerations of this report as it is an update.

## **Risk Management Considerations**

None as the report is an update. The performance of the Trust has been highlighted as a risk.

## **Summary**

The re-brokerage of Devon's Alternative Provision provides an opportunity for a new sponsor who will bring capacity and expertise to improve the provision. The learning from what has been a challenging process, will ensure that Devon is better placed as a commissioner to ensure the improvement in terms of school performance and learners outcomes.

Author: Simon Niles

## **Electoral Divisions: All**

Cabinet Member for Children, Schools & Skills: Councillor James McInnes

Chief Officer for Children's Services: Jo Olsson

LOCAL GOVERNMENT ACT 1972: LIST OF BACKGROUND PAPERS

Contact for Enquiries: Simon Niles

# Agenda Item 8

Email: Simon.Niles@devon.gov.uk  
Tel No: 01392 383149  
Room: 131 County Hall

<u>BACKGROUND PAPER</u>	<u>DATE</u>	<u>FILE REFERENCE</u>
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NIL

## **Devon Education and Learning**

### **Education and Learning Performance Report Quarter 4 - 2017/18**

### **Discussion Brief**

# Agenda Item 9

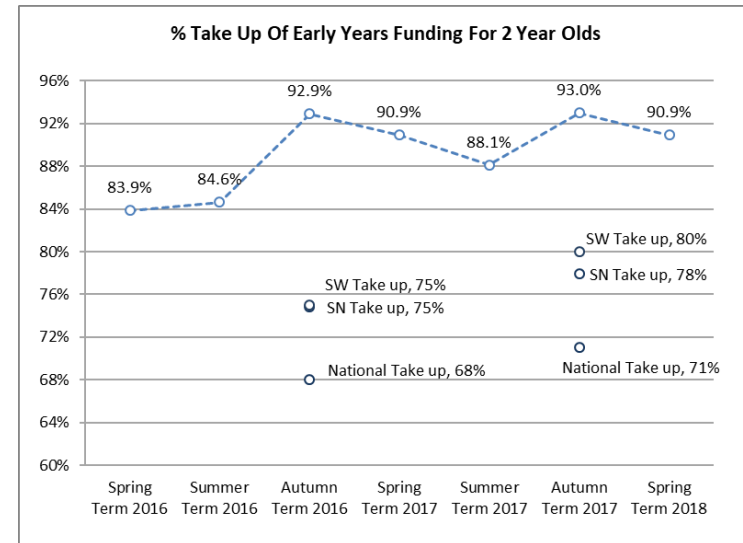
# 1 Closing The Gap Early Years

## Take up of Early Years Funding for 2 year olds

The take up of funding for two year olds has fallen slightly in the Spring Term to 90.9%. This reflects the trend in the previous year and is in line with the take up for the same period last year (90.9%). Devon continues to perform significantly better than latest national (71%) and regional (80%) take up rates.

Take up of two year old places is a parental choice. Therefore we would not expect all 2 year olds to be accessing a place, as some parents will prefer to wait until their child is older.

Data sources: Devon take up: Early Years Team, DCC, Apr 2018, national and regional benchmarks DfE LAIT at 05/10/17



Data source: Early Years Team, DCC, April 2018, DfE LAIT 05/10/17

# 1 Closing The Gap Children in Care 2016/17

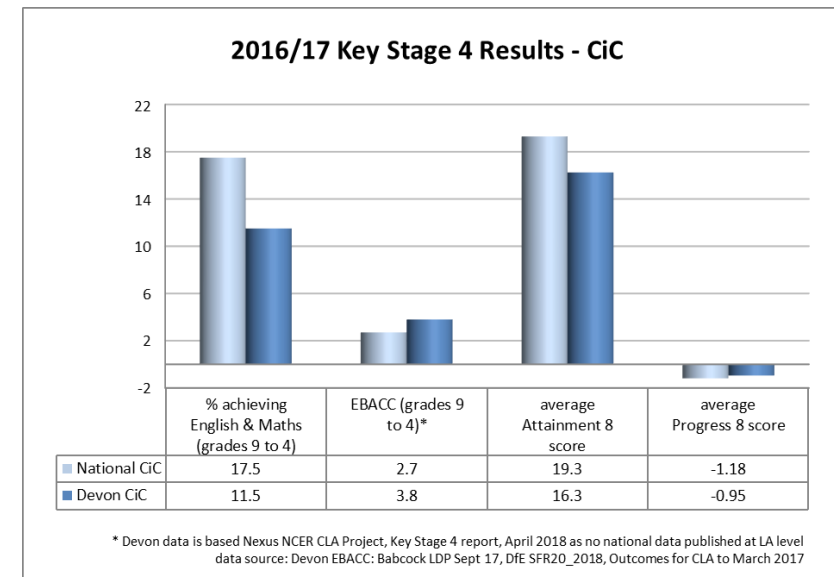
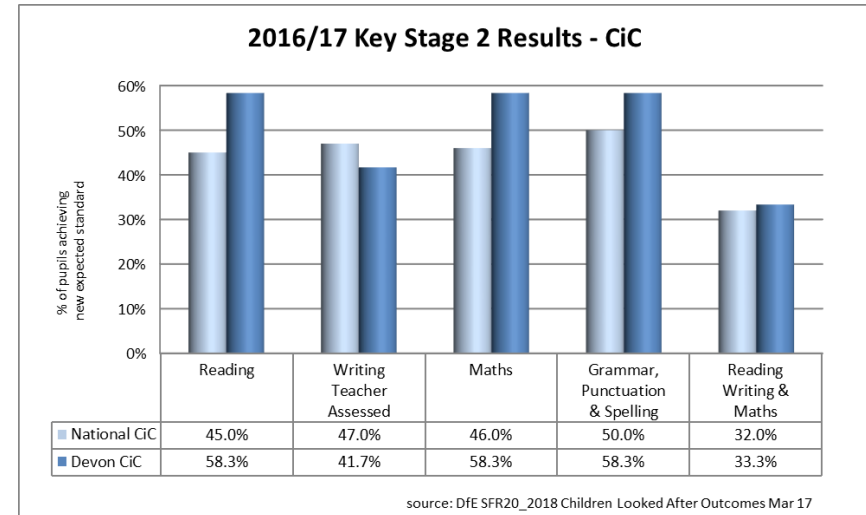
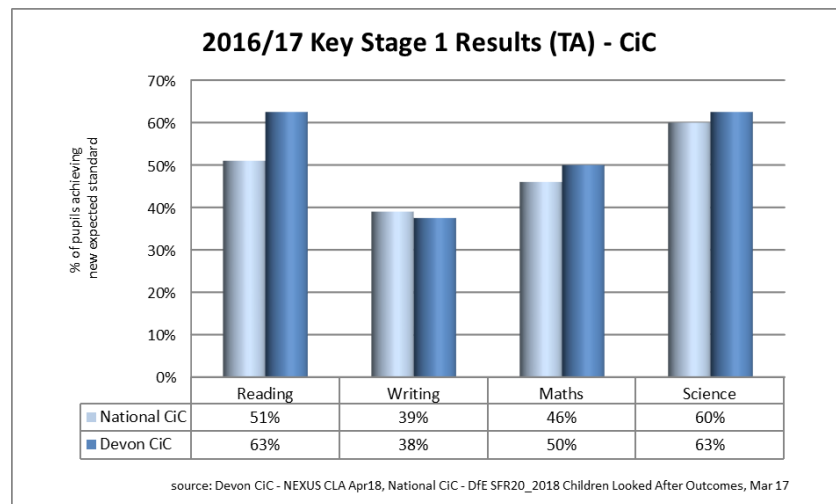
## Children in Care\* - published results

Recently published information indicates that outcomes in Key Stage 1 Reading, Maths and Science are above the national average, whilst Writing is close to the national average.

At Key Stage 2, Devon's Children in Care are performing above the national average in the combined measure of Reading, Writing and Maths. Devon is in the top performing quartile for KS2 subjects Reading and Maths and is ranked 4<sup>th</sup> and 9<sup>th</sup> out of 152 LAs respectively.

At Key Stage 4, local information indicates Devon's Children in Care performed best in English with 26.9% achieving grades 9 to 4 followed by Maths (15.4% achieving grade 9 to 4). Whilst Devon's Children in Care are not performing as well as nationally in the combined English and Maths measure they are making better progress than nationally (average Progress 8 score per pupil of -0.95 compared to -1.18 nationally). This cohort had a high percentage of SEN, reflected in the Attainment and English & Maths measure. However, it should be noted from the starting point these pupils made more progress.

\* Children looked after continuously for at least twelve months as at 31 March 2017 excluding those children in respite care. Only children who have been matched to key stage 2 and key stage 4 data are included.

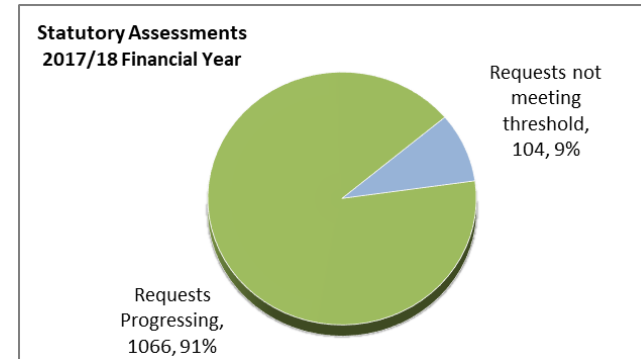


## 2 Inclusion SEND

### Requests for Statutory Assessments

The volume of requests for assessments continues to be high. There have been 1,170 new requests for statutory assessments for the 2017-18 financial year, compared to 715 for the full financial year last year (2016-17). This represents a 64% increase in requests. Of the new requests for the year 91% (1,066) are progressing compared to 81% (579) last year.

The work rate of issuing plans within the 20 week national timeline still requires significant improvement. New staff started work in the SEN team on April 1<sup>st</sup> and this will start to make a visible difference to our work to support children and families. However due to the time it takes to complete an assessment (20 weeks) there will be a delay before the numbers completed within timescales is reflected in our data.

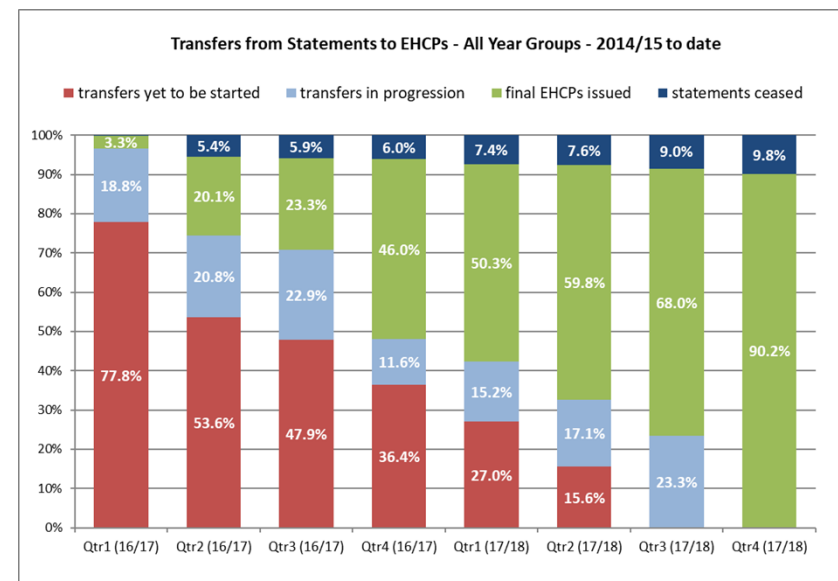


Note: the number of completions and numbers of plans in progress vary across quarters according to the timing of the processing of each request.

### Transfers from Statements

All transfers from statutory statements have been completed within the Department for Education timeframe.

Of the 3,444 statements reviewed, 9.8% statements were ceased and 90.2% had EHCPs issued. This represents a huge piece of work for the SEN team who should be congratulated on completing this review, especially considering the number of pupils in Devon.



Data source: DCC 0-25 SEN Team, April 2018

## 2 Inclusion Not in Employment, Education or Training

### Not in Employment Education or Training (NEET) 16 and 17 year olds<sup>1</sup>

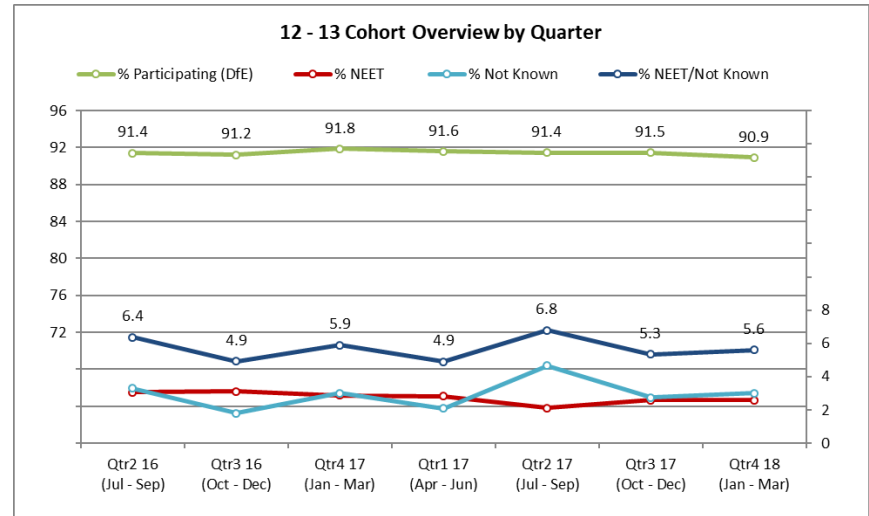
Latest information from Careers South West indicates that the percentage of NEET in Devon is lower than the same period last year (2.6% compared to 2.9% in March 2017), whilst the Not Known rate is the same (3%).

The combined NEET and Not Known measure<sup>2</sup> for the overall cohort has risen slightly in the final quarter, but it is lower than the same period last year (5.6% compared to 5.9% in March 2017).

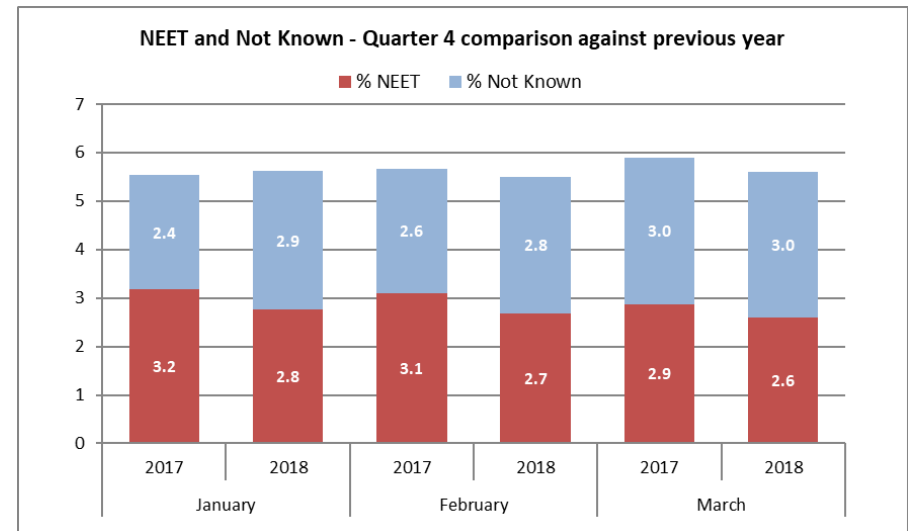
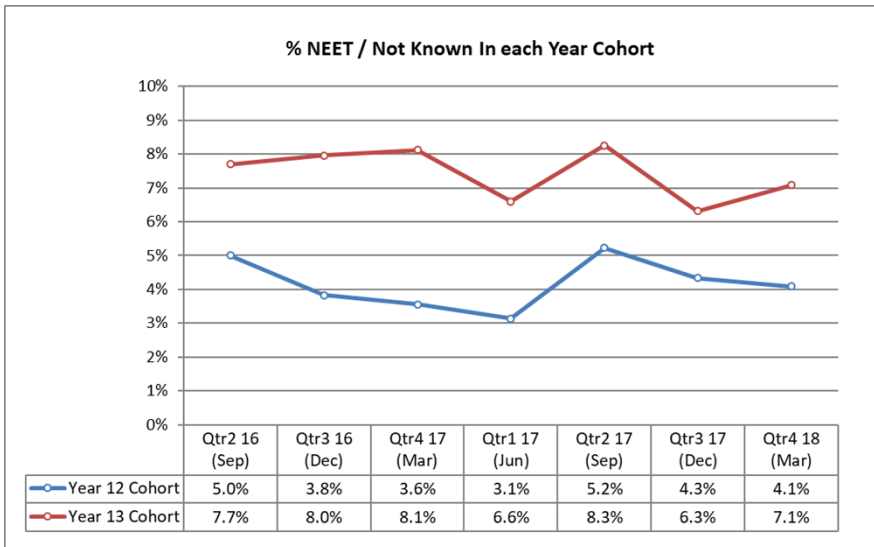
<sup>1</sup> data for years 12 and 13 are now regarded as targets by the DfE in line with the statutory duty on local authorities to track young people destinations

<sup>2</sup> previous focus was on separate measures, primarily NEET

When reviewed by cohorts, Year 12 is the year group with the lower NEET / Not Known rate, with a rate of 4.1% in March 2018 (compared to 3.6% in the same period last year). The NEET/Not Known rate for the Year 13 cohort has improved on the same period last year (7.1% in Mar 18 compared to 8.1% in Mar 17).



Note: the peak in the NEET/Not Known rate is due to young people leaving education / training at the end of the academic year and obtaining confirmation of ongoing study/employment.

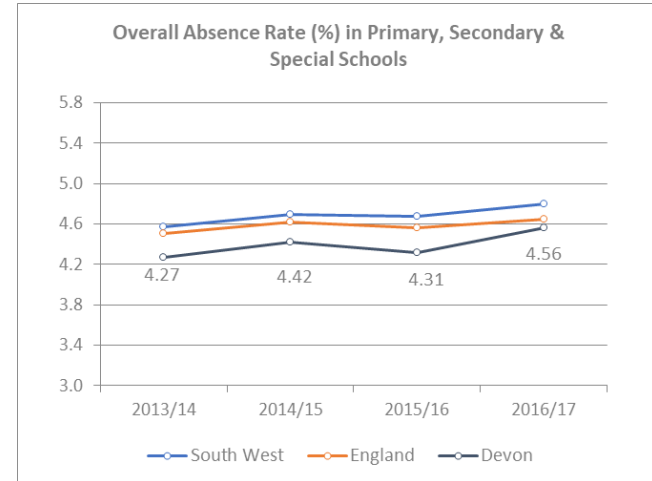




**Overall Absence Rates**

Recently published national data indicates that the overall absence rate in Devon primary, secondary and special schools continues to be better than nationally and regionally (4.56% compared to 4.65% and 4.79% respectively). Devon has the second lowest absence rate of all LAs in the South West.

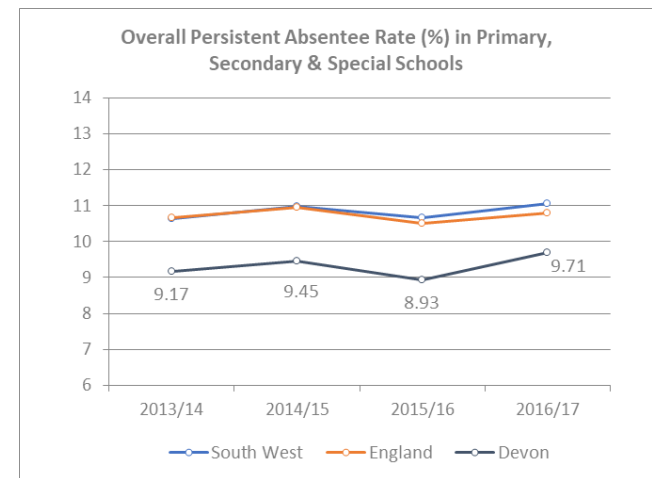
Absence rates in Devon primary schools are slightly better than nationally (3.8% compared to 4% nationally) whilst absence rates at special schools are significantly better (7.7% in Devon compared to 9.7% nationally). Devon is in the top performing quartile for both overall absence rates and unauthorised absence rates in primary schools. The absence rate in Devon secondary schools is not as good as nationally, with an overall absence rate of 5.5% compared to 5.4% nationally.



**Persistent Absentees**

The percentage of pupils missing 10% or more of school sessions continues to be better in Devon than nationally and regionally (9.7% compared to 10.8% and 11% respectively). Devon is in the top performing quartile for persistent absentee rates and has the third lowest rate in the South West.

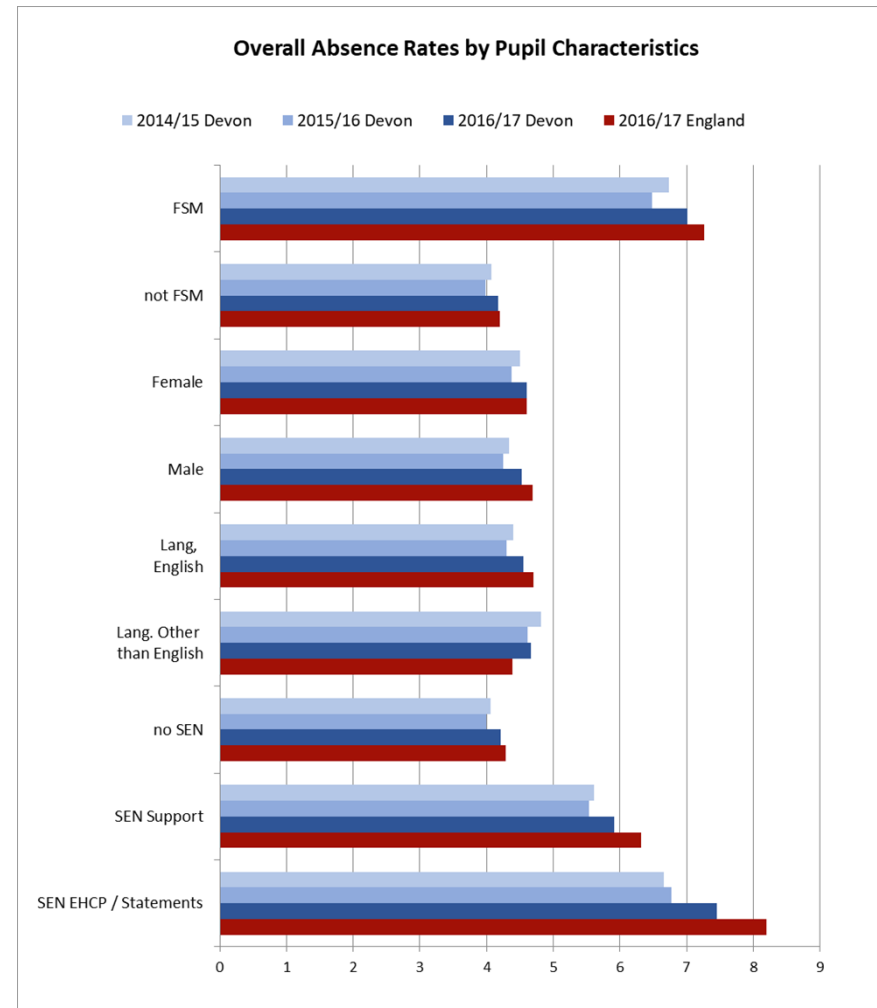
Persistent Absentee rates across primary schools and special schools continue to be better in Devon than nationally. Primary school persistent absentee rates are 2 percentage points lower than nationally, whilst special school absentee rates are nearly 4.5 percentage points lower. Devon is also in the top performing quartile for persistent absentee rates in primary schools and is ranked 8<sup>th</sup> out of 152 LAs. Persistent absentee rates in Devon secondary schools are not as good as nationally with 13.9% in Devon compared to 13.5% nationally.



**Overall Absences – Pupil Characteristics**

Absence rates across pupil cohorts have risen slightly in the last year, both in Devon and nationally. However Devon continues to be better than or in line with national absence rates;

- pupils eligible for FSM have higher absence rates than their non FSM peers, both in Devon and nationally. Devon FSM pupils have lower absence rates than nationally (7% compared to 7.3% nationally).
- There is little difference in absence rates between genders, males have a very slightly lower rate than females in Devon (4.5% compared to 4.6%).
- absence rates for pupils whose First Language is other than English is similar to their peers whose First Language is English. Devon pupils with a First Language other than English have a slightly higher rate than nationally (4.7% compared to 4.4%).
- Pupils with SEN have higher absence rates than their peers with no SEN, both in Devon and nationally. Pupils with Statements / EHCPs have higher absence rates than their peers with SEN support. Both Devon SEN cohorts have better absence rates than nationally. Pupils with Statements / EHCPs have significantly lower absence rates (7.5% compared to 8.2% nationally).

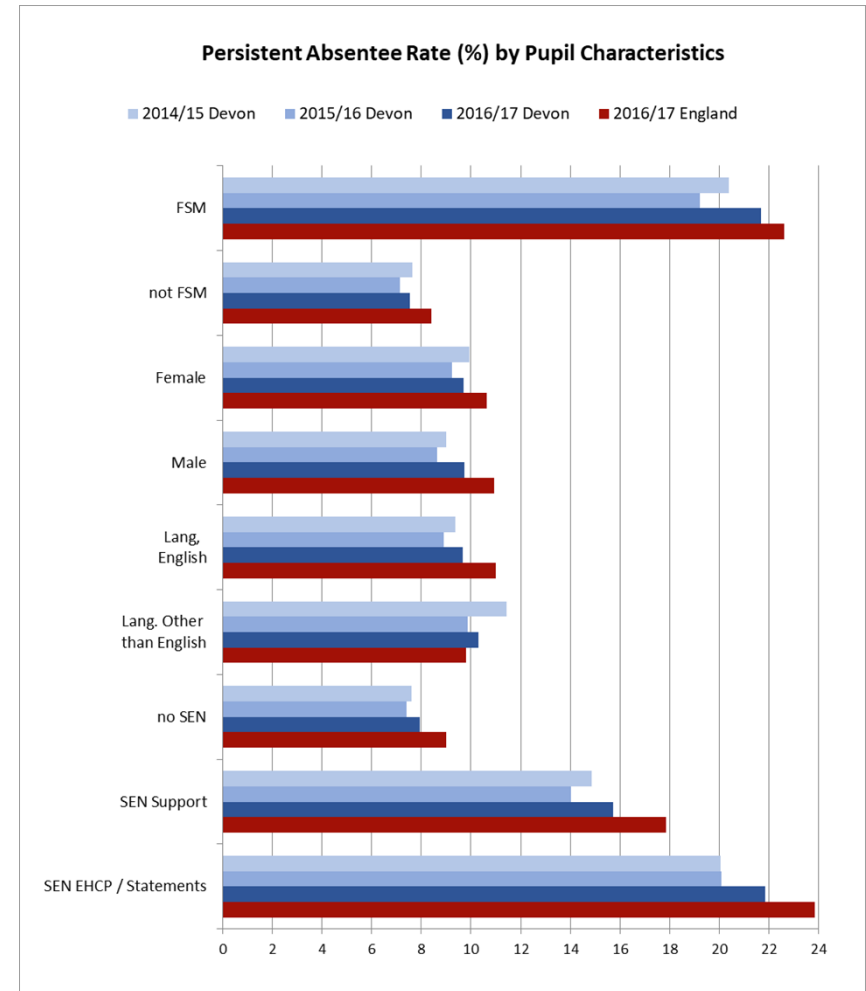


Data Source: DfE SFR18/2018 Pupil absence in schools in England: 2016 to 2017, March 2018

**Persistent Absentees – Pupil Characteristics**

Persistent absentee rates have also risen in the last year, both in Devon and nationally. Devon is performing better than nationally across the majority of cohorts;

- fewer FSM pupils were persistent absentees in Devon compared to nationally (21.7% compared to 22.6%).
- males and females have similar persistent absentee rates, with Devon males performing significantly better than nationally (9.7% compared to 10.9%).
- Devon pupils whose language is other than English have a slightly higher level of persistent absenteeism than nationally (10.3% compared to 9.8% nationally).
- Devon SEN pupils are performing significantly better than nationally, with both cohorts having lower persistent absentee rates. 15.7% of SEN Support pupils were persistently absent (compared to 17.8% nationally) whilst 21.9% of Statement / EHCP pupils were persistently absent (23.8% nationally).

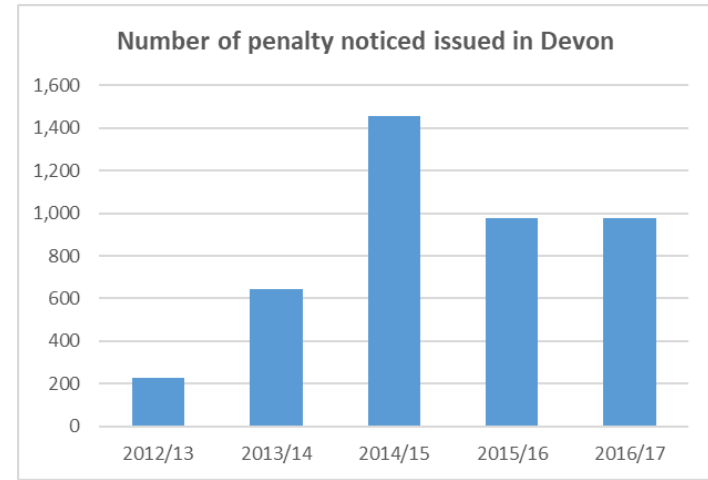


Data Source: DfE SFR18/2018 Pupil absence in schools in England: 2016 to 2017, March 2018

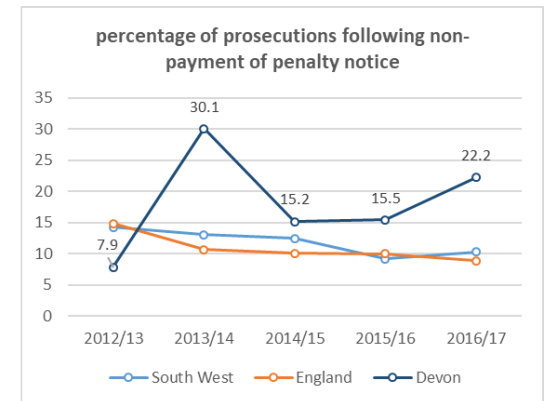
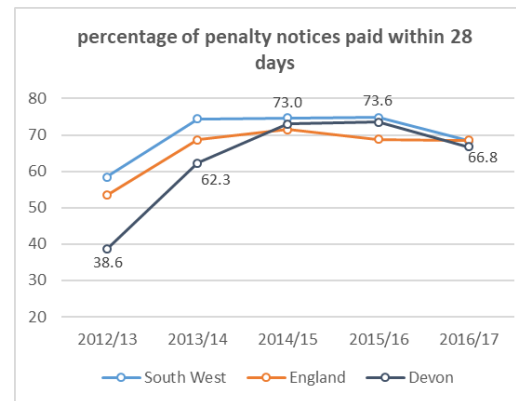
**Parental Responsibilities - Penalty Notices**

The number of penalty notices issued in Devon to address poor attendance remained stable in 2016/17 (976). This is likely to rise in 2017/18 with 608 notices being issued in the period Jan to Apr alone. The initial rise in notices was likely due to a change in regulations where term time leave is only granted in exceptional circumstances. The later drop is due to the Council's decision to suspend issuing penalty notices whilst awaiting the outcome of the Isle of Wight case. This also impacted on overall absences rates which rose slightly in 2016/17, both in Devon and nationally.

In 2016/17 66.8% of penalty notices issued were paid within 28 days in Devon compared to 68.5% nationally and regionally. The percentage of prosecutions following non-payment of penalty notices rose in Devon in the last year to 22% (compared to 8.9% nationally).



Data source: DfE SFR17\_2018 Parental Responsibility Measures for Attendance: 2016 to 2017



Data source: DfE SFR17\_2018 Parental Responsibility Measures for Attendance: 2016 to 2017

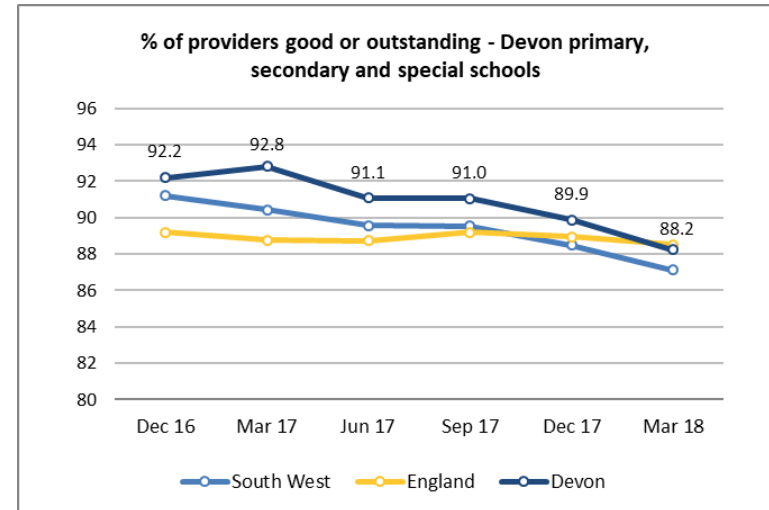
### 3 Quality Ofsted Outcomes

#### Devon Primary, Secondary and Special Schools

The overall percentage of Devon Primary, Secondary and Special Schools, judged by Ofsted as Good or Outstanding has fallen slightly in this last reporting period. Devon continues to perform better than the regional picture, with 88.2% of Devon schools currently good or outstanding (87.1% regionally) and is in line with the national average (88.5%).

Data source: Monthly Management Information: Ofsted's school inspections outcomes, Management Information – Schools – 31<sup>st</sup> March 2018.

89% of Devon primary schools have been judged as good or outstanding, which is in line with the national average (89.8%). Devon Secondary schools are performing better than nationally with 81.6% judged as good or outstanding (compared to 80.2% nationally). There has been no change in the performance of Devon Maintained Special Schools as, at the time of writing, no school inspections had been published since the last reporting period.

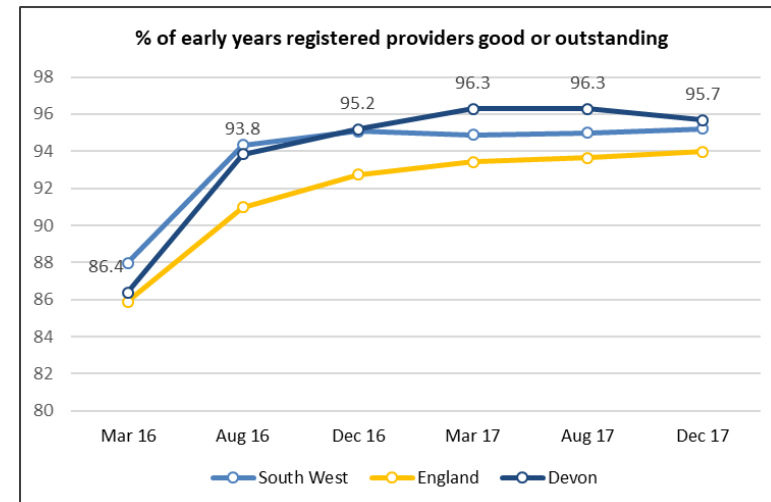


Data Source: DfE Monthly Management Information: Ofsted School Inspection Outcomes, 31 March 2018

#### Inspection of Early Years Registered Providers<sup>1</sup>

Recently published information indicates that nearly 96% of active Early Years registered providers in Devon have been judged as good or outstanding. Devon continues to perform better than both nationally (94%) and regionally (95.2%).

<sup>1</sup> The Early Years Register is for providers who care for children from birth to 31 August following their fifth birthday. Registration is compulsory for such providers and they must meet the requirements of the early years foundation stage (EYFS). Early Years registered providers are childminders, childcare on domestic premises and childcare on non-domestic premises.



Data Source: DfE Early Years Childcare Statistics: Childcare Providers and Inspections, Mar 2018

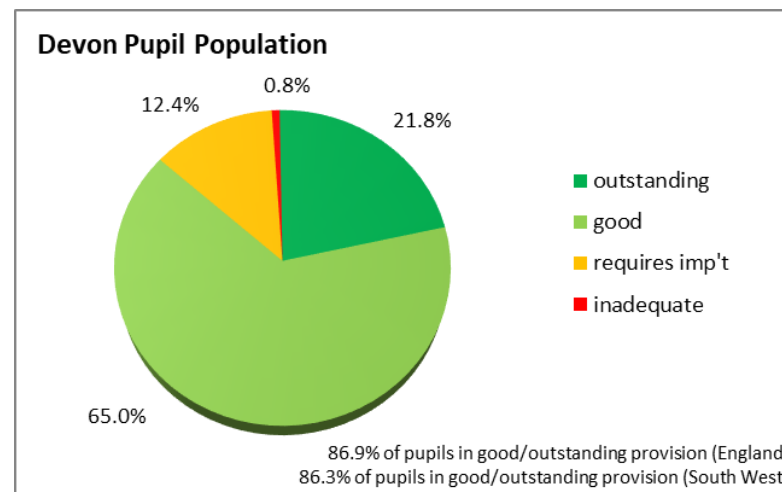
**Devon Pupils in Primary, Secondary and Special Schools**

86.8% (80,664) of Devon pupils<sup>1</sup> are attending schools that have been judged as Good or Outstanding. This is in line with the national picture (86.9%) and better than the regional picture (86.3%).

84.7% (16,027) of disadvantaged children<sup>2</sup> in Devon are attending Good or Outstanding schools. These are pupils who are Free School Meal children, children currently in care, adopted from care or service children.

89.89% (2,265) of pupils with statements of special educational needs or education, health and care plans<sup>3</sup> are attending Good or Outstanding Schools.

Note: no national benchmarks are available for disadvantaged children and children with SEN.



Data Source: DfE Monthly Management Information: Ofsted School Inspection Outcomes, 31 Mar 2018

<sup>1</sup> Ofsted MI Report uses Spring 2017 pupil cohorts

<sup>2</sup> Pupil Numbers from DfE Pupil Premium July 2017

<sup>3</sup> Pupil Numbers as at Spring Census 2018

## Learning from audit in Children's Social Care (2017-18)

### Report of the Head of Children's Social Care (Deputy Chief Officer)

*Please note that the following recommendations are subject to consideration and determination by the Cabinet (and confirmation under the provisions of the Council's Constitution) before taking effect.*

#### **Recommendation:**

Members of the children's scrutiny committee are requested to:

- Consider the report and note the activity being undertaken to further develop our learning from quality assurance activity.
- Indicate how and when they would prefer feedback on the progress of activity to be undertaken during 2018/19.

#### **1. Introduction**

1.1 Children's Social Care is committed to improving outcomes for all children and young people and supporting them to achieve their full potential. In order to do this we must continually evaluate three key elements of our work:

- The quality and effectiveness of our interventions leading to positive outcomes for children in terms of safety, well-being and stability.
- The quality of each practitioners approach and line management oversight in supporting the achievement of positive outcomes.
- The quality of our partnerships with all agencies we work with to effect positive outcomes.

1.2 The Quality Assurance Framework sets out the approach we will use to provide continual assurance that we are achieving positive outcomes. Where there is success, best practice messages are shared so that these can be replicated across the service. Where we identify gaps or issues for corrective action this is shared in order to support improvement.

#### **2. Summary of audit activity during 2017-18.**

- 2.1 A summary of key themes emerging from the range of case, themed and deep dive audit activity that have taken place are outlined in Appendix 1.
- 2.2 We are continuing to develop our quality assurance approach and several developments are set out in the [Audit Plan 2018/19](#) section of this report.

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- 2.3 During the course of 2017-18, it has been important to focus on some key issues of compliance with key social work processes given the inconsistent nature of practice in some parts of the service.

## 3. Service Review (May 2017).

- 3.1 An external Service Review was commissioned to take place during May 2017. The external review team agreed with our evaluation of our practice based on case audits. The service review reflected our own evaluation that we remain a *requires improvement* authority with the potential and ambition to get to good. Some areas of practice remain variable and inconsistent. The summary report and improvement plan which Scrutiny has examined set out our key strengths as well as some priority improvement areas. See link to summary [document here](#).

## 4. What has audit told us about practice?

- 4.1 Following a full programme of audit activity this year, some key messages of strengths and areas for further development have emerged. These are summarised in Appendix 2.
- 4.2 As the quality of interventions and outcomes is insufficiently consistent across the county it is important to understand some key themes for focus and review as part of the forward plan. These are related to the quality of our assessments, plans and interventions; reflective of the work many local authorities continually work on to improve.
- 4.3 We need to disseminate information about the quality and performance of the services we manage, in a way that can be used by frontline staff to directly improve their work with children and families. We need to progress in our use of a holistic and realistic system that helps us deliver a high quality approach to auditing.

## 5. Positive Outcomes Framework.

- 5.1 As a service we must evidence the positive difference we make to children's lived experience. We intend to evaluate our practice in line with a set of key outcome measures which test the quality and impact of our interventions as well as adherence to professional practice standards.
- 5.2 Compliance evaluates practice in line with key processes including the timeliness of assessments, visits, completion of plans and review meetings. These all provide some consistency of structure to the work undertaken while at the same time supporting transparency in our working methods. It is important that families experience this consistency between teams and localities so that they know what to expect from our involvement with them.
- 5.3 It is also important that children and families experience staff reliability and continuity, kindness and understanding, competence, flexibility, knowledge and skills. A case audit approach that seeks direct feedback from families supports our understanding of this so that we can replicate what works well and make improvements where required.



- 5.4 Best outcomes are achieved in light of the application of good practice standards. The need to articulate this for all practitioners and managers is key to our ability to see best practice outcomes when we review and audit our practice. These practice outcomes are set out in Appendix 3.
- 5.5 During the coming year we will be further developing our expectations of teams to meet these standards to develop the consistency of good practice in all the work we do.
- 6. Audit Plan for 2018-2019.**
- 6.1 The case audit plan for this year will continue to include monthly case audits with a locality focus. This year's focus will emphasise quality of interventions as they support improved outcomes for children, as well as compliance.
- 6.2 We will develop our audit tool to ensure practitioners and manager focus on key evaluative questions, such as:
- What is the overall outcome for the child we are trying to achieve?
  - How will we know we have got there?
  - How are we doing in respect of the most important measures (safety, well-being, permanence planning)?
  - What could work to make a difference?
  - Who are the people who could help?
- 6.3 These questions will be built in to an online audit tool that is being developed to support easier completion, analysis and dissemination of key findings and recommendations for action.
- 6.4 Planned themed audits for the coming year include:
- Sexual Abuse to review the quality of practice and outcomes in light of an historical child sexual abuse Serious Care Review due to be completed in July 2018.
  - The quality of Child in Need practice.
  - Placement Stability and Placement.
  - Quality of assessments and plans.
  - Child Sexual Exploitation in line with the current Joint Targeted Area Inspection focus.
- 6.5 Finally, a 'Good practice Evidence Bank' is in development in our recently launched [reSOURCE](#) Children's Social Care SharePoint website. The Principal Social Worker will ensure the quality of this evidence. This will serve as a shared repository for good practice aimed at supporting and celebrating practice that makes a positive difference. It is very easy for audit to focus on corrective actions needed; particularly when a service requires improvement. The evidence will be used to support training, good practice messages and any external review of our service.

**Darryl Freeman**

Head of Children's Social Care (Deputy Chief Officer)  
Children's Social Care

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**Electoral Divisions:** All

Cabinet Member for Children, Schools and Skills: Councillor James McInnes

Chief Officer for Childrens Services: Jo Olsson

LOCAL GOVERNMENT ACT 1972: LIST OF BACKGROUND PAPERS

*Contact for Enquiries:*

**Darryl Freeman**, Head of Children's Social Care (Deputy Chief Officer)

Email: [Darryl.freeman@devon.gov.uk](mailto:Darryl.freeman@devon.gov.uk)

**Jean Kelly**, Senior Manager (Safeguarding)

Email: [jean.kelly@devon.gov.uk](mailto:jean.kelly@devon.gov.uk)

*Tel No: 01392 383000*

*Room: 132, County Hall*

## Appendix 1: Children's Social Care Audit Activity 2017-18

Audits	Focus	Output
<b>Monthly Case Audits</b>	To regularly review the quality of our processes and interventions Case work: Compliance and practice quality audits.	A Summary Report with a slide pack is produced to summarise key strengths and areas for improvement.  Each locality has been responsible for developing a programme of improvement and sharing good practice messages within their locality area.
<b>Pre-supervision audits</b>	Each month line managers choose two cases to audit prior to supervision with each practitioner to support discussion and feedback about the quality of casework.	Managers are expected to undertake this activity and share it with the practitioner so that continuous learning is possible.  They will pick up individual learning as well as themes for their team and locality.
<b>Themed Audits</b>	<b>Placement of children subject to care orders with their parents.</b>	A summary report and guidance followed this audit to support best practice messages.
	<b>Single Assessments leading to case closure</b>	A summary report, slide pack and presentation to the service was completed in respect of this audit. This theme will be revisited in 2018/19 to evaluate improvements.
	<b>Pre-birth Assessments</b>	A summary report, slide pack and presentation to the service completed to share learning and key areas for improvement.
	<b>Semi-independent placement provision for 16+.</b> A themed spot check audit.	Practice guidance was issued to support practitioners, managers and Independent Reviewing Officers to ensure that 16+ placements were made at the right point in a young person's development towards independent living.
<b>Deep Dive Audit</b>	<b>North Locality Practice Review.</b> Following the Service Review in May 2017 the North Locality was identified as in need of some additional review and support.	Summary Report and meetings with key representatives of the locality lead to an improvement plan and board that met regularly while key changes and improvements were successfully implemented.
	<b>A review of the Child Protection Conference Model.</b>	This work is ongoing and due to be finalised in May with a summary report of key findings and recommendations to be shared across the partnership.
	<b>Service Review.</b>	Summary report and feedback given to the service resulting in an improvement plan in line with the key areas for improvement identified.

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<b>Self-assessment</b>	<p><b>Care Leavers.</b></p> <p>Given the current judgement by Ofsted in respect of this area of practice, work was identified to evaluate our practice with all care leavers.</p>	<p>Summary Report and improvement plan has been developed with the four localities.</p> <p>An externally commissioned Peer Challenge is planned to review our corporate parenting response and our self-assessment and practice with this group of young people.</p>
	<p><b>Neglect.</b></p> <p>An externally commissioned neglect peer challenge has been agreed by the ADCS. This self-assessment has been undertaken to support this activity.</p>	<p>Summary Report in progress and improvement plan to be developed. An internal workshop to discuss key findings is scheduled for late May 2018.</p> <p>Peer Challenge scheduled for 12-13 July 2018 by Dorset County Council.</p>

## Appendix 2i: Good Practice Messages from audit

1	Practitioners evidence that they know the children they are working with and demonstrate via discussion that they have a clear understanding of their safety, needs and plans.
2	CSE risk assessments audited evidence a good understanding about some of our most vulnerable adolescents with safety plans that reflect efforts to reduce this risk and improve resilience and protective factors.
3	Effective and reflective supervision is offered to a range of practitioners, particularly personal advisors for care leavers.
4	The wishes and feelings and lived experience children is effectively captured in an increasing number of cases and these are integrated into planning /decision making in respect of children and young people.
5	Where cases are deemed inadequate by an auditor they are re-audited in the next round of audits to monitor action taken. Improvements have been made in a number of these cases, evidencing the attention by social work teams to improving key practice.
6	Well evidenced step-down work to ensure a positive targeted early help response when a statutory service was no longer deemed necessary.
7	Evidence of improving Independent Reviewing Officer oversight, including mid-point checks and problem-solving challenge.
9	Evidence of effective direct work with individual children to explore their needs, wishes and feelings and these reflect work required in their plan.
10	Evidence of effective multi agency work in a range of child in need, child protection and children looked after cases.
11	Evidence of effective professional challenge in respect of thresholds for intervention.
12	Effective use of well evidenced risk assessment to inform decision making to keep children safe in a timely way.
13	Some examples of excellent use of tools such as chronologies to support assessment and planning for children.

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## Appendix 2ii: Areas for continued improvement

Theme	Key Issues	Action Required
<b>Single Assessments</b>	<p>Timeliness and quality can be variable including limited evidence of well triangulated analysis to support effective outcome focussed planning so that key improvements are targeted and evaluated for impact.</p> <p>Assessments must include a clear assessment of parental capacity including the capacity to change.</p> <p>Undertaking assessments in partnership with families.</p>	<p>Assessment Toolkit /guidance to support practice which will include exemplars is available in reSOURCE.</p> <p>Assessment Training is ongoing provided to each locality.</p> <p>Team and Area Managers must focus support in this key area of work.</p> <p>Monthly case audit will continue to review the quality and compliance issues highlighted.</p> <p>The development of key qualitative measures of successful assessment practice and outcomes.</p>
<b>Chronologies to highlight key strengths and concerns for children</b>	<p>A history of significant risks, strengths and issues impacting on a child is central to our assessment and planning approach. These are not always updated or used to support decision making and planning.</p>	<p>Assessment training and toolkit includes a focus on chronologies.</p> <p>Team Meetings and Group Supervision to be used to consider this type of practice tool.</p> <p>Monthly case audits will continue to review progress in the use of this tool for assessment and analysis.</p>
<b>Repeat Referrals to Children's Social Care</b>	<p>We are ambitious to reduce repeat referral rates for families where similar concerns re-emerge. We are focussed on ensuring that families get the right service (universal, early help and/or statutory) at the right time and that we do not miss the opportunity to make a positive impact at the earliest opportunity.</p>	<p>MASH and Initial Response teams must, as part of their assessments, consider the likely impact of concerns on children to ensure the right response/intervention.</p> <p>This will be the subject of continued monthly audit.</p>
<b>Case Summaries/Pen Pictures of children</b>	<p>There is inconsistent evidence of a clear and easily accessible summary of children's cases on their electronic case file. These summaries contribute to regular review of the progress of our involvement.</p>	<p>Eclipse (new electronic record system for children) includes a requirement that social workers complete case summaries every three months and 'pen pictures' are required on the electronic file front page.</p>
<b>Visits</b>	<p>While visits are increasingly recorded in a timely way, the quality of intervention (or recording) requires improvement to support what</p>	<p>Guidance about minimum standards for records needs to be reiterated.</p> <p>The development of a shared strengths based approach to our practice during 2018-19 will support a</p>

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	practitioners tell auditors about their practice approach.	more consistent approach that will be closely evaluated.
<b>Supervision</b>	Inconsistent practice evident.	All supervisors must adhere to the Supervision Policy that guides line managers practice.
<b>Management Oversight</b>	Inconsistent evidence that decision making discussions taking place outside of supervision are routinely captured on a child's file.	All managers must promptly record key decisions that affects the plan for each child.
<b>Child in Need Plans</b>	Some evidence of drift in decision making. Inconsistent quality of plans that are not always linked to clear SMART outcome focussed outcomes.	Introduction of Child in Need Independent Reviewing Officers to support effective planning.
<b>Pathway Plans for care leavers</b>	Evidence that some are not regularly reviewed for all young people.	Increased monitoring via each Permanence and Transition Teams.
<b>Permanence Planning for children looked after.</b>	Inconsistent evidence of progress. Some plans are not progressed in a timely way (longer than 6 months after a child has become looked after).	All Independent Reviewing Officers to ensure that key permanence options and plans are considered at the point a child becomes looked after.  Permanence Tracking panel to highlight cases that are drifting to Team and Area Managers.
<b>Compliance with key processes:</b>	Inconsistent record keeping in respect of key processes including: <ul style="list-style-type: none"> <li>• Core Group Meetings.</li> <li>• Decisions to close cases.</li> <li>• Incomplete processes.</li> </ul>	Regular case audit will continue to monitor compliance with core processes that support the progress of cases.

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## Appendix 3: Outcomes Framework Indicators

1	Children and young people are listened to, practice is focused on their needs and experiences and influenced by their wishes and feelings.
2	Children are seen and seen alone where this is required and in their best interests.
3	Children, young people and families benefit from stable and meaningful relationships with practitioners.
4	Children young people and families are engaged in all actions and decisions and understand the intentions of the help they receive,
5	Assessments are well evidenced using a range of sources. Assessments robustly and accurately evaluate key risks and protective factors that require support and intervention. Assessments result in a direct offer of help to address any identified needs,
6	Plans are timely and they will identify what work that will be offered to help the family and the necessary changes to be achieved within necessary timescales to keep a child safe. There is evidence that the plan has guided positive change within 6 months of any statutory involvement.
7	Interventions with families effective in supporting change and development.
8	Practice is informed by feedback from children and families about the effectiveness of help they receive from the point they need it until it ends.
9	Children are protected through effective multi-agency arrangements. Key forums/meetings are effective in planning, monitoring and reviewing these arrangements.
10	Multi agency work, information sharing and challenge is timely, specific and effective, leading to positive outcomes.
11	Where there are concerns about safety and protection and parents do not engage there is a full risk assessment and urgent involvement of managers in decision making about next steps is evident.
12	Comprehensive records are held and shared between agencies to help and protect children and young people.



## Childrens Services Commissioning Liaison Spring Report

### Report of Chief Officer Children's Services

*Please note that the following recommendations are subject to consideration and determination by the Cabinet (and confirmation under the provisions of the Council's Constitution) before taking effect.*

#### 1. Introduction

- 1.1 Commissioning Liaison Members have met Officers over the last year to review current and future childrens services commissioning activity. This is in line with the recommendations of the 2016 'Scrutiny in a Commissioning Council' Scrutiny Task Group. Members have been provided a forward plan of commissioning activity for the year ahead twice yearly since Spring 2017.
- 1.2 Additional workshop sessions have been undertaken in September 2017 and February 2018 to scope the role of Commissioning liaison across the Council and to consider the role of Members in oversight of commissioning.
- 1.3 This has led to agreement of the principles on how commissioning activity will be reviewed. For example;
  - 1.3.1 the opportunities for scrutiny will be greater when there is need for service redesign through changing need or issues with the current delivery model/service, than when a service which currently works well is being recommissioned
  - 1.3.2 Scrutiny involvement in commissioning at the earliest stage will allow Members to help shape delivery models, services and outcomes
  - 1.3.3 Scrutiny have a key role in bringing the voice of the service user to commissioning
- 1.4 The Commissioning Liaison group agreed the Protocol at Appendix A. In reviewing this recently it is proposed that a Commissioning Liaison briefing is made to Scrutiny twice a year in the Spring and Autumn. Allowing opportunity in the Spring to signal progress on tenders and expected contract award dates and in the Autumn to outline opportunities for pre-procurement activity ready for the following financial year.

#### 2. Commissioning Plan

- 2.1 The focus over the last period has been on the Community Health and Care Contract and pre-procurement preparations. Commissioning Liaison briefings have been offered to all Scrutiny Members during the Autumn 2017 and Winter 2018. These have considered the changes in commissioning for Public Health Nursing, ROVICs, Portage and Residential Short Breaks as well as the commissioning of childrens centres and concerns regarding the sufficiency of placements.

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- 2.2 A report from the HoS Childrens Social Care report to Scrutiny in March 18 detailed our progress on services for care leavers. Detailed work with District Councils has also been undertaken in homelessness with a new protocol in place in response to changes in Homelessness Duties. This will be reported to Scrutiny in September 2018. Both pieces of work have informed the re-commissioning of the Homeless Prevention Contract for 16/17 year olds which provides supported accommodation and floating support. The previous contract was extended; the tender is underway with contract award September 2018. Due to the current contract expiry and tender timeline a late summer Commissioning Liaison Members briefing is recommended.
- 2.3 Looking ahead to 2018 the following commissioning activity is planned:
- 2.3.1 Securing sustainable delivery and choice in short breaks services for disabled children including residential, family and community based.
- 2.3.2 Continued work to improve the sufficiency and quality of placements for children in care and care leavers
- 2.3.4 Preparation's for the Regional Adoption Agency hosting with Devon and the development of a commissioning plan.

### **3. Disabled Children: Short Breaks**

- 3.1 In our paper to Scrutiny January 18 on Services for Disabled Children the future direction of travel was set out. This highlighted that families and children are choosing residential short breaks less and less and looking for choice in more flexible community based packages. We are ensuring that continuity of care is prioritised where appropriate and that there are a range of services that can meet the different needs of children.
- 3.2 Cabinet decision in October 2017 resolved 'the undertaking of an options appraisal for the provision of the Residential Short Breaks from April 2019 onwards' referring to the residential short breaks services within the ICS Contract currently delivered by Virgin Care. The impact assessment and options appraisal attached to this report sets out the considerations. It is recommended that this is a re-commissioning of a single contract to offer residential short breaks from the four homes currently delivered by Virgin Care. The key considerations in the planning for this future contract have been:
- ensuring continuity of care for children currently receiving this service
  - maximising the use of excellent resources of the four homes which has received significant capital investment and are purpose built for the needs of the children
  - demand for residential short breaks has reduced therefore building flexibility of delivery into the contract so that providers can offer a range of services from these local bases to meet the needs of the local population of disabled children.
- 3.4 In addition a review of the delivery of community and family based short breaks is underway with a plan to implement a community based short breaks framework contract during 2018/2019 and re-commission family based short breaks during 2019 for award 2020. This will increase capacity to meet the needs of children in their communities and at home. The strategic aim here (SEND Strategy 2017-20) is to further increase the choice and control families and children have in the support children receive. Engagement of Members alongside the engagement of parents and children in the design of these services during the summer and autumn 2018 will support the championing of disabled children in the commissioning re-design.

## 4. **Sufficiency: Placements for Children in Care**

4.1 The paper to Scrutiny in March 18 set out the crisis in sufficiency. The work falls into three strategies:

- Manage the market more effectively
- Construct an alternative to care for teenagers
- Open some in-house capacity with wrap around provision

4.2 The market strategy is to increase choice and availability. The following two tenders will update our existing approved supplier list.

Re-tender of the 16 plus framework contract. This is the provision of accommodation and support for young people aged 16 and above who are children in care and care leavers. These services are unregulated by Ofsted. This has previously been a Peninsula contract for the last five years.

Re-tender of the Residential Childrens Home framework contract. This is the provision of regulated Childrens Homes. This is a continuation of the collaboration between Devon, Plymouth, Torbay and Somerset under Peninsula arrangements.

4.3 As part of the tenders, bidders are put through a selection questionnaire and quality evaluation process. A quality threshold must be achieved to be successful. The tenders will also evaluate prices however as a framework contract the Council are not guaranteeing any level of spend with any one provider.

4.4 In addition, as per the report to Scrutiny, we are taking forward plans to secure residential beds in Devon for exclusive use. This includes a business case for the development of in-house capacity. In addition to the increased capacity of an in-house solution we are also seeking to secure some of the existing residential children's home placements for exclusive use by Devon. We reported the impact on residential beds in Devon being shared with neighbouring authorities.

4.5 It is proposed that through a commissioning liaison meeting Members can review the commissioning approach for the three opportunities above at this pre-procurement stage and be provided with a further paper in September prior to recommendations to Cabinet for contract award in November.

## 5. **Regional Adoption Agency (RAA)**

5.1 The paper to Scrutiny in March 18, prior to the Cabinet decision April 18, set out the proposal to establish a Regional Adoption Agency. As part of this a collaborative commissioning plan will be established. The first piece of commissioning activity is to secure a framework contract for multiple low value spend within the Adoption Support Fund (ASF). These are support services for children who are adopted who can receive a range of services to support their emotional wellbeing needs. This is a collaboration between the authorities who will be part of the Regional Adoption Agency (RAA); Somerset, Plymouth and Torbay. Contract award will be in Autumn 18.

5.2 The RAA Commissioning Plan could be overviewed within the Commissioning Liaison Childrens Services Autumn briefing and through Commissioning Liaison meetings opportunities for Member oversight of that plan during June and July. In addition, an RAA paper is scheduled for Scrutiny April 19.

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## **6. Recommendations:**

- 6.1 Commissioning Liaison briefings are made to Scrutiny twice a year in the Spring and Autumn.
- 6.2 The schedule of Commissioning Liaison Member briefings as per the report are agreed.
- 6.3 Scrutiny consider the Impact Assessment and Options Appraisal for the Tender of Residential Short Breaks

## **Electoral Divisions: All**

Cabinet Member for Children, Schools and Skills: Councillor James McInnes

Chief Officer for Childrens Services: Jo Olsson

## LOCAL GOVERNMENT ACT 1972: LIST OF BACKGROUND PAPERS

*Contact for Enquiries:* Fiona Fleming Head of Commissioning

<u>BACKGROUND PAPER</u>	<u>DATE</u>	<u>FILE REFERENCE</u>
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**Impact Assessment Residential Short Breaks**

## Appendix A

### Commissioning Liaison Member Protocol

Summer 2017

This is a guidance document prepared by the scrutiny team to support the effective working of the nominated Commissioning Liaison Member/s from each scrutiny committee. The role was established following a recommendation made by the 'Scrutiny in a Commissioning Council' Task Group 2016. The full report and recommendations can be viewed [here](#).

#### **Purpose:**

The task group felt that nominating a member from each committee to develop positive relationships with Cabinet Members and Lead Officers to find out about commissioning activity would strengthen the effectiveness of scrutiny. The Commissioning Liaison Member will undertake to:

1. Understand the Council's commissioning processes and priorities;
2. Act as a link between Cabinet and the Scrutiny Committee and bring to the attention of the Scrutiny Chair and Committee:
  - significant commissioning activity
  - performance or service delivery issues relating to services commissioned through external providers
3. Support the Scrutiny Committee to examine the commissioning of services within the wider context of the Council's strategic vision and purpose

This does not affect the legal duties around commissioning and provider relations particularly in relation to health scrutiny.

#### **Approach:**

To carry out this role in the most effective way the Commissioning Liaison Members from each committee have agreed to meet as a group on a regular basis to:

1. Receive commissioning training
2. Ensure a consistent approach is taken to the Scrutiny of commissioning
3. Champion the approach to Scrutiny's involvement in commissioning across the Council and Health

The group will also use receive details of forthcoming commissioning activity and individually take this back to each scrutiny committee to report at the work programme with suggestions about how the committee might be involved in commissioning activity.

#### **Review and development**

It is proposed that the effectiveness of this role could be reviewed in line with the task group recommendation after six months of operation.

In future there may be the opportunity to undertake specific scrutiny investigations relating to commissioning as directed by each relevant scrutiny committee.



# Impact Assessment

Version 2017

To publish, please send a dated PDF to [impactassessment-mailbox@devon.gov.uk](mailto:impactassessment-mailbox@devon.gov.uk)

<b>Assessment of:</b>	<b>Residential Short Breaks re-commissioning options appraisal recommendation for delivery from April 2019.</b>
<b>Service:</b>	<b>Residential Short Breaks</b>

<b>Head of Service:</b>	Fiona Fleming Head of Commissioning, Devon County Council
<b>Date of sign off by Head of Service/version:</b>	22 <sup>nd</sup> May 2018 v4
<b>Assessment carried out by (incl. job title):</b>	Children's Commissioning, NEW Devon CCG, South Devon & Torbay CCG, Devon County Council Disabled Children's Social Work Service

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## Section 1 - Background

<b>Description:</b>	<p>This proposal aims to assess the impact of re-commissioning of residential short breaks services from April 2019.</p> <p>Residential Short breaks are the provision of an overnight or a day care service for children with disabilities away from the family home and at a provision which is registered as a childrens home.</p> <p>The Local Authority have a responsibility to provide Short Breaks as part of the Local Offer under the SEND Code of Practice.</p>
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	<p>This relates to the re-commissioning of the residential short break provisions currently provided by Virgin Care Limited (VCL).</p> <p>An options appraisal has been undertaken (attached) to determine the best route to meet the current and future needs of children and achieve continuity of care. This is in the context of reducing demand for this service offer and therefore a reducing number of children requiring this type of support. The options appraisal has considered the sustainability of the service model across the four geographical locations the service currently operates from.</p> <p>The Local Authority duties to provide short breaks for disabled children fall under a number of pieces of legislation, Section 17 of the Children Act (1989), the Children Act (1989) (Paragraph 6(2) Schedule 2), The Breaks for Carers of Disabled Children Regulations 2011, Special Education Needs and Disability Code of Practice: - 0-25 years (2015).</p> <p>In addition, Devon County Council, parents and partners have co-produced and developed the Devon Multi-Agency Strategy for Children and Young People with SEND 2017-2020 which captures the vision and strategic direction to be achieved for children and young people in Devon with SEND. (<a href="#">hyperlink</a>)</p> <p>The re-commissioning of the short breaks service is in line with the delivery of the above duties and strategy.</p>
<p>Reason for change/review:</p>	<p>The Integrated Childrens Services contract with VCL is due to expire in March 2019. Therefore, the re-commissioning of the services was required. Cabinet October 2017 resolved:</p> <p>“the undertaking of work for the consideration of Devon County Council becoming the Lead Commissioner for the Residential Short Breaks service and, if the Council becomes the Lead Commissioner, for the undertaking of an options appraisal for the provision of the Residential Short Breaks from April 2019 onwards, also be approved.”</p> <p>Therefore, the attached options appraisal has been undertaken and the recommendation made. This IA evaluates the impact of this recommended option.</p> <p>A key consideration in the options appraisal is the reduced demand for residential short breaks over the next three years with 30% of children currently using the service turning 18 in the next year (2018/19) and 56% will</p>



	<p>transition to adulthood within the next three years (2020-2021). Prevalence of need would indicate that while 56% of children will leave as turning 18 this will only be offset by a 2.5% referral to this service of younger children as most families are taking up an alternative offer of care and support.</p>
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## Section 2 - Impacts, options and recommendations

See sections 3, 4 and 5 for background analysis

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Options Appraisal and Recommendations:	<p>See attached options appraisal</p> <p>The recommendation is for a Joint contract with the CCG, using a block contract with a cost and volume element to adapt of changing demand but securing continuity of care for children currently receiving the service. Alongside this the continued commitment to provide this across the four locations and from the current buildings to both protect this investment and to continue to meet the needs of children as close to home as possible.</p>
Social/equality impacts (summary):	<p>Re-commissioning of the residential short breaks service in line with the preferred option has the potential to have positive impacts.</p> <p>The service specification will be designed to promote service delivery which caters for the needs of children and young people with complex needs and disabilities from 0-18 years. This will support young people during transition and transition planning. The service will provide continuity of services and care for children and young people currently accessing the service.</p> <p>The commissioning model enables development of services over time. This will ensure they are sustainable, viable and value for money. Whilst also being flexible to meet need. This flexibility could also promote development of services available for children and young people with additional needs and disabilities up to 25 years and as per the SEND Code of Practice, 2015.</p>

	<p>This has the potential to increase choice and control, promote inclusion, independence and wider skills to enable disabled children to achieve the best outcomes. Services will be designed to promote delivery that recognises culture, ethnicity, religion/belief, sexual orientation, sex, gender and gender identity positively so care provided is personalised to the child, young person and their families.</p> <p>Following appropriate assessment and where eligibility has been established, access to residential short breaks services will be made available to families and young people living in the Devon Local Authority area regardless of rural location, socio-economic status for example.</p> <p>As the service develops, providers will need to ensure that continuity of care is maintained. Any developments over the life of the contract that resulted in any change to the current offer would undergo a full consultation and impact assessment. This would include communication and engagement with children and families.</p>
Environmental impacts (summary):	Packages are often offered in a short breaks provision as close to the child's home as possible. Additional travel would contribute to air pollution and have an impact on children's discomfort and families without access to transport will rely on transport being provided.
Economic impacts (summary):	The Commissioning options recommended enable a full range of suitable bidders the opportunity to bid for the provision of this contract and consortia bids to be submitted.
Other impacts (partner agencies, services, DCC policies, possible 'unintended consequences'):	None
How will impacts and actions be monitored?	A risk register is in place for the project and will be updated to include 'unintended consequences' arising as the project progresses. Mitigating actions will be included on the risk register, monitored and risks re-assessed considering likelihood and impact using risk matrix as identified by Devon County Council. Information contained within the risk register, and important updates, recommendations and decision making provided regularly

through the identified governance structures between the LA and the CCG's. This will include Short Breaks Joint Commissioning Board and the Procurement Steering Group.

A clear communication plan for children, families, partners and DCC teams to ensure they have full awareness of programme of work and the outcomes agreed and implemented for service delivery.

## Background Analysis

This section describes how relevant questions and issues have been explored during the options appraisal.

### Section 3 - Profile and views of stakeholders and people directly affected

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People affected:	<p>Parents of disabled children and young people and children and young people aged 0-18 years with disabilities and additional needs including SEND now or in the future currently living across the Devon localities (North, East, South and Mid Devon) that currently access the VCL residential short break homes or may access the service in the future.</p> <p>Disabled children and young people in Care (aged 0-18 years).</p> <p>Residential short breaks services are provided to children and young people with eligible needs. Assessment of eligible need is undertaken by the Devon County Council Disabled Childrens Social Work Service.</p>
Diversity profile and needs assessment of affected people:	<p>The Joint Strategic Needs Assessment Devon Overview (2017) suggests there are 161,748 children and young people aged between 0-19 years currently living across the Devon localities.</p> <p>“The SEND Code of Practice states that a child or young person has special education needs ‘if they have a learning difficulty or disability which calls for special educational provision to be made for him or her’. There is consequently a significant overlap between those with disabilities and those with SEN; although not all children with disabilities will have SEN and vice versa” (p100).</p> <p>“We would expect more than 3,500 Devon children to experience problems with memory, concentration and learning (the most common area of difficulty), and more than 3,000 to have difficulties with communication. In terms of physical disabilities, the estimates suggest that 2,300 children in Devon experience mobility problems, more than 1,200 have impairments in manual dexterity and approximately 2,000 have coordination difficulties. We would expect over 1,000 Devon children to experience continence difficulties. Many children will of course</p>

	<p>experience difficulties in more than one area, meaning that these numbers should not be added together” (p101)<sup>1</sup>.</p> <p>“Devon has a higher than average proportion of children with SEN; and especially of children identified as having SEN relating to social, emotional, behavioural and mental health needs. In terms of future need, based on population projections, there may be approximately 400-600 more children with disabilities in 2021 than there are at present in Devon. There may be an additional small increase in children with complex needs due to factors such as increased survival of preterm babies; and a continuing rise in children with diagnosed autistic spectrum disorders due to historical under-recognition.” (p5)<sup>2</sup></p> <p>The total number of Children in Need in Devon for November 2017 is 5,262. Of these children in November 2017 268 disabled children were receiving a financial package to fund a short break and 1,146 other disabled children and young people were supported by the Disabled Children’s Social Work Service.<sup>3</sup></p>
Other stakeholders (agencies etc.):	<p>Northern, Eastern and Western Devon Clinical Commissioning Group (CCG)</p> <p>South Devon and Torbay Clinical Commissioning Group(CCG)</p> <p>Special Schools and mainstream schools.</p> <p>Community Health Providers and providers of connected services. The current provider of the residential short breaks service VCL.</p> <p>Devon County Council’s Children’s Services</p>
Consultation process and results:	<p>In January 2015, Devon County Council began work with In-Control and a group of parent carers to look at how services for disabled children and young people could be improved and how parents can have a stronger voice</p>

<sup>1</sup> Direct quotes from the Joint Strategic Needs Assessment Overview, (2017).

<sup>2</sup> Devon’s Joint Strategic Needs Assessment for Children and Young People with Special Educational Needs and Disabilities (SEND), 2017.

<sup>3</sup> Devon Children’s Social Work, Performance Workbook, Report of November 2017, Children’s Management Information Team

	<p>in the re-design process. Parents were subsequently involved in various areas of service development including identification of ‘burning issues’, establishing the ‘Vision’ for disabled children, helping to set the priorities for the Devon Multi-Agency Strategy for Children and Young People with Special Educational Needs and Disabilities (SEND) 2017-2020. They were also involved in the SEND peer review as well as many other aspects. The parent group has now been formalised within the SEND structure under the Local Offer Reference group and will be a source on consultation and feedback for the SEND Board alongside DPCV and DIAS. A separate period of consultation was also undertaken for the Devon’s Multi-Agency Strategy for Children and Young People with Special Educational Needs and Disabilities (SEND) 2017-2020 from January-March 2017.</p> <p>Northern, Eastern and Western CCG and South Devon and Torbay CCG have led a partnership approach to pre-procurement work for 2019 Community, Health and Care Services to be procured. This has included engagement and consultation with parents, children and stakeholders. This engagement focused on the strategy for a system of services to meet need <a href="https://www.newdevonccg.nhs.uk/your-ccg/children-and-young-people-100144">https://www.newdevonccg.nhs.uk/your-ccg/children-and-young-people-100144</a></p> <p>Consultation obtained as part of the above work projects has been used to inform the options appraisal and recommendations for the re-commissioning of the Residential Short Breaks service.</p>
Research and information used:	<ul style="list-style-type: none"> <li>• Joint Strategic Needs Assessment Devon Overview (2017)</li> <li>• Devon’s Joint Strategic Needs Assessment for Children and Young People with Special Educational Needs and Disabilities (SEND), 2017.</li> <li>• Devon Children’s Social Work, Performance Workbook, Report of November 2017, Children’s Management Information Team</li> <li>• Community, Health and Care services consultation <a href="https://www.newdevonccg.nhs.uk/your-ccg/children-and-young-people-100144">https://www.newdevonccg.nhs.uk/your-ccg/children-and-young-people-100144</a></li> <li>• Occupancy data for residential short break homes covering period 2015-2016</li> </ul>

## Section 4a - Social Impacts

### Giving Due Regard to Equality and Human Rights

The local authority must consider how people will be affected by the service, policy or practice. In so doing we must give due regard to the need to:

- Eliminate unlawful discrimination, harassment and victimisation
- Advance equality of opportunity and
- Foster good relations.

Where relevant, we must take into account the protected characteristics of age, disability, gender, gender reassignment, pregnancy and maternity, marriage and civil partnership, sexual orientation, race, and religion and belief.

This means considering how people with different needs get the different services they require and are not disadvantaged, and facilities are available to them on an equal basis in order to meet their needs; advancing equality of opportunity by recognising the disadvantages to which protected groups are subject and considering how they can be overcome.

We also need to ensure that human rights are protected. In particular, that people have:

- A reasonable level of choice in where and how they live their life and interact with others (this is an aspect of the human right to 'private and family life').
- An appropriate level of care which results in dignity and respect (the protection to a private and family life, protection from torture and the freedom of thought, belief and religion within the Human Rights Act and elimination of discrimination and the promotion of good relations under the Equality Act 2010).
- A right to life (ensuring that nothing we do results in unlawful or unnecessary/avoidable death).

The Equality Act 2010 and other relevant legislation does not prevent the Council from taking difficult decisions which result in service reductions or closures for example, it does however require the Council to ensure that such decisions are:

- Informed and properly considered with a rigorous, conscious approach and open mind, taking due regard of the effects on the protected characteristics and the general duty to eliminate discrimination, advance equality and foster good relations.
- Proportionate (negative impacts are proportionate to the aims of the policy decision)
- Fair
- Necessary
- Reasonable, and
- Those affected have been adequately consulted.

<b>Characteristics</b>	<b>In what way can you eliminate or reduce the potential for direct or indirect discrimination, harassment or disadvantage?</b>  <b>Are there any lawful, reasonable and proportionate, unavoidable negative consequences?</b>	<b>In what way can you advance equality (meet needs, encourage participation, make adjustments for disabled people, 'close gaps').</b>  <b>In what way can you foster good relations between groups (tackle prejudice and promote understanding), if relevant?</b>
All residents (include generic equality provisions):		
Age:		Service specification is designed to cater for needs of children and young people with complex needs and disabilities from 0-18 years, as they change over time and to support young people during transition and transition



		<p>planning. Children’s Homes from which it is intended residential services will be provided are each adapted to meet different needs - ensuring best match for each child or young person.</p> <p>The specification would require successful bidder to consider development of services over life of contract with commissioners for children and young people with additional needs and disabilities up to 25 years and as per requirements of the SEND Code of Practice (2014). This means Local Authority meeting responsibilities whilst increasing opportunities and maximising opportunities for children from 0-25 years to facilitate them in reaching their highest potential and best possible outcomes.</p>
<p>Disability (incl. sensory, mobility, mental health, learning disability, ill health) and carers of disabled people:</p>	<p>The services within this contract meet the needs of children with disability including sensory, mobility, learning disability and ill health. The service is specified to be provided in a way that includes children in young people in the community and enables them to participate in activities alongside able-bodied children as their peers.</p>	<p>Residential short breaks services are designed to meet the needs of vulnerable children and young people who are disabled and have additional and complex needs. Service specification requires services be provided in ways that are safe, homely and from environments which are accessible and appropriate. This includes access to specialist equipment to ensure needs of children and young people are met. There is also a requirement for views of children and young people to be regularly obtained and used to improve service delivery to ensure it best meets the needs of this cohort. To promote inclusion, independence and mobility and facilitate children and young people to reach their potential and the best possible outcomes.</p>

		The development aspect of the contract offers opportunities for more choice to be offered to children and their families. This has the potential to increase choice and control, promote inclusion, independence and wider skills to enable disabled children to achieve the best outcomes.
Culture and ethnicity: nationality/national origin, skin colour, religion and belief:	The service specification for the delivery of the service requires the provider to deliver residential short breaks services in ways which recognise the cultural and ethnic customs, values, wishes or spiritual beliefs held by disabled children, young people and their families when accessing the service and ensure practice meets these needs.	
Sex, gender and gender identity (including men, women, non-binary and transgender people), and pregnancy and maternity (including women's right to breastfeed).	The service provider will deliver residential short breaks services in ways which recognise sex, gender and gender identity of disabled children, young people when accessing the service. This can mean providing gender neutral toilets and ensuring children are treated in accordance with their gender identity and supporting children appropriately if they are undergoing gender re-assignment. There is also a requirement for views of children and young people to be regularly obtained and used to improve service delivery to ensure it best meets the needs.	
Sexual orientation and marriage/civil partnership:	The service provider will be expected to deliver services in a way which respects people on the basis of sexual orientation such as treating same sex couple families with equal respect to opposite sex couple families.	

<p>Other socio-economic factors such as families, carers, single people/couples, low income, vulnerability, education, reading/writing skills, 'digital exclusion' and rural isolation.</p>	<p>Residential short breaks services are available to eligible children and young people living in the Devon Local Authority area this assessment is based on the needs of the child and their family.</p>	
<p>Human rights considerations:</p>	<p>Services to be delivered in ways which promote the United Nations Convention on the Rights of the Child. In particular: -</p> <ul style="list-style-type: none"> <li>• Article 12 (respect for the views of the child): - Every child has the right to express their views, feelings and wishes in all matters affecting them, and to have their views considered and taken seriously.</li> <li>• Article 23 (children with a disability) A child with a disability has the right to live a full and decent life with dignity and, as far as possible, independence and to play an active part in the community. Governments must do all they can to support disabled children and their families.</li> <li>• Article 6 (life, survival and development) Every child has the right to life. Governments must do all they can to ensure that children survive and develop to their full potential.</li> </ul>	

**Supporting independence, wellbeing and resilience?**

Give consideration to the groups listed above and how they may have different needs.

<p>In what way can you support and create opportunities for people and communities (of</p>	<p>Service specification will be designed to ensure personalisation of services for children and young people to reflect their individual packages of care. The successful provider of services will be required to promote opportunities for participating in community activities whilst a</p>
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<p>place and interest) to be independent, empowered and resourceful?</p>	<p>child or young person is accessing the residential short breaks service in line with their personal interests and hobbies. Providers will also need to employ the use of strategies and resources that facilitate the young person to achieve maximum mobility and independence where possible. Feedback from children and young people will need to be regularly obtained by the successful provider and used to improve and develop services so they achieve the best possible outcomes for children and young people.</p>
<p>In what way can you help people to be safe, protected from harm, and with good health and wellbeing?</p>	<p>All bidders for the contract will need to demonstrate that they have experience of delivering safe high-quality services for children and demonstrate they meet the quality criteria to deliver against the specification. The terms and conditions of the contract will also ensure services are delivered in ways which comply with safeguarding policies and procedures</p>
<p>In what way can you help people to be connected, and involved in community activities?</p>	<p>The successful provider of services will be required to promote opportunities for participating in community activities whilst a child or young person is accessing the residential short breaks service in line with their personal interests and hobbies. The preferred option for delivery could allow for development over the life of the contract, as demand for residential short breaks reduces, alternative and complimentary services could be developed providing more opportunities for disabled children and young people and their families in their locality. This could include services available to disabled children delivered within local communities. This has the potential to increase choice and control, promote inclusion, independence and wider skills to enable disabled children to achieve the best outcomes.</p>

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## Section 4b - Environmental impacts

An impact assessment should give due regard to the following activities in order to ensure we meet a range of environmental legal duties.

The policy or practice does not require the identification of environmental impacts using this Impact Assessment process because it is subject to (please select from the table below and proceed to the 4c, otherwise complete the environmental analysis table):

	Devon County Council's Environmental Review Process for permitted development highway schemes.
	Planning Permission under the Town and Country Planning Act (1990).
	Strategic Environmental Assessment under European Directive 2001/42/EC "on the assessment of the effects of certain plans and programmes on the environment".

	<b>Describe any actual or potential negative consequences. (Consider how to mitigate against these).</b>	<b>Describe any actual or potential neutral or positive outcomes. (Consider how to improve as far as possible).</b>
Reduce waste, and send less waste to landfill:	None	None
Conserve and enhance biodiversity (the variety of living species):	None	None
Safeguard the distinctive characteristics, features and special qualities of Devon's landscape:	None	None
Conserve and enhance the quality and character of our	None	None

built environment and public spaces:		
Conserve and enhance Devon's cultural and historic heritage:	None	None
Minimise greenhouse gas emissions:	None	None
Minimise pollution (including air, land, water, light and noise):	Although packages are often offered in a short breaks provision as close to the child's home as possible in the future there may be increased travel. Additional travel may contribute to air pollution.	None
Contribute to reducing water consumption:	None	None
Ensure resilience to the future effects of climate change (warmer, wetter winters; drier, hotter summers; more intense storms; and rising sea level):	None	None
Other (please state below):	None	None

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### Section 4c - Economic impacts

	<b>Describe any actual or potential negative consequences.</b>	<b>Describe any actual or potential neutral or positive outcomes.</b>
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	<b>(Consider how to mitigate against these).</b>	<b>(Consider how to improve as far as possible).</b>
Impact on knowledge and skills:	Successful provider will need to ensure the staff within the service have the right skills to meet the needs of the children. The needs of children eligible for residential short breaks are becoming more complex. Bidders will be required to detail the staff training and development plan as part of the tender.	
Impact on employment levels:	Service changes to meet the changing needs of children over the life of the contract may result in staff changes. If this is substantial separate consultation and IA will be undertaken.	Job opportunities may be created to ensure delivery of services meets demand or linked to development of alternative service delivery over life of contract.
Impact on local business:		The commissioning options recommended enable a full range of suitable bidders the opportunity to bid for the provision of this contract and consortia bids.

### Section 4d -Combined Impacts

Linkages or conflicts between social, environmental and economic impacts:	None
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## Section 5 - 'Social Value' of planned commissioned/procured services:

<p>How will the economic, social and environmental well-being of the relevant area be improved through what is being proposed? And how, in conducting the process of procurement, might that improvement be secured?</p>	<p>Social Value is evaluated at tender. A sustainability assessment matrix has been undertaken as part of the commissioning and procurement preparations.</p>
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## Options Appraisal– Re-Commissioning Residential Short Breaks

Decision area	Recommendations arising from the Options Appraisal
1. Service Design to meet need	Continue to provide residential short breaks in the four areas of the County to meet the needs of children with physical health needs and learning disabilities and challenging behaviour.
2. Contract Ownership	Devon County Council (DCC) Contract – Clinical Commissioning Groups (CCG's) named as users.
3. Are buildings included and which ones	All Buildings to be included to ensure consistency and coverage of service.
4. Contract Type / tender process	Combination of Block contract with additional cost and volume above the block element to provide flexibility. Open procurement to allow for greatest engagement and participation from the wider market.
5. Contract Term	Block/C&V/Bespoke contract 3 plus 2 years.

## 1. Service Design to meet need

Service Design	Key Strengths	Key Weaknesses	Mitigations / Notes
<p><b>Continue to provide residential short breaks in the four areas of the County to meet the needs of children with physical health needs and learning disabilities and challenging behaviour</b></p>	<p>Families have told us that residential short breaks are an important option in a range of services to meet their child's needs.</p> <p>The assessed need of the disabled children in Devon shows that there is continued need for a number of children to receive an offer of residential short breaks. There is a commitment to provide this close to family's homes. The services currently on offer meet a range of children's needs both physical and learning disabilities.</p>	<p>The services may not be viable based on the numbers of children due to continue to receive these services over the next three years and projected demand for new children.</p> <p>Resources may not be available to meet the increasing demand for alternative community based provision.</p>	<p>Ensuring the service is sustainable will be critical to achieve. This will ensure the service is able to meet the current and future needs of children.</p> <p>A contracting model will be designed to secure continuity of care and build in sustainability by flexibility and development opportunities.</p> <p>Ensure service can be flexible with changes in demand and able to develop to offer alternative and complimentary services.</p>
<p><b>Reduce the offer of residential short breaks and offer alternative services</b></p>	<p>Families are choosing alternatives to residential short breaks more frequently. It will be important for resources to be available to meet this increasing demand for alternative community based provision.</p>	<p>Existing children receiving a service would be impacted by a reduction or change in the offer of residential short breaks.</p> <p>However future demand for the service is reducing and so it is important that resources are only allocated to meet this need. Children who are assessed as receiving residential short breaks will need to have their needs met through continuity of care for high quality services where possible close to home.</p>	
<p><b>Cease to offer residential short breaks and offer alternative services</b></p>	<p>Families are choosing alternatives to residential short breaks more frequently. It will be important for resources to be available to meet this increasing demand for alternative community based provision.</p>	<p>The Local Authority have a responsibility to provide a range of short breaks options as part of The Breaks for Carers of Disabled Children Regulations 2011 and Local Offer as set out in the SEN Code of Practice 2015.</p> <p>This offer must include services which meet a range of needs and fall in line with assessed need through eligibility framework. Residential short breaks are a critical component of this offer for a small number of children.</p> <p>Families who access residential short breaks view this as a crucial service for their family and their child.</p>	
<p><b>Recommendation</b></p>	<p><b>Continue to provide residential short breaks in the four areas of the County to meet the needs of children with physical health needs and learning disabilities and challenging behaviour</b></p>		

## 2. Contract Ownership – Lead Commissioner Decision

Contract Ownership	Key Strengths	Key Weaknesses	Mitigations / Notes
<b>Devon County Council Contract – CCGs named as users</b>	<ul style="list-style-type: none"> <li>- Use of DCC terms and conditions</li> <li>- Clear central governance of contract</li> <li>- Majority of spend/service is with DCC</li> </ul>	<ul style="list-style-type: none"> <li>- Risk partners don't fulfil their obligations and put the Council at legal, financial and reputational risk</li> </ul>	Clear section 75 or MoU in place to set out the respective expectations, roles, financial contribution and responsibilities of the respective commissioning parties
<b>Joint Devon and CCG Contract</b>	<ul style="list-style-type: none"> <li>- Joint liability</li> <li>- Equal control within the contract</li> </ul>	<ul style="list-style-type: none"> <li>- Agreement required over use of DCC T&amp;Cs</li> </ul>	Must clearly set out the role of the co-ordinating commissioner and have clarity on the governance in both procuring and onward management of the contract
<b>DCC only contract –</b>	<ul style="list-style-type: none"> <li>- Use of DCC terms and conditions</li> <li>- Clear central governance of contract</li> <li>- Majority of spend/service is with DCC</li> </ul>	<ul style="list-style-type: none"> <li>- Risk partners don't fulfil their obligations and put the Council at legal and reputational risk</li> <li>- Would require pooled arrangements for governance and funding.</li> <li>- From a partners point of view there would be a lack of influence / control</li> </ul>	Clear section 75 or MoU in place to set out the respective expectations, roles, financial contribution and responsibilities of the respective commissioning parties
<b>Recommendation</b>	<b>DCC Contract – CCG's named as users.</b>		

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## 3. Are buildings included and which ones – Are the current buildings going to be included in the tender / new contract and if so how many / which ones.

Contract Ownership	Key Strengths	Key Weaknesses	Mitigations / Notes
<b>No Buildings included</b>	<ul style="list-style-type: none"> <li>- More flexibility for potential providers to model the service delivery model to suit needs / demand in the way they feel is most efficient</li> <li>- Could potentially be attractive to providers who don't have to take on public sector facilities</li> </ul>	<ul style="list-style-type: none"> <li>- Service disruption and impact on current children accessing the service if there is a change in buildings</li> <li>- DCC and Health would then have four buildings not in use to dispose of</li> <li>- There has been quite some investment in the existing buildings</li> <li>- Risk that providers will not have facilities or have facilities that meet the standards we require</li> <li>- If the provider market is not capable of providing their own facilities the procurement may fail due to no bids.</li> </ul>	Assess continuity of care requirements Use market engagement event to gauge the provider market appetite or ability to provide their own facilities

<p><b>One building included</b></p>	<ul style="list-style-type: none"> <li>- Still retains some flexibility for the provider to develop the most efficient delivery model</li> <li>- Could be used to ensure provision in an area where coverage is difficult</li> </ul>	<ul style="list-style-type: none"> <li>- Service disruption and impact on current children accessing the service if there is a change in buildings</li> <li>- DCC and Health would then have three buildings not in use to dispose of</li> <li>- There has been quite some investment in the existing buildings</li> <li>- Risk that providers will not have facilities or have facilities that meet the standards we require</li> <li>- If the provider market is not capable of providing their own facilities the procurement may fail due to no bids.</li> <li>- Would include a 'visible' change to the service for service users</li> </ul>	<p>Use market engagement event to gauge the provider market appetite or ability to provide their own facilities</p> <p>Use current usage and demand forecast to identify the most appropriate building to include in the new contract</p>
<p><b>Two or three Buildings Included</b></p>	<ul style="list-style-type: none"> <li>- Still retains some flexibility for the provider to develop the most efficient delivery model</li> <li>- Could be used to ensure provision in an area where coverage is difficult</li> <li>- Greater control over quality and services delivered and the environment in which they're delivered.</li> </ul>	<ul style="list-style-type: none"> <li>- Service disruption and impact on current children accessing the service if there is a change in buildings</li> <li>- DCC and Health would then have one or two buildings not in use to dispose of</li> <li>- There has been quite some investment in the existing buildings</li> <li>- Risk that providers will not have facilities or have facilities that meet the standards we require</li> <li>- If the provider market is not capable of providing their own facilities the procurement may fail due to no bids.</li> <li>- There is a risk that the included facilities are greater than the need / demand</li> <li>- Would include a 'visible' change to the service for some service users</li> </ul>	<p>Use market engagement event to gauge the provider market appetite or ability to provide their own facilities</p> <p>Use current usage and demand forecast to identify the most appropriate building to include in the new contract</p> <p>Through market engagement and specification in the tender process encourage flexible use of staff and facilities (for instance split site working or other services being provided through the facilities)</p>
<p><b>All Buildings included</b></p>	<ul style="list-style-type: none"> <li>- Would ensure continued available access to residential short breaks across the County</li> <li>- Greater control over quality and services delivered and the environment in which they are delivered.</li> <li>- DCC and Health could ensure buildings which are bespoke for the service and have received investment and improvement are utilised</li> <li>- Reduced change / upheaval for service users</li> </ul>	<ul style="list-style-type: none"> <li>- Current need / demand does not require the number of beds that would be included in all four buildings</li> <li>- This may limit the innovation in delivery models that providers can use.</li> </ul>	<p>Use market engagement event to see how provider market would make best use of the existing buildings</p> <p>Through market engagement and specification in the tender process encourage flexible use of staff and facilities (for instance split site working or other services being provided through the facilities)</p>
<p><b>Recommendation</b></p>	<p><b>All Buildings to be included to ensure continuity of care, consistency and ensure continued availability of residential short breaks across the County.</b></p>		

#### 4. Contract Type / tender procedure

Contract Type / Tender procedure	Key Strengths	Key Weaknesses	Mitigations / Notes
<p><b>Block contract (one provider)</b></p> <p>Open procurement to allow for greatest engagement and participation from the wider market</p>	<ul style="list-style-type: none"> <li>- Provides guarantee of investment</li> <li>- Guarantees service for current children in receipt of services</li> <li>- Allows clarity of budget for commissioners</li> <li>- Clear specification requirement and quality requirement</li> <li>- Single provider to manage the service and TUPE</li> </ul>	<ul style="list-style-type: none"> <li>- Declining demand for service with cohort of children moving on to adult provision</li> <li>- Claw back could impact on service viability</li> <li>- Limited opportunities for development or diversification to meet need</li> <li>- May be over provided for and financially robust</li> <li>- Clear commitment required</li> <li>- Difficult to manage if poor provider with limited market alternatives</li> </ul>	<ul style="list-style-type: none"> <li>- Require clear forecast of number of block beds required</li> <li>- Clear mechanism required to test each bed night is value for money (VFM)</li> <li>- Allow for claw back for voids if that's financially sustainable for the provider</li> </ul>
<p><b>Cost and Volume (one provider)</b></p> <p>Open procurement to allow for greatest engagement and participation from the wider market</p>	<ul style="list-style-type: none"> <li>- Provides favourable costing for both the provider and commissioner (efficiencies for higher volume)</li> <li>- Some element of 'block' can be built in as a baseline</li> <li>- May secure continuity of care</li> <li>- Clear specification requirement and quality requirement</li> <li>- Single provider to manage the service and TUPE</li> </ul>	<ul style="list-style-type: none"> <li>- Clear commitment and forecasting required</li> <li>- Resource for monitoring volumes may have an impact on finance and staff monitoring the contract (administration heavy)</li> <li>- Difficult to manage if poor provider with limited market alternatives</li> </ul>	<ul style="list-style-type: none"> <li>- Require clear forecast of number of block beds required</li> <li>- Clear mechanism required to test each bed night is VFM</li> </ul>
<p><b>Bespoke contract – no guarantee of volumes</b></p> <p>Open procurement to allow for greatest engagement and participation from the wider market</p>	<ul style="list-style-type: none"> <li>- Gives a provider security of supply and clear terms</li> <li>- Can forecast volume of business to support the provider plan for the service</li> <li>- Clear specification requirement and quality requirement</li> <li>- Single provider to manage the service and TUPE</li> <li>- No financial commitment for the Commissioners (i.e. not a fixed block)</li> </ul>	<ul style="list-style-type: none"> <li>- May not be attractive to the market – no financial security</li> <li>- Difficult to manage if poor provider with limited market alternatives</li> <li>- Contract may be unviable if not enough volume</li> </ul>	<p>Providers may not commit to investment in staff group</p>
<p><b>Framework Agreement</b></p>	<ul style="list-style-type: none"> <li>- Multiple providers (maximum of 4 based on properties) spreading risk of failure</li> </ul>	<ul style="list-style-type: none"> <li>- No guarantee of provision for existing children therefore impact on continuity of care</li> <li>- Not conducive to managing and spreading investment over property and staff group</li> </ul>	<p>Would need forecast and clarity of hours to make this commercially attractive</p>

Contract Type / Tender procedure	Key Strengths	Key Weaknesses	Mitigations / Notes
Open procurement to allow for greatest engagement and participation from the wider market	<ul style="list-style-type: none"> <li>- Potential have different units set up to meet different needs</li> <li>- Clear specification requirement and quality requirement</li> </ul>	<ul style="list-style-type: none"> <li>- No guarantee of business – may not be viable</li> <li>- May have varied response and quality for multiple providers</li> <li>- Limit opportunities for staff to move between services for development</li> </ul>	
Staff Mutual  Procurement limited employee led organisations/staff mutual	<ul style="list-style-type: none"> <li>- Allows existing staff to consider refiguring and running the business – utilising their skillset and knowledge of the services</li> <li>- Guarantees continuity of care</li> </ul>	<ul style="list-style-type: none"> <li>- Limited to a 3-year contract (incubation period)</li> <li>- This option would allow access to charities which could openly bid so cannot guarantee this would have the outcome of a new special purpose company</li> <li>- Still need to consider funding mechanisms i.e. block versus no volume guarantee</li> <li>- May not be attractive as a 3-year contract so investment risks cannot be spread over a longer period contract</li> </ul>	Potential to test if there is any interest as part of pre-procurement engagement
House / Joint Venture  Procurement would be required to select Joint venture partner	<ul style="list-style-type: none"> <li>- Direct management of development of the service</li> <li>- Development of service offer in line with strategy</li> </ul>	<ul style="list-style-type: none"> <li>- Declining demand for service with cohort of children moving on to adult provision</li> <li>- Cost of voids could impact on service viability</li> </ul>	
<b>Recommendation</b>	<b>Combination of Block contract with additional cost and volume above the block element to provide flexibility. Open procurement to allow for greatest engagement and participation from the wider market. Opportunity built in for service development to achieve sustainability of service and choice for children and families.</b>		

5. **Contract term** –preferred length of the contract

Contract Term	Key Strengths	Key Weaknesses	Notes
Framework – limited to 4 years	<ul style="list-style-type: none"> <li>- Four years is sufficient to allow any changes and for a service model to be embedded yet is not too long to make the contract inflexible.</li> </ul>	<ul style="list-style-type: none"> <li>- 4 years may not be attractive to spread financial risk linked to investment in staff group and properties</li> </ul>	

<b>Staff Mutual – limited to 3 years</b>	<ul style="list-style-type: none"> <li>- Incubation period to allow business to grow and develop with an extra level of support from commissioners</li> </ul>	<ul style="list-style-type: none"> <li>- 3 years may not be attractive to spread financial risk linked to investment in staff group and properties</li> <li>- Would need to start re-tender in year 2, resource required</li> </ul>	
<b>Block/C&amp;V/Bespoke contract 3 plus 2 years</b>	<ul style="list-style-type: none"> <li>- Standard contract period</li> <li>- Allows investment to be spread</li> <li>- Long enough for service development to be embedded. Can end at year 3 if the serviced is no longer fit for purpose or cost effective given changing landscape of health and social care demand.</li> </ul>	<ul style="list-style-type: none"> <li>- 3 years may not be attractive to spread financial risk linked to investment in staff group and properties</li> </ul>	Mitigation is the option to extend for two further years. Therefore spread any financial risk.
<b>Recommendation</b>	<b>Block/Cost and volume /Bespoke contract 3 plus 2 years</b>		

