

Notice of Meeting

Children, Families, Lifelong Learning and Culture Select Committee

**Date & time**

Monday, 2 October
2023 at 10.00 am

Place

Woodhatch Place, 11
Cockshot Hill, Reigate,
RH2 8EF

Contact

Julie Armstrong, Scrutiny
Officer

julie.armstrong@surreycc.gov.uk

Chief Executive

Joanna Killian

We're on Twitter:
[@SCCdemocracy](https://twitter.com/SCCdemocracy)



If you would like a copy of this agenda or the attached papers in another format, eg large print or braille, or another language please either write to Democratic Services, Woodhatch Place, 11 Cockshot Hill, Reigate, RH2 8EF or email julie.armstrong@surreycc.gov.uk.

This meeting will be held in public. If you would like to attend and you have any special requirements, please contact Julie Armstrong, Scrutiny Officer on 07816 091463.

Elected Members

Fiona Davidson (Chair), Jonathan Essex, Robert Hughes, Rebecca Jennings-Evans, Rachael Lake, Bernie Muir, John O'Reilly, Mark Sugden, Ashley Tilling, Liz Townsend, Chris Townsend (Vice-Chairman), Jeremy Webster (Vice-Chairman) and Fiona White

Independent Representatives:

Mr Simon Parr (Diocesan Representative for the Catholic Church) and Mr Alex Tear (Diocesan Representative for the Anglican Church, Diocese of Guildford)

TERMS OF REFERENCE

The Committee is responsible for the following areas:

- Children's Services (including safeguarding)
- Early Help
- Corporate Parenting
- Education
- Special Educational Needs and/or Disabilities
- Adult Learning
- Apprenticeships
- Libraries, Arts and Heritage
- Voluntary Sector

AGENDA

1 APOLOGIES FOR ABSENCE AND SUBSTITUTIONS

2 MINUTES OF THE PREVIOUS MEETINGS: 20 JULY 2023

(Pages 5
- 14)

To agree the minutes of the previous meeting of the Children, Families, Lifelong Learning and Culture as a true and accurate record of proceedings.

3 DECLARATIONS OF INTEREST

All Members present are required to declare, at this point in the meeting or as soon as possible thereafter:

- I. Any disclosable pecuniary interests and / or
- II. Other interests arising under the Code of Conduct in respect of any item(s) of business being considered at this meeting

NOTES:

- Members are reminded that they must not participate in any item where they have a disclosable pecuniary interest
- As well as an interest of the Member, this includes any interest, of which the Member is aware, that relates to the Member's spouse or civil partner (or any person with whom the Member is living as a spouse or civil partner)
- Members with a significant personal interest may participate in the discussion and vote on that matter unless that interest could be reasonably regarded as prejudicial.

4 QUESTIONS AND PETITIONS

To receive any questions or petitions.

Notes:

1. The deadline for Member's questions is 12.00pm four working days before the meeting (*26 September 2023*).
2. The deadline for public questions is seven days before the meeting (*25 September 2023*).
3. The deadline for petitions was 14 days before the meeting, and no petitions have been received.

The public retain their right to submit questions for written response, with such answers recorded in the minutes of the meeting; questioners may participate in meetings to ask a supplementary question. Petitioners may address the Committee on their petition for up to three minutes. Guidance will be made available to any member of the public wishing to speak at a

meeting.

5 ACTIONS AND RECOMMENDATIONS TRACKER AND FORWARD WORK PLAN (Pages 15 - 42)

To review the actions and recommendations tracker and forward work programme, making suggestions for additions of amendments as appropriate.

6 EDUCATION, HEALTH AND CARE PLAN TIMELINESS RECOVERY PLAN (Pages 43 - 68)

To show the position with regard to EHCP timeliness at the end of August 2023, receive data on and better understand the part the NHS plays in the EHCP process, review the assumptions underpinning targets and timescales in the Council's second phase recovery plan, and receive the external consultancy's assessment of the delivery plan.

7 COMMISSIONING WITHIN CHILDREN, FAMILIES AND LIFELONG LEARNING (Pages 69 - 150)

Review the commissioning process and desired outcomes, including how demand for each service is identified and monitored before contracts are awarded and while in operation, selection criteria for providers and how delivery performance is monitored, what the commissioning strategy means for family centres and family support programmes and how it contributes to 'Getting to Good'.

8 CHILDREN'S HOMES - OFSTED REPORTS PUBLISHED SINCE THE LAST MEETING OF THE SELECT COMMITTEE (Pages 151 - 160)

To review new Ofsted reports on Surrey County Council-run Children's Homes, received as part of the communications plan in Children's Services agreed in 2022.

9 PERFORMANCE OVERVIEW (Pages 161 - 174)

To apprise the Committee of the latest Children, Families and Lifelong Learning performance information.

10 DATE OF THE NEXT MEETING

The next public meeting of the committee will be held on Wednesday, 6 December 2023.

**Joanna Killian
Chief Executive**

Published: Friday, 22 September 2023

MOBILE TECHNOLOGY AND FILMING – ACCEPTABLE USE

Those attending for the purpose of reporting on the meeting may use social media or mobile devices in silent mode to send electronic messages about the progress of the public parts of the meeting. To support this, County Hall has wifi available for visitors – please ask at reception for details.

Anyone is permitted to film, record or take photographs at council meetings with the Chairman's consent. Please liaise with the council officer listed in the agenda prior to the start of the meeting so that the Chairman can grant permission and those attending the meeting can be made aware of any filming taking place.

Use of mobile devices, including for the purpose of recording or filming a meeting, is subject to no interruptions, distractions or interference being caused to the PA or Induction Loop systems, or any general disturbance to proceedings. The Chairman may ask for mobile devices to be switched off in these circumstances.

It is requested that if you are not using your mobile device for any of the activities outlined above, it be switched off or placed in silent mode during the meeting to prevent interruptions and interference with PA and Induction Loop systems.

Thank you for your co-operation

MINUTES of the meeting of the **CHILDREN, FAMILIES, LIFELONG LEARNING AND CULTURE SELECT COMMITTEE** held at 10.00 am on 20 July 2023 at Woodhatch Place, 11 Cockshot Hill, Reigate, RH2 8EF.

These minutes are subject to confirmation by the Committee at its meeting on Monday, 2 October 2023.

Elected Members:

- * Fiona Davidson (Chair)
 - * Jonathan Essex
 - * Robert Hughes
 - * Rebecca Jennings-Evans
 - * Rachael Lake
 - * Bernie Muir
 - * John O'Reilly
 - * Mark Sugden
 - * Ashley Tilling
 - Liz Townsend
 - * Chris Townsend (Vice-Chairman)
 - * Jeremy Webster (Vice-Chairman)
 - Fiona White
- *Present

Co-opted Members:

Mr Simon Parr, Diocesan Representative for the Catholic Church
Mrs Tanya Quddus, Parent Governor Representative
Mr Alex Tear, Diocesan Representative for the Anglican Church,
Diocese of Guildford

25/23 APOLOGIES FOR ABSENCE AND SUBSTITUTIONS [Item 1]

Apologies were received from Simon Parr, Cllr Liz Townsend and Cllr Fiona White. Tanya Quddus attended remotely and had no voting rights.

26/23 MINUTES OF THE PREVIOUS MEETINGS: 12 JUNE 2023 [Item 2]

The minutes were agreed as a true and accurate record of the meeting.

27/23 DECLARATIONS OF INTEREST [Item 3]

None received.

28/23 QUESTIONS AND PETITIONS [Item 4]

1. There were four public questions, two Members' questions and no petitions. The questions and responses were published as a supplement to the 20 July agenda.
2. In answer to a supplementary question by Anna Sutherland on whether the end-to-end review was requested by the Local Government Ombudsman, the Cabinet Member for Education and Learning said it was separate and planned by the Service.
3. Louise Gannon asked a supplementary question on how to access a refund for an independent Educational Psychologist assessment. She was directed to the web page by the Assistant Director for Inclusion & Additional Needs NE.
4. In response to a supplementary question by Amanda Lazenby, the Cabinet Member for Education and Learning said references to the Independent Provider of Special Education Advice (IPSEA), the Surrey Independent Advice Service and Family Voice would be added to the Ordinarily Available Provision (OAP) video.
5. Colin Pugh asked what was being done to improve senior management's governance and oversight of case handlers and their line managers.
6. The Chair noted SEND case workers were holding an average of 197 cases and wondered if the pressure of these workloads was a contributory factor to some negative experiences of Surrey parents and schools.

Actions/requests for further information:

1. Cabinet Member for Education and Learning to provide a written answer to Colin Pugh's public question.
2. Assistant Director for Commissioning to add to the dataset: schools allocated that did not subsequently agree they could meet a child's need.

Rebecca Jennings-Evans arrived at 10:20 am.

29/23 ACTIONS AND RECOMMENDATIONS TRACKER AND FORWARD WORK PLAN [Item 5]

1. The Scrutiny Officer noted that a deadline of March 2030 had been set to reach 80% sufficiency in Surrey for Looked After Children. With regard to discussing KPI targets with the Executive Director, a meeting had been planned for September.

30/23 EDUCATION, HEALTH AND CARE PLAN TIMELINESS [Item 6]

Witnesses:

Clare Curran, Cabinet Member for Education and Learning

Rachael Wardell, Executive Director – Children, Families and Learning (CFL)

Liz Mills, Director – Education and Lifelong Learning

Tracey Sanders, Assistant Director – Inclusion & Additional Needs SW

Julia Katherine, Assistant Director – Inclusion & Additional Needs NE

Sarah Carrington, Headteacher of Stoughton Infant and Nursery School, a member of Learning Partners Academy Trust

Anna Dawson, Family Voice Surrey Epsom and Ewell Coordinator

Leanne Henderson, Family Voice Surrey Participation Manager

Key points made in the discussion:

1. The Cabinet Member apologised that timeliness of Education, Health and Care Plans (EHCPs) was not yet as good as it should be and said the Leader of the Council had confirmed their commitment to improving in this area. As part of the Phase Two Recovery Plan, she would ask for additional resources for Educational Psychologists (EPs) and SEND case workers at the July Cabinet meeting in order to address the backlog. The recovery plan is based on the assumption more resources are granted by Cabinet.
2. The Family Voice Surrey Epsom and Ewell Coordinator described feeling stressed and impotent as a communications protocol agreed at a stage two complaint was not adhered to and her child was still without an EHCP on entering secondary school after waiting nine months to see an EP.
3. The Headteacher of Stoughton Infant and Nursery School said the school had dealt with six different case workers this year. She described seeing a rise in anxiety and ADHD since Covid and an increase in inappropriate and challenging behaviour from children whom the school did not have the funds to properly

support as demand surpassed the SEN notional budget, resulting in suspensions in infant school for the first time. She was frustrated to see available specialist infant provision unfilled because children were waiting for plans. She explained children were removed from the waiting list to see paediatrics at age five and there was then a 10-month gap before they could be referred to MindWorks. The Headteacher noted positive steps by the Council to improve communication with her school.

4. A Member asked what support was being offered to schools when EHCPs were not delivered within the legal 20-week time limit, giving the example of the Earlswood Federation whose governors said they had calculated a £32,000 EHCP provision deficit. The Assistant Director for Inclusion & Additional Needs NE acknowledged the impact on schools and parents. She said they want to ensure children have the right support whether or not there was a plan in place, and their Specialist Teachers for Inclusive Practice (STIP) team contacted schools where delays were encountered. The Director for Education and Lifelong Learning added that they took their statutory duty seriously and in addition planned this summer to make the Local Offer website more accessible and transparent so schools and families understood the support available while waiting for an assessment. The Member suggested schools needed more funding. The Executive Director for CFL explained that funding for provision identified in an EHCP comes from the Dedicated Schools Grant's High Needs Block, a finite amount from central government, and the Council had for years supplemented this with its own resources, which had led to a significant deficit on the Council's balance sheet. The Safety Valve Agreement between Surrey County Council and the Department for Education (DfE) means the DfE has now injected additional funding with conditions attached.
5. A Member asked how the Council ensured private needs assessments, for which compensation was temporarily being made available, were treated the same as a needs assessment developed by Surrey County Council (SCC). The Assistant Director for Inclusion and Additional Needs SW replied they were accepted if they met professional standards dictated by Health and Care Professions Council guidance and this was explained on the Local Offer website. Responding to concerns about the danger of creating a two-tier system, the Assistant Director said this had been a significant consideration; the Council was lobbied to permit the use of independent EPs and thought it sensible to do so temporarily. A Member pointed out the risk of parents spending money they could not recoup. The Executive

Director for CFL emphasised the Service was not encouraging a huge uptake of parents seeking private assessments as the Council is responsible for commissioning them, however for a time-limited period they would not discount them if they meet the required standard. She agreed to make such criteria clearer on their website.

6. In response to why performance in timeliness had deteriorated rapidly from 65% to 26%, the Director for Education and Lifelong Learning explained it was due to the gap between demand and capacity over the past 18 months. Surrey faced a severe reduction of EPs post-pandemic and attracting and retaining more was a priority. This needed to be matched by sufficient capacity in SEN and health teams to process assessments into plans. Asked why Surrey was performing poorly compared to other similar neighbouring authorities, the Executive Director for CFL affirmed that authorities better coping with demand were typically smaller with fewer EHCP requests, while recognising this did not apply to Hampshire. The most vulnerable children were prioritised.
7. The Chair asked why the second phase of the recovery plan did not begin until May 2023 given the deterioration from February 2022. The Director for Education and Lifelong Learning explained 20 additional SEND workers were recruited in the autumn. A Member noted that the educational psychology service was still operating at 50% staffing capacity and asked when improvements would be forthcoming. The Director for Education and Lifelong Learning said current resources were now sufficient to meet the volume of new requests, so the backlog should not get larger. It would take until June 2024 to both ensure 60% or more EHCPs were being produced on time and clear the backlog. The Executive Director for CFL assured the Committee it would be alerted if expectations were not being met. The Cabinet Member explained the objectives of the Phase Two Recovery Plan were threefold: to routinely and consistently assess children's needs within the statutory timescale, to offer better support to schools during the waiting time, and to make the service sustainable.
8. Asked which partners affected timeliness and what commitments these partners had made in their budgets and action plans, the Executive Director for CFL said phase two involved speech and language therapists, occupational therapists, physiotherapists and developmental paediatrics who were commissioned through the Children's Community Health Contract, which did not at present have any additional funding committed for re-

procurement. Some of these disciplines found it hard to complete in the timeframe and it was also difficult to commission provision once plans were issued because the capacity was not there. Integrated care systems had been required to reduce expenditure. The Member said she would like to see an impact assessment of the health partners' static budget. The Executive Director noted that she had seen a draft impact assessment and that dialogue remained open between partners. The Cabinet Member for Children and Families invited the Committee to look at how to improve blockages at the stage with health partners. The Assistant Director for Inclusive & Additional Needs SW conveyed that occupational therapy was the therapeutic advice causing the most delay based on current data but they did not currently have data on MindWorks or developmental paediatricians.

9. The Executive Director for CFL noted that improving EHCPs timeliness would mean they would need to accommodate a surge in budget pressure for Home to School Transport. The Cabinet Member for Education said demand would be more manageable if spread out.
10. A Member asked for clarification on the requirement for assessment if there was reason to believe a child had special needs. The Assistant Director for Inclusion & Additional Needs NE responded that the legal threshold was broad and it was about deciding whether a child's needs could be met by what was ordinarily available in the school. She said the Service had commissioned a significant programme of training and development for school staff from Schools Alliance for Excellence (SAfE) which schools could access on the Education Services website.

Actions/requests for further information:

1. Executive Director for Children, Families and Learning to check if the Council's advice to parents on repayments for privately commissioned EHCP assessment reports can be made clearer on the Surrey Offer website.
2. Executive Director for Children, Families and Learning to answer in writing what data the Service has requested from MindWorks and when, and what the response(s) have been.
3. Assistant Director for Inclusion and Additional Needs to provide details on:

- the communications plan to respond to the issues highlighted in the Family Voice survey
 - the changes required to the IT system (Para 63 of the July EHCP Timeliness report) and the role this plays or does not play in timeliness, and
 - whether training for schools on additional needs and inclusion is mandatory and what happens to schools if they do not take up the offer of training.
4. The Chair to attend Cabinet to speak on behalf of the Committee on the item on procuring increased Educational Psychology and SEN service capacity.

31/23 CORPORATE PARENTING ANNUAL REPORT [Item 7]

Witnesses

Sinead Mooney, Cabinet Member for Children and Families

Rachael Wardell, Executive Director – Children, Families and Learning

Tina Benjamin, Director – Corporate Parenting

Key points made in the discussion:

1. The Cabinet Member for Children and Families highlighted two new children's homes were ready to open.
2. The Chair expressed gratitude to everyone involved in Corporate Parenting for their valuable work.
3. Asked how relationships between foster carers and supervising social workers could be improved, the Director for Corporate Parenting said the Service had committed to hosting more events where they could socialise, and the Independent Reviewing Officers (IRO) had been asked to put more emphasis on this.
4. Asked how many fostered children were in short-term foster care and how long for, and how many were residing in temporary accommodation outside of Surrey, the Director for Corporate Parenting confirmed most foster carers lived in Surrey. At the end of March, 413 children lived with foster carers and of these, 117 lived with connected carers who were often relatives or family friends. A further 31 care leavers still lived with foster carers. 165 out of 369 were approved to provide short-term care but this could change and most foster carers who agreed to be short-term carers then shifted to long-term care. Figures

included unaccompanied asylum seekers, most of whom were over 16 and preferred not to live with foster families.

5. Asked what was meant by unsuitable accommodation in relation to care leavers, the Director for Corporate Parenting said this applied to 4%, or 36 people, of whom 13 were living in custody, seven in emergency accommodation, seven homeless and five in B&Bs. Personal advisers are actively working with the young adults to resolve these situations. A shortage of affordable and suitable accommodation had exasperated the issue.
6. Asked why the information in the report only goes to 2022, the Director of Corporate Parenting explained the DfE only gives comparative data in November.

Actions/requests for further information:

1. Director for Corporate Parenting to give a figure for how many Looked After Children are in short-term care.
2. Director for Corporate Parenting to answer what is the target for the percentage of Looked After Children being able to live in Surrey by the time SCC's current Sufficiency Strategy ends in 2025.

32/23 CHILDREN'S HOMES - OFSTED REPORTS PUBLISHED SINCE THE LAST MEETING OF THE SELECT COMMITTEE [Item 8]

1. A Member was hopeful that maintenance issues mentioned in one report were being addressed.

33/23 PERFORMANCE OVERVIEW [Item 9]

1. A Member asked why child supervision recorded to timescale was disappointing. The Director of Family Resilience and Safeguarding said that supervision was taking place regularly but uploading data to the systems had been delayed.

34/23 DATE OF THE NEXT MEETING [Item 10]

The next meeting will be held on 2 October 2023.

Meeting ended at: 1:15pm

Chair

**CHILDREN, FAMILIES, LIFELONG LEARNING AND CULTURE SELECT COMMITTEE
ACTIONS AND RECOMMENDATIONS TRACKER
SEPTEMBER 2023**

The actions and recommendations tracker allows Committee Members to monitor responses, actions and outcomes against their recommendations or requests for further actions. The tracker is updated following each meeting. Once an action has been completed, it will be shaded green to indicate that it will be removed from the tracker at the next meeting.

KEY			
	No Progress Reported	Recommendation/Action In Progress	Recommendation/Action Implemented

Recommendations

Meeting	Item	Recommendation	Responsible Officer/Member	Deadline	Progress Check On	Update/Response
2 March 2023	Additional needs and disabilities monitoring [Item 8]	CFLLC 1/23: That Members of CFLLC Select Committee monitor the capital expenditure related to the Safety Valve Agreement via the Budget Task Group.	Emily George, Assistant Director - Send Systems, SEND Transformation; Ross Pike, Scrutiny Business Manager	20 July 2023	19 September 2023	Next meeting of the Budget Task Group is 7 November 2023.
16 February 2023	Children and Young People's Emotional Wellbeing and Mental Health [Item 6]	AH 7/23: To establish explicit criteria and SMART performance metrics for measuring the outcomes and effectiveness of Children and Young Person's Emotional Wellbeing & Mental Health services in relation to total			N/A	Responses emailed to Committee Members on 19 May 2023.

Item 5

**CHILDREN, FAMILIES, LIFELONG LEARNING AND CULTURE SELECT COMMITTEE
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		<p>requirements for mental health support in Surrey; and to report performance against these metrics to the Adults and Health Select Committee and the Children, Families, Lifelong Learning and Culture Select Committee every three months from June 2023.</p> <p>AH 8/23: To collate and share data on priorities, areas of need, waiting times for assessment and treatment, and outcomes for treatments as part of Children and Young Person’s Emotional Wellbeing & Mental Health services.</p> <p>AH 9/23: To ensure that there is accuracy and synergy of patient records, and that all organisations involved in treating patients can</p>				
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		<p>access and update these records accordingly.</p> <p>AH 10/23: For waiting times to be reduced across all pathways as part of all Prevention and Early Intervention measures, as well as through the process of Transitions.</p> <p>AH 11/23: To continue to advance social prescribing County-Wide, and to ensure that there are appropriate initiatives, workable processes, adequate funding, and sufficient resources for this.</p> <p>AH 12/23: To conduct a thorough review into training provision for Children and Young Person's Emotional Wellbeing & Mental</p>				
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**CHILDREN, FAMILIES, LIFELONG LEARNING AND CULTURE SELECT COMMITTEE
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		<p>Health services frontline and managerial staff.</p> <p>AH 13/23: For early diagnosis and appropriate mental health support for Children and Young Persons with Learning Disabilities and Autism.</p> <p>AH 14/23: To monitor the impacts of waiting times for assessments and treatments on the acuity of Children and Young Person’s mental health conditions, including the impact of the proposed reductions in treatment sessions aimed at reducing waiting times.</p> <p>AH 15/23: To review strategies across agencies for prevention and intervention surrounding bullying of Children.</p>				
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**CHILDREN, FAMILIES, LIFELONG LEARNING AND CULTURE SELECT COMMITTEE
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		AH 16/23: To bring this item back to a formal Adults and Health Select Committee meeting with an update on all the above recommendations (with representatives from the Children’s Select Committee present).				
12 June 2023	Children with Disabilities [Item 7]	CFLLC 8/23: When a dip sample audit report is employed as a tool to monitor performance, the recommendations should adhere to SMART criteria, and any subsequent report to Select Committee should document progress against these SMART recommendations. CFLLC 9/23: The CWD Service continues to drive for improvements in the quality and consistency of assessments, as	Jenny Brickell, Assistant Director for Children with Disabilities; Sinead Mooney, Cabinet Member for Children and Families	Response by 18 September 2023	N/A	Responses shared with Committee Members on 20 September 2023.

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		highlighted in the dip sample audit report. CFLLC 10/23: As a result of the introduction of mandatory safeguarding training in the CWD Service, social workers should have their understanding of safeguarding issues checked annually. Should there be any further change to roles, all staff should be trained appropriately before this takes effect.				
12 June 2023	Short Breaks [Item 7]	CFLLC 11/23: The Cabinet Member for Children and Families prioritises the restoration of funding for community-based play and youth schemes for children with disabilities to enable the FY 2022/23 capacity to be restored in FY 2024/25, given the widespread feedback that this change has been detrimental to	Lucy Clements, Director for Commissioning; Sinead Mooney, Cabinet Member for Children and Families	Response by 18 September 2023	N/A	Responses shared with Committee Members on 20 September 2023.

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		<p>the mental health of parents, carers, children and young people, as well as adversely impacting the Council's prevention strategy.</p> <p>CFLLC 12/23: There is a determined focus on clear and timely communication both internally within Children's Services, and with parents and providers. This includes ensuring that, prior to any change in policy or process taking effect, the appropriate information is published on the Council's website and all parents using the services are informed of the change.</p> <p>CFLLC 13/23: The short breaks commissioning / procurement process is reviewed to ensure</p>				
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		<p>that it is not overly onerous and does not deter smaller organisations from applying. As part of this review, Surrey Youth Focus should be asked to meet with providers (existing and those who have withdrawn) and to feedback anonymously to the Service.</p> <p>CFLLC 14/23: The Cabinet Member for Children and Families responds to the findings of Family Voice Surrey’s current survey on short breaks and communicates this response to the Select Committee, within one month of receipt.</p> <p>CFLLC 15/23: Whilst additional government funding is very desirable, funding for pilots that may not deliver the outcomes</p>				<p>30 September 2023</p> <p>Cabinet Member to share response by the end of September 2023.</p>
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		desired, or for activities that are not financially sustainable without continued funding from the same source, should be carefully assessed. Where such pilots are introduced, the circumstances should be clearly identified in order to avoid setting expectations that cannot be realised in the longer term.				
12 June 2023	Adult Learning and Skills Task Group Report [Item 8]	<p>CFLLC 16/23: Endorses all recommendations of the Adult Learning and Skills Task Group. This includes the recommendation on using libraries, while noting this may be very challenging in some smaller libraries.</p> <p>CFLLC 17/23: Asks the relevant officers to provide a progress report to this Select Committee</p>	Liz Mills, Director for Education and Lifelong Learning; Dawn Redpath, Director for Economy and Growth; Clare Curran, Cabinet Member for Education and	Response by 25 September 2023	Paper request 1 February 2024	<p>Cabinet response to Task Group recommendations emailed to Committee Members on 25 July 2023.</p> <p>Progress report on Forward Work Programme to come to 4 April 2024 Committee meeting.</p>

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		on the progress being made in relation to the Task Group's recommendations at the first Select Committee meeting of 2024, to include an analysis of the funding implications.	Learning; Matt Furniss, Cabinet Member for Transport, Infrastructure and Growth			
12 June 2023	Home to School Transport Assistance Update [Item 9]	<p>CFLLC 18/23: A particular focus is placed on improving communications with parents and carers, as highlighted in the update from Family Voice, during the next few months to ensure that the reassuring trend in respect of feedback on Home to School Transport is not undermined.</p> <p>CFLLC 19/23: Making an urgent priority the alignment of customer relationship management systems (CRMs) and telephony systems across the corporate</p>	Michael Smith, Temporary Senior Responsible Officer for H2STA improvement plan; Clare Curran, Cabinet Member for Education and Learning	Response by 18 September 2023	N/A	Responses emailed to Committee Members on 5 September 2023.

**CHILDREN, FAMILIES, LIFELONG LEARNING AND CULTURE SELECT COMMITTEE
ACTIONS AND RECOMMENDATIONS TRACKER
SEPTEMBER 2023**

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		<p>contact centre, CFLL Customer Relations team and within the service teams involved in enquiry handling, and for IT to explore how this can be done under the current CRMs to avoid delay.</p> <p>CFLLC 20/23: The Senior Responsible Officer provides a further update on the performance and progress of Home to School Transport as soon as possible after the start of the September 2023 new academic year, to include the results of the joint survey with Family Voice.</p>				
12 June 2023	Additional Needs and Disabilities	CFLLC 21/23: That from the October 2023 committee meeting, key performance indicators measuring performance in additional needs and disabilities,	Liz Mills, Director for Education and Lifelong Learning; Clare	Response by 18 September 2023	27 July 2023	Director of ELL, Director of Performance and Quality, Chair and SO meeting 26 September to discuss.

**CHILDREN, FAMILIES, LIFELONG LEARNING AND CULTURE SELECT COMMITTEE
ACTIONS AND RECOMMENDATIONS TRACKER
SEPTEMBER 2023**

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	Monitoring [Item 10]	to be agreed between the Director of Education and the Chairman, are added to the data provided in the performance overview standing item. CFLLC 22/23: Given the committee's recommendations from December 2022 are all considered to be complete, that additional needs monitoring is removed as a standing item once recommendation 1 is implemented.	Curran, Cabinet Member for Education and Learning			
20 July 2023	EHCP Timeliness [Item 6]	CFLLC 22/23: The Children, Families, Lifelong Learning and Culture Select Committee recommends that a report giving detail of the second phase recovery plan is provided to its October 2023 meeting. This should:	Liz Mills, Director for Education and Lifelong Learning; Clare Curran, Cabinet Member for Education and Learning	2 October 2023	5 September 2023	Report coming to the 2 October 2023 meeting.

**CHILDREN, FAMILIES, LIFELONG LEARNING AND CULTURE SELECT COMMITTEE
ACTIONS AND RECOMMENDATIONS TRACKER
SEPTEMBER 2023**

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		<ul style="list-style-type: none"> a. set out the plan's objectives, targets, timelines and constraints, how the objectives and targets will be met on a month-by-month basis, and the assumptions and modelling that underpin these targets and timescales; b. include detail of the part played in timeliness by the NHS; c. break down timeliness performance data supplied to the July meeting into each of the three phases of the process, specifically including phase two involving assessment by external partners, and extend all data to include July and August 2023; 				
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**CHILDREN, FAMILIES, LIFELONG LEARNING AND CULTURE SELECT COMMITTEE
ACTIONS AND RECOMMENDATIONS TRACKER
SEPTEMBER 2023**

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		d. include the findings of the external consultancy commissioned by the Transformation Team to provide an independent overview of the EHCP strategy, delivery plan and management/governance arrangements.				
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Actions

Meeting	Item	Action	Responsible Officer/Member	Deadline	Progress Check On	Update/Response
4 October 2022	Surrey Homes for Surrey Children [Item 8]	CFLLC 29/22: The Head of Commissioning (Corporate Parenting) to confirm a date by which the intention is for 80% of Surrey's looked after children to be living in Surrey.	Chris Tisdall, Head of Commissioning - Corporate Parenting		N/A	March 2030 confirmed at 25 July Cabinet. Informal briefing on plan to achieve this took place on 19 September 2023.

**CHILDREN, FAMILIES, LIFELONG LEARNING AND CULTURE SELECT COMMITTEE
ACTIONS AND RECOMMENDATIONS TRACKER
SEPTEMBER 2023**

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16 February 2023	Children and Young People's Emotional Wellbeing and Mental Health [Item 6]	<p>AH 8/23: To write to ICB Chairs with requests for further funding to be allocated for Mental Health.</p> <p>AH 9/23: For a meeting to be organised between relevant Cabinet Members, the Executive Director for Children, Families and Lifelong Learning, and the Chair and Vice-Chairs of the Adults and Health Select Committee to formulate a plan to help implement Action 1.</p> <p>AH 10/23: The User Voice and Participation team to research and update the Adults and Health Select Committee and the Children, Families, Lifelong Learning and Culture Select Committee on the difficulties experienced by young people with</p>	Omid Nouri, Scrutiny Officer; User Voice Participation team; SaBP	N/A	Responses emailed to Committee Members on 19 May 2023.
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**CHILDREN, FAMILIES, LIFELONG LEARNING AND CULTURE SELECT COMMITTEE
ACTIONS AND RECOMMENDATIONS TRACKER
SEPTEMBER 2023**

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		<p>autism and mental health issues combined.</p> <p>AH 11/23: The User Voice and Participation team to share their Action Cards with stakeholders relevant to the issues highlighted within these.</p> <p>AH 12/23: The Programme Director-Mindworks, to provide the Adults and Health Select committee and Children, Families, Lifelong Learning and Culture Select Committee with the Mindworks monthly performance packs.</p> <p>AH 13/23: The Chief Executive, Surrey and Borders Partnership NHS Foundation Trust, to provide the Adults and Health Select committee and the Children, Families, Lifelong Learning and</p>				
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**CHILDREN, FAMILIES, LIFELONG LEARNING AND CULTURE SELECT COMMITTEE
ACTIONS AND RECOMMENDATIONS TRACKER
SEPTEMBER 2023**

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		Culture Select Committee with an integrated and data-informed outcome measure by April 2023.				
12 June 2023	Questions and Petitions [Item 4]	CFLLC 13/23: Cabinet Member for Education and Learning to reach out for discussion with Anna Sutherland regarding her Public Question and share notes of the conversation with the Select Committee.	Clare Curran, Cabinet Member for Education and Learning	7 July 2023	N/A	Response emailed to Committee Members on 21 July 2023.
12 June 2023	Performance Overview [Item 12]	CFLLC 20/23: Democratic Services Assistant to set up a meeting with the Executive Director of CFL and Committee Members to discuss how performance is measured, raising KPI targets and where targets may not be needed.	Emily Wilkinson, DSA & Sandra Garvey, Executive Director's PA	7 July 2023	N/A	Meeting took place on 5 September 2023.
20 July 2023	Questions and Petitions [Item 4]	CFLLC 21/23: The Cabinet Member for Education and Learning to provide a written	Clare Curran, Cabinet Member for	29 August 2023	N/A	Response circulated to Committee on 30 August 2023.

**CHILDREN, FAMILIES, LIFELONG LEARNING AND CULTURE SELECT COMMITTEE
ACTIONS AND RECOMMENDATIONS TRACKER
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		answer to Colin Pugh's public question.	Education and Learning			
20 July 2023	Questions and Petitions [Item 4]	CFLLC 22/23: Add to the dataset schools allocated that did not subsequently agree they could meet a child's need.	Assistant Director for Commissioning, Eamonn Gilbert	6 October 2023	19 September 2023	Response due to be shared in w/c 2 October 2023.
20 July 2023	Education, Health and Care Plan Timeliness [Item 6]	CFLLC 23/23: Executive Director for Children, Families and Learning to check if the Council's advice to parents on repayments for privately commissioned EHCP assessment reports can be made clearer on the Surrey Offer website.	Executive Director for Children, Families and Learning, Rachael Wardell	29 August 2023	N/A	Response shared with Committee Members on 19 September 2023.
20 July 2023	Education, Health and Care Plan Timeliness [Item 6]	CFLLC 24/23: Executive Director for Children, Families and Learning to answer in writing what data the Service has requested from Mindworks	Executive Director for Children, Families and Learning,	29 August 2023	N/A	Response shared with Committee Members on 20 September 2023.

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		and when, and what the response(s) have been.	Rachael Wardell			
20 July 2023	Education, Health and Care Plan Timeliness [Item 6]	<p>CFLLC 25/23: The Assistant Director for Inclusion and Additional Needs to provide details on:</p> <ul style="list-style-type: none"> the communications plan to respond to the issues highlighted in the Family Voice survey the changes required to the IT system (Para 63 of the EHCP Timeliness report) and the role this plays or does not play in timeliness, and whether training for schools on additional needs and inclusion is mandatory and what 	Assistant Director for Inclusion and Additional Needs, Tracey Sanders	29 August 2023	N/A	Response shared with Committee Members on 6 September 2023.

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		happens to schools if they do not take up the offer of training.				
20 July 2023	Education, Health and Care Plan Timeliness [Item 6]	CFLLC 26/23: The Chair to attend Cabinet to speak on behalf of the Committee on the item on procuring increased Educational Psychology and SEN service capacity.	Select Committee Chairman, Fiona Davidson	25 July 2023	N/A	Chair spoke at Cabinet on 25 July 2023.
20 July 2023	Corporate Parenting Annual Report [Item 7]	CFLLC 27/23: Director for Corporate Parenting to give a figure for how many Looked After Children are in short-term care.	Director for Corporate Parenting, Tina Benjamin	29 August 2023	N/A	Response shared with Committee Members on 6 September 2023.
20 July 2023	Corporate Parenting Annual Report [Item 7]	CFLLC 28/23: Director for Corporate Parenting to answer what is the target for the percentage of Looked After Children being able to live in Surrey by the time SCC's current Sufficiency Strategy ends in 2025.	Director for Corporate Parenting, Tina Benjamin	29 August 2023	N/A	Response shared with Committee Members on 20 September 2023.

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Children, Families, Lifelong Learning and Culture Select Committee

Forward Work Programme 2023-24

Children, Families, Lifelong Learning and Culture Select Committee
 Chairman: Fiona Davidson | Scrutiny Officer: Julie Armstrong | Democratic Services Assistant: Emily Wilkinson

Date of Meeting	Type of Scrutiny	Issue for Scrutiny	Purpose	Outcome	Relevant Organisational Priorities	Cabinet Member/Lead Officer
6 December 2023	Pre-decision scrutiny	Budget 2024/25	Select Committee to receive draft budget proposals for 2024/25, provide feedback and make recommendations	Help to ensure value for money and sufficiency of services	Tackling health inequality, Growing a sustainable economy so everyone can benefit, Enabling a greener future, Empowering communities	Sinead Mooney, Cabinet Member for Children and Families; Clare Curran, Cabinet Member for Education and Learning; Denise Turner-Stewart, Cabinet Member for Communities and Community Safety; Rachael Wardell, Executive Director – Children, Families and Lifelong Learning; Marie Snelling, Executive Director – Communities and Transformation; Anna D’Alessandro, Director - Corporate Finance & Commercial; Rachel Wigley, Director - Finance Insights & Performance; Matt Marsden, Strategic Finance Business Partner CFL

	Overview, policy development and review	Home to School Travel Assistance	Review handling of applications for the start of the 2023/24 academic year, and impact of capital programme on H2STA costs forecast over medium term	Committee monitors progress following learning review, assesses implementation of recommendations	Tackling health inequality, Growing a sustainable economy so everyone can benefit, Enabling a greener future, Empowering communities	Clare Curran, Cabinet Member for Education and Learning; Lucy Clements, Director for CFL Commissioning; Gerry Hughes, Head of CFL Business Support; Michael Smith, Temporary SRO for H2STA improvement plan
	Overview, policy development and review	Report of the Additional Needs and Disabilities Task Group	Committee to review and endorse the Task Group's report and its recommendations		Tackling health inequality, Empowering communities, Growing a sustainable economy so everyone can benefit	Jeremy Webster, Chairman of the Task Group
15 February 2024	Overview, policy development and review	Alternative Provision	Review AP given the large number of children and young people with additional needs in these types of provisions – numbers of and outcomes in registered and unregistered providers in Surrey, and how many are used outside Surrey	Understand if children in unregistered AP have good educational outcomes by comparison with children in registered AP	Tackling health inequality, Growing a sustainable economy so everyone can benefit, Empowering communities	Clare Curran, Cabinet Member for Education and Learning Liz Mills, Director for Education and Lifelong Learning Dee Turvill, Alternative Provision & Participation Manager

	Overview, policy development and review	Sufficiency – Foster carers	Understand if the plan is delivering on fostering and how recruitment and retention of foster carers can be improved	Improve sufficiency	Tackling health inequality, Growing a sustainable economy so everyone can benefit, Empowering communities	Sinead Mooney, Cabinet Member for Children and Families Tina Benjamin, Director for Corporate Parenting
4 April 2024	Overview, policy development and review	Universal youth work	Review the provision of universal youth work and outcomes for all young people at county and district levels and outcomes for service users; compare and contrast data from new provision with that of previous provision <i>[NB there is an informal on Youth Justice in Sept 2023]</i>	Committee assured of adequacy and impact of provision	Tackling health inequality, Growing a sustainable economy so everyone can benefit, Empowering communities	Sinead Mooney, Cabinet Member for Children and Families; Matt Ansell, Director for Family Resilience and Safeguarding; Jackie Clementson, Assistant Director for Early Help, Youth Justice and Adolescent Service
	Overview, policy development and review	Adult Learning and Skills	Committee asked at June 2023 meeting for a progress report in relation to the Task Group's recommendations, to include an analysis of the funding implications	Parity in community learning and adult skills across Surrey	Tackling health inequality, Growing a sustainable economy so everyone can benefit, Enabling a greener future, Empowering communities	Clare Curran, Cabinet Member for Education and Learning; Matt Furniss, Cabinet Member for Transport, Infrastructure and Growth; Liz Mills, Director for Education and Lifelong Learning; Dawn Redpath, Director for Economy and Growth

<p>2024 date tbc with AHSC</p>	<p>Overview, policy development and review</p>	<p>Children's Mental Health (joint with and led by Adults and Health Select Committee)</p>	<p>Mindworks (including transitions) and access to mental health provision within Education</p>	<p>Improve mental health and emotional wellbeing support for children in Surrey</p>	<p>Tackling health inequality, Empowering communities</p>	<p>Mark Nuti, Cabinet Member for Adults and Health; Sinead Mooney, Cabinet Member for Children and Families; Harriet Derrett-Smith, Associate Director for Commissioning - Health & Wellbeing; Kerry Clarke, lead for Children's Emotional Wellbeing and Mental Health</p>
<p>Informal Meetings</p>						
<p>23 October 2023</p>	<p>Pre-decision</p>	<p>2024/25 Budget Planning</p>	<p>Overall corporate budget position, relevant Directorate budget positions, findings of sub-group deep dives, early work on Equality Impact Assessments</p>	<p>Sinead Mooney Clare Curran Denise Turner-Stewart Rachael Wardell Marie Snelling Anna D'Alessandro Rachel Wigley Nikki O'Connor Matt Marsden</p>		

<p>Autumn 2023 tbc</p>	<p>Overview, policy development and review</p>	<p>Safeguarding of Unaccompanied Asylum-seeking Children</p>	<p>Review the needs of asylum seeking and refugee children and families, and the support provided to them to settle into schools and communities, with a focus on unaccompanied children.</p>	<p>Sinead Mooney, Cabinet Member for Children and Families; Mary Burguieres, Assistant Director for Systems & Transformation (chair of the Immigration and Education Rapid Response Group)</p>
<p>Spring 2024 tbc</p>	<p>For information</p>	<p>Surrey Safeguarding Children Partnership (SSCP) case review</p>	<p>For SSCP to share with the Committee learnings from case review on racial incident outside Ashford school.</p>	<p>Independent Chair SSCP; Matt Ansell, Director – Family Resilience and Safeguarding</p>

Task and Finish Groups

<p><u>Topic</u></p>	<p><u>Relevant organisational priorities</u></p>	<p><u>Membership</u></p>
<p>Oct-Dec 2023: Additional Needs and Disabilities, being scoped.</p>	<p>Tackling health inequality, Empowering communities, Growing a sustainable economy so everyone can benefit</p>	<p>Jeremy Webster (Chairman), Jonathan Essex, Fiona White, Mark Sugden, Bob Hughes</p>
<p>11 October 2023: Budget sub-group to deep dive into Looked After Children Placements and Home to School Travel Assistance. Reporting back to Budget briefing on 23 October 2023.</p>	<p>Tackling health inequality, Empowering communities, Growing a sustainable economy so everyone can benefit</p>	<p>Chris Townsend (Chairman), Fiona Davidson, Jeremy Webster, Mark Sugden, Fiona White</p>

Date tbc – likely early spring 2024: Deep dive day on Care Leavers – accommodation, support (staffing/process, Personal Advisors), transitions.	Tackling health inequality, Empowering communities	To be determined
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Standing Items

- **Recommendations Tracker and Forward Work Programme:** Monitor Select Committee recommendations and requests and forward work programme.
- **Performance Overview:** Dashboard of key indicators in Children’s Services, showing level of progress made against ILACS recommendations; social worker and foster carer turnover data; overview comparing current external assessors’ grades with previous year, in all areas of CFLLC remit.

Monday, 2 October 2023

EDUCATION, HEALTH AND CARE PLAN TIMELINESS RECOVERY PLAN

Purpose of report:

The purpose of this report is to provide details of the second phase of the Education, Health and Care Plan (EHCP) Timeliness Recovery Plan in relation to the following points:

- a. Set out the plan's objectives, targets, timeliness and constraints, how the objectives and targets will be met on a month-by-month basis, and the assumptions and modelling that underpin these targets and timescales.
- b. Include detail of the part played in timeliness by the NHS.
- c. Break down timeliness performance data supplied to the July meeting into each of the three phases of the process, specifically including phase two involving assessment by external partners, and extend all data to include July and August 2023.
- d. Include the findings of the external consultancy commissioned by the Transformation Team to provide an independent overview of the EHCP strategy, delivery plan and management/governance arrangements.

This builds upon the EHCP Timeliness paper considered by the Children Families Lifelong Learning and Culture (CFLLC) Select Committee on 20th July when the background to the recovery plan was provided and the June position was reported.

Introduction:

1. There is a statutory requirement to complete Education, Health, and Care needs assessments (EHCNAs) and to issue a plan where the need assessment indicates one is required, within 20 weeks from the request for an assessment, and this is referred to as timeliness.
2. Timeliness for completing assessments in 2021 was 65%, however, in the Summer Term 2022 timeliness began to drop. This led to overall cumulative timeliness for plans completed during the 2022 calendar year in Surrey falling to 26%. Nationally there has also been a decline in cumulative timeliness with figures dropping from 60% in 2021 to 51% at the end of 2022.

3. A multi-agency EHCP Recovery Plan has been in place since February 2022 which has been regularly reviewed. This paper provides the detail regarding the strategy to recovery and sets out the current position.

EHCP Recovery plan

Objectives and Targets

4. The objectives and approach to the recovery plan is as follows:

EHCP Recovery Objectives	EHCP Recovery Approach	2023/24 Academic Year Targets
<p>1. Reducing long waiting times To complete the EHC needs assessments for all children, young people, families, and schools who have been waiting longer than the statutory timescales as soon as practically possible.</p>	<p>We will do this by scaling up our capacity rapidly through several contracts with EP and SEN providers, as fast as the available capacity in the market will allow, and working with partners to ensure that they have sufficient capacity and assessments are well co-ordinated.</p>	<ul style="list-style-type: none"> • EP assessments are returned to timeliness by March 2024 • EP assessment capacity increases by 1275 advices to produce assessments per month in line with Figure 1 below
<p>2. Better support whilst waiting To support children, young people, families, and schools as effectively as possible whilst they are having to wait longer than they should.</p>	<p>We will do this by further improving communications to families and schools and providing more targeted support from our Specialist Teaching service to children and young people whose assessments are overdue.</p>	<ul style="list-style-type: none"> • All families with delayed EHCNA are contacted every three weeks • Specialist Teaching for Inclusive Practice (STIP) service visit all schools with children with delayed EHC needs assessment to ensure all children receive the help and support they need whilst waiting over the 23/24 academic year
<p>3. Securing a sustainable service model To return to a sustainable service as quickly as possible so that the majority of EHC needs assessments are completed within the statutory timescales, starting by reaching 60%+ and ultimately aiming for 100%.</p>	<p>We will do this by:</p> <ul style="list-style-type: none"> • Undertaking an end-to-end review of our EHCP functions and implementing reforms of our processes and practices to ensure that they are as effective and efficient as possible. • Ensuring that key teams are “right sized” to deliver the expected service levels, including contracted capacity if necessary. • Working alongside schools and settings to strengthen early help and support so that children and young people only go through 	<ul style="list-style-type: none"> • Phase 2 strengthened decision making in line with ordinarily available provision guidance and a strengthened SEN support offer leads to a 20% reduction of EHCNA requests when compared with 2022/23. • Phase 1 of decision making completed on time on more than 95% of occasions per month • EHCPs issued within 20 weeks* – over 60% by 31 May 2024* • SEND case officer cohort increased from 81 fte posts to 111 fte filled by October 2023 (figure to be reviewed after the end-to-end review is completed) and EP capacity reflects EHCNA demand

EHCP processes if necessary.

and provides early intervention offer.

** Modelling based on current estimation of impact of health and social care timeliness*

Target 1: Reducing long waiting times

5. The most immediate target is to finalise overdue Educational Psychology (EP) assessments so that overdue EHCPs, where appropriate, can be issued. The target is to reduce the length of waiting times and complete all overdue EP assessments by the end of March 2024.
6. The EP capacity will be increased by 1275 advice through external agency contracts. EPs will complete EHC needs assessments in chronological order (oldest first), except for cases that are assessed as having high vulnerabilities or a safeguarding concern or are due to transfer to the next phase of their education, which are being prioritised for completion on time (in addition to other support and safeguards being put in place as appropriate). Figure 1 provides the EP overdue assessment month by month predictions for completion and for timeliness and further detail can be found in Appendix 6.

Figure 1

Month in which EP advice completed	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24
Overdue advice issued	148	283	315	330	275	100	9	9	11	10	3
On time advice issued	97	115	91	76	92	185	169	172	207	181	54
EP advice timeliness	39%	29%	22%	19%	25%	65%	95%	95%	95%	95%	95%

Target 2: Better support whilst waiting

7. The second target is to improve access to early intervention and support while children are waiting for an EHCNA. The work of our Specialist Teaching for Inclusive Practice (STIP) service will be re prioritised to support schools ensure all children receive the help and support they need whilst waiting. This will be in addition to what is ordinarily available through the graduated offer, supporting a whole school approach to inclusion.

Target 3: Securing a sustainable service model

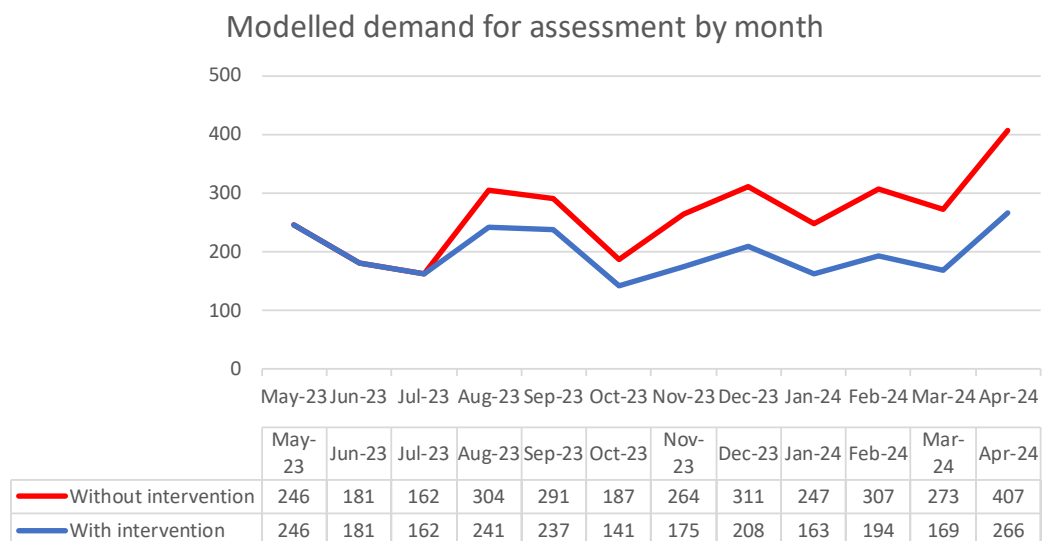
8. The target of the current recovery plan is to reach and sustain a level of timeliness of over 60% (above the current national average and at least back on par with our previous performance) as soon as possible.
9. Figure 2 shows the month-by-month projections for EHCP timeliness based on modelling of the recovery plan which indicates that this can be achieved by 31st May 2024.

Figure 2

Month in which EHCP issued	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24
Overdue EHCPs issued	330	321	260	279	249	270	268	202	86	36	38
On time EHCPs issued	19	22	34	85	95	76	69	98	147	128	138
EHCP timeliness	5%	6%	12%	23%	28%	22%	20%	33%	63%	78%	78%

10. Ultimately, the aim is for as close to 100% EHCP timeliness as possible. This target is limited by factors beyond the control of the local authority such children who move into Surrey part way through the EHC needs assessment process and the modelled performance of health and social care colleagues. The projections will change as our partners develop their projections and updating their recovery plans.
11. Given the significant number of overdue needs assessments, in month timeliness is expected to remain low whilst the recovery plan is being implemented because a significant proportion of plans completed each month will be based on overdue advice. The projected numbers of EHCPs which will be issued from this overdue group each month is shown in Figure 2 above.
12. The approach being taken is to complete EHCPs in chronological order (oldest first), except for cases that are assessed as having high vulnerabilities or a safeguarding concern or due a key stage transfer, which are being prioritised for completion on time (in addition to other support and safeguards being put in place as appropriate).
13. The target of reaching and sustaining a level of timeliness of over 60% can only be achieved if the demand for EHCNAs reduces. The Team Around the School Offer will be extended to ensure that children and young people's individual needs are met at the earliest opportunity, without the need for a diagnosis or provision to be made through an EHCP. Four Area Coordinators will be recruited who will bring schools together with key professionals, including family support workers, community connectors and youth support workers, over a 12-month period from this September. 50 schools have been identified that would benefit from this approach which will be implemented from September 2023 onwards.
14. The Early-Years to Primary Communications speech and language outreach offer will be extended with enhanced Language and Communication support for Reception classes. The new support offer will be launched in the Autumn term 2023, initially to 26 schools who will receive support from a Language Support Assistant for a half day either every week or every fortnight, depending on need.
15. It is also assumed that there will be strengthened decision making in line with ordinarily available provision guidance which combined with the measures above will bring Surrey back in line with the national average rate of Phase 2 assessments required.
16. The month-by-month predicted number of needs assessments are detailed in Figure 3. This shows the modelled demand with and without additional early help measures in place. The first few months are actual figures and so are the same for both. However, these modelled figures are indicative and any child who requires a needs assessment will have one.

Figure 3



17. Finally, the target of the recovery plan to reach a sustainable level of timeliness of over 60% can only be achieved if Phase 1 of decision making is completed on time on more than 95% of occasions per months and the SEN Case Officer and EP capacity is matches demand.
18. An end-to-end review of Surrey’s statutory EHCP functions is underway, and this is an important contributor towards ensuring that we have a sustainable service model for EHCP functions. An iterative approach is being taken to understanding opportunities for improvement and implementing reforms of our processes and practices to ensure that they are as effective and efficient as possible. These iterative reviews called “sprints” are set out in the high level plan at paragraph 29 – we have completed two “sprints” so far and currently expect that there will be four in total – and further detail on the end-to-end review is included at Appendix 7.

Timeliness Modelling:

The modelling has looked at the EHC needs assessment process in 3 phases:

Phase 1: Demand

19. The targets for the EHC needs assessment recovery shown above are based on a series of detailed and complex assumptions. The following list summarises the core assumptions at a high level:
 - Demand will show a **similar monthly pattern** to last calendar year with an **overall 18% increase** in requests (based on the average increase over the last 3 academic years).
 - **Early intervention** from September 2023 onwards will **reduce the number of initial requests**.

- **Clear and transparent decision-making criteria** will be strengthened based upon a stronger understanding of what schools should ordinarily provide children at SEN Support which will reduce the number of Phase 2 advice requests.
20. At present Surrey has a lower refusal to assess rate and a higher refusal to issue rate than is seen nationally. It is anticipated that the second and third measures above will rebalance this over time to bring Surrey back in line with the national average.
 21. Requests for EHCPs are seasonal and fluctuate throughout the academic year. This then creates a pattern of peaks and troughs in demand for all partners in the EHCP process. This has been reflected in the modelling and targets.

Phase 2: advice production

22. EP advice production has been modelled on the additional capacity and contracts let for delivery from September. This will provide 1275 advices to help to clear the overdue cases that are awaiting EP advice, which is projected to be fully achieved in February 2023.
23. The model assumes that EPs will complete EHC needs assessments in chronological order (oldest first), except for cases that are assessed as having high vulnerabilities or a safeguarding concern or due a key stage transfer, which are being prioritised for completion on time. The model is based on historic data which shows that an average of 48% of new requests fulfil this criteria, although in reality the proportion varies from month to month.
24. Health and social care partners are not currently able to provide modelled trajectory data. There is a health Task and Finish Group which is in operation leading to this being achieved and additional management capacity has been established to facilitate the social care data projections. The model will be revised in the 2023 Autumn Term once this data becomes available.

Phase 3: EHCP production

25. Assumptions have been used to model the overall number of EHCP plans issued and their timeliness as shown in Figure 4. This is based upon the projected EP advice completion data, latest trend data from other partner advice givers where available and historic data where this is not available. The modelling also takes into account the increased SEND staffing to manage the increased number of assessments reaching the SEND team month by month.

Timeliness modelling: next steps

26. Further work is needed to incorporate the more detailed health and social care timeliness trajectories once data becomes available.
27. The model will be reviewed every 2 months to monitor the impact of the EHCP recovery plan and adjustments to the projections will be made through:
 - Adding in actual figures to replace modelled data as it becomes available.

- Reviewing the accuracy of the assumptions included in the model and adjusting these where appropriate as intelligence changes.
- And/or adjusting our course of action where we are not seeing the impact required to deliver the recovery plan where appropriate.

Constraints

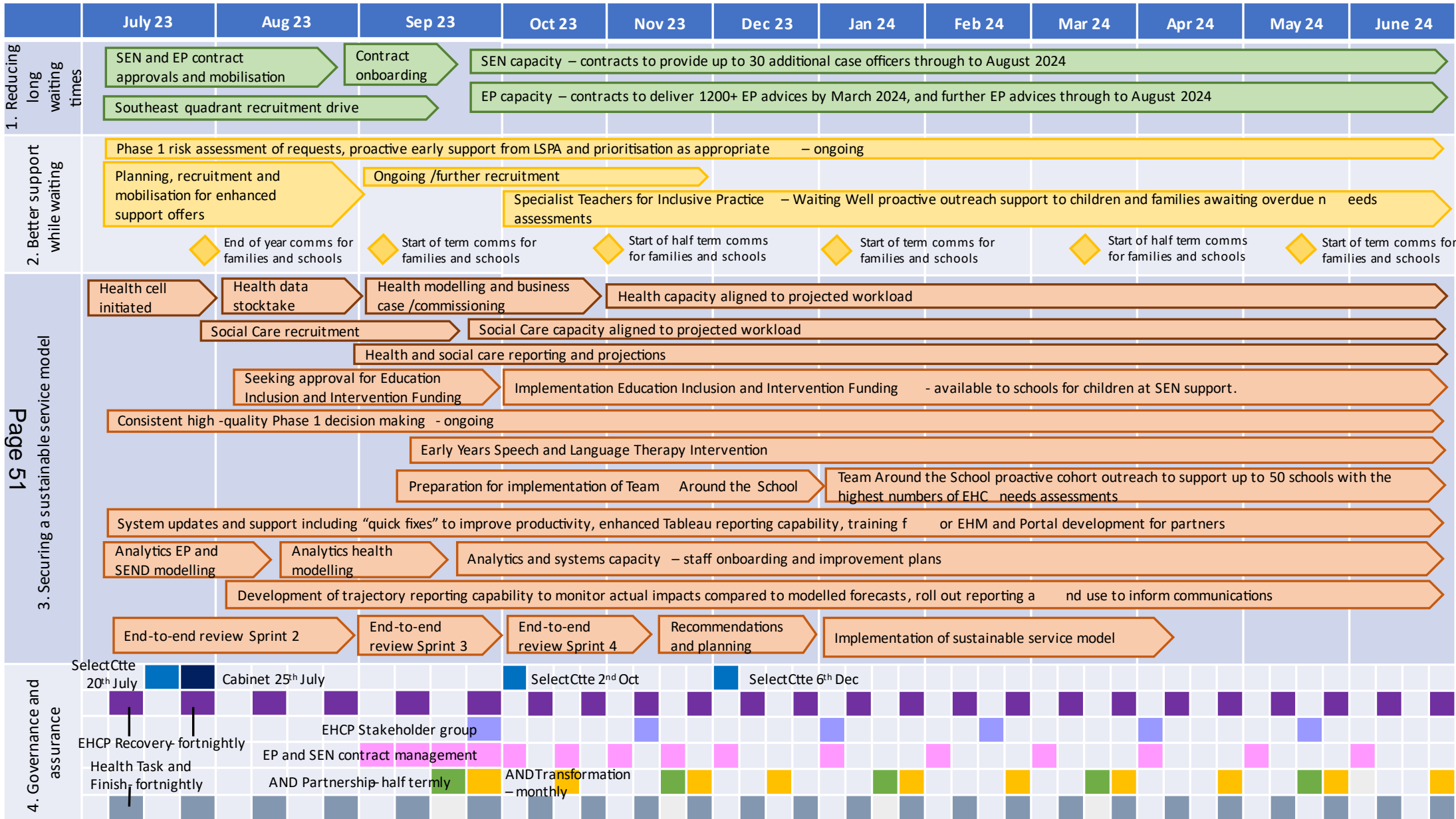
28. There are a number of constraints to the success of the recovery plan. These are also mitigations that can be put into place.

Constraints	Mitigations
There are varying degrees of confidence in the datasets that inform the demand and capacity modelling, and the impacts on overall timeliness are influenced by factors outside the Council's control	Best available data has been used, and a number of scenarios have been developed and tested, so that realistic scenarios can be identified with an understanding of the sensitivities. The live data will be monitored closely so that appropriate management action can be taken if this starts to deviate from the forecast modelling.
There is a national shortage of EPs and the recovery plan requires a significant level of additional EP and SEN resource	Market testing has indicated that whilst the market is challenging, it is realistic that we will be able to secure contracts of the size required. It is important to be quick to secure provision and contracts up to 3 years are proposed.
Health workforce capacity will remain a key risk and there will need to be resourcing to meet the initial increasing EHCP health advice	Occupational therapy has previously been in receipt of additional finance from both the council and ICB to help recruitment sufficient staff to meet demands across the provision. This had a positive impact – including the reduction in number of children waiting and improved timeliness of EHCP assessments. The council have confirmed further additional funding in support of statutory provision and the ICB are currently reviewing their position.
The impact of these proposals on overall EHCP timeliness will be constrained by the least timely service /team that contributes to the process across the system , including health partners.	All relevant teams and services, including health partners, are part of the EHCP timeliness governance. It may be possible to issue EHCPs with statutory advice only.
The retention of existing valued members of staff working in all associated teams and services may be more challenging whilst services are under increased pressure.	Communications with managers and staff is ongoing and has been strengthened by the appointment of a county wide SEN Senior Manager. Communications reminding staff in all relevant services of the support and escalation routes available to them will be promoted. The pressure on staff should be eased by the additional resources being contracted.

There are multiple factors outside of our direct control that will influence the outcomes of the plan, including how families and schools will respond to improved early help and support and the response of other partners in the system.	Testing and gaining insight into how partners respond as we proceed, by proactive market testing and by strengthening those aspects of the plan which are within our control. The actual outturn will be closely monitored via the governance model outlined, to quickly identify any situations in which the assumptions about demand or impact prove to be inaccurate. This will allow us to respond appropriately.
The financial recovery plan for MindWorks and Children’s Community Health Services , may limit the availability of staff to support recovery plan	This is included as an overall risk on the ICB risk register and will require ICB action
Lack of overarching digital solution to reporting timeliness for the system poses a risk to ongoing understanding of the issue and impact of the recovery plan.	EHM provider portal to be tested and implemented
Contracted EP and SEN support is not delivered	Use of a centralised contract that draws from several agencies so that alternatives are available

Project delivery: EHCP timeliness

29. The high-level timeline for the EHCP recovery delivery plan covering the period July 2023 to June 2024 is shown on the next page. There are 13 workstreams which sit behind the delivery plan, and each has a detailed action plan, and further information is provided in Appendices 2 and 3.



Findings of the external consultancy independent overview of the EHCP strategy, delivery plan and management/governance arrangements

- 30. An external consultancy review of the approach to the EHCP Timeliness Recovery commissioned by Corporate Transformation was carried out in July 2023. This concluded that the project is operating well, with some areas for development appropriate to the phase of the project.
- 31. The project is operating well in its current design phase, with great engagement from stakeholders and users informing the design of the work, whilst also incorporating lessons learnt from phase 1 to ensure design and delivery are set up for success as much as possible. The external consultancy assessment has been provided at Appendix 4.

Current timeliness data

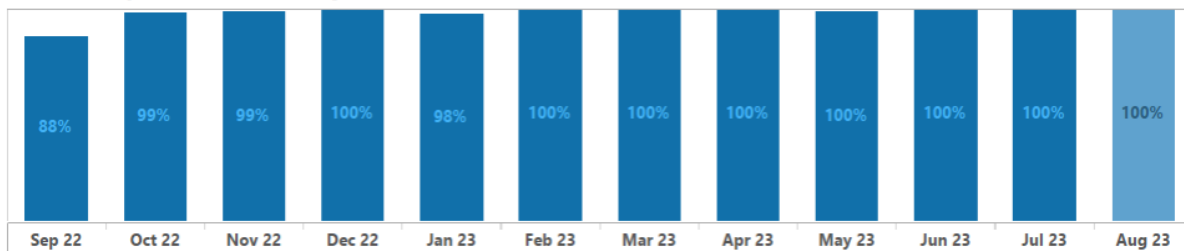
A summary of the three phase EHC needs assessment process is provided at Appendix 1.

Phase 1 – decision whether to assess (weeks 1-6)

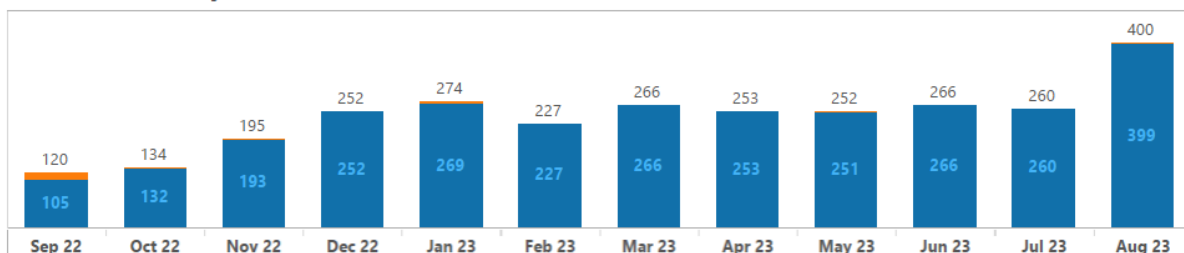
- 32. Phase 1 is the stage in the EHCP process during which a decision is made as to whether or not a child requires an assessment. This process is carried out by a multidisciplinary team in the L-SPA.
- 33. Figure 4 shows the number of decisions made by the L-SPA each month and the proportion of these which were completed within the statutory timeframe of 6 weeks. The number of decisions made in August was considerably higher than previous months, reflecting a large spike in requests for assessment seen in July (341).

Figure 4

EHCP Completed on-time - by Issued Date



All New EHCPs - by Issued Date



34. Our EHCP recovery modelling predicts that Phase 1 timeliness will remain at 100%. It also predicts that numbers of assessment requests will be 18% greater than the previous year, however, early intervention and decision making will then reduce the numbers of advice requests.

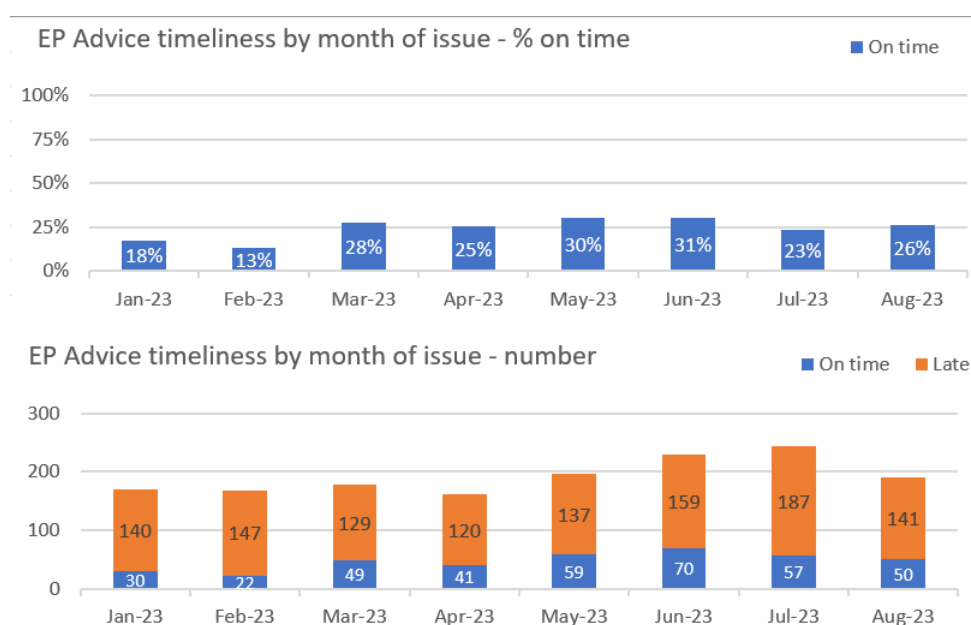
Phase 2 – assessment and decision to issue (weeks 7-12)

35. Phase 2 is the stage in the EHCP process whereby advice is collected from all relevant professionals to assess the child’s needs. This is then used to inform the decision on whether to issue a plan.

Education Psychologists

36. Figure 5 shows the number of EP advices being issued by month and the proportion of these that were delivered within the statutory 6-week timeframe. The number of advices being issued has been steadily increasing which reflects growing access to agency educational psychologists. The number issued fell in August due to the school summer holidays.
37. Timeliness remains variable as the service has adopted a risk-based approach and completed assessments for the most vulnerable children in time. The number of children who are vulnerable has varied and typically the largest proportion of the advice has been issued for children and young people whose assessment was overdue (formerly referred to as the backlog) each month.

Figure 5



38. Figure 6 shows a more detailed breakdown of the average time taken to issue EP advice during 2023 so far. The mode (most common number in the dataset) tends to be 42, which reflects the fact that where advice is on time, it is often submitted on the final day of the 6 week period.

39. The table also shows the number of advices being issued each month, with an increase in productivity from May onwards when additional EP resource began to be brought in.

Figure 6

Average no. of calendar days taken to complete EP advice	Mean	Median	Mode	Total advices issued
	Add then divide	The middle number	The most common number	
Jan-23	122.4	135	42	170
Feb-23	126.2	127	42	169
Mar-23	111.6	78	42	177
Apr-23	123.0	77	42	161
May-23	128.7	84.5	35	196
Jun-23	133.5	74	42	229
Jul-23	159.1	171	42	244
Aug-23 to date	168.1	193	41	174

Health

40. Timeliness of EHCP advice by health providers and across different health services as part of each child's EHCP assessment varies. Typically, these assessments are provided by Developmental Paediatrician's, therapists (occupational, speech and language, and physio) as well as by mental health practitioners. Assessments and advice may also be sought from primary care and acute / hospital clinicians.
41. Health partners have been engaged in system work to improve timeliness through a deep dive analysis of the needs assessment process and the role of health advice providers which led to the generation of solutions to both data capture and delivery of care and support. In the long term it is anticipated that health partners will be able to access the EHM system and automatic recording of the timeliness of EHCP assessments will be possible. In the meantime, health partners have recently been manually collecting data to monitor their delivery in this area. See Appendix 5.
42. Data from Children's and Family Health Surrey (CFHS) setting out the percentage of advices completed on time (as per statutory guidance), is as shown in Figure 7

Figure 7

2023	Occupational therapy	Early Years Speech and Language	Physiotherapy
May	20%	86%	58%
June	38%	79%	50%
July	55%	93%	50%

43. Typically, Occupational Therapy and Early Years Speech and Language Therapy are required to provide around 50 advices each month with Physiotherapy needing to provide 10. Therefore, the impact of these therapies upon overall EHCP timeliness is less than Educational Psychologists.
44. Data from the CFHS Developmental Paediatric Service is not available, however there are actions in place to remedy this and the information should be available from September 2023. In the meantime, the service has carried out several deep dives, the most recent of which indicates that 67% of reports are returned on time.
45. The main gap in current knowledge is the timeliness of reports from MindWorks. Information is collated and the importance of returning the reports within the timeframe is promoted to the consultants, however, currently timeliness data is not returned in a systematic way.
46. For children who are of statutory school age, speech and language therapy and related assessment advice is provided by our in-house team rather than by CFHS. Their timeliness is as shown in Figure 8:

Figure 8

SaLT advice timeliness	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23
Number of advice requests completed in month	45	27	27	54	45	64	46	61	47	47
% of advice issued on time	64%	69%	66%	67%	69%	76%	60%	70%	76%	79%

47. Typically, the school age speech and language therapy team assess 50 children per month and have an average timeliness of 70%. Measures to improve the timeliness of this advice are being considered and will be put into place when agreed.

Social care

48. Typically, social care have been producing advice at a 60% timeliness rate. Additional management and staffing capacity is being put in place to improve this performance as soon as possible.
49. All advice givers are working to complete assessments for the most vulnerable children in time and the data identifying these children is shared across all agencies.
50. Assumptions based upon the above Phase 2 data has been used to support timeliness modelling.

Phase 3 – decision to issue and finalising the EHCP document (weeks 12-20)

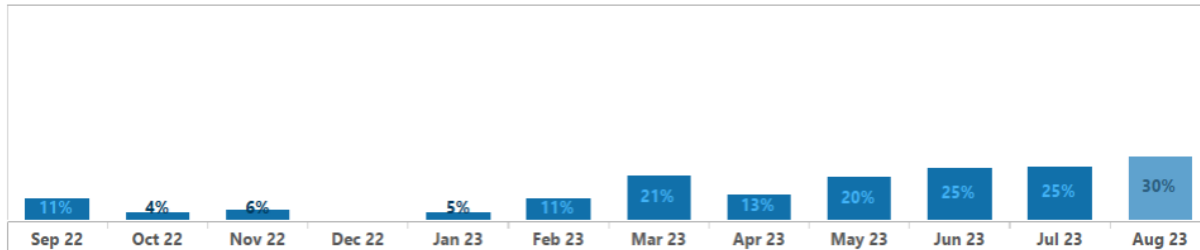
Timeliness

51. This final stage of issuing the EHCP is the stage in the process that is usually reported on to DfE and within our routine performance reporting. Since August 2022 timeliness

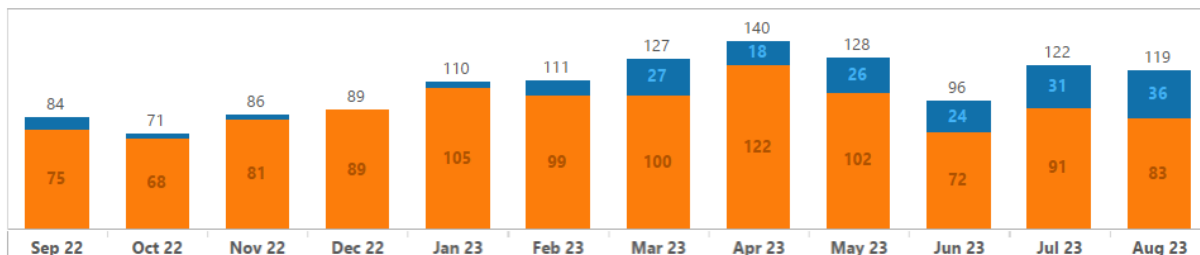
of plans issued in-month has increased from 19% of EHCPs issued on time to 25% issued on time in July 2023 and 30% issued in August as shown in the Figure 9 below:

Figure 9

EHCP Completed on-time - by Issued Date



All New EHCPs - by Issued Date



52. This reflects the impact of the work at phase 1 and 3 in the assessment process so far.

Phase 3 Overdue cases - Latest Data

53. For the purposes of this report, the term “overdue cases” is defined as all EHCP requests which were due for Phase 3 completion in August 2023 or earlier and which have not yet been recorded as finalised.

54. The number of overdue EHCPs due to be issued in August 2023 or earlier which were not yet recorded as complete at the end of August 2023 was 1212, very similar to 1196 at the end of July and 1191 at the end of June. This breaks down as follows:

- 197 (16%) were less than one month overdue (i.e., due for completion in August)
- 469 (39%) were 1-3 months overdue (i.e., due for completion in May-July)
- 332 (27%) were 3-6 months overdue (i.e., due in Feb – April 23)
- 221 (18%) were 6+ months overdue, of which the majority (157) were due for completion between Nov 22 and Jan 23.

Conclusions:

55. The June to August 2023 timeliness data suggests that the impact of the recovery plan is on a positive trajectory with the number and length of overdue assessments beginning to reduce.

56. The latest modelling demonstrates that the plan predicts that we will get to good levels of timeliness by July 2024 (above the current national average and our previous performance).

Recommendations:

57. It is recommended that the Select Committee:
- a) Reviews and notes the Council's progress towards timeliness recovery plan, as well as the risks and constraints associated with the plan.
 - b) Agrees to receive a further update on the performance and progress of the timeliness recovery plan at the Select Committee meeting on the 6th December 2023.

Next steps:

58. To deliver the EHCP Timeliness Recovery Plan jointly with all partners, and to monitor and actively manage progress, performance, risks.
59. To provide an updated report to the next meeting of the Select Committee on 6th December 2023 on progress being made to deliver timely EHCPs for all children and young people who require statutory plans and support, and to reduce the number of and length of overdue assessments and plans as soon as possible.

Report contact

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Sources/background papers

[Special Educational Needs and Disabilities Strategy paper considered by the Children Families Lifelong Learning and Culture \(CFLLC\) Select Committee on the 4 October 2022](#)

[EHCP Timeliness Report to Select Committee - 20th July 2023](#)

["SEND code of practice: 0 to 25 years" DfE published 11 June 2014](#)

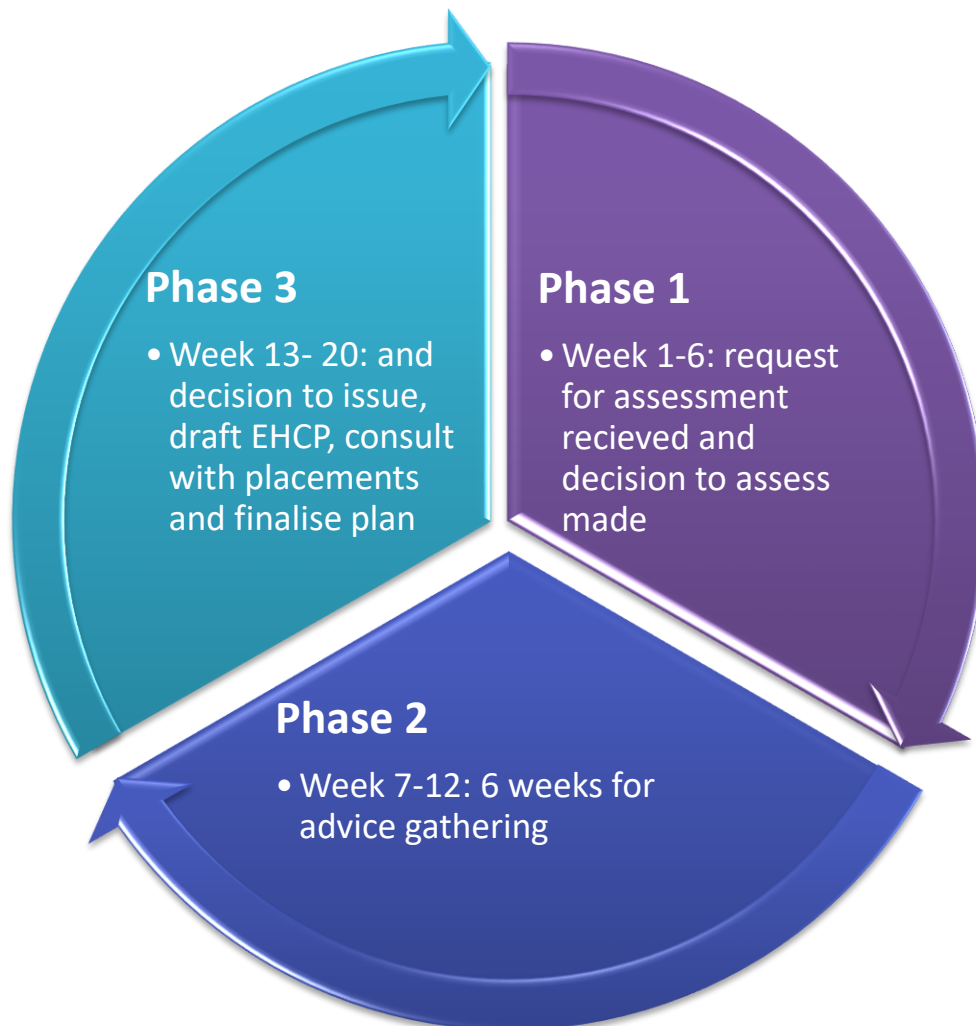
Appendix 1 – EHC needs assessment process

The Education, Health, and Care needs assessment process starts the moment a local authority receives a request for a needs assessment.

It ends when the local authority:

- decides not to do a EHC needs assessment.
- undertakes a needs assessment but decides not to issue an EHC plan.
- issues a finalised EHC plan.

For the purposes of modelling the assessment process has been divided into three phases



Appendix 2 – EHCP timeliness workstreams

There are 13 workstreams covering the EHCP recovery plan.

EHCP Recovery Objective	Workstream
1. Reducing long waiting times	• EP recovery plan
	• SEND recovery plan
	• Southeast SEND team recovery plan
2. Better support whilst waiting	• Communications
	• Waiting well
3. Securing a sustainable service model	• Data
	• Analytics
	• Governance
	• Systems and IT
	• Resourcing
	• Health Recovery plan
	• Social care recovery plan
	• Early intervention and meeting need more effectively

Appendix 3 – Example Workstream Plan

Daily Action Plan: SEND Recovery						
Project starts on: 03/07/23			Go-Live: %			
Tasks and Milestones	Workstream dependencies	Updates	Responsible	End Date	Status	Complete
EHCP Backlog Recovery						
1. Cabinet Approval secured				22/06/2023	DONE	100%
2. Approval to procure completed				25/06/2023	DONE	100%
Resource						
3. Agency contract awarded				20/08/2023	DONE	100%
4. SEN Agency Project Manager appointed		This person manages all the staff brought in under contract and the work output from the agency team.		01/09/2023	DONE	100%
5. 3 agency project senior case managers appt		2 already chosen plus 1 to secure		23/08/2023	IN PROGRESS	75%
6. 30 case officers appointed	EP recovery	Centralised team - need to understand how the allocation will be modelled.		31/08/2023	IN PROGRESS	75%
7. Team onboarding and training	Data and Systems			31/10/2023		
8. IT/laptop provision	IT			31/08/2023	IN PROGRESS	30%
9. Overspill EGB procedure plan		Needs to be designed for increased panel requests. Subject to AD approval.		31/08/2023	IN PROGRESS	50%
10. Monitoring and progress against project aims		Reporting and monitoring process to be set up to record input/output		01/09/2023		
11. Weekly project meetings with Agency project mgr		In house with agency project mgr		01/09/2023		
12. Monthly contract mgt meetings with Agency project team		With contract provider ie whichever agency is selected		01/09/2023		

Appendix 4 – Consultancy Assessment: EHCP Timeliness Phase 2

RAPID ASSESSMENT: EHP (ASSESSMENT WAS FOCUSED ON PHASE 2)

A Rapid Assessment allows us to do a quick check across the key dimensions required for successful change delivery – it is important to note that it is not a full Assurance or Audit of the project or programme.

DEPLOYMENT:

The project has two key focus groups :

- EHCP liaison groups focused on operational approaches to coordinate the work across the project and stakeholders
- EHCP user focus group, focusing on users such as schools, family and young people etc to understand the impact on them.

Both groups have directly informed the design of the phase 2 work, and helped understand what continuity and handover from the end of this phase looks like.

Due to the amount of people in these focus groups, the team has also had to create and implement a full comms plan in the design phase.

DELIVERY:

The design phase is on track to its planned timeframes and deliverables. The team are actively managing their risks and issues, and have been feeding into wider programme level governance, ensuring there is full visibility of progress.

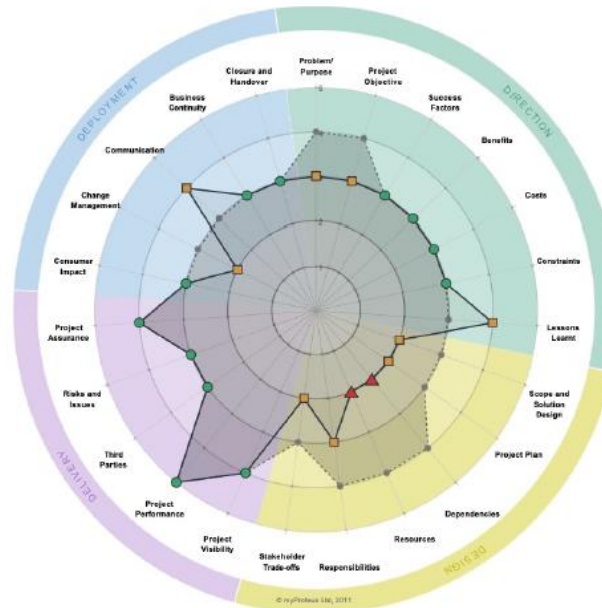
There has also been good support from central council teams, such as the performance and insight team, helping with data visualisation outputs to help with performance management and storytelling to better communicate performance to politicians and other partners.

Overall Observations & 'Watch Out Fors':

Phase 2 of this project is looking to build on the foundational work done in phase 1, and increase the scale of change to: reduce long waits to service (whilst also improving the waiting experience), improve the overall family experience with the service, and move further towards hitting statutory targets.

The project is operating well in its current design phase, with great engagement from stakeholders and users informing the design of the work, whilst also incorporating lessons learnt from phase 1 to ensure design and delivery are set up for success as much as possible.

With the current trade-off and scope decisions (of the less critical aspects of the project) yet to be fully designed and agreed on; one watch out for would be the current alignment on cost and benefits. This may need to be revisited once the scope of delivery is fully locked down to ensure the previous assumptions are still in line with the agreed direction of the project.



DIRECTION:

For Phase 2 of the project there is a good understanding of the problem, objectives and other key directional elements, needed to inform the design stage.

The amber call outs on the diagram are a point in time, as there is still work to align the objectives to the detailed delivery plan currently being completed.

Phase 2 has also been heavily shaped/ directed by the lessons learnt in phase 1 of the project

DESIGN:

There has been conscious decisions to prioritise key areas (such as EP service) of the plan for detailed design work. This was to ensure these areas are fully thought through and scoped out to ensure the critical areas where set up for success.

As a result, there are high-level understandings of scope, plans, dependencies etc across the whole project, however for areas outside of the critical areas, there are still trade off decisions, scope alignment and planning work to be completed in this design phase.

Appendix 5 – Details of Health recovery plan

	Action	Who	By When	Resource requirement
Reporting	<ul style="list-style-type: none"> Require monthly reporting on the 17th of the following month or all CFHS therapy data. Include the One Stop data within the narrative for therapies. EHCP coordinator across CFHS and utilisation of One Stop. Revisit electronic system to understand if this can still provide the information required. 	CFHS	Immediate Immediate 0-3 months	Funding to introduce a Health EHCP co-Ordinator function B4 for 12 months
	<ul style="list-style-type: none"> Currently the data flows through DPS for Mindworks. Need to develop a specific data return for DPS Immediate administrative support required – this will facilitate capturing the receipt and return of EHCP requests. B4/5 12-month post 	CFHS / SABP (DPS) ICB commissioner	0-3 months 0-3 months	Funding has been made available for this role.
	<ul style="list-style-type: none"> Require monthly reporting on the 17th of the following month or all CFHS DPS data. Report Mindworks activity separately to DPS. Define the reporting capabilities within Mindworks. Therefore, a deep dive to provide a current position would be challenging. Immediate administrative support required – this will facilitate capturing the receipt and return of EHCP requests. B4/5 12-month post. 	SABP / Mindworks ICB commissioner	0-3 months 0-3 months	Funding has been made available for this role.
	Confirm reporting arrangement with Epsom DPS	ICB commissioner	1 month	
	Implementation of robust EYES data system that includes link to health.	SCC and providers	Long term	Digital support for Health providers
Timeliness of assessment	CFHS – therapies; demand and capacity modelling to describe total service demands and delivery – including proportion statutory and clinical and in line with approach taken with Educational Psychology Service	CFHS	1 month	BI support with modelling
	CFHS – DPS; demand and capacity modelling to describe total service demands and delivery – including proportion statutory and clinical and in line with approach taken with Educational Psychology Service	CFHS	1 month	BI support with modelling

Mindworks; demand and capacity modelling to describe total service demands and delivery – including proportion statutory and clinical and in line with approach taken with Educational Psychology Service	SABP	1 month	BI support with modelling
Use of latest clinical assessment (within 6 months) instead of a new assessment, has been part of the current recovery plan for therapy and developmental paediatric services, with positive impact.	SCC and health providers to agree		
Use of latest clinical assessment (within 6 months) instead of a new assessment, has been part of the current recovery plan for therapy and developmental paediatric services, with positive impact.	SCC and health providers to agree		
Most children waiting over 6 weeks for OT assessment are in the East of the county. Therapeutic resources shared across quadrant and number of children waiting over 6 weeks for EHCP assessment have decreased.	CFHS		
Detail the wider flow across the EHCP pathway and dovetail the timeliness trajectory with that for over EHCP provision and educational sufficiency. To include numbers coming in for EHCP and those reducing or ceasing.	SCC	0-3 months	
Agree an approach to CYP awaiting ND diagnosis where they do not have any other engagement with Mindworks services - how should these requests be met?			
How are over 18 year olds supported (what proportion of EHCPs assessments are for this cohort of young people?)	SCC		
Note and understand and unintended consequences of the proposed EHCP trajectory on wider services	SCC / health providers / ICB Commissioner		
Children's voice and reflections and any change in tribunals	SCC / health providers / ICB Commissioner		

Appendix 6 – Additional detail of EHCP timeliness modelling

The Education, Health, and Care needs assessment process starts the moment a local authority receives a request for a needs assessment.

It ends when the local authority:

- decides not to do a EHC needs assessment.
- undertakes a needs assessment but decides not to issue an EHC plan.
- issues a finalised EHC plan.

For the purposes of modelling the assessment process has been divided into three phases

The table below shows additional detail with regards to the modelling of when all overdue EP advice will be completed by:

EP report originally requested in....	EP reports issued between...				Total overdue advices
	2022 requests	Highly vulnerable/ Key Stage transition children	Other CYP	Latest date	
Aug-22	Sep-23			Sep-23	12
Sep-22	Sep-23			Sep-23	25
Oct-22	Sep-23			Sep-23	15
Nov-22	Sep-23			Sep-23	19
Dec-22	Sep-23			Sep-23	64
Jan-23		Sep-23	Nov-23	Nov-23	110
Feb-23		Sep-23 to Oct-23	Nov-23	Nov-23	92
Mar-23		Oct-23 to Nov-23	Nov-23 to Dec-23	Dec-23	145
Apr-23		Nov-23	Dec-23	Dec-23	114
May-23		Nov-23	Dec-23	Dec-23	104
Jun-23		Nov-23	Dec-23	Dec-23	105
Jul-23		Nov-23	Dec-23	Dec-23	132
Aug-23		Nov-23	Dec-23 to Jan-24	Jan-24	130
Sep-23			Jan-24	Jan-24	tbc
Oct-23			Jan-24 to Feb-24	Feb-24	tbc
Nov-23			Feb-24	Feb-24	tbc
Dec-23			Feb-24	Feb-24	tbc
Jan-24			Feb-24	Feb-24	tbc

Further work is underway to profile the anticipated completion dates by due date for the final EHCPs as this work is more complex.

Appendix 7 – Summary of the end-to-end review of EHCP functions

End to End Review of the statutory SEND service in Surrey

Project sponsor: Tracey Sanders, Assistant Director, SEND

Project lead: Liz Bone, SEND County Service Planning and Performance Lead

Project delivery: Digital Discovery team and AND Transformation team

Scope of the Review

The scope of the review covers the statutory duties of the SEND team, and the teams established to undertake the statutory EHCP functions.

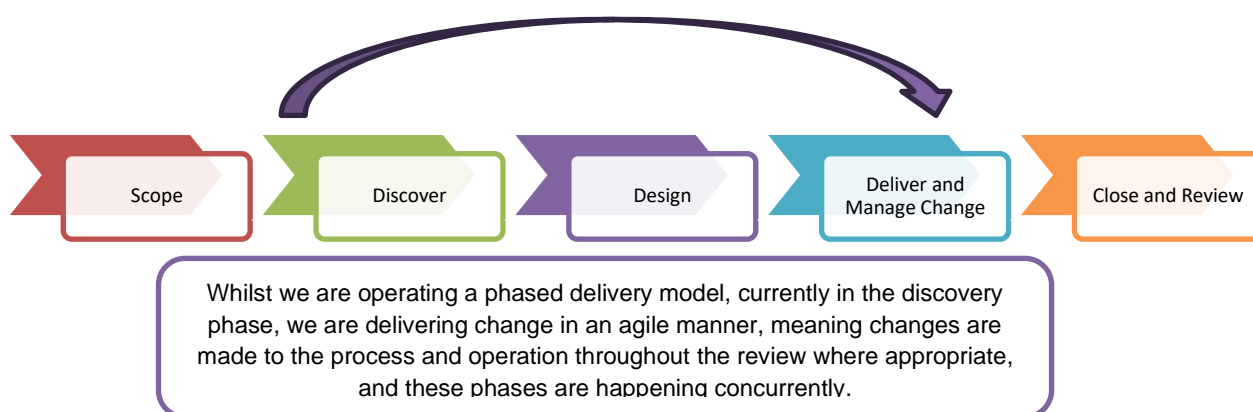
Core areas in scope of the review:	Other areas of work that are connected, but not directly in scope:
SEND teams	Educational Psychology
LSPA	Health
Tribunals team	Social Care
Commissioning (specifically SEND Admissions, In Year SEND admissions and post 16 SEND panels and placements)	MindWorks
Systems (the use and development of system rather than the use of Liquid Logic as the platform)	Home to school travel assistance
Settings	Finance
Co Production Partners	

Aims and Objectives

The aim of the end-to-end review is to ensure the SEND service can operate in balance, with teams right sized and systems rationalised, meaning all children and young people are able to access the right support, in the right place at the right time. Members of the SEND teams, connected teams within Surrey, parents and carers, school and young people are all essential to our understanding of the challenges within the system, and to the co-production of the future shape of the system required to deliver statutory EHCP functions.

The end-to-end review is contributing to the third objective of the EHCP timeliness recovery plan as it will help to ensure that Surrey has a sustainable service model.

Approach of the review



Timeline

We are currently in phase 2 (Discovery) which is due to run until mid-November. We expect the design and deliver and manage change phase to extend beyond the end of discovery, with the final sprint review due to be shared with the SEND teams and management in January 2024. The whole review is due to be complete by the end of the financial year, with work associated with the review completed by the end of June 2024.

Insights and developments so far

As opportunities for improvement are being identified, these are being further explored and possible solutions identified through each sprint. Improvement opportunities include increasing consistency in practice across the Quadrant teams including of annual reviews, reducing manual handling of data, addressing challenges associated with work moving between multiple teams and the need for realistic expectations of case officers.

Example learnings from the initial discovery sprints have included....	So we are responding with further research and improvement actions....
Applications for assessment are often missing key information. This impacts the amount of time that the teams have to process the requests.	We are exploring, with our digital and IT colleagues, as well as co-production partners on a possible online application that would check all of the relevant sections of the form were completed prior to the assessment being active.
SEN case officers report they are spending a significant proportion of their time responding to communications from families and schools, but families and schools report mixed experiences in the effectiveness of SEN communications	We are exploring the feasibility of creating a SEN triage/ helpdesk team, to act as a triage and response team with the aim of most queries being responded to immediately and recorded on EHM. Recruitment to this temporary team is underway.

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Monday 2 October 2023

COMMISSIONING WITHIN CHILDREN, FAMILIES AND LIFELONG LEARNING

Purpose of report:

To provide the Select Committee with an overview of how the commissioning process takes place in Children, Families and Lifelong Learning (CFLL), how the best outcomes are achieved for children and families and how we work with partners within this process.

To provide the Select Committee with an overview of the recommissioning activities, process and next steps for the Family Centre Recommission and Family Resilience services.

Explain the aims and objectives of the Family Centre and Family Resilience Recommission.

Describe the procurement process Surrey County Council is following in order to award contracts.

PART A: OVERVIEW OF COMMISSIONING WITHIN CFLL

Introduction:

1. Surrey County Council works alongside our partners across the Surrey system and with families and children with the aim of commissioning excellent provision that supports children and young people aged 0-25yrs old to live healthy and fulfilled lives, in line with our Community Vision for 2030.
2. The Joint Commissioning Strategy ([Joint Commissioning Strategy for Children, Young People and their Families in Surrey 2022 \(surreycc.gov.uk\)](https://www.surreycc.gov.uk)) developed in 2022 sets out our principles around how we will commission in partnership and identifies key strengths to build on in our joint commissioning arrangements, as well as nine priority areas for change.

Commissioning Context

3. Surrey County Council has a wide range of statutory responsibilities relating to children and families. Whilst many of these responsibilities are fulfilled through services, support and interventions delivered in-house by the Council, we also partner with a large number of diverse organisations including hundreds of external providers from the private and third sectors to providers to meet the needs of children and families in the county. This includes providers such as Independent Fostering Agencies, Independent special schools, locally based charities that support particular groups (e.g. young people or children with disabilities), and local nurseries – to name just a few).
4. These services must be commissioned to ensure both quality and value for money. The timescales for these arrangements are determined by our statutory duties, changes to existing statutory duties and the length of existing contracts (which due to procurement regulations will expire on an agreed date, therefore requiring re-commissioning).
5. For clarity, the Institute for Public Care defines commissioning as “the process of identifying needs within the population and of developing policy directions, service models and markets, to meet those needs in a cost-effective way”. An alternative way of defining commissioning, which is set out in the Council own Strategic Commissioning Framework, which was published in 2019, is: “Using all the resources available, including the capacity and capabilities of our residents and communities, to bring about change and enable better long-term resources”. [The Council’s Commissioning Framework](#)
6. To manage these different provider markets, the Council has thematic commissioning teams that focus on particular areas of statutory responsibility within Children, Families and Lifelong Learning (CFLL). These include:
 - Corporate parenting
 - Additional needs and disabilities
 - Early years and childcare
 - Domestic abuse
 - Family resilience
 - Health and wellbeing
7. Examples of the range of services and provisions managed within the CFLL Integrated Commissioning team are:
 - Domestic Abuse – Outreach Services and Domestic Abuse Training
 - Domestic Abuse – Safe Accommodation

- Early Help / Family Resilience new services
- The collaborative commissioning between Surrey Heartlands and Surrey County Council of the Children's Community Health Services Contract
- Children's Emotional Wellbeing and Mental Health services (Mindworks) contract
- Externally managed Children's homes
- Independent fostering agencies
- Supported accommodation for young people
- Short breaks services for children with disabilities
- Translation services
- Advocacy services
- Independent assessments
- Forensic testing

Outcomes and service priorities

8. The Commissioning service takes an outcomes-focused approach to all aspects of commissioning, with commissioners in different areas defining and commissioning against outcomes for children, young people and families – which would be informed by national and local research, engagement with people from the relevant target groups.
9. For example, Early Help/Family Resilience services support the Council's corporate ambitions to ensure no one is left behind and support the prevention of health inequalities and the recommissioning of this has adopted the DfE's Supporting Families Outcomes:
 1. Getting a good education
 2. Good early years development
 3. Improved mental and physical health
 4. Promoting recovery and reducing harm from substance use
 5. Improved family relationships
 6. Children safe from abuse and exploitation
 7. Crime prevention and tackling crime
 8. Safe from domestic abuse
 9. Secure housing
 10. Financial stability
10. CFLL Commissioning has an overall set of values and behaviours, linked to the 7 Corporate Parenting Principles and 8 strategic commissioning intentions, as set out below.

Our Values & Behaviours

We must always be the strongest advocates for our children and consistently ask 'would this be good enough for my child?' There are 7 Corporate Parenting Principles:

1. To act in the best interests and promote the physical and mental wellbeing of children and young people
2. To encourage those young children and young people to express their views, wishes and feelings
3. To consider the views, wishes and feelings of those children and young people
4. To help those children and young people gain access to and make the best use of services provided by the local authority and its relevant partners
5. Seek to secure the best outcomes for those children and young people
6. For those children and young people to be safe and stable in their home lives, relationships and education or work
7. To prepare children and young people for adulthood and independent living

Strategic Commissioning Intentions

- C.I 1. Children and young people should live, learn, and reach their ambitions in Surrey. For those children for whom we are corporate parents this means we will bring them 'home' and stop them having to go to school or be cared for away from their families and community
- C.I 2. Children with SEND should have the same access to education and training in Surrey as every other child. This means that we will be developing our local offer, always favouring inclusion so minimising children with SEND having to be educated outside of maintained settings and especially out of the County, away from their families and communities.
- C.I 3. Recovery for Covid-19 - understanding the impact on CYP and families in the short and longer term and what this means in terms of needs and demand. Ensure that the learning is utilised in immediate recovery planning and for service design in the future
- C.I 4. No one gets left behind - we will close the gap and tackle inequalities in terms of access, service experience and outcomes
- C.I 5. We will increase the range of and access to earlier help and timely interventions for children and families and in doing so drive better the outcomes
- C.I 6. Improve services for CYP and their families by integrating children and health commissioning functions and teams, playing an active part in the development of new ways of working and models of care/support in Surrey including more multi-disciplinary approaches/ teams and more digitally enabled solutions
- C.I 7. Continue to develop our 'Commissioning Community' with our partners and providers by implementing more co-production, promoting innovative models of service delivery that recognises the importance of relationships and subject matter expertise in all areas of our system.
- C.I 8. Maximising the assets, we have in Surrey and the things we purchase so we are extracting every ounce of value available from them on behalf of CYP and their families

Identifying Demand

11. As part of our standard commissioning practice, informed by the IPC “Analyse, Plan, Do, Review” cycle, commissioning projects would typically start with an in-depth needs assessment, that explores issues like current and future demand patterns, the profile of needs within a target population and how this is changing over time. This will involve review of national research and datasets, as well as locally generated information, intelligence and insights, derived through both qualitative and quantitative research approaches (within the resources allocated and scope of each commissioning project). This needs assessment would be supplemented by data about demand in terms of current usage of existing services, which would typically be collected and routinely monitored through contract monitoring and management arrangements, where there is an existing service in place.
12. Needs assessments for related children’s areas can be found on Surrey I - <https://www.surreyi.gov.uk/jsna/>

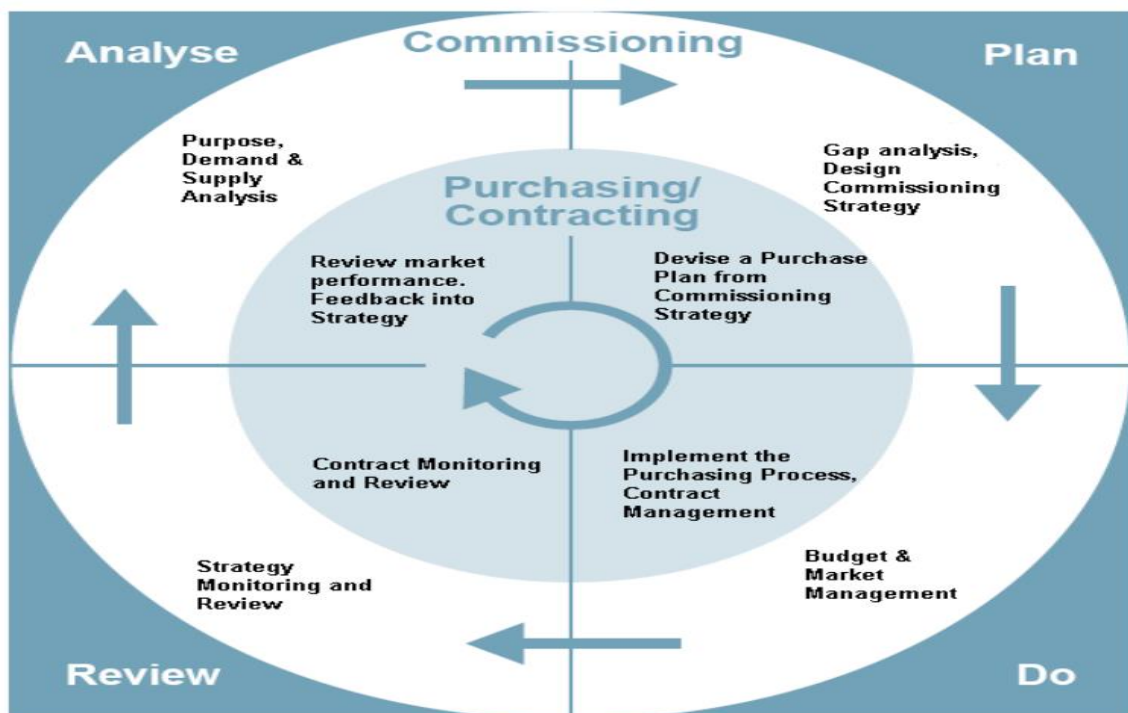


Figure 1: the IPC approach to commissioning. Procurement sits within the centre of this cycle

13. This information would inform the development of delivery options, models and the allocation of resources available, as part of any commissioning process undertaken.

14. Once contracts have been established, during the lifetime of the contract, regular contract management reviews are conducted. Commissioned services would typically have a contract management plan that includes the key performance indicators (KPIs) agreed and how these will be reported on and managed.
15. These KPIs get reported on within the CFLL management structure and any performance variations escalated to the relevance Associate Director and then Director where appropriate. In most instances, working in collaboration with providers resolves any performance challenges, but in some instances a more formal contract management process can be instigated.

Partners

16. The Council works with hundreds of providers from the private and third sectors, to deliver high-quality services that fulfil our statutory duties and enable better outcomes for children and families. The specific providers we work alongside vary between thematic commissioning area and are summarised in detail in our contracts register. We work to cultivate strong relationships with our key local providers over time.
17. In different market areas there is different levels of competition between providers, as there are different supply and demand pressures (and other factors) in play. For some market areas, for example, providers are tightly regulated and there are more barriers to entry (for example children's homes, where there is a requirement to be Ofsted registered), whilst for others markets are more open. This does mean levels of competition vary between different thematic areas.
18. In commissioning, we are often looking to strike the right balance between competition, to maximise value for money, but also collaboration between ourselves and partner providers – which is often desirable during the lifetime of contracts to enable the best outcomes for children, young people and families.
19. We employ a range of commissioning models and routes to market, specifically chosen to meet the needs of different provider markets and ensure the best providers of a variety of sizes and types are able to successfully bid for the resources on offer. Some examples of these include: Dynamic Purchasing Systems or Framework Agreements; block contracts; individual spot purchasing; more collaborative models such as alliance commissioning or grant funding processes.
20. In line with procurement regulations, when providers tender for an opportunity (dependent on value of the contract), the process must be competitive. Competitive Procurement means a procurement process followed in order to

provide an equal opportunity to multiple providers, whether by invitation or by advertisement to the public, to bid on a contract as set out in tender documentation. Competition helps to drive best value for money and improved quality of goods and/or works and/or services.

21. In line with procurement regulations, the Council adapts its processes to suit the needs of the different provider markets it manages and the level of statutory risk and responsibility held in relation to different service areas. Within these parameters, CFLL commissioners work hard to ensure that commissioning processes are run and delivered in a way that appropriately enables providers of all types to participate, from large private organisations to small local third sector organisations – which means looking to remove unnecessary barriers to participation, whilst also ensuring an appropriate level of scrutiny and information is secured to comply with regulation and enable fair and balanced decisions to be taken. In all our work, we aim to enable the providers that offer the best value for money and enable the best outcomes for children, young people and families to contract with us, within the resources we have available.
22. Alongside our relationship-based model of working, promotion of commissioning opportunities is done via a number of routes to ensure a wide range of partners consider applying for opportunities:

Market Engagement:

- Commissioning teams work with procurement to invite Providers to a Market Engagement by publishing a Prior Information Notice (PIN) on Find A Tender and/or Contracts Finder websites (subject to estimated contract value). These are national government websites where all Providers registered will receive an alert for any notice published under the relevant category of work.
- Contracts Finder notices are generally used for lower value opportunities. Within this notice, you are able to select if the opportunity is suitable for Voluntary Community Social Enterprise organisations and Small Medium –sized Enterprises to specifically alert providers registered as this to the opportunity. In addition, opportunities are sent to all providers held within existing contact lists developed by commissioning services over time.

Contract Value

22. Contract values are set for a range of reasons, which vary depending on the type of service being commissioned and the market you are working within.

23. For many services we commission, we are working with a pre-agreed fixed budget. Where this is the case, the job of commissioners is to maximise the benefit that can be gained (often this is capacity and quality of service) for our target populations in Surrey.
24. For other services, decisions are made on a more individual basis about placements that best meet the needs of children, in line with our statutory duties and responsibilities.
25. A range of approaches will be used by commissioners to try and secure the best possible value for money and outcomes with the resources we have available. Some examples include:
 - Establishing a baseline for unit costs against existing service costs;
 - Benchmarking prices with other local authorities or using nationally recognised tools (such as CareCubed;)
 - Collaborative models where we work with other local authorities through regional frameworks to increase our collective purchasing power and have greater influence on the provider market; and
 - Robust evaluation of price through any tender processes undertaken.
26. The Annual Procurement Forward Plan contains information on the anticipated aggregate contract value of contracts being procured and is reviewed and signed off by Cabinet before the start of each financial year.
27. Eventual contract values are set through the appropriate governance route, in line with our procurement standing orders and established processes. This would typically include both sign off via the relevant budget holder or director and completion of the required procurement reports to authorise spend.

Future Challenges within Commissioning

27. There are a range of challenges in relation to future commissioning including:
 - Market demand and supply – the current provision available across additional needs and disabilities and looked after populations attracts high unit cost and is limited in number. This means local authorities are often limited in the terms agreed upon in terms of placement terms and conditions and associated cost.
 - Recruitment and retention issues for external providers.
 - Inflation and financial pressures creating uncertainty around provider sustainability.

- Competition from other LAs for limited services – this is particularly pertinent around children’s residential schools and homes.
- National legislative and regulatory changes, often without accompanying budgets and guidance (an example of this is the recent changes to high needs funding guidance and the impact this has had on EHCP looked after funding).
- Demand pressures following COVID-19 (for example, increases in social, emotional and mental health (SEMH), rise in school absences or access to alternative provision (such as outdoor education)).
- Increased complexity of need resulting in high cost placements many of which are residential.

<h3>Commissioning Structure</h3>

28. Throughout the recommissioning process the Council has been following Procurement Contract Regulations 2015 that determines that procurement needs to be conducted in accordance with the principles of equality, non-discrimination, transparency, proportionality and competition. When the bidding opportunity closes the evaluation panel must treat each bidder equally and approach the scoring in a consistent, non-discriminatory and fair manner. This means that the panel must only score the bidder submissions on the information contained in them and any clarifications received. The panel cannot take into account any other information they may have already received by any means, including personal experience of working with existing providers (although quality questions relating to track record and local knowledge of Surrey’s communities can be asked of all providers). The scoring criteria does not provide an advantage to larger providers compared to small organisations.
29. Whenever bids are evaluated, the following aspects would be assessed: price; quality (typically assessed through a series of quality questions); social value; and environmental impact.
30. Evaluation of price and quality elements will be done separately, in support of ensuring the process is fair and transparent, and quality would typically be assessed by a mixed panel of evaluators, including commissioners, relevant professionals and often individuals who are well placed to represent the views of service user and/or service users themselves. Evaluators will initially assess bids individually and then come together in a moderation process, which will be independently facilitated by the Council procurement.

Service Specification

31. One of the core roles of commissioner is to own the service specification and ensure that it appropriately specifies the requirements and characteristics of the service that is being commissioned, drawing on appropriate expertise to do so. However, as we work across a range of provider markets and commission a large variety of different services, there are many considerations that affect how services are specified.
32. The starting point for Council-led commissioning processes is an existing Council-model specification template, that has been co-designed by commissioners across the council with facilitation from the Strategic Commissioning Team. This overall model would then be adapted to suit the needs of the specific service area.
33. In some other situations, different specification models may apply, for instance where a commissioning project is Health-led or where the Council is collaborating with other LAs as part of regional arrangement, where services will be specified in partnership with other LAs or national contracts might be used.
34. In addition, within any approach there are choices to be made about how tightly specified a service is in terms of requirements, with a spectrum ranging between lighter, outcomes-oriented specifications (where providers have greater flexibility about how they set-up their delivery model to enable outcomes with the resources available) or detail-oriented specifications that are much more precise in terms of what needs to be delivered to fulfil statutory requirements. To illustrate, there might be a wide range of ways a service provider can deliver interventions that enable early help or preventative outcomes for children, young people and families (taking account of the specific needs and preferences of a population group and particular geographic locations within Surrey), whilst in the case of Ofsted-regulated children's homes, there is tightly defined national regulation that determines how services are delivered. Whilst there is scope for innovation in both cases, the regulatory burden is likely to lead to a more detailed set of requirements in the specification.
35. There are also a range of reasons why services are commissioned or recommissioned that feeds into how they are specified. For example, this could be:
 - An identified gap in service following an increase in need. For example, the Council produces a full additional needs and disability and looked after children sufficiency plan that is refreshed annually. Any changes to demand – for example, increases in persistent absence or accessing to alternative provision – would indicate an area of service development to consider (for example, the development of an

independent alternative provision framework to improve access to education, minimise school absence, support re-integration into education or improve absence from a low base).

- Existing services “spot purchased” from the market (individually commissioned) may be determined that better quality and value can be sought by developing block contracts, frameworks, alliances to ensure providers deliver to fixed pricing schedules and align to the county’s wider strategic vision (for example, “closer to home” provision).
- User feedback – for example, the re-commissioning of Supported Accommodation noted the importance of high-quality internet speeds to support young people in care. This requirement was built into the specification for all supported accommodation.
- Statutory requirements in the specific service area; for example, mediation services are required in line with SEND legislation to support children, young people and families before going to tribunal.

Prioritisation of Demand

42. Overall, the Council has statutory duties around financial governance and ensuring it delivers a balanced budget and, whilst the Council is currently operating from a relatively strong financial position, there remains significant pressure associated with our budget position. This means that inevitably hard choices have to be made about which services are funded and what level of capacity is affordable, within our budget and the scope of our statutory duties.
43. There are a range of considerations that go into determining the level of services that can be commissioned. There are some overall types of services that it is helpful to summarise here, where the statutory basis for services for the service significantly affects how budgets are allocated and managed to meet demand.
 - Demand-led statutory services - Some services are demand-driven, whereby if a child is assessed as meeting a particular level of need then the Council is required by law to meet that need. Typical examples of these services include placements for looked after children and children with additional needs and disabilities. A high proportion of the Council’s children’s services budgets goes on these services. In addition to placement services, there are also other specific statutory services that the Council must have in place, where there is limited discretion about how these can be provided – for example forensic testing services, appropriate adults services or regulation 44 visitors.

- Services funded via dedicated national funding formulas – for some services we commission, funding is allocated in response to national funding formulas. For example, in the case of early years provision, the Council receives a formula-driven allocation of funding, which is then passported through to providers within certain nationally set parameters.
 - Services with a statutory basis but where the Council has discretion with regards to delivery model and capacity – some of the services we commission have a clear statutory basis, but the Council, as a local authority is given significant discretion within national legislation and guidance to determine how its statutory duties are met and the capacity of provision that it commissions in response. Examples of these kind of services include short breaks for children with disabilities, youth provision, some domestic abuse services and some early help services. These services often have a strong preventative benefit with regards to demand for higher-end specialist provision.
 - Services with limited direct statutory basis but that have a significant impact on demand for statutory service – lastly there are some services that the Council commissions where there is not a strict statutory duty, but the cost and outcomes benefit afforded by having a service in place means that investment is made.
44. It is really important that we balance these competing statutory demands on the Council's budgets in determining the funding allocation to particular services, whilst also reconciling this against changing patterns of need and demand over time – so that we make best use of the resources we have available to support children and families. This means considering both the statutory basis for a service and the level of impact it has in enabling positive outcomes and preventing demand elsewhere in our complex system.
45. Decisions on specific budgets will be made by Senior Officers, in consultation with the relevant Members, within the financial parameters agreed by Cabinet and Full Council in setting the Council's Medium Term Financial Strategy.

Monitoring

46. As a routine part of the commissioning process, CFLL commissioning will establish clear performance metrics and outcome for all services it commissions. This will be informed by a range of considerations, with examples including:
- Any performance frameworks in place for existing services

- Examples of good practice from other parts of the Council or elsewhere
 - National guidance or model contracts
 - Feedback and learning generated locally from engagement with providers and relevant service-user groups
 - National research into what works
 - Evidence-based models of delivery
47. Performance and outcomes are monitored throughout the lifetime of the contract. Monitoring frequency is determined at the point of commissioning the service and may be determined via several different factors (for example, education providers may have termly monitoring against other provision that may require quarterly monitoring). The frequency of monitoring is in addition determined by the scope and value of the contract itself.
48. The review of performance, and subsequently impact on commissioned outcomes, is a key component of the “Review” phase (outline in the “best practice” section).
49. Demand for a particular service will typically be monitored as part of contract management and service review arrangements. Providers would be asked to supply relevant information to commissioners as part of this process. The nature of demand and how the Council needs to respond varies significantly in response to the different service areas we commission. Whilst we want to maximise the value of resources we have and capacity to meet need, for some services the Council is not funded or statutorily required to meet all demand for particular service types, whereas in other areas we do have statutory duties to meet all demand.
50. Some examples of the kind of demand management that takes place include:
- Number of referrals into a service, successful assessments and how this has translated into a full service intervention.
 - Monitoring referral rates coming into the Gateway to Resources Service over time for different provision types.
 - Monitoring of occupancy and vacancy levels within block contracted provision (for example supported accommodation for young people)
 - Monitoring level of vacancies in a specific non-maintained independent school

51. Contracts are often designed with the flexibility to respond to increase demand (where this is appropriately approved).
52. CFLL Commissioning implements robust terms and conditions across all its contracts, with these always subject to review and sign-off by Council Legal services. The Council's terms and conditions would always include provisions that allow for break causes in a range of different circumstances (with specified notice periods in response to different situations) and clauses that allow for variation to services in response to changes in requirements or levels of demand.
53. Any contractual variations that are put in place would require appropriate sign-off by the relevant the Council budget holder and appropriate processes legal and procurement processes being followed.
54. In terms of groups to prioritise, the Council's standard service specification template includes a section where target groups for each commissioned service are required to be specified. Providers will deliver services in line with specifications and this will be monitored by Council Commissioners, as a routine part of contract management. Often services have specific referral processes or criteria attached to them, where a range of appropriate professionals will be involved in determining which children, families and young people are referred to access services.

Best Practice

55. Commissioning practice within the CFLL Directorate draws on a number of sources of best practice nationally, including a solid foundation of professional qualifications delivered through the Institute for Public Care (IPC) [Institute of Public Care Commissioning approach](#), which are held by the majority of commissioners within the service, with regular opportunities afforded to new starters to participate in this training (within budgets allocated to commissioning through the Children's academy).
56. In addition, CFLL commissioning uses its training budget to bring in external expertise for particular specific items of training over time. Examples from the current financial year include: a "Commissioning for Communities" programme delivered by Collaborate CiC and the Ideas Alliance, which focusses on co-production approaches, collaborative commissioning models and system stewardship; a specific training programme from the New Economic Foundation linked to measuring outcomes and impact; a training programme from IESE on negotiation skills; and training for the Analysis and Evaluation Team around generating insight to inform commissioning.

57. Alongside the training offer, the Council draws on good practice resources from across the Council and other Local Authorities. An example of this is the Council's own strategic Commissioning Framework, which was co-designed with commissioners from across the Council and published in 2019, that sets out a standardised set of key commissioning principles and approaches that can be drawn on throughout the commissioning cycle. This draws heavily on commissioning models from Essex County Council and Cornwall County Council specifically, as well as a wide-range of research and resources from other LAs and national organisations about what works in commissioning.
58. The Council is also active in a range of national networks and initiatives that support the improvement of commissioning practice and share experience and knowledge between local authorities. For example, CFLAG Commissioning is now represented on the Steering Committee for the Children's Cross Regional Arrangements Group (CCRAG), which pulls together practical tools and resources that inform our commissioning practices within Children's Social Care and Additional Needs and Disabilities. Commissioners from the Council also attended the National Children's Commissioning Conference in June 2023. These are just two examples of the professional networks that we are actively participating in across CFLAG Commissioning.
59. Hertfordshire are the lead authority that host the CCRAG network mentioned above. This network supports children's commissioners from over 30 local authorities to work together, develop shared practice and provide peer support, through a range of focussed networks. The Council is one of the regional representative authorities that sits on this Steering Committee for CCRAG, which Hertfordshire chairs.
60. Essex County Council is an active member of the CCRAG network, and Surrey County Council drew extensively on their commissioning model to inform the development of its own Strategic Commissioning Framework. This included specifically hosting workshops delivered by senior commissioners from Essex County Council, who came to Surrey to share with commissioners from CFLAG and other directorates their commissioning model. The Council's Commissioning Framework provides a set of clear commissioning principles and a recommended range of best practice tools and approaches to support commissioning, which are flexibly applied by different commissioners across the CFLAG directorate to support their work.
61. As a neighbouring large authority, the Council has current links with commissioners in Hampshire, but also a range of other comparable authorities – including West Sussex, East Sussex, Buckinghamshire, Cambridgeshire and others. These links exist through the proactive work of commissioners for across the service, but also through the formalised joint commissioning

arrangements we have in place in terms of regional frameworks that the Council actively participates in.

Commissioning 2024/5 and beyond

62. CFLL Commissioning has been making real strides to strengthen our commissioning arrangements in recent years across a range of key commissioning areas. This has included:
- The introduction of multiple new, long-term framework or dynamic purchasing system arrangements, to strengthen contractual levers to control quality, outcomes and price;
 - Increased collaboration at a regional level with other local authorities, to better respond to national market challenges and supply and demand pressures;
 - Increased collaboration with partners across the Surrey Heartlands and Frimley ICB geographies on joint programmes.
 - Strengthened uplift management processes and new tools to secure value for money, to mitigate against macro-economic pressures that have been driving unprecedented levels of inflation;
 - Improved grip on our commissioning pipeline, supported by the Annual Procurement Forward Plan;
 - Investing in professional training for commissioners across the service, to strengthen the fundamentals of our practice, as well as stretch our capabilities into areas such as outcomes-led commissioning, co-production, negotiation and collaborative commissioning models; and
 - Reshaping services within constrained budgets to enable the best possible outcomes with the resources we have available.
63. These changes have been delivered at a time when we have faced genuinely significant pressures in terms of:
- Inflation running at levels that have been unprecedented in recent decades;
 - Recruitment challenges affecting supply of statutory services within social care, health and education services (both independent and publicly-run);
 - The COVID-19 pandemic and its legacy effects; resulting not just in increased demand but increased complexity requiring multi agency solutions;
 - Tightening national regulation in key areas of our business; and
 - Increased demand in terms of volume and complexity of need, which is outstripping funding levels available.
64. As we look ahead to 2024/25, we anticipate a period of greater stability in terms of inflation forecasts, as well as some major longer-term recommissioning projects being completed (noting there are others on the horizon), whilst

acknowledging we will continue to face significant demand pressures and regulatory change across key service areas. This will allow for strengthened consistency of approach, enhanced collaboration with our provider partners and development of further innovative, alternative service models and approaches.

65. The increasing complexity and the need for multi agency solutions, is being addressed by deepening and strengthening the work with health to jointly scope and commission services with health colleagues, as is evidenced by the joint development of Section 75 agreement and the informal consultation on a more Care and Health focussed commissioning directorate.
66. In response to this report, we would welcome specific feedback from the CFLL Select Committee with regards to how our current commissioning practice could be strengthened as we move into 2024/25 and would also suggest a separate informal workshop is arranged to provide members of the Select Committee with an opportunity to learn more about key areas of CFLL's commissioning approach.

Conclusions:

62. Commissioning within CFLL is a complex and multi-faceted process which involves collaborative working across health, education and social care.
63. We work hard to ensure we are continually improving our processes and take on board learning from other partners to deliver against our Community Vision for Surrey 2030.
64. We work with partners – in line with procurement regulations – to develop service specifications which will enable the best outcomes to be achieved for our residents and we hold services to account through contract monitoring to ensure they are being delivered.

PART B: Family Centre and Family Resilience Recommission

Introduction:

65. Early Help and Family Resilience services are vital to identifying and preventing children, young people and families' needs from escalating and requiring higher cost services. This provision supports residents to build resilience and confidence, enabling them to connect to their local community.

66. This part of the report will focus on the recommissioning of Family Centres and Early Help/Family Resilience services. Information is captured on the Family Centre and Family Resilience Recommissioning journey to date. It includes examples of how officers have carried out research, engagement and co-design activities and used this learning to shape the recommissioning model.
67. A high-level overview of the key aspects stated in the service specification, reporting requirements as well as outcomes has been provided for these commissioned services. Furthermore, information on the procurement process and possible future challenges and mitigations has been noted.
68. It is important to note that the wider work on Surrey's Early Help model is outside of the recommissioning of the Family Centres and Family Resilience contracts and therefore is not included in this report.
69. The Early Help Partnership Team, which supports the operational delivery for family centres and the wider partnership who deliver early help services, work closely and collaboratively with Family Resilience to develop the specification for the recommissioning, which is an enabler of services rather than a driver.

Context

70. The basis for Early Help services is noted in Section 17 of the Children's Act 1989 which places a general duty on Local Authorities to safeguard and promote the welfare of children. Surrey County Council's (The Council) [Helping Families Early Strategy \(2020 to 2023\)](#) explains that the Working Together to Safeguard Children 2018 (statutory guidance) highlights that "Local authorities, under section 10 of the Children Act, have a responsibility to promote inter-agency co-operation to improve the welfare of all children. Identifying children and families who would benefit from Early Help." However if a Local Authority decides not to deliver Early Help Services, they cannot be held to account because it is not a statutory requirement which is why there are different levels of investment in early help across the country.

Partnership Vision for Early Help

71. Local Authorities Early Help offer is subject to Ofsted inspections and is a key element of the inspection of local authority children's services (ILACS) framework. Ofsted have recently introduced Early Help Joint Targeted Area Inspection (JTAs) which focus on local areas' multi-agency arrangements for helping children and families early. The partner inspectorates for the JTA inspection are The Care Quality Commission (CQC) and His Majesty's Inspectorate of Constabulary and Fire and Rescue Services, therefore health and police partners are key partner organisations for this inspection.

72. In February 2023 the Department for Education noted in the “Children's social care: stable homes built on love” consultation the risk of not having an effective Early Help System would place demand on higher cost services. It is important to note that building a relationship with one trusted professional for children and families is most important to them when we move them through different services this fractures relationships. Our ambition in Surrey’s broader early help continuous improvement work is to join up prevention, place, and early intervention including health, education, social care, and community services into a systemic model of delivery in a district and borough boundary. This should be visible, accessible to families at the earliest opportunity and based in their communities to ensure that no one is left behind.

73.



Figure 2 Surrey's Partnership Vision for Early Help

74. Therefore, the Early Help offer in Surrey is dependent on the contributions of all agencies, partners, and communities. When this is working well families can access a localised Early Help offer whether they are signposted and self-serve or are supported by practitioners for example, schools and early years settings, Police, GPs, and other health services to get the help they need. The Council’s Early Help offer is a mixed economy of in-house and commissioned provision. The Family Centres offer is currently delivered by schools and voluntary community and faith sectors (VCFS). Mentoring services are also delivered by VCFS partners. Further details on Surrey’s current commissioned Early Help offer can be found in annex 1.

75. The Council are recommissioning Family Centres and Family Resilience services. The term Family Resilience in the context of the recommission means a wide range of services that are evidence based to support Family's Resilience e.g., parenting support, group work, mentoring which are currently delivered by YMCA, Home Start & Surrey Care Trust. The level of need and demand for these services is monitored through referrals in Children's Single point of access weekly and through contract monitoring arrangements with providers.
76. The recommission will also help tackle health inequalities and support the empowerment of communities by making families and communities more resilient. For example, this could be through residents being able to identify and access support for themselves. It is likely that the recommissioned services will employ Surrey residents and possibly Surrey based providers therefore supporting the Council's ambition to grow a sustainable economy.
77. The Family Centre and Early Help mentoring services contractual arrangements are coming to an end on 31 March 2024. The Council will need to ensure new services are in place from 01 April 2024 so that Surrey can continue supporting children, young people and families with this important provision.

What the recommission is trying to achieve

78. The overarching aim for this recommission is for providers to work with children, young people, and families as well as partners to meet families' additional needs. Providers will need to offer the right help at the right time to prevent needs escalating and reducing the requirement for specialist services. Family Centres and Family Resilience services will act as soon as problems emerge, share information and provide effective, timely support. This will enable children and families to overcome difficulties and become more resilient so that they can manage future life challenges independently. However, the biggest challenge for recommissioning is a 10% reduction in the financial envelope and no inflationary uplift over the lifetime of the contracts.

How the recommissioning model was developed

79. [The Early Help and Family Resilience Needs Assessment](#) is completed prior to recommissioning to inform the delivery by exploring the needs of children, young people, and families in Surrey. This document presents a snapshot in time, providing information on the level of needs across Surrey, an overview of the current Early Help offer, families and partners experiences of using the provision, and the impact of the pandemic. This assessment also provides a series of recommendations that have been used to inform the recommissioning of Family Centres and Family Resilience provision. There is also a Joint Strategic Needs Assessment held which is being developed by the Health and Wellbeing team to collect data on families who experience multiple

disadvantages facing 2 or more challenges for example homelessness, substance misuse, mental health.

80. The challenge is that the level of need cannot be delivered by one service or commissioning activity, and we currently offer services when a problem has occurred or escalated. It is therefore extremely important that we have a systemic localised model of delivery which is based in communities to ensure children families receive timely support by the right service at the right time In Surrey this will be achieved through the development of a recognised Early Help branding/quality standard that partners can sign up to. This will highlight to families that this is a safe space to access information, advice, and services.
81. A benchmarking exercise also took place where officers reviewed a number of other local authorities' Early Help commissioning models. Early Help is provided in a range of different ways, this could be through Local Authorities delivering services inhouse, commissioning services or a mixed economy similar to how Surrey delivers provision. Surrey has taken inspiration from Essex, Hampshire and Hertfordshire which have all received from Ofsted an overall effectiveness of "Outstanding" (Essex in 2023, Hampshire in 2019 and Hertfordshire 2023). Essex and Hampshire have developed Early Help Hubs or Family Hubs in local communities which is a similar approach the Council is implementing.
82. Between June - October 2022, the Council commissioned research partners, Ideas Alliance who engaged with children, young people, families, partners, school-based Family Centres, D&Bs through the Family Support Programme, and practitioners. This resulted in the project team having a conversation with 105 practitioners, 5 children aged 1-10yrs, 34 young people aged 11-18yrs, 23 parents and 3 mentors. In addition, a team of Community Researchers conducted 59 interviews and 62 people were consulted.
83. The entire sample included the following family situations: single parents, parents for whom English is not their first language, travellers, young parents, those with young children, those with teenagers, parents of children with additional needs, young people with additional needs, and parents with adopted children. Please see annex 2 for the outputs of this work including the 10 key cross cutting themes that emerged from engagement activities that underpinned the design of services.
84. The Council made a commitment to co-producing and co-designing Family Centre services in partnership with children, young people, families and partners. In February 2023, the Council commissioned New Possibilities who are graphic facilitators to hold the following co-design activities:
 - Two sessions just for children, young people and families (one session in the East of the county and one session in the West) which was attended by 21 children, young people and families. These sessions were called Focusing on the Future.

- Four co-design events for children, young people, families, partners and practitioners. One session was held in each of Surrey's geographical quadrants and a total of 9 families and 17 partners contributed to these sessions.
 - One virtual Partner Forum that focused on how the Early Help commissioned partners can ensure families are at the centre of everything the partnership do, 44 partners attended.
85. Building on the learning from the 10 themes from the engagement work carried out by Ideas Alliance and the Focusing on the Future sessions, officers and New Possibilities worked with children, young people, families and partners to generate ideas on how they would like services to look in the future. There was also consideration for what the challenges could be and participants put forward their recommendations. Please see annex 3 to see the outputs of the co-design work including a short video showing the activities carried out with children, young people, families and partners.
86. In March 2023, the Council ran two virtual Market Engagement events for incumbent providers: charities, Voluntary & Community Sector provider, Schools and Nurseries and some District & Boroughs. During these sessions learning from the engagement and co-design events was shared as well as the proposed recommissioning model. Providers also had the opportunity to share their feedback. A total of 70 people attended these events. A following Market Engagement Event took place on the 30 June 2023 to inform the market on the commissioning model and the bidding process, this was attended by 62 people.
87. The following stakeholders and partners have been informed about the recommissioning model during the following meetings:
- Children, Families and Lifelong Learning Leadership Team Meeting
 - Corporate Leadership Team Meeting
 - Informal Select Committee
 - Surrey Safeguarding Children Partnership Executive Group
 - Informal Cabinet
 - Market engagement events with potential providers

Demand

88. Early Help demand for Family Centres, Family Support and Targeted Youth Support and Family resilience services is captured through the number of referrals to the services and reviewed on a weekly basis. A capacity report is developed to help inform the Council's Childrens Single Point of Access and other services on what provisions are available. Demand is also discussed during quarterly and annual performance conversations with commissioned partners.

89. The current Early Help mentoring providers have consistently supported more than the minimum numbers of families as set out in their contracts. Between 01 April 2022- 31 March 2023 mentoring services worked with 2,724 families. Case studies and service user feedback demonstrate the positive impact mentoring provision is having on Surrey's families. Between 01 April 2022- 31 March 2023, on average 52% of families reported that 'Family resilience (was) established' (based on a sample of 788 families).
90. Between 01 April 2022- 31 March 2023, Family Centres supported 2,629 children and young people and on average 65% reported that their 'family needs (were) met' (based on a sample of 2,488 families). This is an increase from the previous financial year when Family Centres worked with 1,874 children and young people and on average 55% reported that their 'family needs (were) met' (based on a sample of 719 families). There is no comparative data prior to 1st of April 2021 as the Council use to record the number of families support and this changed to measuring the number of children and young people supported.
91. There are several D&B areas in Surrey that experience higher demand compared to the rest of the county for Early Help and Family Centre support. The D&Bs with the highest number of allocations is Reigate and Banstead, followed by Woking, Spelthorne, and Guildford. The new service specification is designed to be flexible to meet demand and changing demographics which is difficult to predict.

Recommissioning model

92. Family Centres will provide predominantly whole family one-to-one work or group work depending on the family's needs. These services are for families with children and young people aged 0-18yrs (up to 25yrs for those with additional needs). Evidence based parenting support (one-to-one or group work) and utilising evidence-based tools such as reducing parental conflict (RPC) to support parents will also form part of the offer. Service delivery will take place via an outreach model however services will also be provided from Family Centres. All services will be delivered within the county of Surrey.
93. The Council is streamlining the number of contracts that are commissioned. Currently the Council manage 11 Early Help contracts for mentoring services and 15 Family Centre contracts. The Council is commissioning services through a Lead Provider model which means there will be one lead provider for each of Surrey's 11 D&Bs. This approach will reduce the number of contracts the Council will be managing as the Lead Provider will be accountable for sub-contractors' activities. Whilst the Council's contractual arrangements will be with the Lead Provider the Council will still have strong partnership relationships with sub-contractors. The Lead Provider will be responsible for co-ordinating Early

Help provision within the D&B geographical area to meet local need, collate performance reporting and work within the wider community. Providers will be able to bid for as many contracts as they wish during the recommissioning process.

94. The contracts will start from 01 April 2024, the initial term will be for 5 years with the option to extend for 3 years and then another 2 years. A longer contract term will help give providers stability both for staff and families and will help improve staff recruitment and retention.
95. The Council is taking a localised approach to recommissioning that helps to join up local services and assets in a partnership model co-ordinated within a D&B area. Providers will be expected to work in partnership to collectively identify buildings in each of the D&Bs that could be used for multiple purposes. There will also be a drive to support partners to co-locate services wherever possible through utilising local assets such as buildings, voluntary and community groups and outdoor spaces. This would help provide families with a joined up holistic approach between different types of provision. It would also support closer working between partners and provide the opportunity to share learning and expertise. Wider integration with existing provision will also take place to ensure families receive a more holistic offer.
96. Utilisation of buildings to support families in their local areas is important and the Council has stipulated in the service specification that providers must retain the outreach offer so that families can be supported within the home. Providers will need to use buildings such as libraries and community centres to ensure delivery is taking place in communities where families live. Providers will also need to reach out to remote communities or groups e.g., Gypsy, Roma and Traveller (GRT) communities.
97. The service specification also notes the importance of having an improved digital offer and to develop a greater social media presence. Providers will need to ensure their offer is clearly noted online so that young people and families can understand the services that are being delivered in their local area. Delivering provision online as well as face to face will also be expected. Providers will be promoting the use of the Family Information Service to families and partner agencies.
98. Based on feedback from families the Council, in partnership with the wider Early Help System, will develop a recognised Early Help branding/quality standard which when ready will be available to partners. The quality standard will give confidence to families that services offered under this brand provide a safe space to access information, advice, services and the brand will provide assurance about a standardised and consistent offer. The Council has learnt (through engagement work) that Early Help services need to be more visible

therefore developing the branding approach would provide children, young people, and families the opportunity to access information and support from a number of different settings such as schools and libraries. The branding will make sure that families can easily recognise that these are safe spaces which are available for them to get the support they require. Providers will be expected to support with the development and implementation of this initiative.

Service specification, outcomes, and performance reporting

99. In July 2021 the Council introduced a central case management system, the Early Help Module (EHM) which incumbent Family Centres are currently using. This case management system allows the Council and Family Centres to share and access relevant children's information to ensure children and families do not have to repeat their story. EHM is used to record work with families receiving targeted support who require an Early Help Assessment and a Team around the Family approach. Before the introduction of EHM, information was held locally by Family Centre partners, providing a challenge in getting accurate data about the support given to families. With the introduction of EHM data is now collected on individual children instead of families. It has been stipulated in the service specification that providers must use EHM as their case management system. This will mean that the Council can use comparable data from July 2021 to the present day.
100. The service specification has been developed based on the findings from the Early Help and Family Resilience Needs Assessment, engagement and co-production with children, families, partners and practitioners. The new commission will have a strong focus on working with the whole family, supporting and measuring outcomes for both children, young people and families. The service outcomes are aligned to the Department for Levelling Up, Housing and Communities (DLUHC) [The National Supporting Families Outcome Framework](#) and the 10 Supporting Families Outcomes (which will be transferred to and closely monitored by the Department for Education in April 2024):
- Getting a good education
 - Good early years development
 - Improved mental and physical health
 - Promoting recovery and reducing harm from substance use
 - Improved family relationships
 - Children safe from abuse and exploitation
 - Crime prevention and tackling crime
 - Safe from domestic abuse
 - Secure housing

- Financial stability

101. There will be a focus across the Early Help System including this commissioned provision to align services to meet each of the 10 Supporting Families Outcomes. For example, one of the outcomes is “Getting a good education”, the Council will work with partners and colleagues across the county to support children and young people stay in educational settings so that they achieve a good education. For Family Centres it can be any of the outcomes depending on the family's circumstances - to be included in the national supporting families programme there need to be 3 outcomes which are interconnected affecting more than one family member. For example, if there is domestic abuse, there could be parental or child mental health or both and financial instability due to this. Successful outcomes which are achieved with families and are sustained which means families no longer require services are monitored through the database we record work with families.
102. Clear reporting requirements including quantitative and qualitative data will be developed so that a consistent reporting approach is taken across the county. There will be an expectation that providers regularly collect feedback including the voice of the child and families and demonstrate how learning is shaping the continuous improvement of services. This requirement will be part of ongoing contract management arrangements.
103. Equality, Diversity and Inclusion principles will be a key ongoing feature throughout contract management. The Early Help and Family Resilience Needs Assessment noted a gap in data recording on sexuality, gender identity, and ethnicity. Furthermore, there is a need to have a greater awareness of how families experience these services and how their outcomes may differ based on their protected characteristics and Lead Providers will be expected to support the Council with capturing the relevant data to help develop the partnerships understanding and implement beneficial change.

Procurement and next steps

104. The financial envelope for the recommission is set in the annual budget setting and was signed off by Cabinet in February 2023. The total funding envelope is approx. £6.5m per annum. There is an additional request for investment of £2.5 million to establish an inhouse Intensive Family Support Service which will go for approval to Cabinet in October. Most good and outstanding authorities have this service, and it works with the most complex families who face multiple disadvantage and interconnected challenges which affect more than one family member.

105. As part of the tender process the Council has asked bidders to note what services they will be able to deliver within the financial envelope for each contract that is linked to a District and Borough geographical area. The Council has stipulated in the service specification that providers should prioritise funding for Family Centres and the remaining budget should be for evidence-based Family Resilience services. At this stage providers have only registered interest and will be submitting their bids at the end of September.
106. Each of the 11 contracts has a financial envelope based on a funding formula that has considered the geographical spread of children across Surrey, children who are considered disadvantaged based on the Income Deprivation Affecting Children Index (IDACI) and the number of referrals received in the Children's Single Point of Access (C-SPA) for Targeted interventions. The Council has stipulated that providers must submit bids that are within the financial envelope or their bid will be disqualified.
107. Throughout the recommissioning process the Council has been following Procurement Contract Regulations 2015 that determines that procurement needs to be conducted in accordance with the principles of equality, non-discrimination, transparency, proportionality and competition. The bidding opportunity will close at the end of September and the evaluation panel must treat each bidder equally and approach the scoring in a consistent, non-discriminatory and fair manner. This means that the panel must only score the bidder submissions on the information contained in them and any clarifications received. The panel cannot take into account any other information they may have already received by any means, including personal experience. The scoring criteria does not provide an advantage to larger providers compared to small organisations. It is an open and transparent process and even smaller organisations are experienced in bid writing.
108. The recommissioned services are due to go live 01 April 2024. There will be quarterly and annual monitoring meetings between the Lead Provider, the Council Contract Manager from the Early Help Commissioning team and a representative from the Early Help Partnership operational team. These meetings will include reviewing performance, reviewing needs and demands and identifying any areas for improvements. Providers will be expected to submit a completed Performance Monitoring Form (PMF) and demonstrate in the PMF how their delivery has contributed to the outcomes set out in the service specification.
109. The Council has developed flexible contracts that can adequately respond to the changing needs and demands of the population. The contracts that will be awarded allow for contract variations and have break clauses. Contracts have also accounted for cost-of-living/inflationary requests, for example, providers will be able to submit a request in writing for the Council to consider.

Possible future challenges

110. The possible high-level future challenges have been identified in the table below.

	High-level future challenges	Mitigating actions
1	Finance – inflation grows at a higher rate than expected which then puts greater pressure on the budget.	<ul style="list-style-type: none"> • Providers will work more closely together through a lead provider model with D&Bs to help reduce the number of management overhead costs. • Providers are being encouraged to work in innovative ways to deliver services that uses the funding available in a cost-efficient way and to maximise social value. • The Council has included in the contract an opportunity for providers to submit a business case on a yearly basis to review any inflationary requests.
2	Children, young people and family's needs and demands could change over the life of the contract. It is forecasted by 2030 that these services will be supporting more adolescents rather than young children.	<ul style="list-style-type: none"> • To be responsive to local needs and demands officers will be regularly reviewing quantitative and qualitative data to establish if children, young people and family's needs are being met. • Contracts are flexible to respond to local needs.
3	The government could introduce new policies or initiatives that the Council would need to respond to with partners.	Contracts will be flexible to respond to new initiatives.
4	Recruitment and retention of staff and volunteers.	The Council will be awarding contracts with a longer term to give providers more stability for staff, and volunteers which will help improve recruitment and retention.

Conclusions:

111. Through research, engagement and co-design activities the recommissioning model was developed. The key principles that came out of this work also shaped commissioning documentation such as the service specification and reporting requirements. The draft model was shared for feedback with several different stakeholders and meetings before it was finalised and shared with prospective bidders at the end of June 2023.
112. The tender is currently live and will close at the end of September 2023. The Council officers will be following procurement regulations to ensure the principles of equality, non-discrimination, transparency, proportionality and competition are adhered to.

Recommendations:

113. For the committee to review and note the updates outlined in the report and the progress made to recommission and deliver new services by 01 April 2024.
114. For the Committee to agree to receive further updates on the recommission after 01 April 2024.
115. Set up a separate informal workshop to provide members of the Select Committee with an opportunity to learn more about key areas of CFLL's commissioning approach.

Next steps:

116. The high-level next steps for the family centres recommission are as follows:
- Bid deadline - End of Sept 2023
 - Evaluation, moderation, decision to award contracts - Oct to Nov 2023
 - Contracts Awarded - Dec 2023
 - Mobilisation - Dec 2023 to March 2024
 - Launch of services - 01 April 2024

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Sources/background papers

[\(Joint Commissioning Strategy for Children, Young People and their Families in Surrey 2022 \(surreycc.gov.uk\)\)](#)

[THE COUNCIL’s Commissioning Framework](#)

<https://www.surreyi.gov.uk/jsna/>

[Institute of Public Care Commissioning approach](#)

The Department for Education (Feb 2023) “[Children's social care: stable homes built on love](#)” consultation

The Department for Education (Oct 2022) [The National Supporting Families Outcome Framework](#) and the 10 Supporting Families Outcomes

Surrey County Council (Jan 2023) [Early Help and Family Resilience Needs Assessment](#)

Surrey County Council (June 2020) [Helping Families Early Strategy 2020 to 2023 \(surreycc.gov.uk\)](https://www.surreycc.gov.uk)

Annexes

Annex 1 - Current Commissioned Early Help Provision



Commissioned Early
Help Provision in Surr

Annex 2 – Ideas Alliance (Oct 2023) Understanding Early Help in Surrey, Stories from children, young people, families and practitioners.



Understanding Early
Help in Surrey.pdf

Annex 3 - New Possibilities (March 2023) Output from co-design activities



New Possibilities
Output from co-desig

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Commissioned Early Help Provision in Surrey

As noted in the Surrey Safeguarding Children Partnership [Effective Family Resilience Surrey, Every Child in Surrey Matters](#) document, “In Surrey the approach for helping families early is embedded within the ‘Family Resilience’ and the Social Work practice model ‘Family Safeguarding’. Within this model we have identified four levels of need: Universal, Early Help, Targeted Help, and Specialist”. Please see below image for a visual representation of the different levels of need.

The Early Help commissioned provision focuses on supporting children, young people and families that have been identified as having Level 2 or Level 3 areas of need as detailed below on The Surrey Effective Support Windscreen.

A simple model for meeting children and families’ needs

The Surrey Effective Support Windscreen



- **Interventions at Level 2 Early Help Community county-wide offer (0–19-year-olds) including:**
 - Two voluntary sector lead providers who work in partnership with two additional voluntary sector organisations. Collectively this partnership offers a county-wide family volunteer approach for children aged 0-10 years and a volunteer mentoring model for children aged 11-19 years to help families sustain healthy relationships and thrive.
- **Commissioned interventions at Level 3 incorporating both Family Centres (0-11 years old) and Family Support Programme (5-18 years old).**
 - Surrey’s 15 Family Centres and 9 satellite sites (with a least one centre in every District and Borough) support families to find solutions to the parenting and relationship challenges they face and to grow in confidence to manage future difficulties. The aim of the Family Centres is to help families build their own resilience and self-reliance. The Family Centres provide one-to-one family support where the family situation is having a significant impact on the health, development, or wellbeing of the child/children. The centres work in close association with health, community groups, and other commissioned services to ensure that families receive joined up support from key agencies.

- There are five Family Support Programme (FSP) of which three operate on a quadrant level and two work across the remaining quadrant. FSP supports families on a one-to-one basis to build on their strengths while helping them to overcome some of the concerns, difficulties, challenges or obstacles they may have in their lives. It uses a whole family approach involving everyone in the family including grandparents, parents, young people, and children.

IDEAS
ALLIANCE

Understanding Early Help in Surrey

Stories from children,
young people,
families and practitioners

July - October 2022



A slide deck of key learning

3	What you asked us to do	9	What we heard
4	What we did	31	What we noticed
5	How we did it	32	Personas
8	Who we spoke to	40	Thank you's

What you asked us to do...

You wanted help to understand children, young people and families' experience of using Early Help (EH) services in Surrey, in addition to the experience of EH service providers.

This research required us to understand:

- Experiences of the current service (those eligible for EH and those accessing EH)
- Needs and assets
- Barriers to accessing services and how these can be alleviated
- Views on where improvements are needed
- Future service options, based on evidence-based best practice
- Comparisons between the findings from participants and the data/metrics that Surrey County Council currently collect/use to help keep us informed about these services' performance

What we did...

Provider workshops



Engagement with children,
young people and families



Community research

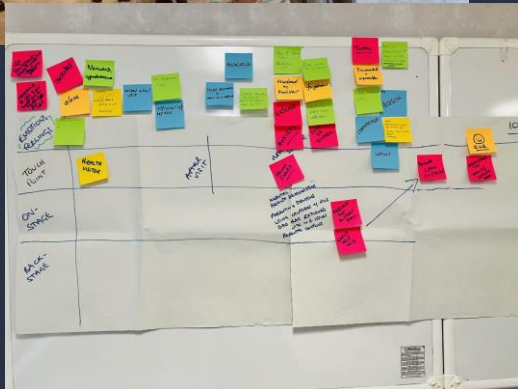


How we did it...



Provider workshops

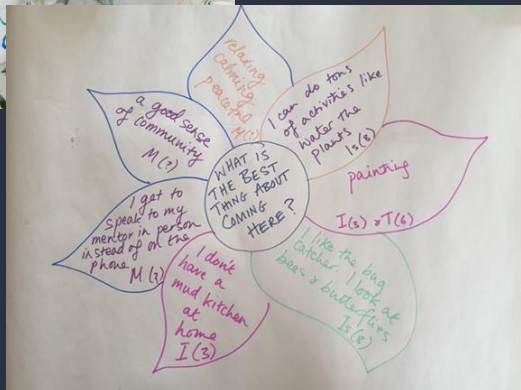
- Used an **appreciative inquiry approach** to gather insight about how things are when they work best within the system
- Facilitated 4 workshops (in each quadrant) and 1 online workshop
- Asked participants to share stories about a time when they felt they really helped a young person or a family to achieve their outcomes
- Identified themes that cut across all the stories and prioritised the ones that resonated the most



How we did it...

Engagement with children, young people and families

- Conducted semi-structured interviews, small group chats, creative activities, provider-led interviews, and online interviews
- We were guided by the trusted adults about the most suitable place and way to engage with their service users (* stay and play session * family allotment day * café meet-ups * drop-in at a family centre * creative arts at a holiday club)



How we did it...



Community research

- Recruited **three community researchers** after widely promoting the roles across Surrey
- Held 2 x 3-hour training sessions covering interviewing techniques, safeguarding and ethics, then co-created the questions to ask
- Community researchers went out into their communities and networks across Surrey to find people eligible for EH and collected stories of people's experiences
- Places within their networks included churches, soft plays, food banks and cafes

Who we spoke to...

- Practitioners: **105**
- Children aged 1-10 years: **5**
- Young people aged 11-18 years: **34**
- Parents: **23**
- Mentors: **3**

The community researchers conducted **59 interviews** and **62 people** were consulted.

The entire sample included the following family situations: single parents, parents for whom English is not their first language, travelers, young parents, those with young children, those with teenagers, parents of children with SEND, young people with SEND, and parents with adopted children.

What we heard...

There are 10 themes that cut across the stories we heard from practitioners, children, young people and families.

We have grouped these together on the following pages.

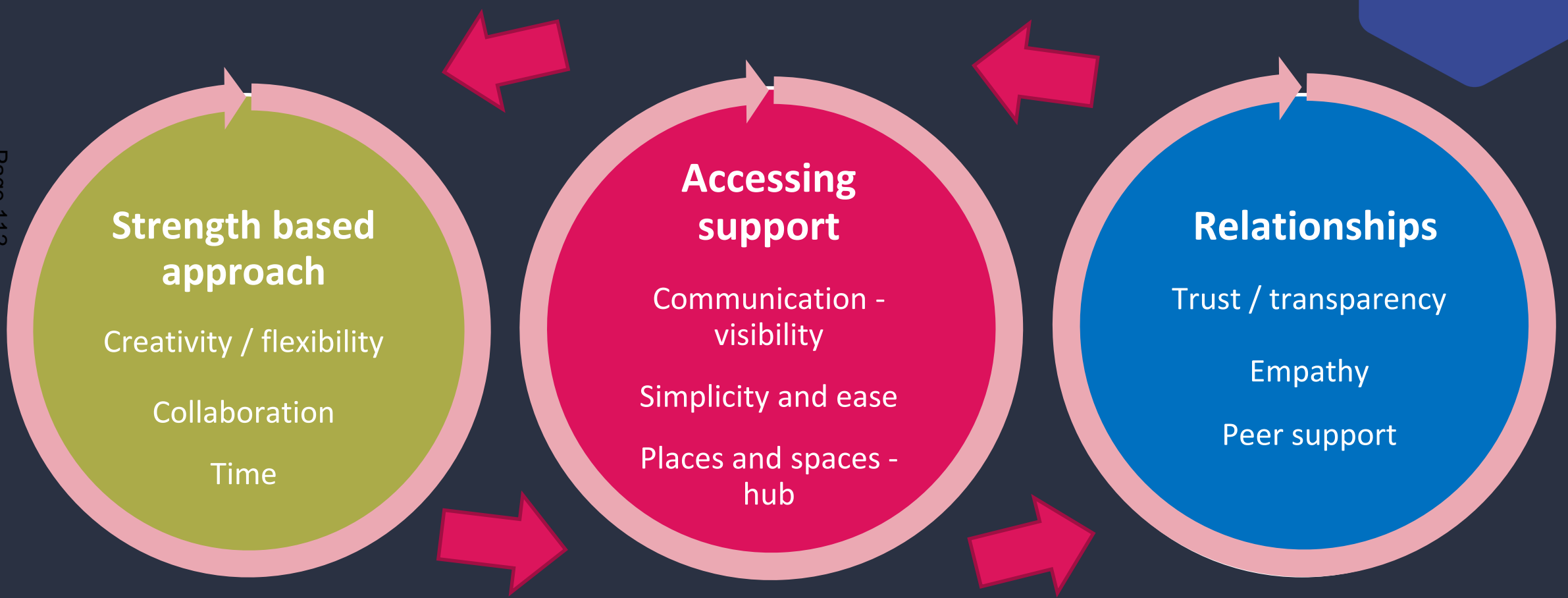
For each theme, we've used the *voices of the people* we met to highlight some of the barriers and enablers to good support.

These voices are scattered throughout this section and are key to understanding what great support looks like for this cohort. They can help inform and guide the commissioning process.



Theme overview

Page 112



Time

Time to build relationships and trust,
and work at the family's pace -
flexibility about how long, when and
where



Consistency and continuity are key –
persistence and longevity produce
great outcomes



Wait times - having to wait a long
time to access support is frustrating



'They would make me feel loved - give me a hug sometimes - make me feel cared for. The unknown is scary. They would listen and be present. They would come to my house - it's really hard to get out sometimes'. (Extract from a CYP+Families story - mum, mid 20's)

'I'm on the waiting list for 2 parenting courses but there aren't enough people signed up yet. I feel so alone'. (Extract from a CYP+Families story - single mum, victim of domestic abuse)

'My son was offered 6 sessions of online counselling, but he found that very difficult. He was so anxious that it took him 6 weeks to even feel like saying anything – then it was over!' (Extract from a CYP+Families story - mum, mid 40's)

'Someone who could help people live their lives in the best way, pointing you in the right direction to get support. They'd wave a magic wand to make things happen quicker - we had to wait 9 months for an appointment. Mothers are not always listened to - they would listen and have a person-centred approach'. (Extract from a CYP+Families story - mum, late 30's)

Relationships

Person and family centred – treating family members as individuals



Relationships and connections between providers and practitioners are vital to create and maintain good teamwork across sector



Being brave and feeling supported to have difficult and challenging conversations with families



'My friends with SEND kids. They get it. We're in the same boat and we go through the same each day. I can't leave the house with my 2 SEND children. We meet online and through our WhatsApp groups. We'd like to meet face-to-face but most of us are single parents so we can't get out and leave the kids. Life's hard. It just doesn't stop'. (Extract from a CYP+Families story - mum, early 40's, 2 x SEND children)

'I moved here not knowing one person - I get nervous taking [my son] places not knowing how he'll behave. Because of support from Centre I now take him to Bouncing Bunnies and the allotment. 1:1 support has helped with meeting people and my confidence to make contact with others'. (Extract from a CYP+Families story - mum, mid 20's)

'It's easier if you have things in common....people like me that have gone through similar experiences, then I can relate to them'. (Extract from a ComRes story - older mum)

'People who would normally walk past each other in the street and wouldn't normally mix outside of here [allotment]. They realise that we all share similar issues. This place gives them some common ground. Lots of our families are at home alone, but they come here, meet other people and start building a whole support network. It's great to see that'. (Extract from a story shared by a Surrey Care Trust staff member)



Trust

Transparency is important - being open clear with families about what's happening is important



A recognised brand - trusted people and trusted places - somewhere that people know they will get good support



Paternal / maternal figures – someone who can give advice or fix things



'It's easier if you have things in common....people like me that have gone through similar experiences, then I can relate to them'. (Extract from a ComRes story - older mum)

'I had a counsellor. She came to my school. I was confused when she stopped coming' (Extract from a CYP+Families story - young man, age 14)

'Staff are lovely here [Home Start drop-in] they're so knowledgeable about what help is available and it's lovely that someone else makes me a cup of tea! I had postnatal depression with my son and the Sure Start centre near me was a lifeline. I don't know what I would have done without it. There was always someone there. This time around [with her daughter, aged 3] they just don't exist. It's harder to find help now and know who to turn to'. (Extract from a CYP+Families story - mum, early 40's)

'Someone who makes me feel loved and cared for'. Extract from a CYP+Families story - girl, age 15)

'I need to trust the place and the people. Like Sure Start. That was a trusted brand. And Mothercare!' (Extract from a CYP+Families story - mum, in her 30's)

'She's [his mentor] caring, forward – she doesn't dance around the issue. She doesn't sugar-coat things. She's honest and gives good advice without being blunt. She's easy to talk to. She laughs'. (Extract from a CYP+Families story - young man, age 17)



Communication

Some services are hard to reach and not visible enough – not getting a response causes anxiety



Consider different methods – WhatsApp for groups and regular contact, plus out-of-hours support



Signposting via friends, networks and professionals – GPs are often the trusted default



'They need to make support more visible. Lots of people are scared. They don't know where to go. It feels easier to keep your mouth shut. I had nowhere to turn. I wouldn't have known where to get my support if it weren't for the police'. (Extract from a ComRes story - single mum with young children)

'For example, if a receptionist at the GP surgery is rude over the phone, it can stop you from making that call again, thus stopping you from getting the help that you may need' (Extract from a ComRes story - mum in her 30's)

'Mentoring is less questions and more dialogue. It's more like the conversation leads you to answers, rather than the questions lead you to answers. (Extract from a CYP+Families story - ex-mentee, 22, female)

'When my calls aren't returned, it makes me wonder if I'm imagining things are worse than they are' (Extract from a CYP+Families story - mum of 14-year-old boy)

'It should be more advertised; when people need support, they might be the people who don't know where to go'. (Extract from a ComRes story - mum with a young child)

'They should go to the parents, rather than needing the parents to work hard to search for the right places and reach out to them. They should go to them to ask how they are doing. When you have mental health problems you need help right then!' (Extract from a ComRes story - mum with a young child)

Places and Spaces

Choice is key to creating safe and supportive spaces: cafes, parks, allotments, home, dog walks etc



Social opportunities with peers are valuable – meeting people with similar circumstances to share stories, bond, and create networks



A welcoming, neutral and informal, one stop shop with friendly and skilled staff who can signpost to additional support - an obvious 'go to' place for everyone, regardless of their situation



'I feel more confident with my dog there, when I meet with my mentor' (Extract from a CYP+Families story - boy, age 14)

'We need more places to go for mental health [other than the GP], more support, so when you have a 'wobble', there is somewhere to go, easy to access'. (Extract from a ComRes story - mum in her 20's)

'We should have hubs to go to, where we can find out where to go for support, ask questions, be with other families'. (Extract from a ComRes story - single mum with young children)

'I can do tons of activities like water the plants [allotment]. I like the bug catcher. I look at bees and butterflies'. (Extract from a CYP+Families story - girl, age 8)

'I find it difficult to get support and I am an assertive person! It would be helpful if there was one obvious place. I feel I don't know where to go and I get pushed from pillar to post. GP says go to hospital and hospital says go to mental health services, mental health say go on counselling and then you have to wait'. (Extract from a ComRes story - mum in her 50's)

'I would be lost without the community centre...and to be given help when you ask for it'. (Extract from a ComRes story - mum in her 20's from GRT community)

'Help people to find those places where they can meet people and find help. The Children's Centre in Cheam is brilliant. They need to bring back Children's Centres!' (Extract from a ComRes story - single mum in her 30's)

Access

'Formal' buildings are daunting to many young people and families – choice about where to meet is key



Face-to-face should always be an option – physical connections are important



Drop-ins are great but closed groups are also important – a range of options is best to meet people's differing support needs



'It's knowing WHO to ask and to feel confident to do this. When you are homeless it's very much 'sink or swim''. (Extract from a ComRes story - dad)

'I miss meeting people. Everything seems to be over the phone now, I don't always want that!' (Extract from a CYP+Families story - mum, in her 30's)

'I like the calm, patient activity here [allotment]. The people who come here are calm, not chaotic' (Extract from a CYP+Families story - young man, age 17)

'I don't like going to places that are too busy; that's overwhelming. I prefer a youth group with limited numbers, for young people in the same boat as me' (Extract from a CYP+Families story - young man, age 14)

'If help and support was more readily available and well advertised to make me feel at ease and that its ok to ask!Sometimes you don't know if you need help or are unable to admit that you need help' (Extract from a ComRes story - older mum)

'Now nothing is in person anymore because of COVID. It needs to be in person again. You've got more connection with someone'. (Extract from a ComRes story - mum in her 30's)



Simplicity

Anything that simplifies life for people really helps – families are exhausted!



Stay and plays, picnics, food and drink – a reason to get out of the house and be with other people with similar circumstances



Confidence that it will be easy – no form filling or chasing, especially for those with low levels of digital literacy or mild learning difficulties



'Clarks came to a session I was at to measure my son's feet. He's disabled and I can't take him out easily – it helped me loads' (Extract from a CYP+Families story - mum, late-30's)

'I think the fact that we have the internet makes it easy to find out where to go but form filling is a big thing. Some people can't be bothered or find it really hard. It's hard work'. (Extract from a ComRes story - mum with young children)

'There should be a leaflet for parents on services that are available. I just don't know where to go. They did one in lockdown with contact details for support like domestic abuse etc. That was so helpful. We need a clear place with all the support information'. (Extract from a ComRes story - mum with teenage children)

'There's a big lack of self-care when you have a baby. I didn't lose weight on purpose. And sleep - that goes when you have a baby. And when [baby] doesn't settle for sleep until 10.30 you can't be bothered to make food for yourself then'. (Extract from a CYP+Families story - single mum, age 26)

'GP time slots are never long enough to help you...one of my children needs CAMHS but we can't wait for it. Someone I know pays for private mental health support for their child, but they can't really afford it'. (Extract from a ComRes story - mum with teenage children)

Strength-based

Peer support is an invaluable resource for all family members – your greatest resource are your families



Work with families to understand their strengths – what they can do, how they have managed. Build on their abilities, resilience and what's working well



Work in partnership with families – do *with* rather than *to*. Start with what they say they want rather than what we think is best for them



'I want someone that actually listens to me, without judgement'. (Extract from a ComRes story - mum in her 20's)

Be human and keep it real – 'I am not the expert!' (Extract from a Practitioner's story)

'The WhatsApp group for this session [Home Start drop-in] is really helpful. We all share when we hear things that are going on locally. I have recently joined a breastfeeding group and our WhatsApp group is brilliant - no matter what time, day or night, I know that someone will be there'. (Extract from a CYP+Families story - mum, age 38)

'The people measuring if someone needs help don't know the person or understand the needs properly. It's too regimented. What's missing is the personal relationship. In the old days you'd have one GP that knew you really well but now you see lots of different people'. (Extract from a ComRes story - older mum)



Collaboration

Networking and sharing good practice - Make time to build strong relationships with other providers – knowing the person who you're signposting a family to will help them through their journey



Strong multi-agency working – a joined up, consistent approach from the get-go is less confusing for families



Continuity, trust and transparency between services – we all need to work from the same value base and have a shared understanding of our processes



*'No-one takes responsibility...I get fobbed off and they lose the paperwork when you are being passed around. I've lost faith in the system'.
(Extract from a ComRes story - mum in her 20's from GRT community)*

'I'd make it so that systems weren't separated. Everything should be streamlined, and be part of one central support system. You have to contact lots of different places to get support'. (Extract from a ComRes story - single mum in her 30's)

'I'd like befriender support - like a Home Start volunteer but for those of us with older kids who still need help at home. Someone who could 'hold my hand' and give me the confidence to go along to groups'. (Extract from a CYP+Families story - mum, mid 40's)

'You don't get one midwife and one number no more. I've seen a different midwife at each of my checks, and you only have one advice line to call - with my daughter, I saw one midwife throughout and could contact her on her mobile. This new way really stresses me out. I don't mind meeting new people, but I get frustrated telling them my story over and over again'. (Extract from a CYP+Families story - mum, early 20's, teenage pregnancy)



Creativity

Having permission and autonomy to do what is needed for families - trusting providers that they have the commitment, motivation, skills and abilities to work alongside families



Having flexibility in time and response – so that providers can work with the different needs of families as they arise



Being trusted to take positive risks and holding 'safe uncertainty' - being brave





For my son's first 18 months I got support from the perinatal team, which was covered by the council. You are only supposed to have the support covered until they turn one but they held onto me for longer because i was poorly. I really valued that. (Extract from a ComRes story - single mum)

'I feel relaxed here. It's calm. We've got a tiny garden so coming here [allotment] gives us a chance to have more space. The summer holidays are long and can be expensive. This is a great activity which is free, and that means I don't worry about over-spending. It's good for my daughter to do simple things like pick blackberries – just natural stuff'. (Extract from a CYP+Families story - mum, mid 30's)

'You get to do lots of activities like art [at Spurgeons]. Colouring in can be therapeutic especially when my brother annoys me. I like lots of different things. I like being productive, not just watching telly'. (Extract from a CYP+Families story - girl, age 11)

What we noticed...

- The workforce are hugely committed to the work they are doing, both in their values and their practice
- Some families are still dealing with the consequences of the pandemic and lockdown
- When services are working well there is strong enthusiasm from service users (eg mentoring)
- Diversity is a challenge in terms of workforce composition
- There is an embedded parent / child dynamic running through the system
- Linked with this is the perceived fallacy of the 'expert' – who is the expert about what is needed for families and how it should be provided?
- Workers should be given the space and confidence to innovate

Personas

Customer journey mapping

We facilitated a customer journey mapping exercise with EH service leads and commissioners.

It gave participants the opportunity to experience a pathway through the EH system from entry point and referral, to discharge or disengagement.

We used one of the following personas which we created from the insight gathering stage. Participants were asked to imagine being different members of that family - working through their service journey – thinking about what is going on within formal services plus the informal support that person may be receiving from elsewhere.

Crucially, this exercise asked people to feel what it might be like at various stages of the journey - because emotion has a huge impact on the behaviour of people and needs to be considered when attempting to understand someone's experience.

Customer journey mapping is collaborative and engaging and helps to identify where the enablers and barriers are to good support within the current EH system.

Current support:

Lydia's mum is receiving 1-1 support for DA from her local family centre. She is on the waiting list for 2 parenting courses. She receives parenting support from a Home Start volunteer.

Barriers to good support:

- **No family or friends close by:** Lydia's abusive dad shut down all her mum's previous support networks. He has contact details for all her old friends, meaning it's too dangerous for her to contact any of them. The family she does have in this country live too far away, and she can't afford to travel to see them.

Long wait time for local courses: Lydia's mum would like to attend some parenting courses at her local family centre but they need to wait until there are enough people signed up before they run them. This is frustrating for Lydia's mum. Poor public transport links make it difficult for her to attend similar courses in other parts of the county.

Enablers to great support:

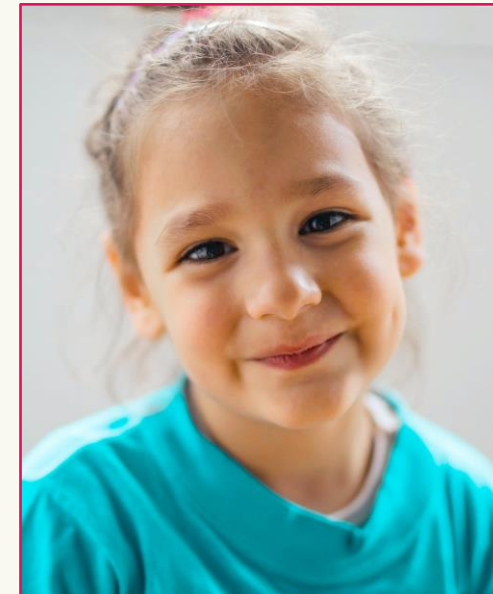
- **Opportunities to socialise:** Lydia's mum would like opportunities to meet new people in a safe space, for example, coffee morning or stay and plays. Peer support is important to her. *'I'd like to be able to make new friends in a place I can bring my son to, where it's relaxed'*.
- **Skilled professionals:** *'They (the staff at the family centre) are really informed about DA and the pain of losing someone. Even though he was bad through and through, I'm still grieving for the life I've lost. They're helping me to come to terms with that'*.

Lydia, age 6 Lives: Spelthorne

Summary:

Lydia lives with her Greek mum and 2 year old brother. English is her second language.

Lydia's mum is a victim of domestic abuse (DA) and is involved in an ongoing custody battle with Lydia's dad. They live in temporary accommodation and Lydia attends the local primary school.



Current support:

Leo's mum was referred by her health visitor to Home Start for parenting support. She also attends Home Start's stay and play session.

Barriers to good support:

- **Breaks in provision:** *'We lose our routine over the summer - everything stops! For those of us looking for things to do with pre-school age children, it's really hard. I just want to be able to attend my normal weekly groups. I feel that most things in the summer are geared towards school-aged children. They (Home Start) ran a picnic one day in the summer and it was great - such a simple idea but we had a lovely time. The summer isn't a good time for my mental health - I lose my connections with people, my support'.*
- **Cliques / no introductions:** *'I feel like I'm somebody when I come here [Home Start stay and play]. There are no cliques. Somebody meets me at the door and when I first came, they introduced me to people. I've been to groups where that doesn't happen and you're just left to find your own way. That puts me off and I don't go back'.*

Enablers to great support:

- **Simple comforts:** Leo's mum talked about how some simple comforts – like food and drink on offer at stay and plays – are a big help to her. *There's a big lack of self-care when you have baby!*
- **Peer support groups:** *'The What's App group for this group is really helpful. We all share when we hear things that are going on locally. I have recently joined a breastfeeding group and our What's App group is brilliant - no matter what time, day or night, I know that someone will be there'*
- **Drop-in groups:** Great support means not having to book - drop-ins are best. *'I feel bad if I've booked a space but then can't attend. I feel guilty that I've let someone down'.*

Leo, age 2 Lives: Surrey Heath

Summary:

Leo lives with mum and dad in rented army accommodation. Leo has speech and development delay.

Leo's dad is a soldier and is away for extended periods of time, leaving mum as the sole carer. They moved to the area 8 months ago and have no family close by. Leo is a Lockdown baby and mum has suffered with post-natal depression.



Current support:

Bethany attends a special day school for disabled children. Her mum attends drop in sessions at the allotment provided by Surrey Care Trust with her younger daughter.

Barriers to good support:

- **Distance:** *'I don't drive, so I need to be able to walk there otherwise I just won't bother going out'*

Lots of paperwork: Bethany's mum feels like she is always completing forms and having to repeat herself over and over again. If a group or service asks for lots of information and paperwork, it discourages her.

Enablers to great support:

- **Trusted brands:** *'Trust is important – I need to trust the place and the people. Like Sure Start. That was a trusted brand. And Mothercare! Sure Start was brilliant – I wish it was still around as it helped me so much. Having everything in 1 place [different professionals, services, groups] made life more simple. I miss meeting people. Everything seems to be over the phone now, I don't always want that!'*
- **Practical help:** Bethany's mum remembered a time when a Clark's shoe assistant came to the Sure Start centre she was at and measured her daughter's feet – *'I can't take her out easily and get her to their shop so it helped me loads that they could come to where I was at'*.

Bethany, age 10 Lives: Woking

Summary:

Bethany lives with mum, dad and 6 year old sister in their own home. She has severe physical disabilities. .

Bethany's mum worries that her other daughter misses out on getting her attention because she is so focussed on Bethany. She thinks she might have mild depression but hasn't spoken to her GP about this as she has too much else going on in her life.



Current support:

Louis was referred to CAMHS by his GP and was offered 6 sessions of online counselling. He was referred to Surrey Care Trust's mentoring service by his youth group leader at church. He has been receiving support from his mentor since December 2021.

Barriers to good support:

- **Time-led:** Louis' mum says: *'He was offered 6 sessions of online counselling but he found that very difficult. He was so anxious that it took him 6 weeks to even feel like saying anything – then it was over!'*

Poor communication: Louis's mum says: *'CAMHS are a nightmare to contact whereas I know with the mentoring service that someone will contact me or get back to me quickly. It makes me feel like I'm not on my own. I feel reassured. When CAMHS or their GP don't get back to her... 'it makes me think - Am I imagining that this is worse than it actually is?'*

Enablers to great support:

- **Needs-led:** Louis says: *'There's no time limit here; [the mentoring service] I can take it at the speed I need. That helps me to relax and not panic that I have to sort things out right now'.*
- **Pets:** Talking about each other's pets is a good conversation starter. *'I go on dog walks with my mentor – I'm more myself when my dog is with me'.*
- **Closed / referral-only groups:** *'I don't like going to places that are too busy – that's overwhelming for me'* Louis would prefer to go to a youth group that was limited in numbers, where young people with similar issues to him attend: *'They wouldn't judge me'.*

Louis, age 14

Lives: Elmbridge

Summary:

Louis lives with mum and dad in their own home.

Louis developed severe anxiety during the first Lockdown. Even when the world started to open up again, he found it difficult to go out and wanted to stay near to his mum all the time.



Current support:

Alex's mum receives 1-1 parenting support from the local family centre. They are waiting on an EHCP for her daughter. She takes Alex to a local stay and play session.

Barriers to good support:

- **Anxiety about not fitting in:** Alex's mum says that there are coffee mornings at other community centres, but she doesn't drive and it's expensive to get the bus everywhere. She's not sure that families from her estate would attend groups on other estates: *'They'd feel self-conscious'*.
- **Poorly maintained play parks:** Alex's mum likes to take him to free activities as she is on a low income and would like to meet friends locally, but the play parks near her are poorly maintained and many have broken equipment. *'Also, they have no toilets which is useless when you have small children'*.

Enablers to great support:

- **Peer-support:** Alex's mum says: *'They understand [parents with SEND children]. With these people I feel relaxed and happy. They don't judge me'*
- **More SEND groups:** Alex's mum would prefer some groups in the afternoons as she says there's nothing on after lunch. She gets lonely when she's stuck at home and it's not good for her mental health.
- **Free activities:** *'I worry about my electric and how I'm going to pay for things. The play schemes and Runabouts are too expensive'*.

Alex, age 4 Lives: Waverley

Summary:

Alex lives with mum and older sister in council accommodation.

Alex has speech and language difficulties and is awaiting assessment for suspected ADHD. Alex's mum, 26, also has a 7 year old daughter with SEND. Dad of both children is currently in prison.



Current support:

Chloe receives 1-1 parenting support from her local family centre, plus some debt and housing advice.

Barriers to good support:

- **Access issues:** When Chloe had her first child, she saw the same midwife throughout her pregnancy, and had her mobile number to contact her when she needed to. For her current pregnancy, she has seen a different midwife at each appointment and has one number for a midwifery advice line that she must use. *This new way really stresses me out. I don't mind meeting new people, but I get frustrated telling them my story over and over again'.*

Lack of relevant groups: *'I had my son at 16 - I didn't meet any young mums then. I felt so alone. Someone should start a young mums' group. When I got pregnant at 16, I wish I'd had someone to talk to who'd been through it (teen pregnancy) themselves'.*

Enablers to great support:

- **Professionals in one place:** Chloe explains that being able to get all the different support she needs from the one place (near to home) helps her because her life is full looking after her son and getting ready for the new baby. Having to travel to different places is stressful.
- **Advocacy:** To navigate the system. *'Everyone told me that I needed to phone the council, but they didn't tell me what to say! I didn't have a clue! I need help with the simple things - someone explaining to me what I'm meant to say, or ask for. Someone who won't just fill out the forms, but will help me all the way through'.*

Chloe, age 19 Lives: Guildford

Summary:

Single mum to 3 year-old boy and currently 28 weeks pregnant with her second child.

Chloe lives in council accommodation and is on benefits. Her son and the unborn baby have different dads, neither of whom are present in their lives.



Big thanks to...

- The children, young people and families who shared their stories with us - thank you for being open and frank, and giving us some valuable insight to your lives
- The skilled and committed practitioners who shared their stories with us - thank you to those of you who connected us with children, young people and families, and those of you who asked the questions on our behalf
- The community researchers who really rose to the challenge of engaging a wide range of local people in a short space of time
- The research team at Surrey CC for their commitment and dedication to making this all happen under tight timescales and trusting us to get on with it
- The commissioners and service leads at Surrey CC for their energy in trying to do things differently

Project Team

- Helen Sharp
- Kate Hawkins
- Dawn Hart
- Lucy Evans
- Sam Pharoah
- Amelia Wakeford

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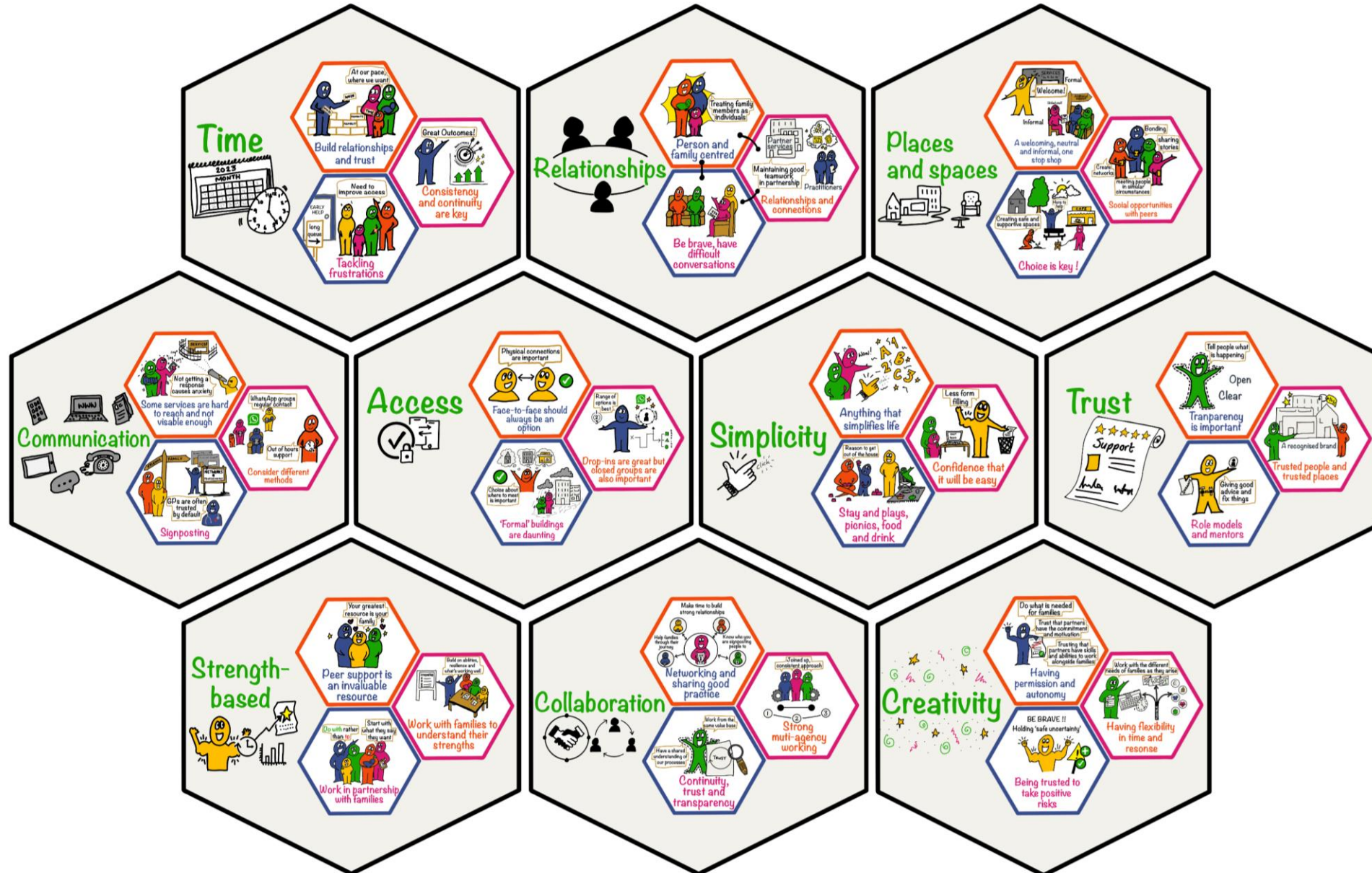


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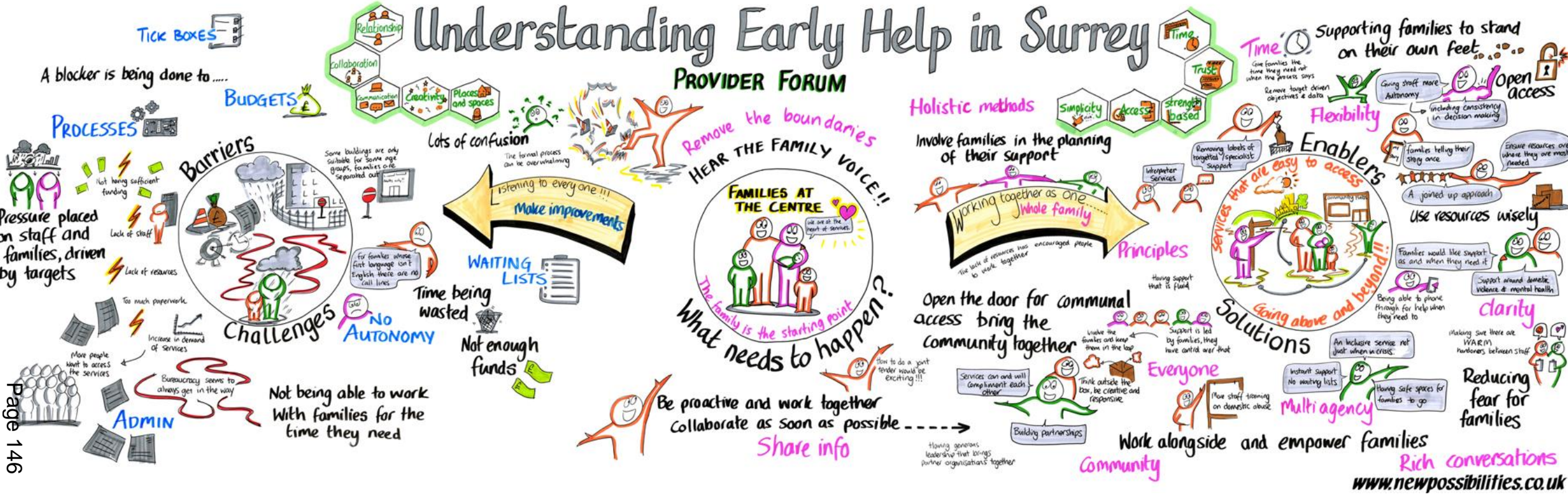
Visual of the 10 key themes



SURREY
COUNTY COUNCIL



Understanding Early Help in Surrey



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What we learned from the Partners Forum Feb 2023

We held one provider provider/partner forum which was attend by 44 participants

High-level findings

- Partners always place children and families at the centre of what they do
- Partners would like less admin, tick boxes and processes
- Some age buildings that are used for Early Help provision are only suitable for certain age groups and partners want to be able to provide safe spaces for families
- Services can feel that they are driven by targets that can place pressure on staff and families
- Partners want more people to be able to access services however noting there are waiting lists for some services
- Partners want to provide a joined up approach to services and ensure services are inclusive
- Partners want to be empowered and autonomy and provided resources where they are most needed

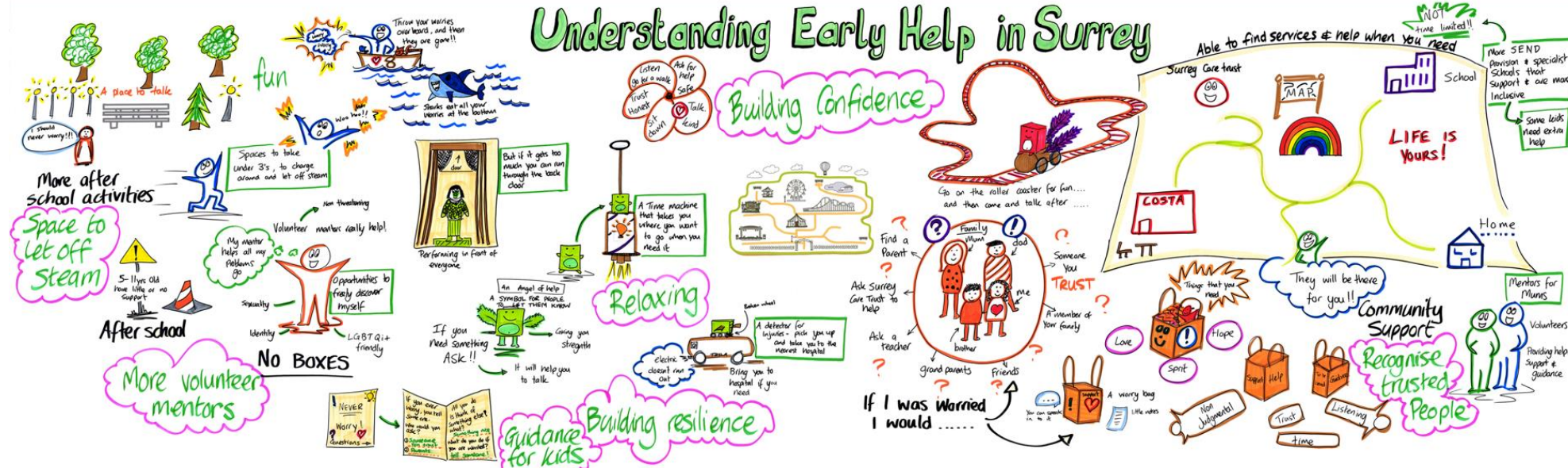
Focusing on the Future – Feb 2023

We worked with New Possibilities and ran two sessions just for children, young people and families (one session in the East of the county and one session in the West). These sessions were attended by 21 children, young people and families.



The top right image was created by ideas generated in our session with young people. The characters circled in yellow were drawn by young people who wanted to join in with colleagues that were summarising key points.

The image on the bottom right was created by ideas generated in our session with children, young people and families.

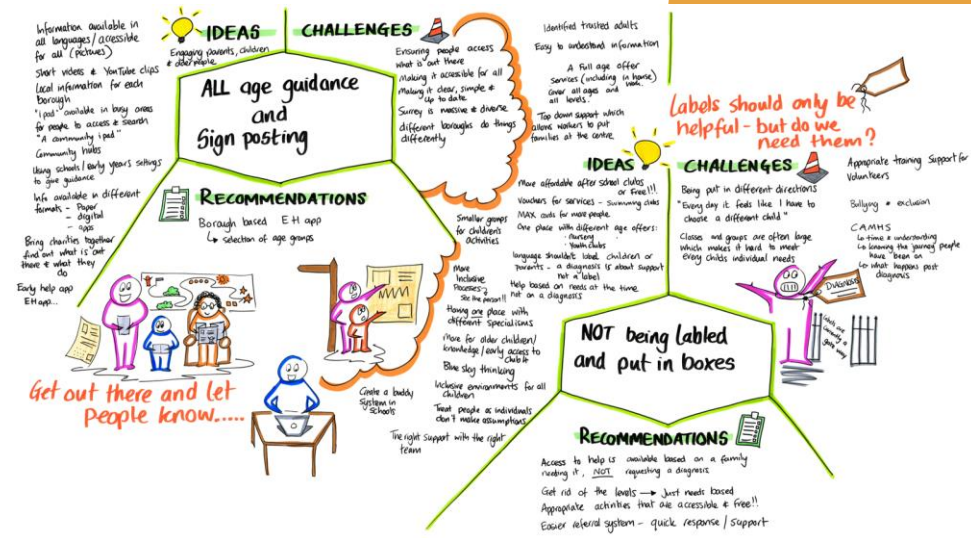


Co-design sessions Feb 2023

Based on the learning from the 10 themes from the engagement work and the Focusing on the Futures sessions we then worked with children, young people, families and partners on each theme listed below. We discussed ideas, what the challenges could be and participants put forward their recommendations.

1. Having a trusted person to talk to
2. Building confidence and resilience
3. Places to "escape" to and switch of mindset
4. Places to talk and off load
5. All age guidance and sign posting
6. Not being labelled and put in boxes

We carried out one session in each of Surrey's geographical quadrants a total of 9 families and 17 partners contributed to these sessions.



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EARLY HELP CO-DESIGN

- Working in a natural way - holistic
- Families choose who they work with
- Matching skills to workers abilities & experience - finding the best match
- Limitless support - not being "let go"
- Professional judgment around time scales
- Coaches or child champions
- Buddy system
- Widen the team around the family
- Embrace more community activities & services
- Services version of "Tinder"



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Video link to workshop outputs

- <https://youtu.be/hoYb0AiGUj0>

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CHILDREN, FAMILIES, LIFELONG LEARNING AND CULTURE
SELECT COMMITTEE



Monday, 2 October 2023

CHILDREN'S HOMES – OFSTED REPORTS PUBLISHED SINCE THE LAST MEETING OF THE SELECT COMMITTEE

Purpose of report: The Select Committee will receive Ofsted reports on Surrey County Council-run Children's Homes in its agenda, as part of a communications plan agreed in June 2022.

Recommendation:

That the Select Committee reviews and notes the attached report, asking questions as appropriate.

Next Steps:

The Select Committee will receive further reports as they are published.

Report contact

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Registered provider: Surrey County Council

Full inspection

Inspected under the social care common inspection framework

Information about this children's home

This home is run by the local authority and provides bespoke care for one child who experiences complex social and emotional difficulties.

The previous manager left in January 2023. The new acting manager has submitted an application to register with Ofsted.

Inspection dates: 28 and 29 June 2023

Overall experiences and progress of children and young people, taking into account **good**

How well children and young people are helped and protected good

The effectiveness of leaders and managers good

The children's home provides effective services that meet the requirements for good.

Date of last inspection: 17 February 2023

Overall judgement at last inspection: good

Enforcement action since last inspection: none

Recent inspection history

Inspection date	Inspection type	Inspection judgement
17/02/2023	Full	Good
20/07/2021	Full	Good
04/03/2020	Interim	Not judged
14/11/2018	Full	Good

Inspection judgements

Overall experiences and progress of children and young people: good

There was one child living in the home at the time of this inspection. The child is settled in the home and is well supported by the staff. The staff have taken the time to get to know, and understand, the child well. The staff are consistent in their approach, which has contributed to them forming trusting relationships with the child.

The child has made good progress. The trusting relationships they have developed with the staff mean they feel able to be more open about their feelings than they had previously been. Their willingness to engage with external professionals has also improved. This has led to partner professionals being able to support the child with their understanding of healthy relationships and keeping safe. This is not something the child would have previously engaged with.

Staff work well in partnership with external social care, health and education professionals. The staff have worked closely with the child's parents to motivate the child to engage with health appointments. The staff ensure that the child is aware of the available support from the emotional well-being services. The child's social worker is positive about the quality of support provided by the staff and confident that the child's needs are well met.

The staff were innovative in their thinking when the child struggled with being in a school setting. The staff provided the child with the opportunity to engage with education alongside their interest in hair and beauty. Consequently, the child has been more engaged in their learning.

The child regularly enjoys spending time with their family, with support from the staff. The child's parents are positive about the care and support provided by the staff. One parent said that the staff went the extra mile when their child was missing from home. Both parents recognise the progress their child has made since living in the home, particularly a reduction in their episodes of going missing. However, one parent reported difficulty in contacting the staff on the phone.

The staff regularly seek the child's views and mostly act on them. For example, the child is supported by staff with activities they enjoy, such as going swimming or for walks. The staff responded to the child's interest in music and arranged for them to have a music session, that they thoroughly enjoyed. Staff actions contribute to the child having positive day-to-day experiences. However, the child does not currently feel listened to, due to an outstanding problem with their bedroom window.

Staff informally support the child to develop their independence skills through encouraging involvement in household tasks such as cooking and tidying up their bedroom. The staff also help the child to develop their awareness of potential dangers and how to keep safe. The support provided by the staff helps the child

learn to gradually manage greater personal responsibility and to prepare them for later life.

The staff engage the child in positive thinking about diversity. This has led the child to reflect on their negative views about certain groups of people.

The home is well furnished, with a fresh, modern feel. The pictures of the child hung in the lounge make the house feel comfortable and homely. The child's bedroom is very well personalised with pictures of them and their family, posters of music artists and other personal belongings. The child said, 'This is the best home I have lived in.'

How well children and young people are helped and protected: good

The staff have a good understanding of the child's complex needs. They recognise the child's vulnerability and prioritise their safety and well-being. The staff have positive relationships with the child. The child said that they feel comfortable to share any worries with staff.

The child's safety plan clearly details risks and how these are to be managed. Consequently, the staff understand current levels of risk and have clear guidance to reduce these. Staff follow all relevant plans to ensure the child's safety.

Staff are vigilant in the care provided. They are appropriately responsive when incidents occur. The staff act in line with the child's safety plans. For example, when the child left the home without permission, the staff followed and encouraged their safe return home. Staff recognise the importance of increasing the child's awareness of risks and ability to manage these. Staff and external professionals have ongoing conversations with the child about keeping safe.

The staff maintain good partnership working with external professionals, which helps keep the child safe.

The staff reflect on incidents and consistently make attempts to debrief with the child following any incidents. The staff help the child reflect on their behaviours. This reflective approach enables the child and staff to identify effective ways to manage difficult situations, without the use of physical intervention. This has contributed to a positive shift in the child's mindset.

The staff try to engage the child in activities of interest, such as music. The aim of this is to ensure that the child's time is spent positively and to reduce negative situations arising.

The effectiveness of leaders and managers: good

The manager's priority is to ensure positive outcomes for the child. This is evident by the decisions they have made. For example, the manager arranged for a very well-planned gradual moving-in process for the child from their previous home. The

child continued to be cared for by familiar staff from their previous home until they settled. This allowed the child to experience consistent and individualised care.

The manager is aware of the home's strengths and areas for development. They are undertaking an ongoing recruitment drive to recruit more staff. The manager ensures that suitable safer recruitment checks on new staff are completed. This helps to prevent unsuitable applicants from being employed to work in the home.

The manager has a strong focus on the ongoing development of staff practice. Experienced staff have been appointed as seniors . This supports new staff and less experienced staff through modelling good practice. Staff have been provided with the training relevant to the child's needs. Regular reflective group discussions for staff focus on continually driving improvements in practice. This ensures that the staff continue to provide good-quality care to the child.

There is effective partnership working between senior leaders, staff and the child's professional network. Regular communication and information-sharing allows a collaborative approach to the child's care. Steps taken by the manager to encourage the child's participation set a positive example to staff.

The management approach has led to staff feeling well supported and valued. Staff morale is high. One staff member said that the manager has inspired positivity within the team.

What does the children's home need to do to improve? Recommendations

- The registered person should ensure that there are systems in place to improve the reliability of communication between parents and staff. ('Guide to the Children's Homes Regulations, including the quality standards', page 52, paragraph 10.3)
- The registered person should ensure that staff understand the importance of listening to, involving and responding to the children they care for. ('Guide to the Children's Homes Regulations, including the quality standards', page 22, paragraph 4.10)

Information about this inspection

Inspectors have looked closely at the experiences and progress of children and young people, using the social care common inspection framework. This inspection was carried out under the Care Standards Act 2000 to assess the effectiveness of the service, how it meets the core functions of the service as set out in legislation, and to consider how well it complies with The Children's Homes (England) Regulations 2015 and the 'Guide to the Children's Homes Regulations, including the quality standards'.

Children's home details

Unique reference number: 1230411

Provision sub-type: Children's home

Registered provider: Surrey County Council

Registered provider address: Quadrant Court, 35 Guildford Road, Woking, Surrey
GU22 7QQ

Responsible individual: Lisa Wade

Registered manager: Post vacant

Inspector

Sasha Reid, Social Care Inspector

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CHILDREN, FAMILIES, LIFELONG LEARNING AND CULTURE
SELECT COMMITTEE



Monday, 2 October 2023

PERFORMANCE OVERVIEW

Purpose of the report: The Select Committee is apprised of the latest CFL performance information, which consists of:

- (a) Key indicators in children's social care measuring progress made in Ofsted recommendations following the January 2022 inspection of Surrey Local Authority Children's Services;
- (b) Turnover of social workers and foster carers to measure progress in the Children's Recruitment, Retention and Culture Workforce Planning Strategy;
- (c) External assessments of all areas within the Committee's remit.

Recommendation:

Members review the performance information.

Next Steps:

The Select Committee will use the performance overview to inform Committee business.

Report contact

Julie Armstrong, Scrutiny Officer

Contact details

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Children's Social Care Key Indicators

Metrics - KPI component	What is the KPI/Target where applicable	What is the statistical benchmark for National/Comparable LAs		Figure for: June	June RAG	Figure for: July	July RAG	Figure for: August	August RAG	RAG Narrative
Number of CSPA contacts received	N/A	N/A		4494		4139		3421		Comparing the same period in 2022 shows that there is an ongoing increase in contact activity of on average 600 additional contacts month on month. August saw a drop in line with schools closure as we have seen in other holiday periods, demonstrating the volume of schools generated activity. This underscores the need, as discussed since service alignment to the new delivery model, to forge closer relationships with schools, creating different communication pathways for emerging concerns to be discussed.
Number and percentage of contacts progressed to social care	N/A	N/A		638 14%		478 12%		369 11%		Again, comparing data with the same period in 2022 shows little real difference in the volume of contacts that convert to referral into children's social care with a marginal increase in 2023. This highlights the volume of activity at the triage stage which does not generate further children's service's involvement and raises questions about threshold of need understanding in the wider multi-agency network.
4.2 Re-referrals to Children's Services	15%-20%	24%	23%	17%	G	15%	G	20%	G	The Re-referral rate continues to fluctuate within a median 5% range but remains below Stat/National benchmarking. Analysis suggests that much of the re-referral activity comes from Schools and Police but there is no indication that any agency is an outlier for re-referral volumes. Low re-referral rates suggest that work to improve families' situations is sustained in most cases post-step-down to universal services or closure.
4.3 Proportion of Assessments completed within 45 working days	100%	90%	88%	73%	R	73%	R	72%	R	Assessment activity is significantly adrift from our expectations and from benchmark authorities. One of the aims of the move away from the Quadrant model was to give a clearer line of sight for performance within a defined service. Data in this initial period of transition clearly shows the areas where improvement is needed as well those areas where practice appears strong. High volumes within Front Door assessment activity challenges timeliness. Currently timely completion stands at 75% of children's casework. Teams where there may be less assessment activity are not completing as many timely assessments as would be expected, although Children in Care and FSAT North are at 84% and 88% respectively which is more positive trajectory. Overall there is a need to recognise the impact of drift against this indicator. Service Managers have been asked to make this area a service priority, to ensure authorisation pinch points are addressed and to ensure that assessments are closed at the point where work has been done, rather than drifting for the full 35-45 days.
5.2 Number of Children in Need	N/A	N/A						1932		
5.2 Child In Need Visits up to date	100%	N/A		84%	R	81%	R	86%	R	There is variance across service areas with CWD more likely to visit CIN in time at 89%, whilst FST performance is reversed in this area with FST South having better timeliness at 75%. Assessments and Children Looked After with smaller numbers of children in scope are not achieving timely visits for the majority of children with 32% and 44% respectively. All service areas need to improve but these poorer performing areas will require targeted intervention to address the reasons behind such divergence from expectations. Individual AD's have

										put local action plans in place to bring rigour to management oversight and challenge.
6.2 Proportion of S47 Enquiries with an outcome of Initial Child Protection Conference	N/A	38%	37%	25%		30%		26%		The number of Section 47 enquiries initiated falls within a 5% range of a quarter of all referrals and those which lead to ICPC's are roughly a quarter of that total. Of these, 90% of Conferences lead to a CP Plan. This suggests that where an ICPC is a recommendation from SEC 47, for most children this is the correct outcome. For a small number of families with NFA at ICPC, investigation is needed as to why these families were taken though this process.
6.3 Child Protection volumes and rate	N/A	34.4	41.4	27.2		26.1		26.0		There has been a small increase on the number of children being placed on a CP Plan compared to the previous Quarter but not at a rate to suggest a significant change in threshold interpretation or increase in child need. There is a seasonal increase in referrals as school's near the end of term and anxiety about some families becomes heightened
6.4 Initial Child Protection Conferences held within timescale	100%	86%	83%	95%	R	76%	R	82%	R	This indicator has fluctuated due to late notification of conference need and the resulting impact on enabling partners to provide reports causing conferences to go out of time. There have also been staffing difficulties over the summer period which has impacted on the ability to hold conferences in time. Work with business support partners to try and ensure early notification is ongoing and the Independent Chairs SERCOs are working with operational service managers to have marked improvements in timeliness in the forthcoming Quarter.
6.5 Child Protection Plan repeat in 2 years	10% - 15%	N/A		7%	R	20%	R	17%	R	Repeat Plans within two years suggests that improvements seen that enabled step-down have not been sustained. Activity to encourage families to see continued involvement with children's services through Child in Need processes as a positive is being progressed. The Chairs Service has worked with operational teams to ensure that recommendations to Conference around step down evidence that all work has been completed and families are at the right stage for ending CP oversight.
6.6 Review Child Protection Conferences held within timescale	100%	95%	93%	99%	A	100%	G	96%	A	As has been referenced previously the Independent Reviewing Service is much more in control of the outcomes for this indicator and the higher performance reflects this. When target is not achieved this is usually because of sickness or other issues that required the Review to be postponed.
6.7 Proportion of children subject to a CP Plan for over 24 months	2%	2.4%	2.0%	3.8%	R	2.6%	A	3.0%	R	This KPI seeks to avoid children being subject to Plans over the long term without a clear strategy to either step down to CIN or to enter PLO. Currently we are just over target at 3.0% which shows a positive trajectory when at this point last year we were at 4.3%.
6.8 Children subject to a CP Plan seen in the last 10 working days	100%	N/A		88%	R	86%	R	81%	R	As with CIN Visits on time there is fluctuating performance against this indicator with deteriorating performance over the quarter. There are again clear variances within individual service areas that allow for a much more targeted response to be deployed where improvement is most needed and AD's are working with Service Managers to respond to local variations, with an expectation of performance being noticeably improved by 23/10/23

Metrics - KPI component	What is the KPI/Target where applicable	What is the statistical benchmark for National/Comparable LAs		Figure for: June		June RAG	Figure for: July		July RAG	Figure for: August		August RAG	Narrative to attach to the RAG ratings
7.1 Number of Looked After Children and rate per 10k	N/A	43.7	67	1029	38.8		1023	38.6		1027	38.7		There is no indicator attached to this metric. There is an overall increase with growth in UASC numbers, which although small individually have a cumulative impact over the year. More recently there has been an increase in later entry adolescents being accommodated as relationships break down within the home. Part of the Adolescent review is to look at how to intervene with this later group in a more intensive way that sees care entry as a last resort.
7.1 Number of Care Leavers	N/A	N/A		845			839			827			
7.2 Looked After Children with up to date Reviews	100%	N/A		98%		A	96%		A	91%		A	The majority of children in care have timely Reviews but most delay is at the first Review which is held within 4 weeks of accommodation and relates to allocation capacity within the social work and IRS teams. As seen above at point of subsequent reviews, timeliness is achieved.
7.3 Looked After Children statutory visits	100%	N/A		95%		A	96%		A	90%		A	Performance although below our aspirations for looked after children is stronger than other performance areas. 111 out of 1025 children did not have their most recent visit take place on time. Most of these late visits are within the non-LAC teams which will be an area of focus for the responsible AD for Corporate Parenting.
7.7 Looked After Children Initial Health Assessments completed	100%	N/A		92%		A	92%		A	89%		R	Performance is in line with National & Stat neighbour averages but below our aspirations for children and young people. Initial timeliness can be affected by late notification of care entry and both Initial & Review Health Assessments continue to be affected by health staffing issues. A core group of adolescents and older young people who refuse health assessment will be an ongoing area for review.
7.8 Looked After Children Review Health Assessments completed	100%	92%	91%	89%		R	Not available			92%		A	
7.9 Looked After Children Dental Checks completed - in care more than 1 year	100%	50%	40%	83%		R	Not available			85%		R	Although not meeting our performance expectations locally, work is significantly better than national/stat neighbour benchmarks. Examination of data shows that most who have not had dental checks sit within the 11-18 cohort at 114 young people. UASC young people within this cohort are more likely to have accessed dental review at 80%
7.13 Looked After Children Short Term Placement Stability	9%	9.3%	9.0%	9.4%		G	10.3%		G	9.7%		G	Short term stability has seen some minor fluctuation over the quarter but is in line with stat/national benchmarking. Some of this is related to the late entry cohort who may have a number of placements before a stable home environment is secured. At August 101 young people had had 3 or more placements within the previous 12 months. Some children may have one or more emergency/short term placements before a permanent home is secured and for a small number of young people difficulties in stabilising challenging behaviours can lead to repeat placement breakdowns. Most children however have stable homes with consistent carers.
7.14 Looked After Children Long Term Placement Stability	75%	65%	70%	68%		A	68%		A	69%		A	Long term stability appears more likely when young people are retained "in County" and performance against this indicator has remained steady over the quarter. In the 12 months to August 23 there has been very little variation month on month and there are no indications that any one

										factor plays a significant role in placement stability other than retaining links in county.
7.15 Looked After Children placed over 20 miles from Surrey	20%	27%	16%	32%	R	33%	R	33%	R	The majority of children and young people at 681 are cared for within Surrey or immediate neighbours, but sufficiency within County remains a negative factor within this indicator with 345 children being cared for more than 20 miles from home. Although for some children in need of specialist care the right setting will be at a distance, for many the disruption to family and friendship links has immediate & longer term impact on emotional health and attachments. Many foster carers are at a stage where they are considering retirement and to respond to the current shortfall and plan for carers aging out, there is an ambitious recruitment plan for fostering over the next two years, as well as new residential units coming on stream and ongoing work to re-evaluate capacity within the current in-house fostering provision.
7.6 Personal Education Plans – Quality Termly	100%	N/A		77%	R	Not available				Reporting against this indicator will be available in the next quarter.
7.12 Pathway plans – Looked After Children	100%	N/A		83%	R	Not available		91%	A	The majority of young people without a Pathway Plan are that group at 16 who have not transitioned from a LAC Care Plan in a timely way. This will be an area of focus for the Corporate Parenting AD and the AD with responsibility for the IRO Service.
8.2 Care Leavers in Contact with Surrey	95%	N/A		89%	A	91%	A	90%	A	Contact with Surrey remains high, although under our aspirational target. There is minor fluctuation, but most Personal Assistants have had 2-way contact with young people at 729 out of 811.
8.3 Proportion of Care Leavers aged 17-18 in suitable accommodation	100%	92%	91%	93%	R	88%	R	88%	R	8 young people are classed as living in unsuitable accommodation 2 in custody, 2 are classed as homeless and the remainder are in various transient arrangements.
8.3 Proportion of Care Leavers aged 19-21 in suitable accommodation	90%	87%	88%	95%	G	94%	G	95%	G	Care Leaver accommodation suitability is at very good levels and above the Surrey target and that of statistical neighbours. This indicator suggests that the majority of young people at 764 are in accommodation that is of a good standard and is meeting their needs.
8.4 Proportion of Care Leavers aged 17-18 in education, employment and training (EET)	75%	66%	65%	72%	A	67%	R	70%	A	This indicator suggests that a core group of young people are not accessing employment, education, or training opportunities. There is no significant difference between 16-18 & older young people in this group. NEET clinics will continue to operate under the new corporate parenting structure operate with a focus on timely interventions to address NEET status, alongside support from the Post 16 education advisor from the virtual school about relevant opportunities. A targeted range of support is provided by community partners.
8.4 Proportion of Care Leavers aged 19-21 in education, employment and training (EET)	65%	54%	52%	60	A	61%	A	61%	A	
9.2 LAC Missing Children Going Missing in the Month	N/A	85	10880	60		56		50		Most young people who go missing are between 15 and 18 and the majority are resident in children's homes or semi-independent provision. Males and females are as likely to go missing within Surrey but males are twice as likely to go missing out of county than females. There is no significant disparity month on month.
10.1 Child Supervision recorded to timescale	95%	N/A		85%	R	81%	R	80%	R	Supervision on children's case records continues to show variance with some service areas logging 90% and 87% whilst others are adrift at 58% & 54%. High volumes of casework and team manager availability are responsible for some of the issues, but some service areas with small supervision loads are not performing as well as would be expected. Director and AD's have re-emphasised the need to record

										<p>supervision in a timely with improved performance being expected by 21/10/23 when performance is reviewed within County Performance PLT.</p>
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Foster Carer Turnover

Information is supplied annually to Ofsted in the form of a prescribed data-set.

Collection year	Total Number of households at 31 st March	Number of places at 31 st March	Number of Family and Friends households
2018	388	658	
2019	377	643	
2020	393	656	109
2021	398	662	113
2022	397	660	122

(Source: Ofsted Fostering Data Set Return)

Fostering Households approved by fostering panel in year	2020-2021	2021-2022	2022-2023 (to 31/03/23)	2023-24 (to 07/09/2023)
General foster carer	31	21	18	4
Friends and family carer	50	41	37	20
Fostering to adopt carer	2	4	-	
Short breaks – children who are also looked after carer	1	2	-	
Short breaks – children who are not otherwise looked after carer	3	0	-	
Total	88	62	55	24

(Source: Surrey Fostering Panel Case Data)

Collection year	Total Number of households resigned or deregistered by fostering panel	Number of mainstream fostering households	Number of connected person fostering households
2020-2021	42	11	31
2021-2022	38	24	14
2022-2023	47	31	16
2023-2024	26	16	10

(Source: Surrey Fostering Panel Case Data)

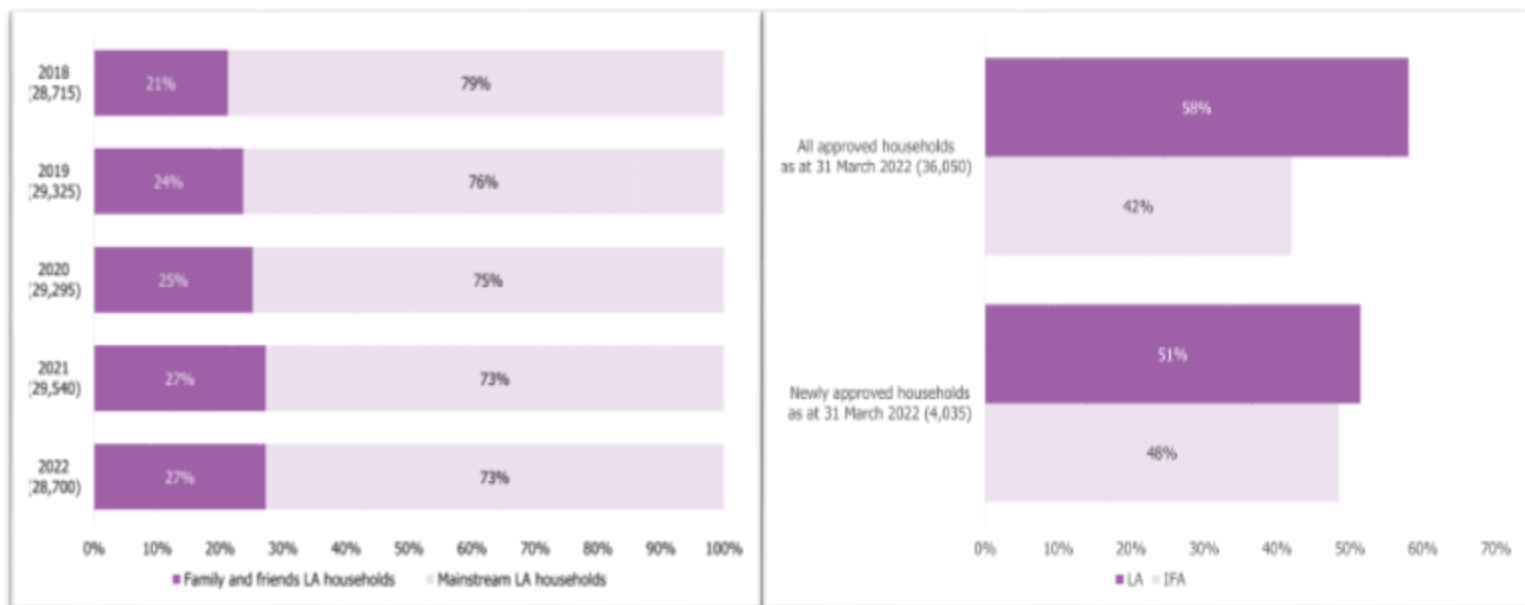
Deregistration reason – Household number	2022-23	2023-24 (to 30/4/23)
Resigned due to retirement	11	6
Resigned due to change of circumstances	14	7
Resigned due to difficulty fulfilling the fostering role	3	
Resigned as child no longer looked after (Special Guardianship obtained)	8	1
Resigned due to impact of fostering on emotional well-being	1	
Resigned as child no longer in their care	5	1
Resigned following standards of care investigation	1	
Deregistered by the service as no longer suitable to foster	4	
Child returned home (planned move)		4
Placement Breakdown		2
Staying put/Supported Lodgings		4
Becoming Shared lives carers for previously fostered child		1

(Source: Fostering Service exit interviews and Fostering Panel Case Data)

National Statistics – Fostering in England April 21 – March 22

Ofsted’s statistical release covers 146 Local Authority fostering services and 282 Independent Fostering Agencies (IFA) for 1 April 2021 to 31 March 2022. It includes data about fostering households, foster carers, retention, recruitment and capacity.

There is an upward trend in fostering provision provided by family and friends households. Family and friends households made up 27% of all Local Authority fostering households as at 31 March 2022, an increase from 21% in 2017-18. Family and friends households accounted for 60% of households approved in-year that were still active on 31 March 2022, up slightly from 56% in 2017 to 2018. This type of household made up 60% of deregistrations by Local Authorities in the 2021 to 2022 period



The number of **enquiries** about fostering rose in 2022 compared with previous years and over the past 5 years between 70% and 79% of these were made to IFAs. However there has been a downward trend in the number of **applications** for mainstream fostering over the last 5 years with only 6% of those making initial enquiries going on to make an application. The conversion rate remains different for the LA and IFA sectors. Actual applications were equivalent to 4% of initial enquiries for IFAs and 12% for LAs. For us, in Surrey, over the past 10 months, applications received are equivalent to 16% of initial enquiries.


For both sectors, applications are at their lowest level in several years. Local Authority applications have decreased by 22% since 2018.

Ofsted data shows that in 2021 to 2022, more mainstream fostering households deregistered (5,435) than were approved (4,035), leading to a net decrease in fostering capacity of 4% since 2018. However this masks a difference in the overall trend between the sectors, with IFAs seeing an increase of 3% in households since 2018, and Local Authorities seeing a decrease in capacity of 8% during the same period.

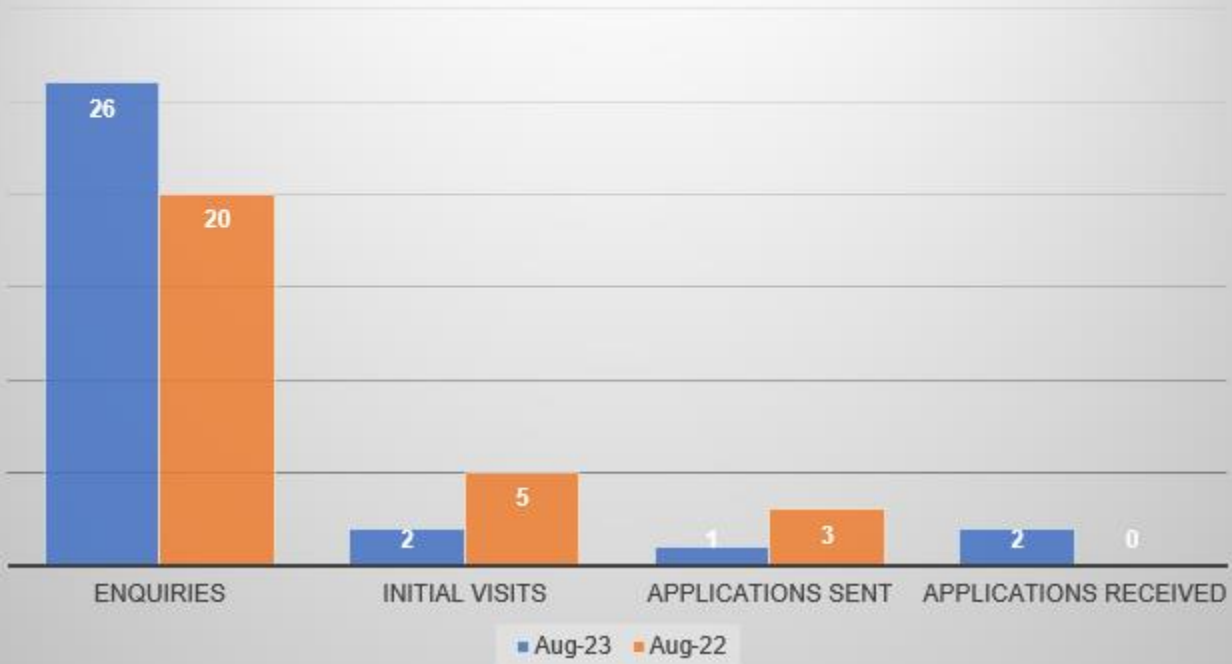
Of mainstream fostering households that held an approved status at some point during 2021 to 2022, 13% had deregistered by the end of the year (5,435 of 41,485).

Local Authority mainstream households tended to stay registered for longer than IFA households. Local Authorities reported that 31% of deregistrations were within 2 years of approval, while 28% had been with their services for 10 or more years. In contrast, a higher proportion of deregistrations were within 2 years among IFAs (34%), and a lower proportion had been registered for 10 or more years (15%).

Surrey Recruitment Stats 2022/2023 comparison for July/August

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Comparison August 2022 & August 2023



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External Assessments

Area	Assessor	Situation in 2021	Situation in 2023
Children's services	Ofsted	Inadequate (May 2018)	Requires improvement (Mar 2022)
Youth offending team	HM Inspectorate of Probation	Inadequate (Aug 2019)	Good (Mar 2022)
In-house children's homes (Table 1)	Ofsted	70% Good or Outstanding	78% Good or Outstanding
Schools and AP (Tables 2 & 3)	Ofsted	Maintained: 96.1% Good or Outstanding Academies: 90.1% Good or Outstanding	Maintained: 95.7% Good or Outstanding Academies: 88.3% Good or Outstanding
SEND (local area inspection)	Ofsted & CQC	Progress in 4 of 5 areas of weakness identified in 2016 (May 2019)	Not yet reinspected
Adult learning	Ofsted	Good (Jun 2016)	Good (Jun 2022)

Table 1: **SCC children's homes** as of September 2023

SCC children's home	Previous inspection	Most recent inspection
SC405933	Good (Apr 2022)	Good (Jun 2023)
1230411	Good (Jul 2021)	Good (Jun 2023)
SC370703	Improved effectiveness (Interim Mar 2022)	Good (Mar 2023)
SC040633	Outstanding (May 2021)	Good (Mar 2023)
SC040638	Inadequate (Sept 2022)	Monitoring visit Oct 2022
SC040631	Requires improvement Nov 2022)	Requires Improvement Jun 2023
SC040642	Outstanding (Apr 2021)	Good (Feb 2023)
SC068827	Inadequate (Dec 2022)	Good (March 2023)
SC045408	Good (Nov 2022)	Good (May 2023)

Non-SCC children's homes housing Surrey children as of September 2023

Ofsted grade	Percentage of homes in England	Number of Surrey children affected
Outstanding or Good	92.9%	103
Requires improvement	4.7%	5
Not yet inspected	2.4%	2

NB In addition two children are housed in homes in Wales/Scotland, inspected by the Care Inspectorate.

Schools and Alternative Provision

Who runs what in the sector as of July 2023:

	Primary	Secondary	Special	PRU
Maintained	155 (52%)	10 (17%)	12 (48%)	5 (63%)
Academies	144	48	13	3
Total	299	58	25	8

Table 2: Ratings for maintained schools

Surrey

	Overall effectiveness ¹					Total	Inspected	Good or Outstanding	As a Percentage (G or O R or I)	
	1	2	3	4	Not been inspected					
Nursery	2	2				4	4	4	100.0%	
Primary	19	120	6	1	1	155	154	147	95.5%	4.5%
PRU	2	3				5	5	5	100.0%	
Secondary	3	6	1			10	10	9	90.0%	10.0%
Special	7	5				12	12	12	100.0%	
Grand Total	33	144	7	1	1	186	185	177	95.7%	4.3%

All Local Authorities

	Overall effectiveness ¹					Total	Inspected	Good or Outstanding	As a Percentage (G or O R or I)	
	1	2	3	4	Not been inspected					
Nursery	239	133	9	2		383	383	372	97.1%	2.9%
Primary	1,333	7,783	708	52	6	9,882	9,876	9,116	92.3%	7.7%
PRU	30	135	7	2		174	174	165	94.8%	5.2%
Secondary	79	492	72	8		651	651	571	87.7%	12.3%
Special	220	315	20	6	1	566	565	539	95.4%	4.6%
Grand Total	1,901	8,862	816	70	7	11,656	11,649	10,763	92.4%	7.6%

Table 3: Ratings for academies including free schools

Surrey

	Overall effectiveness ¹					Total	Inspected	Good or Outstanding	As a Percentage (G or O R or I)	
	1	2	3	4	Not been inspected					
Primary	26	102	11	5		144	144	128	88.9%	11.1%
PRU	3					3	3	3	100.0%	
Secondary	12	33	2		1	48	47	45	95.7%	4.3%
Special	4	2	4	2	1	13	12	6	50.0%	50.0%
Grand Total	45	137	17	7	2	208	206	182	88.3%	11.7%

All Local Authorities

	Overall effectiveness ¹					Total	Inspected	Good or Outstanding	As a Percentage (G or O R or I)	
	1	2	3	4	Not been inspected					
Primary	909	4,910	638	279	83	6,899	6,816	5,899	86.5%	13.5%
PRU	29	85	21	15	10	160	150	114	76.0%	24.0%
Secondary	438	1,669	366	169	51	2,693	2,642	2,107	79.8%	20.2%
Special	131	210	39	39	51	470	419	341	81.4%	18.6%
Grand Total	1,587	6,874	1,064	502	195	10,222	10,027	8,461	84.4%	15.6%

NB Academies may not have been inspected since converting.