AGENDA

Meeting: Children's Select Committee
Place: The Kennet Room - County Hall, Trowbridge BA14 8JN
Date: Tuesday 31 May 2016
Time: 2.30 pm

Please direct any enquiries on this Agenda to Roger Bishton, of Democratic Services, County Hall, Bythesea Road, Trowbridge, direct line 01225 713035 or email roger.bishton@wiltshire.gov.uk

Press enquiries to Communications on direct lines (01225) 713114/713115.

This Agenda and all the documents referred to within it are available on the Council’s website at www.wiltshire.gov.uk

Pre-meeting information briefing
There will be a briefing session starting at 2.00pm, immediately before the meeting. Its focus will be on Special Guardianship Orders

Membership:
Cllr Jon Hubbard (Chairman)       Cllr Atiqul Hoque
Cllr Jacqui Lay (Vice Chairman)    Cllr Simon Jacobs
Cllr Pat Aves                      Cllr Helen Osborn
Cllr Mary Champion                 Cllr Ricky Rogers
Cllr Mary Douglas                  Cllr James Sheppard
Cllr Sue Evans                     Cllr Philip Whalley
Cllr Chris Hurst

Substitutes:
Cllr Dennis Drewett                Cllr Stewart Dobson
Cllr Andrew Davis                  Cllr Chuck Berry
Cllr Ian Thorn                     Cllr Trevor Carbin
Cllr Terry Chivers                 Cllr Bill Moss
Cllr John Walsh                    Cllr Peter Edge

Non-Elected Voting Members:
Mr Ken Brough                      Parent Governor Representative (Primary)
Rev Alice Kemp                     Parent Governor Representative (SEN)
Dr Mike Thompson                   Clifton Diocesan RC Representative
Mrs Lynne Swainston                Bristol Diocesan Church of England Representative
Non-Elected Non-Voting Members:

- Miss Sarah Busby: Secondary Schools Headteacher Representative
- Miss Tracy Cornelius: Primary Schools Headteacher Representative
- Mr John Hawkins: School Teacher Representative
- Miss Cathy Shahrokni: Further Education Representative
- James Wilkins: Children & Young People’s Representative

**RECORDING AND BROADCASTING NOTIFICATION**

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PART I

Items to be considered while the meeting is open to the public

1 **Election of Chairman**
   To elect a Chairman for the ensuing year.

2 **Election of Vice-Chairman**
   To elect a Vice-Chairman for the ensuing year.

3 **Membership and Apologies**
   To note any changes of membership following the Annual Meeting of Council on 10 May 2016.
   To receive any apologies or substitutions for the meeting.

4 **Minutes of the Previous Meeting (Pages 7 - 16)**
   To approve and sign the minutes of the previous meeting held on 22 March 2016.

5 **Declarations of Interest**
   To receive any declarations of disclosable interests or dispensations granted by the Standards Committee.

6 **Chairman’s Announcements**

7 **Public Participation**
   The Council welcomes contributions from members of the public.

**Statements**

If you would like to make a statement at this meeting on any item on this agenda, please register to do so at least 10 minutes prior to the meeting. Up to 3 speakers are permitted to speak for up to 3 minutes each on any agenda item. Please contact the officer named above for any further clarification.

**Questions**

To receive any questions from members of the public or members of the Council received in accordance with the constitution. Those wishing to ask questions are required to give notice of any such questions in writing to the officer named above (acting on behalf of the Corporate Director) no later than **5pm on Monday 23 May 2016**. Please contact the officer named on the first page of this agenda for further advice. Questions may be asked without notice if the Chairman decides that the matter is urgent.
Details of any questions received will be circulated to Committee members prior to the meeting and made available at the meeting and on the Council’s website.

8 **DfE Changes - Update from Department for Education (Pages 17 - 22)**

A report by Carolyn Godfrey, Corporate Director, is attached presenting an update on developments relating to children’s services arising from the Department for Education.

9 **Adoption West Update**

To receive a verbal update regarding regional progress with Adoption West.

10 **Re-commissioning Child and Adolescent Mental Health Services (CAMHS) (Pages 23 - 62)**

Primary and Specialist Child and Adolescent Mental Health Services (CAMHS) in Wiltshire are provided by Oxford Health NHS Foundation Trust under separate but linked contracts.

Wiltshire Council funds and holds the contract for Primary CAMHS which provides interventions and treatment for children and young people assessed as having mild to moderate mental health needs.

Both contracts commenced in April 2009 and are due to expire in March 2017. Consequently, a re-commissioning process needs to be agreed to ensure the continuity of a safe and effective Child and Adolescent Mental Health Service to meet the needs of Wiltshire’s children and young people from 1 April 2017.

At the 17 May 2016 meeting of Cabinet the attached reports and appendices were considered and agreed. The relevant draft minute extract from the meeting of Cabinet is included for information.

The Committee is asked to consider the resolutions of Cabinet and discuss possible input into the development of the new service model.

11 **Pupil Performance in Public Tests and Examinations 2015 (Pages 63 - 68)**

At the 26 January 2016 meeting of the Children's Select Committee members received a report detailing Pupil Performance in Public Tests and Examinations for the 2014/2015 academic year.

As requested by the Committee updated results reflecting the attainment of students aged 16-19 at the end of advanced (level 3) study in the 2015 academic year are included in this agenda for consideration.

12 **Early Help Strategy Task Group (Pages 69 - 80)**

At the Children’s Select Committee meeting on 14 April 2015 the Committee endorsed the report of the Early Help Strategy Task Group, which advised the Committee of whether the current data set was a suitable mechanism for
monitoring the delivery of the Early Help Strategy, whether it met the task group’s initial recommendations and how it could monitor the implementation of the Early Help Strategy going forward.

The Committee resolved to endorse the report and its recommendations, including the following recommendation from the Data Set review in January and March 2015:

18 Scrutiny should review the data set again in 12 months to understand the developments that have taken place and assure itself that that data set is still fit for purpose.

In line with the above recommendation the latest version of the data set has been included with this agenda. The Committee is asked to consider whether the data set is fit for purpose.

13 Executive Response to the Final Report of the Obesity and Child Poverty Task Group (Pages 81 - 86)

On 22 March 2016 the Children’s Select Committee endorsed the Final Report of the Obesity and Child Poverty Task Group. The Committee resolved to refer the following Task Group’s recommendations to the relevant Cabinet members for response at the Committee’s next meeting and to the Health Select Committee on 21 June 2016.

The response of the relevant Cabinet Members to the task group’s final report is attached to this agenda for consideration.

14 Executive Response to the Final Report of the Children’s Community Health Services Rapid Scrutiny Exercise (Pages 87 - 92)

On 22 March 2016 the Children’s Select Committee endorsed the Final Report of the Children’s Community Services Rapid Scrutiny Exercise. The Committee resolved to refer the report’s recommendations to the relevant Cabinet member for response at the Committee’s next meeting.

The response of the Cabinet Member for Children’s Services to the Final Report of the Rapid Scrutiny Exercise is attached to this agenda for consideration.

15 Academisation Task Group (Pages 93 - 96)

On 10 May 2016 Council received a Motion from Councillors Jon Hubbard and Glenis Ansell entitled ‘Forced Academisation of Schools’. As a result of recent announcements from central government on planned academisation, the motion was replaced with the following referral:

To refer the motion to Scrutiny, to suggest a working group investigate with the executive on options for Wiltshire Council to explore what routes are available to continue to support schools, such as county wide multi academy trusts or other options.
The original motion as submitted is attached for information.

On Tuesday 24th May 2016 the Overview and Scrutiny Management Committee will be asked to endorse the referred motion and refer to the Children's Select Committee for further discussion and scoping.

Members are asked to discuss the motion in the light of the Overview and Scrutiny Management Committee’s resolutions.

16 **Task Group Updates (Pages 97 - 100)**

A report by the Senior Scrutiny Officers providing an update on Task Group Activity since the last meeting is attached.

17 **Forward Work Programme (Pages 101 - 104)**

The Committee is asked to note the attached document showing the relevant items from the overview and scrutiny forward work programme plus relevant items on the current Cabinet work programme.

18 **Date of Next Meeting**

To note that the next scheduled meeting is due to be held on Tuesday 26 July 2016 at County Hall, Trowbridge, starting at 10.30am.

There will be an additional meeting to consider the Government’s White Paper *Educational Excellence Everywhere* on Tuesday 21 June 2016, starting at 2.30pm.

19 **Urgent Items**

Any other items of business which the Chairman agrees to consider as a matter of urgency.

**PART II**

**Items during whose consideration it is recommended that the public should be excluded because of the likelihood that exempt information would be disclosed**

None
CHILDREN'S SELECT COMMITTEE

DRAFT MINUTES OF THE CHILDREN'S SELECT COMMITTEE MEETING HELD ON 22 MARCH 2016 AT KENNET ROOM - COUNTY HALL, TROWBRIDGE BA14 8JN.

Present:
Cllr Jon Hubbard (Chairman), Cllr Jacqui Lay (Vice Chairman), Cllr Pat Aves, Cllr Mary Champion, Cllr Sue Evans, Cllr Chris Hurst, Cllr Simon Jacobs, Cllr Bill Moss, Cllr Ricky Rogers, Cllr Philip Whalley, Rev Alice Kemp, Dr M Thompson, Miss Sarah Busby, Miss Tracy Cornelius, Mr J Hawkins, Miss Cathy Shahrokni and Cllr Stewart Dobson (Substitute)

Also Present:
Cllr Richard Gamble, Cllr Simon Killane and Cllr Laura Mayes.

16 Apologies

Apologies for absence were received from Cllr Mary Douglas (who was substituted by Cllr Stewart Dobson), Cllr Helen Osborn, Cllr James Sheppard and James Wilkins.

17 Minutes of the Previous Meeting

Resolved:
To confirm and sign the minutes of the previous meeting held on 26 January 2016.

18 Declarations of Interest

There were no declarations of interest made at the meeting.

19 Chairman's Announcements

The Chairman made the following announcements:

- Cabinet items

  On 15 March 2016 Cabinet considered the following item:
Wiltshire Council CSE Action Plan Update (Non-Key Decision)
Cabinet was informed of progress made on implementing the Child Sexual Exploitation (CSE) Action Plan.

On 17 May 2016 Cabinet would consider the following item:

Wiltshire’s Obesity Strategy 2016-2020 (Non-Key Decision)
Cabinet would be requested to approve the Strategy following public consultation before final submission to the Health and Wellbeing Board in June 2016.

- Special meeting of the Overview and Scrutiny Management Committee – Draft 2016/17 Budget

A Special Meeting of the Overview and Scrutiny Management Committee Meeting was held on 3rd and 12th February to consider the Draft 2016/17 Budget. The Chair and Vice Chair of the Children’s Select Committee were in attendance to discuss the following budget issues relevant to Children’s Services:

- Increased pressures, such as Special Guardianship Orders
- Dependency on agency workers
- A commitment to reducing the number of looked after children in residential or out of county care
- Local Youth Network funding
- Pressures on Special Educational Needs and Early Years grant funding.

The draft budget had since been received by Cabinet on 9 February and Full Council on 23 February and had been adopted.

- Amendment on PAUSE Project

At the Budget Meeting of Full Council on 23 February 2016 those present considered the recommended budget amendment to investment in the ‘Pause’ initiative.

Pause was a national initiative to reduce the demand and cost placed on Children’s Services by working with families who had experienced, or were at risk, of repeated removal of children from their care in an attempt to break that cycle. A national pilot scheme was currently running.

A proposed amendment to invest £0.125m into the initiative was accepted at Full Council. The initiative was considered a worthwhile investment and members were informed the cost would get the initiative running in Wiltshire. Feasibility studies with other local authorities had shown
significant savings in following years as a result of the project’s successful implementation.

A pre-meeting information briefing on this PAUSE initiative would be arranged for this Committee when the plan was in place.

- **Cllr Helen Osborn**

The Committee was informed that Cllr Helen Osborn was currently in hospital. Members and officers joined the Chairman in extending their best wishes for a speedy recovery and looked forward to welcoming her back to meetings of this Committee.

20 **Public Participation**

There were no members of the public present or councillors’ questions.

21 **Activities of the Wiltshire Assembly of Youth 2015**

Consideration was given to an update report from James Wilkins, Children’s & Young People’s representative on this Committee. Unfortunately, James was unwell at present and his report was presented by Judy Edwards, Senior Commissioning Officer, Joint Commissioning.

The report presented a summary of the activities of the Wiltshire Assembly of Youth during the period February 2015 to January 2016.

It was noted that WAY members had attended a residential conference at Oxenwood and had developed an Agenda for Action, which included the following three main areas of focus:

(1) Improve emotional wellbeing and mental health support for young people.

(2) Work with schools to improve Personal, Social, Health and Economic (PSHE) education.

(3) Work together to beat bullying.

Members noted that the UK Youth Parliament (UKYP) had set mental health as one of its priorities for 2016 and this was supported by WAY who had promoted a UKYP campaign – *Mind the Gap*. WAY and UKYP members had met local MPs to discuss support for mental health campaigns both nationally and locally.

WAY had expressed continued concern about the quality and relevance of PSHE teaching in schools. During 2015, WAY had designed and planned a conference for teachers and pupils on involving children and young
people in planning PSHE curricula together, to ensure that need was met. Unfortunately, this was postponed due to a low take-up. Officers were now working with WAY to consider the development of short video messages from WAY to governors and teachers, to be screened during PHSE and Healthy Schools’ training.

WAY had also requested a presentation at the conference from Wiltshire Police on the law regarding sexting, this being an area WAY felt was not well covered in PSHE. WAY would now include this as an area of focus for video messaging.

Members expressed their disappointment that the conference had to be postponed and felt that every effort should be made to encourage teachers and pupils to jointly plan PSHE curricula in schools. They also considered that the problems associated with sexting should remain a high priority.

The Chairman referred to the need to ensure that there was mental health counselling available for young people and explained the facilities that were being provided in Melksham. These had proved to be very well taken up and enquiries were being received from young people in Warminster and Westbury. It was suggested that this needed to be referred to the Wiltshire Association of Secondary and Special School Headteachers (WASSH) for their views and Sarah Busby agreed to report back to this Committee on the outcome.

It was also noted that WAY had written to WASSH to express their concern at the careers advice offered post 16, particularly in relation to the promotion of opportunities within apprenticeships and a response was awaited. Sarah Busby stated that it was not always possible to offer advice to young people in this respect as apprenticeships were not always available locally. She agreed to report back the views of WASSH in due course. Cathy Shahrokni, Further Education representative, explained that Wiltshire College had been trying to match vacancies with demand and had been arranging Apprenticeship Evenings with parents and employers to take this forward.

Resolved:

(1) To note the contents of the report.

(2) To receive in due course the views of WASSH regarding mental health counselling for young people and careers advice offered post 16.
Final Report of the Obesity and Child Poverty Task Group

Consideration was given to a report which presented the conclusions and recommendations of the Obesity and Child Poverty Task Group.

Cllr Pat Aves, Chairman of the Task Group, introduced the report and explained that in 2015 this Committee and the Health Select Committee had agreed to undertake a joint exercise looking at the links between child poverty and obesity.

The Task Group was established to explore and help develop the work already underway in Wiltshire communities to tackle obesity amongst children living in poverty and their families. This included looking at healthy lifestyle initiatives in Wiltshire, the Wiltshire Obesity Strategy, and the potential contribution from Wiltshire’s public services towards tackling obesity amongst children in poverty and their parents.

The Health Select Committee considered the report at its meeting on 8 March 2016 and concurred with the conclusions and recommendations of the Task Group, subject to endorsement by this Committee, and referred it to the relevant Cabinet Members and Wiltshire Clinical Commissioning Group (CCG) for response.

During the subsequent discussion, in which the Committee considered the conclusions and recommendations of the Task Group, it was pointed out that obesity was a complex issue and it had been shown that to some extent there were links with poverty due to many calorific foods being generally less costly to purchase. There was a need to identify the availability cheap healthy foods and also to encourage an uptake in free school meals which were generally nutritious. It was noted that only about 1% of packed lunches met national nutritious standards and Members were pleased to be informed that a significant number of schools were now teaching cooking skills and nutrition.

Members considered that there was a need to find ways of educating families into providing and cooking good and nutritious food and recognised that, although a significant start had been made by the introduction of food nutrition and cooking at schools, there was still much to do in educating and encouraging families in this provision at home.

Resolved:

To endorse the conclusions and recommendations of the Task Group and refer them to the relevant parties for response.

Draft Annual Report of Corporate Parenting Panel

The Committee received a report which formed the annual update to Council from the Corporate Parenting Panel (CPP) in accordance with the Council's
Constitution. It was noted that the Corporate Parenting Panel had been established to secure Councillor involvement and commitment throughout the Council to deliver better outcomes for children and young people who were looked after.

It was noted that the Corporate Parenting Panel was suggesting the following key improvements:-

Para 5.5 of report –
A review of the Corporate Parenting Terms of Reference had been completed and a new strategy incorporating these had been agreed by CPP on 26 January 2016.

Para 5.6 of report –
Corporate Parents, working with the Children in Care Council had agreed seven new strategic priorities. To ensure that strategic oversight and critical challenge was effective, each member of the Panel would have a lead role in relation to delivery of one strategic priority.

Para 5.7 of report –
The Panel would now report its work through the Wiltshire Council Children’s Select Committee. Following each meeting the Chairperson would send a copy of the Panel minutes to the Chairman of Children’s Select Committee. On a six monthly basis the Panel Chairperson would prepare a report for Chairman of the Children’s Select Committee, addressing progress against each of the seven strategic priorities. In addition to this the Chairperson of the Corporate Parenting Panel would present an annual report to Full Council which would be shared with the Children’s Select Committee prior to submission.

Para 6.1 of report –
The Corporate Parenting Panel had struggled in recent years to fully evidence its impact. The introduction of a Corporate Parenting Strategy, with new strategic priorities and an enhanced reporting system should help to ensure greater impact in the future.

During discussion, it was noted that the Virtual Head had stated that attendance for the first half of the academic year had achieved 94.8% which was an improvement on 93% overall for the academic year 2014/15. Although absence was currently slightly higher than the final reported figure for 2014, it was dominated by authorised absence, details of which were known and effective actions were being taken.

Members were also reassured to note that no Looked after Children were being educated in a school rated Inadequate either in Wiltshire or placed in another authority. Furthermore, there were fewer children placed out of county with other authorities and those that were so placed tended to be more challenging with complex needs which were not always catered for in Wiltshire.
Resolved:

To note the Draft Annual Report and ratify the improvements required to strengthen Corporate Parenting in Wiltshire.

Rapid Scrutiny - Children's Community Services Rapid Scrutiny Exercise

The Chairman reminded the Committee that on 21 July 2015 this Committee received an update on Children’s Community Health Services when it had been noted that children’s community health services in Wiltshire were being retendered with a single provider rather than by five organisations. A decision had been made by Cabinet on 13 October 2015 regarding the preferred provider.

On 13 October 2015 this Committee resolved for a rapid scrutiny exercise to take place in January 2016 addressing the opportunity available to contribute to how the services included in the contract would be monitored.

Cllr Chris Hurst, as Rapid Scrutiny Lead Member, reported that concerns about a number of issues had been raised including:

a. The importance of ensuring that the new provider’s IT system used to collect data was at a level where it was able to handle future capacity prior to its implementation on 1 April 2016. It was stressed that it was important to get the system fit for use before its implementation to ensure data was collected in the most effective way.

b. It was also important to ensure that the IT system could be used to create a single master profile for each user/child, so that all data collected by individual services for the user could be attributed to that single profile.

c. Much of the data collected from 1 April 2016 would not provide clear or meaningful results until 1 April 2017 onwards. As such it was important to ensure that the right data sets were agreed by April 2016 to ensure these results would be received in the future. It was also important to provide a clear commentary alongside data to provide an explanation on this data.

d. There were difficulties in comparing many data sets with other local authorities, as not all were performing measurements based on the same KPI’s. Challenges were also noted regarding the ability to break down current data into local areas within Wiltshire due to a lack of data quantities and the way data is currently collected. The Task Group noted that a new system could contain better functionality for data collection, such as post code searching.

e. In the case that a service, for example portage, would be delivered by different providers in the county the Task Group queried whether the data measuring methods would be common across all providers.
After some discussion,

Resolved:

To endorse the recommendations and send to the Cabinet Member for Children's Services for consideration and response.

Executive Response to the Interim report of the Safeguarding Children and Young People Task Group

The Chairman reminded Members that the Safeguarding Children & Young People Task Group had been established by this Committee in May 2012 and the current terms of reference had been endorsed by this Committee on 28 March 2013.

An interim report had been submitted to this Committee on 28 January 2016 outlining progress and further work to be completed before the Task Group was disbanded. A number of recommendations from the report were endorsed by this Committee and submitted to the Cabinet Member for Children’s Services for response, these being detailed in the report together with the Cabinet Member’s responses.

Cllr Laura Mayes, Cabinet Member, explained that the Safeguarding Children and Young People Panel, of which she was Chairman, would be taking over the ongoing work of this Task Group and she would ensure that checks were made on available data and performances.

Resolved:

To note the executive response to the Interim report of the Safeguarding Children and Young People Task Group.

DfE Changes - Update from Department for Education - January to March 2016

The Committee received an update from Carolyn Godfrey, Corporate Director, on developments relating to children’s services arising from the Department for Education from January to March 2016 as follows:-

- Childcare and early years survey of parents: 2014 to 2015
- Schools national funding formula consultations
- High needs funding reform consultation
- Identifying children who are missing education
- Alternative provision
- Academies update
- 16 to 19 study programmes
• Post-16 education and training institutions: area based reviews
• SEND: guide for health professionals
• Special Guardianship: amended regulations relating to assessment
• Review of the Youth Justice System
• The lives of young carers in England
• Children and young people’s mental health: peer support
• Fact sheet on mandatory reporting of female genital mutilation
• Statutory definition of child sexual exploitation
• Consultation on re-inspection of inadequate local authorities

Resolved:

(1) To note the update provided.

(2) To arrange an additional meeting of this Committee to consider the Government’s White Paper “Educational Excellence Everywhere”.

27 Task Group Update

The Committee received an update on the activity of the following Task Groups:

• Child Exploitation (CSE) Task Group
• Obesity and Child Poverty Task Group (Joint with Health Select Committee)
• Positive Leisure Time Activities for Young People Task Group (reconvened)
• Safeguarding Children and Young People Task Group
• School Improvement Strategy Task Group

Resolved:

(1) To note the update on task group activity provided.

(2) To endorse the terms of reference for the School Improvement Strategy Task Group, as set out in the report.

28 Forward Work Programme

The Committee received a document showing the relevant items from the Overview & Scrutiny Forward Work Programme.

Resolved:

To note the Forward Work Programme for this Committee.
Date of Next Meeting

Resolved:

(1) To note that the next scheduled meeting of this Committee would be held on Tuesday 31 May 2016, at County Hall, Trowbridge, starting at 10.30am.

(2) To request the officers to look into the possibility of rescheduling both the May and July meetings of this Committee so that they do not take place during school holidays.

Urgent Items

There were no items of urgent business.

(Duration of meeting: 10.30 am - 12.45 pm)

The Officer who has produced these minutes is Roger Bishton, of Democratic Services, direct line 01225 713035, e-mail roger.bishton@wiltshire.gov.uk

Press enquiries to Communications, direct line (01225) 713114/713115
DfE Changes – Update March 2016 to May 2016

Consultation on extension of the 30 hour free childcare offer

1. The DfE has launched a new consultation on how an extended entitlement of up to 30 hours free childcare for working parents of 3 and 4 year olds should be provided. This includes how the entitlement will be delivered, and how it will meet and be responsive to the needs of working parents. Views are being sought on a range of issues including: ensuring the operation of a ‘grace period’ for parents; how places might be delivered more flexibly; provision for children with special education needs and disabilities; the role and responsibilities of local councils in securing places; and information about childcare for parents.

2. The deadline for submissions is Monday 6 June.

Cutting Red Tape Review

3. Alongside the consultation on the 30 hours free childcare entitlement, the Better Regulation Executive has published a call for evidence on the impact of regulation on early years providers.

4. This Cutting Red Tape Review is aimed primarily at childcare providers and aims to identify what burdens exist in the current system and what can be done to limit unnecessary regulations and requirements. The scope covers the activity of national regulators and local authorities in relation to the regulation of early years providers, including activity not designed specifically for the early years sector but where there is evidence of significant impact on providers.

5. Further details can be found on the Cutting Red Tape website.

Ofsted to directly manage early years inspections

6. Ofsted’s early years inspections and regulatory work will be managed directly from April 2017, when the current contracts end. At present two companies, Tribal and Prospects, undertake early years inspections on Ofsted’s behalf. These contracts run until 31 March 2017.

7. Bringing early years inspection under direct management means that Ofsted will have full control over the selection, training and management of inspectors, and complete oversight of the quality of inspection.

Childcare disqualification

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1 https://www.gov.uk/government/consultations/30-hour-free-childcare-entitlement
2 https://cutting-red-tape.cabinetoffice.gov.uk/
8. The DfE has published a consultation document setting out options for making changes to the childcare disqualification arrangements. A copy of the document can be found here\(^3\).

9. The consultation is looking to improve the fairness of the current arrangements, particularly in respect of the ‘by association’ elements, which mean that a childcare worker can be disqualified because someone who lives or works in their household is disqualified. The consultation closes on 1 July.

**Educational Excellence Everywhere White Paper**

10. The DfE has published the White Paper *Educational Excellence Everywhere*, which sets out the seven elements the DfE intend to pursue to deliver educational excellence everywhere:
   - Great teachers – everywhere they’re needed
   - Great leaders running our schools and at the heart of our system
   - A school-led system with every school an academy, empowered pupils, parents and communities and a clearly defined role for local government
   - Preventing underperformance and helping schools go from good to great: school-led improvement, with scaffolding and support where it’s needed
   - High expectations and a world-leading curriculum for all
   - Fair, stretching accountability, ambitious for every child
   - The right resources in the right hands: investing every penny where it can do the most good

11. Other key elements include replacement of Qualified Teacher Status (QTS) with a stronger accreditation among a number of measures to boost teaching profession; a new drive to focus on parts of the country where too few children have access to a good school; high expectations for every child and young person; a fairer national funding formula for schools, with most schools in line for extra funding expected to receive it by 2020.

12. The full paper can be found here\(^4\).

13. The announcement in the Budget to make every school an academy was initially reiterated in the White Paper, however the DfE subsequently released a press release announcing a number of changes to the proposals laid out in the paper. Most significant is the announcement that the government will not now legislate to compel all schools to become academies.

14. The full press release can be found here\(^5\).

**Schools Causing Concern statutory guidance**

15. The Government has responded to the consultation on ‘Intervening in failing, underperforming and coasting schools’ and published a revised version of the Schools Causing Concern guidance. The guidance is statutory and all local authorities need to be aware of the changes taking effect from 18 April 2016. The guidance can be found here\(^6\) and the wider Government response can be found here\(^7\). The guidance describes how:

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\(^3\) https://www.gov.uk/government/consultations/childcare-workers-changes-to-disqualification-arrangements

\(^4\) https://www.gov.uk/government/publications/educational-excellence-everywhere


\(^6\) https://www.gov.uk/government/publications/schools-causing-concern--2

\(^7\) https://www.gov.uk/government/consultations/intervening-in-failing-underperforming-and-coasting-schools
Local authorities and regional schools commissioners (RSCs) will intervene in underperforming local authority maintained schools
RSCs will intervene in underperforming academies

16. The guidance also prescribes the circumstances under which the Secretary of State can direct the local authority to close a school. This will usually be executed where:
- the RSC has revoked an academy order which was made because a maintained school is eligible for intervention.
- there is no prospect of a maintained school making sufficient improvements or where it is too small to be viable, even as an academy. If the direction to close a maintained school has been given, the local authority will be expected to meet any costs of terminating staff contracts and make appropriate arrangements for the pupils’ continuing education, whether in a replacement school, or through transition to an alternative existing school.

Church schools and academies: memoranda of understanding
17. A revised Memoranda of Understanding with the Church of England and Catholic Church have been published. This document sets out the key principles to inform the working arrangements between DfE, the Catholic Education Service ("CES") and Catholic Dioceses in relation to Catholic schools becoming academies, and any action to support, challenge or intervene in any underperforming Catholic school.

18. This will provide the framework for the relationship between RSCs and church dioceses in the context of the Education and Adoption Act and Schools Causing Concern Guidance, and build on existing MOUs with the churches. They have been developed following extensive consultation with RSCs and their teams, church dioceses and the national church bodies.

School organisation: local-authority-maintained schools
19. The DfE have updated the statutory guidance about making organisation changes to local authority maintained schools, including school closure. The guidance has been comprehensively reviewed and updated to set out how to make those changes, and the areas where statutory process must be followed.

Academies Update
20. Number in Wiltshire as at end of April 2016:

<table>
<thead>
<tr>
<th>Category</th>
<th>Number</th>
</tr>
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<tbody>
<tr>
<td>Sponsored academies</td>
<td>16</td>
</tr>
<tr>
<td>Non-sponsored converter academies</td>
<td>55</td>
</tr>
</tbody>
</table>

21. There have been no academy conversions in this period.

Update on assessment and accreditation of social workers and training evaluations
22. In October 2014 DfE announced a new national assessment and accreditation system for social workers, aimed at guaranteeing the practice skill of every practitioner, at every level of seniority. They completed the proof-of-concept phase - the testing of the new assessment - in February.
local authorities and 951 social workers participated. DfE is now carrying out an in-depth analysis of the results of participating social workers. Focus groups led by KPMG are taking place with participants and employers to explore their experience of the test.

23. Work with contractors to develop guidance for employers on how to endorse their staff continues. DfE is also working on possible models for a ‘practice leader talent programme’ to begin before the end of the year.

24. On 24 March DfE published two social work training evaluations: Frontline pilot evaluation\(^{10}\) and Costs comparison of social work qualifying routes.\(^{11}\)

**Adoption – A vision for change**

25. The DfE has published its new adoption policy paper Adoption – A vision for change\(^{12}\) which sets out how the government plans to address challenges in the adoption system over the next 4 years. Key new announcements include:

- Regional Adoption Agencies (RAA) - providing funding and support via a RAA development fund, with up to £14m available across 2016-18 to support the implementation of RAAs.
- Workforce - developing a robust continuous professional development programme to enable social workers to develop the skills they need to make and support robust permanence decisions.
- Innovation and Practice Fund - introducing two new funding streams for RAAs, voluntary adoption agencies and voluntary organisations, with up to £16 million across 2016-18.
- Adoption Support Fund (ASF): Increase the ASF in 2016-17 to £21m and £28m in 2017-18, with further increases in every year in this Parliament; extend support to adopted young people up to age 21 (from April 2016); allow children adopted from other countries via intercountry adoptions to use the ASF (from April 2016); extend support to special guardians who care for children who were previously looked after (from April 2016).
- Health - By summer 2016 setting up an expert group to advise DfE and DH ministers on new care pathways for adopted and looked after children. These will set out best practice to be followed in the treatment/support of these children.
- Education - Use legislation to expand the role of virtual schools heads and consider how designated teachers can continue to support children who have left care under an adoption order.

**Multi-agency statutory guidance on female genital mutilation**

26. The DfE, Home Office and Department of Health has published, under powers in the Serious Crime Act 2015, multi-agency guidance on female genital mutilation (FGM). The guidance\(^{13}\) should be read and followed by those who are under statutory duties to safeguard and promote the welfare of children and vulnerable adults. It replaces female genital mutilation: guidelines to protect children and women (2014).

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\(^{12}\) [https://www.gov.uk/government/publications/adoption-a-vision-for-change](https://www.gov.uk/government/publications/adoption-a-vision-for-change)

27. The consultation outcome on the guidance can be found here.\textsuperscript{14}

**Innovation Programme funding**

28. The Secretary of State has confirmed £200 million funding to ‘transform the life-chances of the most vulnerable.’ This money will fund a new round of Innovation Programme projects and support new ‘Partners in Practice’ activities.

29. The policy paper\textsuperscript{15} contains information on: achievements of the programme since 2014; ongoing projects; the purpose of the next phase of the programme; how you can get involved by submitting a new idea or expanding an existing project; and where to apply, find support and get updates on funded projects.

**New SEND inspections from May**

30. From May, Ofsted and the Care Quality Commission will begin to inspect local areas’ obligations towards children and young people who have special educational needs and/or disabilities (SEND).

31. A local area is not just the local authority – it is the partners who commission and provide services to children and young people with special educational needs and/or disabilities (SEND) who are resident in a local authority area. It includes the local authority, the clinical commissioning group(s), public health, NHS England (for specialist services), early years settings, schools and further education providers – both within and without the local authority’s borders.

32. The inspectorates have undertaken five pilot inspections and have used these to inform the framework and inspection handbook, which can be found here: Local area SEND inspection: framework\textsuperscript{16} and here: Local area SEND inspection: Handbook\textsuperscript{17}. The inspection will take place over five days and local areas will receive five working days’ notice of the commencement of the inspection. Every local area will be inspected over a five year cycle.

33. The inspection is testing three fundamental questions:
   - How effectively does the local area identify those with SEND?
   - How effectively does the local area assess and meet the needs of those with SEND?
   - How effectively does the local area improve outcomes those with SEND across health, education and social care?

34. The inspection reports will highlight good practice so that local successes can become more widespread nationally.

**Inspection of children’s homes**

35. An updated version\textsuperscript{18} of the children’s home framework was published by Ofsted on 30 March 2016. The evaluation schedule and grade descriptors remain unchanged; however, P32 sets out that at an interim inspection the

\textsuperscript{15} https://www.gov.uk/government/publications/childrens-social-care-innovation-programme
\textsuperscript{16} https://www.gov.uk/government/publications/local-area-send-inspection-framework
\textsuperscript{17} https://www.gov.uk/government/publications/local-area-send-inspection-guidance-for-inspectors
\textsuperscript{18} https://www.gov.uk/government/publications/inspecting-childrens-homes-framework
home must be judged declined in effectiveness if there has been no registered manager for more than 26 weeks. Annex B now includes areas that inspectors must consider and report on when inspecting settings for disabled children and those with complex health care needs in recognition of the significant vulnerabilities of children in these settings.

36. There are minor changes to the handbook version19, Annex A has also been amended to include information about staff and manager qualification, referrals in respect of extremism and the number of children present in the home at the time of the inspection.

Data protection: privacy notice model documents

37. The DfE have issued updated guidance20 and produced suggested privacy notices for schools and local authorities to issue to staff, parents and pupils about the collection of data. Notices cover suggested text for pupils, school workforce, the local authority, and looked after children and children in need.

CAROLYN GODFREY
Corporate Director

Report author: Nicola McCann, EY Information and Co-ordination Manager, Children’s Services. 13/05/2016

Largely taken from the DfE website content 08 March 2016 to 13 May 2016.

Executive Summary

Primary and Specialist Child and Adolescent Mental Health Services (CAMHS) in Wiltshire are provided by Oxford Health NHS Foundation Trust under separate but linked contracts.

Wiltshire Council funds and holds the contract for Primary CAMHS which provides interventions and treatment for children and young people assessed as having mild to moderate mental health needs. The Wiltshire Clinical Commissioning Group (CCG) funds and oversees the contract for specialist CAMHS which provides interventions and treatment for those with more severe mental health difficulties. Bath and North East Somerset (B&NES) CCG is an associate to Wiltshire CCG’s contract and there are efficiencies in having a service that works across a wider geographical footprint.

Both contracts commenced in April 2009 and are due to expire in March 2017. Consequently, a re-commissioning process needs to be agreed to ensure the continuity of a safe and effective Child and Adolescent Mental Health Service to meet the needs of Wiltshire’s children and young people from 1 April 2017.

Taking into account the new national vision for child and youth mental health (Future in Mind) and the local CCG transformation plan for children and young people’s mental health and wellbeing, it is recognised that a new CAMHS service delivery model is required in order to meet the changing needs of children and young people.

This report evaluates options for commissioning a new integrated primary and specialist Child and Adolescent Mental Health Service. In doing so, it recommends that Wiltshire Council and the Wiltshire CCG align their funding to re-commission such a service under one contract.

To secure the service required, the report recommends that this is best achieved by applying and testing out a “most capable provider” approach (as set out in option 3 within this report), in accordance with the ‘light touch’ regime as detailed within the Public Contract Regulations 2015 (as detailed in Appendix 1).
The Public Contract Regulations provide more flexibility for the procurement of health, social care and education services (the ‘light touch regime’), allowing commissioners to decide how best to procure a provider to deliver the services to meet patient needs and improve the quality and efficiency of services. CAMHS falls within this definition and the most capable provider procurement approach is an established model for securing the service required in accordance with the Regulations.

Proposal(s)

i) To agree that the Council should work with the Wiltshire CCG to re-commission a new integrated service delivery model for primary and specialist CAMHS to meet the needs of children and young people. To include aligning Wiltshire Council funding for Primary CAMHS with Wiltshire CCG funding for specialist CAMHS;

ii) Linked to (i) above, to approve that the Wiltshire CCG takes on the role as the Lead Commissioner for the new service with the Council as an associate to the contract.

iii) To approve the commissioning approach already agreed by the Wiltshire CCG Governing Body to test the market to establish if undertaking a most capable provider process is the appropriate route to secure the service required (option 3). To include authorisation from Cabinet to undertake a tender process if required, in accordance with the ‘light touch’ regime as detailed within the Public Contract Regulations (option 2). This shall be led by the Wiltshire CCG with the Council as an associate.

iv) To delegate approval of the procurement process, including the development a revised service specification and decision on award of contract to the Cabinet Member for Children’s Services in consultation with the Cabinet Member for Finance, Cabinet Member for Public Health and the Solicitor of the Council.

Reason for Proposal

The local CCG transformation plan for children and young people’s mental health and wellbeing sets out the overall joint strategic direction, clear vision and principles for delivering a child and youth mental health system that can meet the changing needs of children and young people in Wiltshire, for example, the increase in eating disorders and self-harming behaviour. The plan has been developed in partnership with a range of stakeholders from across education, health and social care and reflects the needs and views of children, young people and parents/carers.

In order to deliver the plan effectively (which has been agreed by the Health and Wellbeing Board) and ensure the continued provision of a safe and effective Child and Adolescent Mental Health Service, the Council needs to work together with Wiltshire CCG to set out a new service delivery model. This requires the
Council to align its resources with the CCG and the transformation plan’s strategic objectives.

This report evaluates options for commissioning a new integrated primary and specialist Child and Adolescent Mental Health Service. In doing so, it recommends that the Council approves the decision already made by the Wiltshire CCG to test the market to establish if undertaking a most capable provider process is the appropriate route. The key argument in favour of this option is that the market for the provision of CAMHS is understood to be limited regionally.

<table>
<thead>
<tr>
<th>Name of Director</th>
<th>Carolyn Godfrey</th>
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</thead>
<tbody>
<tr>
<td>Designation</td>
<td>Corporate Director</td>
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</tbody>
</table>
Wiltshire Council
Cabinet
17 May 2016

Subject: Re-commissioning Child and Adolescent Mental Health Services (CAMHS)

Cabinet member: Councillor Laura Mayes – Children’s Services

Key Decision: Yes

Purpose of Report

1. This report seeks Cabinet approval to work with Wiltshire CCG to re-commission a new integrated service delivery model for primary and specialist CAMHS in order to meet the changing needs of children and young people. A number of options for commissioning this service are set out in the report and a recommendation provided on the best option to secure the service required.

Relevance to the Council’s Business Plan

2. The proposal is critical to supporting Wiltshire Council’s key priority to protect the most vulnerable by making sure that children and young people who are experiencing emotional wellbeing and mental health problems get timely access to the right support and treatment they need in the right place.

Main Considerations for the Council

Re-commissioning process

A co-commissioned model

3. To achieve a new service delivery model that best meets the changing needs of children and young people, it is recommended that funding for primary and specialist CAMHS from Wiltshire Council and Wiltshire CCG is aligned, to fund a new service under one contract, with the CCG as Lead Commissioner. This arrangement would provide an overall indicative financial envelope of circa £4.7m per annum.

4. Already agreed by Wiltshire CCG Governing Body, such an arrangement is likely to serve as the most effective and efficient way of securing the right service to improve outcomes whilst ensuring value for money.

Joint Commissioning with Bath and North East Somerset (B&NES) CCG

5. Subject to formal agreement from the B&NES CCG, the B&NES Joint Commissioning Committee has agreed in principle the proposal to re-
commission the new primary and specialist Child and Adolescent Mental Health Service jointly with Wiltshire CCG. It is likely that having a service operating across a wider geographical footprint will result in improved efficiencies and better outcomes for children, young people and families.

Commissioning options to secure the service required

6. The Wiltshire Council Children’s Services Joint Commissioning Team has considered a number of options for re-commissioning a new CAMHS service from 1 April 2017. These are evaluated below and were considered by Wiltshire CCG Governing Body in March 2016.

**Option 1 – Re-tender the service under two contracts**

This would involve undertaking a full open and **competitive tender process** compliant with relevant procurement policy, law and regulations. Under this option, the CCG would lead the tendering process for Specialist CAMHS and Wiltshire Council would lead a separate tendering process for Primary CAMHS. This would continue the existing commissioning arrangements where these two but linked services are delivered under separate contracts.

<table>
<thead>
<tr>
<th>Advantages</th>
<th>Disadvantages</th>
</tr>
</thead>
<tbody>
<tr>
<td>- Due diligence – achieving best value for money.</td>
<td>- The market for the provision of CAMHS is understood to be limited regionally.*</td>
</tr>
<tr>
<td>- Clear compliance with regulatory requirements.</td>
<td>- Time consuming and resource intensive process.</td>
</tr>
<tr>
<td>- Understanding what alternatives and options are available in the market place as well as maintaining a competitive market.</td>
<td>- More difficult to eliminate artificial barriers between services.</td>
</tr>
<tr>
<td></td>
<td>- Does not join up local resources across the whole system to support improved outcomes and value for money.</td>
</tr>
<tr>
<td></td>
<td>- Reduced innovation because the incumbent provider would be unable to utilise their expertise and experience to help shape the new service specification.</td>
</tr>
<tr>
<td></td>
<td>- Current service developments would effectively be put on hold. This could hamper progress with the delivery of local priorities which the incumbent provider is leading on in respect of CAMHS transformation.</td>
</tr>
<tr>
<td></td>
<td>- Joint commissioning arrangements with neighbouring authorities might be compromised.</td>
</tr>
</tbody>
</table>
Option 2 – Re-tender the service under one contract supported by an aligned budget

This would involve undertaking a full open and competitive tender process in accordance with the 'light touch regime' and compliant with relevant procurement policy, law and regulations. Under this option, a new integrated primary and specialist Child and Adolescent Mental Health Service would be co-commissioned between the Wiltshire CCG and Wiltshire Council, with the CCG taking on the role as Lead Commissioner. B&NES would also be an associate to the contract.

<table>
<thead>
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</tr>
<tr>
<td>- Joins up local resources across the whole system to improve outcomes and value for money.</td>
<td>- Current service developments would effectively be put on hold. This could hamper progress with the delivery of local priorities which the incumbent provider is leading on in respect of CAMHS transformation.</td>
</tr>
<tr>
<td>- Helps to eliminate artificial barriers between services through a fully integrated service delivery model.</td>
<td>- Joint commissioning arrangements with neighbouring authorities might be compromised.</td>
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</tbody>
</table>

*In the last 12 months, both Buckinghamshire and Oxfordshire have undertaken extensive testing of the market for the provision of CAMHS. The findings suggest that the market for the provision of CAMHS is limited across the region. For example, in Buckinghamshire, it is understood that a recent tender process led to the contract for CAMHS being awarded to the existing provider. In Oxfordshire, it is understood that the CCG have taken the decision not to re-tender and instead review the current service with the incumbent provider as the preferred provider. This decision was reached following an Invitation to Tender exercise which resulted in just one expression of interest being submitted (from the incumbent provider).

Option 3 – Test the existence of a most capable provider (preferred provider)

Under this option, a new integrated primary and specialist Child and Adolescent Mental Health Service would be co-commissioned between Wiltshire CCG and Wiltshire Council, with the CCG taking on the role as Lead Commissioner. B&NES CCG would also be an associate to the contract.
This option would involve commissioners continuing to work with the incumbent provider as well as GP’s, schools and other stakeholders to develop the service within the current financial envelope and as required by the local CCG transformation plan for children and young people’s mental health and wellbeing (as agreed by the Health and Wellbeing Board). In the event that a tender process is required, this development work would be reflected in the service specification used in the tender process.

Wiltshire Council would work with the Wiltshire CCG to conduct investigations to establish whether there is a viable market for CAMHS in Wiltshire. These investigations would include a number of strands, including further discussions with neighbouring commissioners, a trawl of the relevant advertising portals (Contracts Finder, OJEU), and in accordance with the Public Contract Regulations 2015 a Prior Information Notice (PIN) placed on Contracts Finder and the OJEU to establish current market interest and capability.

This investigatory process would occur over the course of a month and would offer the CCG and the Council strong evidence as to the legitimacy of a most capable provider (preferred provider) approach. In the event of a viable competitive market being established a procurement process would be required (option 2).

Subject to the aforementioned market investigations and the establishment of a most capable provider, the new service would be delivered by this provider subject to the successful outcome of a comprehensive and robust negotiation process1.

<table>
<thead>
<tr>
<th>Advantages</th>
<th>Disadvantages</th>
</tr>
</thead>
<tbody>
<tr>
<td>- Save considerable time and resources on the basis that a limited market indicates that a full tender process might not be appropriate.</td>
<td>- May not achieve due diligence – best value for money.</td>
</tr>
<tr>
<td>- Joins up local resources across the whole system to improve outcomes and value for money.</td>
<td>- Potentially more difficult to negotiate more favourable terms for commissioners.</td>
</tr>
<tr>
<td>- Helps to eliminate artificial barriers between services through a fully integrated service delivery model.</td>
<td>- Risk of challenge (particularly if a clear audit trail cannot be shown in respect of the decision).</td>
</tr>
<tr>
<td>- Improved innovation - the incumbent service provider would be able to contribute its expertise and experience to help develop the service.</td>
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<tr>
<td>- Service developments continue to be delivered supporting delivery of the local CCG transformation plan</td>
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</table>

1 This would involve commissioners from Wiltshire CCG and Wiltshire Council working with the identified most capable provider to negotiate the best terms and conditions of contract to ensure value for money whilst improving quality of service. A key part of the process would require the provider to meet a set of minimum quality standards which would be drawn up by commissioners, with input from GPs and other key stakeholders.
Background

Funding for primary and specialist CAMHS

Current arrangements

7. Primary and Specialist Child and Adolescent Mental Health Services are provided by Oxford Health NHS Foundation Trust.

8. PCAMHS is funded by Wiltshire Council Children’s Services (£568k per year) to provide targeted mental health interventions and treatment for children and young people with mild to moderate mental health needs. Specialist CAMHS is funded by the Wiltshire CCG (£3.6m per year) to provide interventions and treatment to those children and young people with more severe mental health problems. These services are available for 0-18 year olds who are referred by a wide range of professionals including their GP, health visitor, school or hospital doctor. Referrals are made into the service via a Single Point of Access.

9. Both services are linked but are provided under separate contracts which are overseen by the Wiltshire Council Children’s Services Associate Director (Joint with CCG) for Commissioning, Performance and School Effectiveness. Bath and North East Somerset CCG is an associate to Wiltshire CCG’s contract.

CAMHS transformation

10. Following additional national investment to support improvements to provision and outcomes, Wiltshire CCG has increased funding to Oxford Health NHS Foundation Trust to deliver on a number of local priorities which are key to the successful delivery of the local transformation plan for children and young people’s mental health and wellbeing. From 1 April 2016, the following annual recurrent funding will be provided:

- £243,924 for an enhanced community eating disorder service as part of Specialised CAMHS. This is being delivered through a joint commissioning arrangement with B&NES and Swindon, with the Wiltshire CCG as the Lead Commissioner.

- £324,739 to support early intervention as part of the current Wiltshire Council PCAMHS contract.

Overall indicative budget for primary and specialist CAMHS

11. Subject to agreement by the Wiltshire CCG and Wiltshire Council, the overall indicative financial envelope which is potentially available to support the provision of primary and specialist CAMHS in Wiltshire is outlined overleaf.
### Commissioner

| Wiltshire Council Children’s Services primary CAMHS | £0.568m |
| Wiltshire CCG specialist CAMHS | £3.600m |
| Wiltshire CCG CAMHS transformation funding for enhanced eating disorder service | £0.244m |
| Wiltshire CCG CAMHS transformation funding for early intervention through primary CAMHS | £0.325m |
| **Total** | **£4.737m** |

(Please note that responsibility for funding in respect of Tier 4 CAMHS rests with NHS England Specialised Commissioning and is not included in the above figures.)

#### Overview & Scrutiny Engagement

12. The Children’s Select Committee will consider the proposals set out in this report on 31 May 2016. At this stage it is not known whether proposals will be subject to a scrutiny exercise.

#### Safeguarding Implications

13. The development of a new integrated primary and specialist CAMHS service delivery model will improve the quality of service and experience for children, young people and their families. This will be achieved by removing barriers between ‘tiers’ of services; encouraging improved coordination between mental health services, GPs, schools, the local authority and the voluntary and community sector; and providing evidence based interventions and treatment that works in non-stigmatised community settings, close to home.

14. There will be a much stronger emphasis on early intervention which will help to prevent problems from getting worse and reaching crisis point. These changes will help to improve safeguarding and provide children and their families with faster access to the right help, at the right time and in the right place.

15. Once selected, the provider of the new service will be required to meet a set of minimum quality standards which will be drawn up by commissioners, with input from GPs and other key stakeholders. This will include a robust focus on safeguarding and protecting children.

#### Public Health Implications

16. There are limited public health implications associated with the precise commissioning process selected for securing the future provision of primary and specialist CAMHS in Wiltshire.
17. The service model developed for the future provision of these services, irrespective of provider, has potentially significant public health implications. It will be essential that the model agreed for primary and specialist CAMHS is informed by a needs assessment and evidence review. It should also be designed to form part of a wider comprehensive system that promotes improved emotional wellbeing and mental health across the spectrum of need.

18. The service provision will support improved outcomes across all five domains of the NHS Outcomes Framework.

<table>
<thead>
<tr>
<th>Domain 1</th>
<th>Preventing people from dying prematurely</th>
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</thead>
<tbody>
<tr>
<td>Domain 2</td>
<td>Enhancing quality of life for people with long-term conditions</td>
</tr>
<tr>
<td>Domain 3</td>
<td>Helping people to recover from episodes of ill-health or following injury</td>
</tr>
<tr>
<td>Domain 4</td>
<td>Ensuring people have a positive experience of care</td>
</tr>
<tr>
<td>Domain 5</td>
<td>Treating and caring for people in a safe environment and protecting them from avoidable harm</td>
</tr>
</tbody>
</table>

19. In addition, the service provision will support improvement to the following Public Health outcomes:

- Hospital admissions caused by unintentional and deliberate injuries in children and young people
- Age standardised rates of hospital stays for self-harm

Procurement Implications

20. Subject to Cabinet approval, Wiltshire CCG will take on the role as the Lead Commissioner for the new CAMHS Service from 1 April 2017 with Wiltshire Council as an associate to the contract. The contract will be overseen by the Wiltshire Council Children’s Services Associate Director (Joint with CCG) for Commissioning, Performance and School Effectiveness.

21. The procurement process for securing the new service will need to comply with the Procurement, Patient Choice and Competition Regulations (No 2) 2013 – the ‘S75’ Regulations and the Public Contracts Regulations 2015.

22. The Public Contracts Regulations 2015 provide more flexibility for the procurement of health, social care and education services. Child and Adolescent Mental Health Services fall within this remit. Consequently, commissioners are able to decide how best to procure the most capable provider to deliver the services to meet patient interests and improve the quality and efficiency of services.

23. From and including 18 April 2016, where a health, social care and education service contract is above €750,000 (£589,148), commissioners must award that contract in line with the Public Contracts Regulations 2015 using a ‘light touch regime’. This requires:
• Publication of the contract notice or Prior Information Notice (PIN) in the Official Journal of the European Union (OJEU) (and contract award notice in the OJEU); and
• An award procedure which compiles as a minimum with the EU principles of non-discrimination and equal treatment.

24. In awarding the contract, commissioners can focus on the quality of the service that best meets qualitative criteria e.g. accessibility, continuity or the needs of various categories of service user. Commissioners may even prohibit the cost-only criteria for such contracts.

25. The Wiltshire Council Strategic Procurement Hub and NHS South, Central and West Commissioning Support Unit (CSU) have reviewed the contents of this report and contributed specialist procurement expertise where appropriate. They are both satisfied that proposals set out in this report are compliant with the relevant procurement rules and regulations.

26. Following agreement from Wiltshire CCG Governing Body in March 2016, the most capable provider commissioning process (as detailed in Appendix 1) is already being implemented by the NHS South, Central and West Commissioning Support Unit. Subject to agreement from Cabinet, Wiltshire Council’s Strategic Procurement Hub will need to work with the CSU to complete the agreed commissioning process.

27. A collaborative commissioning agreement shall be established to manage the governance of the joint commissioning arrangement. This shall be developed in conjunction with legal services and the strategic procurement hub.

**Equalities Impact of the Proposal** (detailing conclusions identified from Equality Analysis, sections 4 and 5)

28. A comprehensive assessment of the equality issues and impacts of the proposal to redesign the primary and specialist CAMHS service has been undertaken and is set out within the attached Equality Impact Assessment (Appendix 2). This is a working document and will be updated regularly to take account of the views of various stakeholders during the consultation on the development of the new service.

29. The development of a new integrated primary and specialist service delivery model for CAMHS is intended to have a positive impact on all children and young people covering all the protected characteristics.

**Environmental and Climate Change Considerations**

30. The development of more community based CAMHS provision through universal settings such as schools is likely to have a positive impact on environmental and climate change issues. A more localised service is likely to result in fewer journeys being made by CAMHS staff and members of the public.
Risk Assessment

Risks that may arise if the proposed decision and related work is not taken

31. Failure to agree a robust, timely and effective commissioning process for the provision of primary and specialist CAMHS could result in the mental health needs of children and young people not being met satisfactorily from 1 April 2017.

32. There is a risk that re-commissioning the service via a full tender process could hamper progress with the development of a new service delivery model and implementation of the local CCG transformation plan for children and young people’s mental health and wellbeing.

Risks that may arise if the proposed decision is taken and actions that will be taken to manage these risks

33. Failure to follow relevant procurement policy, laws and regulations (including EU law as set out in the Public Contract regulations) could result in legal challenge. To mitigate this, the commissioning process will be managed by procurement specialists from the Wiltshire CCG and Wiltshire Council working together.

34. There is a risk that a provider or stakeholder may challenge a decision to not go out to tender. To mitigate this, procurement specialists from the NHS South, Central and West Commissioning Support Unit and Wiltshire Council Strategic Procurement Hub shall continue to work together to review and oversee the recommended commissioning process, to ensure compliance with relevant procurement policy, laws and regulations.

Financial Implications

35. The Council currently spends £568k per year on the provision of the Primary CAMHS Service. This spend is already budgeted for within Children’s Services and subject to budget setting decisions, this forms the indicative financial envelope (and Wiltshire Council contribution) that is available to resource the new service.

36. Aligning resources with the CCG along with the successful completion of the agreed commissioning process may provide the opportunity for efficiency savings for both organisations through improved economies of scale. However, this is not guaranteed.

37. Following the Cabinet decision, the Wiltshire Council Children’s Services Associate Director (Joint with CCG) for Commissioning, Performance and School Effectiveness will work with the CCG to finalise the overall financial envelope which is available to fund the new service. For the Council, this will require approval from the Lead Member for Children’s Services and relevant Corporate Director.
38. Any financial risks associated with the service contract shall be governed by a co-commissioning agreement that will be developed in conjunction with legal services and the strategic procurement hub. This will clearly set out accountability for the management of financial risk.

Legal Implications

39. Procurement specialists from the Wiltshire CCG and local authority will need to continue and oversee the recommended commissioning process, to ensure compliance with relevant procurement policy, laws and regulations.

40. The Best Value duty under the Local Government Act 1999 places a responsibility on the Council to make arrangements to secure continuous improvement which includes a wide duty to consult when changes to services are proposed.

41. Any joint arrangements will need to be underpinned by legal agreements to ensure that appropriate governance arrangements are in place. These shall be developed in conjunction with legal services.

Options Considered

42. A full appraisal of options for the re-commissioning of primary and specialist CAMHS has been included in the main body of this report.

Conclusions

43. Following an appraisal of the commissioning options available for securing the new service, it is recommended that Cabinet approves the Wiltshire CCG’s Governing Body decision to test the market to establish if undertaking a most capable provider process is the appropriate route (option 3). The key argument in favour of this option is that the market for the provision of CAMHS is understood to be limited regionally.

44. Taking account of the above, Cabinet are therefore invited to consider and approve the following recommendations:

i) To agree that the Council should work with the Wiltshire CCG to re-commission a new integrated service delivery model for primary and specialist CAMHS to meet the needs of children and young people. To include aligning Wiltshire Council funding for Primary CAMHS with Wiltshire CCG funding for specialist CAMHS;

ii) Linked to (i) above, to approve that the Wiltshire CCG takes on the role as the Lead Commissioner for the new service with the Council as an associate to the contract.

iii) To approve the commissioning approach already agreed by the Wiltshire CCG Governing Body to test the market to establish if undertaking a most capable provider process is the appropriate route to secure the service required (option 3). To include authorisation from Cabinet to undertake a tender process if required, in accordance with
the ‘light touch’ regime as detailed within the Public Contract Regulations (option 2). This shall be led by the Wiltshire CCG with the Council as an associate.

iv) To delegate approval of the procurement process, including the development a revised service specification and decision on award of contract to the Cabinet Member for Children’s Services in consultation with the Cabinet Member for Finance, Cabinet Member for Public Health and the Solicitor of the Council.

Name of Director  Carolyn Godfrey  
Designation  Corporate Director  

Report Authors: Julia Cramp, Associate Director (Joint with CCG), Commissioning, Performance and School Effectiveness, Children’s Services  
Julia.Cramp@Wiltshire.gov.uk  01225 718221 and James Fortune, Lead Commissioner, Children’s Services  
James.Fortune@Wiltshire.gov.uk  01225 713341  

28 April 2016  

Background Papers  
None  

Appendices  
Appendix 1: Most Capable Provider Process and Timetable  
Appendix 2: Equalities Impact Assessment  

-------------------------------------------------------------------------------
Most Capable Provider Process and Timetable

The process and timetable for securing the most capable provider is set out below. Following agreement by the Wiltshire CCG, this process is already underway and is being led by the NHS South, Central and West Commissioning Support Unit.

<table>
<thead>
<tr>
<th>No</th>
<th>Task</th>
<th>Dates</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.1</td>
<td>Market assessment report:</td>
<td>11/04/16 – 28/04/16</td>
</tr>
<tr>
<td>1.2</td>
<td>Prior Information Notice (PIN) and questionnaire drafted</td>
<td>11/04/16 – 28/04/16</td>
</tr>
<tr>
<td>1.3</td>
<td>Market assessment report delivered</td>
<td>28/04/16</td>
</tr>
<tr>
<td>1.4</td>
<td>PIN and questionnaire delivered</td>
<td>28/04/16</td>
</tr>
<tr>
<td>1.5</td>
<td>PIN and questionnaire draft agreed</td>
<td>29/04/16</td>
</tr>
<tr>
<td>1.6</td>
<td>Consideration given to Market assessment report and next steps</td>
<td>28/04/16 – 03/05/16</td>
</tr>
</tbody>
</table>

**Decision point – did Market assessment indicate a viable competitive market?**

<table>
<thead>
<tr>
<th>No</th>
<th>Task</th>
<th>Dates</th>
</tr>
</thead>
<tbody>
<tr>
<td>2.1</td>
<td>PIN and questionnaire released</td>
<td>13/05/16</td>
</tr>
<tr>
<td>2.2</td>
<td>PIN and questionnaire submission deadline</td>
<td>27/05/16</td>
</tr>
<tr>
<td>2.3</td>
<td>PIN and questionnaire submissions assessed</td>
<td>27/05/16 – 03/06/16</td>
</tr>
</tbody>
</table>

**Decision point – did response to PIN and questionnaire indicate a viable competitive market?**

<table>
<thead>
<tr>
<th>No</th>
<th>Task</th>
<th>Dates</th>
</tr>
</thead>
<tbody>
<tr>
<td>3.1</td>
<td>Assessment design</td>
<td>06/06/16 – 10/06/16</td>
</tr>
<tr>
<td>3.2</td>
<td>Process approved</td>
<td>TBC</td>
</tr>
<tr>
<td>3.3</td>
<td>Invitation to Propose a Solution released to Potential Provider(s)</td>
<td>15/06/16</td>
</tr>
<tr>
<td>3.4</td>
<td>Invitation to Propose a Solution submission closing date</td>
<td>21/07/16</td>
</tr>
<tr>
<td>3.5</td>
<td>Submission evaluations</td>
<td>22/07/16 – 12/08/16</td>
</tr>
<tr>
<td>3.6</td>
<td>Provider decision announced</td>
<td>September 2016</td>
</tr>
<tr>
<td>3.7</td>
<td>Primary Due Diligence period with Provider</td>
<td>October 2016</td>
</tr>
<tr>
<td>3.8</td>
<td>Further Due Diligence leading to contract award and transfer of service</td>
<td>From December 2016</td>
</tr>
<tr>
<td>3.9</td>
<td>Service commences</td>
<td>April 2017</td>
</tr>
</tbody>
</table>
There are three stages to the process, with each one dependent on the results of the previous. The process is fairly swift, with the announcement of a most capable provider by September 2016.

**Stage One**

The first stage is the *market assessment* stage, and results in a short market assessment report being delivered to the Lead Commissioner for consideration. This will be predominantly compiled by procurement specialists, however the Lead Commissioner will be asked to support where they have existing intelligence that can be taken advantage of i.e. in respect of known local providers.

**Stage Two**

Based on the points raised in the market assessment report, a decision shall be made as to whether there is any kind of market for CAMHS (this will be a fairly low bar), and based on that a decision shall be made as to whether or not a *Prior Information Notice and short Questionnaire* will be sent out. This will ask the market a few (3 or 4) very high level questions about whether they believe there is a market for CAMHS, and whether they believe they could provide CAMHS in Wiltshire.

**Stage Three**

Based on the response to the PIN and market sounding questionnaire, there shall be a final decision point regarding whether or not to formally (but in a very light touch manner) **go out to the market to source a provider**.

As an example, if only one substantive response to the market sounding questionnaire is received, then it would quite safely be concluded that there is no local market. **This would result in going straight to contract with that one provider.**
Equality Analysis Evidence Document

Title: What are you completing an Equality Analysis on?
Re-commissioning of Child and Adolescent Mental Health Services (CAMHS)

Why are you completing the Equality Analysis? (please tick any that apply)

- Proposed New Policy or Service
- Change to Policy or Service
- MTFS (Medium Term Financial Strategy)
- Service Review

Version Control

<table>
<thead>
<tr>
<th>Version control number</th>
<th>Date</th>
<th>Reason for review (if appropriate)</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.0</td>
<td>15/04/2016</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Risk Rating Score (use Equalities Risk Matrix and guidance)

**If any of these are 3 or above, an Impact Assessment must be completed. Please check with equalities@wiltshire.gov.uk for advice

<table>
<thead>
<tr>
<th>Criteria</th>
<th>Inherent risk score on proposal</th>
<th>Residual risk score after mitigating actions have been identified</th>
</tr>
</thead>
<tbody>
<tr>
<td>Legal challenge</td>
<td>6</td>
<td>3</td>
</tr>
<tr>
<td>Financial costs/implications</td>
<td>6</td>
<td>3</td>
</tr>
<tr>
<td>People impacts</td>
<td>8</td>
<td>4</td>
</tr>
<tr>
<td>Reputational damage</td>
<td>6</td>
<td>3</td>
</tr>
</tbody>
</table>

Section 1 – Description of what is being analysed

Primary and Specialist Child and Adolescent Mental Health Services (CAMHS) are provided by Oxford Health NHS Foundation Trust. The Primary Mental Health Service (PCAMHS) is funded by Wiltshire Council to provide interventions and treatment for children and young people assessed as having mild to moderate mental health needs. Specialist CAMHS is funded by the Wiltshire Clinical Commissioning Group (CCG) to provide interventions and treatment for those with more severe mental health difficulties. The two services are currently provided under separate but linked contracts. These commenced in April 2009 and are due to expire on 31 March 2017. Consequently, a new service will need to be commissioned from 1 April 2017 in order to ensure the continuity of a safe and effective local Child and Adolescent Mental Health Service to meet the needs of Wiltshire’s children and young people.

Taking into account the new national vision for child and youth mental health (Future in Mind) and the local CCG transformation plan for children and young people’s mental health and wellbeing, it is recognised that a new CAMHS delivery model is required in order to meet the changing needs of children and young people. To achieve this, the proposal is for Wiltshire Council to align its resources with the Wiltshire Clinical Commissioning Group (through a co-commissioning arrangement) and to work together with a range of stakeholders to develop a new integrated primary and specialist CAMHS service delivery model. It is intended that the new service will improve the life outcomes and overall experience for children, young people and their families and help to reduce health inequalities.

This Equality Impact Assessment (EIA) is a working document and is the first version to be completed. It details the equality analysis work undertaken so far and identifies the future work needing to be undertaken to ensure that Wiltshire Council meets its statutory obligations under the Public Sector Equality Duty.
This EIA will be updated following consultation with key stakeholders on the development of the new CAMHS service delivery model.

The focus of the EIA is to inform the proposal being made to Cabinet on 17 May 2016 as outlined above and in the accompanying Cabinet report. This includes a recommendation to Cabinet on the commissioning process to adopt in order to secure the service required.

**Section 2A – People or communities that are currently targeted or could be affected**

by any change (please take note of the Protected Characteristics listed in the action table).

Primary and Specialist CAMHS services are available for 0-18 year olds who are referred by a wide range of professionals including their GP, health visitor, school or hospital doctor. Referrals are made into the service via a Single Point of Access.

CAMHS also offers further support to Looked After Children via an extended 18-25 service for care leavers (Outreach Service for Children and Adolescents). This is routinely offered to all young people leaving care at 18 who would continue to benefit from CAMHS interventions into early adulthood where their needs don’t meet the threshold for adult mental health services.

Changes to the service may therefore affect all children and young people covering the full range of protected characteristics.

Data taken from the performance assessment frameworks provided by Oxford Health NHS Foundation Trust show that similar to the national picture, locally there is a high and growing demand for child and youth mental health services, with over two thousand children and young people accessing Wiltshire CAMHS per year.

<table>
<thead>
<tr>
<th></th>
<th>2012-13</th>
<th>2013-14</th>
<th>2014-15</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Routine referrals into</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Single Point of Access</td>
<td>1892</td>
<td>2062</td>
<td>2138</td>
</tr>
<tr>
<td><strong>All referrals</strong></td>
<td>2828</td>
<td>2740</td>
<td>2742</td>
</tr>
</tbody>
</table>

A recent data snapshot taken in April 2016 revealed that there were a total of 1562 cases currently open to the CAMHS Tier 2 and 3 service.

The new service will continue to be available for all children and young people aged 0-18 (up to 25 for care leavers).

**Section 2B – People who are delivering the policy or service that are targeted or could be affected**

(i.e. staff, commissioned organisations, contractors)

The information and data below has been provided by Oxford Health NHS Foundation Trust.

Primary and Specialist CAMHS are currently provided by Oxford Health NHS Foundation Trust. The primary service is staffed by 9.85 Whole Time Equivalents (WTE) offering assessment and short-term interventions for children and young people with mild to moderate mental health problems. The primary service also includes the provision of counselling – delivered through a partnership between Oxford Health and the local charity Relate. 60 WTE staff are employed by the Trust in specialist CAMHS (Community CAMHS and the Outreach Service for Children and Adolescents) addressing more complex and severe mental health problems.

Taking the above into account, around 70 Whole Time Equivalent staff who are employed by Oxford Health NHS Foundation Trust would be affected by any changes to the service. Staff employed by Relate who provide counselling to children and young people would also be affected.
Oxford Health CAMHS Staff Profile

**Gender**

<table>
<thead>
<tr>
<th>Gender</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Female</td>
<td>88%</td>
</tr>
<tr>
<td>Male</td>
<td>12%</td>
</tr>
</tbody>
</table>

**Age band**

<table>
<thead>
<tr>
<th>Age Band</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Under 30</td>
<td>10.2%</td>
</tr>
<tr>
<td>30-39</td>
<td>22.9%</td>
</tr>
<tr>
<td>40-49</td>
<td>21.5%</td>
</tr>
<tr>
<td>50-59</td>
<td>38.5%</td>
</tr>
<tr>
<td>60 and over</td>
<td>7.0%</td>
</tr>
</tbody>
</table>

**Ethnicity**

<table>
<thead>
<tr>
<th>Ethnicity</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>White - British</td>
<td>92.2%</td>
</tr>
<tr>
<td>White - Irish</td>
<td>1.7%</td>
</tr>
<tr>
<td>White – Any Other Background</td>
<td>3.0%</td>
</tr>
<tr>
<td>Mixed – White and Black Caribbean</td>
<td>1.4%</td>
</tr>
<tr>
<td>Mixed – White and Asian</td>
<td>1.7%</td>
</tr>
</tbody>
</table>

**Disability**

<table>
<thead>
<tr>
<th>Status</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>4.6%</td>
</tr>
<tr>
<td>No</td>
<td>70.2%</td>
</tr>
<tr>
<td>Not declared</td>
<td>25.2%</td>
</tr>
</tbody>
</table>

**Religious belief**

<table>
<thead>
<tr>
<th>Belief</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Atheism</td>
<td>6.6%</td>
</tr>
<tr>
<td>Buddhism</td>
<td>2.4%</td>
</tr>
<tr>
<td>Christianity</td>
<td>34.5%</td>
</tr>
<tr>
<td>Other</td>
<td>6.4%</td>
</tr>
<tr>
<td>I do not wish to disclose my religion/belief</td>
<td>50.1%</td>
</tr>
</tbody>
</table>

**Section 3** – The underpinning evidence and data used for the analysis (Attach documents where appropriate)

Prompts:

- What data do you collect about your customers/staff?
- What local, regional and national research is there that you could use?
- How do your Governance documents (Terms of Reference, operating procedures) reflect the need to consider the Public Sector Equality Duty?
- What are the issues that you or your partners or stakeholders already know about?
- What engagement, involvement and consultation work have you done? How was this carried out, with whom? Whose voices are missing? What does this tell you about potential take-up and satisfaction with existing services?
- Are there any gaps in your knowledge? If so, do you need to identify how you will collect data to fill the gap (feed this into the action table if necessary)
The following data is taken from the performance assessment frameworks provided by Oxford Health NHS Foundation Trust. It provides an analysis of the Wiltshire primary and specialist CAMHS caseload. This is a snapshot which has been taken in April 2016.

### Caseload broken down by age

<table>
<thead>
<tr>
<th>Age group</th>
<th>No</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>0-4</td>
<td>7</td>
<td>0.4%</td>
</tr>
<tr>
<td>5-11</td>
<td>344</td>
<td>22%</td>
</tr>
<tr>
<td>12-15</td>
<td>660</td>
<td>42.3%</td>
</tr>
<tr>
<td>16-18</td>
<td>549</td>
<td>35.1%</td>
</tr>
<tr>
<td>19+</td>
<td>2</td>
<td>0.1%</td>
</tr>
<tr>
<td>Total</td>
<td>1562</td>
<td>100%</td>
</tr>
</tbody>
</table>

The data shows that adolescents make up the bulk of the CAMHS caseload. The numbers of children aged 0-4 years accessing the service are low.

### Caseload broken down by gender

<table>
<thead>
<tr>
<th>Gender</th>
<th>No</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Male</td>
<td>640</td>
<td>41%</td>
</tr>
<tr>
<td>Female</td>
<td>922</td>
<td>59%</td>
</tr>
</tbody>
</table>

The data shows that females make up the majority of the CAMHS caseload.

### Caseload broken down by ethnicity

<table>
<thead>
<tr>
<th>Type</th>
<th>No</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Asian or Asian British</td>
<td>5</td>
<td>0.3%</td>
</tr>
<tr>
<td>Mixed – White and Asian</td>
<td>4</td>
<td>0.3%</td>
</tr>
<tr>
<td>Black or Black British</td>
<td>9</td>
<td>0.6%</td>
</tr>
<tr>
<td>Mixed – White and Black Caribbean</td>
<td>4</td>
<td>0.3%</td>
</tr>
<tr>
<td>Mixed – Other Mixed Background</td>
<td>7</td>
<td>0.4%</td>
</tr>
<tr>
<td>White British</td>
<td>1148</td>
<td>73.5%</td>
</tr>
<tr>
<td>White English</td>
<td>8</td>
<td>0.5%</td>
</tr>
<tr>
<td>White Irish</td>
<td>4</td>
<td>0.3%</td>
</tr>
<tr>
<td>White – Other/unspecified</td>
<td>7</td>
<td>0.4%</td>
</tr>
<tr>
<td>White – Mixed White</td>
<td>7</td>
<td>0.46%</td>
</tr>
<tr>
<td>White – Traveller</td>
<td>1</td>
<td>0.1%</td>
</tr>
<tr>
<td>Other Ethnic Groups</td>
<td>11</td>
<td>0.7%</td>
</tr>
<tr>
<td>Not Known</td>
<td>347</td>
<td>22.2%</td>
</tr>
<tr>
<td>Total</td>
<td>1562</td>
<td>100%</td>
</tr>
</tbody>
</table>

The data shows that in respect of referrals to CAMHS, where ethnicity is disclosed the majority of children and young people accessing the service are White – British. The numbers of children and young people from Black and Minority and/or other ethnic groups appear to be low. There is only 1 White-Traveller currently accessing the service. There is a significant number of children and young people whose ethnicity is not known which indicates a need to improve recording of this protected characteristic.

### % of total caseload with learning disabilities

<table>
<thead>
<tr>
<th>No</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>66</td>
<td>4%</td>
</tr>
</tbody>
</table>

The numbers of children and young people with learning disabilities accessing the CAMHS service appear low.

The data provided below on Looked After Children has been taken from the Oxford Health Performance Assessment Framework at the end of Quarter 3 (2015/16).

### Looked After Children accessing CAMHS in the quarter

<table>
<thead>
<tr>
<th>CAMHS Type</th>
<th>Number</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Primary CAMHS</td>
<td>9 out of 436 LAC</td>
<td>2% of LAC population</td>
</tr>
<tr>
<td>Specialist CAMHS</td>
<td>41 out of 436 LAC</td>
<td>9% of LAC population</td>
</tr>
</tbody>
</table>
The numbers of Looked After Children accessing CAMHS appear low, particularly when taking into account national research which shows this group of children is more likely to experience emotional wellbeing and mental health problems.

### The prevalence of child and youth mental health problems in Wiltshire

Using national research, the [Child and Maternal Health Intelligence Network](http://www.chimat.org.uk) provides a range of helpful information for local areas on the emotional wellbeing and mental health needs of children and young people. Key data and findings in relation to Wiltshire are given below:

- Mental health problems feature highest amongst adolescents.
- Boys are more likely to develop a mental health disorder than girls, particularly in the younger years.
- Conduct and emotional disorders are the most common, largely affecting teenagers.
- Boys are most likely to experience conduct disorders whilst girls are more likely to suffer from emotional disorders including depression and anxiety.
- Neurotic disorders are most prevalent amongst 16-19 year old females, with mixed anxiety and depression disorder the most common.

#### Vulnerable and disadvantaged children

National research shows that there are some children and young people who have a greater vulnerability to mental health problems, including for example looked after children, those with special educational needs and/or disabilities, those in contact with the youth justice system and those living in poverty.

Other groups of children and young people (including those listed above and below) which are more likely to be more vulnerable to mental health problems may also include those who are lesbian, gay, bisexual or transgender, refugees or asylum seekers, those in gypsy and traveller communities and those who have been sexually exploited and/or abused.

These children, young people and their families may find it more difficult to access appropriate help and support because of their more complex lives and personal circumstances.
Local data on vulnerable and disadvantaged groups is provided below. This has been taken from the needs assessment within the Wiltshire CCG Transformation Plan for Children and Young People’s Mental Health and Wellbeing. This is available at www.wiltshirepathways.org.uk

- There are just over 12,717 children with SEN; 1,775 have a Statement/Education, Health and Care Plan (EHCP). The majority of SEN pupils are in primary schools (above the national average). Learning Difficulties is the main reason for statementing. Speech and language and behavioural difficulties both account for around a fifth of EHCPs. Autism accounts for 12.5% of plans but also often appears as a secondary diagnosis. The rate of pupils with Autism in primary schools is above the national figure.*

- At the end of March 2014 there were 395 Looked After Children compared to 445 in the previous year.**

- The rate of youth offending is low. The majority of young people who do formerly enter the youth justice system are aged 17.**

- 11.4% of children live in poverty, with highest levels located in the towns of Trowbridge, Melksham, Chippenham, Salisbury, Calne and Amesbury.***

- 5.3% of children are from minority ethnic groups (most are Other White or Mixed Background).#

- 8.2% of the school population are from military families. #

- At least 1,306 children under 18 are at risk of alcohol and/or drug related harm because they live with a parent with a substance misuse problem 

- Hospital admissions for drugs and alcohol misuse are above the national average.

- Estimated 2,723 young carers aged 24 and under (2011 ONS Census)

- Teen pregnancy is below the national average (19 girls in 2013) (2013 ONS)

* Wiltshire 2015-18 SEN Strategy  
** Wiltshire Service Snapshot - CAMHS, ChiMat, 2014,  
*** Wiltshire Child Poverty Needs Assessment, 2014  
# Wiltshire Joint Strategic Assessment, 2013/14

The views of stakeholders

The Wiltshire Children’s Trust has undertaken extensive consultation with children, young people, parent/carers and professionals to hear their voice in relation to the availability and quality of local services. Children have also been asked about their own mental health and wellbeing. The outcome of consultation with stakeholders (including children, young people and families) has been used to shape the local strategy and commissioning intentions for children and young people’s emotional wellbeing and mental health. It has also been used more recently to inform the vision, priorities and outcomes within the local CCG transformation plan for children and young people’s mental health and wellbeing.

What children and young people say?

The Pupil Health and Wellbeing Survey, completed in 2015 by approx 7,000 children in local primary and secondary schools found that 69% of children and young people were satisfied with their life. Whilst it is positive that the majority of children and young people are happy, around 1 in 3 surveyed were not satisfied. Furthermore, the data highlighted inequalities, for example, only 57% of Free School Meal children (Yr 8+) and 50% of Year 10 girls reported being satisfied or happy with their life. Sleep is an important behaviour to protect health – the survey found that Wiltshire’s children are not getting enough sleep across all age ranges and that 37% of secondary and Yr 12 pupils are often so worried about something that they cannot sleep at night.

Generally wellbeing fell in a range of measures as children got older:

- 12% of primary and 30% of secondary pupils said they had no one to talk to.
- 71% of pupils said they are proud of what they have achieved in their life, decreasing to 51% for Yr 12’s.
- 56% felt stressed about their school work.
- 76% of primary age pupils felt confident about their future, falling to 47% by post-secondary school age.
- 9% of secondary and post-16 pupils said they had self-harmed daily, weekly or monthly. The rate was significantly higher for young carers and those with SEND.
A range of consultation activity with children and young people has been undertaken by the Wiltshire Council Children’s Services voice and influence team over the last 3 years. This has involved Wiltshire Assembly of Youth, the Children in Care Council (representing Looked After Children), the Wiltshire Youth Disabled Group and CAMHS service users. Common messages for children and young people are given below.

- Better mental health awareness, education and support (including counselling) is needed in schools;
- Help and support should be easier to access, as close to home as possible;
- Having someone to talk to in confidence is important;
- They need protection from bullying (particularly cyber-bullying);
- Information about local support and services and how this can be accessed could be improved;
- Good access to positive activities helps to promote wellbeing;
- More needs to be done to raise awareness of mental health and tackle stigma;
- More help could be given to help children and young people build their self-esteem and confidence.

The voice of those that work with or care for children, including parents and carers

40 professionals from across the whole system (including education, health, social care and the voluntary and community sector) attended a local workshop in March 2014 on the refresh of the Emotional Wellbeing and Mental Health Commissioning Strategy for children and young people. They told us…

- Pathways and access to services are not clear. Services are patchy;
- There is a gap in support for under 5’s and those with autism;
- Improved capacity and support is needed in schools;
- Young people would benefit from self-help resources;
- Agencies need to work better together, particularly re: parents with mental health problems;
- More investment should be made in promotion, prevention and early intervention;
- Vulnerable children and young people require better care and support during key transitions;
- More children and young people should have access to CAMHS and school counselling services;
- There should be a focus on building resilience in children and families;
- More needs to be done to tackle bullying.

A survey of parents/carers was undertaken by the Wiltshire Parent Carer Council in March 2015. This revealed concerns in relation to CAMHS, including ineffective joint working, underrated customer experience, poor access and long waiting times.
Section 4 – Conclusions drawn about the impact of the proposed change or new service/policy

Prompts:
- What actions do you plan to take as a result of this equality analysis? Please state them and also feed these into the action table.
- Be clear and specific about the impacts for each Protected Characteristic group (where relevant).
- Can you also identify positive actions which promote equality of opportunity and foster good relations between groups of people as well as adverse impacts?
- What are the implications for Procurement/Commissioning arrangements that may be happening as a result of your work?
- Do you plan to include equalities aspects into any service agreements and if so, how do you plan to manage these through the life of the service?
- If you have found that the policy or service change might have an adverse impact on a particular group of people and are not taking action to mitigate against this, you will need to fully justify your decision and evidence it in this section.

Key conclusions from the Equalities Impact Assessment are given below:

- The new service will continue to be available for all children and young people aged 0-18 (up to 25 for care leavers).
- In respect of human resources, any changes to the service would affect women more than men.
- Demand for child and adolescent mental health services is rising and without additional capacity in the system the right help for children, young people and their families cannot be provided. Demand is highest amongst teenagers.
- There are low numbers of children aged 0-4 accessing the current service. Professionals have also highlighted this as a gap in support.
- The majority of children and young people accessing the service are female yet national research shows that in Wiltshire it is boys who are more likely to develop a mental health disorder than girls, particularly in the younger years.
- Boys are more likely to experience conduct disorders whilst girls are more likely to suffer from emotional disorders including depression and anxiety. Neurotic disorders are most prevalent amongst 16-19 year old females, with mixed anxiety and depression the most common.
- Conduct and emotional disorders are the most common mental health problem for children and young people in Wiltshire, largely affecting teenagers.
- The majority of children and young people accessing the current service are White-British. The numbers of children and young people from Black and Minority Ethnic and/or Other Ethnic Groups appear to be low. There is only 1 White-Traveller currently accessing the service and this is a group which is more likely to experience mental health problems. There is a significant number of children and young people whose ethnicity is not known which perhaps indicates a need to improve recording for this protected characteristic group.
- There are some children and young people who have greater vulnerability to mental health problems e.g. Looked After Children. These children, young people and their families may find it more difficult to access appropriate help and support because of their personal circumstances. Taking this into account, the numbers of Looked After Children and children and young people with learning disabilities accessing the current service appear low.
- Not enough is understood about CAMHS service users in respect of some protected characteristics e.g. disability, gender reassignment, pregnancy and maternity and sexual orientation.
- A local survey of children and young people has revealed some health inequalities for particular groups, including Year 10 girls, those on Free School Meals, young carers and those with special educational needs and/or disabilities. Wellbeing falls as children get older across a range of measures. Those with Special Educational Needs and/or Disabilities and young carers are more likely to self-harm.
- Children and young people tell us they want better information, improved support in schools and community settings and more help to improve their self-esteem and resilience.
- Professionals and parents/carers tell us that pathways need to be clearer, more support is needed in schools, joint working between agencies should be better and more emphasis is required on early intervention and prevention approaches.

The development of a new integrated primary and specialist service delivery model for CAMHS is intended to have a positive impact on all children and young people covering all the protected characteristics.

Key actions that will be taken as a result of this equality impact assessment:

- Children and young people will be consulted on the development of the new service and their views taken into account in the drafting of the service specification. This will involve a series of consultation workshops that will be facilitated by the Wiltshire Council Children's Services Voice and Influence Team working with Healthwatch Wiltshire, schools, local child/youth participation groups and the Wiltshire Parent Carer Council. The workshops will involve targeting all the key groups of vulnerable and disadvantaged children and young people who are at more risk of developing emotional wellbeing and mental health problems. Consultation will also be targeted at ethnic and/or minority groups in order to ensure their needs are taken into account. This Equalities Impact Assessment will be updated with the outcome of the consultation activity.
- Staff employed by Oxford Health NHS Foundation Trust (and/or any incoming provider) will be consulted on any changes to the service. This Equalities Impact Assessment will be updated with the outcome of this consultation activity.
- The new service will be required to ensure that a robust system is in place for collecting demographic and protected characteristic information about its service users. This will help commissioners and the service to better monitor access in respect of key groups, and where required tailor service delivery in order to remove any barriers to access that may exist.
- Recognising the link between living in poverty/deprivation (e.g. children and young people living in low income families/accessing Free School Meals) and the increased likelihood of developing emotional wellbeing and mental health problems, support will be targeted in areas of greatest poverty and deprivation.
- In order to address increased demand for emotional wellbeing and mental health services, the new service will include a focus on early help and build capacity in universal settings to provide lower level interventions. This will involve improving CAMHS links with schools, particularly secondary schools.
- The service specification will seek to enhance the outreach service for children and adolescents so that interventions and treatment are available in community settings, as close to home as possible. This will help to remove barriers to access for children and young people who have complex lives, for example, Looked After Children and Care Leavers.
- The service provider will be required to ensure that an up-to-date equality and diversity policy is in place. Equality and diversity training for all staff working with children and young people will be mandatory so that they have the knowledge and skills required to address the specific needs of vulnerable and disadvantaged children. The provider will also be required to demonstrate what steps they will take to ensure their workforce is reflective of the local population.
- As part of the re-commissioning process, providers shall be required to make explicit what action they will take to tackle health inequalities and promote equalities and diversity. This will include action that will be taken to tailor service delivery in order to meet the specific needs of vulnerable and disadvantaged groups.
- The service specification will include an increased emphasis on interventions and support for 0-4 year olds (perinatal, infant and child mental health) in partnership with the Wiltshire Perinatal & Infant Mental Health Network.
- As part of the commissioning process the providers shall be asked to demonstrate what evidence based interventions shall be provided and approaches that will be used to engage specific genders.
- The service specification shall include the provision of a comprehensive training programme for children’s services professionals and parents/carers covering the identification of common mental health problems (to include emotional, neurotic and conduct disorders) and signposting children and young people to the right service.
• Providers shall be required to demonstrate what steps they will take to improve access for Black and Minority Ethnic and Other Ethnic Groups as well as children and young people living in traveller communities.
Section 5 – How will the outcomes from this equality analysis be monitored, reviewed and communicated?

Prompts:
- Do you need to design performance measures that identify the impact (outcomes) of your policy/strategy/change of service on different protected characteristic groups?
- What stakeholder groups and arrangements for monitoring do you have in place? Is equality a standing agenda item at meetings?
- Who will be the lead officer responsible for ensuring actions that have been identified are monitored and reviewed?
- How will you publish and communicate the outcomes from this equality analysis?
- How will you integrate the outcomes from this equality analysis in any relevant Strategies/Polices?

The Children’s Trust Emotional Wellbeing and Mental Health Sub Group will oversee the development of the new service, with support from the Wiltshire Council Children’s Services Joint Commissioning Team and Public Health Team. This group is accountable to the multi-agency Children’s Trust Commissioning Executive, Wiltshire CCG (Governing Body and Clinical Executive) and Health and Wellbeing Board.

The Group includes representatives from across education, health, social care and importantly children, young people and their parents/carers. The Group is chaired by the Wiltshire Council Children’s Services Associate Director (Joint with CCG) for Children’s Services Commissioning, Performance and School Effectiveness.

A record of children, young people and parent/carer participation in the development of the service specification shall be maintained. This will provide a breakdown per protected characteristic group to ensure all vulnerable, disadvantaged and hard to hear groups are represented.

Contract review meetings with the new service provider shall include a focus on tackling health inequalities, including reporting against Key Performance Indicators which monitor the numbers of children and young people from protected characteristic groups that are accessing the service.

In addition to the above, the Emotional Wellbeing and Mental Health Sub Group will undertake the following actions:

- Raise awareness of protected characteristic groups and make equality everyone’s business. This will be achieved through the inclusion of a standing agenda item on equality and diversity.
- Ensuring that all staff within commissioned services for mental health and wellbeing receive appropriate training and develop the knowledge and skills required to address the specific needs of vulnerable and disadvantaged children.
- Undertake a comprehensive EIA prior to the re-commissioning and/or procurement of services.
- Understanding the needs of the local population and identifying those experiencing the poorest health outcomes.
- Establishing specific Key Performance Indicators which are focused on monitoring health inequalities.
- Including a standing item on children and young people’s participation and involvement in the development of emotional wellbeing and mental health services.

*Copy and paste sections 4 & 5 into any Committee, CLT or Briefing papers as a way of summarising the equality impacts where indicated

Completed by: James Fortune, Lead Commissioner, Wiltshire Council Children’s Services

Date 15 April 2016

Signed off by: Julia Cramp, Associate Director (Joint with CCG), Commissioning, Performance and School Effectiveness

Date

To be reviewed by:

Version 1:2 August 2015
<table>
<thead>
<tr>
<th>Identified issue drawn from your conclusions (only use those characteristics that are relevant)</th>
<th>Actions needed – can you mitigate the impacts? If you can how will you mitigate the impacts?</th>
<th>Who is responsible for the actions?</th>
<th>When will the action be completed?</th>
<th>How will it be monitored?</th>
<th>What is the expected outcome from the action?</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Age</strong></td>
<td>Teenagers make up the bulk of the CAMHS caseload and mental health problems feature highest amongst adolescents. Levels of wellbeing fall as CYP get older.</td>
<td>Consultation with teenagers on the development of the new service specification. Service spec to include focus on early intervention and prevention and building capacity in schools to support CYP e.g. through improved partnership working between CAMHS and secondary schools.</td>
<td>James Fortune</td>
<td>July 2016</td>
<td>Record of consultation activity with children and young people maintained by Wiltshire Council Children’s Services Voice and Influence Team</td>
</tr>
<tr>
<td></td>
<td>Low numbers of 0-4 year olds accessing the current service.</td>
<td>Service spec to include increased emphasis on perinatal, infant and child mental health in consultation with public health commissioners, community health and early years professionals.</td>
<td>James Fortune</td>
<td>July 2016</td>
<td>Record of consultation activity with public health, community health and early years professionals maintained by Wiltshire Council Commissioning Team.</td>
</tr>
<tr>
<td></td>
<td>In respect of human resources, any changes to the service will affect women more than men.</td>
<td>Consultation with Oxford Health NHS staff on any changes (and/or any incoming provider).</td>
<td>Michelle Maguire / James Fortune</td>
<td>July 2016</td>
<td>Record of consultation activity with staff maintained by Oxford Health NHS Foundation Trust (and/or any incoming provider)</td>
</tr>
<tr>
<td></td>
<td>As part of the commissioning process providers will be required to demonstrate how they will tackle health inequalities. Providers shall be required to have an up to date equalities and diversity policy in place (note that this action is applicable to all protected characteristic groups in this</td>
<td>James Fortune</td>
<td>Ongoing</td>
<td>Results of any evaluation process undertaken as part of the commissioning process. Requirement within service specification.</td>
<td>Clear steps identified to improve access for vulnerable and disadvantaged/hard to hear groups and reduce health inequalities.</td>
</tr>
<tr>
<td><strong>Disability</strong></td>
<td>Consultation with children and young people with special educational needs and/or disabilities on the development of the new service specification as well as their parents/carers via the Wiltshire Parent Carer Council.</td>
<td>James Fortune</td>
<td>July 2016</td>
<td>Record of consultation activity with children and young people and their parents/carers is maintained by Wiltshire Council Children’s Services Voice and Influence Team. The views and needs of children and young people with special educational needs and/or disabilities are taken into account, to shape the new service. Access to the right support is improved.</td>
<td></td>
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<td></td>
</tr>
<tr>
<td></td>
<td>Not enough is understood about CAMHS service users in respect of disability.</td>
<td>Recording of information service users and protected characteristics will be a requirement in the new service specification.</td>
<td>James Fortune</td>
<td>September 2016</td>
<td>Contract review meetings with the Provider shall include a standing item on equalities and diversity. Requirement within service specification. Access to CAMHS and barriers are better understood for all protected characteristic groups.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Gender Reassignment</strong></th>
<th>Recording of information service users and protected characteristics will be a requirement in the new service specification.</th>
<th>James Fortune</th>
<th>September 2016</th>
<th>Contract review meetings with the Provider shall include a standing item on equalities and diversity. Requirement within service specification. Access to CAMHS and barriers are better understood for all protected characteristic groups.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Not enough is understood about CAMHS service users in respect of gender reassignment.</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### Marriage and Civil Partnership

Not enough is understood about CAMHS service users in respect of marriage and civil partnership.

Recording of information service users and protected characteristics will be a requirement in the new service specification.

James Fortune

September 2016

Contract review meetings with the Provider shall include a standing item on equalities and diversity. Requirement within service specification.

Access to CAMHS and barriers are better understood for all protected characteristic groups.

### Pregnancy and Maternity

Pregnant teenage mothers and young parents are more likely to experience emotional wellbeing and mental health problems.

Not enough is understood about CAMHS service users in respect of pregnancy and maternity.

Consultation with pregnant teenage mothers and young parents on the development of the new service specification.

Recording of information service users and protected characteristics will be a requirement in the new service specification.

James Fortune

July 2016

Record of consultation activity with children and young people maintained by Wiltshire Council Children’s Services Voice and Influence Team.

The views and needs of pregnant teenage mothers and young parents are taken into account, to shape the new service. Improved access to the right support for this group.

Access to CAMHS and barriers are better understood for all protected characteristic groups.
### Race (including ethnicity or national origin, colour, nationality and Gypsies and Travellers)

The numbers of children and young people accessing CAMHS from BME groups is low. This is also the case for CYP living in traveler communities.

There are a significant number of CAMHS service users whose ethnicity is not known.

| Consultation with BME groups (including CYP living in traveler communities) on the development of the new service specification. | James Fortune | July 2016 | Record of consultation activity with children and young people maintained by Wiltshire Council Children’s Services Voice and Influence Team.
Consultation with BME groups (including CYP living in traveler communities) on the development of the new service specification. | September 2016 | James Fortune | Contract review meetings with the Provider shall include a standing item on equalities and diversity. Requirement within service specification. Results of any evaluation process undertaken as part of the commissioning process.
The views and needs of BME children and young people (inc CYP living in traveler communities) are taken into account, to shape the new service. Access to the right support is improved.
Any barriers for these groups is better understood and steps identified to tackle these and improve access. |

### Religion and Belief

Not enough is understood about CAMHS service users in respect of religion and belief.

| Consultation with children and young people from across faith groups on the development of the new service specification. | James Fortune | July 2016 | Record of consultation activity with children and young people maintained by Wiltshire Council Children’s Services Voice and Influence Team.
The views and needs of faith groups are taken into account, to shape the new service. Any particular barriers to access for specific faith groups identified and actions established to address these. |

### Sex

Satisfaction and happiness with life is lower amongst teenage girls in comparison to the overall CYP population. Boys are more likely to develop a mental health disorder than girls, particularly in younger years. Yet local data shows that the majority of CAMHS service users are girls.

| Consultation with children and young people including males and females on the development of the new service specification. | James Fortune | July 2016 | Record of consultation activity with children and young people maintained by Wiltshire Council Children’s Services Voice and Influence Team.
The views and needs of both males and females are taken into account, to shape the new service. Steps agreed to improve access for boys. |
<table>
<thead>
<tr>
<th>Sexual Orientation</th>
<th>Consultation with LGBT children and young people on the development of the new service specification.</th>
<th>James Fortune</th>
<th>July 2016</th>
<th>Record of consultation activity with children and young people maintained by Wiltshire Council Children’s Services Voice and Influence Team.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Recording of information service users and protected characteristics will be a requirement in the new service specification.</td>
<td>James Fortune</td>
<td>September 2016</td>
<td>Contract review meetings with the Provider shall include a standing item on equalities and diversity. Requirement in service specification.</td>
</tr>
<tr>
<td></td>
<td>The views and needs of LGBT children and young people are taken into account, to shape the new service. Improved access to the right support.</td>
<td></td>
<td></td>
<td>Access to CAMHS and barriers are better understood for all protected characteristic groups.</td>
</tr>
</tbody>
</table>
Other groups of children and young people which are more likely to experience emotional wellbeing and mental health problems include:

- Young offenders
- Those living in poverty
- Refugees or asylum seekers
- Those living in gypsy or traveler communities
- Young carers
- Those who are misusing drugs and alcohol
- Those from military families
- Those living with a parent/carer with a substance misuse problem

Not enough is understood about CAMHS service users in respect of the other groups given above.

<table>
<thead>
<tr>
<th>Other (including caring responsibilities, rurality, low income, Military Status etc)</th>
<th>Consultation with these other groups children and young people on the development of the new service specification.</th>
<th>James Fortune</th>
<th>June 2016</th>
<th>Record of consultation activity with children and young people maintained by Wiltshire Council Children’s Services Voice and Influence Team</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Service to be targeted in areas of greatest poverty and deprivation, to be included as part of service specification.</td>
<td></td>
<td>September 2016</td>
<td>Requirement within service specification</td>
</tr>
<tr>
<td></td>
<td>Outreach service for children and adolescents to be enhanced as part of service specification.</td>
<td></td>
<td>September 2016</td>
<td>As above</td>
</tr>
<tr>
<td></td>
<td>Providers shall be required to demonstrate what evidence based interventions they will provide and what approaches they will use in order to improve access for all these groups (including girls and boys).</td>
<td></td>
<td>September 2016</td>
<td>Ongoing</td>
</tr>
<tr>
<td></td>
<td>Recording of information service users and protected characteristics will be a requirement in the new service specification.</td>
<td>James Fortune</td>
<td>September 2016</td>
<td>Results of any evaluation as part of commissioning process</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Contract review meetings with the Provider shall include a standing item on equalities and diversity.</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Access to CAMHS and barriers are better understood for all protected characteristic groups.</td>
</tr>
</tbody>
</table>
Calculating the Equalities Risk Score

You will need to calculate a risk score twice:

1. On the inherent risk of the proposal itself (without taking into account any mitigating actions you may identify at the end of the Equality Analysis (EA) process)
2. On the risk that remains (the residual risk) after mitigating actions have been identified

This is necessary at both points to:

- Firstly, identify whether an EA needs to be completed for the proposal and;
- Secondly, to understand what risk would be left if the actions identified to mitigate against any adverse impact are implemented

Stage 1 - to get the inherent risk rating:

1. Use the Equalities Risk Criteria Table below and score each criterion on a scale of 1 - 4 for the impact and 1 – 4 on their likelihood of occurrence. Multiply these 2 scores together (Likelihood x Impact) to get a score for that criterion (this will range from 1 – 16).
2. Record each of these scores in the table at the beginning of this document
3. Assess whether you need to carry out an EA using the guidance box below (stage 2).

Stage 2 - to identify whether an EA needs to be carried out:

If your inherent risk score (for any criteria) is:

- 12 – 16 or Red = High Risk. An Equality Analysis must be completed. Significant risks which have to be actively managed; reduce the likelihood and/or impact through control measures.
- 6 – 9 or Amber = Medium Risk. An Equality Analysis must be completed. Manageable risks, controls to be put in place; managers should consider the cost of implementing controls against the benefit in the reduction of risk exposure.
- 3 – 4 or Green = Low Risk. An Equality Analysis must be completed
- 1 – 2 or Green = Low Risk. An Equality Analysis does not have to be completed

Stage 3 - to get the residual risk rating:

1. Repeat the process above when mitigating actions have been identified and evidenced in the table on page 3 to calculate the residual risk
2. Make a note of the residual risk score in the table on the first page of the EA template
### Equalities Risk Criteria Table

<table>
<thead>
<tr>
<th>Criteria</th>
<th>Impact</th>
<th>Low 1</th>
<th>Moderate 2</th>
<th>Substantial 3</th>
<th>Critical 4</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Legal challenge</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>to the Authority under the Public Sector Equality Duty</td>
<td>Complaint/initial challenge may easily be resolved</td>
<td>Internal investigation following a number of complaints or challenges</td>
<td>Ombudsman complaint following unresolved complaints or challenges</td>
<td>Risk of high level challenge resulting in Judicial Review</td>
<td></td>
</tr>
<tr>
<td><strong>Financial costs/implications</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Little or no additional financial implication as a result of this decision or proposal</td>
<td>Medium level implication with internal legal costs and internal resources</td>
<td>High financial impact - External legal advice and internal resources</td>
<td>Severe financial impact - legal costs and internal resources</td>
<td></td>
</tr>
<tr>
<td><strong>People impacts</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>No or Low level of impact on isolation, quality of life, achievement, access to services. Unlikely to result in harm or injury. Mitigating actions are sufficient</td>
<td>Significant quality of life issues i.e. Achievement, access to services. Minor to significant levels of harm, injury, mistreatment or abuse OR, low level of impact that is possible or likely to occur with over 500 people potentially affected</td>
<td>Serious Quality of Life issues i.e. Where isolation increases or vulnerability is greatly affected as a result. Injury and/or serious mistreatment or abuse of an individual for whom the Council has a responsibility OR, a medium level of impact that is likely to occur with over 500 people potentially affected</td>
<td>Death of an individual for whom the Council has a responsibility or serious mistreatment or abuse resulting in criminal charges OR High level of impact that is likely to occur, with potentially over 500 people potentially affected</td>
<td></td>
</tr>
<tr>
<td><strong>Reputational damage</strong></td>
<td></td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Little or no impact outside of the Council</td>
<td>Some negative local media reporting</td>
<td>Significant to high levels of negative front page reports/editorial comment in</td>
<td>National attention and media coverage</td>
<td></td>
</tr>
</tbody>
</table>
## Equalities Risk Matrix

<table>
<thead>
<tr>
<th>Impact</th>
<th>Acceptable</th>
<th>Actively managed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Critical (4)</td>
<td>4</td>
<td>8</td>
</tr>
<tr>
<td></td>
<td></td>
<td>12 Significant risk</td>
</tr>
<tr>
<td></td>
<td>16 Significant risk</td>
<td></td>
</tr>
<tr>
<td>Substantial (3)</td>
<td>3</td>
<td>6</td>
</tr>
<tr>
<td></td>
<td>9</td>
<td>12 Significant risk</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Moderate (2)</td>
<td>2</td>
<td>4</td>
</tr>
<tr>
<td></td>
<td>6</td>
<td>8</td>
</tr>
<tr>
<td>Low (1)</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td></td>
<td>3</td>
<td>4</td>
</tr>
</tbody>
</table>

### Likelihood of occurrence

- Very unlikely (1)
- Unlikely (2)
- Likely (3)
- Very likely (4)
The protected characteristics:

**Age** - Where this is referred to, it refers to a person belonging to a particular age (e.g. 32 year olds) or range of ages (e.g. 18 - 30 year olds). This includes all ages, including children and young people and older people.

**Disability** - A person has a disability if s/he has a physical or mental impairment which has a substantial and long-term adverse effect on that person’s ability to carry out normal day-to-day activities.

**Gender reassignment** - The process of transitioning from one gender to another.

**Race** - Refers to the protected characteristic of Race. It refers to a group of people defined by their race, colour, and nationality (including citizenship) ethnic or national origins.

**Religion and belief** - Religion has the meaning usually given to it but belief includes religious and philosophical beliefs including lack of belief (e.g. Atheism). Generally, a belief should affect your life choices or the way you live for it to be included in the definition.

**Marriage and civil partnership** - Marriage is defined as a 'union between a man and a woman'. Same-sex couples can have their relationships legally recognised as 'civil partnerships' and from 29th March 2014, same-sex couples can also get married at certain religious venues. Civil partners must be treated the same as married couples on a wide range of legal matters.

**Pregnancy and maternity** - Pregnancy is the condition of being pregnant. Maternity refers to the period of 26 weeks after the birth, which reflects the period of a woman's ordinary maternity leave entitlement in the employment context.

**Sex (this was previously called 'gender')** - A man or a woman.

**Sexual orientation** - Whether a person's sexual attraction is towards their own sex, the opposite sex or to both sexes

You are also protected if you are discriminated against because you are perceived to have, or are associated with someone who has, a protected characteristic. For example, the Equality Act will protect people who are caring for a disabled child or relative. They will be protected by virtue of their association to that person (e.g. if the Carer is refused a service because of the person they are caring for, this would amount to discrimination by association and they would be protected under the Equality Act)
Councillor Laura Mayes, Cabinet Member for Children’s Services, presented the report which sought approval to work with Wiltshire CCG to recommission a new integrated service delivery model for primary and specialist CAMHS in order to meet the changing needs of children and young people. A number of options for commissioning this service were set out in the report and a recommendation provided on the best option to secure the service required.

Issues highlighted in the course of the presentation and discussion included: that Mental health had been identified as a top priority by representatives from the local Youth Parliament; how the proposed procurement process differed from the previous model; the limited number of suppliers in the market; how procurement specialists in the CCG and the Council were working together; the opportunity to provide an holistic service for children and young people; and the increase in demand for services and the changing needs of children and young people.

In response to a request from the Leader, it was agreed to amend recommendation ii) so that officers be asked to investigate the possibility of Wiltshire Council taking a joint-lead procurer role for the new service.

Following concerns raised by Councillor Glenis Ansell, Carolyn Godfrey clarified that the preferred bidder model proposed was a commonly used procurement process and would still allow for the appropriate due diligence activity to be undertaken.

Resolved

i. To agree that the Council should work with the Wiltshire CCG to recommission a new integrated service delivery model for primary and specialist CAMHS to meet the needs of children and young people. To include aligning Wiltshire Council funding for Primary CAMHS with Wiltshire CCG funding for specialist CAMHS;

ii. That officers be asked to investigate whether it would be practicable for Wiltshire Council to become a joint lead commissioner for the new service;

iii. To approve the commissioning approach already agreed by the Wiltshire CCG Governing Body to test the market to establish if undertaking a most capable provider process is the appropriate route to secure the service required (option 3). To include authorisation from Cabinet to undertake a tender process if required, in accordance with the ‘light touch’ regime as detailed within the Public Contract Regulations (option 2). This shall be led by the Wiltshire CCG with the Council as an associate; and
iv. To delegate approval of the procurement process, including the
development of a revised service specification and decision on award of
contract to the Corporate Director in consultation with the Cabinet
Member for Children’s Services in consultation with the Cabinet
Member for Finance, Cabinet Member for Public Health and the
Solicitor of the Council.

Reason for Decision:

The local CCG transformation plan for children and young people’s mental
health and wellbeing sets out the overall joint strategic direction, clear vision
and principles for delivering a child and youth mental health system that can
meet the changing needs of children and young people in Wiltshire, for
example, the increase in eating disorders and self-harming behaviour. The plan
has been developed in partnership with a range of stakeholders from across
education, health and social care and reflects the needs and views of children,
young people and parents/carers.

In order to deliver the plan effectively (which has been agreed by the Health and
Wellbeing Board) and ensure the continued provision of a safe and effective
Child and Adolescent Mental Health Service, the Council needs to work
together with Wiltshire CCG to set out a new service delivery model. This
requires the Council to align its resources with the CCG and the transformation
plan’s strategic objectives.

This report evaluates options for commissioning a new integrated primary and
specialist Child and Adolescent Mental Health Service. In doing so, it
recommends that the Council approves the decision already made by the
Wiltshire CCG to test the market to establish if undertaking a most capable
provider process is the appropriate route. The key argument in favour of this
option is that the market for the provision of CAMHS is understood to be limited
regionally.
PUPIL PERFORMANCE IN PUBLIC TESTS AND EXAMINATIONS 2015
Supplementary Paper for Post 16 Attainment

Purpose of Report

The report provides an overview of pupil performance post age 16 and compares attainment in Wiltshire with national, south west and statistical neighbour data. Where available the report provides a comparison of the Wiltshire figures against other Local Authorities using the LA quartile (25%) position – ‘A’ being the top quarter and ‘D’ being the lowest quarter of LAs in England. This paper is supplementary to the main paper discussed at the Children’s Select Committee meeting on 26 January 2016 when 2015 vocational outcomes and outcomes at age 19 were not yet available.

Post 16, KS5 academic and vocational qualification in 2015

Examination results reported below reflect the attainment of students aged 16-19 at the end of advanced (level 3) study in the 2015 academic year. Results are only included if they relate to advanced (level 3) qualifications approved under Section 96 of the Learning and Skills Act 2000. In most cases students will have completed two years of advanced level study and may be included in both academic and vocational tables if they have followed mixed study provision. The results are based on the results of all state funded schools and colleges in Wiltshire.
### Academic Qualifications (2482 students included in table)

<table>
<thead>
<tr>
<th></th>
<th>Average point score per pupil</th>
<th>% of academic students achieving qualifications equivalent to</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>academic entry</td>
<td>academic entry expressed as a grade</td>
</tr>
<tr>
<td>England - all schools and colleges</td>
<td>216.1</td>
<td>C+</td>
</tr>
<tr>
<td>England - state funded schools and colleges</td>
<td>211.9</td>
<td>C+</td>
</tr>
<tr>
<td>Wiltshire</td>
<td>217.6</td>
<td>C+</td>
</tr>
</tbody>
</table>

Achievement of academic qualifications in Wiltshire is generally higher than national comparators. The A level facilitating subject measure at grades AAB shows the proportion of students achieving grades AAB in at least two facilitating subjects. The ‘facilitating’ subjects include Biology, Chemistry, Physics, Mathematics, Geography, History, English Literature, Modern and Classical Languages and are considered to be an advantage for entry into the top Universities including the Russell group. Outcomes in this measure are higher than comparators.

### Vocational Qualifications (753 students included in the table)

<table>
<thead>
<tr>
<th></th>
<th>Average point score per pupil</th>
<th>% of vocational students achieving</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>vocational entry</td>
<td>vocational entry expressed as a grade</td>
</tr>
<tr>
<td>England - all schools and colleges</td>
<td>219.5</td>
<td>Dist-</td>
</tr>
<tr>
<td>England - state funded schools and colleges</td>
<td>219.4</td>
<td>Dist-</td>
</tr>
<tr>
<td>Wiltshire</td>
<td>212.4</td>
<td>Dist-</td>
</tr>
</tbody>
</table>
Achievement of vocational qualifications in Wiltshire is generally lower than national comparator although there are significantly fewer students taking vocational qualifications. The table only includes substantial advanced level vocational qualifications. A substantial advanced level vocational qualification is defined as a qualification that is at least the size of an A level (180 guided learning hours per year), for example, a BTEC Subsidiary Diploma, BTEC Diploma, BTEC Extended Diploma, Extended Project (level 3), International Baccalaureate Diploma.
**Overall performance by age 19**

The overall performance measures look at the proportion of students reaching the level 2 and 3 threshold by the end of the academic year in which they turn 19. This includes students in state funded, independent and special schools and does not take into account the age at which the qualification was gained.

**Level 2 qualifications by age 19**

Level 2 qualifications include:
- Advanced Extension Award equals 5%
- Key Skills pass at Level 3 equals 10%
- Short GCSE at grade A* to C equals 10%
- Full GCSE at grade A* to C equals 20%
- Double Award GCSE (including VGCSEs) at grade A* to C equals 40%
- Part 1 Intermediate GNVQ equals 40%
- Full Intermediate GNVQ equals 80%
- AS level (including VCE) at grade A to E equals 50%
- A/A2 level (including VCE) at grade A to E equals 100%
- Advanced GNVQ pass equals 100%

By far the majority of students in Wiltshire gain Level 2 (typically 5+A*-C) at the age of 16 with only a small proportion continuing post 16. The level 2 includes students who achieved one pass at A’ level or two passes at AS level.

<table>
<thead>
<tr>
<th>Percentage of young people achieving a level 2 qualification by the age of 19</th>
</tr>
</thead>
<tbody>
<tr>
<td>Change from previous year</td>
</tr>
<tr>
<td>Wiltshire</td>
</tr>
<tr>
<td>England</td>
</tr>
<tr>
<td>Quartile position</td>
</tr>
</tbody>
</table>

**Key points**

Higher rise than national and other comparators with overall performance reflecting the high proportion of young people gaining 5+A*-C GCSEs at age 16.
Level 3 qualifications by age 19

Level 3 qualifications include:
- 1 Advanced Extension Award equals 5%
- 1 Free Standing Maths Qualification at Level 3 equals 10%
- 1 Key Skills pass at Level 3 equals 15%
- 1 AS level (including VCE) at grade A to E equals 25%
- 1 A/A2 level (including VCE) at grade A to E equals 50%
- 1 Advanced Pilot 6 unit GNVQ equals 50%
- 1 Advanced GNVQ pass equals 100%
- 1 NVQ pass at Level 3 or higher equals 100%
- 1 ‘full’ VRQ2 pass at Level 3 or higher equals 100%
- 1 International Baccalaureate pass equals 100%
- 1 Advanced Apprenticeship pass equals 100%

The most students gain their level 3 qualification through academic study at A level with a minority following alternative routes.

<table>
<thead>
<tr>
<th></th>
<th>2011</th>
<th>2012</th>
<th>2013</th>
<th>2014</th>
<th>2015</th>
</tr>
</thead>
<tbody>
<tr>
<td>Wiltshire</td>
<td>56.80</td>
<td>58.60</td>
<td>59.10</td>
<td>59.90</td>
<td>60.00</td>
</tr>
<tr>
<td>South West</td>
<td>53.40</td>
<td>54.60</td>
<td>55.60</td>
<td>55.80</td>
<td>55.80</td>
</tr>
<tr>
<td>Statistical Neighbours</td>
<td>56.13</td>
<td>57.09</td>
<td>57.65</td>
<td>57.87</td>
<td>57.81</td>
</tr>
<tr>
<td>England</td>
<td>53.60</td>
<td>55.20</td>
<td>56.30</td>
<td>57.00</td>
<td>57.40</td>
</tr>
</tbody>
</table>

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Change from previous year</td>
<td></td>
</tr>
<tr>
<td>Wiltshire</td>
<td>+0.1</td>
</tr>
<tr>
<td>England</td>
<td>+0.4</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Quartile position</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>B</td>
</tr>
</tbody>
</table>

**Key points**
Already high attainment of level 3 qualifications. A lower rise than the national although SW and SN figures remain fairly constant.

Report author
Jayne Hartnell

CAROLYN GODFREY
Corporate Director
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Wiltshire Council

Children’s Select Committee

Date: Tuesday 31st May 2016

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**Early Help Dataset**

**Purpose of Report**

1. The Children’s Select Committee requested the updated Early Help Dataset be presented to the group following its review by the Early Help Task Group. This was completed in December 2015 with the Children’s Select Committee resolving:

   1. *To recognise that the revised Early Help Dataset is the mechanism for providing oversight and delivery of the Early Help Strategy and to congratulate officers on its development.*
   2. *To recognise the complexity of embedding this new dataset and note that its further development is a key deliverable for the Early Intervention Sub-Group and is monitored by the Wiltshire Safeguarding Children Board and the Children’s Trust.*
   3. *To accept the revised Early Help Dataset as helping to meet the requirements defined and recommended by the Early Help Strategy Task Group.*

2. Five months following the Committee’s resolutions, Officers have been asked to present the Dataset again as part of the reviewing cycle.

**Background**

3. The Early Help Dataset is a relatively new quarterly dataset as it was created in September 2014. The dataset has continually evolved following ongoing review from the Early Intervention Sub Group (a joint group overseen by the Wiltshire Safeguarding Children Board and the Children’s Trust) and a formal review by the Early Help Task Group.

   The Dataset is presented in two parts:

   i) Early Help Data Charts
   ii) Early Help Data Tables

**Main Considerations for the Council**

3. The results of ongoing development are that:

   i) The report shows red RAG items first to support scrutiny and draw attention to where additional action and support is required.

Page 69
ii) Charts of the most critical early help measures have been included to show long term sustainability. These will be added to as more long term data becomes available.

iii) New measures have been added (including baselines and targets where the data is now available) to give a broader oversight of the impact of early help.

iv) RAG ratings have been modified and displayed more clearly

v) Layout of the tables has been changed to make review easier – including, for example, the addition of an “understanding the data” column and the use of “direction of travel” arrows.

4. Work continues to establish measures for those items for which data does not currently exist or is difficult to access.

5. Not all indicators lend themselves to quarterly reporting (e.g. school census data).

6. Work is ongoing to establish baselines and ‘what good looks like’ as well as comparisons to statistical neighbours.

7. Although the robustness of this dataset has improved, for many of the items the data is still relatively new and is to be used with some caution.

**Safeguarding Considerations**

8. The Early Help Strategy and its Improvement Plan are key strategic items on the safeguarding agenda. Effectively delivering the objectives of the Strategy will result in preventing more children and young people from needing additional support and will result in more vulnerable children and young people with existing additional needs receiving the right support, at the right time and achieving good outcomes. The Early Help Dataset helps us evidence the impact of our early help offer.

**Public Health Implications**

9. Delivering the objectives of the Early Help Strategy will mean more health needs (physical and emotional) of children and young people will either be prevented from developing or, if they exist, will be spotted early and intervention offered promptly and effectively to eliminate or mitigate the effects. Public health indicators are included within the Early Help Dataset (e.g. reach of the Family Nurse Partnership programme)

**Environmental and Climate Change Considerations**

10. The delivery of the Early Help Strategy and it’s Dataset will not impact on any environmental or climate change issues.

**Equalities Impact of the Proposal**

11. The Early Help Strategy is mindful of and committed to equality and inclusion. The Early Help Improvement Plan itself is framed around addressing imbalances in achieving good outcomes for our vulnerable children and young people (e.g. free childcare for disadvantaged 2 year olds, supporting troubled families, developing mental ill health pathways, etc). The Early Help Dataset helps us evidence the impact of our early help offer.
Risk Assessment

12. Whilst the data-population and production of the Early Help Dataset is still relatively new there is risk that the data it currently contains (without baselines, targets and benchmarking) is used to inform decision making when the data is not sufficiently robust.

13. In mitigation, all significant developments to early help services and practice are overseen by the Early Intervention Sub Group and governed by the Wiltshire Safeguarding Children Board and the Children’s Trust who are well briefed on the current status of the Dataset.

Financial Implications

14. There are currently no financial/budgetary implications connected or planned with the development and production of the Early Help Dataset.

Legal Implications

15. None.

Options Considered

16. Not applicable.

Conclusions

17. The Early Help Dataset continues to be a suitable mechanism for providing oversight of the delivery and impact of the Early Help Strategy.

18. Ongoing developmental work will take place to ensure the dataset remains fit for purpose – including strengthening outcome measures.

19. Its continued development is a core objective of the Early Intervention Sub Group under the appropriate governance of the Wiltshire Safeguarding Children Board and the Children’s Trust.

Proposal

20. The Children’s Select Committee is asked to recognise that the revised Early Help Dataset remains a suitable mechanism for providing oversight and delivery of the Early Help Strategy.

21. The Children’s Select Committee is asked to recognise the continued complexity of developing this dataset and be assured that its further development is a key deliverable for the Early Intervention Sub Group and is under careful governance and scrutiny of both the Wiltshire Safeguarding Children Board and the Children’s Trust.

22. The Children’s Select Committee is asked to endorse the revised Early Help Dataset as continuing to meet the requirements defined and recommended by the Early Help Task Group.
Reason for Proposal

23. To meet the requirements as defined by the Early Help Task Group and as recommended to the Children’s Select Committee.

Carolyn Godfrey
Corporate Director, Children’s Services

Report Author: Tamsin Stone, Lead Commissioner - Commissioning, Performance and School Effectiveness, Children’s Services.

Date of report: 18th November 2014

Background Papers

The following unpublished documents have been relied on in the preparation of this report:

None.

Appendices

Early Help Dataset Quarter 3 (Oct - Dec 2015) produced March 2015
**EARLY HELP DATA CHARTS**

1. **% Re-referrals into Children's Social Care**

   ![Diagram of % Re-referrals into Children's Social Care]

   **Important:** Note that in the following charts, the upper and lower limits are not ‘imposed’ limits set by management or based on national comparator data. Limits are calculated based on the actual data and show where, 95% of the time, we can expect the next data points to fall. The wider the gap between the two red limit lines, the harder it is to predict the next result/data point.

   - This is a medium term indicator (min. 6 months of data before sustained change is evidenced)
   - We are performing better than our Statistical Neighbours (23%)
   - We are performing better than the national average (23%)
   - We are performing better than our target (21%)
   - Rate is steadily declining overall = good

2. **No. of CAFs escalated to Social Care per month**

   ![Diagram of No. of CAFs escalated to Social Care per month]

   - This is a long term indicator (min. 12 months data required before sustained change is evidenced)
   - No Statistical Neighbours comparator data is available
   - No national comparator data is available
   - **Peaks before** school holidays
   - Rate is slowly declining = good
   - Rate is still variable = could be better

3. **No. of CIN Step Downs to CAF per month**

   ![Diagram of No. of CIN Step Downs to CAF per month]

   - This is a long term indicator (min. 12 months data required before sustained change is evidenced)
   - No Statistical Neighbours comparator data available
   - No national comparator data available
   - **Peaks following** school holidays
   - Rate is slowly rising = good
   - Rate is highly variable = could be better
This is a long term indicator (min. 12 months data required before sustained change is evidenced)
No Statistical Neighbours comparator data available
No national comparator data available
Peaks following school holidays
Rate of CAF registrations slightly higher than CAF closures (growth is slowing) = poor
## EARLY HELP DATA TABLES

### Measurement RAG Rating:
- **Red:** Unclear that the data exists or can be captured
- **Dark Amber:** Data source identified but no process for collection/analysis yet
- **Amber:** Data source identified and process for collection/analysis is in development
- **Green:** Data source is in place and reliable

### Outcome RAG Rating:
- **G:** Full confidence in achievement of outcome(s)
- **A:** Uncertain confidence in achievement of outcome(s)
- **R:** Lower level of confidence in achievement of outcome(s)
- **DOT:** Direction of travel

### RED ITEMS:

<table>
<thead>
<tr>
<th>Ref*</th>
<th>Indicator</th>
<th>Understanding the data</th>
<th>Stat Nghbr</th>
<th>Target 15/16</th>
<th>Q3 Oct to Dec 2015</th>
<th>Outcome RAG</th>
<th>DOT</th>
<th>Q2 Jul to Sep 2015</th>
<th>Q1 Apr to Jun 2015</th>
<th>Q4 Jan to Mar 2015</th>
<th>Q3 Oct to Dec 2014</th>
<th>Baseline Apr13-Mar14</th>
<th>Observations - Feb 16</th>
</tr>
</thead>
<tbody>
<tr>
<td>C3</td>
<td>No. of primary aged children with a fixed term exclusion</td>
<td>A low figure is better</td>
<td>not avail</td>
<td>220</td>
<td>281</td>
<td></td>
<td></td>
<td>125</td>
<td>163</td>
<td>222</td>
<td>235 (corrected)</td>
<td>217</td>
<td>Number of open CAFs reducing - mainly for YP aged 12-17. Discussion and review with Council EH staff underway to understand the issue and identify any potential solutions (caseloads and referrals currently under review).</td>
</tr>
<tr>
<td>E1</td>
<td>No. of open CAFs (measure 3 months after qtr closure)</td>
<td>A high figure is better</td>
<td>not avail</td>
<td>220</td>
<td>-</td>
<td></td>
<td></td>
<td>139</td>
<td>203</td>
<td>149</td>
<td>190</td>
<td>1135 (13/14) 819 (14/15)</td>
<td>data not robust</td>
</tr>
<tr>
<td>E5</td>
<td>No. of referrals to Children’s Social Care with an existing open CAF</td>
<td>N/A - trends monitored</td>
<td>not avail</td>
<td>-</td>
<td>2 of 30 = 6.7% (sampled)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Location-based monthly managers meeting in place - to discuss, in advance, cases likely to be ready to step down and prepare for a seamless transition to EH services. CIN Step Down audit due to be repeated April 2016 to give further insights and any distance travelled.</td>
</tr>
<tr>
<td>E6b</td>
<td>No. of step downs from CSC with no CAF subsequently registered within 6 weeks</td>
<td>A low figure is better</td>
<td>not avail</td>
<td>-</td>
<td>17 of 26 = 65% (sampled)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>E8c</td>
<td>No. of children/young people with an open CAF - aged 12-17</td>
<td>A high figure is better</td>
<td>not avail</td>
<td>45</td>
<td>33</td>
<td></td>
<td></td>
<td>30</td>
<td>35</td>
<td>41</td>
<td>60</td>
<td>259</td>
<td>Rate declining more sharply for older children – see E1 above</td>
</tr>
<tr>
<td>E11</td>
<td>No. of children transitioning to secondary school with an open CAF/MSP (annual figure)</td>
<td>A high figure is better</td>
<td>not avail</td>
<td>-</td>
<td>not applic.</td>
<td></td>
<td></td>
<td>not applic.</td>
<td>120</td>
<td>not applic.</td>
<td>not applic.</td>
<td>173</td>
<td>Group to consider how to ensure seamless transfer between school settings</td>
</tr>
</tbody>
</table>
### All other items:

<table>
<thead>
<tr>
<th>Ref</th>
<th>Indicator</th>
<th>Understanding the data</th>
<th>Stat Nghbr 15/16</th>
<th>Target</th>
<th>Outcome RAG</th>
<th>DOT</th>
<th>Q2 Jul to Sep 2015</th>
<th>Q1 Apr to Jun 2015</th>
<th>Q4 Jan to Mar 2015</th>
<th>Q3 Oct to Dec 2014</th>
<th>Baseline: Apr13-Mar14</th>
<th>Observations - Feb 16</th>
</tr>
</thead>
<tbody>
<tr>
<td>A4</td>
<td>No. taking up 15hrs free childcare for under 2s</td>
<td>A high figure is better</td>
<td>Range 53%-83%</td>
<td>85%</td>
<td>1086</td>
<td>📈</td>
<td>1061</td>
<td>1013</td>
<td>1065 (75%)</td>
<td>1076 (76%)</td>
<td>781 (76%)</td>
<td>-</td>
</tr>
<tr>
<td>A5</td>
<td>No. of young women who conceive under the age of 18 compared to the number of them that have a CAF registered</td>
<td>The two figures should match each other</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>A6</td>
<td>No. and proportion of child health and development checks completed on time (by 2 ½ years old)</td>
<td>A high figure is better</td>
<td>95%</td>
<td>67.7%</td>
<td>📉</td>
<td>67.9%</td>
<td>61.6%</td>
<td>58.4%</td>
<td>606/1218 = 49.8%</td>
<td>See note: Integral HV pathway being introduced during Q3 which should increase uptake.</td>
<td>-</td>
<td></td>
</tr>
<tr>
<td>A7</td>
<td>No. of young parents engaging with the Family Nurse Partnership programme</td>
<td>A high figure is better</td>
<td>not avail</td>
<td>-</td>
<td>69</td>
<td>📿</td>
<td>47</td>
<td>38</td>
<td>-</td>
<td>29 (16)</td>
<td>See note</td>
<td>-</td>
</tr>
<tr>
<td>B4</td>
<td>No. and proportion of Early Years settings rated Good or Outstanding by Ofsted</td>
<td>A high figure is better</td>
<td><strong>80%</strong></td>
<td>-</td>
<td>see note</td>
<td>-</td>
<td>-</td>
<td>C.Care: 86%</td>
<td>-</td>
<td>-</td>
<td>Not Avail</td>
<td>-</td>
</tr>
<tr>
<td>B6</td>
<td>Children with a My Support Plan per 10,000</td>
<td>A high figure is better</td>
<td>not avail</td>
<td>5.2</td>
<td>-</td>
<td>-</td>
<td>2.6</td>
<td>7.0</td>
<td>8.4</td>
<td>-</td>
<td>See note: Registration practice still embedding - data to be used with extreme caution. 0-24 est. population 145,010 (2016) from <a href="http://www.intelligencenetwork.org.uk">www.intelligencenetwork.org.uk</a>.</td>
<td>-</td>
</tr>
<tr>
<td>C1a</td>
<td>% of children and young people attending a School/Academy rated Good or Outstanding by Ofsted</td>
<td>A high figure is better</td>
<td>*81.4% (national)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>83.60%</td>
<td>Source data moved from annual to daily reporting but new reporting facility does not include ability to specify dates. Measure taken as at 18 Feb 16.</td>
</tr>
<tr>
<td>C1b</td>
<td>No. and proportion of Schools/Academies rated Good or Outstanding by Ofsted</td>
<td>A high figure is better</td>
<td>*83.2% (national)</td>
<td></td>
<td>88.1% (156 schls/acad)</td>
<td>📉</td>
<td>88.4% (153 schls/acad)</td>
<td>89% (218 schls/acad)</td>
<td>89% (147 schls/acad)</td>
<td>91% (129 schls/acad)</td>
<td>-</td>
<td>Source data now available from Jan 2012 only (date of new inspection f/work). All data updated to reflect this.</td>
</tr>
<tr>
<td>C2</td>
<td>No. of primary aged children permanently excluded per quarter</td>
<td>A low figure is better</td>
<td>3</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>0</td>
<td>6</td>
<td>1*</td>
<td>1</td>
<td>11</td>
<td></td>
</tr>
<tr>
<td>C4</td>
<td>No. of secondary aged young people permanently excluded from school</td>
<td>A low figure is better</td>
<td>0</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>0</td>
<td>2</td>
<td>0</td>
<td>0</td>
<td>2</td>
<td>-</td>
</tr>
<tr>
<td>NEW C6</td>
<td>School absence*</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total absence rate</td>
<td>A low figure is better</td>
<td>4.5% (cumul acad yr)</td>
<td>Prov data due Mar/Apr 16</td>
<td>188/237 = 80% offered</td>
<td>57/188 = 30% completed</td>
<td>not avail</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>School Census 14/15 data due Feb 16 - cleanse and analysis required before verified data released.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

| NEW C6a | Persistent absence rate | A low figure is better | 3.5% (cumul acad yr 13/14) | Prov data due Mar/Apr 16 | 258/300 = 83% offered | 87/258 = 34% completed | not avail | - | - | - |

| D1a | No. and proportion of CAFs with DV as a presenting issue (measure 3 months after qtr closure - sampled) | N/A - trends monitored | not avail | - | 16/65 = 24.6% | 36/139 = 25.9% | 7/23 = 30.4% | 13/48 = 27.1% | to be set once data established |

| D1b | No. of initial contacts to Children's Social Care related to DV | N/A - trends monitored | not avail | 329/3466 = 9.5% | 141/3920 = 3.6% | 277/4104 = 6.7% | 258/4532 = 5.7% | 329/4466 = 7.3% | to be set once data established |

| D2a | No. and proportion of CAFs with parental substance misuse as a presenting issue (measure 3 months after qtr closure - sampled) | N/A - trends monitored | not avail | - | 18/65 = 27.7% | 33/139 = 23.7% | 2/23 = 8.7% | 2/48 = 4.2% | to be set once data established |

| D2b | No. of Single Assessments in Children's Social Care related to parental substance misuse | N/A - trends monitored | 35.5% (England: child & adult) | 22.3% | 20.7% | 20.8% | Full Yr 14/15: 787 (9.0%) | - | to be set once data established |

| D3a | No. and proportion of CAFs with parental mental health as a presenting issue (measure 3 months after qtr closure - sampled) | N/A - trends monitored | not avail | - | 27/65 = 41.5% | 41/139 = 29.5% | 6/23 = 26.1% | 8/48 = 16.7% | to be set once data established |

| D3b | No. of Single Assessments in Children's Social Care | N/A - trends monitored | 32.5% (England: child & adult) | 26.1% | 25.0% | 22.4% | Full Yr 14/15: 841 (9.6%) | 565 (9.8%) | to be set once data established |
| New D4a | No. and proportion of CAFs with Child Sexual Exploitation as a presenting issue* (measure 3 mths after qtr closure - sampled) | N/A - trends monitored | not avail | - | 1/65 = 1.5% | 4/139 = 2.9% | - | - | to be set once data established | Q2 case was stepped down from Social Care. |
| New D4b | No. of Single Assessments in Children's Social Care with Child Sexual Exploitation identified | N/A - trends monitored | 3% (England) | 4.4% | - | 4.1% | 4.3% | 163 (1.9%) | 101 (1.7%)* | to be set once data established |
| D7 | No. of Gateway Panel referrals for WFF (level 2b family support) | A high figure is better | not avail | 34 | 45 (35 allocated) | 27 (20 allocated) | 39 (26 allocated) | 21 | 42 | 34 |
| D8 | No. of referrals allocated for FST (level 3 family support) | A high figure is better | not avail | 58 | 98 (60 allocated) | 133 (87 allocated) | 97 (75 allocated) | 54 | 62 | - |
| D10 | No. of families with 2 or more children with an open CAF | N/A - trends monitored | not avail | - | - | - | - | - | - | - |
| E2 | No. of operational MAFs compared to total no. of MAF areas | A high figure is better | not avail | 20 | 17/20 | 19/20 | 20 | 19/20 | 19/20 | 17/21 |
| E4 | No. of initial contacts to Children's Social Care with the outcome: recommend a CAF | N/A - trends monitored | not avail | 282 | 190 | 112 | 243 | 266 | 288 | 309 |
| E4 | No. of referrals to Children’s SC with the outcome: recommend a CAF | N/A - trends monitored | not avail | 29 | 23 | see note | 5 | 7 | 22 | 29 | 61 |
| NEW E6a | % of EH interventions (as measured by EH CAP) which do not escalate to Children’s Social Care on closure | N/A - trends monitored | not avail | 80% | 98/115 = 82.4% | 178/215 = 82.8% | 127/163 = 77.9% | 122/152 = 80.3% | 169/220 = 76.8% | 942 closed of which 655 did not have “Esc to SCare” as the closure reason = 69.5% |
| NEW E6c | % of CIN step downs to EH support (as measured by EH CAFs) which do not re-escalate to CIN (since SD to CIN) | A low figure is better | not avail | - | 23 of 29 = 79% (sampled) | - | - | - | - | - |

Cross border arrangement with Dorset currently under review (2 MAFs) and Melksham ceased. Review by OCS Early Help and MASH identified that improvement was needed to Outcome recording on Contacts, Referrals & Single Assessments - to more clearly flag those children genuinely requiring early help action/a CAF. Changes due to be made Feb/Mar 16 and rolled out to staff. Positive trajectory since 13/14 baseline. However, comparator data is required to assess what is a ‘good’ level of escalation (e.g. volume of EH work will identify more serious concerns that may not otherwise have been spotted). CIN SD Audit due to be repeated in April 16 - will give further insight and indication of any distance travelled.
<table>
<thead>
<tr>
<th>Topic</th>
<th>Percentage or Count</th>
<th>Available Data</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>% of CIN Step Downs to EH Support (as measured by EH CAFs) which do not re-escalate to CIN level within 6 months of closure</td>
<td>A low figure is better</td>
<td>not avail</td>
<td>24 of 29 = 83% (sampled)</td>
</tr>
<tr>
<td>% of interventions by WFF which do not escalate to Children’s Social Care</td>
<td>A high figure is better</td>
<td>not avail</td>
<td>27/31 = 87%</td>
</tr>
<tr>
<td>% of primary mental health interventions which do not escalate to specialist mental health services</td>
<td>A low figure is better</td>
<td>not avail</td>
<td>-</td>
</tr>
<tr>
<td>Cumulative no. of those working with children/young people who have attended/taken the WSCB Early Intervention and CAF training.</td>
<td>A high figure is better</td>
<td>not avail</td>
<td>280</td>
</tr>
<tr>
<td>No. of children/young people with an open CAF - under 5</td>
<td>A high figure is better</td>
<td>not avail</td>
<td>42</td>
</tr>
<tr>
<td>No. of children/young people with an open CAF - aged 5-11</td>
<td>A high figure is better</td>
<td>not avail</td>
<td>63</td>
</tr>
<tr>
<td>No. of children/young people with an open CAF - age 18+</td>
<td>A high figure is better</td>
<td>not avail</td>
<td>6</td>
</tr>
<tr>
<td>No. of children/young people with CAFs closed as outcomes achieved - under 5</td>
<td>A high figure is better</td>
<td>not avail</td>
<td>69%</td>
</tr>
<tr>
<td>No. of children/young people with CAFs closed as outcomes achieved - aged 5-11</td>
<td>A high figure is better</td>
<td>not avail</td>
<td>61%</td>
</tr>
<tr>
<td>No. of children/young people with CAFs closed as outcomes achieved - aged 12-17</td>
<td>A high figure is better</td>
<td>not avail</td>
<td>57%</td>
</tr>
<tr>
<td>No. of children/young people with CAFs closed as outcomes achieved - aged 18+</td>
<td>A high figure is better</td>
<td>not avail</td>
<td>66%</td>
</tr>
<tr>
<td>Outcomes Achieved - Aged 16+</td>
<td>No. of Children/Young People with a Repeat CAF</td>
<td>No. of Referrals to Social Care for Children/Young People</td>
<td>No. of Re-referrals to Social Care Within 12 Months for Children/YP</td>
</tr>
<tr>
<td>----------------------------</td>
<td>-----------------------------------------------</td>
<td>--------------------------------------------------------</td>
<td>--------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>E10</td>
<td>N/A - Trends Monitored</td>
<td>N/A - Trends Monitored</td>
<td>181/1609 = 11.3%</td>
</tr>
<tr>
<td>E12</td>
<td>N/A - Trends Monitored</td>
<td>N/A - Trends Monitored</td>
<td>1115</td>
</tr>
<tr>
<td>E13</td>
<td>N/A - Trends Monitored</td>
<td>N/A - Trends Monitored</td>
<td>22.6% (14/15 LAIT)</td>
</tr>
<tr>
<td>NEW</td>
<td>% of young people not in education, employment or training (NEET)</td>
<td>N/A - Trends Monitored</td>
<td>3.6</td>
</tr>
<tr>
<td>NEW</td>
<td>No. of Children Subject of a CIN Plan (Excl LAC and CP)</td>
<td>N/A - Trends Monitored</td>
<td>2147</td>
</tr>
<tr>
<td>NEW</td>
<td>Youth Offending: First Time Entrants Rate (Per 100,000 Aged 10-17)</td>
<td>N/A - Trends Monitored</td>
<td>4/9 (England)</td>
</tr>
<tr>
<td>NEW</td>
<td>No. of CAFs Opened in the Last 3 Years That Stayed Open for 6 Months or Less (Measure 3 Mnths After Qtr Closure)</td>
<td>N/A - Trends Monitored</td>
<td>794/3159 = 25.1%</td>
</tr>
<tr>
<td>NEW</td>
<td>No. of CAFs Opened in the Last 3 Years That Stayed Open for 12 Months or Less (Measure 3 Mnths After Qtr Closure)</td>
<td>N/A - Trends Monitored</td>
<td>1487/3159 = 47.1%</td>
</tr>
<tr>
<td>NEW</td>
<td>No. of CAFs Opened in the Last 3 Years That Stayed Open for 24 Months or Less (Measure 3 Mnths After Qtr Closure)</td>
<td>N/A - Trends Monitored</td>
<td>2100/3159 = 66.5%</td>
</tr>
</tbody>
</table>
Executive Response to the Final Report of the 
Obesity and Child Poverty Task Group

Purpose of the report

1. To present the response of the following to the Final Report of the Obesity and Child Poverty Task Group:
   - Cabinet Member for Children’s Services
   - Cabinet Member for Health (including Public Health and Adult Social Care)

2. Recommendation 12 also relates to, and has been referred to, the Cabinet Member for Planning, Property, Waste and Strategic Housing.

Background

3. The Final Report was endorsed by Health Select Committee on 8 March 2016 and by Children’s Select Committee on 22 March 2016.

4. Both Committees resolved to refer the Task Group’s findings and recommendations to the relevant parties for response.

5. Health Select Committee also asked that the further points raised during their discussion be responded to. These are detailed under paragraph 6.

Executive response to the Task Group’s recommendations

1. To support the development and implementation of the first Wiltshire Obesity Strategy by the council and CCG as a crucial first step in addressing the prevalence of obesity in Wiltshire.

   We will support the implementation of the Children and Young People elements of the Wiltshire Obesity Strategy through the Child Health Improvement Group and the Children’s Trust Executive. The strategy is a life course strategy and as a result some elements of the strategy will be led on elsewhere including through the Health Improvement Plan, Maternity Services Liaison Committee, CCG Governing Body and Health and Wellbeing Board. There are clear overlaps between the roles of adults as parents in influencing the outcomes for children and young people.
2. To acknowledge the scale of the obesity epidemic facing the country, the projected financial and human costs within Wiltshire if action is not taken, and the commitment required by the council, CCG and partners to tackle obesity as a joint strategic priority.

We acknowledge the severity of the problem of obesity and the need to take action locally across all areas of the Council and CCG. In line with the targets set out in the strategy we will endeavour to halt and reverse the rise in prevalence of obesity. By 2020 we aim to see a 1% reduction in levels of excess weight in children (as measured by the NCMP) in each community area, and to reduce the variation in excess weight among children between the least and most deprived areas of Wiltshire by 2%.

3. Children’s Select Committee or Health Select Committee to undertake annual monitoring of progress against strategic targets within the Wiltshire Obesity Strategy to ensure that sufficient efforts and resources are directed towards its implementation and, in particular, towards protecting children in poverty from obesity and its associated impacts.

We will provide updates for the Children’s Select Committee and/or Health Select Committee as requested.

4. The council, CCG and Area Boards to prioritise actions and resources focused on prevention, early intervention and the first two life stages (‘Preconception to early years’ and ‘Children and Young people’) and for this to be reflected in how resources are allocated towards implementation of the Obesity Strategy.

We expect the Obesity Strategy Implementation Plan to have defined actions for the Council and CCG and to outline how information and guidance will be provided to Area Boards in order for them to prioritise tackling obesity in the first two life stages locally.

5. The council, CCG and Area Boards to prioritise actions and resources targeted at groups vulnerable to obesity, particularly children living in poverty and for this to be reflected in how resources are allocated towards implementation of the Obesity Strategy.

We expect the Obesity Strategy Implementation Plan to have defined actions for the Council and CCG for reducing inequalities and to outline how information and guidance will be provided to Area Boards as part of the Community Area Joint Strategic Assessment, and associated workshops in order for them to prioritise tackling inequalities and supporting groups at higher risk of obesity, including children living in poverty. Area boards are uniquely placed to deliver support to their local communities to achieve and
maintain a healthy weight and will be key to delivering the strategic target of reducing the variation in excess weight between the least and most deprived children.

6. When developing the Obesity Strategy’s implementation plan, the council, CCG and partners to consider the particular challenges faced by people on low incomes in achieving good health outcomes so that maximum equity of access can be ensured.

We will expect an Equalities Impact Assessment on the Strategy to address this issue.

7. Schools to be given a greater profile within the Obesity Strategy to reflect the opportunity that schools’ unique access to all children and young people presents, including access to ‘hard-to-reach’ groups such as those living in poverty.

We will ensure that Children’s Services colleagues are involved in developing the strategy implementation plan in order to provide opportunities to maximise schools’ engagement in this agenda.

Healthy Schools has a key role and work is planned to support enhancing the expectations on schools in relation to nutrition and physical activity when they apply for Healthy Schools status.

School nurses provide our universal public health services in schools and will be key in both influencing schools to take a holistic approach to the wellbeing of their children and young people as well as in supporting individual children with concerns about maintaining a healthy weight.

8. Work to be undertaken with schools to increase the take-up of free school meals by eligible families in order that children from families on low incomes reap the associated health benefits, with an update on free school meal take-up to be provided to the Committees in 12 months’ time.

The Obesity Strategy Implementation Plan will include actions to increase uptake of free school meals by eligible families. Public Health and Children’s Services to provide an update on progress in relation to increasing the uptake of free school meals in June 2017.

9. To support the continuation and/or expansion of the targeted Wiltshire Food in School work supporting schools in deprived areas to improve the health and wellbeing of their school community.
We will work to develop a sustainable package of support to schools on improving whole school approaches to food e.g. through the Healthy Schools Programme.

10. Further information to be provided on how Area Boards and communities will be supported to address issues identified in child poverty profiles for their community areas.

   The Reducing Child Poverty Strategy Group will produce an end of year report in January 2017 which will include an outline of the work undertaken by Area Boards as a result of the Child Poverty Profile workshop/presentations held 2015/16. This report can be shared with members of the Health Select Committee as requested.

11. To support the continuation of cross-team work led by Public Health supporting every council service to consider what it can do to encourage healthy eating and activities.

   Public health will work with Corporate Services to explore how future Service Plans could include a core commitment to addressing obesity.

12. The Cabinet Member for Health and Adult Social Care, and the Cabinet Member for Planning, Property, Waste and Strategic Housing, to advise if the council currently seeks to influence the proliferation of fast food outlets (particularly near schools) through the planning process and, if not, whether they are plans to consider doing so.

   Discussions are at an early stage to develop and amend planning policies within the Wiltshire Core Strategy. Such policies have been implemented in other areas of the country and would help to mitigate against the effects of obesogenic environments in Wiltshire. Public health officers will work with public protection colleagues, the Spatial Planning Team and Development Control to gain consensus on developing supplementary planning guidance setting out prescribed exclusion zones (400m restriction) around schools and FE College campuses, and restrictions on the number of hot food take aways along the high street.

Further points raised by Health Select Committee

6. Health Select Committee raised the following further points and asked that the Cabinet Members and CCG respond:

   a) The possibility of increasing the frequency of child weight checks beyond the current checks performed in infancy and those in Reception year and Year 6 at school. A suggestion was made as to whether dentist could be approached to undertake weighing as part of their check-ups.
The National Child Measurement Programme is currently delivered in line with national guidance and informed by best practice. It is felt that it is unlikely that the additional resources required to fund weighing and measuring beyond reception and Year 6, or in additional settings would add significant benefit, and resources would be better directed at interventions to address obesity.

b) Whether the multi-agency approach to child protection through the MASH hub could be adapted and employed for child obesity.

A multi-agency approach will be key to successfully reducing levels of childhood obesity in Wiltshire as highlighted through the recommendations and responses above. We currently deliver multi-disciplinary interventions for children who are overweight or obese that address physical activity, healthy eating and emotional wellbeing for the child and their families in line with NICE guidance. However engagement of families into these types of programmes can be potentially stigmatising and we try to deliver services in a way that doesn’t label the young person. We would have concerns that the development of a specific ‘obesity hub’ could lead to services being viewed negatively and lead to a fall in participation.

7. As well as responses to the individual recommendations above, this section is space to provide a general response or comment as necessary.

We welcome the focus on health inequalities that this task group on child poverty and child obesity has provided. The recommendations will enable us to ensure wider engagement and commitment across the Council to delivering the Obesity Strategy Implementation Plan.

Proposal


Cllr Laura Mayes, Cabinet Member for Children’s Services
Cllr Keith Humphries, Cabinet Member for Health and Adult Social Care
Cllr Toby Sturgis, Cabinet Member for Planning, Property, Waste and Strategic Housing

Officer contact: Henry Powell, Senior Scrutiny Officer, 01225 718052, henry.powell@wiltshire.gov.uk
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Executive Response to the Final Report of the
Children's Community Services Rapid Scrutiny Exercise

Purpose of the report

1. To present the response of the Cabinet Member for Children’s Services to the Final Report of the Children's Community Services Rapid Scrutiny Exercise.

Background

2. On 22 March 2016 the Children’s Select Committee endorsed the Final Report of the Task Group.

3. The Committee resolved to refer the following Task Group’s recommendations to the relevant Cabinet member for response at the Committee’s next meeting on 31 May 2016.

Executive response to the Task Group’s recommendations

<table>
<thead>
<tr>
<th>Recommendation No.1</th>
<th>That any design, implementation, and staff training regarding the new IT system includes a focus on how the benefits of collected data may not be apparent until April 2017 onwards.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Reason for recommendation</td>
<td></td>
</tr>
<tr>
<td>Cabinet member</td>
<td>Cllr Laura Mayes</td>
</tr>
<tr>
<td>Executive Response:</td>
<td></td>
</tr>
<tr>
<td>We agree that a significant amount of work will be needed to implement a new IT system to bring together recording across all of children’s community health services and that it will take time before additional meaningful information can be made available to commissioners.</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Recommendation No.2</th>
<th>To ensure, wherever possible, the data collected within the IT system allows for a comparison from April 2017 onwards to compare with past data.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Reason for recommendation</td>
<td></td>
</tr>
<tr>
<td>Cabinet member</td>
<td>Cllr Laura Mayes</td>
</tr>
</tbody>
</table>
Children’s community health services were provided by 5 separate organisations before April 2016 and only two of these organisations regularly provided data to commissioners on performance in delivering services. This means that it will only be possible to make comparisons with historical data for some specific services, for example, Health Visiting.

<table>
<thead>
<tr>
<th>Recommendation No.3</th>
<th>That a single database system be used to collect all Children’s Community Health Service data from across the county.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Reason for recommendation</td>
<td></td>
</tr>
<tr>
<td>Cabinet member</td>
<td>Cllr Laura Mayes</td>
</tr>
<tr>
<td>Executive Response:</td>
<td></td>
</tr>
</tbody>
</table>

Commissioners have requested that the new provider should record information on a single system.

<table>
<thead>
<tr>
<th>Recommendation No.4</th>
<th>That the design of the system allows for adequate data to be collected to enable detailed reporting to take place in the future (such as by post codes or demographics).</th>
</tr>
</thead>
<tbody>
<tr>
<td>Reason for recommendation</td>
<td></td>
</tr>
<tr>
<td>Cabinet member</td>
<td>Cllr Laura Mayes</td>
</tr>
<tr>
<td>Executive Response:</td>
<td></td>
</tr>
</tbody>
</table>

Commissioners will discuss the design of the system with the new provider, including the need for data to be analysed by post codes or demographics.

<table>
<thead>
<tr>
<th>Recommendation No.5</th>
<th>That Wiltshire Council pro-actively explores entering into a data sharing agreement with other local authorities on a confidential basis to help provide realistic contextualisation for collected data.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Reason for recommendation</td>
<td></td>
</tr>
<tr>
<td>Cabinet member</td>
<td>Cllr Laura Mayes</td>
</tr>
</tbody>
</table>
Executive Response:

There is a South West region children’s commissioning group which includes a number of representatives in joint commissioning posts across local authorities and Clinical Commissioning Groups. The potential for sharing of data on delivery of children’s community health services to allow for comparison will be discussed with regional colleagues.

Recommendation No.6

That a focus be placed on collecting data from more outcome-focused KPI’s.

Reason for recommendation

Executive Response:

Commissioners are keen to have data that provides evidence of outcomes (rather than inputs/outputs). Some information on outcomes can be provided through KPIs, but this will need to be supplemented by audit/feedback from children, young people and parents/carers on whether services have improved health outcomes.

Recommendation No.7

That all reports include:

- a commentary which provides an explanation of the data;
- red/amber/green (RAG) ratings;
- directions of travel for data with an indication of whether a higher or lower rating was positive;
- an explanation of terms used within KPI’s.

Reason for recommendation

Executive Response:

Commissioners will request this information from the new provider once the agreed performance data set can be populated.

Recommendation No.8

That all stretch targets created in negotiation with the provider should reflect the ambition of delivering the best possible service to Wiltshire children, and that service users are involved in the process of identification and setting of targets.
<table>
<thead>
<tr>
<th>Reason for recommendation</th>
<th>Cabinet member</th>
<th>Lead Officer</th>
<th>Executive Response:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Cllr Laura Mayes</td>
<td>Julia Cramp</td>
<td>The provider has stated a commitment to involving children and young people in service development and setting targets in relation to how services should be delivered. Commissioners will discuss with the provider what plans are in place to engage with children and young people and involve them in setting targets for different teams within children’s community health services.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Recommendation No.9</th>
<th>That data within reports should be grouped together under their relevant headlines with an overall rating for the grouped area.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Reason for recommendation</td>
<td>Cabinet member</td>
</tr>
<tr>
<td></td>
<td>Lead Officer</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Recommendation No.10</th>
<th>That Virgin Care provides assurances that the IT system will manage the future capacity required in 5 years.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Reason for recommendation</td>
<td>Cabinet member</td>
</tr>
<tr>
<td></td>
<td>Lead Officer</td>
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<table>
<thead>
<tr>
<th>Recommendation No.11</th>
<th>That Virgin Care ensures that the IT system will allow for any changes in future priorities and needs.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Reason for recommendation</td>
<td>Cabinet member</td>
</tr>
<tr>
<td></td>
<td>Julia Cramp</td>
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</tbody>
</table>
Executive Response:

The flexibility of the proposed IT solution to be implemented by Virgin Care has been assessed by IT colleagues in the CCG. It is inevitable that changes will need to be made during the life of the contract and these changes will be negotiated with the provider.

4. As well as responses to the individual recommendations above, this section is space to provide a general response or comment as necessary.

Proposal

5. To note the executive response to the Final Report of the Children's Community Services Rapid Scrutiny Exercise.

Cllr Laura Mayes, Cabinet Member for Children’s Services

Officer contact: Adam Brown, Senior Scrutiny Officer, 01225 718038, adam.brown@wiltshire.gov.uk
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Notice of Motion No. 31 – Forced Academisation of Schools
Councillors Jon Hubbard and Glenis Ansell

To consider the following motion:

“Central Government have announced plans to force every school in Wiltshire to be forced to convert to an Academy, even if the headteacher, governors and parents would prefer the school to remain within the Local Authority Family.

These forced changes to how schools are run have been condemned by teachers, parents and politicians alike – the Conservative chair of the influential 1922 committee in Parliament recently commented that the plans could lead to the creation of “new and distant bureaucracies” rather than delivering greater freedom and autonomy for schools.*

Wiltshire Council has estimated that the average cost for converting each school in the County to an academy is £10,500. These costs include legal fees, accountancy, staffing issues and other costs such as changes to estate management.

Figures recently released by the Department for Education also confirmed that the average cost per school to central government for the conversion of a school from Local Authority control to being an Academy was just under £66,000.**

The Secretary for State for Education has also confirmed that it is her intention to scrap the position of ‘Parent Governors’*** as part of her reforms to England’s schools.

Council Notes:
So far in Wiltshire 71 schools have converted to academies; indicating that an estimated £4,815,000 has been spent by central government on converting the schools and potentially a cost of £766,500 to Wiltshire Council.

With 165 schools still to convert this would mean an additional cost to Central Government of almost £11m and a bill for Wiltshire Council of over £1.7m.

Council Believes:
The estimated £12.5m that will be spent forcing the remaining schools in Wiltshire to convert to academies would be better invested in delivering local services for residents in the county and providing additional resources for schools in our communities.
That Schools in Wiltshire would be worse off without the insight and local knowledge brought to the County’s Schools Boards of Governors by parents and local residents.

Council Calls On:
Wiltshire’s MPs and Peers to actively lobby in Parliament to protect Wiltshire’s schools from unnecessary and unwanted reform being forced on them and for Wiltshire to instead be given the estimated remaining £12.5m of funding for a fairer funding for Wiltshire Schools or for investment in our communities.

Officers at all levels to ensure that this Councils opposition to forced academisation to be reflected in any consultation responses submitted by the council”.

* The Guardian, 2 April 2016
(http://www.theguardian.com/education/2016/apr/02/backbench-pressure-on-osborne-academy-scheme)

** Written answer to Parliamentary Question provided by Department of Education to Jess Phillips MP, 16 March 2016
(http://www.parliament.uk/business/publications/written-questions-answers-statements/written-question/Commons/2016-03-16/31449)

*** The Guardian, 17 March 2016

To assist Council in its consideration of the above motion, an officer response is attached.
Notice of Motion No. 31 – Forced Academisation of Wiltshire Schools
Councillors Jon Hubbard and Glenis Ansell
Officer Response

1. The Department for Education released its White Paper ‘Educational Excellence Everywhere’ on the 17th March 2016. The paper sets out the Governments plans for the next 5 years, building and extending on the current reforms to achieve educational excellence everywhere.

2. The White Paper set out that by the end of 2020 all schools will be academies or in the process of becoming academies. If schools have not started the process of conversion by 2020, then the Department for Education (DfE) will take steps to direct them to become academies.

3. The DfE’s reforms confirm that by 2022, local authorities will no longer be maintaining schools. Responsibility for oversight of educational standards and school improvement will move towards a school-led system and the role of local authorities in allocating local funding will be overtaken by a National Funding Formula.

4. The White Paper sets out a continued and strong role for LAs in relation to children’s education. The three key roles for LAs will be:
   - Ensuring every child has a school place and that there are sufficient special school and alternative provision places to meet demand.
   - Ensuring the needs of vulnerable pupils are met, including assessing and supporting children with special educational needs or disability (SEND), looked after children, those in alternative provision or missing from education and also ensuring that schools meet their safeguarding responsibilities.
   - Promoting and supporting the needs of parents, children and the local community, including a continuing role in managing the school admissions process, including the administration of independent admission appeals function.

   Fulfilling these roles will require the LA to continue to work in partnership with every school in Wiltshire.

As Government policy on the issue of academisation is still emerging and will require legislation if proposals are to be implemented, it is too early to debate the Council’s response. There will be an opportunity for Children’s Select Committee to discuss the direction set out in the White Paper – possibly through the existing School Improvement Task Group - and make recommendations on the Council’s response.
Wiltshire Council

Children’s Select Committee

31 May 2016

Task Group update

Purpose

To provide an update on recent task group activity and propose any decisions requiring Committee approval.

1. Child Sexual Exploitation (CSE) Task Group

   Membership:

   Jacqui Lay (Chairman)
   David Jenkins
   Mary Champion
   Pat Aves
   Sarah Busby
   Ken Brough

   Supporting officer: Marie Gondlach

   Terms of Reference:

   a) To scrutinise Wiltshire Council’s programme to prevent and tackle CSE in Wiltshire as set out in the council’s CSE Action Plan, with an initial focus on the ‘Prevent’ strand of the CSE action plan’s ‘Prevent, Protect, Pursue’ themes;

   b) To monitor the implementation of Wiltshire Council’s CSE Action Plan taking into consideration national priorities and actions;

   c) To scrutinise how, and monitor how well, Wiltshire Council is raising awareness of CSE across Wiltshire;

   d) To scrutinise the quality, range, suitability and availability of training in CSE delivered by the council.

   e) To monitor the efficiency of the training including the take up of the training and measurable outcomes;

   f) To scrutinise and monitor the understanding and clarity of the roles and responsibilities of services and members across the council, as well as council partners, in preventing and tackling CSE in Wiltshire.
g) To scrutinise and monitor the council’s engagement of young people and schools (both primary and secondary) in preventing and tackling CSE in Wiltshire as set out in the council’s Action Plan.

Recent activity:

At its meeting on Tuesday 26 April the task group considered the actions taken by the council to address the recommendations in the OFSTED report regarding Child Sexual Exploitation and will review this further at future meetings.
The task group also considered the implementation of the council’s CSE action plan and will now engage with other local authorities to benchmark the council’s action plan.

2. Positive Leisure Time Activities for Young People Task Group (reconvened)

Membership:

Jon Hubbard (Chairman)
Pip Ridout
Howard Marshall
Jacqui Lay
George Jeans

Supporting Officer: Henry Powell

Terms of reference:

To review the impact of the changes to the provision of positive leisure time activities for young people agreed by Cabinet in 2014, including a consideration of:

- aspects of the new arrangements that are working well and could/should be shared as instances of best practice for possible adoption in other areas;
- further opportunities for improvement;
- ongoing challenges experienced during implementation of the new arrangements and evidence of any lessons learned or adjustments to the model that have resulted;
- how the issues raised by the task group in its 2014 report have been addressed within the new model.

Recent activity:

The task group has completed its meetings with stakeholders in the four chosen community areas to gather perspectives on the strengths and weaknesses of the community-led model of youth provision.
The task group is now drawing together its initial findings and recommendations in readiness to discuss these with the executive and bring them to committee on 26th July.

3. Safeguarding Children and Young People Task Group

Membership:

Ken Brough
Andrew Davis
Jon Hubbard (Chairman)
Alice Kemp
Bill Moss
Bridget Wayman

Supporting Officer: Marie Gondlach

Terms of reference:

a) To monitor the implementation of any recommendations made by the Safeguarding Children and Young People Task Group that are endorsed by the Children’s Select Committee and accepted by the executive.

b) To scrutinise Wiltshire Council’s delivery of improvements to safeguarding children and young people as set out in the Safeguarding and Adoptions Improvement Plan.

c) To receive a twice-annual report from the Council’s Lead Member for Safeguarding Children and Young People providing details of their safeguarding activity.

d) To continue/conduct ongoing scrutiny of services for Looked After Children (LAC).

e) To work in collaboration with the Safeguarding Children and Young People Panel to clarify future joint-working arrangements.

Recent activity:

The task group is currently setting meetings and phone conferences with local authorities that have achieved good or outstanding at their most recent OFSTED inspection to gather evidence on good practice for the following areas:

- Independent Reviewing Officers
- MASH
- Recording and using data
- Permanence planning
- Engaging with care leavers
- Multi agency working
- Early Help
Support for social workers

4. **School Improvement Strategy Task Group**

Membership:

Cllr Philip Whalley (Chairman)
Mr Ken Brough
Cllr Trevor Carbin
Mr John Hawkins
Dr Mike Thompson

Supporting Officer: Adam Brown

Terms of reference (to be endorsed):

1. To review the efficiency and effectiveness of the Wiltshire School Improvement Strategy
2. To compare Wiltshire’s School Improvement Strategy with those of other local authorities.
3. To make recommendations aimed at meeting our collective goal of ensuring all pupils attend an excellent school and achieve their full potential.

Recent activity:

The task group received a briefing on 12 April 2016 from Dave Clarke (Head of School Effectiveness), Jayne Hartnell (Manager – risk assessing school performance), and Fred Angus (Learning Manager, School Effectiveness) regarding the Wiltshire School Improvement Strategy. The briefing focused on:

- The aims/drivers/rationale of the strategy
- The roles of School Improvement Advisors (SIA’s) and Wiltshire Improvement Advisors (WIA’s)
- School risk levels
- Support and escalation processes

The task group will meet on 23 May with Helen Southwell (School Improvement Co-ordinator) and a group of SIA’s to discuss their role in greater detail.

**Proposals**

To note the update on task group activity provided.

To endorse the terms of reference for the School Improvement Strategy Task Group.

Report author: Adam Brown, Senior Scrutiny Officer, Henry Powell, Senior Scrutiny Officer, and Marie Gondlach, Senior Scrutiny Officer
## Children’s Select Committee
### Forward Work Programme

Last updated 1 MAY 2016

<table>
<thead>
<tr>
<th>Task Group</th>
<th>Details of Task Group</th>
<th>Start Date</th>
<th>Final Report Expected</th>
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<tbody>
<tr>
<td>Child Sexual Exploitation (CSE)</td>
<td>Website</td>
<td>April 2015</td>
<td>TBC</td>
</tr>
<tr>
<td>Obesity &amp; Child Poverty</td>
<td>Website</td>
<td>April 2015</td>
<td>Mar 2016</td>
</tr>
<tr>
<td>Positive Leisure Time Activities for Young People – 12 month review</td>
<td>Website</td>
<td>Sep 2015 (12 month review)</td>
<td>July 2016</td>
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<tr>
<td>Safeguarding Children &amp; Young People</td>
<td>Website</td>
<td>April 2014</td>
<td>Late 2016</td>
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## Children’s Select Committee - Rapid Scrutiny

<table>
<thead>
<tr>
<th>Topic</th>
<th>Details</th>
<th>Date</th>
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<tbody>
<tr>
<td>Children’s Community Services Re-tender</td>
<td>To help develop the performance monitoring framework within the awarded contract and hear about how the services will be delivered. Contract recommendation made by Cabinet in Dec 2015.</td>
<td>Jan 2016</td>
</tr>
<tr>
<td>Meeting Date</td>
<td>Item</td>
<td>Details / Purpose of Report</td>
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<tr>
<td>26 Jul 2016</td>
<td>Outcomes from Chair/Vice-Chair/Executive Discussions Regarding the Overview and Scrutiny Forward Work Programme</td>
<td>Chair/vice-chair/exec discussions meeting to be held immediately after the May meeting.</td>
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<tr>
<td>26 Jul 2016</td>
<td>Children's Services Case Management Systems</td>
<td>To receive an update following on from the briefing received by the Committee on 08 December 2015.</td>
</tr>
<tr>
<td>26 Jul 2016</td>
<td>Final Report of the Positive Leisure Time Activities for Young People Task Group – 12 month review</td>
<td>To consider the report of the task group established in June 2015 to review the impact of changes made to the youth service model that were implemented in 2014.</td>
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<tr>
<td>Meeting Date</td>
<td>Item</td>
<td>Details / purpose of report</td>
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<tr>
<td>11 Oct 2016</td>
<td>Troubled Families Programme</td>
<td>12 months update including data on the areas discussed in October 2015.</td>
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