#plymcabinet

Democratic and Member Support
Chief Executive's Department
Plymouth City Council
Ballard House
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Published 23 October 2017

Cabinet

Tuesday 31 October 2017
4pm
Council House, Plymouth

Members:
Councillor Bowyer, Chair
Councillor Nicholson, Vice Chair
Councillors Mrs Beer, Mrs Bowyer, Darcy, Downie, Jordan, Michael Leaves, Ricketts and Riley.

Members are invited to attend the above meeting to consider the items of business overleaf.

This agenda acts as notice that Cabinet will be considering business in private if items are included in Part II of the agenda.

This meeting will be broadcast live to the internet and will be capable of subsequent repeated viewing. By entering the Warspite Room and during the course of the meeting, Councillors are consenting to being filmed and to the use of those recordings for webcasting.

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Tracey Lee
Chief Executive

Cabinet

Agenda

Part I (Public Meeting)

1. Apologies

To receive apologies for absence submitted by Cabinet Members.

2. Declarations of Interest **(Pages 1 - 2)**

Cabinet Members will be asked to make any declarations of interest in respect of items on this agenda. A flowchart providing guidance on interests is attached to assist councillors.

3. Minutes **(Pages 3 - 6)**

To sign and confirm as a correct record the minutes of the meeting held on 26 September 2017.

4. Chair's Urgent Business

To receive reports on business which, in the opinion of the Chair, should be brought forward for urgent consideration.

5. Questions from the Public

To receive questions from the public in accordance with the Constitution.

Questions, of no longer than 50 words, can be submitted to the Democratic Support Unit, Plymouth City Council, Ballard House, Plymouth, PL1 3BJ, or email to democraticsupport@plymouth.gov.uk. Any questions must be received at least five clear working days before the date of the meeting.

6. Administration Commitments **(Pages 7 - 18)**

7. Medium Term Financial Strategy (To follow)

8. Director of Public Health Annual Report **(Pages 19 - 50)**

9. Plan for Education Business Case **(Pages 51 - 82)**

10. Community Health, Wellbeing and Special Needs and Disability (SEND) Support Services Integration - Business Case **(Pages 83 - 188)**

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DECLARING INTERESTS – QUESTIONS TO ASK YOURSELF

What matters are being discussed?

DPI

Does the business relate to or is it likely to affect a disclosable pecuniary interest (DPI)? This will include the interests of a spouse or civil partner (and co-habitees):

- any employment, office, trade, profession or vocation that they carry on for profit or gain
- any sponsorship that they receive including contributions to their expenses as a councillor or the councillor's election expenses from a Trade Union
- any land licence or tenancy they have in Plymouth
- any current contracts leases or tenancies between the Council and them
- any current contracts leases or tenancies between the Council and any organisation with land in Plymouth in they are a partner, a paid Director, or have a relevant interest in its shares and securities
- any organisation which has land or a place of business in Plymouth and in which they have a relevant interest in its shares or its securities

No

Yes → Declare interest and leave (or obtain a dispensation)

Private Interest

Does the business affect the well-being or financial position of (or relate to the approval, consent, licence or permission) for:

- a member of your family or
- any person with whom you have a close association; or
- any organisation of which you are a member or are involved in its management (whether or not appointed to that body by the council). This would include membership of a secret society and other similar organisations.

Yes

No → You can speak and vote

Will it confer an advantage or disadvantage on your family, close associate or an organisation where you have a private interest more than it affects other people living or working in the ward?

Yes

No → Declare the interest and speak and vote

Speak to Monitoring Officer in advance of the meeting to avoid risk of allegations of corruption or bias

Cabinet

Cabinet members must declare and give brief details about any conflict of interest* relating to the matter to be decided and leave the room when the matter is being considered. Cabinet members may apply to the Monitoring Officer for a dispensation in respect of any conflict of interest.

*A conflict of interest is a situation in which a councillor's responsibility to act and take decisions impartially, fairly and on merit without bias may conflict with his/her personal interest in the situation or where s/he may profit personally from the decisions that s/he is about to take.

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Cabinet

Tuesday 26 September 2017

PRESENT:

Councillor Bowyer, in the Chair.
Councillor Nicholson, Vice Chair.
Councillors Mrs Beer, Mrs Bowyer, Darcy, Downie, Jordan, Michael Leaves, Ricketts and Riley.

The meeting started at 4pm and finished at 4.39pm.

Note: The full discussion can be viewed on the webcast of the City Council meeting at www.plymouth.gov.uk. At a future meeting, the Council will consider the accuracy of these draft minutes, so they may be subject to change. Please check the minutes of that meeting to confirm whether these minutes have been amended.

39. **Declarations of Interest**

There were no declarations of interest.

40. **Minutes**

The minutes of the 29 August 2017 were approved.

41. **Chair's Urgent Business**

There were no items of Chair's urgent business.

42. **Questions from the Public**

There was one question from a member of the public the questioner was not present at the meeting.

Question submitted by: Mr Kevin Westlake
To the Cabinet Member/s for: Street Scene/Environment, Deputy Leader of the Council Safer and Stronger Communities
Question: Now travellers at Stonehouse have moved on, what are the council going to do to re-instate the pitches to a safe playing condition for the young people of Plymouth and when will Section 106 of £118k become available for appropriate repairs and maintenance?

Response:

Following the recent unauthorised encampment on Stonehouse Creek playing pitches, Council staff have cleared site of rubbish and assessed the damage. The pitches themselves have been severely damaged by vehicles. When the weather conditions improve, we will re-instate the pitches, this is likely to include chain harrowing the surface, filling in depressions and re-seeding damaged areas. We intend to install a soil bund and a secure gate or post to prevent future unauthorised vehicular access whilst retaining emergency access.

This work will be funded from existing maintenance budgets, as Section 106 cannot be used to fund these repairs. The Council has signed Section 106 agreements to secure contributions that will be used to enhance Stonehouse Creek pitches in line with the proposal in the Plan for Playing Pitches. As the payment of these funds are triggered by the progress of development we are unable to predict when they will be received.

43. **Strategic Options for Corporate Services**

Councillor Darcy, Cabinet Member for Finance and IT, introduced the report to Cabinet.

Councillor Darcy thanked the Place and Corporate Overview and Scrutiny Committee for the pre-decision scrutiny and the recommendations which had been responded to within the report.

Andrew Hardingham, Interim Joint Director for Transformation and Change (Finance), highlighted that the Council's existing back office services would provide more value to Plymouth City Council and Plymouth if delivered through a public sector shared service provider and Delt is recommended as the best option.

Functions of Plymouth City Councils Corporate Services would be considered individually as candidates for migration to Delt over the following 18 months to 2 years, and future business cases for each of the services would require political approval before any transfer takes place.

Following questions Cabinet agreed -

1. to develop business cases and service specifications for services that might be transferred to Delt.
2. that business cases would be reviewed by Scrutiny and Cabinet for approval before any transfers takes place.

44. **Business Rates Discretionary Relief Scheme 2017-18**

Councillor Darcy, Cabinet Member for Finance and IT, introduced the report to Cabinet.

Following questions on the democratic accountability in relation to the administration of the scheme, Andrew Hardingham drew member's attention to the rules as set out within the report. There was a discretionary element of the scheme which Councillor Darcy had overview.

Following a short debate and questions, Cabinet agreed to approve the Business Rates Discretionary Relief Scheme as set out within the report.

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PLYMOUTH CITY COUNCIL

Subject:	Commitments Monitoring Report
Committee:	Cabinet
Date:	31 October 2017
Cabinet Member:	Councillor Bowyer: Leader of the Council
CMT Member:	Tracey Lee, Chief Executive
Author:	Andrew Loton - Senior Performance Advisor
Contact details:	Andrew.Loton@plymouth.gov.uk
Key Decision:	N/A
Part:	I

Purpose of the report:

To update progress to date against the Council's Administration Commitments. This report provides a narrative summary of progress made in Quarter two of 2017/18 against each of the 19 Commitments made by the administration following the May 2016 local election.

The Corporate Plan 2016-19

This report outlines synergy with the visions, themes and activities against the ambitions as set out in the Council's Corporate Plan 2016-19. This report also highlights the intention to move forward with a joint Corporate Plan and Commitment Monitoring Report.

Implications for Medium Term Financial Strategy and Resource Implications: Including finance, human, IT and land:

The Medium Term Financial Strategy is a core component of the council's strategic framework and has a vital role to play in translating the council's ambition and priorities set out in the Commitments.

The current Medium Term Financial Strategy focuses on taking a view out to 2019/20 of the range of major issues affecting the resources of Plymouth City Council.

Other Implications: e.g. Child Poverty, Community Safety, Health and Safety and Risk Management:

The Commitments complement the Council's existing policy framework with respect to the above.

Equality and Diversity:

Where potential equality and diversity implications are identified from the implementation of any new activities arising from the Commitments, assessments will be undertaken in line with the Council's policies.

Recommendations and Reasons for recommended action:

Cabinet to note and approve the Commitments Monitoring Report.

Alternative options considered and rejected:

None:- This report forms part of the Council's agreed performance management framework.

Published work / information:

Background papers:

Title	Part I	Part II	Exemption Paragraph Number						
			1	2	3	4	5	6	7
Commitments Monitoring Report									

Sign off:

Fin	djn1718.121	Leg	29204DVS	Mon Off	29204DVS	HR		Assets		IT		Strat Proc	
Originating SMT Member: Giles Perritt													
Has the Cabinet Member(s) agreed the content of the report? Yes													

PLYMOUTH CITY COUNCIL COMMITMENTS

Quarter Two: 2017/18

COMMITMENT UPDATE - QUARTER TWO 2017/18

This report provides an update on activity taken to progress the 19 Commitments made by the Council's Administration in 2016. This report provides an update for quarter two of 2017/18 whilst revision to Corporate Plan monitoring takes place. Thereafter, reporting of Commitments will be once again realigned with Corporate Plan monitoring reports.

The monitoring against Commitments shows that there are no significant issues in terms of delivery at present with one commitment being complete and the remaining 18 commitments reported as 'On Track'.

The table overleaf presents each Commitment with an activity narrative for the period of July 2017 – September 2017. Each Commitment is also given a status of either 'On Track', 'Slippage' or 'Complete'.

No	Pledge	Quarter 2 Activity Update.	Progress
1.	**Provide more jobs, apprenticeships, and work experience opportunities**	The latest Plymouth Skills Analysis was published in October 2017 which coincided with our first 'Skills and Labour Market Intelligence' event at Plymouth University, held with schools and their staff. The Science, Technology, Engineering and Maths (STEM) strategy is now in delivery with the detail of the plan being refined currently by the new STEM coordinator. This will be fully in place by quarter three. A post 16 Review has been completed and has been out for consultation. The feedback from this is now being analysed. The coherent mapping of Careers Education, Information, Advice and Guidance (CEIAG) and Labour Market Intelligence help inform schools and their students of the local offer have been identified as key areas for work in relation to the Post 16 priority themes described as 'Informed', 'Enabled' and 'Employed'. The Arts Council has recognised Plymouth as a cultural hotspot and has increased their support for organisations in Plymouth through the National Portfolio programme. The History Centre has received one of the top four largest allocations for new organisations. The events team continues to successfully deliver numerous events in Plymouth, such as Flavour Fest, Lord Major's day and MTV crashes Plymouth. These events continue to strengthen Plymouth's reputation as a vibrant city and - together with our strong and vibrant cultural offer - lead to increased economic benefits, such as through Transat, which in 2016 attracted 50,000 visitors and supported 65 jobs. We continue to apply for and secure external funding, most recently European Maritime and Fisheries Funding (EMFF) to support local fishermen. The council has submitted a £2.4m bid to the European Regional Development Fund (ERDF) bid in partnership with Exeter University, Plymouth University, PML and Sir Alister Hardy Foundation for Ocean Science (SAHFOS) to create a Marine Business Technology Centre which will support over 70 marine businesses and lead to additional high value job creation. Plymouth City Council continues to deliver projects aimed at the creation and support of high value sustainable jobs such as the development of Plymouth Science Park Phase 5 which has been completed recently and already has a very high occupancy. We also continue to support businesses through our Business Relationship Programme that want to expand their operations or locate to Plymouth. Becton Dickinson has announced a major £172m investment in its Plymouth site which will create up to 200 jobs and Thales has announced further commitment in Plymouth with a new £1 million facility in Turnchapel Wharf, Plymouth will be Thales's maritime autonomy trials and training centre. The five year commitment by Thales secures 20 jobs. Construction continues across a number of locations with The Box, Oceansgate Phase, Market Hall, City College STEM centre and a serious of demolitions to enable further development supporting a total of 505 construction jobs. In the past quarter a number of major developments have been enabled through the planning process including the 1620 Hotel, the Range and Drake Circus Bretonside scheme which sets in place support for a further 1224 jobs in the coming year. Looking forward, we are preparing Phase 2 at Langage. Work on Oceansgate moves a pace and developments towards Phase 2 including funding ERDF applications are in place and work continues in developing a strong pipeline of 10,000 construction jobs.	**On Track**

No	Pledge	Quarter 2 Activity Update.	Progress
2.	**We will fight to maintain jobs and investment in HM Dockyard and Naval Base.**	We are due to complete work on 'Oceansgate Phase 1' development to deliver 1,140m^2 of office and 1,290m^2 of industrial space in January 2018. This will generate significant market interest leading to an estimated 123 new jobs. In addition, a funding bid for £2.4m of European Development Regional Fund (ERDF) money to create a Marine Business Technology Centre (MBTC) at the site is now going through the final stages of appraisal and it is anticipated that a formal announcement will be made at the end of October. The MBTC will promote innovation and collaboration between high-tech marine institutions and businesses. A new infrastructure design is at tender stage with construction works anticipated to commence during the autumn. A financial tool has been developed that enables the Oceansgate team to model different investment scenarios. An optimum combination of options has been identified that will open the way for the construction of Phase 2 and the servicing of Phase 3. At the same time this will also provide sufficient income to pay for ongoing security costs in Phase 3. The next step will be to test the financial model independently ahead of multiple funding bids for Phase 2 in the autumn. Full Council met on the 24th October to discuss the proposed defence cuts in Plymouth and asked that Devonport Taskforce be re-established to fight for the future of the Naval Base.	**On Track**
3.	**Campaign for fairer public health spending for Plymouth**	Through the 'Plymouth Asks' document we have continued to raise awareness of the shortfall in the public health grant, based on need identified in the population of Plymouth. This has not led to assurances of any increase in the grant, however through Thrive Plymouth and the Integration of Health and Wellbeing, we are ensuring that the resources that we, as a city, do have are being spent in the best way. The launch of Year 4 of Thrive Plymouth was held on10th October 2017 and the year will focus on encouraging the use of the CLANG (Connect, Learning, be Active, take Notice, and Give) approach to Mental Wellbeing. This helps residents, organisation and institutions to improve mental wellbeing through facilitating events and activities which help people to connect, learn, be active, notice and give to their local community. The approach is based on research into mental wellbeing which identified the importance of these five aspects.	**On Track**
4.	**Maintain the campaign for better rail links and protect the airport**	The Peninsula Rail Task Force (PRTF) has been engaged with the Department for Transport (DfT) in early stakeholder consultation for the next Great Western Railway (GWR) and Cross Country Trains (XC) rail franchises which commence 2019/20. This consultation engagement seeks to bring PRTF's aims to the fore of DfT thinking as they structure the refranchising outcomes prior to public consultation in summer 2018. The PRTF received an update on the 'Speed to the West' study from GWR and Network Rail, and a scheme to improve 14 miles of 60mph track to allow 75mph travel has been identified between Plymouth and Totnes. Early engagement has taken place with South West MP's to try to secure the funding for the scheme.	**On Track**

No	Pledge	Quarter 2 Activity Update.	Progress

5.	**Continue to deliver more homes for local people on suitable sites.**	Since May 2016 851 homes (gross) were completed in the City 2016/17. We had completed 143 homes on 8 Plan for Homes sites, with a further 762 dwellings under construction on 15 sites. We also submitted bids for Starter Homes and Accelerated Construction Funds. We were subsequently (September 2017) awarded £5.4 Million under the Accelerated Construction Fund to support 5 City Council sites to deliver around 590 new homes, subject to site viability and due diligence with the HCA.
		
		In August 2017 the delivery strategies for all Joint Local Plan housing sites were completed and work commenced on all commitment sites to enable further proactive housing initiatives to be pursued. Also a £1.6 Million bid for a Heritage Action Zone for Plymouth was submitted to Historic England which seeks to help create 1,296 additional new homes in association with improvements to some of Plymouth's key historic heritage assets.
		
		In September 2017 we submitted 4 Housing Infrastructure Fund bids for North Prospect, Woolwell, Millbay and Forder Valley totalling £27 Million to unlock delivery of 3,644 new homes.
		
		October 2017 saw the completion of a further 210 affordable homes, and completion of the Plan for Homes flagship self-build Nelson Project for service veterans. The opening ceremony was held on 6th October 2017. We are in negotiation to select delivery partners for Colin Campbell Court, Bath Street & land at Prince Maurice Road and commenced a further 188 dwellings on 3 Plan for Homes sites.
		
		• The following actions will be completed by March 2018:
		
		  • November 2017 - Submit OPE6 Land Release Fund bid.
		  • March 2018 – Complete 600 dwelling on Plan for Homes sites.
		
		• The following actions will be completed by May 2018:
		
		  • Complete 400 affordable home completions on Plan for Homes sites.
			On Track

6.	**Actively pursue and bring forward plans to regenerate Colin Campbell Court**	The development opportunity has been marketed and negotiations are in progress with a preferred developer including possible further acquisitions. Demolition works have been completed at 109, 111 and 113 New George Street.	**On Track**

No	Pledge	Quarter 2 Activity Update.	Progress
7.	**Seek a new high quality hotel for Plymouth Hoe**	In July the £50 million hotel and apartment complex was given the go-ahead by City Council planning chiefs. Co-founder and director, Mr Henley hailing it as "a development for the future" and "a vote for progress". It was confirmed at the meeting construction of the 1620 scheme, an 80-bedroom boutique hotel alongside 88 residential flats on the site of the former Quality Hotel, would begin early 2018. All the groundworks have now been complete and hoarding placed around the site, which overlooks West Hoe Park with views of the Plymouth Sound.	**On Track**
8.	**Accelerate plans to bring more empty homes in Plymouth back into use**	We currently, as of October 2017, have seven Empty homes loans in progress to the value of £279,000 and success from enforcement action including two Enforced Sales commenced, threat of two others that resulted in properties being sold and threat of three others resulted in action to sell / bring back into use. There are currently 11 further projects in the pipeline. The annual "Empty Homes Blitz" involving investigation of more than 1,200 long term empty properties (i.e. homes that have been unoccupied for more than six months) identified 469 that were occupied, leaving 697 long term empty homes in the City, which will generate an estimated £1.5 Million of New Homes Bonus over the next 4 years. Since the initiative started in 2014, 3,303 homes have been investigated, with a total of 1,163 homes found to be occupied and therefore added back into the Council Tax Base. This has resulted in a cumulative addition of £7.02 million to the New Homes Bonus received since 2014. Also in October we launched a Marketing and Communication Strategy ('Empty Homes Plymouth') to coincide with National Empty Homes Week (16th October – 21st October 2017).	**On Track**
9.	**Prioritise development on brownfield sites**	In the Joint Local Plan (JLP) submission, 86% of new homes in Plymouth are proposed to be built on brownfield sites. The JLP protects strategic and local greenspace with 169 sites identified as local greenspace and 1,900 hectares of land allocated as strategic greenspace. We are currently working on a Brownfield Register that will provide the definitive list of brownfield land we consider appropriate for housing development. This will be published December 2017.	**On Track**

No	Pledge	Quarter 2 Activity Update.	Progress
10.	**Review traffic light operations and tackle traffic bottlenecks to keep Plymouth moving-**	We have successfully completed the a number of projects to keep the city moving which includes the re-opening of Jubilee Road, bus lane removal to improve traffic flow and reduce congestion on Woolwell Road, and the opening up of the bus lane for use by general traffic to improve traffic flows and reduce congestion on Tavistock Road. There are also projects that are programmed to be completed in the next three months including traffic signal removal in order to improve traffic flow along Notte Street, conversion of the single carriageway road to dual carriageway to improve traffic flow and journey times on the Elburton Road (A379) and amendments to road widths to reduce congestion at the Albert Gate access to HM Dockyard. Finally there are a number of other schemes aimed at removing bottlenecks and improving traffic flow are currently under investigation and design. These include schemes at Crownhill Interchange/Budshead Road, Fore Street /Chapel Street and Greenbank Road/Lipson Road.	**On Track**
11.	**Improve our pavements**	Quarter 2 has been highly productive in terms of delivering Category one safety defect repairs (1463) and major treatment works with around 1600m^2 of footway resurfacing/reconstruction completed across 7 footways and 17,500m^2 of footway slurry sealing completed across 10 footways. We remain on schedule with our programme of Highway Safety Inspections to ensure pedestrians are safe on our pavements.	**On Track**
12.	**Promote volunteering and recognise individual effort and personal responsibility**	We have secured £21k funding to deliver our legacy Cities of Service programmes. We have joined up the 'Grow, Share, Cook' and 'Diabeaters' programmes to deliver deeper impact on health and wellbeing with people with type two diabetes who are now receiving free fruit and vegetables to improve their diet along with cooking skills sessions. More people are using Volunteer Connections than ever with over 1,100 volunteers being matched to opportunities in the last 12 months. Volunteer Connections has seen a 2% increase in people accessing volunteering when compared to the same quarter last year and they are now working with us to produce a plan for volunteering.	**On Track**
13.	**Put customers and our local communities first**	Several key projects are underway to improve the service we provide to customers and to ensure that our customers and local communities come first in our thinking and approach. We have initiated a full review of how we approach customer services and are developing a refreshed strategy in this regard. We've also been running the Communities and Engagement programme with the aims of: 1. Developing a renewed role for Members in their neighbourhoods with the devolution of budgets and decision making to support improvements at ward level; and 2. Aligning people and resources in the Council and other agencies to give a consistent, clear and effective process for bringing services, budgets and members together to help resolve neighbourhood problems. A specific initiative under the programme is Winter Works. Winter Works supports Councillors in working with residents to identify grounds-work priorities within wards which can be addressed through a dedicated week of work by three operatives. The initiative began in October 2017 and will run until late March 2018 with a week of work identified for each Ward.	**On Track**

No	Pledge	Quarter 2 Activity Update.	Progress
14.	**Invite local residents to be more involved in council budget setting plans**	The public engagement 'Help us balance the books' for 2018-19 closed on 15 October 2017. The comments received from the public and staff members will be analysed and reported to Cabinet. The report will also form part of the evidence to help inform the Budget Scrutiny process.	**On Track**
15.	**Introduce a city wide initiative to tackle our growing littering problem**	The approach to making our streets cleaner involves working together to educate the public, understand if there are underlying issues, and ultimately to enforce where appropriate. This approach involves Street Services staff for education and collection of evidence, and Environmental Protection staff for enforcement. The training of housing provider partner Plymouth Community Homes (PCH) staff has been completed which has improved capability and capacity when identifying fly tipping and collecting data and evidence for enforcement. Further work is underway to increase littering enforcement capacity.	**On Track**
16.	**Continue to support our voluntary, community, and social enterprise sector**	The "Our Plymouth" project which was sponsored by the One Plymouth group of city leaders was due to be launched in earlier in 2017. This has been delayed as there has been a collective decision to link its launch with a specific volunteering campaign. We are working with partners to finalise the campaign subject. We held a budget engagement event with the VCS in October 2017 and we are working with them on a number of collaborative external funding bids for social action from both Nesta and The Big Lottery. We have provided a year's worth of free venues for both the Plymouth Welfare Rights Forums and Pop Plus' 'Pop In Thursdays'. We have worked with the VCS to design and deliver the Mayflower Cultural Fund and will be working with them to develop and deliver the Mayflower Community Fund from April 2018. All three of our directly commissioned VCS services linked to sector infrastructure; funding advice and volunteering infrastructure are performing well and meeting all relevant KPIs.	**On Track**
17.	**Freeze parking charges in the city centre until April 2017**	Charges have not been increased in line with this commitment. Consultation on proposed amendments to city wide charges as part of the Parking Modernisation Plan (PMP) took place in January 2107. Following the consultation we made some amendments to the proposals, which were subsequently implemented on 1st April 2017.	**On Track**
18.	**Keep council tax low and balance the books**	The Medium Term Financial Strategy (MTFS) has been updated to reflect the latest resource assumptions, including council tax, government grants, business rates, etc., as well as the latest cost pressures. Savings through transformation programmes have also been verified and updated as appropriate. A first draft of the MTFS has been produced and was discussed at the Budget Select Committee on 27 September 2017. Members of the Select Committee will then make recommendations to Cabinet on 31 October. An updated version of the MTFS will be presented to Cabinet on 31 October with the final version to be approved in February 2018 when the budget for 2018/19 is agreed, taking into account stakeholder views and council tax levels recommended to Council.	**On Track**

No	Pledge	Quarter 2 Activity Update.	Progress
19.	**Produce an options appraisal to investigate the re-introduction of the "committee" system of governance in April 2017**	In June 2016 the Constitutional Review Group were tasked with developing options for the implementation of a new Committee System form of governance. Following an extensive programme of work which considered feedback from Councillors, Officers and other stakeholders, desktop research and visits to councils currently working within such a system the CRG made recommendations to Council in January 2017 to retain the current Strong Leader and Cabinet model of governance. The CRG are now undertaking work to further develop the role of Councillors as community champions.	**Complete**

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PLYMOUTH CITY COUNCIL

Subject:	Director of Public Health Annual Report 2017
	"Feel Better Do Better; Thrive Plymouth in Schools"
Committee:	Cabinet
Date:	31October 2017
Cabinet Member:	Councillor Lynda Bowyer
CMT Member:	Ruth Harrell (Director of Public Health)
Author:	Ruth Harrell (Director of Public Health)
Contact details:	01752 398606
Ref:	
Key Decision:	No
Part:	I

Purpose of the report:
There is a statutory requirement for all Directors of Public Health to produce an independent report each year.

This year's report focuses on Thrive Plymouth, as the city's ten year programme to improve health and reduce inequalities in health, with particular focus on schools as settings for health and wellbeing of children and young people.

It aims to describe the importance of:

- childhood and adolescence as a critical time when lifelong behaviours are established
- schools as a key asset for promoting an environment which protects and promotes health and wellbeing in children and young people and recognises the work that goes on by and in schools in support of this
- the inter-dependency of wellbeing and attainment

The report presents findings from a survey carried out amongst secondary school pupils about five lifestyle factors- smoking, eating, drinking, moving and mental wellbeing and where progress is being made and where more needs to be done.

The report recognises that there is shared responsibility to support children and young people to have the best start to life and be healthy. It aims to use the positive work being done to further enthuse and galvanise all involved with Thrive Plymouth to continue this work.

The report identifies future challenges faced with respect to improving the health and wellbeing of children and young people in relation to Thrive Plymouth. It challenges organisations and partners across the city to do more to support children and young people to be mentally and physically healthy and ready to learn and support schools as settings in this.

The report also signals the importance of good mental wellbeing and the focus of Thrive Plymouth year 4 on this. The focus of Thrive Plymouth this year and the five ways to wellbeing is an opportunity to further support the mental wellbeing of children and young people.

The Corporate Plan 2016 - 19:
The strategic alignment of this report, is linked to the four values in the Councils' Corporate Plan (democratic, responsible, fair, and partners), the four objectives in the Council's Corporate Plan (pioneering, growing, caring and confident) and themes through the relationship of the contents of this report to Thrive Plymouth as the ten year programme to reduce health inequalities and improve health in the city and The Plymouth Plan -Healthy City.

Implications for Medium Term Financial Plan and Resource Implications: Including finance, human, IT and land:

N/A (This is an independent report of the Director for Public Health)

Other Implications: e.g. Child Poverty, Community Safety, Health and Safety and Risk Management:
There are no direct risks to the Plymouth population as a result of the DPH annual report being published. In fact, having and acting on information contained within the report should improve the overall health and wellbeing of residents by sharing good practice and enabling the Council and partners to address the challenges highlighted in the report.

Equality and Diversity:

Has an Equality Impact Assessment been undertaken? N/A (This is an independent report of the Director of Public Health)

Recommendations and Reasons for recommended action:
Cabinet is asked to:
1. Consider this report and offer reflection on the approaches being taken to support health and wellbeing of children and young people in the City through the activity of schools and partners
2. Be aware of the challenges identified to support health and wellbeing for children in the school settings
3. Offer feedback and suggestions on dissemination of the report in council wards either as a whole or in aspects of its content.

Alternative options considered and rejected:
N/A (This is an independent report of the Director of Public Health)

Published work / information:

Background papers:

Title	Part I	Part II	Exemption Paragraph Number						
			1	2	3	4	5	6	7

Sign off:

Fin	Djn1728.113	Leg	DVS/29098	Mon Off	DVS/29098	HR		Assets		IT		Strat Proc	
Originating SMT Member Ruth Harrell													
Has the Cabinet Member(s) agreed the content of the report? The cabinet member for public health has been briefed on the contents.													

Thrive PLYMOUTH

Feel Better, Do Better

Thrive Plymouth in Schools

Director of Public Health | Annual Report 2017

Contents

Thrive PLYMOUTH

Feel Better, Do Better

Foreword

For my first annual report as Director of Public Health, I have chosen to highlight Thrive Plymouth. Every year since its launch in 2014, we have focused on a different group, setting or community. In year one we engaged with workplaces, for year two our focus was schools and in year three, we localised the national campaign 'One You' to Plymouth.

The aim each year is to create a wave of new energy building on the last. As one of my colleagues so aptly described it; "Thrive Plymouth is like launching ships. Each year another ship is launched and sails off, so that at the end of the ten years we will have a fleet of ships all sailing in the same direction."

This report will feature the year when Thrive Plymouth focused on schools. I am struck by how closely their work fits with the three key approaches of Thrive Plymouth. Schools and partners have recognised the impact of the common risk factor of poor mental health on a wide range of outcomes for children, including health and attainment, and have worked together to address this, by developing whole-school approaches for mental wellbeing and co-commissioning services in secondary and special schools. Schools have been working to create healthy environments, for example, through learning in the natural environment, creating healthy dining experiences or opening their doors for partners to deliver a range of health interventions directly to the children. All the activities undertaken for the Healthy Child Quality Mark demonstrate how each school's work when taken together really adds up.

It is not possible to represent all of the work that goes on every day within our Plymouth schools to support the health and wellbeing of children and young people, and therefore the ambitions of Thrive Plymouth. I hope that, by sharing just some examples, you will appreciate how these efforts are delivering real impacts for children, young people, their families and their staff. I also hope you feel inspired to support our increasing fleet of Thrive Plymouth ships to continue the journey toward better health outcomes for all our children and young people.

And continue this journey we must…

Childhood and adolescence are a critical time when life-long behaviours are laid down. Results from the health and wellbeing surveys undertaken within our secondary schools show us that we are making welcome progress on some measures. Nevertheless, there is still more to do whilst marked inequalities in the experiences and outcomes of children and young people from different communities remain.

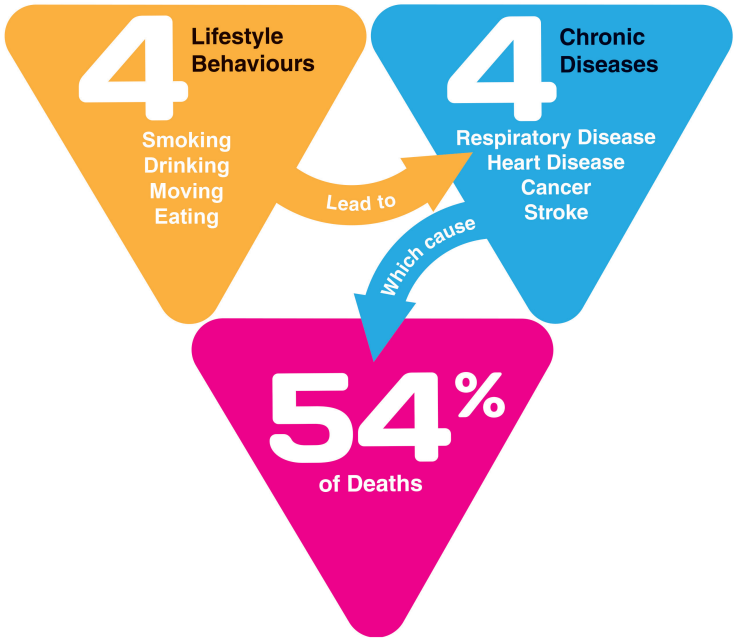
Evidence tells us that schools are a key asset in enabling children and young people to develop positive aspiration for health. It also tells us that health, wellbeing and attainment are inextricably linked in a "virtuous cycle", where healthy children and young people feel better and do better, and children who do better have better health and life chances. The school setting offers an unsurpassed opportunity to effect positive change that can last a lifetime. This is strongly recognised and we will continue our work with schools to support them in this.

What next for Thrive Plymouth? Our partnership work around Thrive Plymouth has emphasised the importance of mental wellbeing. This underpins much of our ability to effect change, adopt healthy behaviours and achieve our aspirations in life. In recognition of this, the Thrive Plymouth launch this year will focus on mental wellbeing. I hope that you will join us on this journey.

Dr Ruth Harrell
Director of Public Health,
Plymouth City Council

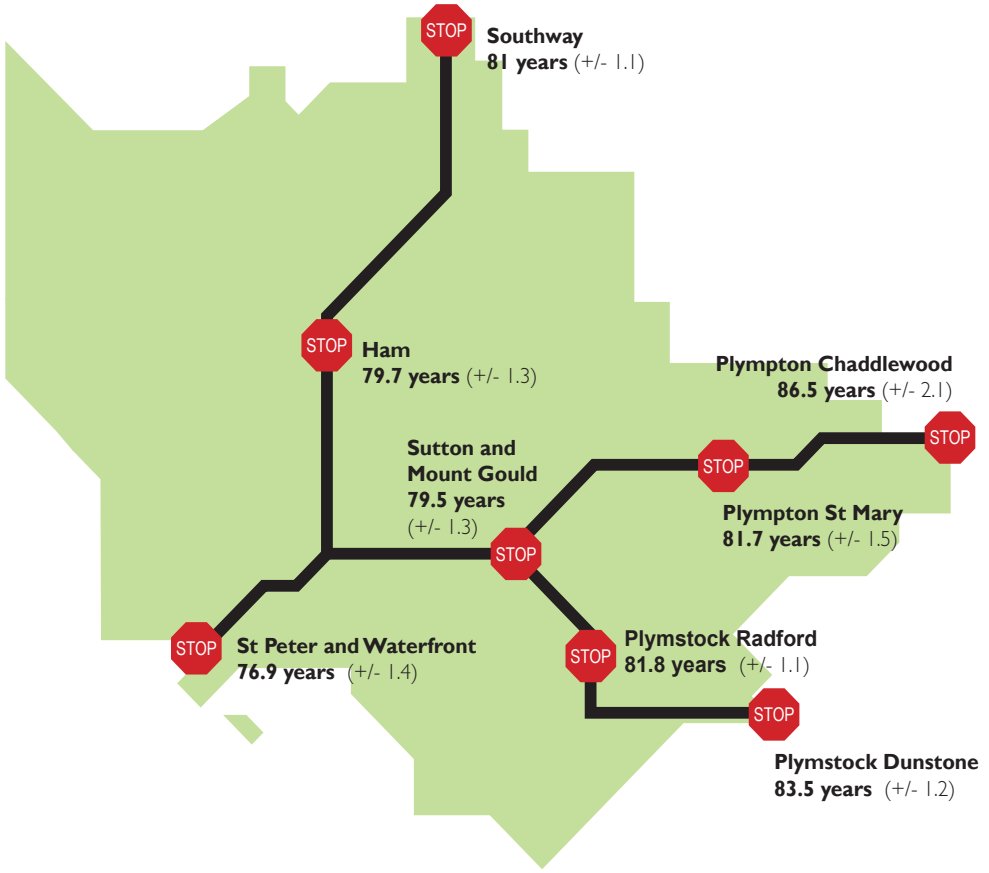
1 Introduction to Thrive Plymouth

Thrive Plymouth is the city's ten year programme to get everyone working together to improve health and wellbeing in Plymouth and narrow the gap in health status between different people and different communities. The things that cause us the most ill health largely result from what we eat and drink, whether we smoke and how active we are.



These four behaviours are more common in some communities than others and so are the diseases that they cause. This means that some people and communities in our city experience greater levels of ill health in their lives and are more likely to die younger. Neighbourhoods just a few miles apart can have life expectancy figures varying by years. Closing the gap is crucial to creating a city where an outstanding quality of life is enjoyed by everyone. Thrive Plymouth's aim is to create collective action focusing on enabling and encouraging positive choices for health.

Plymouth's life expectancy bus route 2012-14



How will we do it?

Thrive Plymouth is taking three approaches

Population level prevention is about the whole population making positive changes. This is because lots of people with a small risk of getting a disease can lead to just as much ill health as a small number of people with a large risk. So everyone making even a small change to be healthier will help Plymouth thrive.

Common risk factor acknowledges that one risk factor or unhealthy behaviour can be the basis of many diseases and that often several of these unhealthy behaviours cluster in individuals and in less affluent groups. Focusing on these common risks and how they cluster is more efficient and effective than just focusing on one.

Context of choice acknowledges that despite an understanding of what is unhealthy, and good intentions to be healthier, change is hard to achieve. This is because we all make choices in settings that we often don't control, where the healthy choice can be harder than the unhealthy one. We want our environments to be a place where the healthy choice is the easy one.

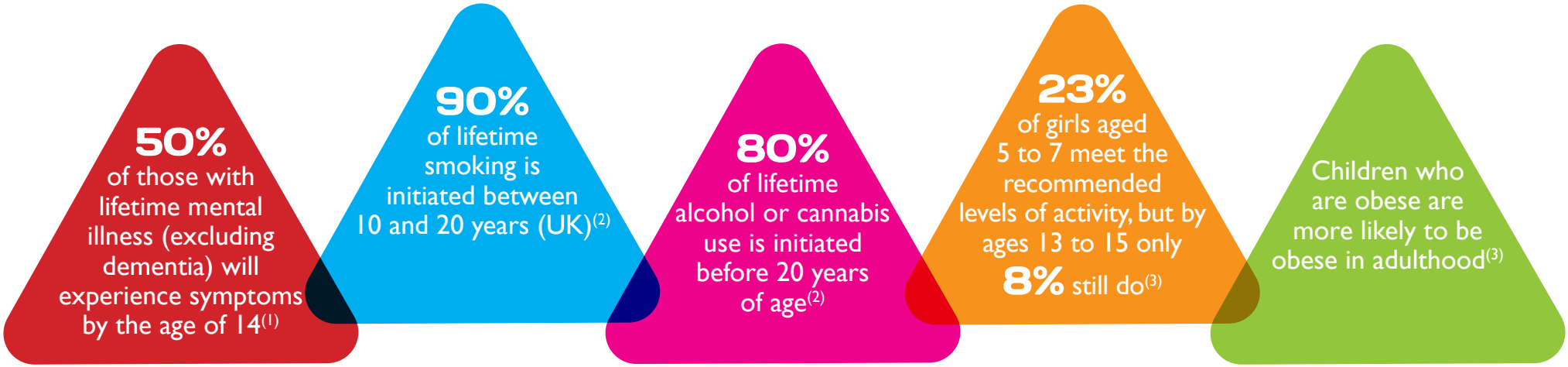
Since Thrive Plymouth began, we have recognised the importance of mental wellbeing, and of taking an approach that not only seeks to improve the four key Thrive Plymouth behaviours, but also aims to improve mental wellbeing. This recognises that better mental wellbeing makes it easier to make better decisions about how we can improve our health and if we are free from tobacco, drink less alcohol, are physically active and eat healthily, we will feel better now, and live healthier and happier lives.

The Plymouth Plan, our city's single, integrated and holistic strategic plan owned by the City Council and its partners, sets out the strategic direction that will enable these improvements in the population's health. The 'Healthy City' describes the approach we are taking to developing the city to support the health of its population, such as:

- Health promoting natural and built environments, where healthy choices are available (such as active travel)
- Building strong and safe communities with decent homes for all
- Enabling everyone to play an active role in their communities, through the arts, culture and other activities
- Lifelong learning opportunities, open to all
- Growing a vibrant economy, providing quality employment and social opportunities
- And, through integration of our health and wellbeing budgets across the city, ensuring that people receive the right care at the right time to support their health and wellbeing.

2 Why Thrive Plymouth is important for Children and Young People

The school years are a critical phase in the life course. Children and young people are beginning to experience wider environments beyond the home. Adolescence is the most significant part of the life course for starting health behaviours that affect future health chances, with evidence that these behaviours track strongly into adulthood.

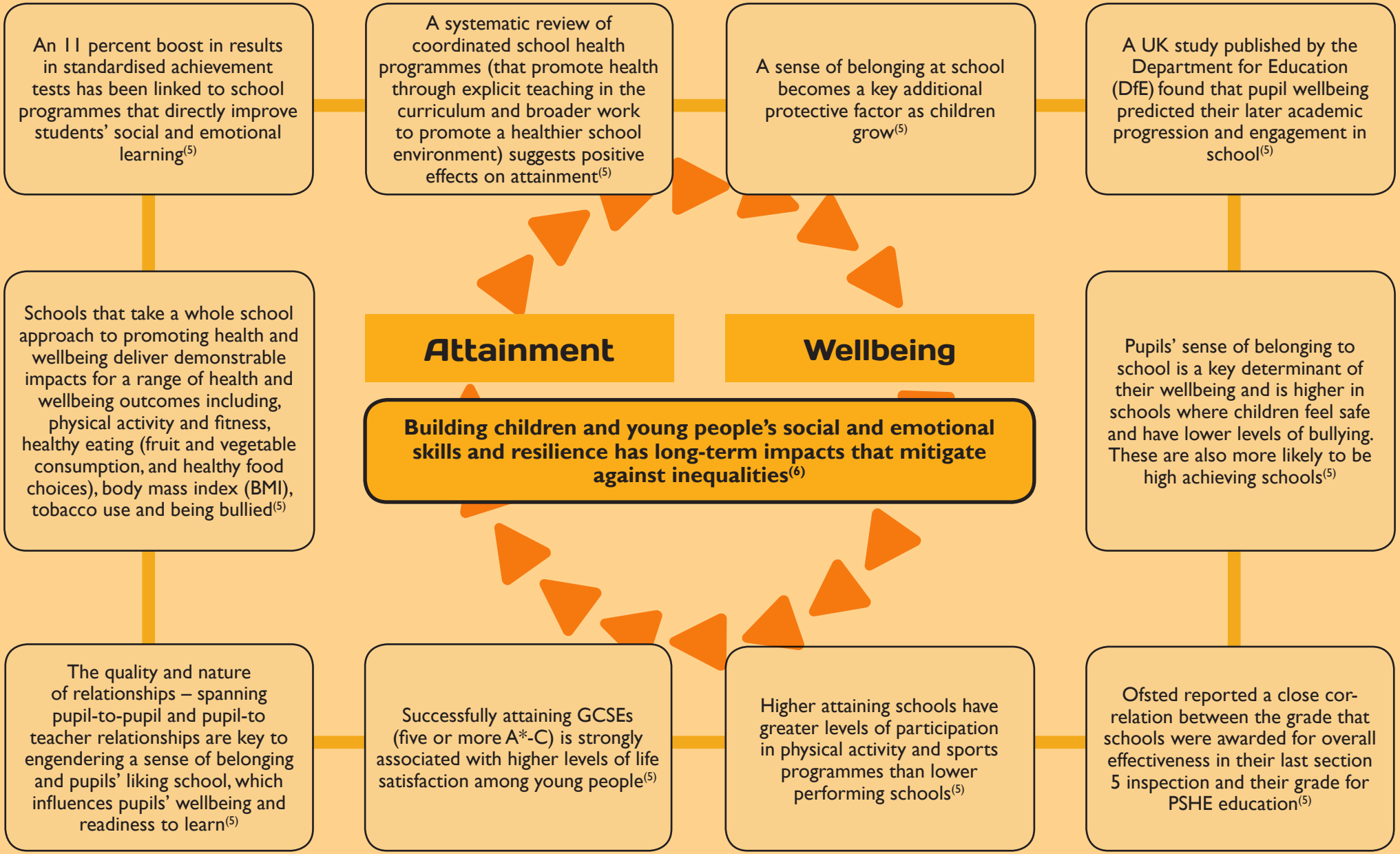


The understanding that health and attainment are intimately entwined is intuitively known by many people working within schools. They recognise that good health underpins a child's or young person's ability to flourish, manage risk and achieve as they grow up, and that a child that achieves and prospers is likely to have better health. The recognition of this link is now reinforced by the inclusion of judgement areas for health and wellbeing in the OFSTED inspection framework (2015).

"Promoting physical and mental health in school creates a virtuous circle reinforcing children's attainment and achievement that in turn improves their wellbeing, enabling children to thrive and achieve their full potential."(4)

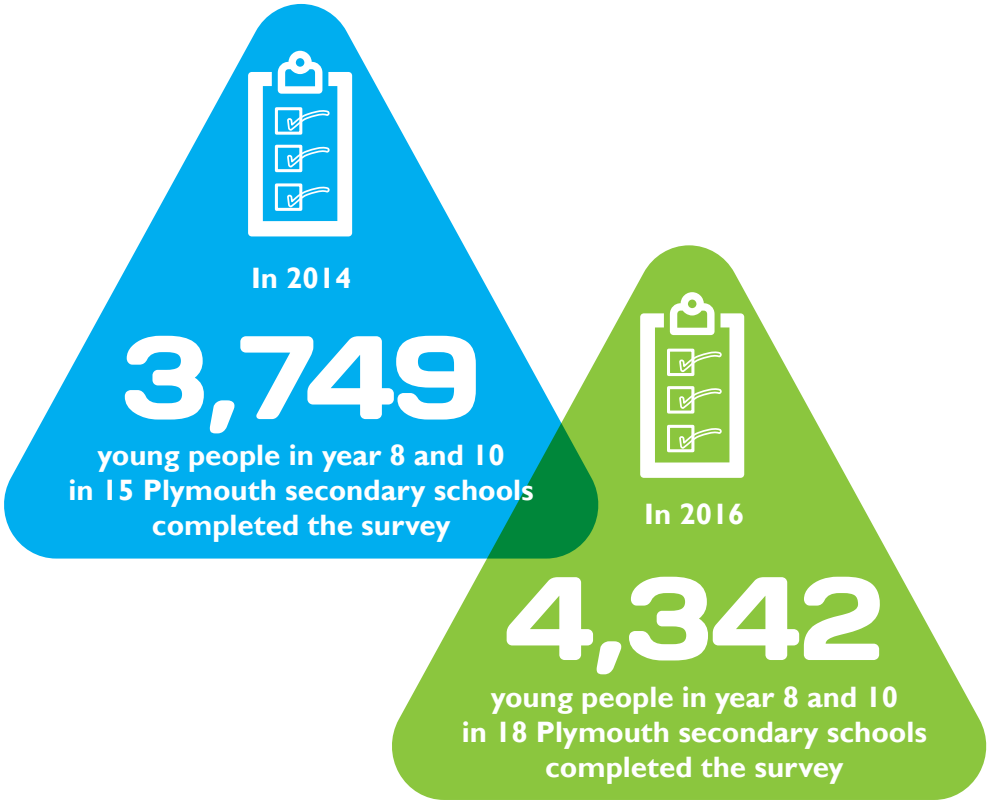
Evidence shows that schools can have a significant impact on determining the future health and life chances of children and young people, by creating health promoting environments and supporting children and young people to develop the knowledge, skills and habits for positive health.

A robust and growing evidence base now confirms that healthy children and young people are more likely to feel better and do better.



3 Health and Wellbeing of Children and Young People in Plymouth

Schools and the Public Health team (Plymouth City Council) are working together closely to understand the health and wellbeing of children and young people in Plymouth. In 2014 we worked with secondary schools in Plymouth to undertake the Schools Health Related Behaviour Survey[1] for Years 8 and 10 pupils (aged 12-13 years and 14-15 years respectively), and in 2016 we repeated the survey. We are now working to adapt the survey for use in special and primary schools.



1 The Schools Health Related Behaviour survey, developed by the School Health Education Unit, has been developed over 30 years by health and education professionals, and over a million school children have taken part.

What does the survey tell us about Thrive Plymouth behaviours for young people?[2]

The results provide a snapshot of what life is like for young people in Plymouth. Information arising from the survey has been used:

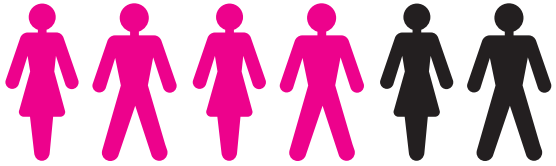
- By schools to identify their own areas of good practice and priority areas
- In the classroom as the stimulus for discussion with young people
- To identify patterns across the city and inform commissioning and planning of services
- To tell us about the Thrive Plymouth behaviours

Five measures have been selected to be headline indicators for Thrive Plymouth behaviours. The results show us that between 2014 and 2016 there was a statistically significant improvement relating to drinking, the indicators for moving and smoking both improved (but are not significant), the position for healthy eating remains unchanged and the measure for mental wellbeing shows a statistically significant worsening.[3]

Only one in six young people surveyed consumed the recommended five portions of fruit and vegetables on the previous day, and about a third of young people were not exercising regularly. Importantly, around a third scored "low" or "medium-low" for self-esteem.

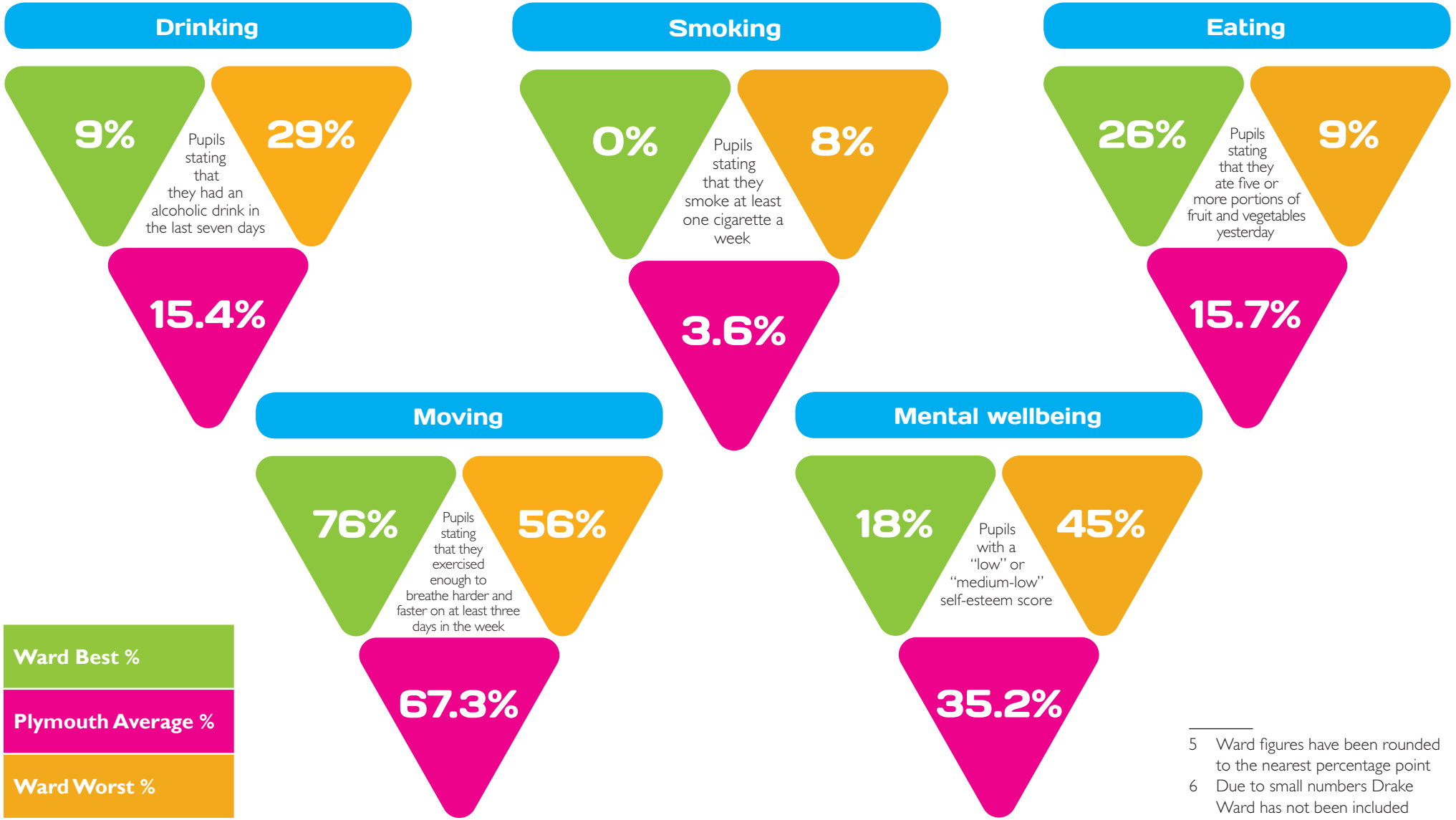
2 The results for this section are based on responses from young people who live in Plymouth and attend Plymouth schools. Results from pupils who live outside Plymouth but attend Plymouth schools have not been included in the analysis.

3 Confidence intervals have been calculated using Wilson School Method (rounded to two decimal places) and indicator is classed as significantly differerent when the confidence intervals for 2016 do not overlap the previous value for 2014.

Lifestyle behaviour		Proxy measure	2014	2016	
	Drinking	Pupils stating that they had an alcoholic drink in the last seven days.	20.4%	15.4%	One person in six 
	Smoking	Pupils stating that they smoke at least one cigarette a week.	4.1%	3.6%	One person in 25 
	Eating	Pupils stating that they ate five or more portions of fruit and vegetables yesterday	15.8%	15.7%	One person in six 
	Moving	Pupils stating that they exercised enough to breathe harder and faster on at least three days in the week.	66%	67.3%	Four persons in six 
	Mental wellbeing	Pupils with a "low" or "medium-low" self-esteem score.[4]	32.7%	35.2%	Two persons in six 

4 Self-esteem enquiry method (Lawrence 1981)

We can also use the survey results to look at variation across areas in the city, which is shown in the following illustrations, which give the Plymouth average, the lowest and the highest percentage across wards.[5,6]



5 Ward figures have been rounded to the nearest percentage point

6 Due to small numbers Drake Ward has not been included

4 Plymouth Schools supporting Health and Wellbeing

Schools in Plymouth have a strong history of promoting health and wellbeing, through the work they have done previously supporting the national Healthy Schools programmes and subsequently through local initiatives such as the Healthy Child Quality Mark, Plymouth Schools Sports Partnership and CATER^{ed}. More recently this has been reflected through the co-commissioning of emotional health and wellbeing services.

All of this can be challenging in the context of the many priorities schools face, and the work can sometimes go unnoticed beyond the school gates.

This section highlights how collectively schools and partners are having a real impact on health and wellbeing and contributing to Thrive Plymouth. We recognise this can only be a partial snapshot of all the work going on in our schools across the city.

The Healthy Child Quality Mark

The Healthy Child Quality Mark (HCQM) is a partnership collaboration. Funded by both Plymouth City Council and participating schools, it is supported by a wider group of commissioned services and partners, which work with schools in developing their approach to health and wellbeing and citizenship. Just over two thirds of all the city's schools are now engaged with HCQM, and between them, they have achieved a total of 84 awards.

"Staff have an increased awareness of the holistic education we provide, and how each area (of the HCQM elements) can have an impact on pupil progress, learning and enjoyment."

HEALTHY CHILD QUALITY MARK

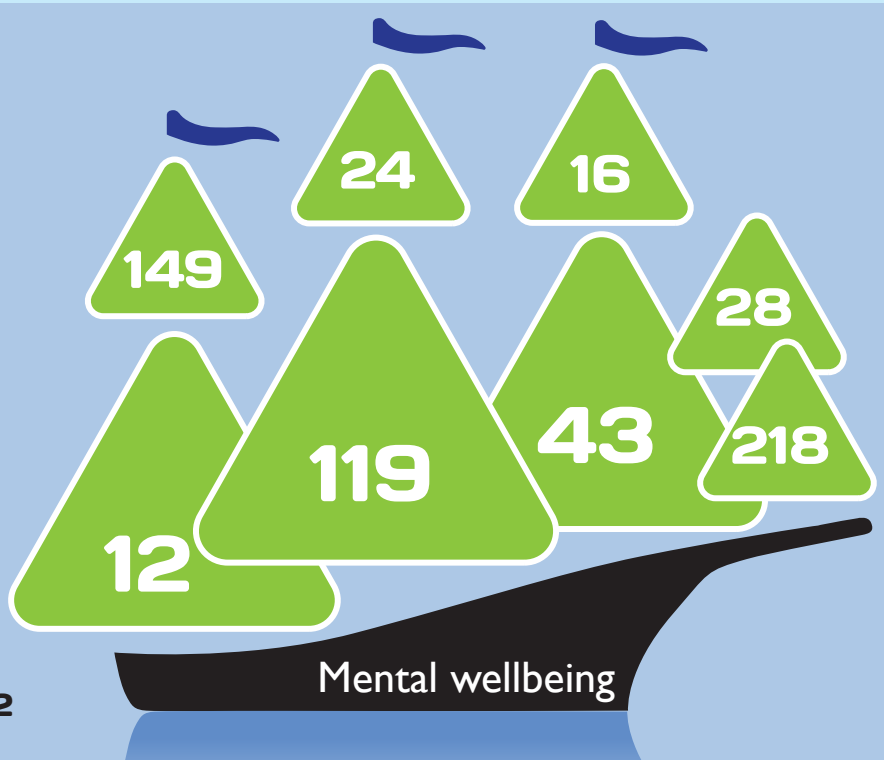
The schools that participate in silver and gold awards measure the positive impacts of their work. This can be increased healthy eating, reduction in exposure to smoking, increased active travel to school and improved mental wellbeing and better behaviour, to name but a few.

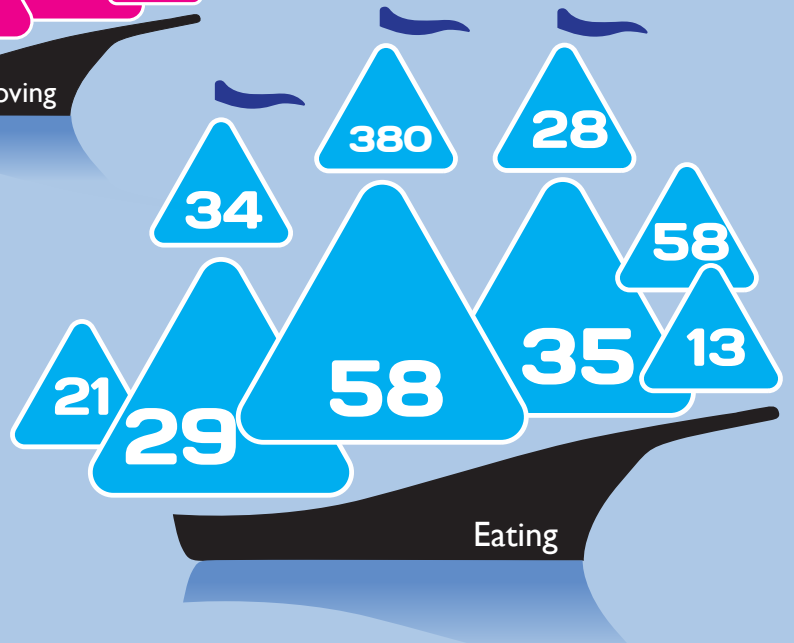
Whilst each of these schools will know the impact they have had in their own school, it is important to understand how collectively this is positively impacting on the health of thousands of children. Every school working to make changes for their pupils, is contributing to improving the health and wellbeing across the whole of the population of children and young people. The illustrations and cases studies that follow show how.

Impacts achieved by schools achieving gold and silver Healthy Child Quality Mark awards

Mental wellbeing 8 schools	12	More children with improved self-esteem
	119	Fewer negative behaviour incidents
	43	Fewer negative behaviour incidents
	218	More children supported with their mental wellbeing
	149	More children know how they can get support
	24	More children know how to be a good friend
	16	Fewer negative behaviour incidents
	28	Fewer negative behaviour incidents per week
Moving 7 schools	8%	More children actively travelling to school
	16	More families engaged in physical activity
	47	More children actively travelling to school
	114	More children actively travelling to school
	40	More children engaged in regular physical activity
	27	More families engaged in physical activity
	12	More children actively travelling to school

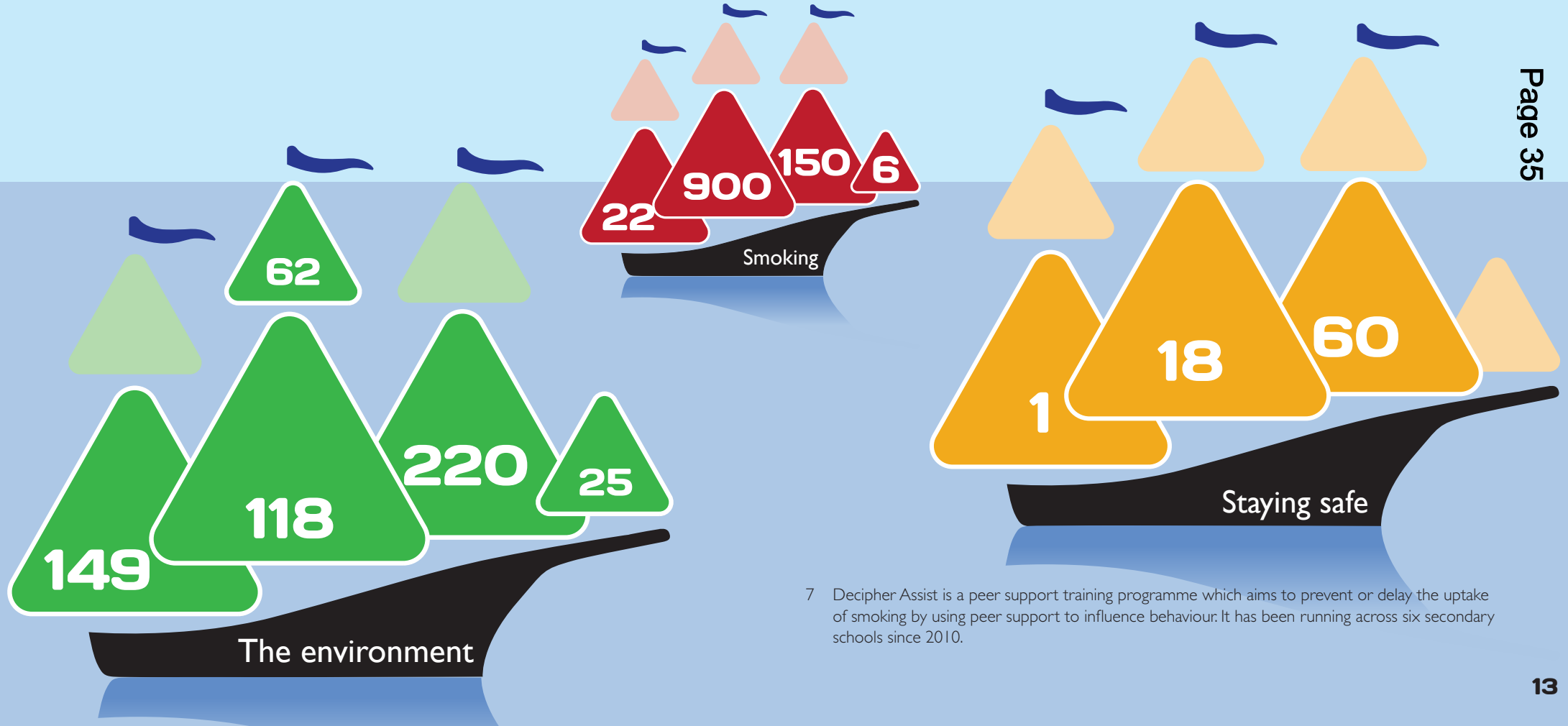
Eating 9 schools	21	More children eating school prepared meals
	29	More children eating school prepared meals
	58	Know about healthy food
	35	More children with healthy lunch boxes
	13	More children with healthy lunch boxes
	34	More children with healthy lunch boxes
	380	More children with healthy lunch boxes
	28	More children with healthy lunch boxes
	58	More children with healthy lunch boxes





The Environment 5 schools	149	More children learning in the natural environment
	118	More children learning in the natural environment
	220	More children learning in the natural environment
	25	More children who understand environmental impact
	62	More children who understand environmental impact

Smoking 7 schools	22%	Reduction in family members smoking inside
	900	Decipher Assist[7] peer supporters trained
	150	Estimated number of young people prevented from becoming regular smokers by Decipher Assist
	6	Number of secondary schools using Decipher Assist
Staying safe 3 schools	1	PSHE relationships project published by OFSTED
	18%	increase in confidence of staff teaching drug education
	60%	Increase in knowledge on staying safe on-line



7 Decipher Assist is a peer support training programme which aims to prevent or delay the uptake of smoking by using peer support to influence behaviour. It has been running across six secondary schools since 2010.

Prince Rock Primary School - Moving

Why?

In a school survey only 42 percent of parents/carers agreed with the statement: "The school encourages my child to be healthy" (2015/16)

What?

Provision of a six week after-school club, in which children (and their parents/carers) take part in 45 minutes of physical activity, and then receive a session promoting physical activity, healthy eating and sharing information about opportunities for further activity in the city and when at home. Sixteen completed the club gaining a wealth of practical ideas on how to provide and encourage '60 active minutes-a-day'.

Outcomes

Adults stated that they felt confident to provide 60 active minutes-a-day for their children. The school repeated the survey in 2017 and the percentage of parents that agreed with the statement, "The school encourages my child to be healthy", had risen to 86 percent.

"The Healthy Child Quality Mark process has really helped motivate and focus the entire school (staff, pupils and parents) on promoting a healthy attitude towards food and exercise.

"Moving forward, we are going to continue implementing our positive drive for a continuous Healthy school."

Widewell Primary Academy - Eating

Why?

The school identified that some of the children bringing packed lunches were consuming meals containing food items high in sugar, fat and salt. In consultation with the Student Council, it was decided to promote healthier packed lunches.

What?

The school aimed to raise awareness and encourage positive choices using a programme developed by the Healthy Child Quality Mark team (The Healthy Lunch-Box Project). The project included positive healthy eating messages in web-site and newsletter communications, project assemblies, school open day with a healthy food focus, and the launch of Hungry Caterpillar Club (after school cooking club).

Outcomes

Key Stage Two pupils were monitored. Baseline data showed that of 72 pupils with a packed lunch, only 33 contained a sandwich or equivalent, at least one portion of fruit or vegetables and no confectionary. By the end of the project period 61 children had a sandwich or equivalent and at least one portion of fruit or vegetables and no confectionary (an increase of 28 pupils).

"Our latest Ofsted report mentioned the Hungry Caterpillar Club (HCQM Action Plus project element), which focuses on healthy eating and awareness. The newly launched kitchen and Food Council have also been highly commended."

Whitleigh Primary School – Smoking

Why?

Teachers were concerned that children were being exposed to smoking at home. The school decided to increase the awareness of the consequences of smoking to families and to encourage family members who do smoke to smoke outside of the home (and outside of the car) as a small step towards being smokefree.

What?

A week of action started with an introductory assembly setting out the benefits of being 'Smokefree'. A school newsletter was sent home reflecting the assembly, asking parents/carers to smoke outside and to invite them to a school coffee morning, where expert support for smoking cessation would be available from the Wellbeing Team, Livewell Southwest. Smoking cessation promotion was added to the school web-site. Persuasive writing, within literacy lessons, focused on smoking/ health issues and children created postcards/posters and letters for a school display, which were also sent home to parents/carers. An assembly was delivered at the end of the week of action summarising the week's learning.

Outcomes

Hands-up survey information showed a 22 percent reduction in children who stated that family members were smoking indoors at their home. It was estimated that this result was indicative of wider success across the whole school. Teaching staff, pupils and parents/carers have also identified several family members who were cutting down or stopping smoking as a result of the school's promotions. The school has now embedded the literacy aspects of this project into its annual planning.

Plymstock School - Mental Wellbeing

Why?

Children and young people who are part of a service family often experience a range of emotions relating to separation, which impacts on every part of their lives. The school has a large number of students from service families (218 with parental links and another 94 with extended family links).

What?

The school joined Plymouth's HMS Heroes support service. They introduced a range of support interventions including a drop-in facility (students support), the Skype room + E-blueys Support (to support communication with family members, and which was also open to feeder primary schools), Heroes Noticeboard (to publicise events and services), and supported other schools through partnership activities and sharing resources, good practice and expertise.

Outcomes

As a result the emotional and mental wellbeing needs of 218 children were supported through a range of nurture activities, with students being supported by a team of staff and mentors who are themselves a part of service families.

Mount Tamar Special School - Workplace Wellbeing

Why?

This project integrated the Thrive Plymouth focus on schools both as workplaces and student settings. The school recognised that working in a school can be stressful and it is very important to look after employees' own wellbeing as well as that of the children. By signing up to the Workplace Wellbeing Charter (a statement of intent, showing the organisations commitment to the health of the people who work for that organisation) the school could create a better place for pupils and staff to come each day.

What?

The School met with the Wellbeing Team from Livewell Southwest who support organisations in Plymouth to achieve the charter. Following this the school worked to improve their supervision system; developed a more consistent approach to staff absence; enabled staff who are over 40 to gain access to free health checks and enabled staff to access free flu jabs. The school also started a breakfast tea and toast club for both pupils and staff. Half term ends with some team activities and laughing! Staff are encouraged to use the school gym after school.

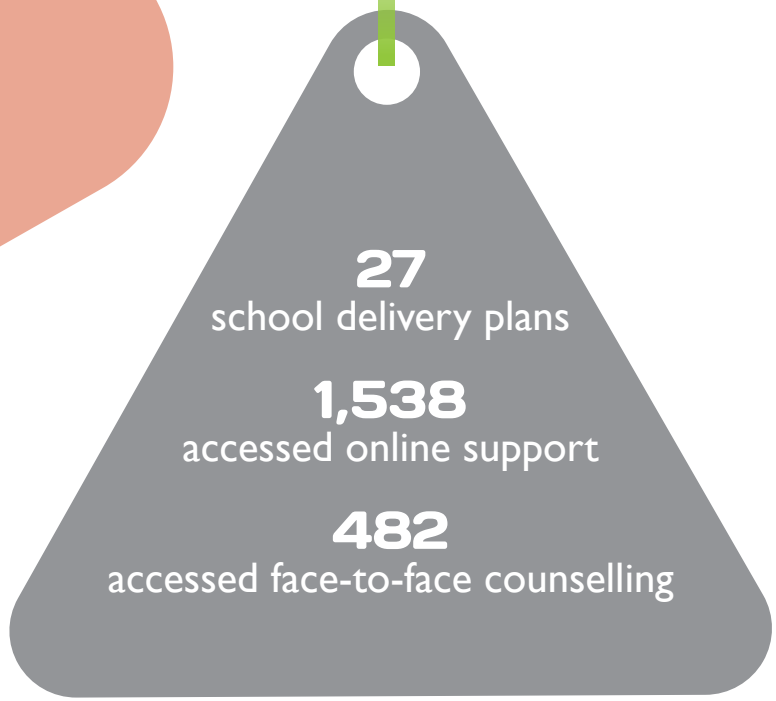
Outcomes

"It really has made a big difference, we all look out for each other now and people feel more able to talk if they feel under pressure."

"I would definitely recommend the Workplace Wellbeing Charter to other schools – a lot of the time schools may feel they are too busy to take on something like this but I would say to them, by doing this you will reap the benefits, both for individuals and for the school collectively."

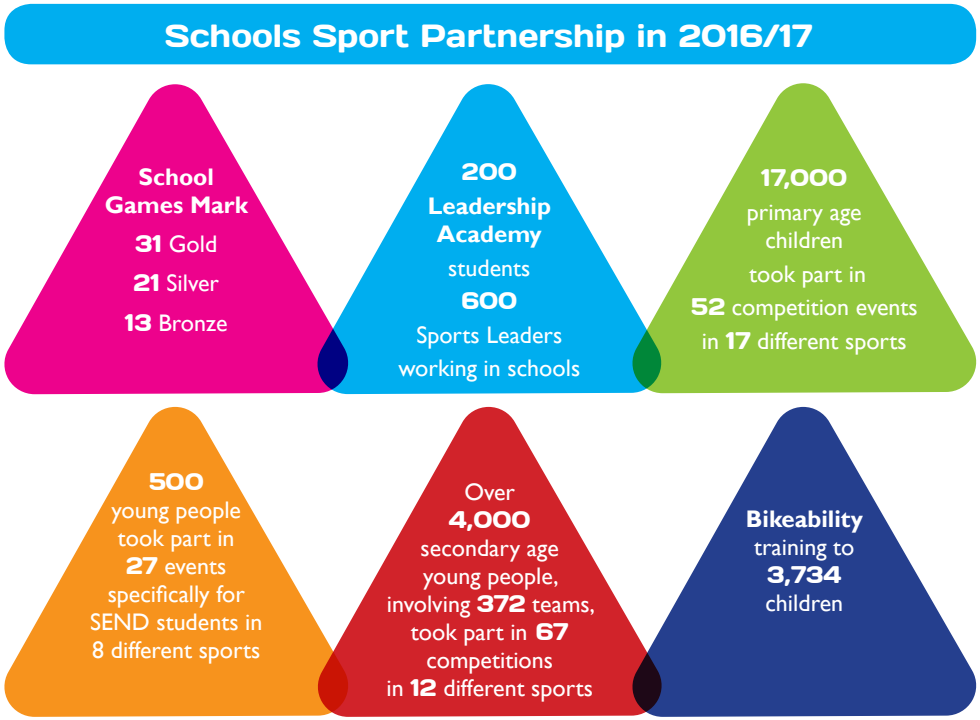
Collaborative co-commissioning for emotional health and mental wellbeing

This area was prioritised within the integrated children and young people commissioning strategy. In 2016 secondary and special schools co-commissioned a range of services to be delivered over a 3 year period, totalling an investment of £1.2m and integrated as part of the local transformation plan. After10 months of implementation all 27 schools have delivery plans for improving their whole-school approaches to emotional health, 1,538 young people have accessed online support and 482 young people have accessed face-to-face counselling. Improvement has also been made to increase the percentage of young people having a specialist Child and Adolescent Mental Health Service assessment within six weeks.



Plymouth Schools Sport Partnership

The Plymouth School Sports Partnership aims to create a sustainable physical education (PE), school sport and physical activity system as part of the health and wellbeing provision for all children and young people. In Plymouth, 64 schools with primary age children and 17 secondary schools signed up to the partnership for 2015-2020. Some examples of the work of the partnership include supporting schools to gain the School Games Mark[8] and in the delivery of school games competitions, enabling young people to become young leaders and ambassadors in sport, delivering training to improve knowledge and skills for physical activity, PE and sport across a range of school staff and delivering Bikeability training for children.



8 Launched in 2012, the School Games Mark is a government led awards scheme that rewards schools for their commitment to the development of competition across their school and community.

CATERed

Formed in 2015 from the council's previous education catering service, CATERed is a schools led, local authority co-operative trading company, which is jointly owned by 67 local primary and special schools and Plymouth City Council. As shareholders, schools commit to sharing their school food and maintenance budgets in an altruistic manner with larger schools supporting smaller schools to ensure that all pupils in all schools can access freshly prepared, great tasting, hot school food. CATERed is unique in the country.

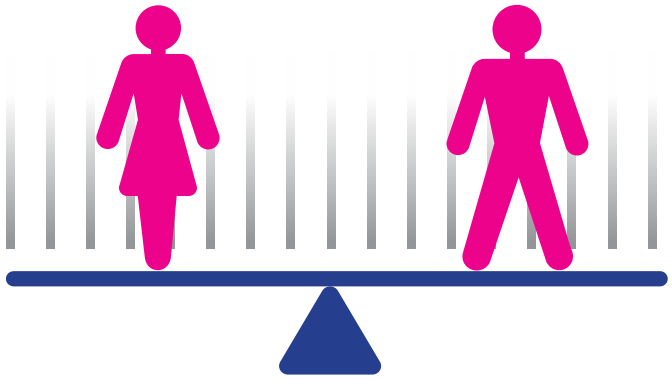
CATERed serves up much more than school meals. They support children and families to develop healthy eating habits for life. Through Ed's City-wide Children's Food Panel, pupil representatives from each locality represent their school and locality as "directors" of CATERed. These pupils not only have a real say in what menus offer, but also develop an understanding of where food and ingredients come from, healthy food choices and lifestyles. A number of CATERed kitchens also work directly with their individual schools and offer family-based cookery courses during term-time.

"Holiday hunger" is recognised as a nationwide issue where some of the most needy children and young people, such as those who access benefit-based free school meals or universal infant free school meals during term time, go hungry as they miss having a nutritious meal during school holiday periods.

In 2015, Ed's Big Summer Food Tour initiative was launched to support children in the community during the summer holidays. In the first year, 1,200 free meals were served to children and young people in parks and play spaces in the city. Through staff volunteers and the generosity of suppliers, Ed's Big Summer Food Tour has grown, delivering over 3,000 free meals during the summer of 2017. In support of the Summer Reading Challenge, CATERed worked with the council's Library Services to deliver 3,000 meals for "Lunch at the Library" in Devonport, St Budeaux and Whitleigh.

More health and wellbeing activity in schools

Schools are supported by a range of offers that promote and protect the health and wellbeing of children and young people. Every year schools open their doors to facilitate the delivery of thousands of health improving interventions. By doing this, schools enable these offers to reach the whole population more effectively and ensures that the healthy choice is the easy one.



School nurses weighed and measured

5,214

children and young people

So far over **1,000** children have attended supervised brushing clubs in **10** schools and nurseries (2017)

Almost 2,000 children in 24 schools (in areas known to have poorer dental health) received dental varnish treatment and advice from Plymouth Community Dental Service (2016/17)

School Nursing Service gave **4,579** immunisations [for tetanus, diphtheria, polio, meningitis and HPV] (2015/16)

Since 2010, the Decipher *Assist* programme has:

Trained over **900** peer supporters in six secondary schools

Reached over **5,000** children and young people

Prevented an estimated **150** children and young people from becoming regular smokers

During **Bike It plus Big Pedal** event

16,559

bike and scooter journeys were logged in 10 days by schools

CATERed served

12,500

school meals each day

2,100 children from **44** Primary's attended Junior Lifeskills (2017)[9]

9 An event delivered as a partnership between The Royal Navy; City Bus; Devon and Cornwall Police; Devon and Somerset Fire and Rescue; First Great Western; Peninsula Medical School; Plymouth City Council; RNLI

School Nursing Service trained **161 teachers and school staff** in the safe administration of medicines in school (2016/17)

Orthoptists undertook **3,041** vision screens which accounts for **95%** of the eligible population.

All year 5 pupils in Plymouth were offered a free three week intensive swimming lesson programme at the Life Centre. **91%** improved their swimming level (2015/16)

5 Thrive Plymouth Year of Focus on Schools

The Thrive Plymouth year of focus on schools was able to build on the foundations developed by schools and supported through programmes like those described previously. It provided an opportunity to promote the Thrive Plymouth approach, to recognise the work that schools were already doing and how this could develop further and create new partnerships for action to support the health and wellbeing approach in schools. The year consisted of four key elements: links with the City Youth Council, input into teachers professional development days, the Thrive Plymouth launch event and follow up locality events.

City Youth Council

Plymouth City Youth Council provides an opportunity for elected members of school councils in Plymouth, and their associates, to come together and represent their electorate, discuss and contribute towards issues that affect them in their school, local community and the country as a whole. It is comprised of school council representatives from primary, secondary and special schools. During the year, two sessions of the Youth Council included a focus on Thrive Plymouth. Feedback from children and young people on the plans helped influence activity, for example, feedback on the information banners led us to simplify these. This also led to an opportunity to engage with illustration students from Plymouth University to produce a series of illustrations with clear but simple messages around eating and moving.

Teachers Professional Development Days

Prior to the launch, the Public Health Team contributed to two teacher professional development days. The sessions raised awareness of public health work, intelligence on local need, the 4-4-54 concept of Thrive Plymouth, research and evidence based interventions. The first development session was delivered as part of the Primary Schools Physical Education Annual Conference – run by the School Sports Partnership. The second session, attended by colleagues from eleven schools, was tailored for secondary schools and delivered as part of a Plymouth Learning Trust Development Day. It was evident from these sessions that there is a clear commitment by schools to improving the health and wellbeing of pupils and a great variety of activities being delivered by and through schools. This reinforced the approach to be taken through the Thrive Plymouth focus year, which would support and build on the existing work being delivered by schools.

The Launch

In November 2015 we launched Thrive Plymouth focus on schools. The event was attended by 82 representatives including school year heads and principals, governors, and other leaders from key organisations across the City. A number of schools shared the work they had undertaken to improve health and wellbeing and the impact they had achieved. A market place was organised where wider partners could demonstrate how they could support schools to address health and wellbeing.

"Our expectations of children have increased, so we're putting more demands on families who are already facing other challenges. It all becomes a bit of a melting pot. So we've had to adapt and learn the best ways to support families. So going back a few years, [Thrive Plymouth] might have been very lovely, however we would have questioned how we could use it, whereas now I think there's a real value and purpose because our families really need it, and our staff as well."(7)

Thrive Plymouth Locality Events

Over the course of the year, the Public Health Team supported by Healthy Child Quality Mark colleagues, delivered six further Thrive Plymouth events in all the Plymouth localities. The aims of the sessions were to:

- Highlight child health needs and inequalities
- Share ideas on initiatives and projects
- Hear about success factors from a school that had undertaken the Healthy Child Quality Mark
- Hear about what works and evidence on activity, diet, smoking, alcohol and mental wellbeing
- Establish a link person with the Public Health team to support in planning, delivery and evaluation

84% of attendees stated that their intention to take action to address the Thrive Plymouth behaviours in their organisation was high or very high.

The work of the schools to improve health and wellbeing of their pupils also reaches wider bringing the whole school, parents and the community together to support Thrive Plymouth.

"We provide support for our parents, to meet and cook with our catering staff, to find cost-effective ways of using ingredients and using the same foods to make different meals." (7)

This work has also been recognised more widely with a number of schools being recognised for their good practice and receiving positive feedback by OFSTED.

"The rebranding of the school lunch servery as the Hungry Caterpillar Café is a renowned success." (8)

"Being unashamed about it, OFSTED have an agenda around health and wellbeing, physical activity choices so [Thrive Plymouth] fed into the OFSTED judgements. We recently had an OFSTED [Inspection], and they did acknowledge our curriculum around healthy eating, that we were a Healthy Child Quality Mark school."(7)

Thrive Plymouth: making connections

As we worked through the year, we noticed that the more conversations we had, the more things happened and the more offers of support for collaboration came from across the whole system. Schools connected with each other, found new sources of support, acquired new knowledge and ideas for addressing issues and gained access to new partners who could support them, which sometimes had added benefits beyond the health and wellbeing agenda.

Here are some highlights:

A student at Plymouth University offered to undertake a qualitative evaluation of our Thrive Plymouth working between schools and Public Health. The research found that "[Thrive Plymouth] strengthened pre-existing relationships between schools and public health practitioners and helped establish some new relations. [Thrive Plymouth] also strengthened and widened schools' networks and facilitated sharing of knowledge." (7)

Three illustration students from Plymouth University agreed to focus on Thrive Plymouth and worked with pupils from Weston Mill Primary School to produce these beautiful illustrations, many reflecting places in Plymouth, with simple public health messages on eating and moving. These have been distributed to schools and used in various ways.
The students attended an assembly where the pupils were presented with three original illustrations to be displayed in the school.

"Through [Thrive Plymouth] we had some medical students come and talk to our pupils about hygiene. But it wasn't just about washing hands, hair and cleaning teeth. It was about aspirations. If you work hard, you might end up being a surgeon or a doctor. For some of our communities there is intergenerational worklessness, so it was about exposing pupils to other careers and hopefully they were inspired."(7)

"At the moment we are planning a pilot linking pharmacies to a couple of schools. Our focus is to develop children and young people's health literacy. The project aims to introduce children and young people to pharmacies and show them how they contribute to health. These opportunities are possible due to relationships built with schools during [Thrive Plymouth]." (7)

6 Summary and Challenges

The Children and Young People's system narrative states that "Plymouth's children and young people are the future of our city and that it is our shared responsibility to give them the best possible start to life, and be the place where they can develop, aspire and have fun." It also recognises that to achieve this everyone will need to play their part in their communities; in voluntary services and statutory agencies; from families to schools, from children's centres to GPs and from children's social care to services for parents.

The school years are a key period for the future life chances of our city's children. Attainment, health, wellbeing, resilience and establishing positive lifestyle behaviours are key outcomes to be achieved in this time. The evidence is clear that these outcomes do not stand in isolation of each other. Pupil health and wellbeing positively impact upon attainment and attainment delivers wellbeing.

The challenge to delivering the Thrive Plymouth outcomes for our children and young people is clear. No matter what our strategic group's focus, what our organisation's key business is, what services we deliver, we must challenge ourselves to recognise that wellbeing and attainment are 'two sides of the same coin'. Collectively our organisations, our partnerships, and through our integrated commissioning system, we must ensure we act upon our answers to these three questions:

"What more can we do to help our children and young people to be mentally and physically healthy and ready to learn and achieve?"

"What more can we do to help children and young people in our schools to achieve and improve their attainment?"

"What more can we do to support the schools in our city as a key asset for delivering these outcomes for children and young people?"

This report shows we have made progress on some of the Thrive Plymouth indicators we are tracking and showcases how schools and partners have been working together to support the health and wellbeing of children and young people, their families and communities. Here in Plymouth, we have established a good foundation on which to build.

However, we need to go further, particularly in relation to mental wellbeing, healthy eating and in reducing variation. We have just launched our fourth Thrive Plymouth focus year on mental wellbeing and the five ways to wellbeing. This is an opportunity we must use to drive forward our collective efforts to improve mental wellbeing and self-esteem of children and young people. The five ways to wellbeing is for everyone, and the ask across our city is that we spread the word and create opportunities for its use by children and young people, their families and in our school communities.

7 Want to know more?

For more information on the content of this report and further resources, please explore the following

Visit our Thrive Plymouth website www.plymouth.gov.uk/publichealth/thriveplymouth Follow us on facebook https://en-gb.facebook.com/thriveplymouth

Section 1: Introduction to Thrive Plymouth

View the Thrive Plymouth animation.

www.facebook.com/pg/thriveplymouth/videos/?ref=page_internal

https://www.youtube.com/watch?v=YPnx_KN62X4

Section 2: Why Thrive Plymouth is Important for Children and Young People

Factsheets on the Thrive Plymouth behaviours can be found here:

www.plymouth.gov.uk/thriveschoolsinfo

Section 3: Health and Wellbeing of Children and Young People in Plymouth

More data from the Health Related Behaviour Survey results can be found in these summary reports

www.web.plymouth.gov.uk/child_tobacco_use_summary_report_2016_final_v1.0_-_secure.pdf

www.web.plymouth.gov.uk/child_food_and_health_summary_report_2016_final__v1.0_-_secure.pdf

www.web.plymouth.gov.uk/child_physical_activity_summary_report_2016_final_v1.0_-_secure.pdf

www.web.plymouth.gov.uk/child_mental_and_emotional_health_summary_report_2016_final_v1.0_-_secure.pdf

www.web.plymouth.gov.uk/catered

Section 4: Plymouth Schools Supporting Health and Wellbeing

More HCQM case studies can be found here.

www.plymouth.gov.uk/thrivehcqmcasestudies

If you have a project you want to tell others about please contact us here in the Public Health Team
odph@plymouth.gov.uk

More information on the Workplace Wellbeing Charter can be found here
www.livewellsouthwest.co.uk/wellbeingat work

More information about mental wellbeing can be seen in this video where young people share their thoughts and stories about mental health. This video, produced by the Plymouth Young Safeguarders, is just a small part of young people's involvement in the new emotional health and wellbeing service.

www.vimeo.com/183736352

www.plymouthssp.co.uk

www.web.plymouth.gov.uk/catered

8 References

1 Viner R (2013) Chapter 8: Life Stage: Adolescence, in Chief Medical Officer 's annual report 2012 Our Children Deserve Better: Prevention Pays, ed. Professor Dame Sally Davies. London: Department of Health

2 Public Health England (2015)
www.gov.uk/government/publications/childhood-obesity-applying-all-our-health/childhood-obesity-applying-all-our-health

3 Public Health England (2016) The mental health of children and young people in England
www.gov.uk/government/publications/improving-the-mental-health-of-children-and-young-people

4 Brook F (2013) Chapter 7: Life Stage: School Years, in Chief Medical Officer 's annual report 2012 Our Children Deserve Better: Prevention Pays, ed. Professor Dame Sally Davies. London: DH

5 Public Health England (2014) The link between pupil health and wellbeing and attainment; A briefing for head teachers, governors and staff in education settings
www.gov.uk/government/publications/the-link-between-pupil-health-and-wellbeing-and-attainment

6 Public Health England (2014) Local action on inequalities: Building children and young people's resilience in schools. Health Equity Evidence Review 2.
www.gov.uk/government/publications/local-action-on-health-inequalities-evidence-papers

7 Mayo sandiso (2017) Addressing health inequalities through systems thinking: An evaluation of joint working between schools and Public Health Plymouth. MSc Dissertation in Healthcare Management, Leadership and Innovation

8 OFSTED (2016) https://reports.ofsted.gov.uk/inspection-reports/find-inspection-report/provider/ELS/139289

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PLYMOUTH CITY COUNCIL

Subject:	Education, Participation and Skills Transformation: Plan for the Department – Options for the Future.
Committee:	Cabinet
Date:	31 October 2017
Cabinet Member:	Cllr Beer, Cabinet Member for Children and Young People
CMT Member:	Carole Burgoyne, Strategic Director for People
Author:	Judith Harwood, Assistant Director Education, Participation and Skills
Contact details:	Tel: 01752 307465 Email: judith.harwood@plymouth.gov.uk
Ref:	JAH.JEG (CAB) 10 (05/10/2017)
Key Decision:	No
Part:	I

Purpose of the report:

The Council has set out a clear and persuasive case for the importance of education within the Plymouth Plan. Government policy over recent years has radically impacted the role of local authorities in respect of education, with more schools moving to academies.

The Plan for Education guides the strategic ambition and direction for the City Council in respect of education. The purpose of this document is to set out the options for the future shape of the Education, Participation and Skills Department in light of government policy, Council strategy and the statutory requirements placed on the Department.

The paper attached details the work undertaken with schools to date across Plymouth to test their support for a partnership approach. Sixty percent of schools have agreed in principle to continue the dialogue with the department in preparing together a business case defining the scope and delivery vehicle to achieve Option 4 that would enable a partnership to be established with schools to run the majority of services currently within the Education, Participation and Skills Department.

Educational standards over recent years in Plymouth have shown some variation. However, in general, attainment has been below average for at all key stages and by the end of KS4, results remain below the national average in terms of attainment and progress. At Post-16 the percentage of pupils achieving three or more 'A' Levels grades A*-E is also below the national average.
This new arrangement would secure the long-term commitment to schools and to support the work of the Plymouth Education Board in raising aspiration and attainment in the city.

The Council Corporate Plan 2016/19:

Growing

- Provides sufficient education facilities for the growing number of young people in Plymouth to improve their education and employment opportunities.

- Provides the appropriate support for young people with SEND as an integral part of the city's top performing education system.

Caring

- Provides improved facilities that ensure children and young people are safe and confident in their communities, narrowing the gap in equality of access, helping them take control of their lives and communities.

Plymouth Plan

- Supports the growth and development of the city by ensuring we have sufficient school places available in the City.

Implications for Medium Term Financial Plan and Resource Implications, Including finance, human, IT and land:

The financial requirements for the Education, Participation and Skills Department to create a partnership with schools on a long-term basis are that the partnership could show how the 2017/18 remaining cost pressure is met of £400,000 and to give confidence that the structure created could find savings in 2018/19 of a further £349,000.

In seeking to resolve this with partners, it should be noted that the Council's contribution to the partnership would amount to:

- Up to £9 million of direct revenue funding, depending on the natures of services within the partnership
- The associated support services charges that add to the £9m of direct cost to give the total cost
- The £1.4 million of pension costs that the Council has met from its corporate resources.

Therefore, whilst there is a remaining financial challenge, the move to a partnership model is matched by a real commitment in recurring resources from the Council.

Other Implications e.g. Child Poverty, Community Safety, Health and Safety and Risk Management:

Sufficiency of early education and school places in more disadvantaged neighbourhoods are a particular focus to ensure that families experiencing poverty can access high quality places close to their home.

This will then enable access to high quality provision to improve their education and employment opportunities.

This meets the priority in the Child Poverty Action Plan of narrowing the attainment gap.

Equality and Diversity:

Has an Equality Impact Assessment been undertaken? Yes

Recommendations and Reasons for recommended action:

That Cabinet approve the attached report to enable the further work to continue with schools to develop a business case for future partnership working.

That Cabinet note the budget requirement of a minimum funding level of £9.2m for 2018/19 for the partnership to progress.

That Cabinet endorse that educational attainment is a priority area for the Council and support the development of a robust plan by the Plymouth Education Board alongside the DFE.

Alternative options considered and rejected:

The paper identifies and evaluates five potential options for the future of the department.

The Council could be failing in its statutory duty to provide sufficient places in schools for parents and pupils within the city if it chose not to progress the partnership approach.

The Regional Schools Commissioner has an expectation that the Local Authority will understand progress and attainment of all schools in the city and the work of the new Plymouth Education Board is a priority for the City. In addition, the LA will continue to have the ability to issue warning notices to maintained schools as necessary as will the Regional Schools Commissioner for all schools.

Published work / information:

Background papers:

Title	Part I	Part II	Exemption Paragraph Number						
			1	2	3	4	5	6	7

Sign off:

Fin	djn1718.119	Leg	lt/29189/201017	Mon Off	lt/dvs/29189,	HR	N/A	Assets	N/A	IT	N/A	Strat Proc	N/A
Originating SMT Member: Judith Harwood													
Has the Cabinet Member(s) agreed the content of the report? Yes													

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Education, Participation & Skills (EPS) Transformation: Plan for the Department - Options

Document Information

Programme / Project Name:	**IHWB2: Children and Young People's Services**
Date:	**13/10/2017**
Version:	**V7.0**
Project:	**Education, Participation and Skills Plan for the Department – Options Paper**
Author:	**Jerry Clough/EPS SMT**
Owner (SRO):	**Carole Burgoyne**

Document control

Version	Date	Author	Change Ref	Pages Affected
1.0	13/04/2017 – 07/06/2017	Mark Mortimer Jerry Clough	Various initial drafts and refinements	All
2.0	27/06/2017	Jerry Clough	Revised version following feedback from Programme Delivery Group	All
3.0	03/08/2017	Jerry Clough	Various amendments	All
4.0	11/09/2017	Jerry Clough	Various amendments	All
5.0	28/09/ 2017	Jerry Clough	Various amendments	All
6.0	3/10/17	Jerry Clough/Jayne Gorton	Various amendments	All

Sign off

Position	Name		Date
Assistant Director for Education Participation and Skills	Judith Harwood	Signed off for discussion by CMT, CIB Presented to System Design Group Signed off for Cabinet Planning Cabinet Planning approved for Cabinet Schools Forum	27/06/2017 28/09/2017 3/10/2017 10/10/17 11/10/17

Definition	Where this paper refers to 'Academies' this should be taken to include free schools, studio schools and University Technical Colleges. 'Maintained schools' means local authority maintained schools. 'Schools' refer collectively to both 'Academies' and 'Maintained Schools'. A 'setting' is an early year's establishment.
Scope	The scope of this document was agreed following a workshop with system leaders and approved by the Children's Improvement Board on 1st February 2017 All current functions of the Education, Participation and Skills Department are in scope with the main notable exceptions of: ▪ Special Educational Needs and Disabilities as this is part of a separate stream of transformation work and procurement ▪ Child and Adolescent Mental Health Services ▪ School Nursing ▪ School Transport Contract (although the functions going forward are in scope)

Options for Education, Participation & Skills Department

Purpose of the report
To recommend a preferred option for the future of the Education, Participation & Skills Department

Decision to be taken
To select the best option for the Education, Participation & Skills Department and authorise the necessary project work to implement it

1. Executive Summary

As pressure on education budgets increases and the move towards Academies and Multi Academy Trusts continues, the role, size and nature of the Education Participation and Skills Department needs to be re-evaluated. It should also be recognised that for the foreseeable future a 'dual system' will operate: i.e. that maintained schools will still exist and the department will be required to support, challenge and intervene as necessary.

This paper identifies and evaluates 5 potential options for the future of the Department:

Option 4 - Work in Partnership with Schools on an Agreed Range of Services
Evaluation: Impact ✓ Sustainability ✓ Risk ✓

The paper identifies ***Option 4*** as the single preferred option and outlines the work being undertaken with schools and the next steps to bring forward a full business case in October 2017 establishing its viability. Option 3 is identified as a fall back option if Option 4 is not shown to be viable in the business case.

The paper details the work that has been done with schools across Plymouth to test their support for this partnership approach and 50% of schools have agreed in principle to create a partnership with the Council, based on the following proposition:

- to continue the dialogue with schools in preparing together a business case defining the scope and delivery vehicle to achieve Option 4 which would enable a partnership to be formed with schools to run the majority of services currently within the Education Participation and Skills Department
- To approve the budget for 2018/19 which with the support from schools and income from buyback of services and the DSG from the Schools' Forum would enable continuity of services for 2018/19 whilst the work is ongoing in defining the partnership and to use 2018/19 to create the long-term partnership
- To look to integrate the functions within Education, Participation and Skills Department with those provided by PLP/PEC in a new partnership entity.

Contents

2. Background

Purpose of this Document

The Council has set out a clear and persuasive case for the importance of education within the Plymouth Plan. Government policy over recent years has radically impacted the role of local authorities in respect of education, with more schools moving to academies.
The Plan for Education guides the strategic ambition and direction for the City Council in respect of education. The purpose of this document is to set out the options for the future shape of the Education, Participation and Skills Department in light of government policy, Council strategy and the statutory requirements placed on the Department. This plan will show how the Department will achieve the Council's ambition within available resources.

Our context

Educational standards over recent years in Plymouth have shown some variation. However, in general, attainment has been below average for at all key stages and by the end of KS4, results remain below the national average in terms of attainment and progress. At Post-16 the percentage of pupils achieving three or more 'A' Levels grades A*-E is also below the national average. We are currently seeing the need to stabilise the evolving new system with standards at KS4 in particular continuing to decline, in some cases rapidly. The Plan for Education represents a significant move towards creating a coherent and high performing education system.

In terms of disadvantaged pupils, the data highlights the fact that disadvantaged pupils attain less well than non-disadvantaged pupils. Attainment of children with special educational needs or disabilities performance data shows that at key stages 1 and 2, pupils in the city broadly attained at or above pupils with the same starting points, across most subjects, but by the end of KS4 SEND pupils broadly attain less well compared to all pupils with similar starting points. Results for Children Looked show that at key stages 1 and 2 performance was below those of all children nationally.

Destinations data for the city shows that the percentage of pupils in education, training or employment post-16 is on a rising trend with the latest figures showing that 95% of pupils secure employment with training or taking a place in further education.

In terms of the quality of provision, 85% of pupils attend good or outstanding primary schools (below the regional average) and 71% of pupils are educated in secondary schools judged to be at least good (well below the national average). In addition several secondary schools are awaiting inspection and the data suggests vulnerability. 100% of special schools are good or outstanding. Absence and exclusions are rising across the city as is complexity of need. Social, emotional and mental health needs are a predominant category of special need. The number of children in elective home education is rising as are safeguarding concerns and complaints.

Integrated Health and Wellbeing

The City has an overarching approach to the future of its people based services detailed in its Integrated Health and Wellbeing Programme. This advances the benefits of collaborating with partners and integrating both commissioning and the provision of services where joint benefits can be

realised. Decisions about the future of the Education, Participation and Skills Department will take the principles of Integrated Health and Wellbeing as the underpinning direction.

Context for the Education, Participation and Skills Department

The functions required to be undertaken by the Education, Participation and Skills Department have changed markedly over recent years.

In summary, the remaining functions of the Department will be a small core of co-ordinating statutory functions in respect of Academies (approximately 75% of Plymouth schools currently) with some additional improvement and oversight functions in respect of maintained schools (whilst the number will reduce from the current 25%, it is anticipated that there will remain a number of maintained schools for the foreseeable future).

This dual system has operated well in the city for a number of years with the local authority supporting the education system irrespective of the governance arrangements of schools.

The core remaining statutory functions for the City Council are:

- Promote high standards of education and ensure fair access to education
- General duty to secure sufficient schools (Placement Planning)
- School improvement in maintained schools and challenge to academies
- Promoting and coordinating cooperation
- Championing the best outcomes for children and young people including safeguarding
- Commissioning for those with additional need or vulnerability & alternative provision
- Admissions and transport
- Special Educational Needs and Disabilities

The Education, Participation and Skills Department currently employs around 450 staff and uses agency staff in a planned way for a number of functions.

Plymouth has a diverse educational estate with 99 schools and 125 private, voluntary and independent early years' settings. 45 childminders are registered to provide early years' education and care. There are 69 primary schools (includes 3 infants and 3 juniors), 2 nursery schools and 8 special schools including a pupil referral service. There are 19 secondary schools, all with post 16 provision, with diverse offerings, including grammar schools. In addition we have one all through primary/secondary free school.

Funding

The Dedicated Schools Grant funding is coming under increasing pressure and the Education Service Grant general fund has removed , placing significant financial burden on Plymouth City Council. This leaves a shortfall of circa £1.37 million, which will need to be matched by a reduction in expenditure.

There is, therefore, a genuine and pressing need to transform in order to secure the best possible outcomes for the children and young people in Plymouth as agreed in the Plymouth Plan within the resources available.
The current budget allocation for the Department is £9.81miillion, which covers a range of responsibilities not just in schools and settings, but is also inclusive of Early Years functions and post 16 development.

3. Reaffirming the Plan for Education in Plymouth to 2020
Working Together to Achieve Excellence

Context and Introduction

The Plan for Education in Plymouth to 2020 was presented to Cabinet Planning on the 28 March 2017 (Appendix 2). As a key context for the plan for the Education, Participation and Skills Department, this section reaffirms the continued importance of the plan and the ambition and commitments that it contained. There is also a published Plan for Skills published with a strong partnership driving its delivery that informs the Departmental plan

The Plan for Education is supportive of agendas concerned with people and place: improving educational outcomes is a critical element of the city's growth agenda and the health and well-being of residents. The plan includes a section on the physical infrastructure required.

Progress against the Plan will be evaluated by the Plymouth Education Board comprising system leaders from schools, early years sector, the Plymouth City Council, higher education institutions, further education, the National College of Teaching and Learning and the Regional School Commissioner's Office. At the inaugural meeting of the Board, members agreed to focus initially on the priorities of leadership and disadvantage.

The Plan for Education is important as is the role of the Plymouth Education Board as the attainment for children and young people across the City is below national averages in many areas:

- Attainment is below average for reception year of primary school despite a rising trend over the last four years.
- At key stage 1, phonics results are improving, but are just below the national average.
- At the end of key stage 1, attainment across subjects is below the national average.
- At the end of Key Stage 2, results are below the national average for reading, writing and maths combined. Individually they are also below the national averages.'
- By the end of Key Stage 4, attainment in English and maths combined, is below the national average
- At Post-16 the percentage of pupils achieving three or more 'A' Levels grades A*-E is below the national average.
- Disadvantaged pupils attain less well than non-disadvantaged pupils and this is true for Early Years through to KS4.

The Vision

We will work in partnership and integrate where possible to provide vibrant and effective educational settings that enable children and young people to develop as active citizens and enjoy a good quality of life in a productive and resilient economy.

The Approach

Our work will encompass three key roles for the system and within that the Local Authority: that of '**Champion', 'Commissioner' and 'Convenor'**. **Champio**Together we will champion the interests of parents and pupils by monitoring and challenging the work of all providers and schools. Parents and pupils will have their voices clearly heard and their interests effectively met.

Commissioner: We will commission (jointly where possible) a range of services and educational provision from a range of providers, including early years settings, schools and health, as a means of securing improved outcomes for all learners.

Convenor: We will promote and organise ways in which schools and the LA can integrate and collaborate with providers to secure improvement through networks and partnerships.

Working Together to Achieve Excellence

There's no room for complacency: standards in many indicators are improving gradually but need to improve more quickly. Head Teachers know that expectations are rising and are working in a system where autonomy is to be earned, enjoyed and embraced; they also know that becoming isolated will not serve them or the system well.

External support from and collaboration between schools and MATs, can accelerate improvement and remove barriers. In Plymouth, the Local Authority and schools acknowledge the shared responsibility for the outcomes for all children and young people and integrated approaches to improvement are now well embedded.

The new system requires different leadership and a new relationship and to be sustained it must adapt approaches to support, challenge and intervention and use available resource creatively and dynamically.

Reconfirming the Plan for Education

Whilst government policy and other drivers may shift the immediate emphasis within education, the Plan for Education 2020 remains the critical statement of intent and ambition of Plymouth City Council.

4. The Purpose and Vision for the Education, Participation and Skills Department

The purpose of the Education, Participation and Skills Department is:

- Everything we do is about:
  - Facilitating partnerships so that all children, young people and their families in Plymouth have the best access and opportunities
- We do this by
  - Championing for children and young people through Plymouth School Improvement Board.
  - Commissioning with others to secure the highest quality services
  - Convening collaborative relationships on all aspects of education to secure outstanding provision, widen opportunities and promote inclusion and equalities
- What this means the Department will do
  - Discharge our statutory responsibilities in a way that supports local schools to deliver the best outcomes for children and young people
  - Encourage and facilitate collaboration between all involved in education – between schools, local partners and regional bodies
  - Look to influence the 'best deal' through facilitating partnerships that deliver economies of scale and collective buying power.

Cr

In delivering the vision for Education, Participation and Skills it is important that the following critical success factors are assessed in considering the options for the future of the Education, Participation and Skills Department:

- **Impact**
  Plymouth City Council can demonstrate a positive impact on the future of children and young people in the City by supporting an education system that is flourishing and delivering high quality outcomes.

- **Sustainability**
  The Department of Education, Participation and Skills is sustainable – the role and expectations of the Department must match with the budget available.

- **Risk**
  The Department has a balanced approach to risks and potential liabilities, bearing a share of these within a partnership approach, but not exposing the Council to significant future potential costs.

The extent to which the options identified in the following analysis meet these critical success factors will be the first consideration of their viability.

5. Options for the Future of the Education, Participation and Skills Department

Having considered in some depth a range of options for the Education, Participation and Skills Department in Plymouth City Council, the following five distinct options have been identified as representing the different approaches for consideration.

Option 1 Do Nothing

Making a decision to take no additional action at the present time with the Department continuing in its current form with minor operational amendments

Option 2
Focus on Statutory Functions Only

The Department would focus on commissioning services to meet its statutory obligations and cease any involvement in discretionary education activities

Option 3
Focus on Statutory Functions, plus a small number of additional priorities

The Department would focus on commissioning services to meet its statutory obligations and ensure that a few, key additional priority areas are still provided to schools

Option 4
Work in Partnership with Schools on an Agreed Range of Services

In addition to statutory functions, work with schools to agree a partnership or range of partnerships to deliver key priority and beneficial functions, with shared risk and reward

Option 5
Set-up a Council Owned Trading Company

The Council could opt to discharge its statutory obligations and then set up a trading company to secure contracts for a range of educational services with schools and Academies

6. Review of Options

The evaluation of the 5 options summarised in the table below, shows a clear preferred option which meets the three Critical Success Factors. There is a second option that could be further explored if the preferred option cannot be achieved.

Option 4 allows:

Impact	The Council maximises influence in the future of education in the City achieving greater influence through working in positive partnership
Sustainability	The partnerships are scaled to the size that everyone commits to and the nature of a partnership binds all partners in to the success of the venture
Risk	The partnerships would be established on the basis of agreeing jointly how to handle future risks – a partnership ensures that parties commit to a longer term arrangement

Option 1 - Do Nothing
Evaluation: Impact ✖ Sustainability ✖ Risk ✖
Not recommended for further consideration

Option 2 - Focus on Statutory Functions Only
Evaluation: Impact ✖ Sustainability ✓ Risk ~
Not recommended for further consideration

Option 3 - Focus on Statutory Functions, plus a small number of additional priorities
Evaluation: Impact ~ Sustainability ~ Risk ~
Recommended for consideration if preferred option cannot be achieved

Option 4 - Work in Partnership with Schools on an Agreed Range of Services
Evaluation: Impact ✓ Sustainability ✓ Risk ✓
Recommended for further consideration

Option 5 - Set-up a Council Owned Trading Company
Evaluation: Impact ~ Sustainability ✓ Risk ✖
Not recommended for further consideration

Option Recommendation

It is recommended to explore ***Option 4 - Work in Partnership with Schools on an Agreed Range of Services*** in more detail, as its evaluation shows significant opportunities over and above any option identified. This option will be explored with schools to gauge their interest and then detailed partnership options examined in a full business case.

Option 3 would be pursued if Option 4 cannot be achieved

Moving from Option Recommendation to Implementation of a Full Proposal

In recommending Option 4 – work in partnership with schools on an agreed range of services, there are some clear steps that need to be taken in order to consider a full proposal.

Finance: The financial position of the department needs to be understood and the full proposal recommended must show how it sustainably addresses the financial requirement.

Flexibility: Given that education policy is subject to change, it is important that the full proposal is able to be adaptable so that the Council can deliver on its statutory responsibilities and its ambition set out in the Plan for Education.

Partners' Agreement: The recommendation of option 4 to work in partnership, clearly requires willing partners in order to be successful. In considering the final proposal, it must be clear that enough partners, in this case, schools and multi academy trusts, support the proposal and have demonstrated a degree of commitment to the road map set out.

The next 2 sections of this document therefore cover:

7. Departmental Financial Position
8. A Partnership with Schools

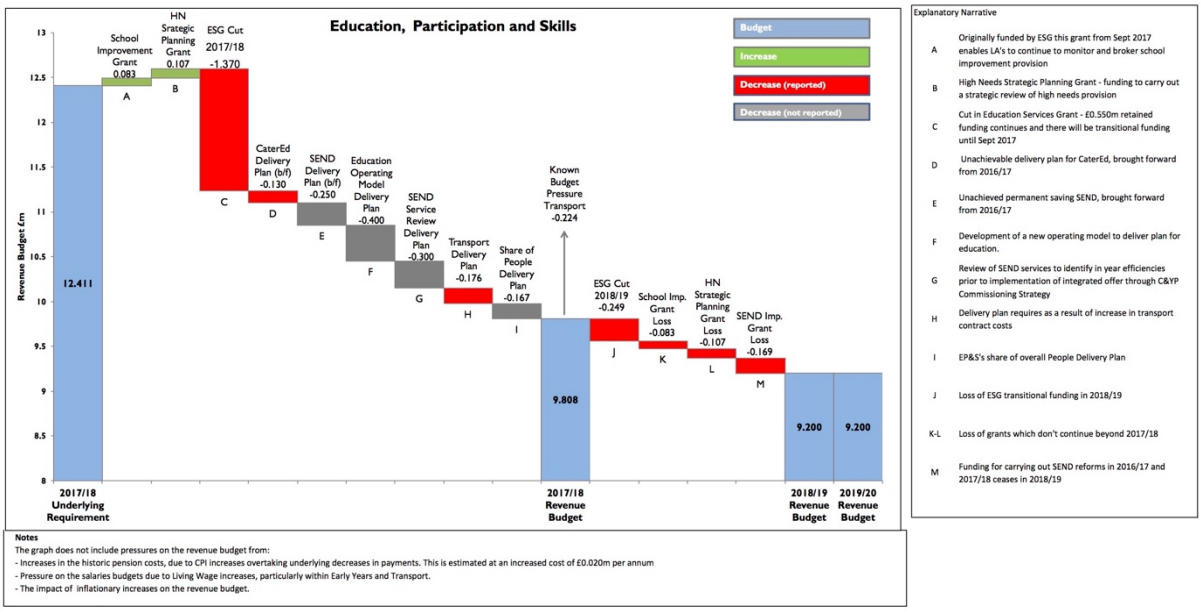
7. Departmental Finance Position

2017/18 Budget Position

The revenue budget for the Education, Participation and Skills Department is under significant pressure as a result of the general factors affecting local authority funding and due to the particular changes to education funding.

In 2017/18, the pressure on the revenue budget totals approximately £2.8million.

The waterfall diagram shows the budget changes between years.



Explanatory Narrative

A	Originally funded by ESG this grant from Sept 2017 enables LA's to continue to monitor and broker school improvement provision
B	High Needs Strategic Planning Grant - funding to carry out a strategic review of high needs provision
C	Cut in Education Services Grant - £0.550m retained funding continues and there will be transitional funding until Sept 2017
D	Unachievable delivery plan for CaterEd, brought forward from 2016/17
E	Unachieved permanent saving SEND, brought forward from 2016/17
F	Development of a new operating model to deliver plan for education.
G	Review of SEND services to identify in year efficiencies prior to implementation of integrated offer through C&YP Commissioning Strategy
H	Delivery plan requires as a result of increase in transport contract costs
I	EP&S's share of overall People Delivery Plan
J	Loss of ESG transitional funding in 2018/19
K-L	Loss of grants which don't continue beyond 2017/18
M	Funding for carrying out SEND reforms in 2016/17 and 2017/18 ceases in 2018/19

Notes
The graph does not include pressures on the revenue budget from:
- Increases in the historic pension costs, due to CPI increases overtaking underlying decreases in payments. This is estimated at an increased cost of £0.020m per annum
- Pressure on the salaries budgets due to Living Wage increases, particularly within Early Years and Transport.
- The impact of inflationary increases on the revenue budget.

The removal of the Education Support Grant essentially would leave the education revenue budget paying for long-term pension liabilities that are a result of decision taken over 20 years ago. As a result of the apparent perversity of this outcome and in order to protect spend on current education priorities, the Council has decided to absorb this cost within its central corporate budget. This limits the savings requirement within the department to approximately £1.4 million.

By September 2017, the Department has identified around £1m of the savings required and managed some significant emerging in-year cost pressures. This leaves the revenue budget with a projected overspend of approximately £400,000.

Long-Term Budget Position

The Department has a further savings requirement for 2018/19 of approximately £800,000, but after specific grant reductions are removed (as spend should be relatively easily reduced in line with the grant reduction), the savings requirement is £349,000. Clearly the Department will also have to manage any underachievement in recurrent savings against the 2017/18 plan.

In the longer-term, the Education, Participation and Skills Department will be sized to be recurrently affordable, by matching to the recurrent budget that will be available. This will be done by scaling back to focussing on the statutory responsibilities for the Department and a small number of further priorities that may be affordable.

The table below shows how the total Departmental budget is built up from a range of funding sources and how this splits by the service bundles used to analyse the workings of the Department.

Education, Participation & Skills Gross Budget Funding £m	Gross Budget	Revenue Funding	DSG Funding	ESG Funding	Grant Income	Income from Schools	Other Income
School Improvement	2.24	0.90	-0.47		-0.39	-0.40	-0.08
Health & Wellbeing	0.20	0.08	-0.01			-0.07	-0.04
Transport	4.37	4.06	-0.08			-0.09	-0.14
Admissions and organisation	1.00	0.40	-0.44			-0.07	-0.09
Safe Guarding & Inclusion	0.98	0.50	-0.23			-0.22	-0.03
Skills	0.28	0.28					
Total	9.06	6.21	-1.23	0.00	-0.39	-0.85	-0.38
Schools Funding	60.15	0.00	-60.15				
SEND	24.04	4.09	-16.84		-0.28	-0.20	-2.63
Schools support	5.45	0.87	-3.27	-0.87	-0.06	-0.38	
Community meals	0.13	0.00					-0.13
On course South West	1.87	0.00			-1.87		
Sports	0.31	0.25			-0.04		-0.02
Delivery Plans		-2.07					
Other Adjustments e.g. Data Team	0.49	0.45	-0.04				
Total	101.50	9.81	-81.53	-0.87	-2.63	-1.43	-3.16

Additional services will only be undertaken in partnership with schools and only where there is a proven, affordable case for providing the funding for these services from the money available to schools. If this partnership approach cannot be delivered, then those additional services will no longer to available to schools or provided.

This approach gives a significant degree of assurance about the longer-term budget position for the Department. However, depending on the outcome of the partnership conversation with schools, it may be necessary to consider how to manage some one-off costs of reprofiling the Department to the resources recurrently available.

Financial Requirements for Partnership

The financial requirements for the Education, Participation and Skills Department to create a partnership with schools on a long-term basis are that the partnership could show how the 2017/18 remaining cost pressure is met of £400,000 and to give confidence that the structure created could find savings in 2018/19 of a further £349,000.

In seeking to resolve this with partners, it should be noted that the Council's contribution to the partnership would amount to:

- Up to £9 million of direct revenue funding, depending on the natures of services within the partnership
- The associated support services charges that add to the £9m of direct cost to give the total cost
- The £1.4 million of pension costs that the Council has met from its corporate resources.

Therefore, whilst there is a remaining financial challenge, the move to a partnership model is matched by a real commitment in recurring resources from the Council.

8. A Partnership with Schools

Definition of Partnership

The term 'Partnership' is used in this context to distinguish a way of joint working for the future from other models, such as the Council creating a trading entity owned and run by the Council to supply services.

In essence, partnership means a venture in which both the Council and Schools who are interested have a stake in the ownership and agree how to share the full costs, risk, liabilities and any potential surplus or income.

A partnership is not a mechanism for the Council to avoid its legitimate historic commitments or costs. However, neither is it a way for the Council to retain all the financial risk whilst others benefit from the opportunities. A partnership would be established with a full and open joint understanding of potential benefits, risk and liabilities across all parties.

The partnership form and agreement would need to cover the following imperatives:

- Long Term Commitment – partners commit to the long term benefits of establishing a joint venture and the rules of the partnership bind long-term commitment from all
- Shared Ownership – the partners all have a stake in the success of the venture
- Promote innovation – the partnership works in a way to build on and innovate by schools playing a full and active part, bringing new levels of ideas and ways of working
- Share benefits, surpluses, risks and liabilities – the partnership is clear about the potential benefits and how these would be shared. Equally, risks and liabilities are known and agreed
- Flexibility of Structure – based on the needs of ownership, influence and the most efficient and effective way to structure the joint venture

Ultimately, a partnership must be able to demonstrate that it will have a positive impact on the education system in Plymouth and be clear on the vision and purpose shared by schools and the Council.

Examples of Partnerships in the Education Environment

There are a number of examples of successful partnership in Plymouth, including:

- CATERed where the Council owns 51% of the venture and Schools own 49% (percentage breakdown necessary to satisfy pension requirements), but the structure of the Board (6 school Directors, 2 Council Directors) sees far greater influence for schools
- Building Plymouth
- Plymouth Teaching Schools Alliance /Plymouth Learning Partnership

Work with Schools to date

A number of events to discuss the options for the future of the Education, Participation and Skills Department have been held with Head Teachers, Governors and Multi Academy Trust Chief Executives starting with a workshop on Thursday 25th May 2017 which was attended by 25 schools from across Plymouth. In order to ensure that the widest range of schools

were able to give their views, further events were run throughout June as well as updates at various different forums with schools.

Schools were invited to consider the services currently provided by the Council and, following discussion and debate, indicate their views on working in partnership with the Council in the future.

Whilst the total number of schools replying formally at that time was less than 40%, other views have been expressed giving a level of indication of preference from around 50% of schools.

Across all 6 service bundles, the majority of schools were interested in working in partnership with the Council, with the exception of skills where schools indicated that they needed more information.

	Interested in exploring partnership	May be interested, but need more information	Looking at other options/ not relevant
1. School Improvement	20	11	1
2. Health and Wellbeing	16	14	2
3. Transport	18	9	4
4. Admissions & Organisation	28	5	2
5. Inclusion	29	2	2
6. Skills	6	17	5

Whilst this does not indicate the views of all schools, the support was strong enough for the Corporate Management Team to support further conversations with schools to explore the partnership option in more detail.

A further series of meetings was held in September 2017 commencing with Head Teachers representing their specific phase organisations. The meetings explored in more depth the type of partnership that schools and the Council might enter in to and the rationale for doing so. They examined the financial proposition, noting the 2017/18 in-year shortfall in the Council funding that would need to be resolved. An engagement session was held on 25 September 2017 to outline the work to date where a further 39 schools attended along with Plymouth Excellence Cluster, Plymouth Teaching School Alliance and Plymouth Learning Partnership. Two further meetings were held on the 2 October 2017 with Heads and CEO's of Multi Academy Trusts. In total we have now met with 70 of the 99 schools in the City. Schools Forum met on 11 October and fully supported the work to date, the options paper and the proposition being presented to Cabinet on 31 October 2017.

The proposition in summary is:

- To look to create a long-term partnership between schools and the Council for the majority of services currently provided by the Education, Participation and Skills Department
- To recognise that there was a potential shortfall in funding of £400,000 and as a first call to see if Schools' Forum could identify DSG funding that could be repurposed to cover this amount
- To make a commitment to maintain levels of buyback for 2017/18 and 2018/19 and DSG funding to allow detailed discussions to be undertaken
- To look to reconstruct arrangements with PLP/PEC in order to create a new partnership covering a comprehensive range of services in the City with ownership shared and including schools
- To work as a partnership to reduce the overall cost of the partnership, on the belief that integrating a range of services and working collaboratively offers significant savings, in order to determine whether to reinvest in an enhanced offer for partners or to release funding for schools use
- To recognise the link to the Plymouth Education Board and how the partnership would support the ambition to raise attainment and standards across the City

Model of Partnership

There have been various approaches to creating a partnership explored:

- Use CaterEd as the partnership vehicle for the new service vehicles
- Use a new company within the .Ed framework as the new partnership vehicle
- Create a new stand-alone partnership

The group also considered

- Whether to set up a new partnership just for the services currently within the EPS Department; or
- Look to rationalise partnerships across the City, for example PEC, by looking for joint opportunities

And it was felt there was an opportunity, if sufficient time were available, to take a strategic look at how services to schools could be organised across the City to support the ambition of the Plymouth Education Board.

Partnership Proposition

Following discussions with schools, it was felt that there are enough schools who have given a firm indication to support for a partnership approach for this to be a robust and viable option

9. Summary, Recommendations and Next Steps

This paper has provided analysis of the options for the approach to the Education, Participation and Skills Department, based on its revised purpose.

Recommendations

- That Cabinet approve the attached report to enable the further work to continue with schools to develop a business case for future partnership working.

- That Cabinet note the budget requirement of a minimum funding level of £9.2m for 2018/19 for the partnership to progress.

- That Cabinet endorse that educational attainment is a priority area for the Council and support the development of a robust plan by the Plymouth Education Board alongside the DFE.

Appendix 1
Detailed Consideration and Evaluation of Options

Each of the options is evaluated using the critical success factors over the following pages

Option 1 Do Nothing
Making a decision to take no additional action at the present time with the Department continuing in its current form with minor operational amendments

Summary

In order to evaluate all options available, this option explores the impact on the Department of not substantially changing the way in which it operates, despite the significant changes in education policy and expectations. The reason for the creation of the business case is the necessity to change to meet new intended outcomes, so the evaluation of this option should support the rationale for the business case, by demonstrating that not changing would have hugely significant negative consequences.

Benefits	**Dis-benefits**
Project resource can be diverted elsewhere	Academisation will lead to diminishing Council influence and funding and an ability to positively impact on education in the City
No implementation costs	The Department would not address the budget challenges that it is facing with potential of c£1.37m not addressed – the Department would not meet its sustainability target
No burden on management capacity	The Council will be exposed to all of the risks and liabilities of a changing education system with no positive action taken to address new requirements
No redundancy costs	The service will not align easily to corporate strategy (Champion, Commission, Collaborate)
	If the Council does not reposition itself, it risks losing its ability to focus services where improvements are necessary
	If the Council does not deliver services in an alternative way, it risks having to significantly reduce or cancel non-statutory services

Evaluation

- ✘ **Impact** The Council would lose influence and may not positively impact on education in the City
- ✘ **Sustainability** The Department would not be sustainable, even in the short term
- ✘ **Risk** The Council would be left with significant risk from not addressing change

This option fails to address any of the 3 Critical Success Factors

This option is not recommended for further consideration

Option 2 **Focus on Statutory Functions Only**
The Department would focus on commissioning services to meet its statutory obligations and cease any involvement in discretionary education activities

Summary

The Council could opt to focus only on the statutory obligations placed on it and leave schools to determine whether they want any additional services and if they do, where they would buy them from. The Department could commission services to meet its obligations and therefore move to being a very small statutory commissioning function or retain staff to provide those functions directly.

Benefits	**Dis-benefits**
Subject to financial benefit analysis – may offset a proportion of £1.37million pressure on the revenue budget through a significant reduction in the size of the department	The Council would significantly limit its influence and education across the City would suffer as a result of the loss of the productive joint working currently occurring
Would reduce future risks and liabilities on the Council	The parring back of functions to minimum requirement would have a significant impact on close dependencies, eg ability to effectively commission and collaborate
Would impact on accommodation and back office functions offering further indirect savings	Would not optimise and utilise existing resources and a loss of experience
A smaller focused team would have clarity of purpose around statutory functions such as strategy, planning oversight & assurance	May damage reputation, especially if School Cross Patrols /Independent Travel were to be removed
Any statutory service delivery requirements could be commissioned, or delivered in such a way as to further reduce costs	May lead to redundancies and related costs which would have to be offset against any financial benefits

Evaluation

- ✘ **Impact** By focusing on statutory obligations the Council would limit is positive influence and impact on education in the City
- ✓ **Sustainability** This option allows the Council to limit exposure to the affordable statutory functions
- ~ **Risk** The long-term risks and liabilities are minimised, but there may be considerable short-term costs

Of the 3 Critical Success Factors, this option achieves on ***Sustainability***, fails on ***Impact*** and ***Risk*** would require further analysis

This option is not recommended for further consideration as it would represent the Council deciding to play a minimal role in the future of education in the City

Option 3
Focus on Statutory Functions, plus a small number of additional priorities

The Department would focus on commissioning services to meet its statutory obligations and ensure that a few, key additional priority areas are still provided to schools

Summary

The Council could opt to define a few additional priority services as critical to the success of schools and that have shown the most significant benefit over the last few years. It would continue to provide these to schools, with or without schools contributing to some of that cost, but would ensure that on top of statutory functions, some of the key elements of the Council's impact on education are maintained.

Benefits	Dis-benefits
Focus on key priorities would achieve some efficiencies and optimise resources	The Council may be seen as defining which services are important and which are not – very much in its traditional role
May offset a proportion of £1.37million pressure on the revenue budget	The Council would need to determine an approach to schools who may see the services offered as of less value
Would reduce the risk of unfinanced expenditure	The approach to charging for discretionary services may limit interest and leave unfunded expenditure
Some limited impact on accommodation and back office functions offering indirect savings	Savings from the project may not be sufficient
Would optimise a refocused workforce, aligned to programme outputs and plan for education	Short term redundancy costs for services not defined as key priorities and risk of longer term liability for discretionary services provided
Would allow the consideration of some service delivery via tender or commissioning	Perceived reduction in Council support for Early Years settings
	Some loss of experience

Evaluation

- ~ **Impact** The Council retains some influence, but seen as acting in its old role
- ~ **Sustainability** Expenditure is reduced, but may not be sufficient to match budget
- ~ **Risk** There may be some short term costs and some longer term risk remain

This option is does not draw clear conclusions on any of the 3 Critical Success Factors, but none are achieved

This option would be recommended for further consideration only if a preferred option could not be achieved; with further work it may mitigate risk successfully, but doesn't deliver on Key Success Criteria

Option 4
Work in Partnership with Schools on an Agreed Range of Services

In addition to statutory functions, work with schools to agree a partnership or range of partnerships to deliver key priority and beneficial functions, with shared risk and reward

Summary

The Council could look to maximise partnership arrangements with schools, with flexibility about ownership and governance, in order to achieve education goals in the City. This builds on excellent examples of partnerships such as CATERed and the new Plymouth Schools Improvement Board, with a focus on ensuring schools value services that the Department feel adds value. This would see staff move in to partnership ventures.

Benefits	Dis-benefits
Fits with the Council's overall commissioning model. In effect schools would 'commission' the service	Relies on schools to want to work in partnership with the Council when they may wish to be free from Council involvement
Would maximise the Council's influence in education in the City – a convenor of partnership arrangements	There may be a mixed view from schools making partnership arrangements in different areas complicated or unwieldy
Should be able to significantly offset the £1.37 million pressure on the budget and optimize resources and efficiencies	It may be hard to agree on the balance of risk and ownership
Reduces future risk – the Council would only enter partnerships where future risk and liabilities are shared	Partnerships may be complex to establish and require significant programme input
Gains long term commitment from schools as partners in a joint venture	Redundancies may still be required
Would offer the platform for innovative new ways of working and transformation working collaborative with emerging Academies	Areas where schools do not wish to work in partnership will cease – even if the Department think they are important
Impact on accommodation requirements, bringing indirect benefits of smaller estate	Objectives might not be consistently aligned with partners/potential partners
Freedom and flexibility to consider more efficient, alternative service provision (i.e. third sector/partner involvement)	As services are added, governance may become complex. This may weaken strategic leadership and the ability to act decisively

Evaluation

✓ **Impact** The Council maximises influence in the future of education in the City
✓ **Sustainability** The partnerships are scaled to the size that everyone commits to
✓ **Risk** The partnerships would be established on the basis of agreeing jointly how to handle future risks

All three of the Critical Success Factors evaluation positively

This option is recommended for further consideration

Option 5
Set-up a Council Owned Trading Company

The Council could opt to discharge its statutory obligations and then set up a trading company to secure contracts for a range of educational services with schools and Academies

Summary
In many areas Councils have moved to establish trading functions with the potential to generate additional income whilst providing services. This would operate on a commercial basis with services sold to any schools in or outside Plymouth who wish to buy from the company and would compete with existing public and private sector suppliers.

Benefits	Dis-benefits
Freedom to trade and generate income; could make a surplus for the Council to improve services	The Council's influence in education is largely left to a trading relationship and therefore is limited
Subject to financial benefit analysis – may offset a proportion of £1.37 million pressure on the revenue budget, but not in the short term	The Council is left with all of the risk if schools were to choose a different provider for some or all of their services at any point
Would offer the platform for innovative new ways of working and transformation	Significant support required to establish
The Council, though the company, would be a significant education presence in the City	Limited customer base (schools) with restricted financial flexibility
An existing vehicle (CATERed) might be utilised to aid the process of transformation	Redundancies may still be required
	Lack of commercial expertise may hinder growth – there are more mature providers in the market
	Unlikely to meet short term saving targets without significant service reductions or increased income from schools

Evaluation

~ **Impact** Some ongoing influence in education, but mostly limited to a trading relationship

✓ **Sustainability** The company would only trade in areas where enough schools wish to purchase services

✘ **Risk** The Council would retain all of the risk of schools choosing a different provider at any point

Of the 3 Critical Success Factors, ***Impact*** can only be judged when schools' intentions are clear, short term ***Sustainability*** evaluates well, but the Council is left with significant ***Risk***

This option is not recommended for further consideration

PLAN FOR EDUCATION ON A PAGE

STANDARDS – the Class of 2020

Plymouth City Council will work within the new education system to be the champion for children, young people and their families. Schools will be supported and challenged by us and DFE partners to raise educational standards of attainment across the city.

Plymouth City Council will :

- Support a school improvement system that is led and driven by schools and act quickly to challenge any underperformance in schools and secure improvement.
- Advocate and secure inclusivity so that we effectively meet the needs of all our learners in the city (meet the needs of the most vulnerable learners so that they achieve an outstanding educational experience)
- Increase the proportion of pupils educated in high performing schools and settings

Schools will:

- Increase the proportion of pupils gaining a good GCSE in English and maths to be in line with or exceed national average
- Reduce the gaps in attainment between disadvantaged and non-disadvantaged pupils by 50% at the end of KS4
- Raise the attainment of boys by 10% by the end of KS4
- Increase the achievement of pupils with special educational needs

CAPITAL – the learning spaces we're building

Plymouth City Council will support better outcomes for children and their families through the provision of high quality learning environments and access to schools. Specifically, we will:

- Provide sufficient school places as an integral part of the city's top performing education system ensuring that children achieve better qualifications
- Help to address the growing need for additional facilities for all children, using resources wisely
- Provide improved facilities that ensure children and young people are safe and confident in their communities, narrowing the gap in equality of access and helping them take control of their lives
- Support the proposed major developments in the Plymouth Plan which plans to provide new housing, new investment and infrastructure
- Support the maintenance of Local Authority school buildings ensuring they remain wind and watertight and taking into account Health and Safety/safeguarding and breakdowns

SKILLS – achieving economic success

Plymouth City Council will provide leadership to ensure that all our young people are well informed to pursue careers of choice backed by an education system that provides opportunity through:

- The delivery of the STEM Plan
- Developing the most appropriate Careers guidance model and benchmarks
- Helping young people link to and access local jobs and careers
- Increasing the number of young people entering apprenticeships
- Having in place a system of education and training that provide a coherent and clear path of progression from early years to employment post 16
- Supporting the full participation of young people and their progression to sustainable employment by building partnerships between employers, schools and settings.

PARTNERSHIPS

We will convene and support partnerships in order to champion better outcomes for children and their families and ensure the needs of all are met. Specifically we will:

- Work with Police, other agencies and schools to create the right conditions to address radicalisation, extremism and implement the Prevent programme.
- Work with schools and Teaching School Alliances to ensure school to school support is well-coordinated and effective
- Participate in and drive the priorities of the Plymouth Children Safeguarding Board through timely support and challenge for schools and settings
- Support the integration of education and health outputs to achieve better outcomes for children
- Bring Multi Academy Trust leaders together to address improvement in schools
- Protect and improve the physical, and mental health of our children and ensure their wellbeing in our settings and schools
- Develop, through the Children's Partnership, an education offer that raises aspiration and opportunity from early years and is on-going.
- Work with schools to develop effective advice and guidance with existing and new partners and ensure that aspiration and opportunity is met.
- Support a pan regional dialogue that brings coherence to work in schools on SEND, place planning, inclusion, transport, skills and admissions.

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EQUALITY IMPACT ASSESSMENT

Education Participation & Skills

STAGE 1: WHAT IS BEING ASSESSED AND BY WHOM?

What is being assessed - including a brief description of aims and objectives?	This EIA assesses the Education, Participation and Skills Transformation: Plan for the Department – Options for the Future. Recommending a preferred option for the future of the Education, Participation and Skills Department. The document sets out the options for the future shape of the Department in light of Government policy, Council Strategy and the statutory requirements placed on the Department. The Plan will show how the Department will achieve the Council's ambition within available resources. Positive Impacts: • Plymouth city council can demonstrate a positive impact on the future of children and young people in the City by supporting an education system that is flourishing and delivering high quality outcomes. • The Council can deliver on its statutory responsibilities and its ambition set out in the Plan for Education. The Plan for Education 2020 remains the critical statement of intent and ambition of Plymouth City Council. • In addition to statutory functions, work with schools to agree a partnership or range of partnerships to deliver key priority and beneficial functions, with shared risk and reward. • Would maximize the Council's influence on education in the City. • The Department of Education, Participation and Skills is sustainable – the role and expectations of the Department must match with the budget available • The Department has a balanced approach to risks and potential liabilities, bearing a share of these within a partnership approach, but not exposing the Council to significant future potential costs.
Author	Jayne Gorton
Department and service	Education, participation and Skills
Date of assessment	20/10/17

STAGE 2: EVIDENCE AND IMPACT

Protected characteristics (Equality Act)	Evidence and information (eg data and feedback)	Any adverse impact See guidance on how to make judgement	Actions	Timescale and who is responsible

Age	There are 38,965 children in the City between nursery and 19 years old	No adverse impact is expected. The preferred option is designed to facilitate delivery of the Plan for Education.	Facilitating partnerships so that all children, young people and their families in Plymouth have the best access and opportunities	
Disability	16% have an additional need / SEND	No adverse impact is expected. The purpose of the Department includes convening collaborative relationships on all aspects of education to secure outstanding provision, widen opportunities and promote inclusion and equalities.	Commissioning for those with additional need or vulnerability and alternative provision	
Faith/religion or belief	Data sets relating to faith/religion are not recorded centrally.	No adverse impact is expected.	Parents and pupils will have their voices clearly heard and their interests effectively met.	
Gender - including marriage, pregnancy and maternity	49% are Female	No adverse impact is expected.	Discharge our statutory responsibilities in a way that supports local schools to deliver the best outcomes for children and young people	
Gender reassignment	Data sets are not recorded centrally.	No adverse impact is expected.	Discharge our statutory responsibilities in a way that supports local schools to deliver the best outcomes for children and young people	
Race	78% are White British	No adverse impact is expected. The Department will continue	Discharge our statutory responsibilities in a way	

		to collate racist incident reports from schools.	that supports local schools to deliver the best outcomes for children and young people	
Sexual orientation - including civil partnership	Data sets are not recorded centrally.	No adverse impact is expected.	Discharge our statutory responsibilities in a way that supports local schools to deliver the best outcomes for children and young people	

STAGE 3: ARE THERE ANY IMPLICATIONS FOR THE FOLLOWING? IF SO, PLEASE RECORD ACTIONS TO BE TAKEN

Local priorities	Implications	Timescale and who is responsible
Reduce the gap in average hourly pay between men and women by 2020.	The Plan for Education is supportive of agendas concerned with people and place: improving educational outcomes is a critical element of the city's growth agenda and the health and well-being of residents. Destinations data for the city shows that the percentage of pupils in education, training or employment post-16 is on a rising trend.	
Increase the number of hate crime incidents reported and maintain good satisfaction rates in dealing with racist, disablist, homophobic, transphobic and faith, religion and belief incidents by 2020.	To provide vibrant and effective educational settings that enable children and young people to develop as active citizens and enjoy a good quality of life in a productive and resilient economy. The Department will continue to collate racist incident reports from schools.	
Good relations between different communities (community cohesion)	Convening collaborative relationships on all aspects of education to secure outstanding provision, widen opportunities and promote inclusion and equalities for children and young people in the City.	
Human rights **Please refer to guidance**	The right to an education: In terms of quality of provision, 85% of pupils attend good or outstanding primary schools and 71% of pupils are educated in secondary schools judged to be at least good.	

STAGE 4: PUBLICATION

Responsible Officer Judith Harwood | Date

Director, Assistant Director or Head of Service

PLYMOUTH CITY COUNCIL

Subject:	Business Case for Community Health, Wellbeing and Special Needs and Disability (SEND) Support Services Integration
Committee:	Cabinet
Date:	31st October 2017
Cabinet Member:	Councillors Beer and Bowyer
CMT Member:	Carole Burgoyne (Strategic Director for People)
Author:	Emma Crowther, Strategic Commissioning Manager, Co-operative Commissioning Team
Contact details	Tel: 01752 304009 email: emma.crowther@plymouth.gov.uk
Ref:	
Key Decision:	Yes
Part:	I

Purpose of the report:

The purpose of this paper is to set out the current position regarding community health, wellbeing and SEND support in Plymouth, and the proposal for the future integrated delivery of these services.

The business case sets out the possible options for integration, the risks and benefits of these and makes recommendations for consideration by Cabinet.

The Corporate Plan 2016-2019:

The recommendations align with the Corporate Plan as follows:

Corporate Objectives	How the business case aligns with the Corporate Plan
Pioneering Plymouth – we will be innovative by design, and deliver services that are more accountable, flexible and efficient.	The recommendations propose an integrated service offer which will drive innovation in delivery and improved experiences for children, young people and their families.

Caring Plymouth – we will work with our residents to have happy, healthy and connected communities where people lead safe and fulfilled lives.	Children, young people and families are at the centre of the recommendations of this report, with emphasis on enabling them to receive the right levels of support at the right time, to improve their life chances and outcomes.

Implications for Medium Term Financial Plan and Resource Implications: Including finance, human, IT and land

It is estimated that in the mid-term (2017/18) there will be some costs associated with closer working, such as work force development, project management and possible changes to accommodation to support co-location (if required). Any costs (currently estimated at £55k as set out in Appendix Two) associated with integration will aim to be absorbed into existing budgets, and would be shared proportionately across the three existing providers if additional spend is required.

It is anticipated there will be longer term financial benefits from closer operational working between the existing service providers between the current time and April 2019, but these are as yet unquantified and require further exploration as closer working progresses.

We would also consider very carefully the financial requirements and weightings of any procurement activity, in order to ensure maximum value for money is achieved.

Other Implications: e.g. Child Poverty, Community Safety, Health and Safety and Risk Management:

The contract will have implications for child poverty and community safety by aiming to support families to be able to care effectively for their children, and for children to receive the interventions they need, at the right time, to enable positive outcomes for their education and emotional health and wellbeing.

Equality and Diversity

Has an Equality Impact Assessment been undertaken? A Quality and Equality Impact Assessment (QEIA) is currently being developed by NEW Devon CCG, which has overall responsibility for the procurement process.

Recommendations and Reasons for recommended action:

Approval is sought from Cabinet for the following recommendations:

1) Approve the operational and strategic direction of travel towards integration of community health, wellbeing and SEND services between 2017 and 2019 (Phase One).

2) Acknowledge that a procurement of the services currently provided by Livewell South West (including Public Health funded School Nursing and Health Visiting services) will be carried out as required by procurement regulations. The procurement will be led by NEW Devon CCG. The commissioned provider will be expected to work in partnership with the existing service providers to ensure the benefits of integration are not disrupted.

3) Agree that more formal options for longer term partnership working can be researched and considered for possible implementation, if appropriate, from 2019 onwards.

Alternative options considered and rejected:

Do nothing – this option would be illegal as parts of the service require a fair and transparent procurement process to be carried out in line with Regulations.

Procure all services in scope – this option does not fit the strategic or operational direction of travel for Plymouth.

Develop a new organisational entity to deliver services – this option requires further consideration as part of longer term plans for the delivery of children's services in the city.

Published work / information:

Not applicable.

Background papers:

Title	Part I	Part II	Exemption Paragraph Number						
			1	2	3	4	5	6	7
Appendix One – Feedback from	X								

engagement									
Appendix Two – Integration proposal	X								

Sign off:

Fin	**djn1718.111**	Leg	MS/29028	Mon Off		Strat Proc	HG/PSF/454/CP/0917-CHWB SEND
Originating SMT Member Craig McArdle							
Has the Cabinet Member(s) agreed the contents of the report? Briefed 11th September and 2nd October							

Community Health, Wellbeing and Special Educational Needs & Disability (SEND) Support Services Integration

BUSINESS CASE

'A whole systems approach enhancing prevention and providing flexible and earlier intervention through a single system of service'

1.0 BACKGROUND

This paper is jointly produced by NEW Devon Clinical Commissioning Group (NEW Devon CCG) and Plymouth City Council (PCC), as part of the work of the Integrated Commissioning Team.

The **Integrated Children and Young People's Commissioning Strategy 2015**, sets out the ambition to:

Fully Integrate Specialist Education Support Services, Health Services and Social Care Services, to create a core offer for children (and young people) with SEND (and complex health needs), and provide a core component of delivery for a collaborative model of support for vulnerable children.

This ambition also provides the opportunity to incorporate Public Health Nursing services into an integrated model. The Public Health role is to improve the health and wellbeing of all children and young people, prevent ill health, and support access to all core offers. There is also a key role for Public Health services in identifying emerging need and complexity and linking with specialist services.

2.0 LOCAL DRIVERS

In Plymouth, commitment to partnership working has allowed innovation to support more family-centred and joined up approaches to vulnerable children and their families. There are many examples of good practice but the level of ambition is currently limited by the fragmentation of Community Health, Wellbeing and SEND support services within the city. Both the good work, and areas for further development, is reflected in the Joint Ofsted/CQC Local Area Inspection for SEND feedback in October 2016. In order to deliver the right care, at the right time, in the right place, there is now a need to build upon the Integrated Children and Young People's Commissioning Strategy's ambition to focus on investing in health and wellbeing early and cohesively. This can be a cost effective way of bringing benefits to the whole system of care, enhancing long-term outcomes for children, young people and their families.

Analysis of need and demand shows that the current system is predicated on getting help through assessment and/or diagnosis, with a high rate of referrals to specialist services. Many children and young people who are referred for assessment wait for long periods of time, only to discover that the specialist threshold for assessment is not met, or indeed their need has escalated and requires a higher level of intervention whilst waiting for a service. Families often hold the view that 'diagnosis' means that an intervention from specialist services is required.

Feedback from parents in Plymouth indicates anxieties around the ability of parents and professionals to effectively navigate the system of support in Plymouth, particularly for children with more complex needs.

In 2010 our families told us what they wanted through the Aiming High for Disabled Children Strategy Steering Group:

- Better information for families
- Joined up assessment across different disciplines
- Care Planning using a Team Around Me approach, which identifies a Lead Professional (or a Key worker)
- Better transitions, at all stages

This remains relevant today, and is in line with the feedback from engagement work carried out with families to date – **see Appendix One: Feedback from Engagement.**

There is a need to ensure greater support to families, community based services and schools to enable them to promote health, wellbeing and resilience for every child, identify emerging need early and manage complexity through Early Help and the Local Offer.

3.0 NATIONAL DRIVERS

The National Service Framework (NSF) for Children, Young People and Maternity Services (2004)[1] set out a vision for the future of services for children who are experiencing ill-health which remains relevant to Plymouth City Council and its partners today. At its broadest, the NSF suggests providing care that is

- well timed;
- high quality and effective;
- as close to home as possible;
- within a locally co-ordinated system of health, social care and education;
- meeting individual needs.

[1] https://www.gov.uk/government/publications/national-service-framework-children-young-people-and-maternity-services

This is linked to the **Healthy Child Programme (2009 onwards)**[2] which is at the heart of public health services for all children and families. It brings together the evidence on delivering good health, wellbeing and resilience for every child. This is delivered as a universal service, including the provision of mandatory checks with additional services for families needing extra support, whether short-term intervention or ongoing help for complex longer-term problems.

Nationally, the **SEND integration agenda (2014 onwards)** has been identified as an area of opportunity for patients and services. Locally, children, young people & families affected by SEND and complex health needs, have told us that the delivery of a single system of service, where joined-up services will meet their needs is their priority. The SEND reforms introduced in September 2014 were designed to improve this situation. These reforms, linked with the **Children & Families Act and Care Act (2014),** provide the principles for future service design.

The **Next Steps on the NHS Five Year Forward Review (2017)**[3] sets out the measures required to deliver a more responsive NHS in England, focusing on the issues which matter most to the public. There is s focus on delivering services on a more sustainable footing to enable high quality care – now and for future generations.

This is also reflected in the **Transforming Care Partnership (TCP)**[4] for Devon which was formed between the NEW Devon CCG, Torbay and Southern Devon CCG and NHS England (NHSE) who have worked closely with people living in our area to produce a plan with three aims:

- Bring people who are in hospital home so that they are not living away from their local communities, making it easier for people to see their families and loved ones;
- Support people to stay in the community so they don't need a hospital in the future by providing a choice of local housing and support;
- Help people live good lives in Devon.

4.0 CURRENT POSITION – EXISTING SERVICES

The Community Health, Wellbeing and SEND Support Services offer in Plymouth is currently delivered by three providers and is a mixture of commissioned and in-house services (shown in Figure1below).

[2] https://www.gov.uk/government/publications/healthy-child-programme-pregnancy-and-the-first-5-years-of-life

[3] https://www.england.nhs.uk/wp-content/uploads/2014/10/5yfv-web.pdf

[4] https://www.newdevonccg.nhs.uk/your-ccg/partnerships-strategies-101372

Figure 1 **Service**	**Commissioner**	**Provider**	**Contract arrangements**	**Commissioner Spend (16/17)**	**Volumes of service 16/17**
School Nursing	PCC (Public Health)	Livewell South West	Time limited contract ends 31st March 2019	c£544K	5,214 children and young people weighed and measured (NCMP) 1766 children, young people and families received targeted interventions from the service
Health Visiting	PCC (Public Health)	Livewell South West	Time limited contract ends 31st March 2019 (option to extend up to 30th Sept '20)	c£4.8m	10,982 Mandated Checks with families On average 20% of all families checked go on to receive a targeted intervention from HV and / or other service e.g. children centres. FNP (Jan 2016 –Dec17): 120 families
Named nurses for Looked After Children (LAC) and Safeguarding. Specialist Nurses for LAC, Named Doctor for Safeguarding, Multi Agency Safeguarding Hub (Plymouth Multi Agency Team)	New Devon CCG	Livewell South West	Time limited contract ends 31st March 2019	c£200K	400 children in care (as of end September 2017)
Children's Speech and Language (cSALT): Triage, Community Specialist	New Devon CCG	Livewell South West	Time limited contract ends 31st March 2019	c£1.63m	Referrals for cSALT 16/17: 1,721 Caseload end March 17: 619
CAMHS: Early Intervention Crisis Response, Specialist CAMHS Pathways (including	New Devon CCG	Livewell South West	Time limited contract ends 31st March	c£4.05m	Referrals for Camhs 16/17: 1,971 Caseload end March 17: 999

OT) Children in Care			2019		
SEND Support Services: Occupational Therapy (OT), Portage (Early Years) CIT Advisory Teachers, Social Workers, 0-25 SEND Assessment Team, Hearing impaired and deaf (schools link)	PCC	PCC	N/A In-house service	c£1.03m	EYIS: 430 CYP supported Language: 278 CYP supported ASC: 1122 CYP supported Sensory support: 447 CYP supported OT: 179 CYP supported Social work team: 112 CYP on caseload 0-25 SEND assessment team: 2000 CYP known to service Short Breaks and Family Support Planning team: 148 CYP supported
Child Development Centre (CDC): Community Paediatric Service, Community Nursing (including OT, Diabetic Nursing and special school nursing staff from September 2017), Palliative Care, Psychology	New Devon CCG	Plymouth Hospitals NHS Trust	Part of overarching acute two year rolling contract	c£2.46m	Data for Western Locality (not specifically Plymouth City Council boundary): 18,523 attendances 6,930 patients

Plymouth City Council (PCC) and NEW Devon CCG are the commissioners of the services within scope of this integration and some services are already jointly commissioned through the integrated commissioning Section 75 agreement. The total commissioning spend on services in scope for 2016/17, across the system, is approximately £14.7million per year and is based upon the current footprint.

Agreement on the proposed footprint (Plymouth City Council boundary) upon which to build the local integration proposal was formulated as a result of a workshop in spring 2017 attended by a group of key commissioning colleagues. The preferred option was then tested out with wider stakeholders, including commissioning colleagues across the wider Devon footprint, providers, interdependent services as well as children, young people and their families. This was done through public workshops, technical working groups and young person and parent representation at the SEND Steering Group.

It was acknowledged that there will be cross border and inter-dependency issues that will need careful and considered management regardless of which geographical footprint was preferred.

The current providers already share many of the same outcome goals and are often working with the same families, noting that Public Health Services also have a whole population focus. However, a number of system issues have been identified with the current way of working:

- Information not being shared between agencies and concerns not being passed on. As a result children may slip through the net or receive services only when problems become severe.
- Children sometimes receiving assessments from different agencies which duplicate rather than complement each other.
- Multiple professionals being in contact with a young person over time but no single person providing continuity or co-ordination of services.
- Several agencies spending some money on the child or young person, rather than one agency spending an appropriate amount on a co-ordinated package of support.
- Professionals and services often based in different locations rather than co-located. Co-location can make services more accessible to service-users and improve inter-professional relationships and ways of working.
- Services sometimes being commissioned and planned in isolation rather than looking at the holistic needs of children and young people
- Missed opportunities to realise efficiencies through the eradication of duplication and shared management.

5.0 REGIONAL CONTEXT

In North, East and South Devon, Virgin Care Ltd (VCL) currently deliver Community Children's Services; the provider has a one year extension to their original five year

contract, which expires on 31st March 2019. NEW Devon CCG established a Pre-Procurement Board for the re-procurement of Community Children's Services across the whole of Devon.

To enable Plymouth to consider possible integration options of similar services on a wider scale, Western Planning and Delivery Unit (Western PDU) of NEW Devon CCG issued Livewell South West (LSW) with an interim contract until 31st March 2019, as the services provided by LSW will need to be re-procured at this time. Representatives from PCC and the Western PDU have been included in the Pre-Procurement Board.

In addition, Commissioners across the local STP, CCGs and Local Authority partners (Devon County Council, Torbay Council and Plymouth City Council), have been working together to agree a commonality of high level service outcomes, expectations and principles to ensure a consistency of services across the whole of Devon. This collective vision is set out below and aligns with the vision for Plymouth (discussed at point 6.0):

We want all children and young people in Devon to have the best start in life, growing up in loving and supportive families, and being happy, healthy and safe.
Children and young people and their families and communities will have access to a personalised, sustainable and co-ordinated system of care and support which meets needs early and improves their quality of life so that they can live well throughout life and make the most of the choices and opportunities available to them.

6.0 THE PLYMOUTH VISION

In accordance with the Integrated Children and Young People's Commissioning Strategy, and in line with the SEND Code of Practice outcomes as the guiding principle, the vision is for the delivery of Community Health, Wellbeing and SEND support services in Plymouth to provide:

- All children, young people and families with the capability to improve their health, prevent ill health and know how to access information, advice and support;
- Improved conditions for better health outcomes in a range of settings including the home, early years settings, schools and other key community hubs;
- Proportionate universalism with additional services for families needing extra support through the early identification of Health / SEND need;
- Early intervention and support that can be accessed by families directly without the requirement to go through an assessment process, where appropriate. Maximising a digital offer for families wherever possible;
- Clear pathways of support for all stakeholders (children, young people, families and agencies);
- Integrated multi-professional planning for assessment accessed via a single entry point that facilitates a triage discussion to identify need and provide advice and initial support to move the individual child to the correct assessment pathway with the minimum delay;

- Outcome based care plans with offers of support that measure progress;
- A single system for Community Health, Wellbeing and SEND Support and complex health needs service delivery which meets the aspirations of the Integrated Children and Young People's Commissioning Plan, to provide the best start in life, timely outcomes and improve service experience for children and their families.

Community Health, Wellbeing and SEND Support Services Integration will bring together a range of interdependent services. These will deliver against three wide service offers which are described in **Figure 2** below:

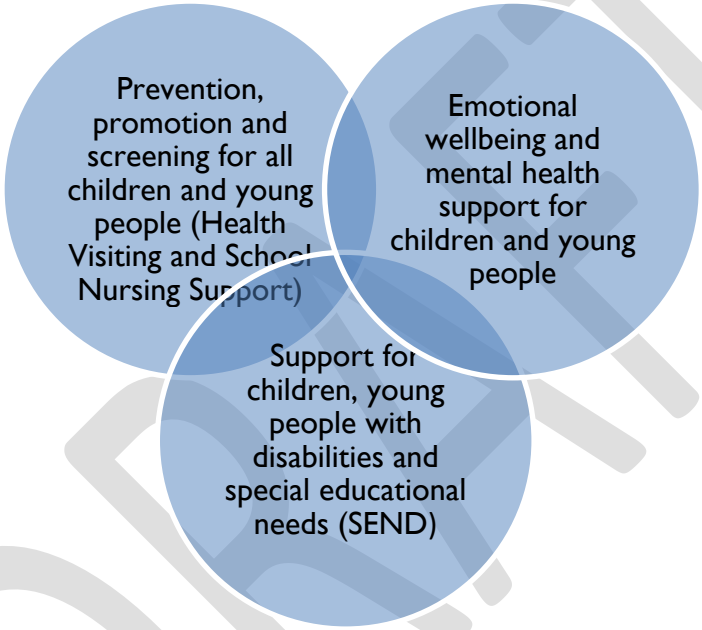

Figure 2

There are other commissioned offers that are specific to children and young people that form part of their offer but will not sit inside this integrated service e.g. commissioning equipment, short breaks and other health improvement services.

Integrating the Community Health, Wellbeing and SEND support services agenda will also have an impact on other service areas that are not considered 'in scope'. Examples of such interdependencies include:

- Children's Centres
- Maternity services
- Early Help and targeted support system
- The Gateway / DRSS
- Children's Social Care
- Education Psychologists
- Downham House
- Budgets for Short Breaks for disabled children

- EHWB offer in secondary schools
- Health and wellbeing offer into educational settings including early years
- Health improvement services
- Health and Wellbeing Hubs

In addition there is a need to ensure that integration is kept in sight of the respective Systems Optimisation Groups (Vulnerable Children and Young People, Maternity and Early Years), Steering Groups (SEND) and the Children and Young People's System Design Group (SDG) where other agencies are represented including Primary Care, the voluntary sector and acute services to ensure full awareness and engagement across the system.

7.0 PROPOSED SERVICE OFFER

Current providers of services in Plymouth, in co-production with commissioners, have been working together over the past 12/18 months to review the current operating models and systems of practice to consider how best a model for integrated delivery can be realised in Plymouth. This has been underpinned by the adoption of the principles behind the **iThrive AFC–Tavistock model** shown in **Figure 3** below, which was designed for CAMHS but is applicable across wider children's services. It operates a graduated approach to meeting need, with a focus on intervening early with the most appropriate intervention to prevent escalation. It separates the offer into 4 key areas:

Figure 3

Appendix Two: Integration Proposal paper sets out the detail on the proposed local service offer and the operational changes required in achieving this vision. Broadly,

there will be four offers for children and their families following an assessment of their needs echoing the iThrive principle and described in **Figure 4** below:

Figure 4

8.0 OPTIONS FOR INTEGRATION

In researching the best way to achieve the ambition for integration in Plymouth, the commissioners have reviewed national documents and examples of best practice. For example in Trafford, a Section 75 has been used to integrate a range of services across children's and adult provision, using changes to governance and management structures, shared systems and co-location.

A key consideration for the future of services in Plymouth is the geographical scope; current provision includes services across PCC and the council's footprint of the Western PDU of NEW Devon CCG. The exceptions to this boundary demarcation are services for children in care and the Community Paediatric Services, which have a wider catchment area to account for travel to school, work and placement location.

Another consideration is the requirement to procure services in an open and transparent process, in line with the Public Procurement Regulations 2015. The NHS Procurement, Choice and Competitions Regulations 2013 require an assessment of the

most capable provider to be undertaken. Therefore 'doing nothing' in relation to the children's services currently provided by LSW in scope of this integration is not a legal option given that the interim contract ends on 31st March 2019. The children's services provided by PHNT that are in scope of the integration form part of the CCGs wider contract with the hospital and this contract is not currently being considered for re-procurement. Services provided by PCC are 'in house' and a procurement process is not legally required.

Figure 5 below provides a summary of the options which have been considered:

Option	Issues	Benefits	Risks	**Implementation Risk** (ease of set-up/appetite for implementation/legal risk)
Option 1: All in scope services to be put out to tender and commissioned as one 'lot' as part of the wider NEW Devon children's service re-procurement	Services offered by PNHT and PCC do not legally need to be put out to tender Will require consideration of boundaries to be set which may cut across current provider footprints	One provider or lead provider for all services Avoids risk of procurement challenge particularly in relation to the LSW contract	May undermine all the positive work that has taken place with existing providers Risk of stranded costs if current providers do not win the contract	Moderate
Option 2: All three provider organisations enter into a partnership agreement (e.g. through a Provider Section 75).	LSW cannot perform public service tasks (this is one of the conditions of regulation 12 (7) of Public Contract Regulations 2015 in relation to public to public cooperation).	This would build upon the collaborative work that has been done by local providers who are already working towards bringing services closer together	Not a legal option as LSW is not a public body	High – not legal
Option 3: PHNT and PCC enter into to a 'Partnership Agreement'; services that are currently provided by LSW and commissioned by PCC and NEW Devon CCG are re-procured separately, as part of the wider NEW Devon procurement process	This would maintain the current commissioning arrangements for PHNT service (i.e. the continuation of the rolling award of contracts) Potential for stranded costs for the current provider if they are not successful	This would build upon the collaborative work that has been done by local providers who are already working towards alignment of service delivery Procurement related costs are kept to a minimum	Relies on provider commitment to integration. The partnership arrangement would need to be sufficiently robust	Low
Option 4: Develop an Integrated Care Organisation or 'Children's Trust' vehicle	If looking to include private participation, the opportunity to join will need to be advertised and a competitive process will need to be	This would build upon the collaborative work that has been done by local providers who are already working towards bringing services	Once established, care must be taken to ensure that members are not placed at an advantage when competing for contracts. This	Moderate

	followed such as competitive procedure with negotiation. PHNT would need to take its own legal advice as to whether it can join or create another organisation, i.e. whether an application will need to be made to the secretary of state before it can participate in the new organisation. The model of delivery through Children's Trusts requires further exploration but would be more effective if applied to a mature delivery system; this would be an option for longer term consideration.	closer together A Children's Trust type model could test the effectiveness of this way of working, prior to any other children's services being delivered in this way.	organisation will not be a 'Teckal' entity if it includes private participation and therefore will need to compete with other providers for contracts. The risk of challenge may increase as third party providers may assume there is bias in favour of the Integrated Care Organisation due to the Council's involvement.	

Figure 5

9.0 NEXT STEPS

Within Plymouth there is an agreed aim to achieve the integration of community health, wellbeing and SEND support services across all partners in order to support the commissioning intentions set out in the Children and Young People Integrated Commissioning Strategy and System Action Plan for 2016-17.

In light of the work already underway in Plymouth **(See Appendix Two)** and after consideration of the options presented, having taken legal advice and looked at how other areas across the country are achieving integration, the recommended approach is Option 3. This would be delivered through a phased approach:

Phase One 2017-2019: closer working relationships between existing providers delivered through three key areas of work:

- Creating a Single Point of Access
- Embedding Trusted Triage and Clinical Decision Making
- 'Single View' IMT

Further details of this approach are set out in **Appendix Two: Integration Proposal** which includes a risk and mitigation section.

In order to facilitate integration and moving forward from the learning taking place between now and April 2019, a Partnership Agreement (or Memorandum of Understating) between PCC and PHNT would sit alongside the current integrated commissioning Section 75.

Phase Two 2019 onwards: The procurement of services currently held by LSW would be carried out during 2017/18 in line with NHS regulations, with the expectation that the successful bidder would support integration between the service providers. This procurement would include those services commissioned by PCC Public Health. The procurement would be tailored to meet local requirements.

The evidence demonstrates that full integration of services requires at least five years to embed, bringing together separate cultures and operational practices. Developing a phased model of integration, whilst maintaining existing organisational structures, allows time for major changes to take place and for learning to inform the changes as they are implemented.

The expected benefits will be measurable in terms of savings to be made from the integration of services and are anticipated at all levels as referral, assessment and back office support costs are amalgamated across the organisations. Some benefits will be harder to quantify and demonstrate, for example, family satisfaction and confidence in the process; a matrix will be developed to review, through engagement with families and stakeholders, the progress of the integration and the measurement of benefits.

10.0 RECOMMENDATIONS

Approval is sought from Cabinet for the following recommendations:

1) Approve the operational and strategic direction of travel towards integration of community health, wellbeing and SEND services between 2017 and 2019 (Phase One).

2) Acknowledge that a procurement of the services currently provided by Livewell South West (including Public Health funded School Nursing and Health Visiting services) will be carried out as required by procurement regulations. The procurement will be led by NEW Devon CCG. The commissioned provider will be expected to work in partnership with the existing service providers to ensure the benefits of integration are not disrupted.

3) Agree that more formal options for longer term partnership working can be researched and considered for possible implementation, if appropriate, from 2019 onwards.

Appendix One: Feedback from engagement
Appendix Two: Integration Proposal

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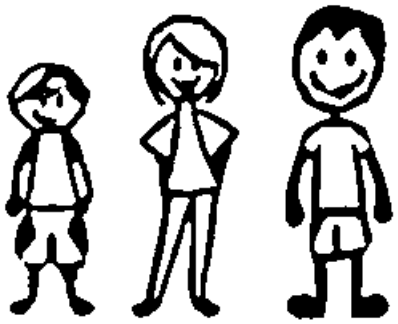
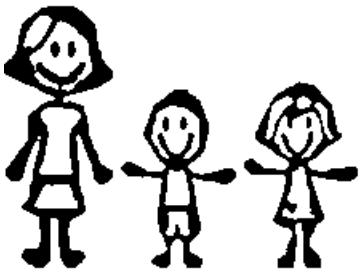


Community Health and Wellbeing Services
for Children and Young People in Devon

Shaping future services

DRAFT Engagement Feedback Report

October 2017



Foreword

The contracts to provide services for children and young people in Devon are due to be renewed from 1 April 2019. This provides an opportunity over the coming months to review and improve the system of care and support available to children and young people across Devon.

To support this process, over the last few months, local health and social care professionals, clinicians, partner organisations and patient representatives have been developing ideas to form proposals for how future services for children and young people might look.

As a representative of Devon Parent Carers Voice I was pleased to be asked to form and chair a steering group to look at how young people, parents, and carers are involved in this process to 're-procure' health services for children and young people across Devon. The re-procurement is an opportunity to ensure the services delivered are the best they can be.

We have been meeting regularly as a group of parents, Healthwatch and other voluntary sector representatives, NHS staff and local authority officers since May this year.

Marc Carter, Trustee, Devon Parent Carers' Voice

We have had an important role as 'critical friends' to this process, pushing to secure the very best service for our children and young people. We have also collated what children, young people, parents, and carers have said about their services over the last few years. All this has helped the commissioners understand where things are working well, and where they could be better. This process has directly influenced the drafting of specifications for the new services.

We have worked hard over the summer to gather as many views and different perspectives as possible on the proposals for future services for children and young people. I am pleased to present the fruits of our labour in this draft Engagement Feedback Report and I hope you enjoy reading it. Further information about this process is also on the website:

https://www.newdevonccg.nhs.uk/your-ccg/children-and-young-people-100144

I would like to thank everyone who has taken the time to give their views over the summer, whether that has been via our survey or face to face at an event. Your views will make a difference for our children and young people.

Marc Carter
Trustee, Devon Parent Carers' Voice

About Marc
Marc lives in Torrington with his wife Mandy and their three children (one's an adult) with additional needs. He is a full-time carer. Marc has done a range of voluntary work for a number of years. He is always keen and never afraid to challenge health services, or local and central government, especially when it comes to

matters that affect children's services.

Contents

Are you a parent of a child in contact with services for children and young people? Contact your local support group…

To get involved with Devon Parent Carer Voice, come along to one of our events, read about us online, or contact us at **www.devonparentcarersvoice.org** You can also follow us on Facebook. If

you're in Torbay you can contact **www.torbayppf.org.uk**, or in Plymouth **www.plymouthpcv.co.uk**.

1. Introduction

We want all children and young people in Devon to have the best start in life, growing up in loving and supportive families, and being happy, healthy and safe.

The contracts to provide services for children and young people in Devon are due to be renewed from 1 April 2019. This provides an opportunity over the coming months to review and improve the system of care and support available to children and young people across Devon.

Local children and young people, their parents and carers, health and social care professionals, clinicians, partner organisations such as schools and children and young people's representatives helped to develop ideas to form some proposals for how services might look in the future.

It is critical that we get this right, so before making any decisions in relation to the re-procurement, we decided to test our proposals during July, August and September 2017 to see what local people think about services for children and young people now and what they think about our proposals for future services. This document brings together the feedback that has been collected.

2. What services are we talking about?

Services that all children come into contact with at some point and services for children and young people with additional or special needs (up to the age of 25). These are listed below:

Best Start in Life and Promoting Strengths in Families

0-19 year olds public health nursing services (health visiting and school nursing)

Special Educational Needs (SEND) and Children with Additional Needs and Long Term Conditions

- **Nursing and Community Support to include:**
  Complex care | palliative care | community children's nursing children in care nursing service | specialist school nursing learning disability | child development centres and specialist children's assessment centres

- **Integrated Therapies to include:**
  Speech and language therapy | occupational therapy | physiotherapy | reablement officer for visually impaired children (ROVIC) | portage (special needs pre-school education service)

Emotional Health and Wellbeing

Community child and adolescent mental health services (CAMHS) | CAMHS assertive outreach CAMHS crisis response | safeguarding | Autistic Spectrum Condition (ASC)

Journey After Child Abuse Trauma (JACAT)

3. Our proposals

Many different things sit under the umbrella of services for children and young people. These are provided by a range of organisations.

Our proposals below respond to feedback we have heard and we want to design services so that in future they can work much better together as one system.

Good communication with every child, young person and their family so that they always understand their current position on their care plan and know what future steps are ahead and when.

Listen to views from children and young people using services and their families. Their views are considered and used to help improve services.

Services that work on the basis that no referral is inappropriate, providing **one local point of contact** that is available in person and online, identifying needs, signposting to advice or referring into services where appropriate.

The development of a **truly integrated workforce** that, whilst led by specialists, creatively blurs the boundaries between professions to develop a skilled and knowledgeable workforce that shares tasks.

A **rapid triage process** for referrals by a co-ordinator that is backed up by professional expertise offering rapid response where appropriate.

An appropriately resourced **out-of-hours/ emergency and crisis response** that is tailored to meet a range of needs.

Every child or young person will have **a lead professional to act as co-ordinator** who will liaise with the multi-disciplinary team that is delivering their care. The co-ordinator will work with the child or young person and family to develop a personal care plan to achieve specific desired outcomes.

Services which **work in a flexible way**. Services will be supported by additional online information and advice that is designed to be child and young person friendly and is available to everyone for advice and further help if appropriate. This will provide better access to some forms of help outside of normal working hours.

A **fully integrated service response** accessible to and co-ordinated by, the lead professional.

Paperless and mobile working wherever safe and appropriate

4. How we encouraged people to have their say

Survey

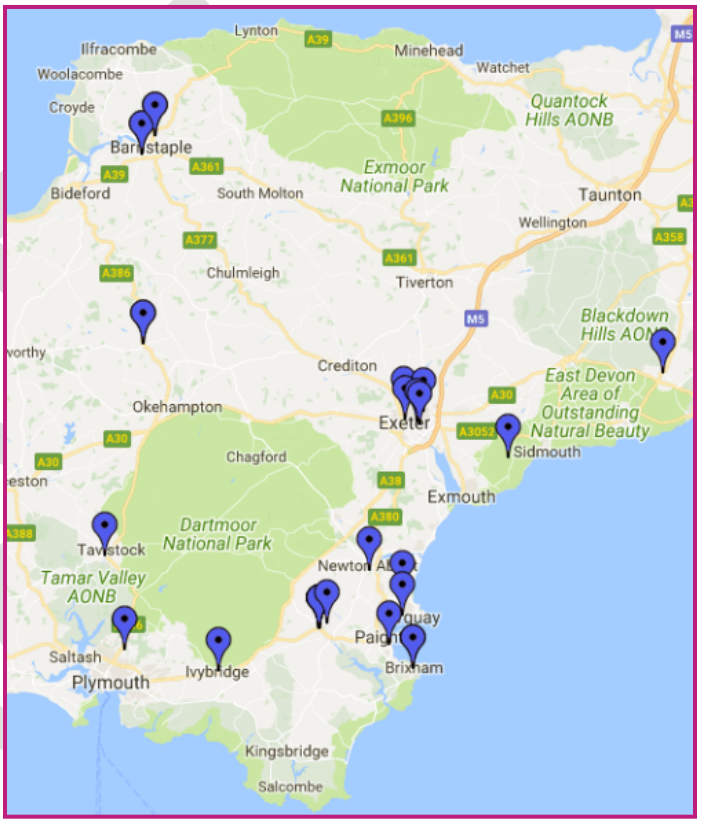
Between 13th July and 15th September, we sought views on our proposals about future services for children and young people via a survey which was accompanied by our Engagement Document. These were available online, in paper and as *easy read* versions. The survey also included a Freepost address for return of responses via the post.

Face to face

We contacted approximately 900 individuals and organisations across North, East and West Devon, South Devon, Plymouth and Torbay. These included schools, medical centres, youth groups, consultants, the youth parliament and clinics. We contacted groups such as the scouts, brownies and cadet services. We also attended several public events which included Okehampton Fair, Dartmouth Regatta and St Thomas Festival.

The map opposite shows places we visited to speak to people.

We spoke to over 200 children, young people, parents/carers, voluntary workers, clinicians and health/social care professionals about our proposals. We sought consent to attend various groups, events and clinics related to children and young people and accepted invitations to visit the following places to have face to face discussions.



- The Project
- Space
- North Devon Show
- Okehampton Show
- Holsworthy Show
- Dartmouth Regatta
- St Thomas Festival
- Youth Enquiry Service, Exeter
- Paediatric Consultants
- Oasis Children's Group
- Tavistock Specials Training Sessions
- Children Families Partnership
- Ivybridge School Activity Day
- Early Help Forum
- Virgin Care Limited clinics
- Vranch clinics
- Breaking the Barrier – cycling
- Breaking the Barrier – surfing
- Youth Parliament
- 100 Club
- Chestnuts
- North Devon Forum (Autism parent group)
- Devon Ability Counts League Football
- Torquay Fair

Feedback collected during face to face conversations can be found in section 8 of this report.

Telephone and email

A dedicated telephone number and email address were included on all promotional materials and on our website to encourage people to tell us their views or ask questions.

Activity workshops with children and young people

Over the summer, we collaborated with a number of organisations that specialise in working with children and young people to help us gather views. In total, we engaged with approximately 100 children and young people in this way and feedback is summarised in section 9 of this report.

Promotion

We widely promoted this engagement opportunity across North, East and West Devon, South Devon, Plymouth and Torbay, targeting places where it would reach children and young people, parents and carers, health and social care professionals, clinicians and people with an interest in services for children and young people. We sent posters and fliers to many different organisations and centres across Devon.

We would like to say a special ***thank you*** to all organisations that helped us to promote this engagement. In particular the Devon, Torbay and Plymouth Healthwatch organisations helped us to spread the word by distributing materials on our behalf and promoting the engagement on their websites.

In addition, 647 local organisations involved with children and young people have been contacted via email. The email contained details of the procurement procedure and our need for feedback.

All information about this project can be found on our website, where we will continue to post updates:

https://www.newdevonccg.nhs.uk/your-ccg/children-and-young-people-100144

5. Key themes

800 children/young people, parents/carers and health/social care professionals participated in the engagement activity described within this report

Split by engagement activity, approximately:

465 people completed our survey

150 people spoke to us face to face

100 people participated in workshops and activity days

Split by respondent type, approximately:

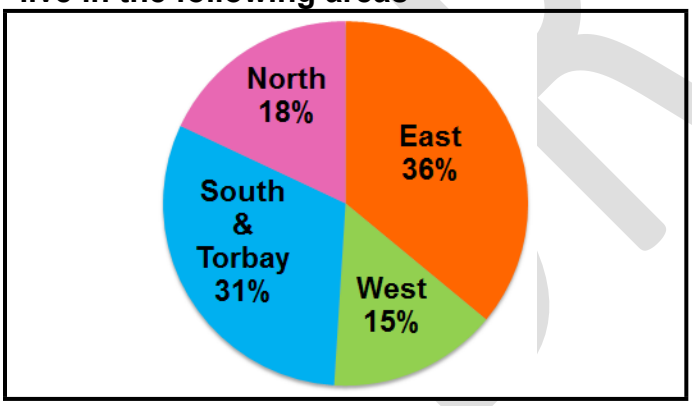
150 participants were children/young people

400 participants were parents/carers

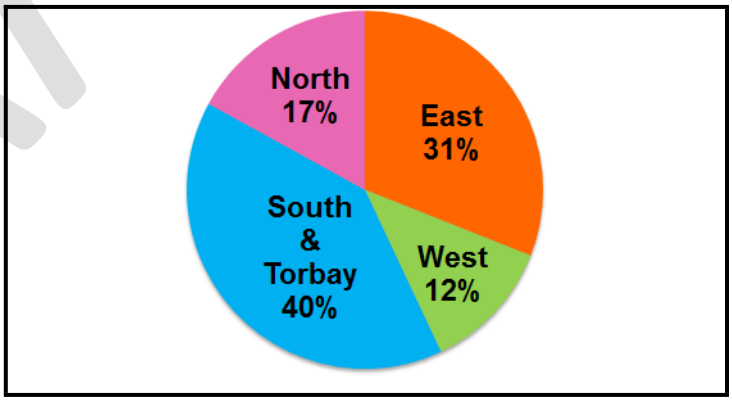
150 participants were health/social care professionals (including workers in local services for children and young people or related services (e.g. education and social work), representatives of organisations/groups with an interest in children's services, GPs/other clinicians and referrers and hospital doctors

Which area of Devon do people live or work in?

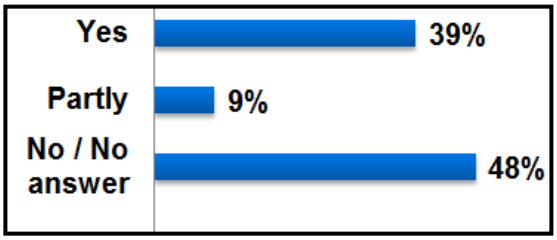
Children/young people and parents/carers live in the following areas



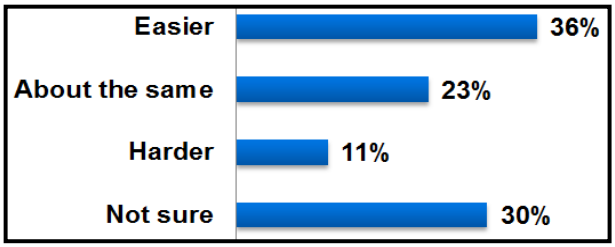
Professionals work in the following areas



How many people that completed our survey had read our proposals?



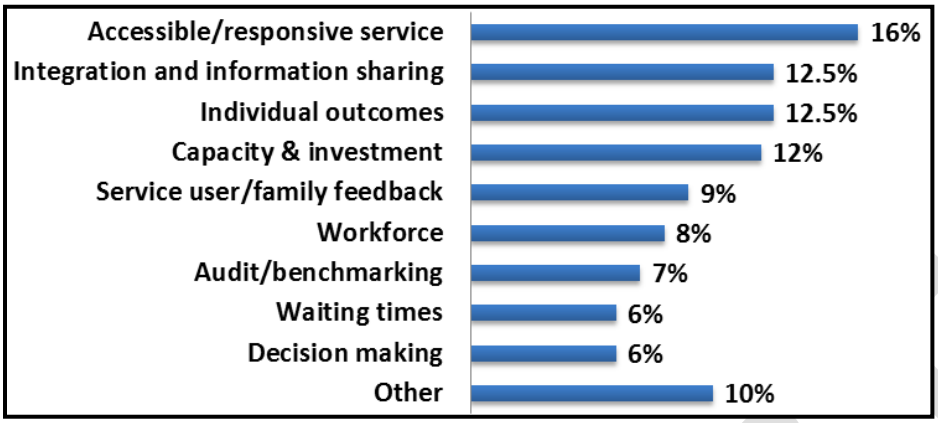
Will proposals make it easier or harder to receive the right support/ treatment?



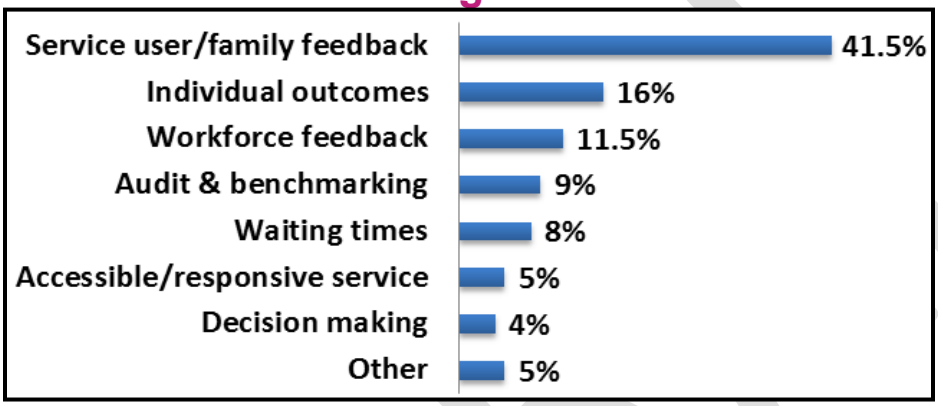
based on 48% of people that had read or partly

read the proposals

Ideas for assessing suitability of potential service providers



How can we measure 'good' when we monitor services?



Top 5 priorities for making the future service model a success

1 Feeling well informed about waits and treatment

Having information about how long the child/young person will need to wait for the service and what they can expect from the service when you get it.

2 One health professional as family liaison person

One person who the child/young person/family can contact to talk about their care and what they need

3 Help and advice in one place

One website, email and phone number where families can get information about help and support, and services they might need

4 Services are joined up and a separate referral is not needed if you also have a long term condition

If the child/young person has a long term condition, they don't need to wait for another referral to get help again

5 Knowing how to help yourself and what to do if things change

While a child/young person is waiting for a service, having information about how they can manage, including what to do if their situation changes

Key themes that respondents raised in their comments

Throughout the survey that we ran over the summer, we invited people to give feedback in their own words. Below are the top 8 things that people raised. These themes are set out in greater detail in sections 6, 8 and 9 of this report.

1 Being patient centred and focusing on individual outcomes	**This was the most popular issue that people fed back. It relates to the desire to for services that are flexible enough to fit in with the individual service user and their family to some extent, rather than expecting them to fit in with the service. The importance of understanding outcomes and being able to benchmark using outcome measures informed by patient and family experience was also emphasised.**
2 Feeling informed and supported because services are accessible and responsive	**Services should be able to offer a flexible service that is set up to respond well. A responsive service would do things such as share service user information so that questions only need to be asked once, offer appointments where services users feel safe and comfortable, offer informal ways of giving quick advice when needed and ensure the service user and their family have a good understanding of what is happening at all times.**
3 Service/team integration and information sharing	**Services and teams should be joined up and truly work together, putting the service user at the centre. It should be possible to securely share service user care records across different services and organisations when appropriate.**
4 Workforce considerations	**The workforce should be large enough, be well trained, have job satisfaction and should be encouraged to embrace modern ways of working.**
5 Service user and family feedback should be routinely collected	**Feedback from people in contact with the services is routinely collected and acted upon to inform service improvements.**

and acted upon	
6 Waiting times	Waiting times should be addressed in services where they are lengthy.
7 Supporting the wider family	Wider family members need supporting so that they can in turn support their loved one who is a service user.
8 Decision making	Organisations delivering services should have clear, straightforward decision making practices when making at all levels. Many people specifically mentioned decision making around budgets and clinical assessments.

Comparing key survey themes with service model proposals and service delivery priorities

Key survey themes	Service model proposals & service delivery priorities
1. Being patient centred and focusing on individual outcomes	**Good communication** with every child, young person and their family so that they always understand their current position on their care plan and know what future steps are ahead and when. An appropriately resourced **out-of-hours/ emergency and crisis response** that is tailored to meet a range of needs.
2. Feeling informed and supported because services are accessible and responsive	Services that work on the basis that no referral is inappropriate, providing **one local point of contact** that is available in person and online, identifying needs, signposting to advice or referring into services where appropriate. **Priority 3** **Help and advice in one place**
3. Service/team integration and information sharing	A **rapid triage process** for referrals by a co-ordinator that is backed up by professional expertise offering rapid response where appropriate. **Paperless and mobile working** wherever safe and appropriate.

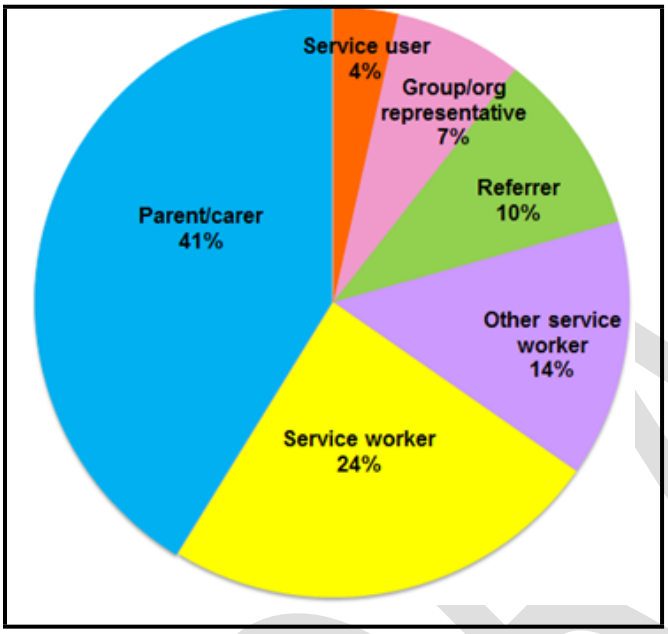
4. Workforce considerations	Every child or young person will have **a lead professional to act as co-ordinator** who will liaise with the multi-disciplinary team that is delivering their care. The co-ordinator will work with the child or young person and family to develop a personal care plan to achieve specific desired outcomes. The development of a **truly integrated workforce** that, whilst led by specialists, creatively blurs the boundaries between professions to develop a skilled and knowledgeable workforce that shares tasks. **Priority 2** **One health professional as family liaison person**
5. Service user and family feedback should be routinely collected and acted upon	**Listen to views from children and young people** using services and their families. Their views are considered and used to help improve services.
6. Waiting times	Services which **work in a flexible way**. Services will be supported by additional online information and advice that is designed to be child and young person friendly and is available to everyone for advice and further help if appropriate. This will provide better access to some forms of help outside of normal working hours. **Priority 1** **Feeling well informed about waits and treatment** **Priority 4** **Services are joined up and a separate referral is not needed if you also have a long term condition**
7. Supporting the wider family	**Priority 5** **Knowing how to help yourself and what to do if things change**
8. Decision making	A **fully integrated service response** accessible to and co-ordinated by, the lead professional.

6. Children and young people's services survey

This section contains results from the above survey which we ran from 13th July until 15th September 2017.

1. Who responded to this survey?

Respondent type



16 Service users (a young person aged 25 or under who has experience of using these services).

189 parents/carers (a parent/carer of someone aged 25 or under who has used these services).

113 service workers (a health, social care or education professional that works in these services).

48 referrers (a professional (for example GP) that makes referrals into children's services).

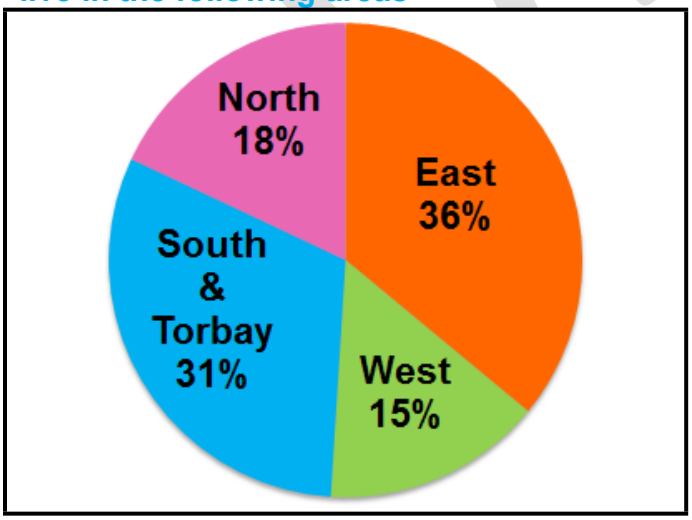
66 workers in related service (other health, social care, education or voluntary sector professional).

33 group or organisation representatives (a representative of an organisation or group with an interest in children's health services provision).

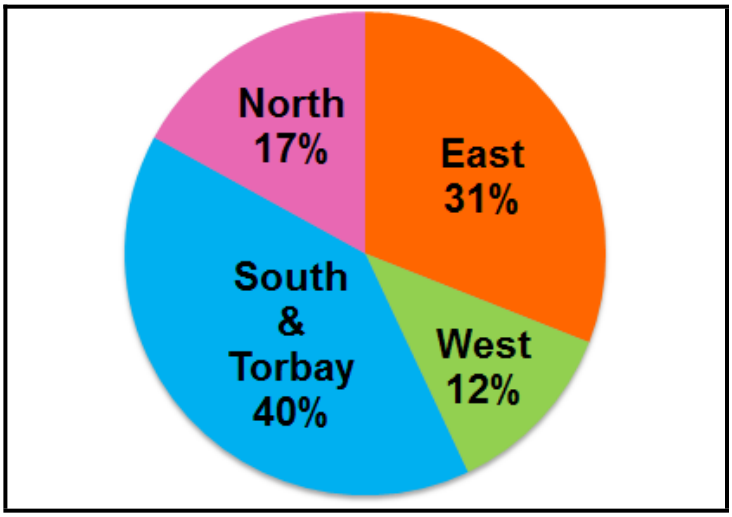
Total number of people – 465

Which area of Devon do people that completed our survey live or work in?

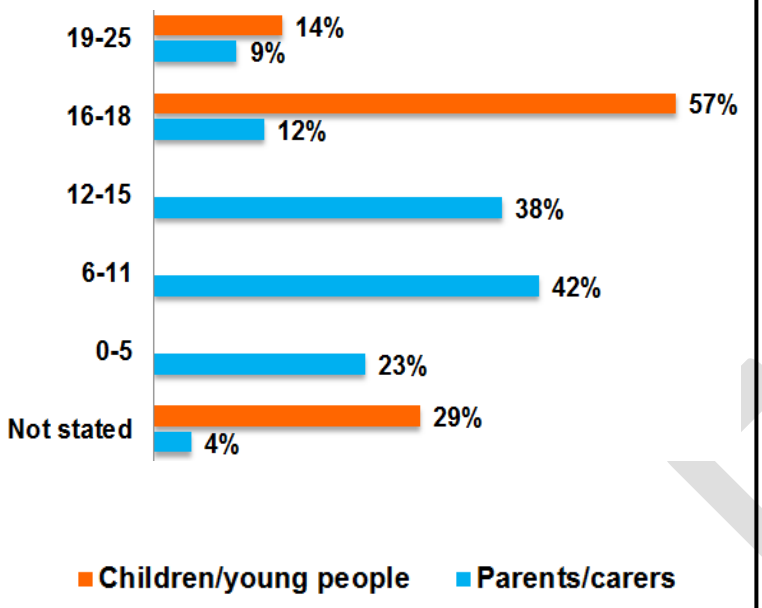
Children/young people and parents/carers live in the following areas



Professionals work in the following areas

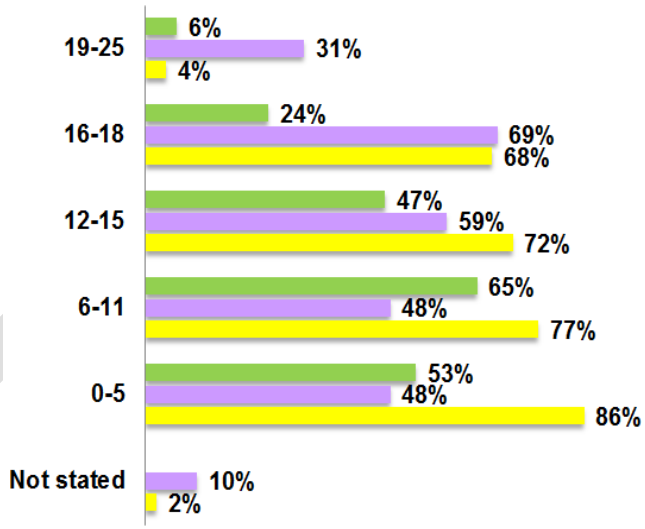


Age of child or young person



7 children/young people, 102 parents/carers responded on their child's age

Age of children & young people professionals work with

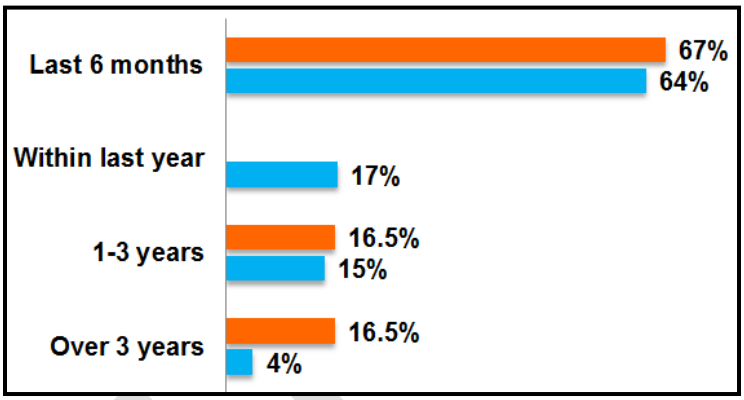


57 workers in children's services, 41 workers in related services, 10 referrers. (See p. 12 for a full description of respondent types.)

Views about current services

2. When did children/young people and parents/carers last have contact with services?

Answered by 6 children/young people and 112 parents/carers



3. Which services have children/young people and parents/carers had contact with in the last 3 years?

CAMHS (Child & Adolescent Mental Health Services).

School Nurse (a nurse that is based in schools).

SEND (help for children with special educational needs and disabilities).

SALT (speech and language therapy).

OT (occupational therapy).

ASD (Autistic Spectrum Disorder assessment).

Health visiting (community nurses for all pre-school age children).

Physiotherapy (therapist for mobility).

Children's Assessment Centres (e.g. John Parkes Unit, Honeylands or Plymouth Child Development Centre).

LD (learning disability services).

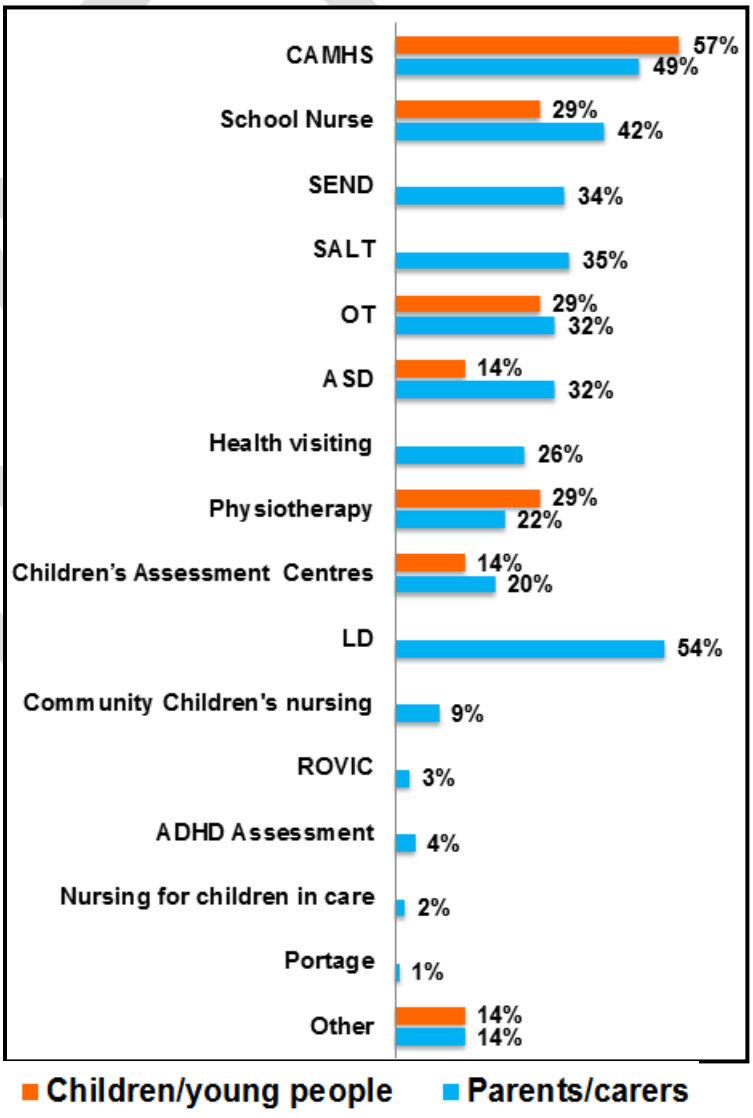
Community Children's Nursing (community nurses for children with special needs).

ROVIC (reablement officer for visually impaired children).

ADHD (Attention Deficit and Hyperactivity Disorder assessment).

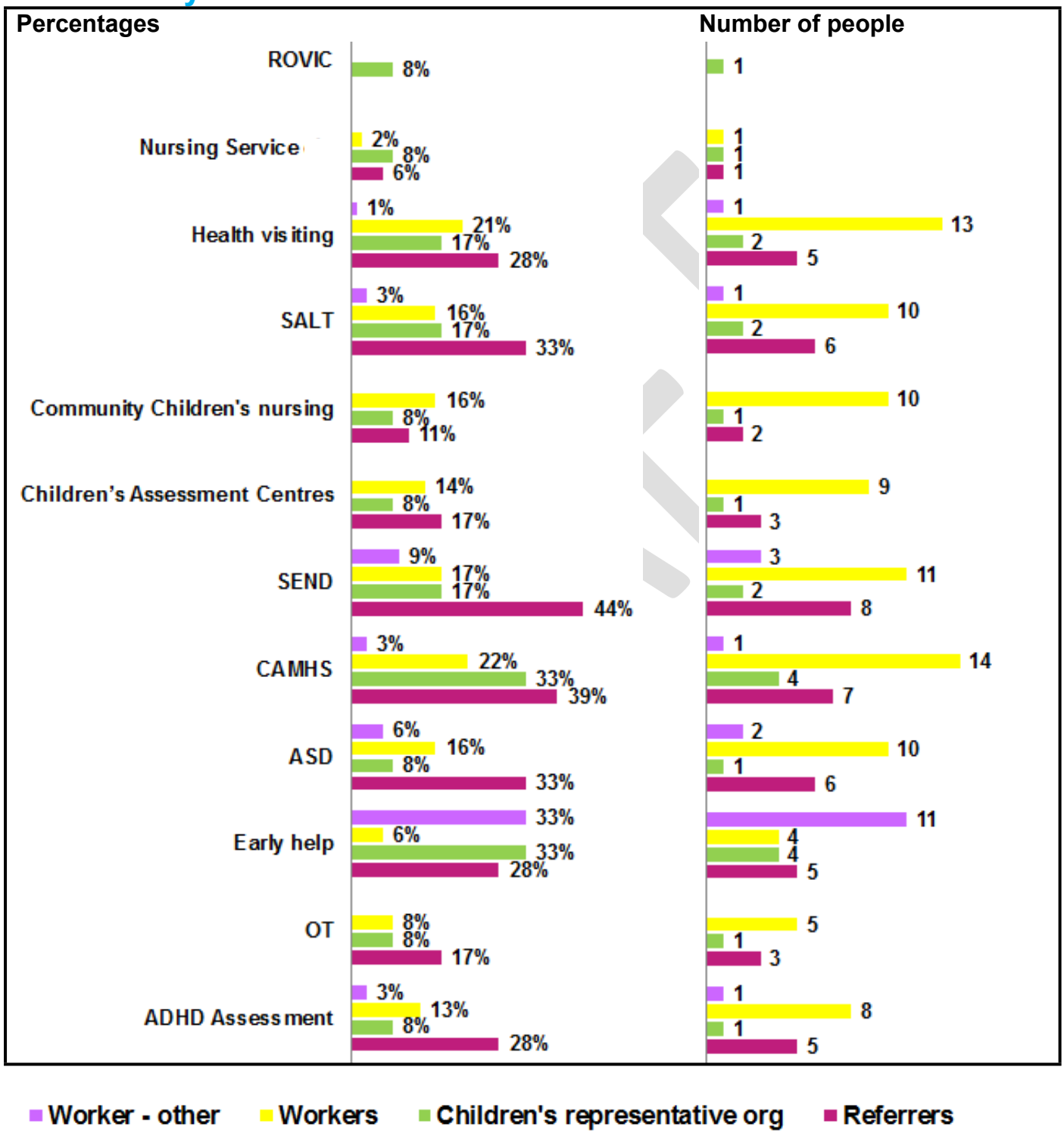
Nursing service for children in care (community nurses for children in care).

Portage (service for pre-school children with special needs to help them to prepare for school attendance).



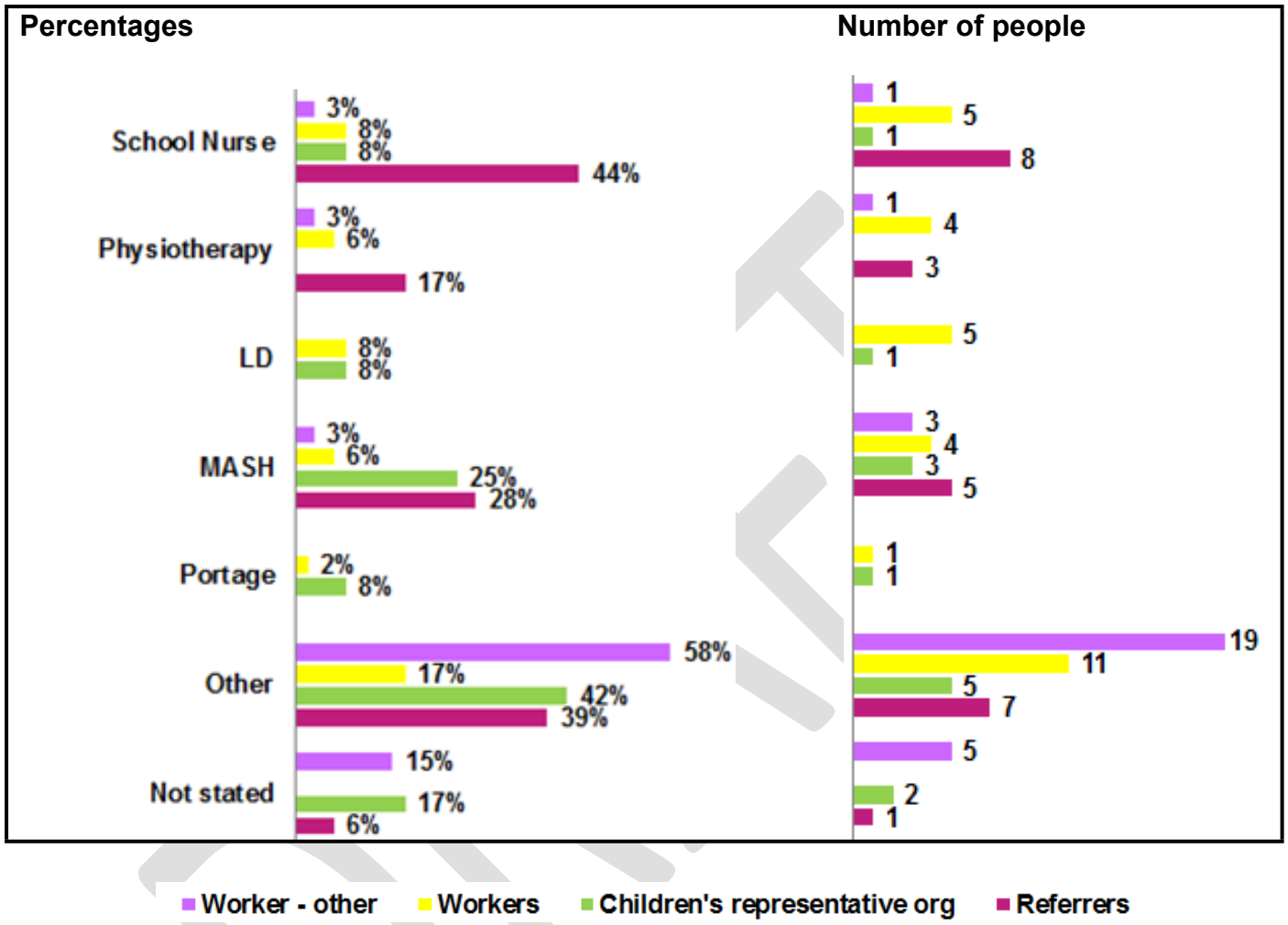
Answered by 8 children/young people and 114 parents/carers.

4. Service areas covered by workers and referrers that completed the survey



Answered by 63 workers in children's services, 47 workers in related services, 18 referrers, and 18 interested representatives of groups/organisations, choosing all services they work with. (See p. 12 for a full description of respondent types.)

4. (Cont'd) Service areas covered by workers and referrers that completed the survey



Answered by 63 workers in children's services, 47 workers in related services, 18 referrers, and 18 interested representatives of groups/organisations, choosing all services they work with. (See p. 12 for a full description of respondent types.)

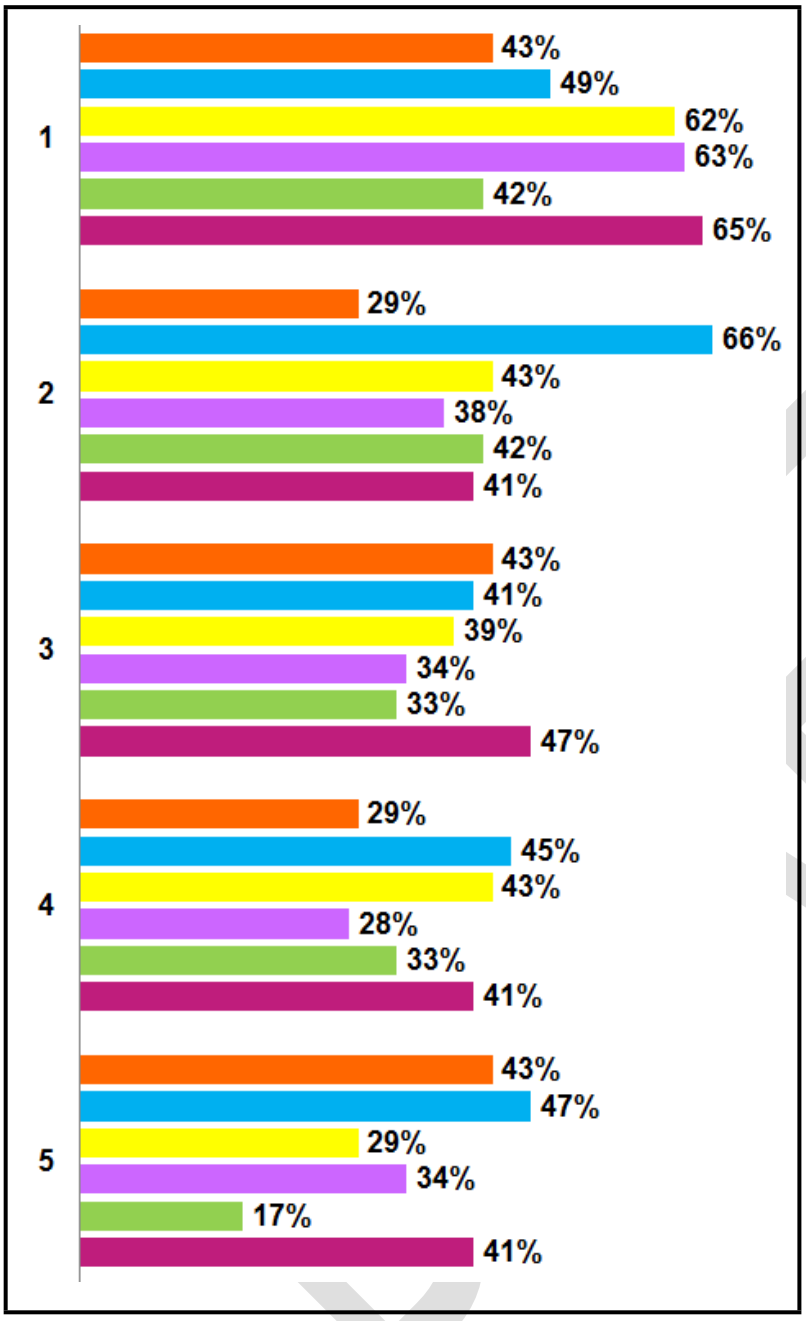
5. How many referrals into services for children and young people are made on average by referrers who completed the survey?

Answered by 18 referrers

Views about the proposed model of care for children and young people's services

6. Prioritising what makes services good

Top five priorities in order of popularity



1 Feeling well informed about waits and treatment: having information about how long the child/young person will need to wait for the service and what they can expect from the service when you get it.

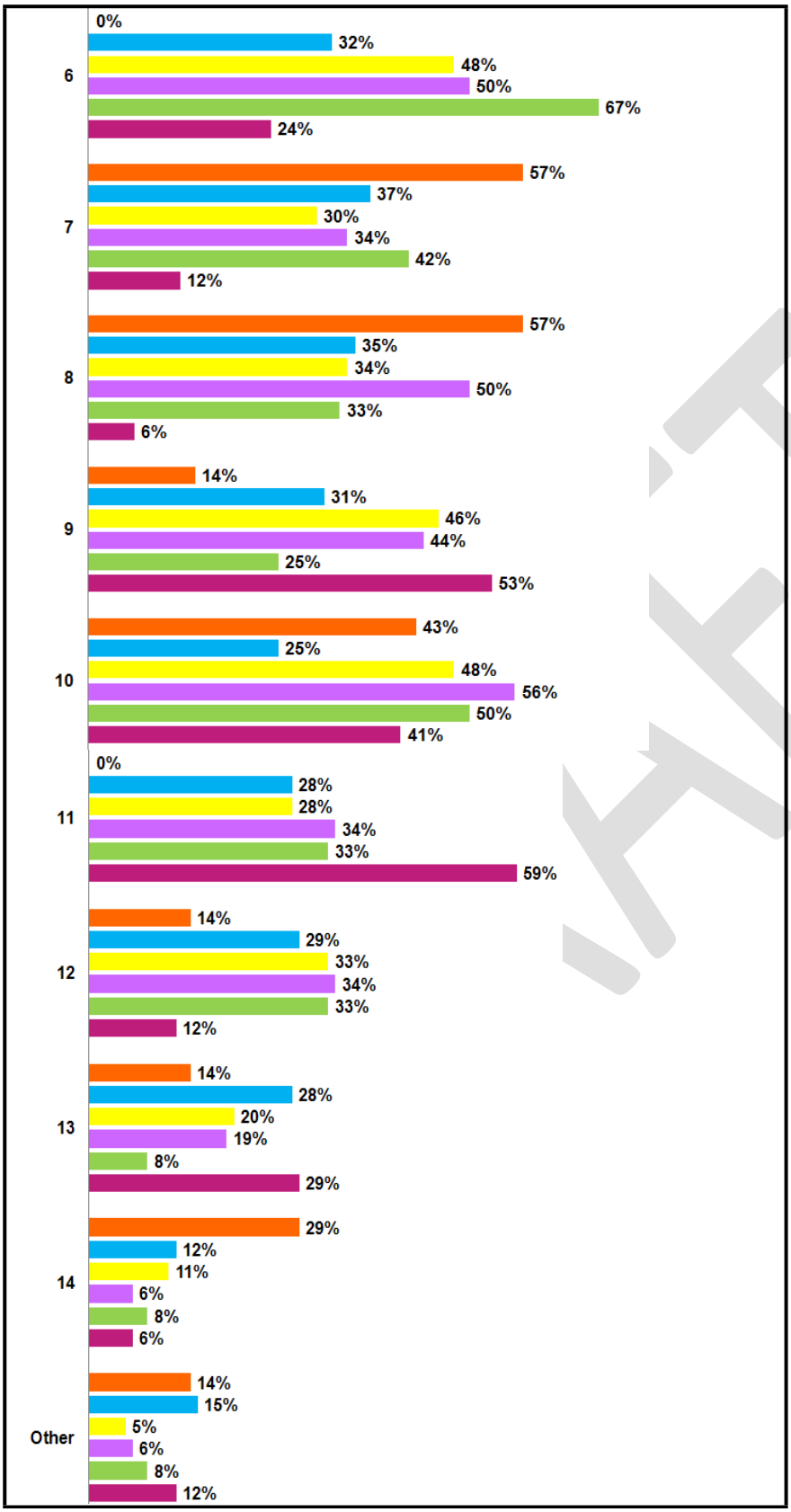
2 One health professional as family liaison person: one person who the child/young person/family can contact to talk about their care and what they need.

3 Help and advice in one place: one website, email and phone number where families can get information about help and support, and services they might need.

4 Services are joined up and a separate referral is not needed if you also have a long term condition: if the child/young person has a long term condition, they don't need to wait for another referral to get help again.

5 Knowing how to help yourself and what to do if things change: while a child/young person is waiting for a service, having information about how they can manage, including what to do if their situation changes.

Other priorities



6. Children/young people are involved in setting goals and decisions about their care
7. Appointments are at flexible times and places to suit family life
8. If children/young people need services, they can get them near where they live
9. Children and young people should be prioritised on risk and need
10. Crisis services are available out of hours
11. Children/young people/families can get quick advice about their situation without needing an appointment
12. Services help children/young people to understand their own health and wellbeing, and be as independent as possible
13. If the child/young person doesn't have the right 'connection' with the professional, they can change to another
14. If children/young people need services, they can get them near school

Answered by:
7 children/young people
110 parents/carers
61 workers in children's services
33 workers in related services
17 referrers
11 interested reps
(See p. 12 for a full description of respondent types.)

7. Comments and suggestions received in relation to priorities

People completing the survey were invited to suggest their own priorities. These are shown below by respondent type. No children/young people or referrers made additional suggestions.

Parents and carers

- As a parent and health care professional I think parents should also be asked to engage with services in a timely fashion if they have requested it and to bring their children to appointments.
- To be able to see a 'named' health visitor rather than someone different each time.
- New mums groups with health visitors to make friends/create support networks.
- Parents wish the professional to understand and know the child's history and do not want to repeat information for no reason.
- Transition to adult mental health needs sorting.
- Specialist staff with experience doing the specialist work they are trained for. Such a shame to see awesome people having to do much lower level work and so getting full up and less able to do what they thought their job was, essentially because of a broken system.
- A set of contact details supplied to all at the start of requiring a service, not having to find out by word of mouth.
- Getting referred in the first place. 11 years of asking GPs & schools to help. Have now given up and am seeking private help on my single parent 12K a year income.
- Information on how to get help when moving to university.
- That there are services available to all children, not services that are only accessible for children with the right diagnosis.
- Before asking what is good, ask the public what isn't working first!
- Train teachers to spot ASD traits quicker.
- Getting support after diagnosis.
- Not using an 'episodes of care' model.

Workers in children's services

- The ranges of problems children have mean that the priorities will differ between conditions. A lot of the roles mentioned are within the remit of their GP.
- I feel all of these are achievable within the present and proposed service design.
- The SPA is an excellent concept but does not deliver on integration currently.

Workers in other services

- Liaise with SENDCO (special educational needs and disabilities support) in school at all times, help without need for diagnosis first is essential to schools!

Children's group or organisation representative

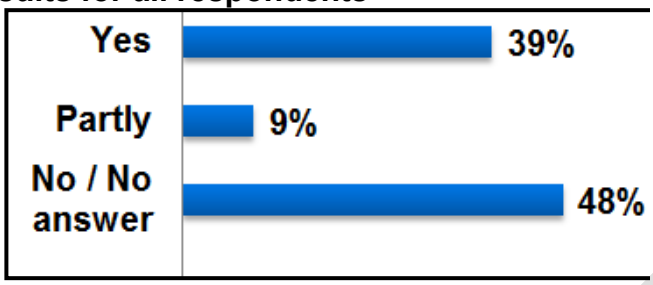
- Just an observation - according to the SEND (special educational needs and disabilities) code of Practice, the one website, email and phone number should be the SEND Local Offer website, email and phone number, spanning education, health and social care.
- Access to residential facilities where need is present.
- Service is 365 days, 52 weeks with cover if required.

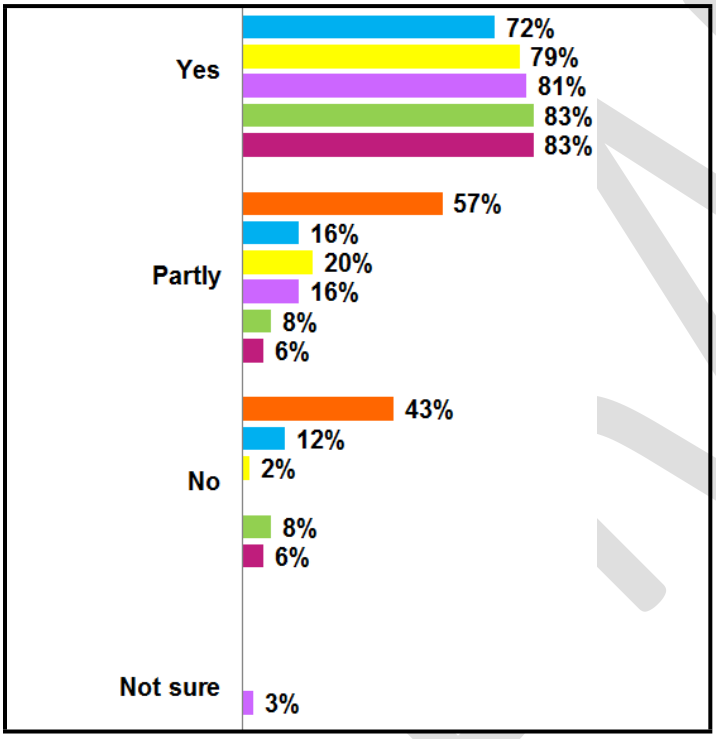
8. Have you read our

9. Do you think the proposals will

engagement document that explains our proposals for future services?

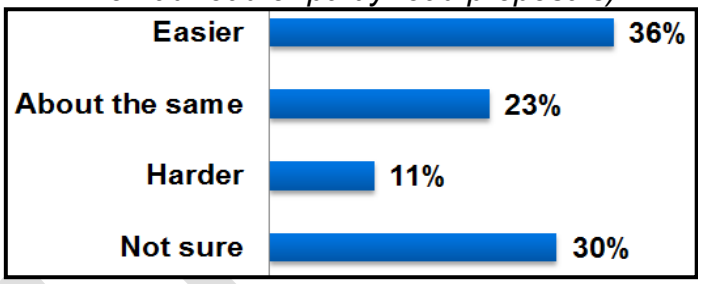
Results for all respondents

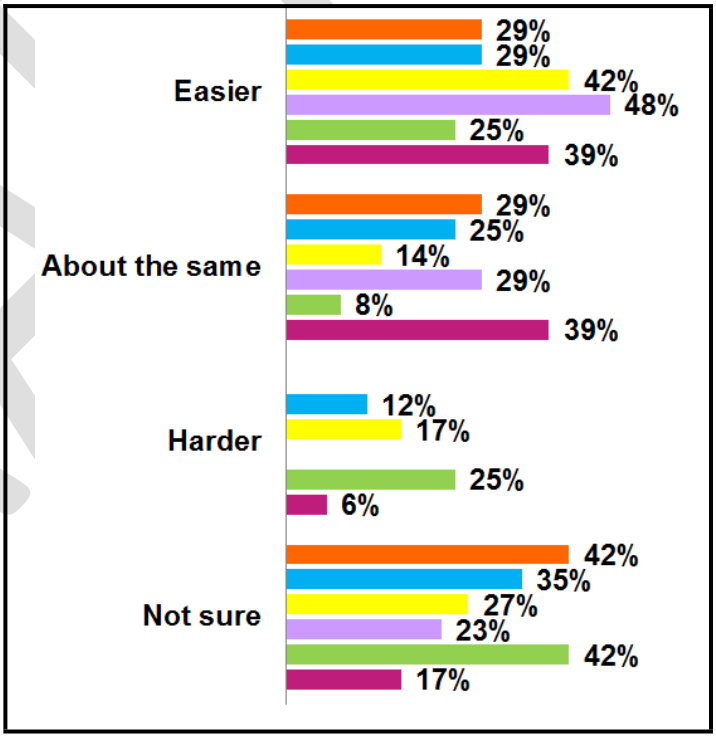




make it easier or harder for you to receive the right support and treatment?

Results for all respondents *(based on 48% who had read or partly read proposals)*





Children/young people | Parents/carers | Worker | Worker - other | Children's org rep | Referrer

Answered by 7 children/young people and 113 parents/carers, 62 workers, 33 workers in related services, 17 referrers and 11 representatives of interested groups/organisations

Of 113 parent/carer respondents, 81 had read the engagement document and 18 partly read. Of the 62 service workers 49 had read it and 12 had partly read it.

(See p.12 for a full description of respondent types.)

Respondents who felt things would be harder made the following comments

69 parent/carers, 62 workers, 10 referrers, 38 workers in related services. *(See p.12 for a full description of respondent types.)*

Parents & carers

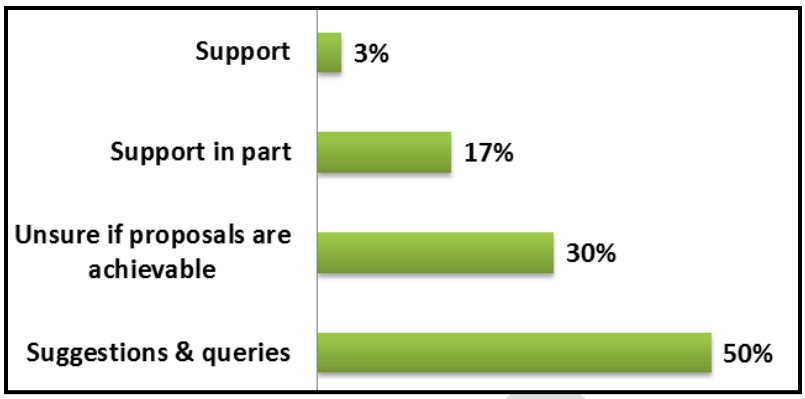
- It all sounds lovely but having been a parent of children with special educational needs and disabilities for 11 years in Devon. I have zero confidence in seeing the benefits of any of it.
- Amongst all the gobbledygook I cannot see that anything changes. It still doesn't address the problems we've had - very little and very poor quality help for middle to late teens. My daughter was passed on to adult services as she was 18, but this/these were totally inappropriate for her and she was left with nothing/ no help. People her age need age specific care and help and not be treated like just another statistic but an individual with very individual needs.
- If a child has a named condition it is easier to point them to the right services. Those without a named condition are pushed from pillar to post across all specialties. There is no emphasis on creating child centred commissioning frameworks that is evidenced at specialist children's hospitals. Rather than giving a child 15 appointments with 15 specialists, the specialists should conduct multi disciplinary team meetings with an intermediator who can liaise with the parents and child. 'Tell us once' should be adopted. Also ASD assessments are still very poor.
- Following assessment and diagnosis have had no support or follow up.
- Endless waiting lists, being passed from pillar to post and seeing numerous people.
- I worry that services will be lost and I won't see the professional I need to see as another. person may be doing that job instead.
- I haven the read it yet but waiting times for ASD assessment and teaching teachers to spot it earlier would help as my daughter wasn't diagnosed until 9.
- Money will rule this service but hopefully it will not as many services are being lost because of lack of funding.
- We need these services in every school. A known face not a string of strangers that you have to repeat the story over and over again. Local face to face is what we like to see.
- My experience was very good with the response from CAMHS professional and timely. What could be improved is better communication between primary care and other health professionals and school.
- Proposals are great but without services working together, listening to parents, it won't change.
- No clear explanation of how things will get better. It's full of soundbites and no real substance.

Workers in other related services

- The service requires a higher level of resources- there is more pressure being applied to the education sector in order to substitute at least one of the above services and we are not the best trained.
- The principles sound good, however I come from a practical point of view re the day to day action of making referrals and this is what I would like to bring up. I feel that there are barriers to accessing the services, which in turn does not help our families and their children.

Open ended comments about the proposals

10. Other comments about proposals for the new service model



Support

- Nothing in it that anyone could disagree with.
- Looks good with the 24/7 crisis and increased primary school workers.
- We should all be doing them already!

Partly support

17% of respondents expressed support for a particular aspect of the proposals:

- **Support for focus on early help and prevention.**
- **Support for using lead professionals and care co-ordinators.**

Support for focus on early help and prevention

The major focus within this feedback was on emotional health and wellbeing.

- How are you going to tackle the issue of painfully long waiting lists (even when you are listed as high priority)?
- It all sounds so very far away from what's actually happening and there is very little in it about identifying families that need help and fly under the radar because they appear to be coping (like mine).
- Current waiting times are dreadful - CAMHS - 8 months and SALT over 4 months - this just makes the problem so much worse for both parents and children.
- It would be helpful right at the beginning particularly with a young adolescent male with mental health issues to speak to someone quickly - preferably referred immediately by their GP. My son saw a GP for nearly a year before they would actually LISTEN to what he was saying. It got so desperate that I had to drag him to the doctors surgery where luckily that last time it was a Locum GP and he realised straight away that my son - who was sick and fed up of being told he was depressed (please can that assumption be stopped) - had a serious anxiety issue.
- Help needs to be provided by Young Devon & CAMHS as soon as possible. We waited 5 months before getting CBT treatment.
- They are not really addressing the challenge of 'early intervention' and /or 'preventative' intervention. Only a model that embraces the addressing of social care challenges (including finance, housing, adult literacy, domestic abuse, neglect, adult mental health

etc.), adult mental health provision and children's 'emotional well-being' - including the very early ante and post-natal experience of the infant and mother - will begin to address these challenges. Just take a look at how Initial Child Protection Case Conferences are facilitated and chaired.

- Focus on early intervention health care services needs to be reconsidered.
- Improved coordination of services and development of support that people can access while they are waiting are excellent ideas.
- Support for children and families whilst they are on a waiting list (particularly CAMHS) is vital so that the child doesn't need to reach crisis point before they are seen by a professional. This could reduce hospital stays too.
- Young adults (17-25) need better access to mental health services quicker
- With the reducing budgets the time scales for waiting for referrals is increasing, I have heard of waiting times to be over a term for speech and language referrals and it is not unusual for a 6 month plus delay for referrals to CAMHS.

Support for using lead professionals and care co-ordinators

Some felt that having a lead professional and/or care co-ordinator to work with service users and their families would be a good thing. Some people qualified this statement by suggesting that time and responsibilities should allow for this role to be carried out well.

- Concerned about blurring of roles and being named professional - while I agree in principle the reality is often one very stretched professional trying to meet needs of complex child/family whilst also managing a very large caseload.
- I fully support the principle of a named lead for each child.
- I am pleased to see that every child will have a Lead Professional - how will this be monitored and implemented?
- A co-coordinator is what is needed - someone needs to have an umbrella view of what is being done for a child with a level of accountability. Schools are not equipped to do this. Needs are not being met.
- The system needs to be much more joined up and a care coordinator sounds like a very good idea.
- Continuity of key staff members is so important. My daughter has had help from CAMHS professionals whose contracts were not renewed. This causes immense psychological trauma to the young person. The proposals are long overdue.
- I think it's really important to have one person who can co-ordinate and manage the needs of the child.
- I really like the idea of there being a lead professional and think it would make a huge difference. I'm hoping my daughter receives post diagnostic support for autism. I'm unsure what some of the services are and don't know whether we can access them?
- Having a 'lead professional' for each young person is ideal, however, not if that 'lead professional' is going to be from education (unless education is the main issue for a young person) as our core purpose is education and there is often disparity in what education expect of staff and what Devon County Council expect of staff. We need to ensure that the correct agency acts as lead professional and currently that is still not happening.
- Having one lead coordinator sounds like a positive move if this can be achieved.

- Firmly believe there should be a lead professional for every child with complex additional needs, especially ASD where a range of professionals are involved. The lead professional should be in regular contact with the family.

Unsure if proposals are achievable

The main reasons respondents were unsure whether proposals are achievable are related to:

- **Capacity and investment**
- **Would require significant culture change**
- **Proposals do not have enough detail**
- **Auditing and benchmarking requirements**
- **Doubt it will happen as it has not happened before**

Capacity and investment

Some suggested that there may not be resources to invest to fully implement a service model based upon the proposals.

- Can you remove all assessments unless there is a service available - don't raise expectations!
- The CAMHS waiting list is too long. Teenagers are our future adults and should be supported more thoroughly during these difficult years. By doing so would reduce non-elective admissions, reduce substance abuse and in turn lead to healthier adults.
- The principles seem sound but the demand will exceed the service's capacity and leave young people without the support they need.
- Whilst it reads very well and I wholeheartedly agree with the sentiment - I do have concerns around how realistic the proposal is within the current climate.
- Yes, there is no mention of continuous service 52 weeks per year and coverage even when the allocated staff are on holiday and off sick.
- In the time I've been working in Public Health, we've had a huge increase in the number of managers that don't hold caseloads, caseloads have increased in size and we have far less staff, services and our ability to provide support for our services users is becoming increasingly harder.
- I think it's important to remember that services are extremely understaffed and under resourced.
- Without investment in staff resources, these simple proposals will not achieve the desired results. So the CCG needs to think about investment in staff resources at all levels and various teams but particularly in mental health teams.
- Working together has always been identified as important in serious case reviews. However, it is common to have to wait days or even weeks for professionals around children to return your calls.
- Not clear enough. Too idealistic due to not enough staff and not enough money in the pot.
- Principles/Key Outcome hopes lack clarity around how they might be achieved.
- There is no longer a comprehensive schools based Tier 2 Torbay Child and Adolescent Mental Health service due to recent education financial cuts and loss of workforce capacity (August 2017), which in turn has removed the capacity for professionals to offer

consultation, support and advice around signposting preventative interventions to address issues such as self-harm.

- How will this be funded as providing services that are more available means more staff or unsocial hours?
- The principles are fine. Wouldn't we all like this level of care? Unfortunately, need for mental health services is rising, yet funding for such care is decreasing.
  Working with young people in crisis is difficult - and despite everyone working together children aren't able to access just ONE worker, to tell their story ONCE. In principle, yes - sounds great. But try working in CAMHS and deal with everything that we have to deal with on a shoe string budget and then propose a new strategy please.
- It highlights the lack of understanding of severe and enduring mental health illness that CAMHS staff are specifically trained to treat and manage as opposed to life events/experiences that can cause distress which would be better managed by more general services.

Would require significant culture change

The majority of respondents saying this were health and social professionals.

- None of the things written in the proposals are new concepts but somehow in Devon we still struggle to deliver these visions/principles on the ground. Our own systems and processes get in the way of truly supporting families in the way we want to, I can't see how these services will change from what has always been provided. We need to enable providers to have more flexibility and innovation and tackle things like information sharing with the wider children's services.
- In principle the proposals are a positive move forward as it will improve front line delivery to parents/carers. My concern however is about getting systems in place/embedded and changing a culture of working.
- All the recent proposals/changes in all areas of South Devon Healthcare sound good, it's the finance and the organisation and then the putting into practice of such changes. Until this happens no one will know if the changes will benefit the patients/clients or make life more difficult.
- It actually needs professionals to actively follow the proposals not just file them away into another unread pile.
- Current service provision is inconsistently managed and lacking the longer term vision. This will need improvement to deliver the proposals set out.
- We would like to see an umbrella 0 - 18 neurodevelopmental assessment service with medical input at the start of the assessment in order to provide a holistic overview and establish a clear differential diagnosis, so that assessments can consider all possible outcomes, not purely pursuing a single diagnosis.
- Intervention post-diagnosis needs to be integral to the commissioning and provided by the same team which has carried out the assessment.
- Any integrated services needs to truly integrated, not just in name.
- My whole career (34 years) has been spent trying to work in a more joined up way with other colleagues working with children/young people, I welcome any ways of achieving this as it's so critical to joined up/quality and cost effective care.
- We already refer to many services via the Single Point of Access, not sure what is to change?

- Whilst the proposals set out are full of good intentions, all too often the working practice is very different and our young children and families experience access to support differently.

Proposals do not have enough detail

- The proposals are very nebulous and although they feel right, they do not specify HOW the principles will be delivered which is key to how we respond to your proposals. If we do not understand what the proposals mean to us the consumers then we are disenfranchised as we do not know exactly what we are commenting upon.
- I think the ideas sound suitable but there are no details as to how it'll work and what services will change and how they will change, will we lose services to enable others to work in a better way? The ideas sound great but there is no substance to how it is going to work.
- I would like more detail, it's too vague at the moment.
- The document is very woolly and non-specific, there are no specifics about wait times etc.
- Not specific enough about the collective responsibility of children's CAMHS services.
- I agree with the principles and the proposals but there is not enough detail to assess if they will make things better. it feels more aspirational than tangible.
- There is insufficient detail to make any meaningful comment. There appear to be largely a series of aspirations with no costing, details, choices or ideas of how services will actually appear.
- The aspirations are laudable, as have all such similar initiatives in the past, that have not succeeded as planned due to lack of a detailed business case looking at the details.
- Fine as proposals but 'the devil is in the detail'. They give no practical clarity about what would change for service users.
- Proposals are unclear within the document.
- Too vague, aspirations that have been repeated before. No clear plans re how any of it will be achieved.

Auditing and benchmarking requirements

- Who is going to audit? How will you know if proposals are being achieved?
- There needs to be a way to measure how well the commissioned service is doing - and consequences if the service isn't performing as well as it should.
- Ensure consultation with parents to obtain their views and experiences whilst trying to obtain services.
- I am unsure how the proposals are to be enforced.

Doubt it will happen as it has not happened before

These comments came mostly from parents/carers.

- I'm not quite sure how this works in practice and the difference it might make in the 'real' world? It sounds good but how will it play out in reality?
- These ideas should already be enacted, feedback has been given over the last couple of years but the same issues persist. Not hopeful this will change anything.
- Sounds lovely but then it always did. Accessing services and getting the information that is needed will be the acid test. I have a nasty feeling that nothing will change in reality. Too much talking, not enough action and restriction of services will continue.
- It would be great if this actually happened.
- It all sounds very good, but will it really happen?
- I have so little faith at this point in our family's life, that I am doubtful any changes will happen that will be useful for us.
- The ideas seem great, but from what I have seen of certainly CAMHS, I don't care about the others, these aims just won't be delivered.
- What I would expect is more detail not bland 'motherhood and apple pie' statements.
- From what I've read and from what I've experienced first-hand I've no idea how all this is achievable. They are completely poles apart.

Suggestions and queries

The remaining 50% of comments came in the form of suggestions and queries.

- **Integration and information sharing.**
- **More services are needed.**
- **Being patient centred and focusing on individual outcomes.**
- **Consistency across services and geography.**
- **Links to education.**
- **Workforce considerations.**
- **Health visiting – continuity of relationships.**

Integration and information sharing

- I want to see records being shared across the providers. When we've been to one provider then visit another there is always a huge delay because they cannot easily share information. It's frustrating.
- Ensuring emails are answered.
- Can you provide a clear care plan with clear outcomes to be achieved so we don't waste our time engaging in 'nonsense' which often serves to meet the needs of the system or professional but not the child.
- How will you make communication better so you're not left feeling like you've been forgotten?

- One central point of information about the client/child would be good - on reviews we went over all the same information for each service which was frustrating and time consuming. Each review had to be started from scratch, no continuity - with or without the same professionals involved.
- When there is an urgent problem there are often emerging issues as well, the help needs to be holistic and assessment of different conditions need to be within set amount of time, so that the help provided can be as required. Not partly helping and waiting for 12 months plus for assessment of condition. Plus there is little information for parents provided surrounding help / support which is available for them i.e. DIAS, Devon carers, etc. - it takes a long time to dig around and find this support. It has been suggested to me to draft a booklet for this.
- I'm interested to know how this is all going to be stored electronically so we all have access to the information. I'm wondering who the co-ordinators are going to be and how this is going to be managed because at the moment there is no communication, timescales are shocking and trying to find someone that knows what is going on is pretty impossible.
- Sounds very similar to early help/ single point of access that in reality create more hurdles to provision as funding grows ever tighter.
- There is an emphasis about online support. This is good as long as it compliments face to face interaction and is not a way of replacing it.
- Triage of referrals is essential to ensure the correct response.
- Not enough about engagement, communication between services. Access to one safe IT resource to gather, share information between all professionals/organisations working with children.
- Particularly like the 'no wrong door' principle and that intervention not contingent on diagnosis.
- I fully support the principle of a single point of access for referrals.
- Super hubs are not working. We need better communication for children services but each specialty delivers a different service. Better communication is needed rather than mixing services together.
- Families and professional need to be better informed about how the system works and need to be kept informed throughout the process.
- I think one of the ways the offer can be improved is a greater integration with adult services sharing resources and support to families and YP.
- In addition a service that is easily identifiable to families and especially adolescents within a drop in type of resource.

More services are needed

- Extra services.
- Highfield House nursery, Barnstaple, was a fantastic combination of services when we first used it 11 years ago. This should definitely be brought back as it was to support children and babies with special educational needs and disabilities.
- We never have any services offered for children who are wheelchair users.
- It might be good to include the hospital paediatric provision - supporting communication and co-ordination across providers.

- There should be a triage ward or additional staffing for adolescents with self-harm within Devon.
- Aspirations for adequately resourced out of hours must include Mental Health Act assessment, integration with police and POS and better response to the general hospital's paediatric wards.
- I also would advocate building on the CAHMS crisis resolution and Home treatment Team to deliver a more robust assertive outreach model to families and YP or to use existing centres such as Youth centres schools colleges etc. etc. to meet and work with YP in the community.
- There is need for additional CAMHs support out of hours to children admitted to hospital
- I was saddened to see that psychology was not included in the integrated therapy section.

Being patient centred and focusing on individual outcomes

- Listen to the parent / carer what might work on paper in reality with a child with special educational needs might not actually work.
- Can you ensure that it is clear on a child's health records that they are adopted and hence when we are sitting in front of another health professional we do not have to explain why we are unable to provide family history?
- Can you not assume that every parent with child with special educational needs and disabilities doesn't work full-time and offer school holiday clubs which can meet needs?
- There is not a one size fits all, so the offer should be flexible to meet the needs of the young person and their family.
- Listen to and respect parents as experts on their children. Involve parents (and children where appropriate) at every step of the process as part of the MDT.
- Please streamline appointments so as we don't have to spend the first chunk of appointment timed repeating the history of our pregnancy, Labour and early years of our children.
- Please consider the impact of a child with mental illness or emotional difficulties on the rest of the family (parents, siblings etc.).
- Treating everyone as an individual case with individual needs it important everyone is different - live in different circumstances etc.
- I think that it is important that families are supported and enough people are out there to do it well- otherwise it won't be effective.
- I am concerned that families will not only have to tell their story once. At the moment some families have no consistency whatsoever.
- It's full of jargon and not centred to the child. Ask the children not a company.
- Pragmatic. Need to ensure YP voice and views are central to service design.

Consistency across services and geography

Some felt that it was important to prioritise consistency so that equitable access is available across Devon as far as possible.

- You have not said where the specialists will be based. Will they travel to East Devon where we have no help for 0-13yrs old with mental health issues?

- I feel that there is great benefit in keeping the services described under one employer with expertise in health services to maintain and develop an integrated approach, ease of access and effective efficient care pathways for children young people and families.
- It sounds great, but not sure how it will all work and come together. Devon is very rural and spread out.
- Services working together has always been the aim within the NHS and all other agencies. Having these under one organisation will hopefully reduce barriers further. Concerns currently regarding criteria to meet referral for e.g. portage in Plymouth is different than Devon clients already notice a postcode lottery. We cover a large area and planning on how to be realistic regarding doorstep services will be difficult. No referral is inappropriate will require some boundaries and there needs to be a way to stop families from being bounced between services.
- The overview looks good, so the question is does the proposal for services fully support this in all geographical areas?
- From experience I feel the triage for cases is very variable between services, what one service classes as a high need another says it's a low need.

Links to education

- I am concerned that school nurses no longer are allocated to schools and that at a drop in my child if she or he were likely to attend would see someone different each time. This would not be good as I want my children to access the service if they needed to.
- Would be useful to link with schools when it involves older children (not under health visitor or school nurse) as we struggle to get the secondary school to understand our difficulties.
- There is no mention of education links. The way health works with education needs to be very clear. Teachers should not be expected to provide the therapy. Specially trained therapists or therapy assistants should do this. If family support practitioners are expected to do this, they should also be provided with specialist training.
- Don't see Educational Psychologists/counsellors/therapists/family therapists involved or the CIT and other school based services. Doesn't seem joined up.

Workforce considerations

- How will you provide help when required and as early as possible when there is not enough funding and not enough employed staff to deal with need? There needs to be more training provided for grass roots staff, perhaps an additional role where a staff member with allocated time (not manager / senior etc.) has the opportunity to put in to place early help for all children and for staff to realise mental health strategies are about more than 'positive' thoughts.
- Keep specialised services specialist with the most qualified doing the triaging.
- Staffing levels always appear low and never feel anyone has the time to actually see to your needs.
- New professionals need to be brought in - ones with different skills which may help.

Health visiting – continuity of relationships

- The health visiting service is very reliant on who you are allocated so there should be more choice and specialist health visitors, at the moment they are giving very general advice which isn't appropriate for some children and is very unhelpful and actually does more harm than good.

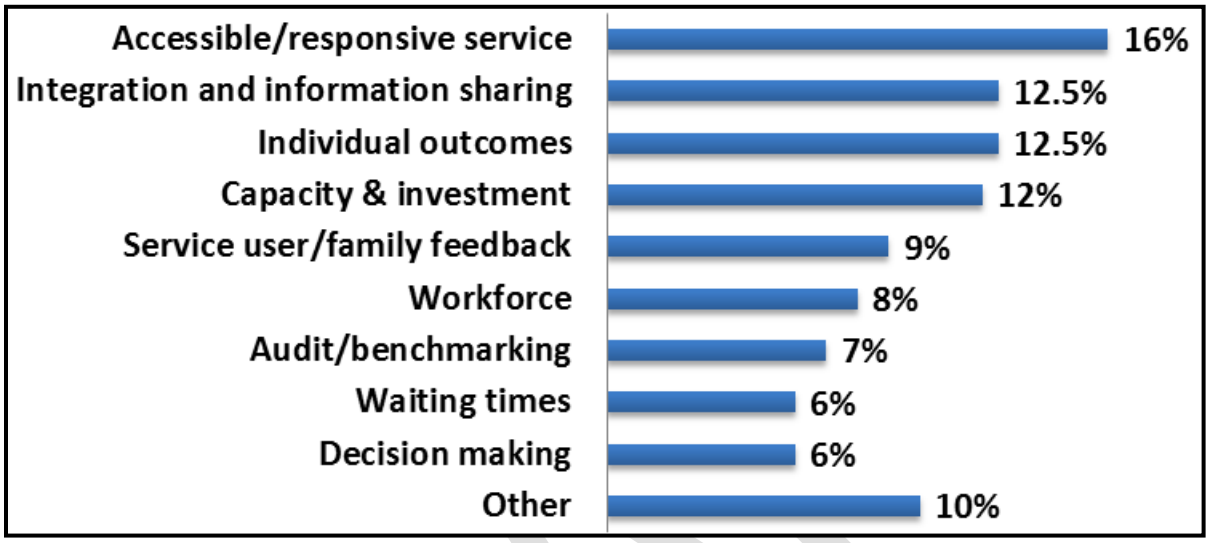
- I want to know my health visitor. They are being pulled out from community services such as clinics.
- Centralisation of health visitor services makes it difficult for families to access their health visitor. It hinders timely communication between GPs and health visitors.

Other

- Help with transition to university.
- All guidelines and legislation state, early intervention is key to achieve positive outcomes for the child and family. In my experience, early intervention does not exist. 1 year to get a referral to CAMHS which then 'does not meet criteria' and a further year of challenging behaviours escalating to crisis. Please 'look at the bigger picture' as all research states.
- Educate doctors nurses on special educational needs and disabilities and how things like a social story can help, how waiting around & getting to appointments can be difficult. Don't delay treatment.
- Don't stereotype a child with special educational needs and disabilities if you've seen child with Autism you've seen one child the next autistic child could be different.
- How will 0-19 tie in with 0-25 for young people with special educational needs and disabilities? Is there a service gap for vulnerable young people 19-25? How will transition to adult services be managed?
- We will need the resources to enable us to deliver the proposals.
- Nutrition & Dietetics is not included in Children's Services but we would like to maintain good relationships with all services (we work closely with health visitors, school nurses, schools, special schools, other allied health professionals (e.g. therapists) and CAMHS) and perhaps link websites and share resources to keep our service in line with good practice across Devon.
- Is there any indication of how long the provider would have the contract for?
- Thresholds are continuing to increase and therefore families are not meeting threshold. We are in a situation where we are fire-fighting. The preventative strategy is now very low on the agenda, so we are not stepping into support families early enough and they end up being higher need cases when with earlier intervention and Early Help they may not have such a high dependence on services.

Monitoring future services

11. Ideas and suggestions for assessing suitability of potential service providers



Accessible/responsive service

16% of comments suggested that organisations should be asked how accessible and responsive they consider themselves to be. Comments suggested:

Parent/carer

- Children and young people should be able to attend help sessions for as long as required, not be set a specific amount because of funding.
- Telephone assessment at point of referral.
- Find out how their appointment structure works and how long it takes from referral to making contact with the patient/carer.
- Resources published and interactive website and ability to email a clinician direct as you don't always need to see someone and wait for appointment.
- If they do not feel the child is under their remit should provide full information on where to go. No just ' you don't come under our remit'.
- Will the same professional be available for ongoing needs with this service?

Service worker

- Do they have a flexible and responsive service?
- How accessible are you for advice pre referral? (To prevent inappropriate referral)
- Support to set up useful/accessible websites.
- Be able to signpost when they can't meet the need.

- Ability to provide a single point of access.

Worker in related services

- How will they target hard to reach or hard to engage young people?
- They need a good infrastructure - ability to be flexible creative and responsive.

Referrer

- What do you do with the information requested in referral forms to put it to good use with the families? How do you know it is good use of the referrer's time and essential information?
- Have they listened to the people who know that child best? Are they basing their assessment on a snapshot? Is there a way to increase observations without increasing appointments?

Integration and information sharing

12.5% of comments related to how organisations approach integrated working and the sharing of information, both within services and across partners, to ensure that services work in a joined up way and service users do not experience gaps or barriers.

Parent/carer

- Plans and examples to show how different professionals work together.
- How they will ensure GPs, hospitals and other services know exactly who the patient has seen, when and the outcome.
- In school services locally driven not outside agencies.

Service worker

- Ensuring all services are joined up using just one system that ensures everything about the child's ongoing care is available and communicated to all professionals involved. There are still too many services still utilising their own patient record systems causing many gaps and breakdown in health and social care.
- Ability to share information electronically (with permission).
- How they would ensure integration with other services to break down barriers.
- Ability to plan for the longer term. Commitment to real integration and the ability to move between services easily.
- How are these services working with others/schools and based with others.

Workers in related services

- Liaison between services to avoid duplication for some families and no support for others.
- Their track record of integrating with adult services.

Referrer

- Their ability to connect services (school nurses to social workers etc.). To be able to professionally blur the lines for a quality service.

Interested group/organisation representative

- Their experience of working collaboratively with range of partners to deliver a no wrong door approach.

Being patient centred and focusing on individual outcomes

12.5% of comments suggested that services should be flexible enough to fit in with the individual service user and their family to some extent, rather than expecting them to fit in with the service. The importance of understanding outcomes at an individual service user level was also emphasised.

One third of these comments suggested 'Positive outcomes for young people/their families' or something similar.

Parents/carers

- How many families they see, how many professionals within the same service each family has to see.
- Ability to deliver holistic care that takes into account social and emotional needs not just clinical/medical ones. How well they consider and involve all the family not just the child. Ability to deliver support groups/services such as learning to use a wheelchair - vital for a child's independence and wellbeing.
- How they will be fully inclusive for physically disabled children.
- How they intend to shape services around the families who use them rather than requiring families to fit in with their organisation. What their plans are for the future of the services they provide. How they measure success and see if their answer includes reference to the people who will be using their services, if they don't include them, then any success measures are based upon the organisation's aspirations instead of families' needs.
- How can they prove that their service is child-centred - the culture of the organisation, not just a few good professionals.
- Can you deliver a service that prioritises a child/young person's safety and well-being?
- The ability to provide personalised care.

Capacity and investment

12% of respondents suggested asking about service capacity, investment and sustainability - how much this was prioritised. Comments included:

Parent/carer

- Are they willing to keep the level of service there is now as this is the minimum, services like portage are a lifeline to parents?
- Will any surplus be reinvested into improving services for children?

Referrer

- What is their capacity? Can they offer a series of appointments not just a one off followed by come back next term if you are still concerned?
- What is their capacity and what will they do when the need / demand exceeds this?

Service worker

- Detailed business cases for all the models of service being proposed. There have been so many initiatives in the past, that have not achieved quite what was anticipated, hence the

need for more initiatives, that could have been minimised with detailed modelling hand in hand with a detailed business case.

- Availability and out of hours support.
- Possibly think about their budget and what is realistic instead of promising what can't be delivered.
- Ask for evidence of any quality improvement work they have done to improve outcomes within the given resources.
- Questions related to national policy and future direction.
- Organisation aims ethos and objectives. How they aim to meet all the identified needs in proposals.

Worker in related service

- Detail on what their out of hours proposals are; how they would support clients attending A&E but not needing admission for physical care.
- Their plan for services and how they would ensure the services were effective. Also what experience do they have in delivering these services and what business support do they already have in place.

Service user/family feedback should be routinely collected

9% of people responding to this question felt that feedback from people in contact with the services was important for measuring whether a service is good.

Most comments in response to this question suggested collecting 'Feedback from service users and parents/carers' or something similar. Other comments included:

Service worker

- How important are client's views and how often will you review services to reflect their responses?
- What engagement do you have with families on a random selection criteria to evaluate your service development?

Interested group/organisation representative

- I think you could also ask them how they involve children and young people in decision-making about their care and throughout the organisation. I would also want to see a 'you said, we did' approach that evidences the IMPACT that families' participation has had on the way the service is shaped to meet the needs of its community. finally, I would want to have a live video link up with a panel of current service users, who could answer questions developed with prospective service users about the softer, qualitative experience. This would help to assess the culture of the organisation as perceived by people receiving the services.
- How the feedback from service users makes tangible operational changes to service delivery.

Workforce considerations

8% of comments suggested measures related to workforce.

This suggestion was equally popular amongst parents/carers and service workers.

Parent/carer

- What relevant qualifications and expertise do your professionals have, in order to respond effectively to specific conditions?
- Enough trained staff and whether they can travel to towns where transport is bad
- How much and how frequently they invest in staff training?
- Expertise in ASC complex needs.
- Will you reduce waiting times and provide more staff and better wages, to attract new staff.

Service workers

- The training offered to staff and the numbers of staff to offer the service without reducing contact time or quality.
- Enough competent staff to deliver care. Good organisational ethos that respects workforce with reduced staff stress and sickness.
- Level of training in risk assessment that professionals working within the organisation have.

Audit and benchmarking

7% of comments suggested that auditing and benchmarking services against similar services and past performance would be a good method. Comments included:

Parent/carer

- Have they delivered on contracts in the past with good outcomes? How do they measure these outcomes?
- Are services evidence based? How do they monitor their outcomes? Are outcome measures relevant to the needs of the individual?
- What is their previous performance measure?

Service worker

- What do they do currently & how do they audit their service?
- I imagine lots of the services already in place provide this care so I would start by asking the services if and how they meet these targets.
- Commitment to delivering assessments and support in accordance with national guidance where available.

Interested group/organisation representative

- I think a lot of it is down to the culture of the organisation; a watertight contract; and the key performance indicators. I would want to know from a prospective provider: complaints data (e.g. where an organisation already operates in another local authority.) If they are willing to submit the information, it shows they are open and transparent.

Waiting times

6% of comments suggested that the organisation should be asked about whether waiting times were reasonable. This was raised but there were not specific comments.

Decision making

6% of comments suggested considering how decision making is done within the organisation. Comments included:

Parent/carer

- Which children do you exclude and why?
- How many referrals they reject and whether they accept all referrals?
- They must guarantee that they will support everyone who is referred, not 'ration' care as is currently the case with speech and language therapy.

Service worker

- Group decisions. Often one service refers to another totally inappropriately.
- Understanding of different tiers of need and support and how choose where to place someone in the system?
- Regular, minuted, multidisciplinary triage meetings.
- What professional group will hold clinical leadership and accountability?

Referrer

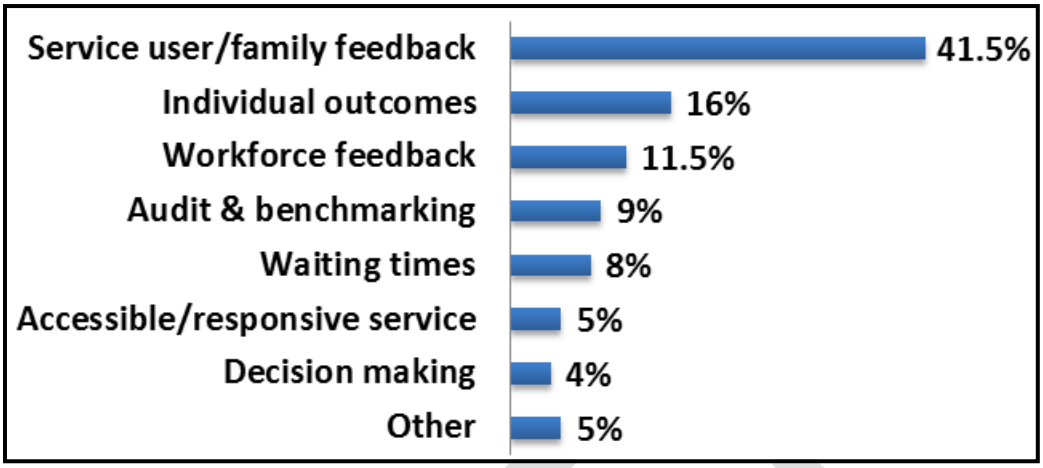
- If GPs feel a child needs to be seen the service must have a really very good reason if they decline to see the child.

Other suggestions (10%)

These included:

- What do they understand about mental ill health in children and young people?
- Serious mental health problems that really are serious mental health problems - how do you get to those? Huge sense of entitlement on part of people demanding a CAMHS service from specialist CAMHS that really need a social worker.
- Post diagnostic support for autism - nothing has been offered to us, we are currently using a private therapist.
- How do you ensure health visitors are based in the community?
- Saturday morning clinics to see the health visitor.
- You are publicly funded to provide these cease and desist hiving services off into private sector where there is even less accountability than from public service.
- Children's Centre workers are often lead professionals for children under 5 and this works well.
- Will they acknowledge their failures and try to amend them to renew the trust in them?
- Our residents have significant delays when transitioning to adult services when they are still struggling to come to terms with emerging mental health and physical health issues.
- Moving and accessing universities help and support.

12. How can we measure 'good'?



Service user and family feedback should be routinely collected

41.5% of people responding to this question felt that feedback from people in contact with the services was important for measuring whether a service is good.

This was the most popular suggestion from parents & carers, people working in children's services, people working in related services and referrers.

84% of the 41.5% of comments in response to this question suggested collecting 'Feedback from service users and parents/carers' or something similar. The remaining 16% of other comments included:

Parents & carers

- Ask for anonymous feedback each time a service is used.
- Actual parent feedback. I haven't ever been asked to feed back.
- Evidence of joined up working which include parents views and experiences as well as that of the child.
- Qualitative measures not quantitative. Measured against practice which supports children and young people as individuals, and therefore practice may fluctuate, we are all different and therefore need help in different ways.
- Whether feedback is listened to and action taken.

Service worker

- Rapid response to complaints with positive outcomes and follow-up with those involved in complaints.

Service worker

- Service experience feedback and partner agencies - mystery shopping - give them support and nurture providers.
- Young people and families should be part of deciding what good looks like for each service
- How much effort is put into engagement on Patient related outcome measures (PROMs)?

Referrer

- How efficiently support is put in place - ask all stakeholders, and how effective the support is in meeting the child's needs, again ask all stakeholders - less waiting and meeting and thresholds and more on the ground support - don't wait for diagnosis or assessment but visit and make early help suggestions.

Four additional comments also suggested that referrer feedback should be collected.

Being patient centred and focusing on individual outcomes

16% of comments suggested that services need to be patient centred, not 'one size fits all'. Individual outcomes should be measured so that they can be considered.

One third of these comments suggested 'Positive outcomes for young people / their families' or something similar.

This response was particularly popular amongst parents/carers and workers in children's services. Comments were more varied than those made about collecting feedback and included:

Young person

- Successful treatment- did the job get done to a high standard?

Parents & carers

- Whether they prioritise the wellbeing of the children they serve over profit and winning further contracts.
- Achieved outcomes for individual children, meeting their desired need, not those perceived to be required.
- How supported people feel.
- Appropriate care for the individual which in our case seemed to be non- existent.
- Measure functional improvements for the client and the family.
- Outcomes - is the child safe and secure and knowledgeable? Are the parents supported?
- Impact on my child, not just a tick box of interventions.
- How well they engage with us and understand us and how much effort I have to put into persuading them to help?

Service worker

- The outcome for the child and their family - the success will not be the creation of a single point of access, a single website or a team managed by one organisation- but whether or not it helps the child/young person/family with the issue they brought to the request for help.
- Improved outcomes for the child as set at the outset of an intervention.
- Evidence of positive outcomes from children, young people and their families. Are services working together and preventing cases rising to social care/specialist health care/special schools?
- Child/family rating - achievement of client set goals - not waiting time as it just results in 'quick fix' options being used.

- Timely interventions and reaching targets (i.e. healthy child programme).
- Whether the perception of health has improved following an intervention - regardless of the model used and/or the so called 'evidence' to support this. Children, young people and carers (adults) generally feel better when their own emotional distress is first of all noticed and acknowledged; that it and they are then contained and then that they feel that they can 'connect' in a meaningful way so as to facilitate positive change.
- Measurement of outcomes and goals. Evidence of client involvement.

Service worker

- The Early Help assessment should help as this should show distance travelled. Also it is important to use a baseline at the beginning of the intervention, possibly using the same type of worry scale which can then be reviewed at the end of intervention.
- The experience of children, young people and families is key to understanding whether the services are a success. It is understandable that certain elements need to be measured and quantified from a commissioner's perspective but the key drivers should be feedback from service users alongside other KPIs
- Measuring what difference it makes to the family.
- The impact on the child/ young person and how they are functioning.

Interest group/organisation representative

- When the young person is able to maintain and manage their health independently, not when they have reached the specified amount of appointments or time limit.
- Increased ability to self-manage conditions.
- Satisfaction rates, reduction in risk/harm, improvement in emotional health and wellbeing, sustained over time.
- Reduction in crisis interventions /improved self-management.

Workforce considerations

11.5% of comments suggested measures related to workforce.

Two thirds of these comments came from the workforce themselves.

A theme within the workforce was measuring staff satisfaction (6 comments).

Most parent comments focused on workforce levels.

Remaining comments covered several aspects and these are shown below.

Service workers

- Level of training and practitioner caseload.
- Ask the staff on the ground that have contact with the service users how they feel and what should change to enable us all to provide a quality service for the population of Devon.
- Interview employees- ask them would they want their child to be seen by this service.
- Explore with the professional what they think can work and is manageable.
- Meetings with key professionals within team working groups e.g. clinicians within CAMHS, Honeylands under 5 service, ASC assessment team for example. The clinicians have clear understanding of their service and shortfalls within.

- There are assumptions that there will be adequate and sustainable professional staff to make this happen, sadly not reflecting the reality, with the staff increasingly losing morale, while still working hard at the clinical interface resulting in the patient feedback surveys.

Workers in related services

- Staff views about transition arrangements.
- Staff should be happy, similar staff survey as NHS Staff survey to be done.
- Detail - can they realistically do what the fancy words and slick presentations are saying?
- Can they retain staff?

Parents/carers

- Level of job satisfaction in longest serving and so most experienced staff. Number of permanent staff as opposed to expensive poor quality agency staff.
- Up to date training, compliance with BFI.

Audit and benchmarking

9% of comments suggested that auditing and benchmarking services against similar services and past performance would be a good method to determine if services would be considered good.

This was suggested mostly by workers and referrers. Comments included:

Service workers

- We provide outcome measures - we are constantly auditing the service.
- Progress towards identified SMART (specific, measurable, achievable, realistic, time-limited) outcomes.
- Look for audits of service evaluation and outcome measures.
- Care Quality Commission and outcome measures.
- Whether they have a commitment to using the IAPT (Improving Access to Psychological Therapies) core principles of raising awareness, accessibility, participation, accountability.
- NICE guidelines on health and wellbeing for staff to be followed.

Parent/carer

- SEND (special educational needs and disabilities) Local Offer Reference Group developed Family Performance Indicators which could be used to measure the performance of a commissioned service.

Interest group/organisation representative

- My group, the SEND Local Offer Reference Group, has put together some qualitative Key Performance Indicators.

Waiting times

8% of comments suggested that a measure of a good service could be determined by looking at whether waiting times were reasonable. The large majority of feedback came from parents/carers and referrers. No further comment was given.

Feeling informed and supported because service is accessible and responsive

5% of comments suggested that how accessible and responsive a service is able to be would be a good measure of service effectiveness. Comments suggested:

Young person

- Enough communication with service users, as well as giving appointments when they say they will give appointments.

Parents/carers

- If it's actually delivering what it should, putting words into practice and supporting parents and children. Get away from parents having to find all the little snippets of information in order to help their child. Also make sure information is up to date and for professionals to know what support there is in the family's area where they live. That parents can come away from an appointment with a professional and actually feel it will make a difference to their child not that the parents are passed onto someone else 6 months later on another waiting list.
- How quick they respond to any point of contact - even if an answer cannot be given immediately, just to know you are in the system and not being overlooked.
- Whether they are happy with the information they have been given.
- Pre assessment/appointment information to support families so that they can manage their situation and perhaps more self-help.

Referrer

- Speed of reply on referral, quality of referral feedback, speed of seeing family from referral, communication with professionals referring to you.

Decision making

4% of comments suggested that a measuring how good decision making was could be an indicator of a good service. Comments suggested looking at how many referrals are rejected (a high number would be bad so making sure there are no artificial barriers to acceptance) and whether re-referral rates are reduced over time.

Other

5% other individual comments were also received. These suggested the following.

Parent/carer

- Understanding of physical disability.
- Drop-out rate.
- After care after diagnosis.
- I have not yet had access to any services in 11 years so just having one would be a start.

Service worker

- Post-diagnostic interventions offered.
- Value for money.

Worker in related service

- Early intervention resulting in less referral to specialist services.
- Whether there has been an impact on the service deliverers themselves e.g. improved way of working that is reflected in any data.

Referrer

- More practical support for staff in schools (the EH4MH programme has been superb) School nurse team are amazing so maybe use them as the central hub but fund and support them effectively.

7. Meeting diverse needs

The **Equality Act 2010** legally protects people from discrimination in wider society and names 9 protected characteristics that can lead to some people being particularly at risk of discrimination, these are - age, disability, gender reassignment, race, religion or belief, sex, sexual orientation, marriage and civil partnership, and pregnancy and maternity.

Services for children and young people have lots of contact with children, young people and parents or carers that are likely to represent some of the above characteristics. In addition they may be vulnerable due to other factors such as social or economic deprivation, being a cared for child or having a long term physical or emotional health condition and it is important that we give consideration to any additional support that these factors might require in order for access to services to be as fair as possible.

We asked people responding to the survey to let us know if they had any ideas of suggestions about what kind of things we should particularly consider when looking at meeting diverse needs. 50 people responded and their views fell into five main categories which are explained below.

1. Make direct contact with people that have protected characteristics or are vulnerable and ask them for feedback

Some people suggested that going to places within communities to find out direct about service experience from people with protected characteristics would be the best approach. Places suggested included:

- supermarkets
- churches
- school gates
- markets
- faith groups
- libraries

2. Train workforce to be aware of assessing diverse needs and support them to work with families to encourage feedback

This echoes feedback received in other parts of the survey by reflecting the importance of supporting the workforce to deliver services that are as tailored and personalised as possible by ensuring they receive good quality supervision and training, particularly around child protection.

3. Collaboration across agencies and additional investment to build resilience

“Many of our Young People are care leavers and beginning to explore their own choices. This can often lead to risky behaviour, self-medicating with drugs and alcohol, child sex exploitation - this needs a combined effort with other support services such as police, paramedics and drug & alcohol workers.”

It was felt by some that further collaboration; wider integration and more investment were needed. Some workers in children's services and referrers suggested using education channels to raise awareness. It was felt that this would reach the broadest population and reach them early enough to do something about meeting specific needs. Views included:

- Working with the 'Seldom Heard Groups' workstream under the Children and Families' Partnership.
- Liaise with partnership agencies that support issues relating to diversity.
- Health visitors and school nurses are essential to support the most vulnerable children. Their numbers should be increased, not cut.
- Increase public health nurses.
- Investment in the services that support these groups within the voluntary and community sector.
- Raising awareness within early help and education to raise awareness reduce stigma and discrimination within the broader population

4. Monitoring and compliance

Again, reflecting views expressed in other parts of the survey, people suggested robust monitoring to ensure compliance and benchmarking against similar organisations and populations to ensure performance is appropriate.

5. Potential gaps

Some people suggested what they felt to be missing.

- There are lots of learning disability groups around but none for physically disabled children.
- More thought needs to be given to parents with low cognitive abilities, particularly those with a learning disability and autistic parents.
- I work with a high proportion of young people with Autistic Spectrum Disorder - an adaptation and support is needed for them to be able to give their views/express their feelings.
- Consider children in care.
- Need to consider 'home schooled' and children in 'private schools.'

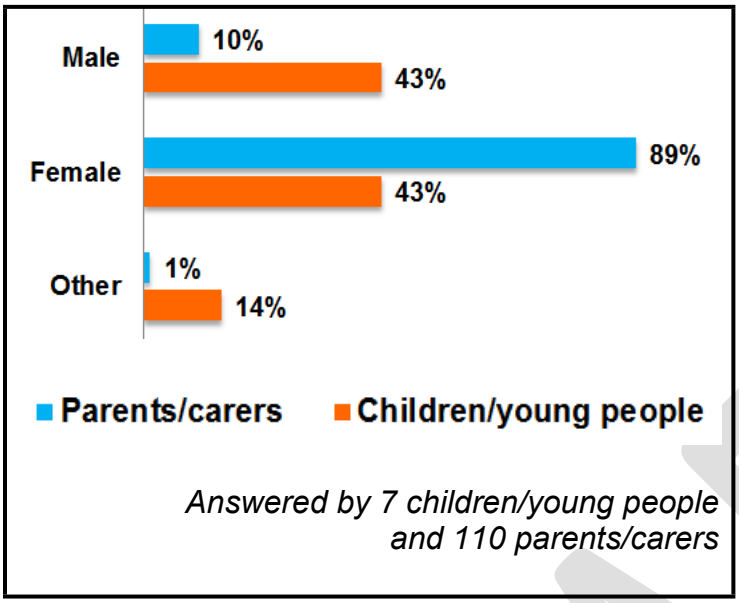
Other suggestions

A range of other suggestions was also received, including:

- Include a member of staff who does British Sign Language in every team.
- UASCs (unaccompanied asylum seeking children).
- Engage specialists in these fields when formulating service specifications.
- Treat everyone equally this shouldn't matter.

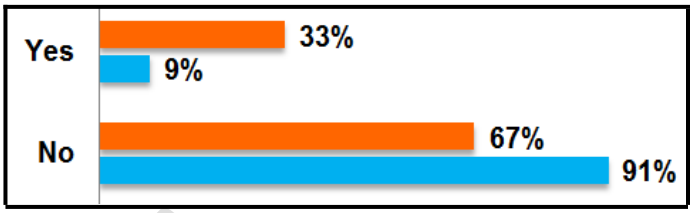
Please note:
Parents & carers responded to the three questions below giving details about themselves, not their children.

Gender of child or young person



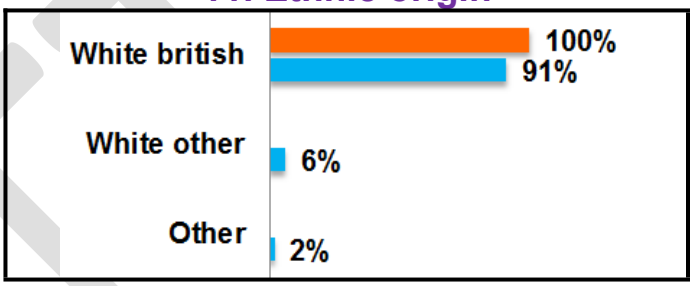
Answered by 7 children/young people and 110 parents/carers

Does the child or young person have a disability?



Answered by 7 children/young people and 108 parents/carers

11. Ethnic origin



Answered by 6 children/young people and 108 parents/carers

Hard to reach groups

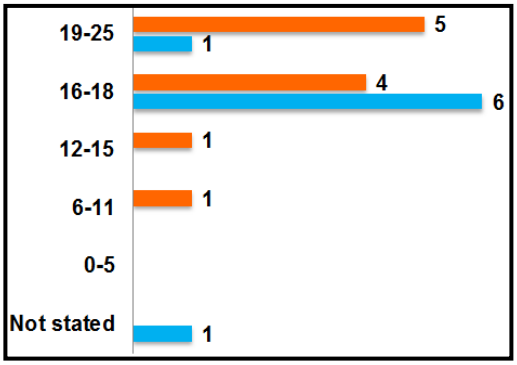
To help us to hear the views of young people from hard to reach groups, we collaborated with Living Options and Young Devon, which are local voluntary and community sector organisations with contact into these communities. Young Devon held focus groups where young people were taken through our survey and a summary of results is below.

8 homeless young people and 11 young people representing black and minority ethnic groups that all had experience of using local services for children and young people responded.

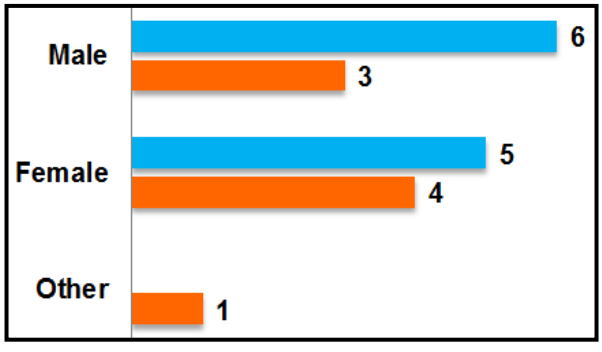
Respondents started that they lived in Newton Abbott, Exeter, Dawlish, Plymouth and Torquay

BME person Homeless person

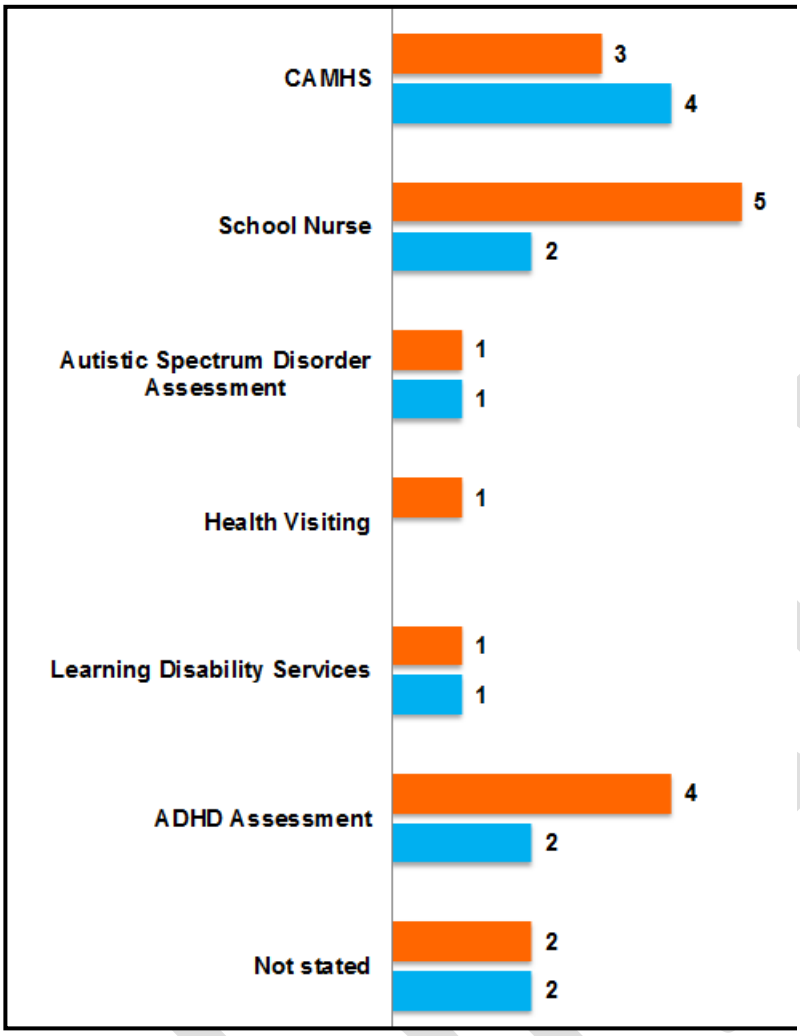
Age of child or young person



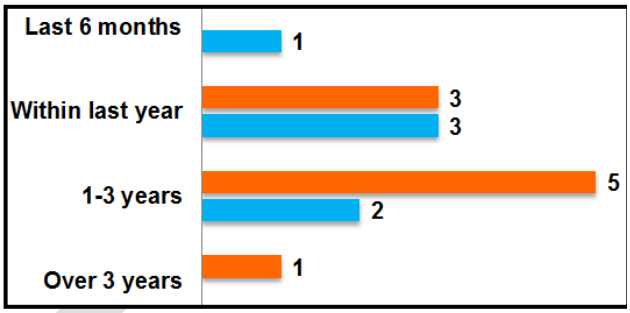
Gender of child or young person



Which services have you had contact with?



When did you last have contact with services?



Top 5 priorities

1 If children/young people need services, they can get them near where they live

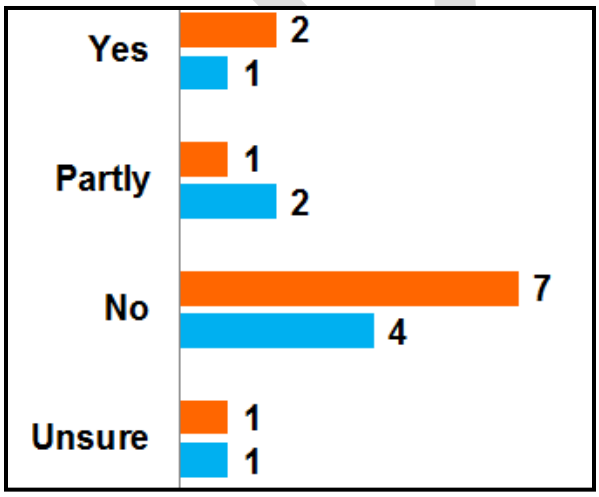
2 One person who the child/young person/family can contact to talk about their care and what they need

3 One website, email and phone number where families can get information about help and support, and services they might need

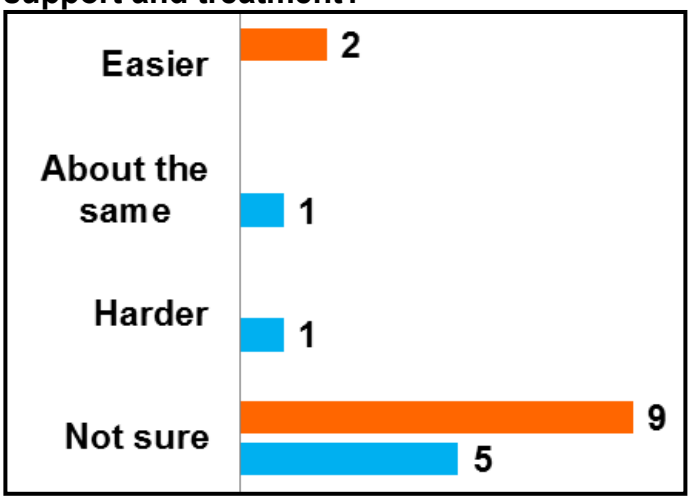
4 Children/young people are involved in setting goals and decisions about their care

5 While a child/young person is waiting for a service, having information about how they can manage, including what to do if their situation changes

Have you read our engagement document?



Do you think the proposals will make it easier or harder for you to receive the right support and treatment?



8. Face to face engagement

As well as running our survey over the summer, we took a number of opportunities to meet with children, young people, parents, carers and people that work with children face to face to hear about and record their views about services and our proposals.

In total, we engaged face to face with approximately 200 people. Some of the feedback is themed by service and some is themed by views about things that could potentially work a little better.

During face to face engagement, the points of view of different respondents varied depending on the type of event being attended. Feedback below is split into what children/young people said, what parents/carers said and what health and social care professionals said.

Children and young people

Face to face discussions with children and young people focussed mainly on two areas:

- **School and college**
- **Emotional health and wellbeing**

School and college

School and college were mentioned in much of these discussions with children and young people. Their feedback about school and college reflected these main themes:

- **The importance of confidentiality and discretion**
- **Supporting the wider family**
- **Peer support**
- **Support with emotional health and wellbeing**
- **Positive and less positive personal experiences**
- **Suggestions for what works well**
- **CAMHS and education**

The importance of confidentiality and discretion

- At my school I used volunteer in a peer support role and other students know this. Kids with behavioural issues that know I used to be involved in peer support sometimes approach me as a friend and someone they trust to talk about their problems instead of someone more official as they know I will not tell anyone else.
- Young people just wanting support worry that things will escalate out of their control if they approach a professional. They worry that a whole process will start up leading to things like having to tell your whole history and everything being looked at, not just dealing with the problem at hand. They also worry that the process will lead to their parents and/or teachers being told and other people being able to guess or find out that something is going on. They don't want something that impacts on their normal life as much as this.
- I wouldn't want to talk to the person in school as they would tell my parents.

- At college information is only in the health area where the nurses are. Lots of kids would not go there to look as they would be worried about other people thinking there is something wrong with them. Posters need to be around the college.
- An app would be really good – it's also private.
- You get worried about people seeing you looking at a poster.
- If you could do online or skype support on a PC or laptop in school or college somewhere private would be good so that people can't see or hear what you doing. Computers are mostly in large rooms all together.
- My school had a room for children to go but we wouldn't use it as it was known as the 'weird room' and you were a weirdo if you used it.

Supporting the wider family

- I have a brother who is autistic. The services that support him are great when there are no issues, but it can get stressful and complicated for my brother and my parents if some extra support is needed.
- Older sister (18) has depression and anxiety. Offered adults group session which she won't take up. Best support was from Young Carers but that funding was cut.
- We need to help parents to understand too. My dad just did the stiff upper lip thing and told me he had been through worse, which was not helpful.
- Family access depends on what child or young person wants
- Need individual working with individual families.
- Parents need support.
- Reassure parents that not a terrible parent.
- Need 'parent communities.'
- Family Support worker role should be for all families
- Parent support should be offered to all. Parents should not need to 'find out'
- Do not assume child doesn't want parents to know: allow for child to change their mind. Revisit decision to include parents.
- My sister needed support.

Peer support

- Peer support can be good, but it is so important to check that the young people offering peer support are actually OK with their own issues and coping with this role and have the right information to help.
- Peer support is good because teenagers often turn to friends their own age anyway for help.
- Peer support is good if you already know the person you are approaching or have a personal recommendation from someone else.

What could be done better in school and college?

- Mental health is not talked about in my school. Knowing how to get help is so important.
- No posters are up at the secondary school and that would be good.
- I think we should have school nurses. Someone said we had one but I've never seen her.
- I attend a private school where it is more traditional that teachers and other staff have a lot more of a focus on responsibility for the wellbeing of the students. For low level things, I think

they react faster and better than state schools. It would be better if they were more joined up with children's services for more serious issues.

Poor experiences from school/college

- Teachers need to understand more about mental health. I was struggling with my mental health and teachers treated me like I was a bad and failing student until it came to light that I actually had a mental health issue.
- My secondary school was awful. I went to see a counsellor and they didn't seem like they wanted to talk to me. They started by saying that if I said anything that made them think I was at risk they would tell my parents.
- I needed help with Autistic Spectrum Disorder – there should have been more support.
- I think you should be able to get an ASD diagnosis at an earlier age then you can prepare better to cope at school.
- I didn't get help for months with my ASD and if I had had help I think I would have done better at school and passed.
- Schools don't understand disability. My younger sister is 5 and her mum (my dad's second wife) has cystic fibrosis. She's a great mum but the school blame her disability for my sister playing up at school.
- At my secondary school I was bullied and it was not sorted out.
- Takes a long time to get help and often by the time you get an appointment either you're better or things have got so bad you're dead. I think its ok but mostly I don't bother with it.
- My little sister needed speech and language therapy and she got a few goes with the therapist and then we were left to carry on. There should be more sessions for each person.

The support is good in school/college

- At my school mental health was never talked about.
- Health and social care at college – there is no information.
- There was a person attending college that committed suicide and I think after that things started to change and dealing with mental health got better and more open.

Positive experiences from school/college

- I think the college is good on mental health issues and support.
- The college is fantastic. The nurses there are great and you can go and talk to them for as long as you need.
- My mentor was fantastic.
- I had sessions on anxiety regulation and stuff via National Citizen Service – it was great.

Suggestions about what works

- Teaching general life skills to cope with day to day life would be good.
- I was in one of the last years to have some training and awareness for mental health. It used to be given to all students. We had a 2 hour session each week on different things, including mental health called 'Learn to Learn' and it was very useful.
- There needs to be more open discussion about mental health issues that is frank, open and sensitive - especially for students that live in less well-off areas that might not get as much support as students from wealthier backgrounds.
- Mental health support should also be in primary schools.

- The approach to mental health seems to be to give medication. It feels the same as with contraception 'Hey, here's some condoms'. We need the preventative stuff as well – there are other choices.
- Need awareness for kids – don't bully children with autism.
- Needs to be more understanding around ASD.
- There should be more toleration for people with different needs.
- My school had a big area where children who were ASD/ADHD were able to go if they needed a break out of class. It really helped and was a very good thing.
- My school also had a break-out room for children with behavioural issues and it was good.
- In our school we have anti-bullying champions and it works.
- There is a part time therapist in school which is helpful.
- Think about something else other than posters as they make you think, but not take any action.

CAMHS

- As a young person that represents other young people, students at my college have told me that their GP has delayed referral into mental health services if they are close to 18 years. They do this because they believe that the CAMHS assessment is not as effective and takes much longer than the adult team assessment.
- Pre-warn about what to expect at an appointment, especially when it is a first appointment or an appointment doing something or meeting someone new.
- Tried to get CAMHS support but this has been delayed mainly due to staff changes.

Emotional health and wellbeing services (CAMHS)

The main experience with children's services for a number of the young people we spoke to face to face was of using CAMHS. We asked questions related to things we wanted to establish to help to develop the service model for CAMHS. The feedback below mostly reflects themes of discussions, rather than individual comments.

- **Transition**
- **What helps transition go smoothly?**
- **When should CAMHS transition happen?**
- **What should happen if someone that chooses not to transition into adult mental health services changes their mind and needs more support?**
- **Monitoring ideas**
- **Crisis care**
- **Being patient centred and focusing on individual outcomes**
- **Early help and prevention**
- **Working with education**
- **Promotion and awareness raising**

Transition

- CAMHS to arrange 1st appointment & introduce me to the new service & worker – see notes from last 3 sessions to enable a discussion and save money and time.
- Community info websites/groups.
- Follow up from CAMHS worker 3-6 months after referral.
- "terrifies me"
- Feel like have to get over hurdle that got over to get into CAMHS
- Children CAMHS should be adult CAMHS – feel like losing CAMHS when transition
- Depends on person as to when to transition
- A transition child worker – a mutual friend
- Alert that may/may not need adult services – start talking about it either way.
- Be flexible as to when to transition
- 0-25 service would be much better from point of view of finding themselves as people and risk
- The biggest problems are waiting times without support and transition to adult services.

What helps transition go smoothly?

- A follow up call from CAMHS 6 months after: checking everything is in place. Follow up from CAMHS worker 3-6 months after referral.
- Being able to contact CAMHS after 6 months if not all in place. Having someone to talk to until transition has happened.
- Before transitioning a meeting with CAMHS and new contact in adult mental health services. CAMHS to arrange 1st appointment & introduce me to the new service & worker – see notes from last 3 sessions to enable a discussion and save money and time. Sessions meetings dependant on young person.
- Being kept updated.
- More connections to the adult services – info on how it's different – before you leave CAMHS, worker to give you leaflets/contacts of who to speak to in the meantime.
- Start the process 2-3 months before you turn 18 – less waiting time.
- Professionals to be in more contact with each other (not asking the young person what the other workers have said).
- Suggest that CAMHS look at providing a service from 0-21 in which the years between18-21 are dedicated to supporting transition to adulthood and adult services. For instance a proportion of regular appointments would be with adult service, visits etc.
- Ultimately the service needs to be flexible and moulded round the needs of the child so for instance one child might be ready to transition aged 18 another not until they are 24. Added to which, some conditions have their onset between say 14-25 e.g. male psychosis so their age range needs to be fluid.
- How will CAMHS complex ADHD work with the community waiting time with 1200 children on the list?

When should transition happen?

- 0-21/22 (university include) at 18 give them the option to carry on or transition.
- Not CAMHS – YPMHS (Young Person Mental Health Services)

What should happen if someone that chooses not to transition into adult mental health services changes their mind and needs more support?

- Fast tracked into adult mental health if already been in CAMHS – CAMHS worker to support if needed.
- A contact number to the adult services for if you change your mind at a later date.
- Information pack to be given when discharged about adult services and what to do if you change your mind.
- Priority triage on transition so those who urgent get care need
- Could there be a priority referral if are not transitioned but then need help
- Need to know what to do if I need help when an adult (if not transitioned).

Monitoring ideas

- Waiting times being published.
- Website.
- Customer surveys.
- Opinion wall in waiting room.
- What went well?
- Telling us what they have done with the information/feedback we give.
- Surveys during my care – not just at end.
- Don't make me complete surveys in front of you.
- Repeat survey at different times. Be able to 'tick' but also 'explain.'

Crisis care

- Crisis care really difficult ED frightening chaotic, just want someone to talk to at right time, needs to be responsive. Something else other than ED when in crisis but no one had a solution.
- Urgent question from 24 hours to 5 days, routine apt 4-6 weeks, some form of email support when urgent might be helpful.

Be patient centred and focus on individual outcomes

- Need to engage young people on their terms not focusing on assessment or CAMHS workers agenda
- Most had been out of education because of challenges
- If non-attendance is an issue then staff need to be proactive in building relationships with the child and family maybe even having appointments in local youth clubs for instance rather than in the potentially intimidating surrounds of CAMHS.
- Involve youth workers trained in mental health to encourage attendance.
- The service needs to accept referrals and implement them quickly. When children are receiving treatment staff need to communicate with their wider support network e.g. youth clubs staff as they may be able to support treatment in a familiar and comfortable environment

- Parents often feel guilty and felt very difficult not to feel blamed, although this is never intentional.
- Maybe some joint part of session as standard with parent /carer
- Expected to be fully responsible but not given full information because of confidentiality so felt disempowered as a parent.
- With regards to missed appointments there needs to be recognition that families of the child or young person using the service are often chaotic and may lack basic literacy.

Early help and prevention

- Would also like to see an early intervention service building on the well-being practitioner's role.
- My child was offered Cognitive Behavioural Therapy service and then the service withdrawn. We feel let down.
- I was very disappointed when the 12 sessions of Cognitive Behavioural Therapy were cancelled with no reason provided.
- Didn't know they could self-refer
- More joined working with schools, more and early outreach into schools one YP seeing the academy

Parents and carers

We visited a range of community facilities where parents attend with their children. These included parent/toddler play sessions, health visitor clinics, therapy clinics (physiotherapy, occupational therapy, speech and language), and paediatric consultant clinics. Some people gathering this feedback recorded individual comments and some recorded major themes so the feedback below is a mixture of both.

During face to face discussions with parents and carers, they talked about individual services and also what could contribute to making a positive difference to their children and the wider family.

- **Feedback about individual services**
- **What makes a positive difference**

Feedback about individual services

Therapies (general)

- Health says speech and language therapy is not a health need and education say it is not an education responsibility.
- First visit to occupational therapist for handwriting. Reasonable wait, great service.

Speech and Language Therapy (SLT or SALT)

- I do not think that SLT spend long enough assessing and observing the child before jumping to conclusions.
- Episodes of care does not work for SLT - the system needs to be based around the needs of the child not a standard one size fits all approach of 6 sessions

- There are not enough high tech augmentative and alternative communication specialist (AAC) SLTs. There is only one. There are an ever increasing number of children using high AAC in special schools and this trend is only set to increase. All SLTs should be trained in high tech AAC.

Physiotherapy

- Not enough of it. Seems to be once a child is mobile that's it. Need more flexible service and more of them.

Public health nursing – school nursing and health visiting

- School nurse referral but nothing came of it parent heard nothing.
- Need more health visitors and longer input from them and continuity too many changes of health visitor.
- What do health visitors do anymore?

Portage

- Portage is great and would be a huge beneficial use of resources it could be extended to an older age particularly for children with 'complex' needs.
- Our Portage worker had lots of knowledge about our child that could have been shared with the special school as handover took place, but the school did not enable this to happen. It then took the special school over a year to learn about my child.
- Portage was brilliant. In particular because they did home visits, all 1:1 sessions and especially because they had a holistic approach. Very very efficient use of commissioners' budgets!
- The constant review of a child's need for portage service is an un-needed stress for parents.

Learning Disability Service

- Fantastic - just not enough learning disability nurses available. Very efficient use of your resources as specialist in what they do and so good at getting results.

ROVICs (Rehabilitation Officers for Visually Impaired Children)

- ROVICs are fantastic. Deafblind assessments very important for deafblind children. Made a huge positive impact to my child.

What makes a positive difference?

Accessible/responsive service

- Parents report different experiences which imply a lack of consistency around access to services.
- Services need to reflect the balance of family needs with the needs of the child.
- A parenting course for parents of autistic children would be a great help
- More support for families is needed maybe peer support?
- More flexible core hours would be good, especially evenings and weekends, as getting time off work is stressful.
- When Practitioner off sick nothing happened for a while, need better cross cover.
- Getting services shouldn't be about whether a professional helps or not.
- Team are excellent and always on hand for telephone advice.

- Children with challenging behaviours should get parenting support first. Do 'the incredible years' before you add medical weight. Discrepancy in parenting courses across the area.
- Families need support with behaviour for children with learning disability and behaviour. Clinical psychology will help with that.
- Staffing is an issue as we often have to wait because of staff sickness or annual leave.
- Transition points are where parents feel least supported.

Equipment waits, provision and maintenance

- The main problem service users are experiencing is regarding waiting times for equipment. Some have to wait months for new wheelchairs etc. I don't know if this falls into our survey though.
- Wheelchairs. Needed adjustments. Had assessment and 4 months later. Also too small. Back up when power chair is repaired is a regular fold up manual which is ridiculous.
- Delays in equipment. Chairs not arrived, physio bed for school. Planned well ahead and chased. Nothing has gone well with that. Changed company?
- Equipment. Bathroom adaptation great. Wrong bath because cheaper. Same with shower chair. Manager says this is £3k cheaper please consider, and we did, but it didn't do what we needed so effectively that money is wasted.
- Needs bespoke sling and they keep sending us readymade? The cheap options don't work so it's a waste.
- It all takes months or years.
- We've been far too patient. Service not equitable. Some people have things and others don't. Some people get things quickly and others wait.
- Tubes for feeding. Changed tubes without the fittings being changed too.
- No one seems to chase equipment. I have always given mine back but I think a lot of parents don't which means huge amounts of money must be wasted.

Waiting and referral times

- Delays in getting appointments and equipment.
- Required a 6 week check, couldn't happen for 6 months.
- Wait to see community paediatrician has been quick.
- Staff are brilliant but the system is broken. If and when you get in things are better but getting in is really difficult.
- Access to services shouldn't be based on having a specific assessment waiting for these just means we are left without support for way too long.
- ASD waiting times need addressing.
- Open referral systems are better.
- The question of urgent/non urgent needs to be addressed for the person involved whatever is going on will be urgent. In addition, there needs to be recognition that urgency or otherwise is multi-factorial and might include inequality of service provision leaving a child without support.

Being patient centred and focusing on individual outcomes

- All the form filling needed takes time and energy that we would rather spend on our child.

- Child identified as having 'priority' needs in February 2017 not seen for assessment until August 2017. The referral process seems overcomplicated needing assessments at different points before going forward to the next.
- Huge time and energy investment for parents to get the information they need.
- Parents have no faith in the continuity of caring input from professionals as staff move around too much and so they don't want to invest time in working as effectively with them.
- More careful consideration given to age cut offs for services.
- Service provision especially around support should focus on a child's needs not whether they meet eligibility requirements.
- Don't use the word discharge, my child has a chronic condition and will always need input from professionals. To be told they are discharged makes it feel like we have been abandoned.

Clear communication and support with information

- Parents need to understand the process for assessment, they need to understand why they are going to see professionals, they might not know why they need to see a paediatrician etc.
- A mum reported she wasn't expecting an appointment with a SALT, so didn't notice when the appointment letter didn't arrive and didn't chase it, she was therefore marked as DNA. Parents should receive a letter which outlines the process, number of appointments/ professionals.
- Parents not get direct payments because they don't know what they're entitled to. People on forum not know. Too submerged in their life to work out how to organise it.
- Not clear where to gain information about services.
- When my child needed specialist care, the care at RD&E and Birmingham Children's Hospital was great, but there were issues with correspondence being lost and the hospitals just not being able to communicate very well.
- There is a problem with cross organisational communications and communications with parents/carers.
- Information is important but for those without a diagnosis it can be really difficult to find information or to know when to trust what's on the internet.
- None of the services work together.
- All clinicians are seen in one place – this works really well for the children.

Looked after children

- Put nurses in every school able to support this group of children and young people.
- Have assessments at places children go e.g. Youth clubs.
- Where people have not taken up appointments this should be supported through face to face discussions and use of staff able to work with children and their families to explore and understand the issues preventing take up.
- Contacting looked after children nurses is not straightforward unless you work in the system and yet many people working with children would be able to see that there may be a need for this input and so should be provided with information on how to contact them.

Transition into adult services

- Transition support for services should be 16-25. Just because you move into adult services at 18, doesn't mean you are able to cope with this.
- Support services post diagnosis drop off after you reach 18.

- What support is there for parents when your child reaches 18?

Barriers to support for children with Autistic Spectrum Disorder

- For a child with ASD to get therapies outreach support in mainstream school, they need a diagnosis, even if they are already recognised as being ASD.
- Only an ASD diagnosis gets respite and professional input to education.
- On diagnosis you need feedback about what happens next, information about financial services/ benefits you can access. Having access to support services like therapies in the meantime, not only after assessment.

Education, health and care plan (EHCP)

- Worried about funding cuts to schools and how teaching assistants are being used to support whole classes instead of being one to one.
- Need advice on how to apply for EHCPs. With more than one disabled child it is really hard to keep up with all the paperwork on top of their needs.
- Health workers don't understand what an Education, Health and Care Plan (EHCP) document is for. Early interventions are not put in and this can result in criminal justice situation.
- EHCPs are too broad. Need to be more specific. What is happening is against the law. Written on a template doesn't work. Should say level of training needed.
- Teaching Assistants carry too much responsibility like planning for EHCPs.
- Social care and health bit isn't statutory and this seems to lower resources released for these aspects of an EHCP.

Lead professional/ keyworker

- Keyworker should support across different agencies. Not just health.
- We used to have a health keyworker, who was an occupational therapist and was amazing, but the system changed and keyworkers were taken away.
- Access to keyworker to understand family need. Daughters got access to young carers support. Younger children not getting as much attention as they deserve.
- Continuity of practitioner is important
- Continuity important. Not want OT to have to discharge for caseload management reasons if you have long term condition that will always require service. Want to be able to come back to same person in future.
- Need more robust arrangements in place around care continuity in a service that sees staff changes.

Early detection, early intervention and prevention

- Should screen for genetic issues early
- Mum is a teacher in early years. Has seen decline in health visitors and ways to pick up early issues. Children arrive at school with issues that could have been dealt with much earlier. Problem families move around so they get under radar. Exmouth has CPOMS website where all primary and secondary schools can upload all issues/concerns about a child to one place and it doesn’t get lost. National thing? Great for safeguarding.
- Support shouldn't be dependent on a diagnosis. Interventional support early on will prevent greater need later.

Suggestions

- Costs more to get continuity of support privately. It would be really good to have a sort of buddy system whereby families are matched to give mutual support on one side from a family who has been there and on the other side allows for reflection on how far that family has gone.
- For speech and language therapy, they should use systems like a learning media assessment that they use in the US.
- Both speech and language therapists and occupational therapists need training in Cortical Visual Impairment (CVI) which is now the most prevalent paediatric eye condition in the western world and has some similar traits to autism or ADHD.
- Better co-ordinated care is needed perhaps with a dedicated care co-ordinator.

Professionals

Integration and information sharing

- Confusion between providers especially school and health about who does what for example doing Devon Assessment Framework Forms.
- Schools need more support to understand conditions and their role as supporters of children with special needs.
- It is common for children in contact with our support service to experience difficulties and barriers to accessing services because they are not integrated.
- Support for a child should not be dependent on a referral and or diagnosis but linked to behaviour and life impact. This will enable a child to be supported earlier and perhaps avoid going into crisis at all. The argument against this approach has always been around who pays for that support so an integrated budget or personal care budgets might overcome this.
- Community nursing team is a very close working relationship. We think it sits neatly with acute. Currently needing to bid for funding on case by case palliative needs, and then build the right team for the child (taking them away from their normal work) for 2 weeks at a time. Not effective way of doing it.
- Some community nurses spend as much time on the ward to talk about the same things with the same people.
- Clinical psychology/ General paediatrics/ CAMHS - different routes with random rationale. Different teams talking about the same children. Should be an expectation that this is all joined.
- Paediatrician should be part of CAMHS/autism etc.
- Piloted joint clinic once in April and paediatricians think it's a great idea but not heard anything further. ‘We're ready and willing and waiting’.
- Early years need psychology. Unpicking early attachment.
- Pilot of transition care combining learning disability complex care team with elderly care team as their processes are similar. It went well but didn’t demonstrate any savings so was not pursued.

What does good look like?

- System wide working – providers working with each other as well as multi agency.
- Communicating and liaising across services.
- Close working with the NHS commissioners (Clinical Commissioning Groups).

- Co-location working model in Devon working well for key working lead professional role and co-ordination.
- Link with acute and paediatricians for rapid response.
- Safe/confidential communication for sharing information.
- Devon wide specialist training team.
- Clear offer around school nursing and specialist school nursing.
- Good pathways in and out of acute care services.
- Consistent policy and practice around decision making for children eligible for Continuing Care or those not but have additional health need or equipment and consumables requests. Decision making and purchasing.
- Understand and prepare for impact of decreasing funding in charitable and voluntary sector which affects the core offer.
- Palliative care working well in terms of meeting family needs and choice – use as an exemplar (although acknowledging not gold standard).
- Transition groups set up to get adults engaged early on in process.

Workforce considerations

- Experiencing more difficulty in recruiting to community posts in comparison to previous years.
- Partnership approach is taken to training community nursing and acute nurses.
- Access to specialist training is limited within South West.
- Capacity in the workforce limits the ability to release staff for training as well as ability to invest and grow your own and developing new and additional roles i.e. advanced practitioner.
- Acknowledge that there is little current published workforce modelling – although NICE End of Life provides model workforce numbers.
- Some caseload modelling has been trialled in certain areas.

Caseload

- Services report increase in numbers of children and young people on community nursing caseloads including those with child protection plans, parents with special needs, and a pattern of babies that die through Sudden Infant Death relating to low social economic background and smoking in pregnancy.
- Complexity of children has increased rather than numbers of children increasing.
- Eligibility for continuing care using the new framework has broadened the criteria impacting on increased numbers needing assessment and intervention.

Special schools

- Recognising more are accepting a wider range of children with less complex needs.
- Issue of the lack of adult nursing provision to Young people over 19 years in reaching to the school.
- EHCP identify the health need but there is limited capacity to deliver. There is a need for DMO and DCO involvement in the quality assurance of plans.
- Need to ensure clear role of generic school nurse compared to special school nurses which are within community nursing teams.

Community nursing

- Want access to a 7 day service for complex children. Not necessarily 24/7.

- 24/7 is needed for palliative care required but not in place everywhere yet.
- Need for step up in to acute and step down in to community pathways as there is some reluctance from families to use hospital based services – confidence of families in the staffing continuity of care. Reassurance required for parents when children just out of hospital that there is skilled staffing and capacity to manage certain procedures in the community.

Autism

- What about Autism service for children with normal intelligence?
- Autism/ADHD with environmental factors. PAEDS needs to sit closer with CAMHS. No other therapies offered.
- Need to get away from diagnosis only. Need follow up and management.
- Autism is the greyest of grey things. Need to have diagnosis in collaboration with therapeutic team. In a way diagnosis is the least important. Shouldn't be the entry criteria. Should be based on need.
- Autism services need more capacity.

Learning disability diagnosis

- There is no structure for determining if child has a learning disability. Important for transition to adult services. Children leaving children's services not being able to access adults because they have no diagnosis.
- EHCP helps challenge what are other professionals actually going to be doing for this child? 'As a paediatrician I can't change this condition any further.'

Support to wider family

- Need to pay attention to whole family in particular siblings who need to understand and learn how to cope with the situation.
- Children and their families need support even before there is a diagnosis.
- Praise for services.

Education, Health and Care Plan (EHCP)

- Services report huge impact on time, money and training for staff having to attend meetings and respond to requests for input to Education Health Care Plan.

Personal health budget

- Impact on workforce capacity to lead the Personal Health Budget process and clarity is needed on roles and responsibility in terms of training of Personal Advisors, sign off of competencies, continuing review as part of normal caseload management, clinical oversight, governance etc.

Transition

- Services finding it difficult to get adults services involved in a timely way.
- Transition – early years in to education. More children within main stream settings – service find it difficult to meet their needs with capacity.

9. Feedback from summer events with children and young people

Over the summer, we collaborated with a number of organisations that specialise in working with children and young people to help us gather views. Feedback from these events is summarised below.

Lifeworks

Lifeworks works with local community partners across South Devon and Torbay to enable its service users to participate enjoy and contribute to community life. We commissioned them to support our engagement with young people with learning disabilities, which they facilitated through three kinds of groups:

1. **Kool Club** is an inclusive Youth Club for young people aged 14-25 with learning disabilities who want something a bit different. The club offers a relaxed and supportive environment for young people to make friends and develop life skills through a variety of activities, in a dedicated youth space and out in the community. The young people in this club took our engagement process and designed it in a way that other people with learning disabilities could participate in.

2. Over the summer holidays, they ran a **holiday project** which was developed in partnership with young people age 12-19 plus a fantastic network of activity providers and cultural venues across Devon. This provided recreational and leisure opportunities that enriched and extended experience, offering young people with learning disabilities a sense of community; belonging and independence.

3. They also held two **Breaking the Barrier** events, which enable learning disabled children and young people, with their families, to participate in adventure sport. Their events were cycling and surfing, and they facilitated for all participants to take part in our engagement process.

Many participants of all these points of engagement were at a transition point, particularly regarding education. For example, from secondary to sixth form, or from college to an apprenticeship.

Key themes from the holiday project

- Timely support before and in crisis. Carers are tired and the young people are worried about asking them for more help.
- Fed up that services don't talk to each other.
- Huge connection for teenagers and emotional health and wellbeing and this is the same if you have a learning disability.
- All our priorities are important but on top of that you need to see me as an individual.

Specific comments were received in relation to this last point, these are summarised below:

- I want to see and understand what professionals do in pictures so I can participate in the process and discussion that is about me.
- Don't group us all together just because we have a learning disability. Anxiety or weight might be our main issue, not my learning disability.
- Places where appointments and meetings take place are often new and strange. Why can't the meetings be at my home? I always have to go to a strange place with unfamiliar people. The only time they came to my house was when I was taken into care 15 years ago.
- It worries me that sometimes professionals are working with a young person that is known by others (e.g. in CAMHS) to have triggers that can cause violent and challenging behaviour in some circumstances and this information isn't shared. This causes stress for the workers and the young person.
- Education, Health and Care Plans are not explained to the young person. How can young people participate? One person I know found out it has been written down that he can read and write but that's not true. He'd actually like more help with that. "Where does that leave me for preparing for my future?"

Key themes from the Breaking the Barrier event – Torbay Velopark

To support the development of future services and some of the things we need to do to **meet future needs**

Three key principles important to these young people (in order of preference)

1. Children and Young people should get personalised support (Scored 28)
2. The system should work together to support me and my family (Scored 27)
3. Services should build upon the strength and resilience of individuals, families and communities (Scored 7)

Other comments that were noted:

- Support matched to ability
- Need help from CAHMS we do not get it because they will not give us the support

Relevant and important to these young people

Common themes that young people felt were important:

- Working together
- Focus on me
- Tell them once
- Earlier support before crisis point
- Torbay and Devon to work closely together to share services
- Tell my story once and give my details once

- Detailed information on all services available from transition from children's services into adult services would be important
- More local activities
- It helps me build my abilities now and in the long term
- Children with special educational needs and disabilities

What makes children's services good?

(In order of preference)

1. One person who you can contact to talk about your care and what you need (scored 33)
2. I am involved in setting goals and decisions about my care (Scored 22)
3. If I need services, I can get them near where I live (Scored 19)
4. Services help me to understand my own health and wellbeing, and be as independent as possible (Scored 17)
5. Appointments are at flexible times and places to suit family life (Scored 15)
6. Children and young people should be prioritised on risk and need (Scored 14)
7. If I don't have the right 'connection' with the professional, I can change to another (Scored 14)
8. If I've got a long term condition, I don't need to wait for another referral to get help again (Scored 12)
9. Crisis services are available out of hours (Scored 10)
10. Whilst you're waiting for service, need information on how to manage (scored 9)
11. Can get quick advice about my situation without needing an appointment (Scored 9)
12. Information in how long you will have to wait for service and what to expect when you get it (Scored 8)
13. If I need services, I can get them near school (Scored 5)
14. Website (scored 3)
15. I don't know (Scored 2)

What do we need to do to make this successful?

1. High quality specialist services that learn from service users.
2. Connected, personalised and working together.
3. It is the best it can be and affordable.
4. Don't mind where the money comes from just that the service is good and there when I need it.
5. Earlier support to stop us needing services in a crisis.
6. Good opportunities for children and young people at transition points in their life.

Comments received:

As the parent and carer of a 23 year old adult with learning disability, I think it is important that he can access regular activities both social and physical to prevent him becoming a couch potato. He does not have work or the ability to undertake normal activities with friends to

promote physical and mental wellbeing. When he spends too much time watching TV we notice that he becomes agitated with poor mood.

CAHMS services are totally over stretched the waiting times are ridiculous. We have friends with children's with severe problems that are wanting months for help and are hugely distressed and stressed as result leading to huge problems within family relationships. We have barely had any contact from NHS since daughter grown up. It appears that she is not needy enough so we just make it up as we go along. It would be nice to have a paediatrician that new my daughter and her story so we don't always have to start right at the beginning explaining her additional needs is basically a drag and depressing. Number 5 – services fantastic until 6 years then dwindled now no services.

Would like quality special educational needs and disabilities speech therapy or sign posting. All education teachers in mainstream & special educational needs should believe more in inclusion. If we are aiming for paid work we need to have higher standards of education.

The transition from child services to adult services was a nightmare. We were told on numerous occasions that it would happen automatically and we wouldn't need to do anything. This was absolutely not the case once my son left child services he dropped off the world into a giant abyss and was never picked up by adult services. It was the same with my son's paediatrician, once he got too old to be under a paediatrician he again fell into no man's land. We have no hep what so ever with regard to his special needs. Whenever we go to the GP they look completely over whelmed as to how to help him.

Children's services are very poor; our experience is long delays, being passed around different teams.

OT, physio etc. all in one place at my school. Brilliant environment rather than clinical. Recently support was suddenly pulled back. Not sure if this is due to funding or if they are actually improving. Daughter had lots of support when first diagnosed almost 20 different professionals trying to contact her. She had equipment to support sitting and feeding etc.

Audio feedback with young people - Sound Communities

Sound Communities is an ambitious Torbay-based Community Interest Company that runs radio projects to enhance community cohesion and increase employability. They have a very unique and rich set of skills and understandings, so they were an ideal group to commission to capture the views of young people in Torbay.

They went to youth clubs across Torbay and had conversations with young people who were attending:

- The Edge, Brixham
- Parkfield, Paignton
- PHAB club, Torquay

- Young carers, Torbay

The Edge, Brixham (older teenagers)

- Although it's a good idea to have one centre for people to go, it would depend on where it was and how far away. Torbay hospital is too far from Brixham. Disorientated after having an operation. Buses take ages to get from Brixham to Torbay hospital. Over an hour.
- Is there the funding to do all the things they say they will? Why don't you focus smaller resources in town centres rather than at Torbay Hospital?
- Information should be in pictures and sign language too. Your records should actually be kept like that. It's pointless telling people over and over again. They're wasting their time going over the same question that you have already answered.
- Some people go to an appointment with something wrong with them but don't explain it, so it is a good idea for professionals to check if there is anything else.
- It really annoys me when people don't read your notes before you arrive.
- I find it difficult to say 'yes that's happened', like when I've injured myself. I don't know how I will feel afterwards so I don't want to open up and say anything. I could be traumatised.
- After I had an operation I had someone come and show me how to do things differently and be healthier.
- If you have a day when lots of people are getting injured, do they have the capacity to help them? The new ideas could be expensive.
- Early intervention is far better than firefighting at the end. You spend less on the individual person. That's why we need more services in our community.
- Dealing with mental ill health takes longer and needs dealing with quicker.
- I find GPs are pushy saying 'what's wrong with you'
- I think services should be flexible and fit round each person, but can they afford it? What if they are all booked up? The idea of it moulding around the individual person goes out the window.

Youth leader at the edge, Brixham

- It often takes a long time to get help for mental health problems. Bullying not dealt with quickly enough and this affects mental health.
- When things are not addressed and they escalate, some people taken outside area which makes it so hard for families.

Parkfield, Paignton

- Choice is good in case you don't like one.
- Choice of where it is good so you don't need to go far away.
- Sometimes it can be hard to talk about your health problems so it's good if it can be recorded and passed on so you don't have to say it again.

- Not everyone's problems are the same. It will help you more quickly if they can respond to your needs.
- Carers need to know all the information about your problem so they can help you.

PHAB club, Torquay

- We don't have our own transport so services close by would be helpful. If you get nervous going out on your own, it would be more comfortable seeing someone at home or close by.
- If got so many people helping me with a care manager who works very hard to coordinate. They work really hard. Without my care manager I wouldn't have the opportunities I've had. She's fought my battles. I told her what I wanted and she helped me. I'm in charge of what I want to do. School wanted me to do different things that I didn't want to do.
- Family have really supported me and organised work opportunities for me.
- If you have to say something that makes you worry, you don't want to have to keep repeating it. You only want to have to say something once.
- I'm a young disabled carer, looking after my mum. I get some help with trips and money. I wish they checked up on me more regularly. I get a phone call but I'd rather they came and talked to me. I wish there were more people to visit me and help me. I'd like more help from someone to go through things with me.

PHAB club worker says they provide 2 hours respite for 30 people each week and they are not funded properly for this.

Torbay young carers

- Being able to give a service a quick call or text and ask if they can give you information or advice is a good idea, rather than waiting for weeks.
- There should be more CAMHS. More Checkpoints.
- People with anxiety struggle a few days before they go to an appointment.
- School counsellor sees hundreds of people and has prioritised me and arranged all the appointments I need. Checkpoint could do this better.
- Being involved in your own care is a major thing; it's independence. You need to understand what's happening.
- Half my teachers don't even know that I am a young carer. If they did, they might have treated me differently.
- Teachers just care about your work and your behaviour, not what's going on at home. It's important for someone who is coordinating your care to make sure your teachers know you are a young carer and may have needed to go to hospital with your parents. They don't understand that being a young carer is more than just staying at home and looking after someone. You may not have money; you may need to administer medication.

Community Health, Wellbeing and Special Educational Needs and Disabilities (SEND)

INTEGRATION PROPOSAL

Document Information

Project Name:	**Integrated Offer for Community Health, Wellbeing and SEND**
Date:	**18/09/07**
Version:	**1.1**
Author:	**Jo Siney**
Owner (Project Executive):	**Judith Harwood**

Document control

Version	Date	Author	Change Ref	Pages Affected
0.1	10/08/17	JS	Checked by TC and update by JS	
0.2	15/08/17	JS	Checked by SW and update by JS	
1.0	18/08/17	JS	Checked by DS and update by JS	

Sign off

Position	Name		Date

Date Adopted	
Review Frequency	Review at first project executive group

1. Introduction

Within Plymouth there is an agreed aim to achieve the integration of community health, wellbeing and SEND services across all partners in order to support the commissioning intentions set out in the Children and Young People Integrated System Action Plan for 2016-17. These actions include:

- Integrated referral management
- Integrated Education, Health and Care Assessment Process
- Integrated Education, Health and Care Outcome Based Planning
- Clear diagnostic pathways
- Evidence-based pathways of care.

Currently, many of the teams who provide support to children and young people with disabilities, long term health conditions or special educational needs are provided across 3 organisations. These are Plymouth City Council, Livewell South West and Plymouth Hospitals NHS Trust. As a group of providers, we have been working together to review the current operating models and systems of practice to consider how we can work together to achieve this ambition in Plymouth. This also links in with the wider work within the STP and the Five Year Forward View.

We recognise that we have a long history of working closely together, and in partnership with commissioners, to improve outcomes for disabled children and young people (under the Aiming High for Disabled Children agenda) and now for children and young people with SEND (in accordance with the Children and Families Act 2014). Our good work, and areas for further development, is reflected in the Joint Ofsted/CQC Local Area Inspection for SEND in October 2016.

As providers, we are committed to working together to take the next steps to achieve integrated service delivery for children, young people and families.

What is the problem?

Across the 3 organisations, the range of teams have different systems for access and referrals, and a limited range of professional responses available to provide support. Currently there is no potential to access the required intervention available from across SEND services via any single organisation.

As a result, when a parent/carer or young person needs help and support it can be difficult or confusing to know how you get the right response from the right teams. Often families and schools refer children and young people to a variety of access points in the hope that this will result in the provision of the right support in the end. This is not the best arrangement for families, or the organisations and can result in uncoordinated responses, duplicated responses or gaps in service, ultimately reducing the effectiveness of any intervention provided.

There has already been a lot of work across these organisations to help teams to talk to each other more easily and share information about families. However while this has helped us to understand the complexity of the situation and the shortcomings of our current arrangements, it has not allowed families access to the coordinated response they need.

The evidence demonstrates that full integration of services requires at least a 5 year journey, bringing together separate cultures and operational practices. Developing an incremental model of integration, whilst maintaining existing organisational structures, allows time for the major changes to take place and for learning to inform the changes as they are implemented.

What we want to do next?

Our overall aim in Plymouth is to develop an integrated offer for community health, wellbeing and SEND support to children, young people and families. In order to take the next step we are looking to step up a 'single point of access' for a large range of these services. Achieving a shared view of need and service demands through the approach in phase 1 will enable a phased plan for an integrated offer to commence. This is with the ambition of achieving a 'single view' system in due course, ensuring long term efficiency and effectiveness of systems and processes to support children, young people and families.

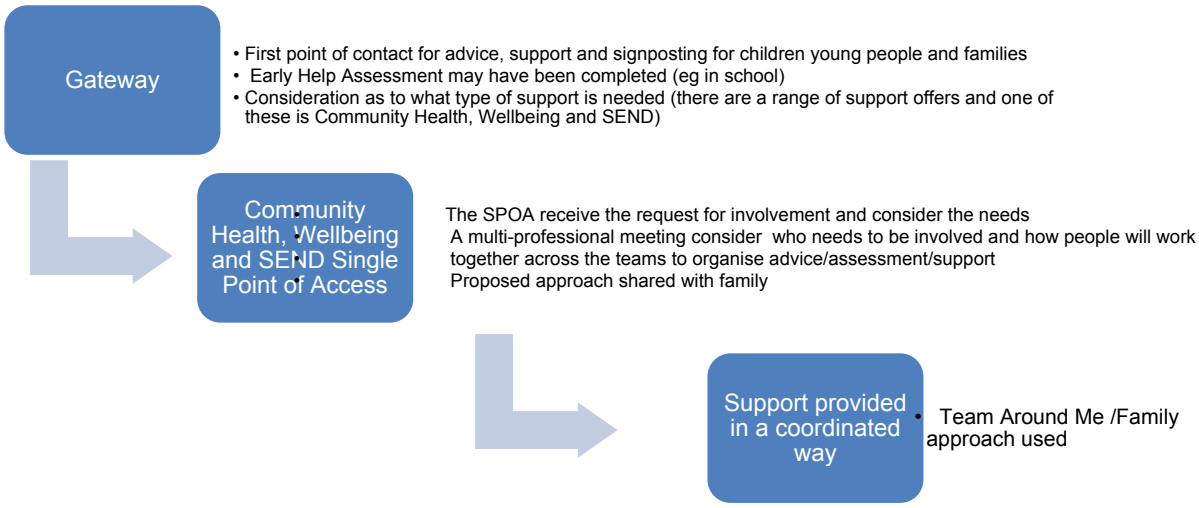
Note – the terminology of 'Single Point of Access' is a working title only with the expectation that the title will be determined at an early stage of progressing this work.

In Plymouth commissioners have also agreed to include in scope of the integration Specialist Public Health Nursing Services currently delivered by Livewell South West. This provides a significant opportunity to create a system whereby the universal offer these services provide and the skill mix then available can facilitate a seamless link to the care provided to individual families with children and young people with disabilities, long term health conditions or special educational needs. The work set out in this paper will be mindful of this wider offer as service design work progresses.

The Healthy Child Programme led by Public Health Nursing provides population level interventions for children, young people and families that aim to improve health and wellbeing, prevent ill health and identify need early. Much of this activity sits below the point at which the single point of access will operate but there will need to have a clear link to it once additional needs are identified through the universal offer.

Reviewing the Public Health Nursing offer to help maximise its impact in the context of an integrated offer will be taking place during phase one of the proposed 5 year journey. Phase two which includes a focus on prevention and health literacy provides the point at which Public Health Nursing can begin to take its place alongside the services cited in this paper to deliver an increasingly integrated offer.

How would it work?



What will we have to do to make this happen?

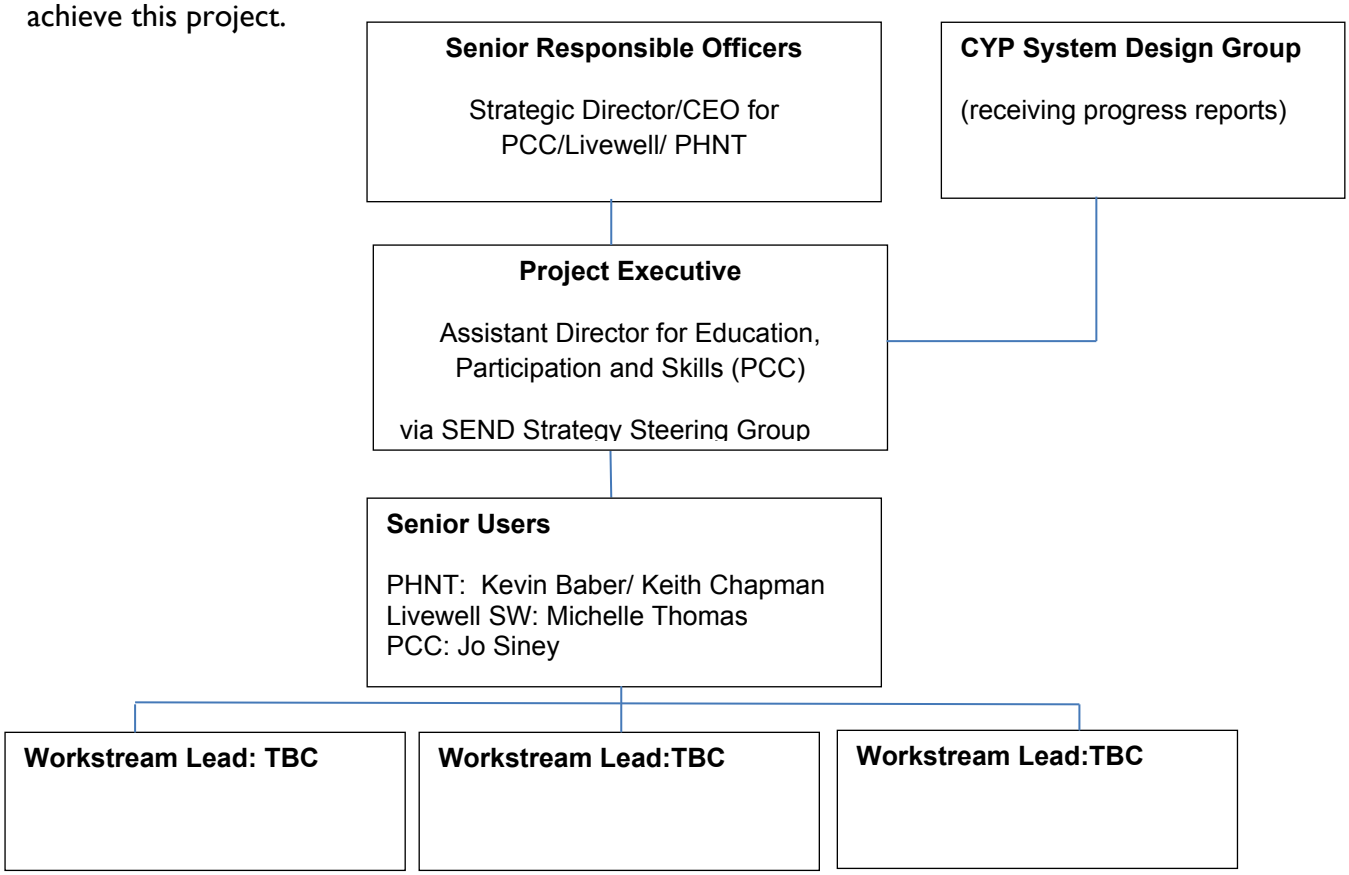
The organisations will need to work together to change the way that staff work. They will want to make sure that these changes make the experience better for children, young people and parents. There are some key areas to address:

- Putting the right information sharing agreement in place to make sure that data protection and privacy legislation is secured
- Identifying the right staff to support the Single Point of Access
- Working out how this will link with the Gateway information and advice service that is already in place
- Designing processes for staff to work jointly on assessment and planning for each individual child and young person, in response to presenting need.

2. Governance

It is proposed that the following governance arrangements are confirmed in order to support the change programme required to deliver this vision across PHNT, Livewell South West and PCC. The governance structure takes account of the existing arrangements to deliver integrated commissioning.

Senior Responsible Officers' approval of this paper and project plan provides the mandate to progress this work. We are seeking a Memorandum of Understanding to support the work across the three organisations by setting out our agreed ways of working together to achieve this project.



3. Vision

Our overall aim in Plymouth is to develop an integrated offer for community health, wellbeing and SEND support to children, young people and families.

Families in Plymouth have consistently told us that they want better information with a single entry point to be able to access services when their child has additional health, disability or SEN needs. They would like their experience of the system to be facilitated by a named professional supporting them through a single, assessment and care pathway with co-ordinated reviews leading to improved transitions (in childhood and into adulthood).

To achieve this we will develop new joint processes across all three organisations that will provide Health and Wellbeing and SEND support services in a coherent and cost effective way.

There are two main strands to the offer:-

- Purpose of a Single Point of Access
- Trusted Triage and Clinical Decision Making
- 'Single View' IMT

Integrated multi-professional planning for assessment accessed via a single entry point that facilitates a triage discussion to identify need and provide advice and initial support to move the individual child to the correct assessment pathway with the minimum delay.

The SPOA will provide 'trusted triage'. Building on the existing information provided by universal services/specific intervention teams and children and families themselves, the advanced multi-agency triage provided by experienced practitioners in the Multi-Disciplinary Team Intake aim to ensure each child and family receive co-ordinated and timely support from the most appropriate service area.

Debate and discussion within the Multi-Disciplinary Team will enhance the clinical decision making process and ensure a robust response to the complex issues identified.

Tiered decision making processes will be inclusive in their approach and ensure that best available information is taken into account. .

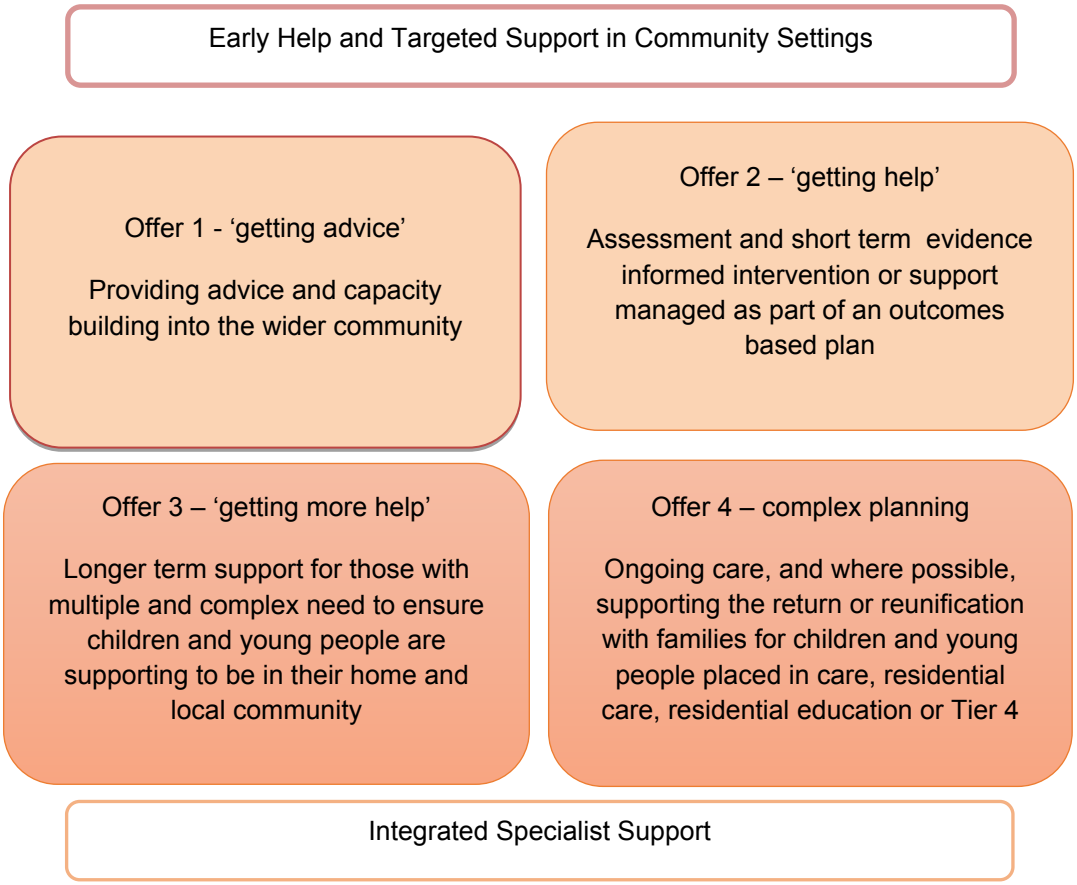
Moving this vision successfully forward requires a robust evaluation framework from the outset in order to maximise our ability to understand how support services provided improve outcomes for children, young people and their families. Therefore evaluation arrangements and management information requirements will be established to confirm the quantitative and qualitative information required in order to appropriately prioritise next stage developments across the organisations. Business analysis to review efficiency and effectiveness of service delivery will be achieved. This work will ensure that the voice of children, young people and families sits at the heart of evaluation.

4. Future Service Model

The phased implementation of a full and comprehensive integration of services to deliver the elements shown above, would provide the best opportunity to fundamentally change the way that services are offered to families in the city. The integration will need to embed within it a shift in the organisational culture, to improve the experience of families when they access community health, wellbeing and SEND services.

In considering the approach to supporting families, we have considered the Thrive Model (2014) which has been developed by the Anna Freud National Centre for Children and Families and the Tavistock and Portman NHS Foundation Trust. Their conceptual framework of measuring need under five categories; thriving, getting advice, getting help, getting more help and getting risk support has contributed to system design work in Plymouth to describe the i-thrive offer.

The diagram below illustrates the how we can make this conceptual framework a reality to improve outcomes for your people in need of support from the Community Health, Wellbeing and SEND services.



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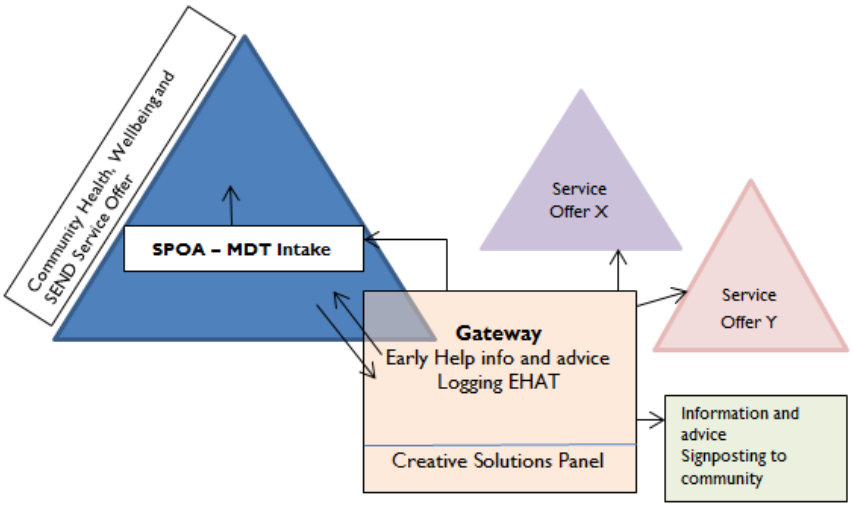
4.1 Phase 1: Establishing the Single Point of Access

The Single Point of Access (SPOA) will need to clearly describe the interface with the Gateway.

The Gateway is based within PCC and provides a point of information and advice for families and professionals in undertaking Early Help Assessment and outcome-based planning for children and young people. Currently 2 PCC SEND Staff sit within Gateway to provide SEND-specific advice and information. It is expected that the Gateway would be key in receiving requests for the involvement of the Community Health, Wellbeing and SEND offer and progress these to the Single Point of Access.

The diagram below illustrates how the SPOA may sit within the wider system arrangements for children, young people and families.



Once a child/young person has been identified for consideration within the SPOA, the following stages will be worked through.

a. Source of requests for involvement (noting those which currently make use of Gateway)
   - Parent/young person – via Gateway
   - GP
   - Children's Centres/ Early Years/Schools/Colleges – via Gateway
   - Health visitors
   - School Nursing
   - Acute Hospital
   - PCC Children/Young People and Families (incl social care)
   - Police – via Gateway
   - Third Sector - via Gateway
   - Internal specialist teams within scope of Community Health, Wellbeing and SEND description

b. Requests for involvement are received and logged at a single point for all teams/services.
   - Single view of service demand
   - Supports management information across whole system
   - Case response tracking commences at the first contact
   - What is the presenting need?
   - What are the outcomes sought?

   This approach enables a more detailed exploration of what needs to be done to achieve the outcome, rather than requesting a specific service (output).

c. Single team/service requests for involvement can be fast tracked where appropriate at this point (in accordance with working protocol and eligibility criteria)

d. Request for involvement is flagged as requiring a crisis response
    - Lead Practitioner for SPOA coordinates service response in parallel with steps 4/5.

e. Requests for involvement go through an initial triage within the SPOA Team in order to review:
    - Status of parental/ young person consent to share information
    - E-records review to establish whether child/young person is already known to services
    - On basis of request – consider what additional information may be needed to support an MDT decision (eg pre-assessment work)
    - Prepare request paperwork for MDT discussion

f. Multi-Disciplinary Team Intake discussion
    What is the appropriate response?
    - Information and Advice
    - Specialist advice
    - Assessment (single/combined including assessment for diagnosis)
    - Intervention (brief intervention/ longer term care planning)
    - Crisis response

The intake discussion will be drawing from the range of service offers available across the system. Discussion will consider whether there needs to be flex in the offer or an adapted offer in order to able to respond appropriately to the need.

The intake discussion will also establish:

- Members of the Team Around Me/Family
- Initial Lead Practitioner (this may change as work progresses)
- Expectation around joined up or integrated assessment (where appropriate)
- Staged approach to assessment or intervention in order to ensure most appropriate allocation of services (and recognising that there may sometimes be a waiting list).

The Phase 1 evaluation will carefully analyse this activity in order to use this shared view to understand presenting need, demand and organisation behaviour thereby enabling a system-wide review to achieve robust grasp of the capacity/demand issues regarding achieving the actions listed below.

g. Internal requests for involvement
    Where it is identified that a different response/ additional involvement is required, the lead practitioner is responsible for bringing that request back to the SPOA for consideration.

h. Communication of next steps
    - Feedback provided to family – with timescale and point of contact
    - Advising GP/School/EY Setting of next step

i. Quality Assurance Oversight
    - Audit of the SPOA process for compliance and effectiveness
    - Quality assurance audit of decision making
    - Joined up learning to inform future service demand and development.

5. Services in Scope

We will be working to develop this service model across the relevant teams within PHNT, Livewell South West and PCC SEND Service. This will include:

PHNT Child Development Centre MD Services (including community paediatricians, nursing and therapy teams)
Livewell Southwest Speech and Language
Livewell South West CAMHS Teams
PHNT Children's Community Nursing Team
PCC SEND Service
- Early Years Inclusion
- Advisory Teaching and Support
- LA Occupational Therapy
- Children's Disability Social Work Team
- 0-25 SEND Statutory Assessment Team
- Educational Psychologists

Livewell Southwest School Nursing Team
Livewell Southwest Health Visitors

The following interdependencies to achieve this model include:
- PCC Gateway
- DRSS
- Plymouth Excellence Cluster
- PCC SEND Strategic Advisory Service

6. OPERATIONAL ISSUES ARISING

In order to work towards full integration of these services, the organisations will need to work together to change the way that staff currently work. To be successful the three organisations will need to develop open and transparent culture and embed across the organisations a model of partnership working. The governance arrangements and management structure will be key to the success of the proposal.

The focus of the new model of delivery is to improve the experience and outcomes for children and their families.

Key considerations:

- A joint quality strategy and programme to deliver this offer
- Clear accountability

- Good communication, engagement and consultation
- Management structure and leadership moving forward will need to be reviewed and consideration given to joint management structures
- Robust data protection and privacy legislation arrangements. An Information Sharing Agreement/ Information Exchange Agreement will need to be approved
- Identifying the right staff to support the Single Point of Access and subsequent delivery partnerships
- identifying how the new model will link with the Gateway and other existing referral systems
- Reviewing how staff would work jointly on assessment and planning
- Planning joint staff briefings/training to manage the changes and develop improvements and innovation.
- Developing an integrated health and social care model with a view to being able to deliver a holistic assessment
- Clear safeguarding processes.
- Understanding of financial flows in each organisation.

7. Expected Benefits

The expected benefits will be measurable in terms of savings to be made from the integration of services. However, some benefits will be harder to quantify and demonstrate for example family satisfaction and confidence in the process.

The project group will develop a matrix to review through engagement with families and stakeholders the progress of the integration and the measurement of benefits.

This will be reported through the governance process to ensure that the integration remains on track to achieve its outcomes.

Expected Benefits	Measurement	Target Year 1
Family confidence in support services increases	Engagement with families at the start of the process and ongoing engagement at key milestones. The initial engagement exercise will be the benchmark from which subsequent feedback will be judged	Families report improved satisfaction of their experience of service involvement
Information about support services, eligibility and timeliness is clearly available	Multi-agency information is available signed off by all organisations.	Project group to have reviewed all of the information available and have developed a single suite of documents that describe the offer as a whole
Ability to address delays in accessing services due to level of demand	Benchmarking of the delays in accessing services is conducted at the beginning of the process. Ongoing benchmarking carried out at key milestones.	Project group to review the data regarding delays and report to the steering group that these are improved from the start of the process
	Clear understanding gained	Commissioners are informed of

Commissioning of future services will be informed through a better understanding of need	regarding the future range and configuration of services required to meet the needs of the SEND population in Plymouth	the level of need for the services and whether the integrated service is able to meet the need
Savings will be achieved through the integration of the Health and Wellbeing and SEND support services. This will be at all levels across the service from management through to admin. Support	Existing budget pressures in all three organisations will be reduced. Savings at all levels will be made as referral, assessment and back office support costs are amalgamated across the organisations	Budget management demonstrates that resources are aligned to meet need and Budget pressures are reduced.

8. Risks/ Dependencies

Risk	Possible outcomes	Mitigation
Delays in Governance arrangements being agreed and implemented	Delay in the development of Phase 1 leading to delays across the whole project	Project group to develop realistic timescales and report regularly to the Board on progress.
Delays in establishing and implementing the single point of access process	Delays in the start of the single point of access will lead to confusion and misunderstandings across the organisations which in turn could lead to dissatisfaction of families	Project group to ensure that project is kept on time. Project group to write and deliver a clear communication strategy to keep all stakeholders informed of progress in incremental stages of the project
Culture change across the organisations takes longer than anticipated to embed	Workforce may be resistant to change which will hinder the embedding of the new processes.	Project group and Board to ensure that workforce are involved in the incremental changes and are kept fully informed of plans and timescales. Opportunities for discussion should be formal and informal to allow for individuals to express any concerns.
Delays in the implementation of Phase 1 will reduce the level of savings to be achieved through the integration of services	Savings to be achieved through rationalisation of processes and co-location (where appropriate) of workforce could be reduced if the project is not kept to time	Project group to be aware of the timescale to develop new processed and procedures. Board to request regular update of progress against target.
MDT Intake decision making proves ineffective due to the quality and accuracy of available information	Child and family do not receive the most appropriate support and intervention	Encourage examples to be highlighted and investigated to ensure future learning
Lack of appropriate ICT systems impact on available information	MDT decisions are based on incomplete or inaccurate information	ICT user group formed to consider issues raised. ICT issues are identified to inform any future developments or procurement

Service user expectations are raised unrealistically	Service user dissatisfaction with SPOA	Consistent engagement and communication with service users and on-going feedback gathered
Changes in referral processes lead to referrals being lost or delayed	Delays in children and families accessing support and intervention and frustration from colleagues in universal services	Clear communication with referrers regarding any changes in process. Any inappropriate referrals (eg acute services/adult services)reaching SPOA will be responded to immediately to ensure they reach their appropriate destination
Demand/Capacity Service Changes	MDT decisions result in changes to the levels of demand across SEND services leading to delays in some service areas	SEND management teams will monitor and trends and identify these to commissioners
Demands of procurement activity removes capacity to implement this offer across the three organisations	Failure to implement the plan at Phase 2 in the project plan	Confirm with commissioners that timescale for a procurement decision.

9. Project Plan & Resources

The proposal to develop an integrated operational process and procedure for Health and Wellbeing and SEND services will be implemented in two distinct phases as described below and in the attached Project Plan

Phase 1 (September to December 2017):

- Establishing and confirming project governance across the organisations
    - Commitment to proceed
    - Establish the TOR of the Steering Group
    - Establish the Project Working Group
    - Memorandum of understanding
    - Change resources
    - Briefing for interdependent areas (Gateway/DRSS)
    - Update to Commissioners with proposal
    - Communication and Engagement Plan
- Scope requirements for the work
    - Information exchange agreement and data protection
    - ICT requirements
    - Confirming legal frameworks for operating
    - HR advice
    - Workforce development
    - Evaluation arrangements and management information requirements

- Develop 'Single Point of Access' operating model – proof of concept
    - Leadership arrangements
    - Staff requirements to support
    - Workflow and Process mapping
    - Confirm information exchange agreement
    - Location
    - Information offer
    - Financial implications
    - Update communication and engagement plan

- Principles of 'trusted triage' agreed across organisations and embedded into the working practices

- Implementation Plan
    - Information
    - Launch arrangements
    - Monitoring of new arrangements
    - Evaluation work commences

Phase 2 (January 2018- September 2018):

- Launch of Single Point of Access arrangements

- Single Point of Access /trusted triage monitoring and evaluation framework commences

- Commence scoping work for integration around existing local priority themes
    - Health literacy and prevention work for SEND (linked to MEYSOG)
    - Early Years, SEND and ready for school
    - Autism Spectrum Condition – early identification through to post assessment support planning
    - Preparing for adulthood (education, employability, health and care)

Phase 3 (September 2018 onwards)

- Evaluation findings reviewed
    - Proof of concept confirmed
    - Capacity/demand information analysed
    - Qualitative review and impact information analysed

- Agree priorities for next steps to achieve a fully integrated offer
    - Identifying the areas for further integration highlighted through evaluation and single service view.

- Next steps for further integration agreed

Estimated Central Project Costs

We have quantified the work required to support this work. The figures below are indicative estimations but it is recognised that some of these costs are already met through existing funding arrangements. There is further work required to clarify what additional funding would be required and options to meet this.

Estimated Project Management Resource Cost (including BA/PSO support)	£35,000
Estimated Communication Cost	£5,000
Accommodation and other costs	£10,000
Estimated WFD costs	£5,000
Estimated total	£55,000

10. Recommendation

It is recommended that the governance arrangements are confirmed and approval is given to implement the project plan to achieve Phase 1 Single Point of Access.

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