

Agenda

Cabinet

Date: **Thursday 26 October 2017**

Time: **2.00 pm**

Place: **The Council Chamber - The Shire Hall, St. Peter's Square, Hereford, HR1 2HX**

Notes: Please note the time, date and venue of the meeting.

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Agenda for the meeting of Cabinet

Membership

Chairman **Councillor AW Johnson**
Vice-Chairman **Councillor JG Lester**

Councillor H Bramer
Councillor BA Durkin
Councillor DG Harlow
Councillor PD Price
Councillor P Rone
Councillor NE Shaw

Agenda

		Pages
1.	<p>APOLOGIES FOR ABSENCE</p> <p>To receive any apologies for absence.</p>	
2.	<p>DECLARATIONS OF INTEREST</p> <p>To receive any declarations of interest by Members in respect of items on the Agenda.</p>	
3.	<p>MINUTES</p> <p>To approve and sign the minutes of the meeting held on 28 September 2017.</p>	11 - 26
4.	<p>QUESTIONS FROM MEMBERS OF THE PUBLIC</p> <p>To receive questions from members of the public. <i>Deadline for receipt of questions is 5:00pm on Monday 23 October 2017. Accepted questions will be published as a supplement prior to the meeting. Please see https://www.herefordshire.gov.uk/getinvolved for information on how to submit a question.</i></p>	
5.	<p>QUESTIONS FROM COUNCILLORS</p> <p>To receive questions from councillors. <i>Deadline for receipt of questions is 5:00pm on Monday 23 October 2017.</i></p>	
6.	<p>PASSENGER TRANSPORT SERVICES - DYNAMIC PURCHASING SYSTEM</p> <p>To agree the future procurement model for passenger transport services.</p>	27 - 34
7.	<p>HEREFORDSHIRE'S APPLICATION TO BE A BUSINESS RATE POOL PILOT FOR 2018/19</p> <p>To approve Herefordshire Council's application to be a pilot area for 100% business rate retention in 2018/19 in a pooling arrangement with Shropshire Council and Telford and Wrekin Council.</p>	35 - 40
8.	<p>COMMISSIONING INTENTIONS FOR UNIVERSAL AND EARLY HELP SERVICES FOR CHILDREN, YOUNG PEOPLE AND FAMILIES</p> <p>To approve the commissioning intentions for public health nursing and early help services.</p>	41 - 116
9.	<p>NURSERY EDUCATION FUNDING AGREEMENT 2017</p> <p>To approve a model Herefordshire Nursery Education Funding (NEF) Agreement to support implementation of the 30 hours free entitlement to nursery education for two, three and four year olds, which commenced on 1 September 2017.</p>	117 - 158

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Guide to Cabinet

The Executive or Cabinet of the Herefordshire Council consists of a Leader and Deputy Leader and six other Cabinet Members each with their own individual programme area responsibilities. The current Cabinet membership is:

Councillor AW Johnson (Leader) (Conservative)	Corporate Strategy and Budget
Councillor JG Lester (Deputy Leader) (Conservative)	Young People and Children's Wellbeing
Councillor H Bramer (Conservative)	Contracts and Assets
Councillor BA Durkin (Conservative)	Transport and Roads
Councillor DG Harlow (Conservative)	Economy and Corporate Services
Councillor NE Shaw (Conservative)	Finance, Housing and ICT
Councillor P Rone (Conservative)	Health and Wellbeing
Councillor PD Price (Conservative)	Infrastructure

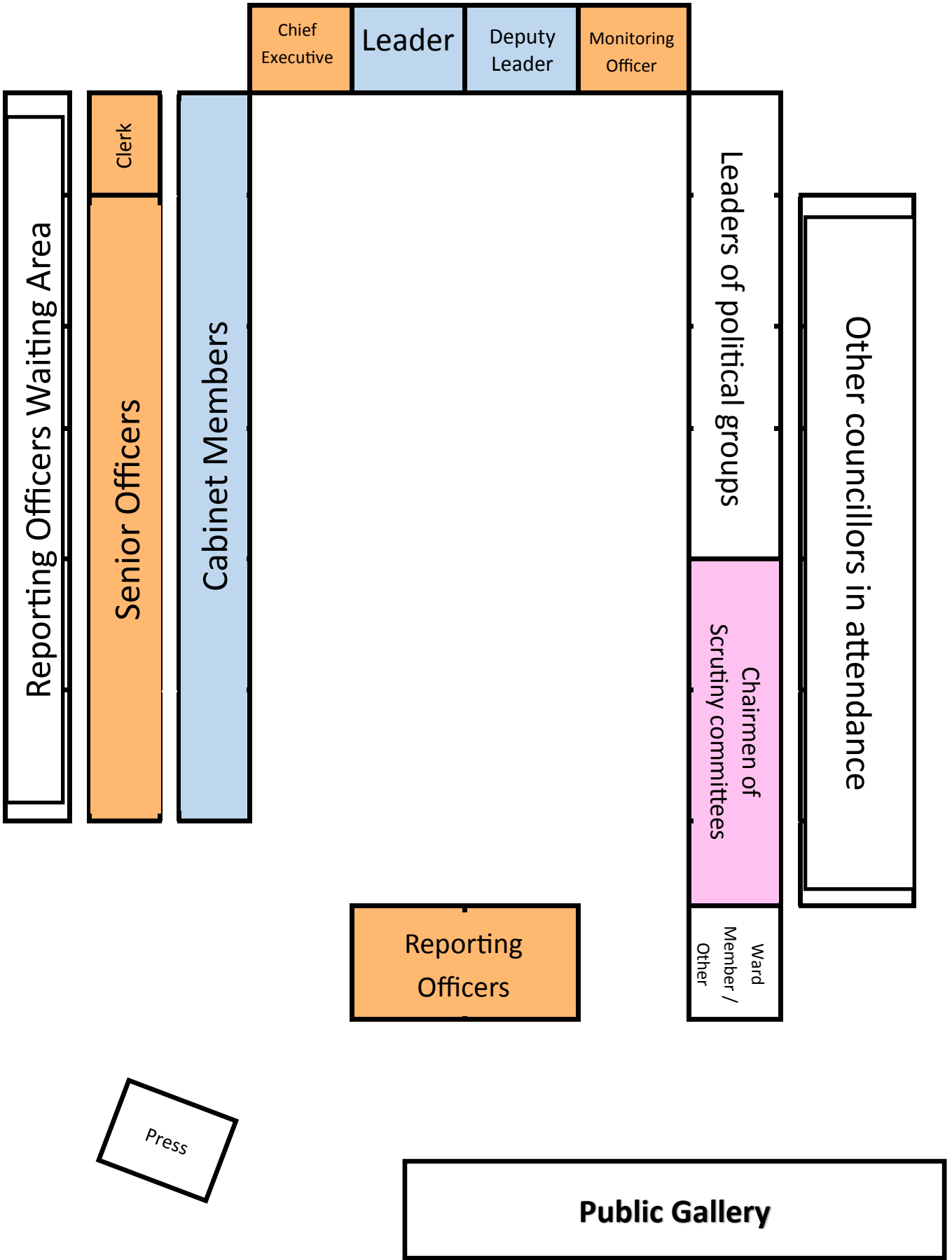
The Cabinet's roles are:

- To consider the overall management and direction of the Council. Directed by the Leader of the Council, it will work with senior managers to ensure the policies of Herefordshire are clear and carried through effectively;
- To propose to Council a strategic policy framework and individual strategic policies;
- To identify priorities and recommend them to Council;
- To propose to Council the Council's budget and levels of Council Tax;
- To give guidance in relation to: policy co-ordination; implementation of policy; management of the Council; senior employees in relation to day to day implementation issues;
- To receive reports from Cabinet Members on significant matters requiring consideration and proposals for new or amended policies and initiatives;
- To consider and determine policy issues within the policy framework covering more than one programme area and issues relating to the implementation of the outcomes of monitoring reviews.

Who attends cabinet meetings?

On the next page you will find a layout plan of the room showing who is sitting where. Coloured nameplates are used which correspond to the colours on the plan as follows:

Pale blue	Members of the cabinet, including the leader of the council and deputy leader – these are the decision makers, only members of the cabinet can vote on recommendations put to the meeting.
Orange	Officers of the council – attend to present reports and give technical advice to cabinet members
Pink	Chairmen of scrutiny committees – attend to present the views of their committee if it has considered the item under discussion
White	Political group leaders – attend to present the views of their political group on the item under discussion
	Other councillors may also attend as observers but are not entitled to take part in the discussion.



Herefordshire Council

Minutes of the meeting of Cabinet held at The Council Chamber - The Shire Hall, St. Peter's Square, Hereford, HR1 2HX on Thursday 28 September 2017 at 2.00 pm

Present: Councillor AW Johnson (Chairman)
 Councillor JG Lester (Vice-Chairman)
 Councillors H Bramer, BA Durkin, DG Harlow, PD Price, P Rone and NE Shaw

Group leaders in attendance Councillors TM James, RI Matthews and AJW Powers

Scrutiny chairmen in attendance Councillors PA Andrews, CA Gandy and EJ Swinglehurst

Other councillors in attendance: Councillors J Hardwick and A Seldon

Officers in attendance: Alistair Neill, Geoff Hughes, Martin Samuels, Chris Baird, Claire Ward and Andrew Lovegrove

36. APOLOGIES FOR ABSENCE

There were no apologies from members of the cabinet.

37. DECLARATIONS OF INTEREST

None.

38. MINUTES

RESOLVED: That the Minutes of the meeting held on 14 September 2017 be approved as a correct record and signed by the chairman.

39. QUESTIONS FROM MEMBERS OF THE PUBLIC (Pages 9 - 14)

Questions received and responses given are attached as appendix 1 to the minutes.

40. QUESTIONS FROM COUNCILLORS (Pages 15 - 16)

Questions received and answers given are attached as appendix 2 to the minutes.

41. YOUTH JUSTICE PLAN 2017-2018

The cabinet member for young people and children's wellbeing introduced the report. He thanked the members of the general scrutiny committee for their work in examining the youth justice plan. The cabinet member noted that very few children were in the criminal justice system but the work done with this small group was important. The review of

2016/17 showed that the number of first time entrants was decreasing and that while the rate of reoffending had increased slightly, the overall cohort size was reducing year on year. Emphasis had been placed on avoiding children coming into the criminal justice system in the first place and on encouraging out of court options. The cabinet member noted that the figures were retrospective and that tracking would take place going forward to highlight issues in real time.

The head of service for West Mercia Youth Justice Service (WMYJS) spoke to the report. He noted that the plan had been prepared in line with the content requirements set by the Secretary of State and that 2016/17 had been a period of considerable change for the WMYJS with new assessment planning tools introduced, the move to the office of the police and crime commissioner and a restructure of staffing.

In response to queries it was noted that:

- the first time entrant figure was higher in Herefordshire than the rest of the West Mercia area but as the number of young people was very small a single person could have a disproportionate effect;
- the use of informal sanctions was encouraged for first time offenders and this had shown a positive impact;
- most of the youth justice board members had changed in the previous 18 months to 2 years and all of the team managers were new, visits by board members and managers to teams had always taken place but particular emphasis had been placed on this activity for 2017/18 to build good relations between these new personnel;
- efforts to stop reoffending concentrated on use of out of court options for minor first time offences to prevent young people being brought into the youth justice system, it was recognised that once they were in the system they were more likely to reoffend, and on tracking behaviour once young people were in the system in order to evaluate the work of the youth justice service;
- there was no evidence that authorities were 'turning a blind eye' to more minor offences and in fact detection rates were higher in Herefordshire than other areas.

Resolved that:

(a) the Youth Justice Plan (at appendix A) is recommended to full Council for approval.

42. TRAVELLERS' SITES DEVELOPMENT PLAN DOCUMENT

The report was introduced by the cabinet member for infrastructure. He noted that the document would be put to full council on 13 October 2017. A minor correction to the recommendation for this item was noted.

The senior planning officer spoke to the report. She highlighted that:

- the traveller's sites development plan document (DPD) was a part of the local plan development scheme and had been identified as a priority for the council as part of the examination of the Herefordshire Local Plan;
- an issues and options paper had been produced in 2014 followed by further consultation in 2016 and three separate calls for sites;
- the updated gypsy and traveller accommodation assessment had resulted in the identified need for pitches being reduced;
- the draft DPD would be published for consultation for 6 weeks before being submitted to the secretary of state for examination in public;

- there was identified need for three types of site: permanent pitches on council owned and managed sites, temporary stopping places to avoid unauthorised encampments which was supported by the police and plots for travelling showpeople with space for storage of equipment as well as living accommodation;
- there was a definition of travellers and travelling showpeople in national policy which was subject to a legal challenge, this might have an impact on the council's policy;
- nine additional permanent pitches were proposed in the DPD, all the sites were within council ownership and detailed costings were being drawn up;
- a temporary stopping place of five pitches was also proposed;
- the council would work with partners such as the highways agency in developing the detailed proposals.

The vice-chairman of the general scrutiny committee was grateful to note how many of the recommendations from the scrutiny committee had been taken on.

In response to queries it was stated that:

- no privately owned sites for temporary stopping places came forward from the three calls for sites, the council had not pursued compulsory purchase as it was able to meet the identified need on land already in its ownership;
- the council was working with adjacent local authorities but no opportunities for co-location of facilities had so far come forward, the council was able to meet its own needs within the county;
- no neighbourhood development plans had identified traveller pitches.

Resolved that:

- (a) the responses at paragraph 40 to the recommendations made by General Scrutiny Committee be agreed; and**
- (b) the following be recommended to full Council:**
 - (i) the draft Travellers Sites Development Plan Document 2011 – 2031 at appendix 1 be approved for pre-submission consultation;**
 - (ii) authority be delegated to the Programme Director Housing and Growth, following consultation with the Cabinet Member Infrastructure, to make any technical amendments required to the draft Travellers Development Plan Document and supporting documents resulting from the completion of ongoing technical work before pre-submission consultation begins;**
 - (iii) authority be delegated to the Programme Director Housing and Growth, following consultation with the Cabinet Member Infrastructure, to make any minor textual or graphical amendments, prior to the submission to the Secretary of State and**
 - (iv) following completion of the pre-submission publication of the Travellers Sites Development Plan Document and its supporting documents, the documents be submitted to the Secretary of State for Examination in Public.**

43. THE RESCHEDULING OF DEBT REPAYMENT COSTS

The cabinet member for finance, housing and ICT introduced the report. He noted that the subject matter was technical in nature and covered the way in which the council reflected the notional costs of borrowing in the budget, as required by regulation. Unusually the regulations were not proscriptive and gave four options from which the council could choose. The proposed change would not reflect on the council's actual borrowing costs.

The chief finance officer explained how the proposed method would operate.

In response to questions raised it was noted that:

- the minimum revenue provision (MRP) was a notional sum to set aside to pay for borrowing, in reality not all of the council's capital expenditure would be funded from borrowing and the costs were therefore less than MRP;
- the approach proposed would match the cost of borrowing to the life of the asset, if an asset was disposed of in any way then an adjustment to the MRP would be required;
- prior to 2008 the cost was based on a fixed 25 year life for all assets regardless of their type, this was a blunt tool
- all of the four options available had advantages and disadvantages but the option proposed would link more closely the asset type and lifespan;
- all of the costs were written in today's terms and did not include inflation;
- the report was not about the level of borrowing or whether the council should borrow or not;
- the council had taken advice on the proposed approach, the external auditor had reviewed the proposal and had not provided any comment at this stage;
- the majority of council's across the country had opted to use the approach proposed.

Resolved that:

- (a) It be recommended to full Council that an amendment be approved to the current MRP policy within the Treasury Management Strategy to be based on the estimated life of the assets, in accordance with regulations, and the method of repayment to be through an annuity calculation (providing a consistent overall annual borrowing charge).**

44. THE INTRODUCTION OF AN OPEN FRAMEWORK FOR THE DELIVERY OF HOME CARE SERVICES (CARE @ HOME)

The cabinet member for health and wellbeing introduced the report.

The director for adults and wellbeing spoke to the report. He drew attention to previous reports in relation to home care services and the commissioning process that had been undertaken. The market had not responded to the commissioning exercise as hoped and there had been concerns about the capacity and quality of providers that had responded.

The proposal was to move from a closed framework to a dynamic framework where providers can join as and when they come forward.

Under the current arrangements where the council was unable to place an individual within the framework it was necessary to go outside which was often more expensive.

One of the challenges faced by the council was that although it was a substantial commissioner of home care, the council accounted for only around half of all home care purchased within the county. Many individuals procured and paid for their own care. This limited the council's ability to shape the market.

In response to questions it was stated that:

- this model had been considered previously and was used by other authorities, it was a valid and reputable model;

- the use of smaller zones had been discussed with the market prior to the commissioning exercise but many existing providers operated over large areas and there was a deliberate attempt to get a mixture of the urban and rural areas in each zone;
- work was taking place with the planning department to make connections in relation to supporting the building of annexes or adaptations to existing dwellings to facilitate individuals home care needs;
- rates of payment for care providers would be reviewed on an annual basis using a formula drawing from nationally produced figures, the formula would take full account of factors such as increases in the national living wage;
- attracting and retaining staff was acknowledged to be a difficulty, work was taking place to raise the profile of care workers and highlight career opportunities;
- the council monitored providers to ensure that appropriate hand-over time was allowed and that adequate time was allowed to provide the quality of care expected;
- work was continuing on prevention strategies to reduce the numbers of individuals needing care.

Resolved that:

- (a) an open approved list for the purchase of home care services be introduced from January 2018;**
- (b) an open approved list for the purchase of supported living be introduced from January 2018;**
- (c) the director for adults and wellbeing be authorised to take all operational decisions necessary to implement the above recommendations including the acceptance of providers meeting the qualification criteria onto the open approved list, the setting of the rules relating to the approved list (including amendments from time to time) and the approval of the terms and conditions to be used from time to time for services purchased from the approved list.**

45. HEREFORDSHIRE INTENSIVE PLACEMENT SUPPORT SERVICE (HIPSS) AND THERAPEUTIC INTERVENTION SUPPORT SERVICE (TISS)

The cabinet member for children and young people introduce the report. He highlighted the value of the service and the benefits of placing children in home situations. He commended the work of foster carers in supporting children.

The childrens joint commissioning manager spoke to the report. He highlighted that:

- the contract had first been awarded in 2014 to action for children;
- there were two elements to the contract, the Therapeutic Intervention Support Service (TISS) provided support to front line practitioners while the Herefordshire Intensive Placement Support Service (HIPSS) worked with carers of children in the looked after system;
- the service had had a significant impact and had produced savings for the council by allowing children to be cared for in a home setting rather than in residential care;
- some efficiencies in the service had been delivered over the life of the contract;
- it was intended that the scope of the service would be enhanced based on changes in demand and the profile of need, including supporting mainstream foster carers in the interest of placement stability;

- if the contract was not renewed there would be a financial cost to the council as more children would require residential care and there was a lack of expertise in-house to replicate the services offered;
- the new contract would be for an initial period of 3 years with an optional further 2 years based on performance.

In discussion that followed it was noted that the functionality of the contract and the anticipated savings required the number of looked after children to be under control. It was acknowledged that the council currently had a high level of looked after children.

Resolved that:

- (a) the commissioning intentions (see paragraphs 9-10) for Herefordshire intensive placement support service (HIPSS) and therapeutic intervention support service (TISS) are approved;**
- (b) the Interim Director for Children’s Wellbeing (or the substantive director for Children’s Wellbeing once appointed) be authorised to take all necessary operational decisions to implement the above recommendation, including award of contracts to a maximum value of £2.5m for up to five years, effective from 1 April 2018; and**
- (c) The sufficiency of specialist in-house foster carers, who accommodate and support HIPSS children, is monitored alongside the future HIPSS / TISS contract, to be awarded to an external provider**

46. HEREFORDSHIRE LOCAL FLOOD RISK MANAGEMENT STRATEGY

The cabinet member for infrastructure introduced the report. He stated that the strategy was a mandatory requirement and designed to be high level and non-technical. The completion of the document would allow access to various funding sources to assist with flood procedures.

The directorate services team leader spoke to the report. He stated that Herefordshire Council was the lead local flood authority and had a duty to produce a strategy. Local flooding had a significant impact on the people and economy of the county and was predicted to increase due to climate change, increasing development and changing land use practices. The strategy set out a countywide approach for managing the risks of flooding, working in partnership with other relevant agencies.

It was reported that consultation had been undertaken which had concluded in January 2017 and the 18 responses received, including from bodies such as the Environment Agency, NFU and Woodland Trust, had been reviewed and taken into account when putting together the strategy. The strategy had also been discussed at general scrutiny committee.

The action plan to the strategy identified a programme of work to reduce local flood risk within the county and set out how the strategy would be delivered over the following 6 years. The action plan would need to be updated regularly to reflect progress made.

The vice-chairman of the general scrutiny committee was pleased to the note that the recommendations of the scrutiny committee had been taken on board. She drew attention to recommendation (f) of the scrutiny committee which had been omitted from the report to cabinet namely that:

“The statutory scrutiny officer be informed of the annual review of the action plan and following consultation with the chairman and vice-chairman consider whether there are any material matters requiring consideration by the [scrutiny] committee.”

The directorate services team leader confirmed that this would take place to allow for ongoing oversight of the action plan by the scrutiny committee.

In response to a question it was noted that part of the strategy was an ongoing dialogue with partner agencies to ensure that they were held to account and that the co-ordinated approach was reinforced.

The group leader of Its Our County raised the following queries:

- whether the statement on page 50 of the strategy that “Herefordshire Council do not allocate specific sites for development within the county, but propose broad strategic directions for growth...” was accurate;
- why there were no schemes planned in Herefordshire through the Welsh Water RainScape initiative and whether the council would be pursuing funding through this scheme;
- if ‘A risk-based approach must be taken when selecting sites for development and deciding on the type of development that would be considered acceptable’ (non-technical summary, objective 5 paragraph 1), why the three elms site was allowed to be a strategic housing site when the hydro-geology of the site and other relevant matters were never properly evaluated.

A written response was promised to these points.

It was noted that an issue had been raised before the meeting regarding the wording of the document in relation to planning applications, specifically the use of the word ‘notable’ in the sentence:

“For all new developments, the developer will be required to demonstrate that the development will not cause any notable increase in flood risk to people, property or infrastructure elsewhere.”

It was suggested that there could be a legal challenge regarding the use of the word and whether it could be adequately defined. The cabinet member for infrastructure felt that the word was appropriate for the context in which it was used and it was noted that simply stating that development should not cause any increase flood risk could also be open to challenge.

It was proposed that the revision of this statement be considered by officers outside of the meeting and that the cabinet member be authorised to make adjustments as necessary to address the points raised during the meeting.

Resolved that:

(a) the cabinet member infrastructure be authorised to

(i) make any amendments that he deems necessary once he has considered the points raised during the meeting and then

(ii) approve the Herefordshire Local Flood Risk Management Strategy (the high level strategic document and non-technical summary at appendices 1 and 2 to this report).

The meeting ended at 4.05 pm

Chairman

PUBLIC QUESTIONS TO CABINET – 28 September 2017**Question 1**

Mr C Rumsey, Westhope

Hereford Bypass

To: cabinet member: infrastructure

Is it not the duty of all officers of the council to inform the members fully on all matters concerning a Hereford Bypass (east or west). Why have the recommendations of the inspector, who chaired the round table meeting held twenty years ago not been sent to all members? The recommendation was for the proposed Bypass to be constructed to the far east of the Lugg meadows.

Reply

The findings of the independently chaired 'Hereford Traffic Conference' held in 1993 were sent to the secretary of state who in 1995 announced a modified preferred route (to the east) that the then Highways Agency should pursue. However in 1997 the government announced that this scheme had been withdrawn from the trunk road programme.

More recent options appraisals of routes both east and west have informed the decision taken. Those appraisals took into account current planning and environmental policies and regulations rather than historic proposals. All these reports are available on the council's website

Question 2

Mr R Palgrave, How Caple

Flood Risk Strategy

To: cabinet member: infrastructure

Page 51 of the Strategy (Planning Application Process) says, "For all new developments, the developer will be required to demonstrate that the development will not cause any notable increase in flood risk to people, property or infrastructure elsewhere." The qualifier "notable" is meaningless and immeasurable. Why does the strategy not require that developers should demonstrate that there will be no increase to flood risk?

Reply

The Local Flood Risk Management Strategy (LFRMS) sets out the broad approach and is not an adopted statutory planning document. Individual planning decisions will be taken in accordance with the National Planning Policy Framework (NPPF) which sets out the requirements for developers to follow.

Question 3

Mr E Morfett, Breinton

Flood Risk Strategy

To: cabinet member: infrastructure

Please explain why the updated Yazor brook hydrogeological modelling and flood impact assessment of proposed Core Strategy Housing Development at Three Elms is not included in the Strategic Flood Risk Management Strategy.

Reply

The Local Flood Risk Management Strategy (LFRMS) details how flood risk will be dealt with at a strategic level it is not intended to provide flood risk assessments for specific sites or watercourses.

Question 4

Ms J Wise, Breinton

Flood Risk Strategy

To: cabinet member: infrastructure

I seek assurance that due consideration has been given to the risk of flooding which may arise if a bypass were to be constructed to the west of Hereford. Contingent on this also is the viability of house construction where no study of the drainage from such development has been undertaken. Lessons should have been learned from the unfortunate deficiencies which occurred in the Furlongs development.

Reply

I can confirm that the design and route selection for the bypass, and planning determinations in relation to development will follow appropriate guidance and will take into account flood risk.

Question 5

Mrs W Steel, Lower Breinton

Flood Risk Strategy

To: cabinet member: infrastructure

Given that there is a deadline to get a flood risk management strategy to the government to support this proposal and, as such, you have a meeting on 28th September to finalise this, have Herefordshire Council carried out any proper analysis on the area proposed for the bypass up until this point? If so can full details be provided.

Reply

Route assessment work for the bypass is currently underway and reports will be published in due course. The design and route selection will follow appropriate guidance and will take into account flood risk.

Question 6

Dr P Ronan, Breinton

Flood Risk Strategy

To: cabinet member: infrastructure

Please explain why Herefordshire Council is planning to build on flood plains given the mandate not to build on flood plains subsequent to the disastrous flooding experienced in the North of England in recent years?

Reply

When considering planning applications for development of land within flood plains, the council will consider policies contained within the Herefordshire Local Plan Core Strategy and any neighbourhood development plan for that area. It will also have regard to the guidance contained within the National Planning Policy Framework, specifically paragraphs 100 – 104, and the technical guidance on flood risk which supports that framework.

Question 7

Mr K Farnes, Hereford

Flood Risk Strategy

To: cabinet member: infrastructure

Why does the Strategy (Planning Application Process) not require developers to demonstrate that there will be NO increase in flood risk to people, property or infrastructure?

Reply

I refer to the answer given in response to public question number 2.

Question 8

Dr N Geeson, Hereford

Flood Risk Strategy

To: cabinet member: infrastructure

New developments must “comply with strict run off control measures to ensure they do not worsen existing run off rates”. But can you provide assurance that sufficient data (such as from hydro-geological surveys) and local knowledge will be collected to determine the extent of necessary measures accurately and be made publicly available?

Reply

The council requires developers to submit for approval their drainage strategies and designs to ensure there is no increase in runoff rate. Parameters used in these calculations are selected on the basis of site investigation information. Hydro-geological surveys are not appropriate for the majority of developments, as they will impact on groundwater movements. Instead developments typically have soakaway tests undertaken to ensure water can

dissipate. Drainage flood risk reviews and approvals related to planning applications are uploaded to the council website as correspondence against each planning application.

Supplementary question

How can the short, single page, Herefordshire Council Action Plan 2016-2022 (Appendix A-1) in the Local Flood Risk Management Strategy possibly be effective while it remains vague and limited in relation to essential implementation details and delivery dates?

Reply to supplementary

The action plan is an action plan on a strategic document and I think your question relates to actual developments when they come along which is to deal with the specifics of a planning application. What I think is confusing you is the action plan of a strategic document as against an action plan of a development when a development comes along that will be dealt with as part of that application specific to the drainage and water issues. I think we are a little bit at odds over what the action plan refers to in relation to a developer who is wanting to develop a planning application.

The strategy is around how growth happens and how we go forward with applications from developers our strategic growth as to how we deal with preventing flooding from getting worse. The action plan is as it is and if we need to review in due course no doubt we will do so.

Question 9

Ms J Smith, Hereford

Flood Risk Strategy

To: cabinet member: infrastructure

Yazor Brook designated SINC
Environmental and Hydrogeological concerns
Huntington Hamlet Conservation Area on a Flood Plain, especially considering extreme weather (especially rainfall) conditions associated with Climate Change.

How to resolve the problems of flooding, land drainage, etc.
Revised FRA not completed by Developers

Herefordshire Council have not included the Updated Yazor Brook Hydrogeological Modelling and Flood Impact Assessment in the FRAS.

WHY HAS IT NOT BEEN INCLUDED IN THE FRAS?

Reply

I refer to the answer given in response to public question number 3.

Supplementary Question

In your report you mention the sustainable urban drainage system (SUDS), mentioning soakaways where the BRE365 test has been mentioned. Normal procedures say an oil inception test should be carried out and also a geotechnical assessment which identifies where the site surrounding area susceptible to inundation and settlement effects on ground slopes, on downhill waterlogging and ground instability. We also know that not all sites are suitable for attenuation basins, infiltration trenches are used instead. I see no mention in the SUDS anything about infiltration trenches, which is part of the SUDS.

Reply

I will take your comments on board. I will ensure that officers are aware and get a detailed written answer in due course.

Further written response

The LFRMS is a high level strategic document and so does not address this level of technical detail. Please note that infiltration trenches, their use and the policies associated with them will be covered in detail in the soon to be published Herefordshire SuDS Manual.

Question 10

Mr J Trimble, Hereford

Flood Risk Strategy

To: cabinet member: infrastructure

Please explain why Hereford Council is planning to build on flood plains when the consensus is not to build on flood plains subsequent to the disastrous flooding experienced in the North of England in recent years.

Reply

I refer to the answer given in response to public question number 6.

Questions 11

Mr B Lunt, Lower Breinton

Flood Risk Strategy

To: cabinet member: infrastructure

Floodplains provide vital protection against damaging flooding. I am concerned that the council proposes to build a Western Bypass crossing the river Wye and floodplain with a road and elevated bridge. Heavy machinery, concrete foundations, building materials and steel sections will compact and cause great damage to the floodplain and its ability to prevent flooding. What steps will the council take to prevent damage to the floodplain?

Reply

Any temporary works during construction and permanent works constructed within and around the flood plains will be subject to a detailed flood risk assessment and environmental impact assessment. These will inform the construction and design of the bypass to avoid, minimise or mitigate environmental impacts. Both the temporary and permanent works will be subject to agreement with the Environment Agency.

COUNCILLOR QUESTIONS TO CABINET – 28 SEPTEMBER 2017

Question 1

Councillor PP Marsh

Welfare Assistance Scheme

To: cabinet member health and wellbeing

Please give figures for the last 4 years for the size of Council's welfare assistance scheme to provide support for vulnerable low income families (of whom the county has many) hit by emergencies. If it is shut where are people now referred to?

Reply

The authority's local welfare provision is still functioning. It operates during normal working hours plus since the majority of those in need of this provision may also have a housing need, the service is accessible 24 hours a day through the housing solution service. The budget for this small but important scheme were and are:

Financial year	Budget	Spend
2014-15	£25,000	£23,661
2015-16	£25,000	£21,054
2016-17	£20,000	£11,470*
2017-18	£20,000	£6,859 to date

* the scheme was transferred to the housing solutions service in this year enabling a wider operational response to meeting presenting need



Meeting:	Cabinet
Meeting date:	Thursday 26 October 2017
Title of report:	Passenger Transport Services - Dynamic Purchasing System
Report by:	Cabinet member transport and roads

Classification

Open

Decision type

Key

This is a key decision because it is likely to result in the council incurring expenditure which is, or the making of savings which are, significant having regard to the council's budget for the service or function concerned. A threshold of £500,000 is regarded as significant.

This is a key decision because it is likely to be significant having regard to: the strategic nature of the decision; and / or whether the outcome will have an impact, for better or worse, on the amenity of the community or quality of service provided by the authority to a significant number of people living or working in the locality (two or more wards) affected.

Notice has been served in accordance with Part 3, Section 9 (Publicity in Connection with Key Decisions) of the Local Authorities (Executive Arrangements) (Meetings and Access to Information) (England) Regulations 2012.

Wards affected

Countywide

Purpose and summary

To agree the future procurement model for passenger transport services.

The current frameworks are due to terminate in July 2018. They provide an umbrella agreement for the provision of all passenger transport services commissioned by the council through call-off contracts. It is proposed to replace these frameworks with a Dynamic Purchasing System (DPS). Under the new arrangements, the contracting of individual services would continue in a similar way (call-off contracts/mini competitions conforming with the council's constitution). The benefit of

a DPS is that new operators which meet the framework criteria can join at any time after it has been adopted and it will need to be operated on a purely electronic basis which can streamline the procurement process and may also improve competition. Under the current framework approach a new framework is required each time a new operator wishes to do business with the council, and the tendering process often mixes electronic and paper based approaches.

Recommendation(s)

That:

- (a) a dynamic purchasing system be implemented to be effective from the termination of the current Passenger Transport Frameworks on 10 July 2018; and**
- (b) the assistant director environment and place be authorised to take all operational decisions necessary to establish and maintain the passenger transport dynamic purchasing system.**

Alternative options

1. The Frameworks could be replaced with a new Framework. This is not recommended as the Dynamic Purchasing System (DPS) would provide greater flexibility, enabling new operators to join at any time in the future and tender for work.
2. Not to continue with a framework or DPS agreement and tender all new passenger transport contracts on an individual basis. This is not recommended as the establishment of an umbrella agreement, which ensures a group of providers have been subject to a pre-qualifying assessment to confirm that they are capable of undertaking work, reduces the overall burden on the procurement process and enables the council to tender its services more efficiently and in a timely manner. Establishing an umbrella agreement such as a framework or DPS also means that subsequent contracts can be tendered without requiring OJEU notices in the event that individual values are above the threshold and ensures compliance with rules relating to aggregation of contracts.

Key considerations

3. A new Framework Agreement for Passenger Transport Services was introduced in May 2014. This agreement followed the integration of the council's passenger transport services comprising public transport, school transport (mainstream and SEN), college transport and adult social care transport and enabled transport providers to tender for these services. Two subsequent frameworks were established to enable additional operators to tender for work. All three frameworks were set up to be co-terminus in July 2018.
4. A framework provides an umbrella agreement so that providers are approved ahead of subsequent contracting opportunities confirming that they can meet the basic requirements of the services to be contracted. The total annual value of contract work undertaken for passenger transport services is approximately £6m relating to around 210 contracts.

5. A DPS will require that all contracting processes are carried out electronically using an appropriately secure and accessible system which would not impact the ability of local providers to bid for work. The council's existing ProContract e-procurement system is suitable for this purpose.
6. A programme of engagement and support will be delivered by council officers within existing resources to ensure that all prospective operators are assisted in complying with this aspect of the DPS should they wish to join.
7. In order to set up the DPS the council must place a call for competition in the OJEU allowing providers at least 30 days to respond. The notice will clarify the approximate quantities and annual value of contracts so that providers are made aware of the scale of work which would be available to them through joining the DPS.
8. The DPS is likely to identify a number of different service categories such as public services (local bus), mainstream school services and smaller vehicle transport such as door to door transport for children with SEN and adults with disabilities which providers can register to deliver services for. This will allow the council to invite only those providers who are registered under a specific work category to tender for contracts under the further competition process.
9. In preparing for the further competition process, the council will need to review its transport procurement documents as these will form a key component of the process. This will include standard call-off terms and conditions of contract, specifications for service and other relevant documents.
10. A programme has been developed for establishing the DPS which includes the following key stages:
 - a. Pre-tender planning (Aug 2017 – Jan 2018)
 - i. Establish project team and specialist support (legal services)
 - ii. Consider category options
 - iii. Keep providers informed and invite to presentation/Q&A which will include establishing any support requirements re moving to e-tendering (5 sessions Jan 2018)
 - b. Develop Invitation to Tender (Oct 2017 – Feb 2018)
 - i. Develop service specification(s)
 - ii. Develop evaluation criteria
 - iii. Drafting tender documents and OJEU notice
 - c. Issue OJEU Notice (Feb – Apr 2018)
 - i. Clarification period – respond to potential tenderers
 - ii. Submission Deadline
 - d. Evaluate tenders (quality, finance etc, clarifications sought if required) (May 2018)

e. DPS commencement (July 2018)

11. It should be noted that the process of establishing a DPS does not in itself result in the direct contracting of any work. As an umbrella agreement it provides the council with a pre-registered group of providers amongst which work would be subsequently tendered. The process of tendering work through the DPS (once established) will follow the council's constitution and its established contract procedure rules.

Community impact

12. Whilst the move to a DPS will not result in a direct change to the service procured for passenger transport it will establish a more flexible umbrella agreement which permits new providers to join at any point in the future. As such, the establishment of the DPS will indirectly support the council's key strategic priorities:

- f. Enable residents to live safe, healthy and independent lives – support for adult social care transport and subsidised bus services (affording free transport for older people and people with disabilities) enables residents to continue to live independently.
- g. Give young people a great start in life – support for school transport (mainstream, SEN and college) helps young people across the county to access education.
- h. Support growth of our economy – support for the subsidised bus network enables people to access work and retailing and also helps reduce traffic congestion. The DPS will enable local providers to continue to compete for council business and provide greater flexibility to other new providers to join the DPS on an ongoing basis.
- i. Value for money – moving to a more flexible agreement should ensure easier access to providers and potentially increase competition. E-procurement may also bring financial benefits by making tendering more efficient.

13. All other aspects of service delivery including health and safety and duty of care with respect to transported clients will be assured through the standard terms and conditions of contracts and individual specifications for work. There is existing documentation which covers these issues and these will be subject to review prior to issuing updated documentation as part of the DPS call for competition.

Equality duty

14.

Under section 149 of the Equality Act 2010, the 'general duty' on public authorities is set out as follows:

A public authority must, in the exercise of its functions, have due regard to the need to -

- (a) eliminate discrimination, harassment, victimisation and any other conduct that is prohibited by or under this Act;

- (b) advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it;
 - (c) foster good relations between persons who share a relevant protected characteristic and persons who do not share it.
15. The public sector equality duty (specific duty) requires us to consider how we can positively contribute to the advancement of equality and good relations, and demonstrate that we are paying 'due regard' in our decision making in the design of policies and in the delivery of services. As this is a decision on back office functions, we do not believe that it will have an impact on our equality duty.

Resource implications

16. Unlike the current framework agreements there is not requirement to specify a time period for the DPS and it can be set up on the basis that it will have an unlimited duration. As such when the call for competition is advertised through the OJEU it will be important to outline the typical annual value of contracts which might subsequently be tendered through the DPS. This is around £6m per annum.
17. Excluding the legal expertise, establishment of a DPS can be met from within existing staff resources. This will include staff time required to:
- a. prepare documentation relating to the OJEU call for competition including a review of contract documentation;
 - b. support and engagement for providers to inform them of the process and the opportunity to join the DPS and what will be required in registering;
 - c. Evaluation of tenders received to join the DPS
 - d. Staff training to ensure subsequent procurement using the DPS and ProContract e-procurement system is operated correctly.
18. Whilst it is anticipated that a DPS may generate greater levels of competition and potentially better value it is not possible to predict this with any certainty.
19. The ongoing operational costs associated with operating a DPS will be to ensure that staff resources are available to process any subsequent requests to join the DPS. As a standardised process it is not anticipated that this will be accommodated within existing staff resources.
20. As with the current framework agreements, staff time will continue to be required for procuring work and monitoring contracts in accordance with the terms of joining the DPS and standard terms and conditions of contracts and specifications.

Legal implications

21. Section 63 of the Transport Act 1985 sets out the council's duties to secure provision of such public passenger transport services as considered appropriate to meet requirements within the county which would not otherwise be met. This duty must be carried out while having regard to the council's duties to provide home to school transport.
22. The council's statutory duty to provide home to school transport is set out in Section 508B of the Education Act 1996 and the DFE statutory guidance for local authorities on home to school travel and transport issued in July 2014 (and updated in December

2016). This duty requires the council must make such travel arrangements as considered necessary to facilitate attendance at school for eligible children (as defined in Schedule 35B of the Act). The council's home to school transport policy (revised in June 2017) sets out details of provision and eligibility for children of compulsory school age in Herefordshire.

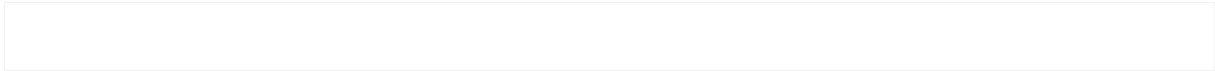
23. The provisions set out in this report will ensure that the council is able to meet its statutory duties and comply with adopted policies to provide both passenger and home to school transport.
24. The procurement of the DPS will create a compliantly let Umbrella Agreement as required under the contract procedure rules.
25. To utilise the DPS a procedure for mini competitions must be complied with and will enable passenger and school transport contracts to be let with individual contracts being pulled from the system when a contract is awarded.
26. The delegation, in recommendation (b) for the procurement and award of contracts, to an officer is permissible and must only be carried out in accordance with the council's constitution and contract procedure rules

Risk management

27.

Risk / opportunity	Mitigation
<ul style="list-style-type: none"> • The DPS does not get established by July 2018 when the current frameworks terminate • Providers will not register for the DPS and there will be a reduction in competition for work. 	<ul style="list-style-type: none"> • A project plan has been developed which sets out sequence of actions and resources required to meet the required timescales for a new DPS. This will be monitored by a project board. • A best practice learning session is planned with colleagues from Cardiff City Council to check process and pick up hints and tips • There will be direct engagement sessions available to all current and prospective suppliers which will increase awareness around the process and assist with registration. Specific advice and support will be provided on the e-procurement elements of the new DPS. In addition, the DPS will enable free entry once it is established meaning that providers will be able to join at any point in the future.

Further information on the subject of this report is available from Steve Burgess
 Tel: 01432260968, email: sburgess@herefordshire.gov.uk



Consultees

28. The views of Members and Group Leaders have been sought on this report and no comments have been received.

Appendices

29. None.

Background papers

30. None identified.



Meeting:	Cabinet
Meeting date:	Thursday 26 October 2017
Title of report:	Herefordshire's application to be a business rate pool pilot for 2018/19
Report by:	Cabinet member finance, housing and ICT

Classification

Open

Decision type

Non-key

Wards affected

(All Wards);

Purpose and summary

To approve Herefordshire Council's application to be a pilot area for 100% business rate retention in 2018/19 in a pooling arrangement with Shropshire Council and Telford and Wrekin Council.

The application deadline is 27 October and if successful would see additional funding becoming available for pilot areas.

Recommendation(s)

That:

- (a) **the chief financial officer be delegated authority to submit an application for Herefordshire Council, together with Shropshire and Telford and Wrekin councils, to be a 100% business rate pool pilot area for 2018/19; and**
- (b) **general scrutiny committee be requested, should the application be accepted, to consider the implications for Herefordshire of operating such a pool and to make any such recommendations as it feels appropriate to inform a further decision on participation.**

Alternative options

1. To not submit an application, this is not recommended because it would not lead to the financial benefit expected from a successful application.
2. Herefordshire could submit an application to be a pilot pool with different councils, this is not recommended as there are existing arrangements with the Marches Local Enterprise Partners supporting the objective of the pool to promote financial stability.
3. The application could be submitted without a request for a no detriment clause, this is not recommended as it increases the risk of reduced funding if the application is successful.

Key considerations

4. Currently Herefordshire council retains 49% of the business rate income generated in the county, 50% is paid to central government and 1% is paid to Hereford and Worcester Fire and Rescue Service. Full rate retention by councils is intended to be in place from 2020/21, during the intervening period pilot councils are starting to retain their business rate income.
5. Central government has decided to proceed with the expansion of the full business rate retention pilot programme for 2018/19. These will run alongside the five current 100% pilots which have been in operation since 1 April 2017. The Department for Communities and Local Government is currently seeking applications from councils to pilot 100% business rate retention in 2018/19 and to pilot new pooling models.
6. The current pilots are in Greater Manchester, Liverpool City Region, The West Midlands, Cornwall and The West of England. The 2018/19 pilots are an opportunity for the Department to test more technical aspects of the 100% business rates retention system, such as tier-splits. Herefordshire council's rural top up business rate position would be a new pooling model.
7. Pilot areas will retain 100% of business rates income and forego their revenue support grant and rural delivery service grants. In addition, over the pilot period they will retain all of their growth in business rates income.
8. The government would like to see councils form pools and apply jointly for pilot status, Herefordshire Council will be submitting an application with Shropshire Council and Telford and Wrekin Council being the Marches Local Enterprise Partnership (LEP) councils. The opportunity to work together as a pool across a functional economic area will allow authorities to make coherent strategic decisions about the wider area and to jointly manage risk and reward.
9. Following a review of the business rate income forecasts for the three areas a pilot pool arrangement is expected to be financially beneficial to the area as described in the resource implications section of this report.
10. The invitation is expected to be welcomed by most councils and a high number of applications is expected, therefore, due to affordability constraints, it may be necessary for the government to assess applications against selection criteria. In these circumstances, the following criteria will apply:
 - Proposed pooling arrangements operate across a functional economic area;

- Because they were not included in the 2017/18 pilot scheme, the government is particularly interested in piloting in areas which have retained county and district councils;
 - The proposals would promote the financial sustainability of the authorities, being councils and fire authorities, involved; and,
 - There is evidence of how pooled income from growth will be used across the pilot area.
11. The application will be in the form of a four pages long business case approved by each councils S151 officer with supporting financial analysis including details on how participation in the pilot scheme will benefit the area and should cover the potential pilot's approach to pooling and the sharing of growth, including how authorities will collaborate to use pooled retained income to promote further growth across the area. Herefordshire Council's application will include reference to how the additional resources will contribute to the aims of the Marches LEP. The detailed mechanism of how this would work in practice is being reviewed under the overarching premise that each council would retain responsibility for their own gains and losses.
 12. The deadline for submission of applications is Friday 27 October. Successful pilots will be announced in December 2017 and launched in April 2018. Between these dates the department will support councils in preparing for implementation and the councils will continue to assess the potential financial implications and develop the associated governance arrangements.
 13. If selected as a pool Cabinet will be asked to approve the arrangements required before the pooling arrangement commences.
 14. If the application is unsuccessful then the current business rate arrangements will continue.

Community impact

15. A successful application would support the corporate plan objectives of supporting the growth of the economy with additional resources intended to be directed to support the aims and objectives of the LEP.

Equality duty

16. Under section 149 of the Equality Act 2010, the 'general duty' on public authorities is set out as follows:

A public authority must, in the exercise of its functions, have due regard to the need to -

- (a) eliminate discrimination, harassment, victimisation and any other conduct that is prohibited by or under this Act;
- (b) advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it;
- (c) foster good relations between persons who share a relevant protected characteristic and persons who do not share it.

17. The public sector equality duty (specific duty) requires us to consider how we can positively contribute to the advancement of equality and good relations, and demonstrate that we are paying ‘due regard’ in our decision making in the design of policies and in the delivery of services. As this is a decision on back office functions, we do not believe that it will have an impact on our equality duty.

Resource implications

18. If the application is successful no additional staffing or IT resourcing is expected to be required from Herefordshire Council. Shropshire Council are expected to be nominated as the lead authority for the pool due to that council currently hosting the Marches LEP arrangement, if this is agreed then a top slice of up to £30k will be taken from the pool to fund Shropshire councils increased costs incurred.
19. A successful application would mean that instead of Herefordshire council retaining 49% of its business rate income generated in 2018/19 it will retain 99%, 1% will remain due to the Hereford and Worcester Fire and Rescue Service.
20. Councils selected as pilots for 2018/19 will forego Revenue Support Grant and Rural Services Grant. The value of the grants foregone will be taken into account in setting revised business rate tariffs and top-ups, which will be used to ensure that the changes are cost neutral, except for the value of any growth retained.
21. Pilot areas will be expected to operate under the arrangements that currently determine safety net payments for pools. However, the pool’s safety net threshold will be set at 97% of its baseline funding level, instead of 92.5%, to reflect the additional risk of greater retention. Looking at current business rate income forecasts the risk of requiring a safety net is considered to be a low for the pool area.
22. Pilots will operate with a “zero levy” on business rate income growth, as is the case for the current 2017/18 pilot areas.
23. Pilot status has the potential to increase resources received from the business rates retention scheme. Gains will arise if the amount collected exceeds the business rate baseline for the pilot area. Current forecasts show forecast business rate income for all three councils above baseline with the total gain being £11.6m.
24. The overall forecast financial impact for Herefordshire is shown below:-

	£m	% Share	£m
Baseline business rate income for Herefordshire	45.3	49%	22.2
Existing top up grant			9.3
Total existing business rate baseline need			31.5
Plus revenue support grant			5.4
Plus rural services delivery grant			3.1

Revised baseline post 100% retention			40.0
Forecast business rates receivable gain over baseline			2.7
Forecast income total if not a pilot			42.6
Forecast business rate income if a pilot	45.2	99%	44.8
Forecast gain from full rate retention pilot			2.7

Legal implications

25. Establishing a business rates pool for the Marches LEP council's will require each authority participating in the pool to agree to do so; and to also agree the terms upon which they will participate jointly with other members, including to appoint a lead authority as accountable body for the pool and to decide how the pool should operate.
26. In view of the approaching deadline, this report recommends suitable arrangements for an officer to submit an application. In order to meet the government application deadline an application would need to be submitted before the expiry of the usual call in period. In accordance with the requirements of the constitution the chairman of general scrutiny committee has confirmed his consent for the decision to be taken under the special urgency provisions which have the effect that the decision will not be subject to call in.

Risk management

27. A draft memorandum of understanding is being prepared to ensure that all councils within the pool are in agreement to the risks and reward sharing position on the basis that any gains and losses will remain with the originating council.
28. The potential level of risk has been reviewed and is considered restricted however the application is to be submitted seeking a guarantee from government that being a pilot cannot result in financial detriment. Such a clause has been accepted on previous pilots, however, it may be that government will look more favourably on areas that are prepared to take a greater degree of risk

Consultees

29. Shropshire Council and Telford and Wrekin Council have been consulted and both councils support a joint pool pilot application being submitted.

Appendices

None

Background papers

None



Meeting:	Cabinet
Meeting date:	Thursday 26 October 2017
Title of report:	Commissioning intentions for universal and early help services for children, young people and families
Report by:	Cabinet member health and wellbeing and Cabinet member young people and children's wellbeing

Classification

Open

Decision type

Key

This is a key decision because it is likely to result in the council incurring expenditure which is, or the making of savings which are, significant having regard to the council's budget for the service or function concerned. A threshold of £500,000 is regarded as significant.

And

This is a key decision because it is likely to be significant having regard to: the strategic nature of the decision; and / or whether the outcome will have an impact, for better or worse, on the amenity of the community or quality of service provided by the authority to a significant number of people living or working in the locality (two or more wards) affected.

Notice has been served in accordance with Part 3, Section 9 (Publicity in Connection with Key Decisions) of the Local Authorities (Executive Arrangements) (Meetings and Access to Information) (England) Regulations 2012.

Wards affected

(All Wards);

Purpose and summary

To approve the commissioning intentions for public health nursing and early help services. These will be part of Herefordshire's approach to supporting families and providing early help for children and young people aged 0 to 19 and up to 25 for young people with a disability and/or

Further information on the subject of this report is available from Lindsay MacHardy
Tel: 01432 260554, email: Lindsay.MacHardy@herefordshire.gov.uk

additional health needs. This includes public health nursing (encompassing health visiting and school nursing) and an approach which supports greater integration with children's centre services, early years and early help services together with wider family befriending, mentoring and third sector services from April 2018.

Recommendation(s)

That:

- a) the responses to the recommendations of the children and young people scrutiny committee at paragraph 40 be approved;**
- b) a new 0 to 25 integrated public health nursing service for a period of up to five years, to commence on 1 April 2018 at a maximum cost of £13,070,700 over this term, be procured;**
- c) the director for adults and wellbeing, following consultation with the directors for children's wellbeing and public health, be authorised to take all necessary operational decisions, including award of contract, to implement the above recommendation within the budget set;**
- d) family mentoring services be procured for a period of up to two years at a maximum cost of £166k for 2018/19, with an option to extend for a further year, subject to continued funding being available;**
- e) pending the procurement referenced at recommendation (d) above; existing service delivery arrangements, across the county, for family befriending services provided by Homestart and Vennture be extended to the end of March 2018 at a cost of £167k in 2017/18; and**
- f) the director for children's wellbeing be authorised to take all necessary operational decisions including award of contract to implement recommendations (d) and (e) above.**

Alternative options

1. Combine all elements into a single competitive tender: this would create potential risks around flexibility for the council in terms of the offer for children and families or where there are changes to funding, policy direction or the council's approach. In response to a soft market testing exercise in 2017, ten provider organisations expressed an interest in delivering some elements of an integrated service. The soft market test showed a number of providers with sufficient experience to deliver individual elements, but only one provider with sufficient experience across all elements. Having only one potential provider could make it more difficult for the council to change the service if it needed to apply a different approach or had to reduce funding. By contrast, a number of organisations would be capable of delivering the public health nursing service. The results of the market engagement exercise therefore support a procurement approach involving separate lots.
2. All services could be brought in-house: this would create clinical, financial, legal and statutory risks in relation to health visitor and school nursing services, since these require

considerable specialist expertise, which is not currently available within the council. This could significantly increase the overall costs due to having to bring in specialist clinical expertise and potentially reduce the resource available to spend on front line delivery across the county. This option is not recommended at this time.

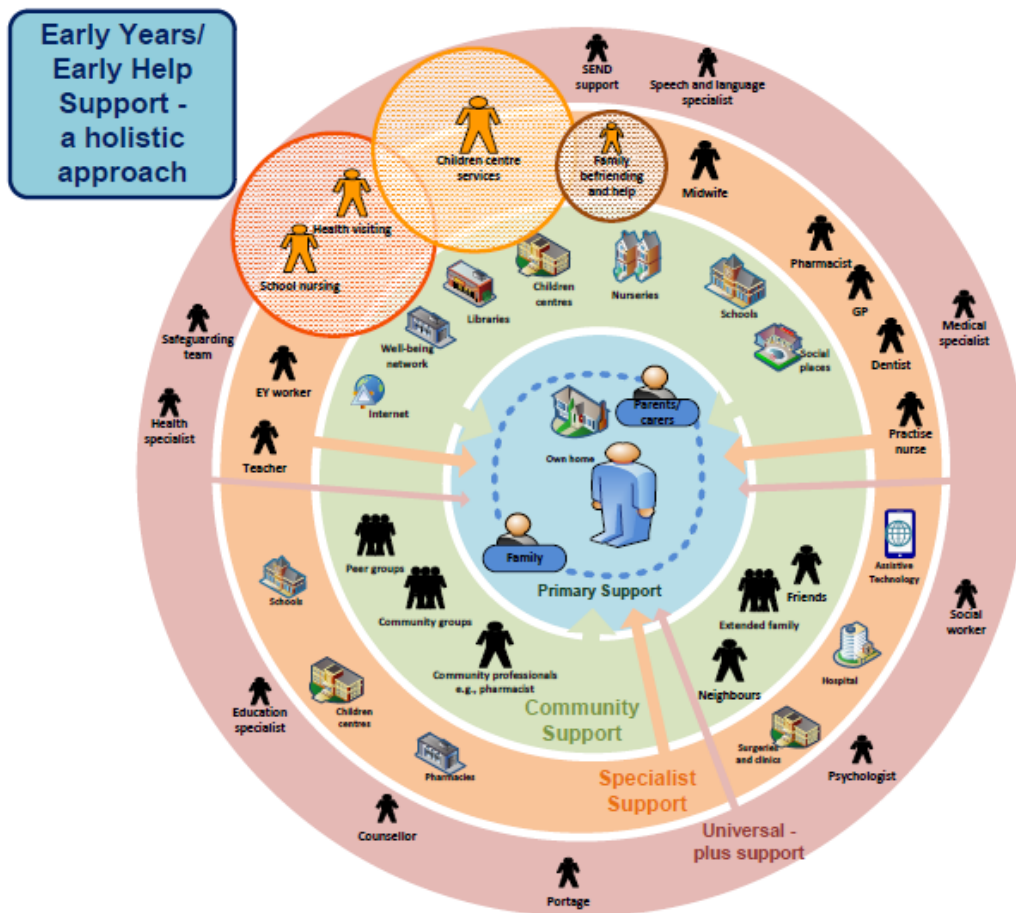
Key considerations

3. The Healthy Child Programme is a universal programme available to all children and aims to ensure that every child gets the good start they need to lay the foundations of a healthy life (see Appendix 1). The programme recognises the importance of building on support in the early years and sustaining this across the life course for school aged children and young people to improve outcomes and reduce inequalities through universal provision and targeted support. Universal and targeted public health services provided by health visiting and school nursing teams are crucial to this.
4. Responsibility for commissioning health visiting services (0 to 5's) fully transferred from the National Health Service (NHS) to councils on 1 October 2015. Health visiting and children's centre services have shared outcomes and both support universal and targeted support for families. In Herefordshire, therefore, the intention is to integrate these services with established targeted and early help services as much as possible, through co-location, shared information and systems and greater use of digital technology to increase accessibility. There is an opportunity to provide a more efficient integrated service by aligning teams in children's centre reach areas and improving data sharing protocols. Currently, this is a challenge and a barrier to improving outcomes for young children.
5. The proposed new 0 to 25 public health nursing approach fits strategically within the Children and Young People's Partnership Plan outcomes, Herefordshire's Health and Wellbeing Strategy to reduce health inequalities for children and young people, the Public Health Outcomes Framework, Understanding Herefordshire, Joint Strategic Needs Assessment and the Early Help (EH) offer for children with additional needs, and provides a focus for council service transformation.
6. The 0 to 25 public health nursing service will place continued emphasis on communities and families being assisted to help themselves in the context of resilient communities, thus getting information and support early; the right help at the right time and reducing demand on publicly funded services. In terms of the focus of the service, outcomes will reflect the need for highlighting support for children to be "ready to learn" at age two and "ready for school" at age four / five, and for young people to gain life skills and experience to enable them to be as independent and prepared for adulthood as possible.
7. Safeguarding children and families is fundamental to the public health nursing service and this is reflected in the service specification, which states "the provider shall ensure that all staff comply with the most up to date current Herefordshire Safeguarding Children Board (and where applicable, the Herefordshire Safeguarding Adults Board), policies, plans and procedures and also national guidance...Safeguarding children, which includes child protection and prevention of harm to babies, children and young people is a public health priority." Training and supervision with regards to safeguarding is also detailed in the specification.
8. The existing school nursing and health visiting contract specifications were in large part based on national models developed by NHS England. There is now an opportunity to

develop a more localised approach which focuses on achieving health outcomes. The proposed specification for a new contract will:

- ensure an approach which tailors services to what is needed within localities and communities across the county
- focus on improving accessibility of services
- enable continuity through transition points for children and young people
- deliver improved child health outcomes in Herefordshire

9. The council's in-house early help services, including family support and children's centre services, have already been realigned to provide a more holistic approach to children and families. This can be built on to provide a more cohesive integrated approach to supporting improved outcomes for children and families by aligning them with any commissioned services. This 'whole systems' approach is demonstrated by the diagram below.



Further information on the subject of this report is available from Lindsay MacHardy
Tel: 01432 260554, email: Lindsay.MacHardy@herefordshire.gov.uk

10. Within Herefordshire's early help approach, the council has funded family befriending and family mentoring services through contract and grant arrangements. In 2017/18, this involved council resources of £66k per year, which funded a family befriending service delivered by Homestart. Since 2015/16, it has also included £160k over two years through the national troubled families programme, which has been used to fund the family mentoring service, delivered by Vennture4Families. The two arrangements deliver broadly similar functions. There is a need for this type of service to continue into 2018/19, however at this stage, the availability of central troubled families resources cannot be confirmed beyond 2018/19. The national programme is expected to end in March 2020. Given the uncertain medium term availability of central funding, it is intended to procure services for 2018/19 with an option to renew the contract or contracts for a further year, subject to satisfactory performance and available funding. Services will be procured based on a single 'family mentoring' service specification, which will be tendered in two lots. Lot 1 will be funded up to £66k per year from council resources and lot 2 will be funded up to £100k per year from national troubled families resources. The single service specification will support the payment by results approach of the national troubled families programme. During the contract period, the troubled families programme will be leading a process of service transformation, which will be led locally by the council's families' first service. Through the service transformation work, the intention will be to mainstream practice in appropriate and locally sustainable ways and to avoid a cliff-edge scenario when the national programme does end.
11. Where there is an option to extend a contract, key considerations prior to any decision will be the quality and cost of the service, the outcomes achieved and fit with the developing strategic direction of the council. The timeline for the procurement is set out below:

Action	Timescale
Tender pack development, TUPE information and specification / contract development complete	31 October 2017
Decision to procure taken (milestone)	26 October 2017
Official Journal of the European Union (OJEU) notice published	2 November 2017
Tender published on Procontract for 30 days (1 month)	6 November 2017
Tender closes (milestone)	7 December 2017
Tender evaluation (3 weeks)	22 December 2017
Tender intention to award (milestone)	22 December 2017
Standstill period (10 days) and officer decision sign off (14 days) (to run concurrently - approximately 14 days overall)	28 December – 8 January 2018

Tender award (milestone)	9 January 2018
Contract signed, implementation and TUPE (up to 3 months)	January 2018
Contract start	1 April 2018

12. The Public Health Outcomes Framework identifies key targets and outcomes for ensuring the best start in life and in order to achieve greater accountability against outcomes: these include, for example, improved dental health in under-five's with reductions in the number of children with decayed, missing or filled teeth (currently 41%); and action to improve children's physical health, resulting in fewer children at age five and 11 who are overweight or very overweight (currently 22.6% and 33.8% respectively). This outcomes framework and Herefordshire's Families Outcomes Framework, which is a requirement of the national troubled families programme, will support new and integrated ways of working for services and against which the above services, together with children's centre services, will be assessed. This approach will be underpinned by robust contract management and performance reporting to agreed outcome measures and fully aligned with the paper to Cabinet on 14 September 2017.

Community impact

13. The Children and Young People's Plan (CYPP) identifies early years and early help among its priority strategic planning areas (Appendix 3). Briefly, these involve improving outcomes for children, young people and families through:

Early years

- Integrated approaches and continuity of support
- Better transitions between services and age groups
- Early education and childcare
- Being school ready
- Delivery across the county of the healthy child programme
- Effective parent support

Early help

- Improved early identification
- Breaking cycles of intergenerational inequality
- Targeted and co-ordinated interventions with lead workers
- Improved take-up of community and universal support
- Delivery across the county of the government's troubled families initiative

14. The recommendations support both the council's Health and Wellbeing Strategy and Children and Young People's Plan's aim to keep children safe and give them the best start in life. They will also support the council's Corporate Plan priorities to enable residents to live safe, healthy and independent lives by increasing family capacity and skills; to keep children and young people safe and give them a great start in life by supporting parents to develop their expertise and skills and by providing direct work with children and families focusing on those with emerging need; support the growth of our economy through advice and guidance on how to make the most of local opportunities and state benefits; and to secure better services, quality of life and value for money by

establishing new outcome focused contracts and service specifications to make better use of the resources the council spends on preventative services.

15. This approach will contribute to the achievement of improved outcomes for children and families, as described by the current and future Children and Young People's Plan and the Joint Strategic Needs Assessment. It will also support the council's role as a corporate parent and ensure that the health and development needs of looked after children are prioritised across agencies.

Equality duty

16. Under section 149 of the Equality Act 2010, the 'general duty' on public authorities is set out as follows:

A public authority must, in the exercise of its functions, have due regard to the need to:

- a) Eliminate discrimination, harassment, victimisation and any other conduct that is prohibited by or under this Act
 - b) Advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it
 - c) Foster good relations between persons who share a relevant protected characteristic and persons who do not share it
17. Herefordshire Council has a mandatory duty to commission universal health reviews and provide targeted support to families. The revised approach continues to pay due regard to the council's public sector equality duty. As the proposed county-wide service delivery model does not represent any significant change in the council's responsibilities, there is no anticipated negative impact on individuals with protected characteristics as identified under the Equality Act 2010.
 18. The proposed county-wide service delivery model will apply to all individuals equally, regardless of protected characteristics.
 19. The new county-wide service delivery model, including easy read versions, will be made available to the public on the council's website and will be communicated to the public and providers through updates at forums and events, which the council regularly participate in (e.g. workforce development group and provider forums).
 20. An Equality Impact Assessment (EIA) is attached as Appendix 5.
 21. The public sector equality duty (specific duty) requires us to consider how we can positively contribute to the advancement of equality and good relations, and demonstrate that we are paying 'due regard' in our decision making in the design of policies and in the delivery, across the county, of services. Our providers will be made aware of their contractual requirements in regards to equality legislation.

Resource implications

22. The current (2017/18) contract value for health visiting is £2,182,000 and the contract value for school nursing is £513,336 giving a total value for both services in 2017/18 of £2,695,000, which is counted against the public health grant.

23. Due to reductions in the public health grant, the proposed new integrated public health nursing contract is designed to ensure efficiency savings of a further 3%, through co-location, greater skill mix of staff, better co-ordination and information sharing.
24. After adjusting for the 3% saving the total value of this contract will be £13,070,750 for the full five year period.
25. The ring-fenced public health grant is confirmed until 2018/19. Although the ring-fencing will come off and future funding is likely to be affected by changes in business rate retention, the commissioning of public health nursing services will continue to be a statutory obligation for the council and it is expected that this will be taken fully into account in future funding settlements.
26. Tenders for the new 0 to 25 public health nursing service will need to take account of TUPE regulations and any IT implications related to ensuring more effective and integrated communications across services, or any relocation of services.
27. Grant funding of the family mentoring project, delivered by Vennture4Families, has been provided through the council's troubled families grant scheme, which is a nationally resourced payment by results programme. Over the two years to March 2017, the council has granted £160k of troubled families monies to deliver the project. In the same period, the council's contract for family befriending services, delivered by Homestart Hereford, was valued at £141k. In 2016/17, the value of the family befriending contract was reduced by 5%.
28. Up to £100k of national troubled families funding will be available in 2018/19 and a similar level is expected to be available in 2019/20, however national arrangements beyond then are currently unknown. Up to a further £66k has been budgeted for a commissioned service in 2018/19. It is therefore intended to explore the opportunities to achieve efficiency savings from these two approaches, with a view to achieving sustainability with available resources in the longer term. In the event that both lots can be awarded to a single provider, it is expected that a commissioning exercise will deliver services in 2018/19 at a cost of up to £150k. Commissioning for these services will take account of any staffing issues and TUPE regulations.

Legal implications

29. The Health and Social Care Act 2012 sets out a local council's statutory responsibility for delivering and commissioning public health services for children and young people aged 5 to 19 and up to 25 for young people with a disability or life limiting condition. Responsibility for children's public health commissioning for 0 to 5 year olds, specifically health visiting, transferred from NHS England to councils on 1 October 2015.
30. The council will undertake a competitive tendering process to select a provider for these services. The value of the contract requires compliance with the Official Journal of the European Union (OJEU) tendering process, as set out in the council's contract procedure rules.
31. As this service is being re-procured, consideration has to be given to any implications under the Transfer of Undertakings (Protection of Employment) Regulations 2006 (TUPE).

Risk management

32. The financial allocation outlined in para 23 are based on current approximate values, with the health visiting and school nursing budgets coming from the ring-fenced public health grant. The absence of the expected bill on business rate localisation in the June 2017 Queen's Speech has left the future position of public health funding uncertain. There had been an expectation that from April 2019, locally retained business rates would be used to fund public health budgets, this is no longer clear. However, councils will continue to have a statutory responsibility to commission services for 0 to 19 year olds (and up to 25 years old for those with a disability or special health needs).
33. External commissioning of public health nursing services means that insurance liabilities, for example for clinical negligence, sit with the provider. If these health services were brought in-house then the insurance liabilities, including clinical and death liabilities would sit with the council. The current provider is covered by NHS insurance and indemnities as part of the contract, at no additional cost to the council. It is expected that the future provider will similarly ensure its own cover, within the contract value.
34. In order to maintain flexibility within a potentially changing financial environment, individual contracts will include appropriate conditions regarding possible contract extension, as well as clear terms for early termination, for example there is a risk that changes in national policy and funding may require significant shifts in the services. We will build flexibility into our contracts to deal with this.
35. It is proposed that performance management and the oversight of contracts is tightly controlled across early years, early help and public health nursing in order to ensure that the relevant contributions to outcomes are identified and achieved. In order to achieve contracts that deliver the intended outcomes and performance, budgets will include an allowance of up to 2% to provide robust contract performance and management.

Consultees

36. As part of the early years integration of services project, a focused review of public and professional perspectives on early years services for children and families in the county was undertaken between November 2016 and May 2017. These activities were intended to help determine public and professional views on current services and specific areas/themes for development.
37. During the engagement period, 19 discussion meetings and three professional workshops were held as well as an online questionnaire to inform the way forward. Parents and carers were engaged in localities. Full detailed analysis of the engagement activity can be found in Appendix 1. The key areas for development were identified as:
 - Advice, guidance and information for parents/carers - establish the reliable sourcing of advice, information and guidance for parents, carers and families
 - Professional/specialist support - develop professional support based on wider wellbeing conversations with children and families
 - Community development - empowerment and enablement of local communities to help and support families within their locality and make links with professionals where/when appropriate
 - Access to services - develop community based support to address rural isolation

- Shared information and partnership working – integrate services through measures that support appropriate sharing of intelligence, communication and co-ordination of support for children and families
 - Service and systems transformation - develop professional systems and administrative processes that support confident, safe and appropriate data sharing
38. Consultation with political groups was undertaken and no comments were received. The proposals outlined in this paper were contained within the council's commissioning intentions discussed at the Health and Wellbeing Board meeting on 16 May 2017, and is fully consistent with comments made at the time.
39. The proposals were considered by Children and Young People Scrutiny Committee on 2nd October 2017. The committee supported the extension of the family befriending services contracts with the existing providers to the end of March 2018.
40. However the committee raised significant concerns about the commissioning exercise proposed and requested that consideration be given to them in reaching a decision. The concerns are detailed below together with a proposed response.

	Concern	Proposed response
a)	lack of consultation concerning safeguarding arrangements and no engagement with the Herefordshire Safeguarding Children's Board	<p>The intention to re-procure health visiting and school nursing services has been in the public domain since August 2016. CCG colleagues have been involved in steps taken thereafter to inform future commissioning intentions. There has been an opportunity to raise any issues or questions regarding procurement, during this time.</p> <p>A generalised concern regarding safeguarding arrangements had been raised by the CCG very recently prior to the scrutiny committee meeting and reassurances were provided to the CCG that discussions to understand the detail would be welcome and these have since been initiated.</p> <p>Issues relating to <i>safeguarding</i> commissioning responsibilities are resolvable through further discussion.</p> <p>There is no requirement to present the commissioning proposal to the Herefordshire Safeguarding Children's Board, because the service will be required to adhere to all national and local policies, guidance, standards and procedures.</p> <p>Further discussion and an agreed way forward have been made with the Chair of the Children's Safeguarding Board, including a request to include reference to safeguarding within this paper (see para 7).</p>

b)	the provision of services in rural areas	It is recognised that there are challenges in delivering timely and accessible services across a rural county and this has been reflected in the draft specification. To respond to those challenges, the provider will be required to ensure that access is available via drop-in sessions (which could be held in any community facility or venue), clinics, home visits, telephone contact, texting and other formats appropriate for the families and community. Broadband coverage across the county is currently 83% (30Mbps) so the provider will need to demonstrate how they will work with families who currently have no access to broadband or where phone signals are not available. The provider will also be expected to be organised around geographical areas/localities and pragmatically structured in line with local children's centre reach areas. The provider will also identify a named public health nurse link to each GP practice, children's centre and school, in order to facilitate local liaison, information-sharing and joint working in the best interests of families.
c)	the requirement for additional detail in the report, in particular the contract specification (NB the committee asked to be provided with additional information including the contract specification before cabinet consider the matter and this has been provided)	the draft specifications for the commissioning of 0-25 PH Nursing services and family mentoring services, to which have been added the requested additional detail relating to targets and outcomes and key issues outlined in the JSNA, have been made available, by exemption, to council members of the Children's Scrutiny Committee
d)	a lack of communication with partners regarding the proposal, in particular the CCG	This concern is not accepted and a summary of engagement activity is provided below: <ul style="list-style-type: none"> • Representatives from the CCG have been engaged since August 2016 when CCG requirements were reviewed; • a public online survey was launched in November 2016; • stakeholder engagement events To which GP and CCG representatives were invited were held during December 2016 through to end of January 2017; • feedback events were held in February 2017; • an early years review/scoping workshop held in May 2017; • Soft market testing was undertaken June/July 2017; • Updates have been provided to a Joint Commissioning Board which includes

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		<p>representatives of the CCG and reports to the CCG Board in August/September 2017;</p> <ul style="list-style-type: none"> Engagement/information session with GPs on key principles to be incorporated into the specification, was held in October 2017.and ongoing engagement agreed re implementation arrangements.
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Appendices

- Appendix 1: Early Years' Service Re-design Survey Report
- Appendix 2: Herefordshire's Families Outcomes Framework
- Appendix 3: Children and Young People's Partnership priorities for early years and early help
- Appendix 4: Early Years Early Help Whole System Approach
- Appendix 5: Equality Impact Assessment

Background papers

Additional background papers are available for members.

Early years service redesign survey report

Final report

30th January 2017

Paula Kemp-Jones (Business Improvement and Transformation)

Sakunthala Chandrasekara (Strategic Intelligence and Research)

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1 Foreword

- 1.1 As part of the Early Years integration of services project, a focussed review of public and professional perspectives on early years services for children and families in the county was undertaken between November 2016 and January 2017. This was intended to help determine public and professional views on current services and determine specific areas/themes for development.
- 1.2 In carrying out the review, the project team undertook face to face interviews with both parents/carers and professionals throughout the county. Additionally, an on-line survey [questionnaire] was conducted, aimed, primarily, at parents, carers and families with children. The planned foci for the this engagement included:
- What parents/carers might do to support themselves
 - What family and friends might do to support children and their parents/carers
 - What local communities might provide in support of children and their families
 - What professionals might do and how these services can be best accessed
- 1.3 It is hoped that this engagement research will provide essential information to help inform the redesign and development of the Early Years/Early Help services.

2 Introduction

- 2.1 The Herefordshire Council's early years services aim to significantly improve the lives of children and families at the earliest opportunity, ensuring that every child has the best start in life. In order to support this, Herefordshire Council would like to understand how it can support parents, their children, families and carers to access information, local support, including community and voluntary groups, health and education services.
- 2.2 The early years service re-design engagement activity seeks to gather views from parents, carers, families and professionals about what parents and carers can do for themselves what support families, friends, community and voluntary groups can provide and how professional services might be able to help, if and when needed.
- 2.3 The engagement activities have provided a significant amount of information and feedback about early years services from parents/carers, families and professional and this report will provide a summary of the key areas of development identified from this engagement.

3 Engagement Activities

- 3.1 The summary of findings within this report have been arranged in sections so as to make clear the research activity undertaken and the source group providing comment. Sections 4, 5 and 6 outline the main findings from each of the research activities undertaken:

Section 4: Public on-line questionnaire [quantitative data]

Section 5: Professional discussions [qualitative data]

Section 6: Parental/carer discussions [qualitative data]

4 Public on-line questionnaire [results]

4.1 Methodology

4.1.1 An online questionnaire was published on the Herefordshire Council website and people were invited to complete it between 21 November 2016 and 13 January 2017. A printable version was also made available for people to download. The questionnaire was primarily aimed at parents, families and carers. Drop in sessions were held at Hereford, Ledbury, Leominster and Peterchurch during the consultation period to enable professionals to share their views and assist people to complete the questionnaire.

4.1.2 This section presents the results of the responses to the questionnaire only. Unless stated otherwise, percentages are calculated using the number of respondents to each question as a base. Note that percentages are rounded to the nearest whole number in the tables; but charts are based on unrounded percentages. Respondents could select more than one answer to a particular question, therefore percentages may add up to more than 100 per cent.

4.2 Questionnaire Results

4.2.1 The following analysis represents 236 responses received to the consultation questionnaire.

Q1. As a parent or carer, you may sometimes need help from different professionals. If you wanted advice and guidance, would you ask / visit the following?

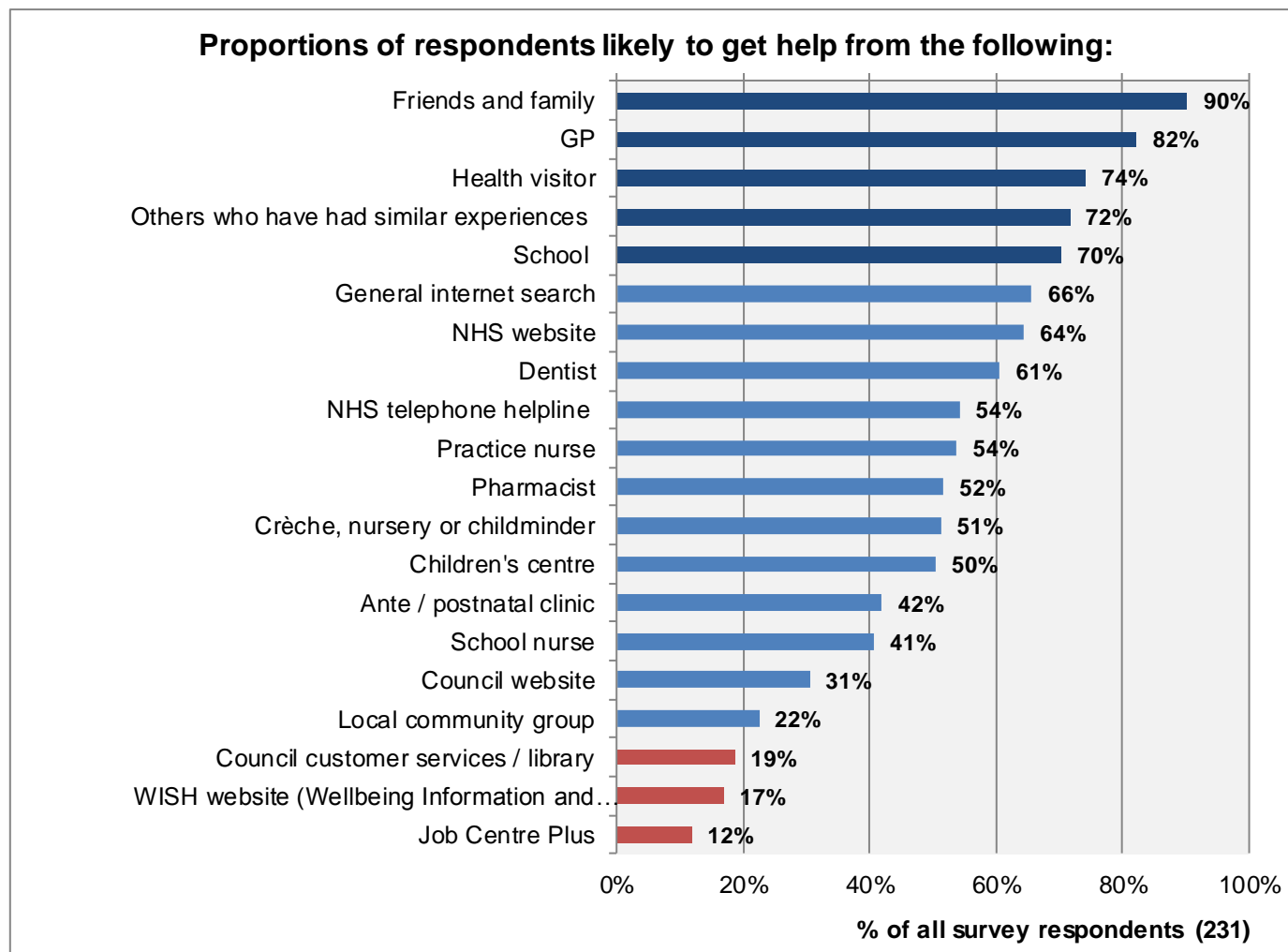
Over seventy per cent of respondents stated that they would seek advice and guidance from 'friends and family' (90 per cent), from a 'GP' (82 per cent), from a 'Health visitor' (74 per cent), 'others who have had similar experience' (72 per cent) or from 'school' (70 per cent) when they need help. Among the other sources of advice and guidance, 'school', 'general internet search', 'NHS website' and 'Dentist' were popular.

The sources that respondents are less likely to seek advice and guidance from include 'Job centre plus', 'WISH website', 'Council customer services / library' and 'Local community group'.

Table 1: Responses to Q1

	Likely	Unsure	Unlikely	Total respondents	Not answered	Base* (total survey respondents)
Friends and family	90%	3%	3%	96%	4%	236
Others who have had similar experiences	72%	14%	7%	93%	7%	236
Ante / postnatal clinic	42%	21%	27%	90%	10%	236
Health visitor	74%	9%	13%	96%	4%	236
GP	82%	6%	8%	97%	3%	236
Dentist	61%	15%	17%	93%	7%	236
Practice nurse	54%	18%	20%	92%	8%	236
School nurse	41%	21%	27%	88%	12%	236
Pharmacist	52%	19%	19%	90%	10%	236
Council website	31%	25%	34%	90%	10%	236
General internet search	66%	12%	13%	90%	10%	236
WISH website (Wellbeing Information and Signposting for Herefordshire)	17%	30%	42%	89%	11%	236
Council customer services / library	19%	21%	47%	87%	13%	236
Crèche, nursery or childminder	51%	17%	22%	91%	9%	236
School	70%	13%	11%	94%	6%	236
Children's centre	50%	22%	19%	92%	8%	236
NHS telephone helpline	54%	22%	15%	92%	8%	236
NHS website	64%	15%	13%	92%	8%	236
Job Centre Plus	12%	15%	61%	88%	12%	236
Local community group	22%	26%	41%	89%	11%	236

Chart 1: Proportion of respondents likely to get help from different sources



4.2 Questionnaire Results (continued)

Q2. To what extent do you agree or disagree that the council's health and education services should provide support to:

Please note that the term “**Agreement**” is calculated as the sum of those answering “**Strongly Agree**” and “**Agree**”. Similarly “**Disagreement**” is the sum of those answering “**Strongly Disagree**” and “**Disagree**”.

According to table 2, there is a very high level of agreement that the council's health and education services should provide support to **all** of the services listed. Of all these services, 'Improve children's learning, thinking and problem solving skills' (91 per cent), 'Improve children's social and emotional development' (90 per cent), 'Improve children's mental health and wellbeing' (90 per cent) and 'Improve children's speech and language' (90 per cent) were selected by the highest proportion of respondents.

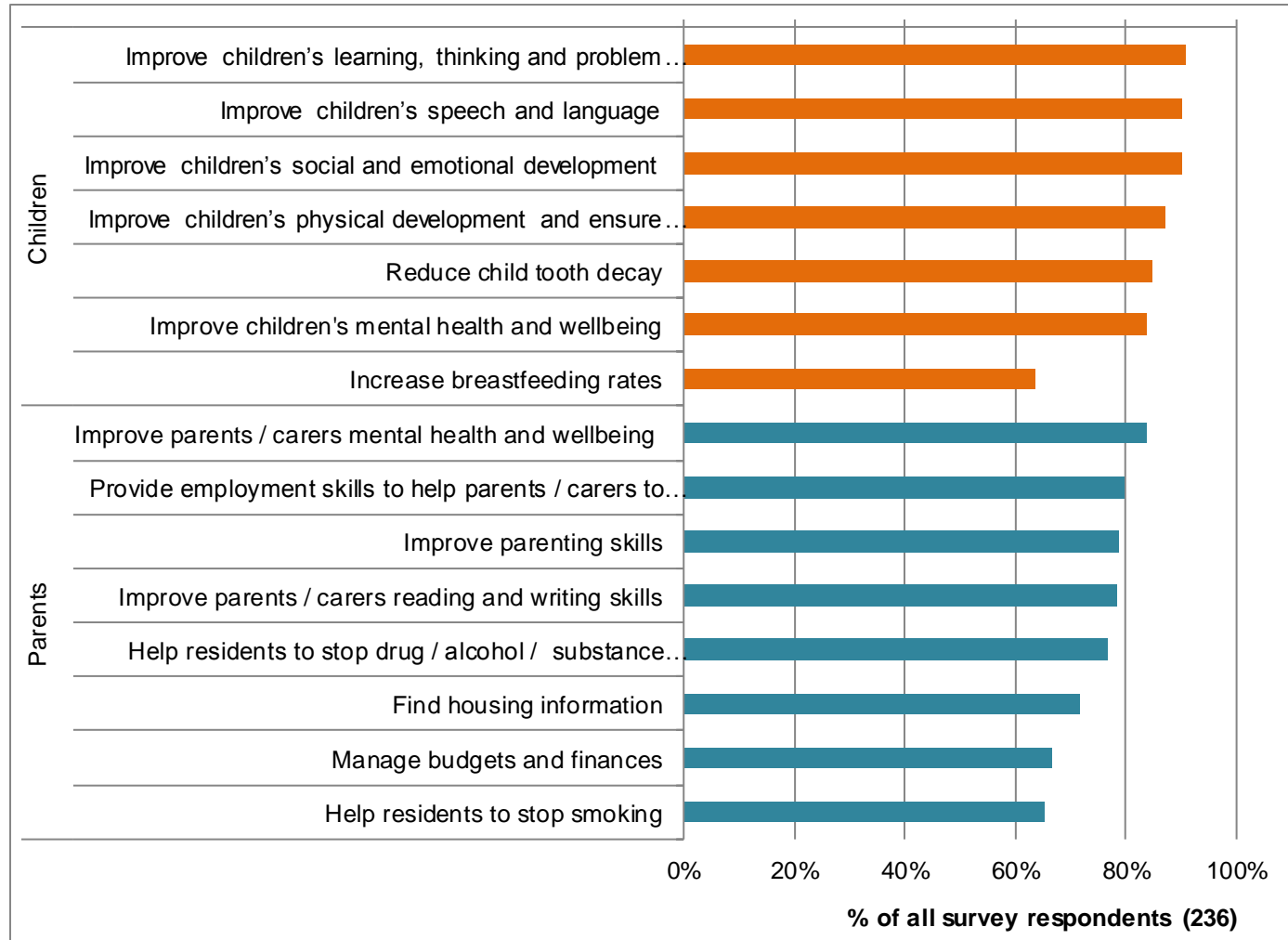
Around 25 per cent of respondents disagree that the council's health and education services should provide support to 'Increase breastfeeding rates', 'Manage budgets and finances' and 'Help residents to stop smoking'.

Table 2: Proportions of respondents to Q2

Number of responses	Agreement	Neither agree or disagree	Disagreement	Not answered	Total respondents	Base*
Improve children's learning, thinking and problem solving skills	91%	0%	8%	1%	99%	100%
Improve children's social and emotional development	90%	1%	8%	1%	99%	100%
Improve children's speech and language	90%	0%	8%	1%	99%	100%
Improve children's mental health and wellbeing	90%	0%	8%	2%	98%	100%
Improve children's physical development and ensure they're a healthy weight	87%	0%	11%	1%	99%	100%
Reduce child tooth decay	85%	3%	12%	1%	99%	100%
Improve parents / carers mental health and wellbeing	84%	3%	12%	2%	98%	100%
Provide employment skills to help parents / carers to get into work	80%	5%	14%	1%	99%	100%
Improve parenting skills	79%	2%	17%	2%	98%	100%
Improve parents / carers reading and writing skills	78%	3%	17%	2%	98%	100%
Help residents to stop drug / alcohol / substance misuse	77%	6%	16%	2%	98%	100%
Find housing information	72%	7%	19%	2%	98%	100%
Manage budgets and finances	67%	5%	25%	3%	97%	100%
Help residents to stop smoking	65%	8%	25%	2%	98%	100%
Increase breastfeeding rates	64%	6%	28%	3%	97%	100%

*Base=all survey respondents (236).

Chart 2: Proportion of respondents who agreed on the services that the council’s health and education services should provide support to



4.2 Questionnaire Results (continued)

Q3. We want to make services as easy as possible to access. Which of these locations would you use to access the listed information / support / services? (Please tick all that apply)

Eighty six (86) per cent of respondents to the survey answered at least one statement of this question.

General internet search was the most common place to access information, support or services; especially for 'help to finding work' (indicated by 56 per cent of respondents), 'help with money and budgeting' (53 per cent), 'information about starting school' (53 per cent) and for finding 'family activities' (51 per cent)- see table 3.

Over half of respondents stated that they would use children's centre to access 'up to date parenting information, advice and guidance' (51 per cent) and 'leisure and children's play facilities' (53 per cent). The majority of respondents would use GP and dental surgery/health clinic for 'pregnancy support and care' (79 per cent) and 'health support including health checks, immunisations, breastfeeding and nutrition advice' (69 per cent).

The most common location for accessing information about 'help with housing' (44 per cent) and 'information about starting school' (36 per cent) was the council customer service centre/library.

The school and nursery were the most common locations that respondents would use to access 'Information about starting school' (57 per cent) and 'Nursery or crèche care' (52 per cent). Around a quarter of respondents stated that they would use village hall or community buildings for 'family activities' (28 per cent) or 'Access to leisure and children's play facilities' (24 per cent). Fifty seven (57) per cent of respondents indicated that they would use Job centre to access information/support/services to 'Help with finding work' and a further 20 per cent would use it to access 'Help with money and budgeting'.

The general consensus was that respondents used their own home to access information, support or services listed in the question.

Table 3: Proportions of respondents to Q3

Number of responses	Your own home	Children's centre	GP and dental surgery / health clinic	Council customer service centre/ library	School / nursery	Places to meet e.g. cafes	Village hall or community buildings	Job centre	General internet search	Base*
Up to date parenting information, advice and guidance	49%	51%	36%	14%	42%	11%	15%	4%	52%	100%
Health support including health checks, immunisations, breastfeeding and nutrition advice	33%	48%	69%	9%	22%	8%	11%	3%	36%	100%
Pregnancy care and support	33%	40%	79%	11%	11%	9%	14%	5%	40%	100%
Nursery or crèche care	23%	40%	14%	19%	52%	11%	12%	4%	41%	100%
Family activities	35%	48%	9%	22%	29%	22%	28%	5%	51%	100%
Advice on improving reading and writing skills	25%	30%	10%	28%	42%	6%	12%	11%	46%	100%
Help with parenting and managing behaviour	32%	48%	35%	16%	39%	7%	12%	5%	41%	100%
Help with money and budgeting	39%	16%	6%	23%	7%	6%	9%	20%	53%	100%
Help with housing	22%	12%	6%	44%	5%	6%	9%	14%	48%	100%
Help with finding work	20%	11%	4%	22%	4%	6%	9%	57%	56%	100%
Access to leisure and children's play facilities	27%	53%	10%	27%	32%	18%	24%	6%	50%	100%
Information about starting school	22%	33%	9%	36%	57%	5%	9%	5%	53%	100%
Early help when things go wrong	31%	45%	45%	19%	29%	8%	10%	8%	44%	100%

Base*= all survey respondents (236)

Note: respondents could select more than one answer; therefore the percentages will add up to more than 100%

4.2 Questionnaire Results (continued)

Q4. Some parents / carers may need additional parenting support from time to time. Please list any ways you believe the following groups could help, such as parent and child support groups or children's activities.

- a) **Parents / carers, family members, local community and voluntary groups and organisations**
- b) **Council health and education services.**

Comments and suggestions received from questionnaires have been collated and categorised along with the comments and information captured during the organised discussions with parents. Please refer to Section 6 for details of comments and suggestions contributed by parents.

4.3 Questionnaire Respondents

- 4.3.1 Eighty eight (88) per cent of respondents completed the survey in the capacity of a parent, including 8 per cent who were single parents and 7 per cent who were grandparent/extended family members.
- 4.3.2 Eighty eight (88) per cent of respondents have a child or children aged 0-5 years, 29 per cent have child/children aged 6-10 years, 17 per cent have 11-18 year old child/children. Four per cent of respondents have child/children with special educational needs (SEN) or a disability.
- 4.3.3 Six per cent of respondents were males and 94 per cent were females.
- 4.3.4 Forty six per cent were aged 25-34, 33 per cent were aged 35-44 years, 13 per cent were aged 14-64 years and 6 per cent were 16-24 years old.
- 4.3.5 Of the respondents who answered the question about their ethnicity, 85 per cent identified themselves as 'English/Welsh/Scottish/Northern Irish/British', four per cent as 'Other white background, two percent as 'Asian/Asian British', two per cent as 'Black/African/Caribbean/Black British' and one per cent as 'other ethnic group'.

4.4 Key points

4.4.1 The responses received to the consultation questionnaire show:

- The most common sources of advice and guidance received are from 'friends and family', 'GP', 'Health visitor', 'others who have had similar experience' or from 'school' when respondents needed help.
- There is a high level of agreement that the council's health and education services should provide support to **all** of the services listed. Of these services, 'Improve children's learning, thinking and problem solving skills', 'Improve children's social and emotional development', 'Improve children's mental health and wellbeing' and 'Improve children's speech and language' were selected by more than 90 per cent of respondents.

5 Professional discussions

5.1 During the engagement period, 19 discussion meetings were held so as to gather views from a range of professional teams. Professional teams included:

- Health visitors
- Midwives
- Council staff including family support, portage, social worker and education teams
- Public health
- Early years nurseries and providers
- Early Years Strategy group
- Hope Centre, Bromyard
- Withington Primary School
- Marlbrook Primary School
- Childminders
- Third sector, i.e., Homestart, Jumpstartkidz
- Voluntary sector

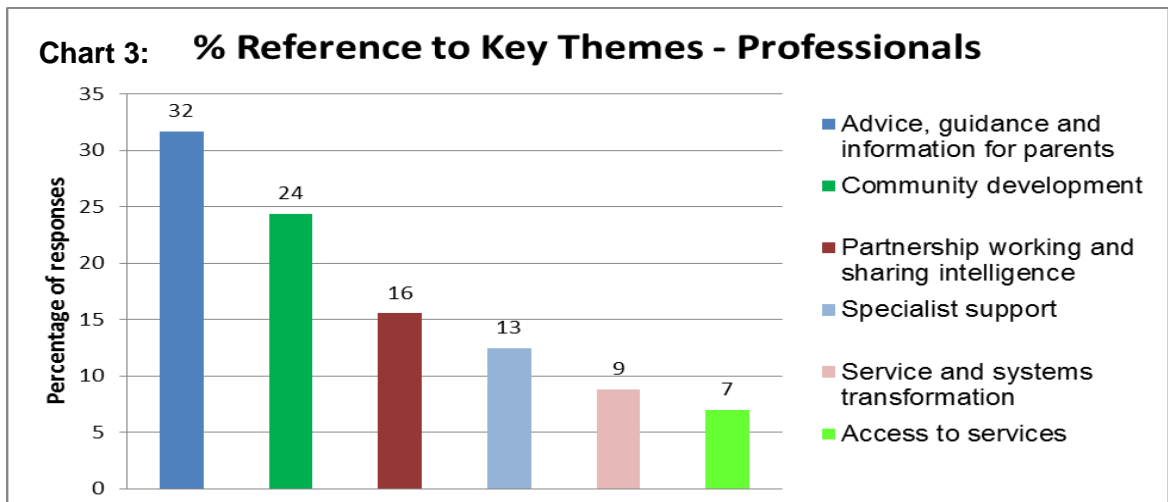
5.2 The range of views and comments collected have been broadly categorised as:

- **Key considerations** – comments and suggestions relating to specific issues underpinning support arrangements
- **Service Approach Suggestions** – suggestions for specific approaches to service design
- **Delivery Suggestions** – suggestions for specific forms of delivered service

5.3 From discussions with professionals the following key development themes were identified

- Advice , guidance and information for parents/carers
- Specialist support
- Community development
- Access and accommodation
- Shared information and partnership working
- Service and systems transformation

5.4 The percentage of the total comments captured that refer directly to each theme is shown in the table below:



5.5 Tables summarising professional commentary for each key theme are set out below:

Table 4 : Advice, guidance and information for parents/carers

Key Considerations	Service Approach	Delivery Suggestions
<ul style="list-style-type: none"> • It is important that parents/carers can access the information that they need to support their children. Getting the right information is key. • Parents/carers want the listening ear to have empathy • Within some families there is an acceptance of development issues of children - not challenged or sought advice or support for • Parents/carers may need guidance and help finding right support - signposting to support organisations • Parents/carers need support for clear understanding of the integrated assessment • Careful balance and timing required when giving out information • Parents/carers will seek support from the range of settings and also ask to be sign-posted. • Parents/carers look on-line and social media [e.g., Face Book] for some information. • Parents/Carers may bring issues to the group activities to share • Through discussion within groups, parents/carers can be supported in their decision making. • Not all parents/carers read the information that is sent home: often verbal delivery to a gathered group has more impact. • Volunteers' supporting role for parents/carers can be very empowering. • Support from charities can enrich the experiences of family learning/sharing • Rural isolation is main concern in terms of deprivation, access to services, access to on-line information and support • WISH, as a key source of information and available services, needs to be more widely promoted and utilised • The difficulty with on-line support, that do not get that good modelling of practice and exchange of knowledge. • Consider how can break cases of perpetuating cycle of negative, incorrect advice and guidance from peers and family 	<ul style="list-style-type: none"> • Personnel to signpost parents/carers to appropriate support • Make available a self-help referral process • Be prepared to offer advice when personal: provide emotional, informal support • Provide physical and practical help • Promotion of well-being and health advice is offered through community activities and venues • Make professional contact available through social media • Develop on-line/digital resources/blogs • Develop local social media and networks e.g. Facebook, Twitter • Text messages and phone calls to support families in between meeting with professionals can be very supportive. • Develop/support for generations working together • Promote and support all family members to engage with their family, community and available activities • Support parents to be honest and open, share problems and be confident in speaking out and acknowledge/accept help when needed 	<ul style="list-style-type: none"> • An early help telephone line • A WISH telephone line • Parent drop-in service [face-to-face] • Develop self-help quiz to enable parents to find out what support they actually need and show what's available • Develop self-help books • Develop on-line tools e.g., CAB, housing • Develop and promote resource for parents being aware of what's available • Develop a universal tool that supports parents/carers understanding of what to expect as a parent and key milestones in their child's journey to adulthood • WISH, resource for signposting and information sharing, needs to be developed so that it is comprehensive and the content is accurate and up-to-date • Make available use of computers if not available to parents • Develop overview of what support available – WISH? • Provide on-line training for parents using Facebook and support groups • Make links to existing on-line communities and support groups • Create Herefordshire on-line help forum for advice • Develop Facebook and social media groups [securely administered] to offer self-help and support network • Use FaceTime and Skype to support families in rural isolation

<ul style="list-style-type: none"> • Give consideration to introducing rewards/motivations for parents attending groups, and supporting children to achieve milestones, e.g., toilet trained • Acknowledgment that families can feel undermined and that their voices are not heard. They have no or very little medical knowledge but they know their child well. • Grandparents play a big part in the role as carer, supporting parents back to work with no child care costs involved. Grandparents need to be well informed with up to date relevant child development information. • Some parents struggle with literacy, reading is difficult and then hard to support their children's development. • Currently, the information hub [WISH] is not fully developed and/or applied: access to information is limited • Parents/carers are often looking to attend an activity or venue on a daily basis but the range and frequency of activities is variable in different areas • Families value having venues are at a walkable distance to them - help keep the costs down and encourage access and engagement • On-line support can produce negative and positive results, depending how it is used. • Use of IT digital-ware may be having impact on face-to-face services - needs to be balanced • Facebook can present negative information and effect but it can be great at connecting people • Parents access the Internet for information; they also ask their Health Visitor and visit their Doctor's Surgery. • Parents refer to information/notice boards which can include details for MASH, SaLT and how to self-refer. • Have to be mindful that not all parents have positive support or role-models. • Positive support is provided when family and friends listen and have their own personal knowledge to support. • Family and friends can also give misleading information which may cause worry • Family and friends can be very judgemental and outspoken whereas professionals may be more sensitive. • Professionals can promote parents accessing on-line information. Levels of education or not being able to speak English does not seem to be a problem • Promotion of EYFS at an early stage informs parents/carers and may help them to consider the learning that can take place at home too. 	<ul style="list-style-type: none"> • Support parents to be open to suggestions, make use of advice given, visit local children centre and attend appointments • Need to foster a change in social influence for some families - signpost to parenting tool for advice • Develop and promote use of technology such as the use of phone apps to support parents' choices, e.g., shopping for family/children with app check of sugar content in foods • Use step by step approach to empower the families to take back control of their lives following interventions. • Develop peer support groups to create opportunities for a parent/carers, e.g., to attend appointments, ongoing support discussions • Assign dedicated staff to actively update social media and on-line information and support resources • EAL – Care and consideration that information is presented appropriately to families and assumptions not made on their reading skills • Settings use Internet to access information to support families. • Partnerships between settings, health visitors and Children Centres would support effective, valuable sign-posting and guidance. 	<ul style="list-style-type: none"> • Develop information and support app for smart devices • Call family regularly to offer information, advice and a friendly voice • Offer parenting classes before birth of children • Support for making parents aware of issues that impact on children • Support for grandparents and families to be up-to-date about information and the support recommended professionally • Regular repeated information groups giving advice on finance, housing, feeding, dental health • Support for help with identifying when support is needed, e.g., self-help tool on-line [WISH?] • Establish regular repeat of baseline information for parents • Develop a parenting programme - supported and delivered by peer parents and family workers; develop as more universal 'parenting club' • Develop training and learning programmes for adolescents [parents to be] - develop parenting skills learning in schools • Support for making parents aware of issues that impact on children • Develop phone support service to offer regular support and 'friendly voice' • Settings to provide story sacks for families. • Professionals support/advice, e.g., behaviour management, offered through a guide with strategies • Parents and Carers use the settings' Facebook pages and chat to each other or ask for information. • Before Children Centres there was the Learning Alliance Provision which disappeared. It would be good if something similar could be introduced.
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Table 5 : Community development

Key Considerations	Service Approach	Delivery Suggestions
<ul style="list-style-type: none"> • Community groups can play key role in supporting families in rural locations • Community development will provide opportunities for parents/carers to talk to other parents/carers including families who have a child with a disability or special needs • Parents/carers may seek support from family and friends who could possibly help with identifying issues early • Not all families have their immediate family around them • Parents/carers may need support and encouragement to attend groups available • Look at transport issues and rural isolation • Professionals to build links with communities and understand the links • Some 'non-professionalism' concerns with community groups. E.g., confidential practice, appropriate advice • CC targets not applicable and/or not working in some rural areas • Support pathways may be variable dependant on setting or location • Some nurseries resistant to integration with other services • Demographic features within all areas need to be understood • Styles of communities are very different and need to be taken account of, e.g., town/city living compared to rural • Community roles/coordinators need to have appropriate training for the supporting role they take on • Access to computers and on-line features is variable across the county • Wider communities need to know of families who live in their locality and who may feel isolated or have specialist support, e.g., they have a child with special needs • Some families and children may be unable to access or use/travel on public transport • Available resources are an issue, e.g., families do not have access to books and/or do not share books with their children for pleasure. 	<ul style="list-style-type: none"> • Create meeting place or arena for families to link together • Develop locality groups • Improve communication networks within community • Advertise and promote community events/activities, e.g., through WISH • Advertise local events and community activities in regularly attended places, e.g., EY settings and GP surgeries • Promotion of well-being and health advice is offered through community activities and venues • Be able to make use of school premises, nurseries and housing association community venues • Support 'piggy-backing' of existing services, e.g., playgroups in rural locations • Use principles of existing models of good practise [e.g., Peterchurch] in development of other community networks • Professionals to ask what the families want in their communities. Where do they want it and who with? • Signpost communities to support the development of groups/activities and access available funding • Make links with existing networks and support organisations , e.g., JumpStartKidz • Settings can enable other groups to use spaces available and share expertise to support families with information and help. • Settings can be involved with local Community 	<ul style="list-style-type: none"> • Develop parental peer support opportunities • Buddy system using family and friends to support working parents • Establish good park and recreational facilities • Develop community transport schemes, e.g., car sharing • Family/friends to offer 'babysitting' and respite, so parents/carers can rest and/or attend course and training • Develop more accessible groups, e.g., mother and toddler, and more available in the evening for working parents • Develop parent and family support through church groups and children's groups [Brownies, Cubs, mother & toddler groups, sports groups, etc.] • Create small hubs in local venues to provide children centre outreach • Develop a 'community coordinator' to support development of connections and networks in rural communities • Train and develop ambassadors within communities • Introduce concept of 'community mothers' - community role models who can be a point of contact for parents and carers • Develop free drop-in help groups • Develop local community notice boards. • Develop holiday clubs • Develop a hub or meeting space where families can meet up and exchange

<ul style="list-style-type: none"> • Specific areas/sites have their own issues, e.g., the Grafton GRT site users find it really difficult to get into town because of the lack of access • Family and friends may provide childcare and respite. • Family and friends may provide financial support. • Family and friends may provide transport. • Further afield we know that parents, that are able, will drive to other early years activities based in rural areas. • Recognise that referrals can include other services, e.g., Education, Sport, Children Centres, Mental Health, GRT, Woman's Aid and Foodbanks. • Older children may take on caring roles, e.g., collect children from Nursery, especially if the parents are single • Some city settings do not have the interaction with parents/carers that other setting enjoy, e.g., does not have families engaging and staying for activities. • In some settings situations in which individual adults with children attending cannot have contact with other adult[s], which can make event organising and family group working difficult. • Some groups rely on Children Centres for support and there is recognition that to support families attending, access to Professional support and sign posting is key. 	<p>Centres, engaging and delivering events for all ages.</p> <ul style="list-style-type: none"> • Activities such as Stay & Play may offer opportunities to promote health and well-being through invitation to other agencies to attend such as dental practises and music groups. • More activities outside of Children Centres - HUBS would support areas in need. Children Centres can, for some, seem too 'clicky' and away from their area. 	<p>information and make friendships</p> <ul style="list-style-type: none"> • "Drop In" sessions could be set up within buildings - could also support Library access, swap shop for clothing and toys. • Offer limited free childcare (2-12yrs) to vulnerable families that can't access funding. • Aspect of supporting the Community could perhaps be providing/supporting communities with grants that should be spent in support of evidencing the LA Priorities - supporting the CYP PLAN
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Table 6: Partnership working and intelligence sharing

Key Considerations	Service Approach	Delivery Suggestions
<ul style="list-style-type: none"> • Importance in sharing information between professionals especially for safeguarding within families • Acute services, such as MASH, need to have correct, up-to-date information available: Data not always available to all professionals who work closely with the family • Issues and concerns such as confidentiality and data protection exist when considering sharing of information between professionals and with community groups • Some forms and/or features of 'smart' information not always applicable • Thoughtful selection of language for parents and carers is required when information is shared with and about them • Families have to repeat information or their story to a range of professionals as there are limitations on what information can be shared. • HV are well placed to identify 'bottom line' needs of families • It is important that the family's voice is heard. • There are a high proportion of eastern Europeans in the county some of which feel very isolated and don't know where to go for information and activities. • Support agencies such as nurseries can be so busy that they can only signpost to an Information Board • Information and data sharing regarding children is difficult and inconsistent: The data systems do not share across the entire data-base or are not mutually compatible • Information sharing and development of digital records requires careful management to ensure family histories not shared inappropriately with a) professionals who may have/need access to records or b) the child as they become adults and access their own records. • All professionals to work together, to share information and maintain awareness of other services - not to be concerned just with their own profession, criteria, roles and waiting lists • Professional partners require clearer understanding of individual professional roles 	<ul style="list-style-type: none"> • Better data sharing between professionals which ensures needs met quickly and not weeks later when needs may have changed • Develop 'smart' information that helps to inform and determine support for children and families - needs to be shared between agencies • Relevant historical information is made available from on-set of ante-natal care • All health professionals to be aware of a baseline [tier 1] to apply including, e.g., mental health • Support and information needs to be available in accessible language[s] • Develop processes for sharing of information to support transition, e.g., starting and changing school • Being mindful of historical information within families. • Professionals need to be aware of the whole picture and have an understanding of all the issues that can impact on members of the whole family • Information about available funding for specific support needs to be readily available to families and professionals, e.g., funding for 2yr old nursery placements • Develop inter-agency working building on professional relationships • Create joined up services so that everyone knows what is available, e.g., through a hub or website • Commitment to co-production and equality of access 	<ul style="list-style-type: none"> • Information Board, leaflets and who to contact for professional support. • Development of digital records [digital 'passport'] accessible by range of professionals and, ultimately, individuals themselves • Establish common, shared outcomes for children and families • Establish common, shared language and use of terminology • Develop shared assessment tools • Health professionals could signpost to other services on offer • Regular professional support with the same person, giving time to get to build trust with the families and their children, e.g., portage worker or health visitor

<ul style="list-style-type: none"> • Training needed to update/widen knowledge of all professionals • Time needs to be given to nurturing relationships between professionals and families • Health partnerships have responsibility to ensure that health outcomes are met. • New young parents need to feel supported through secure reliable relationships • Build confidence in partnerships - families knowing and trusting professionals: professional individuals knowing and trusting their professional partners • Support given for the wider community to be non- judgmental towards families with CWD - often feel particularly disadvantaged through prejudice, judgement and discrimination. • Children aged 0-5 are often at the diagnosis stage and there may be a lack of clarity for the family. Some families may not have a positive support network or may not believe their child has additional needs. • There may be lack of clarity of who is involved with their child and what the next steps are, e.g., diagnosis, referrals, attending CDC, nursery, EHCP • Parents may feel undermined by professional guidance and intervention • Ensure that professional direction is fulfilling the needs of the family, e.g., parents with CWD offered nursery placements as “respite” when this is not the respite required • Families need flexibility • It is vital that parents are continually communicated with and reassured, - needs to be recognised that timescales can feel very different for parents compared to professionals. • Having continuity of staff ensures relationships are formed with families: Staff are then able to signpost with confidence and parents have confidence to accept guidance • Establishing positive relationships with families supports thinking ahead in order to pre-empt issues that may arise, which, in turn, supports early intervention and tackling difficulties before escalation 	<ul style="list-style-type: none"> • Establish/assign accountability to roles • Information needs to be shared across the range of professionals • Professionals need to keep parents up to date with the current situation, e.g., place on CDC groups, social care parent/ carer assessments, OT waiting lists, EHCP process • It should be a holistic approach where the whole family's needs are recognised within the whole environment • Offers of support for families could include involvement of extended family and friends, and may also include support for social and respite activities as well as support for other children, e.g., older siblings • Develop shared use of facilities • Professionals to make links with settings to ensure that families understand what is expected of them. • Sharing information with settings, e.g., about children on CAF, may support a more holistic approach to supporting the family. 	
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Table 7 : Specialist support

Key Considerations	Service Approach	Delivery Suggestions
<ul style="list-style-type: none"> • Homelessness is a big issue but there is currently no independent advice available • How do we measure that % of people not currently captured within held data? • Speech and language development in young children is of particular concern • Consider how will address specific issues and barriers for deprived/vulnerable families • How can children and families with EAL be supported with speech and language assessment • Need to identify families that most vulnerable and support required • There are financial implications for nurseries taking on NEF funded 2 yr olds: some nurseries won't allow NEF funded on waiting lists; also, taking on high numbers impacts nursery financially • Families may be so fearful of the future which, in turn, makes it difficult to focus on the here and now. They may, then, need support to help them with dealing with present concerns and planning for the future. • Transport issues/difficulties, due to additional safety requirements, are of major concern and impact significantly on accessing support • Families with specific difficulties require independent advice on housing and finance, and will require signposting to direct support services, e.g., food banks • It is difficult to communicate with some families as they may not be receptive to external advice and support • It is important that positive relationships built on trust are established • Some settings may struggle to support children and families with additional or special needs due to financial and/or staffing restraints • Children aged 0-5 are often at the diagnosis stage and there may be a lack of clarity for the family. Some families may not believe their child has additional needs. • There may be lack of clarity of who is involved with their child and what the next steps are, e.g., diagnosis, referrals, attending CDC, EHCP 	<ul style="list-style-type: none"> • Ensure have understanding of all barriers to accessing range of support • As part of universal services, how will we signpost those with particular need? • Many issues relate to attachment - ante-natal support provides opportunity to provide early help with emerging attachment issues • Speech and language referrals are taking >12 months - what can be done in the interim? • Numbers and ratios of specific target children/families need to be considered and used to assign support EY providers, i.e., higher numbers of 2yr old placements require additional support/finance • Need to identify what support network will work best for vulnerable parents/carers • Apply funding for 2yr nursery placements more creatively, e.g., provide funding for CWD to get developmental support via childminder when rurally isolated • Support parents to feel confident about making contact with health visitor or others, e.g., Hereford Carers • Develop services that are flexible enough to meet family needs • Professionals who support children with additional needs rely on the communities to support and promote inclusion. Partnerships between communities, charities and businesses can considerably help support children with disabilities. 	<ul style="list-style-type: none"> • Create liaison officers or coordinators for target families i.e., EAL, mental health support and SEND • Development of EH team and EH coordinator [based on Kent model] • Review [survey] of access to information for EAL families • Use CC's to provide required 'face-to-face' support • Possible roll-out of 'Bookstart' universally • Local news letters • Develop a hub or some form of meeting space where families with CWD can meet up and exchange information and make friendships

- Ensure that advice is fulfilling the needs of the family, e.g., parents with CWD offered appropriate “respite”
- Support given for the wider community to be non- judgmental towards families with CWD - often feel particularly disadvantaged through prejudice, judgement and discrimination.
- Some families they have to wait a long time for support, e.g., SaLT
- Housing may be an issue for a family and it is known for a family to live with older generation until housing becomes available.
- Support for speech and language delay is frequently requested.
- Information on dummy use and how interferes with speech and language is needed as, currently, there is not a universal message outlining links between tooth decay and speech and language.

Table 8: Service and systems transformation

Key Considerations	Service Approach	Delivery Suggestions
<ul style="list-style-type: none"> • Current services are focused on having a label • Ongoing budget restrictions and limitations create difficulties for support provision • Impact of austerity and continued demand for change - negatively impacting EY providers and services • Consideration to be given to children post 2yr assessment, who are not NEF funded - what support can be put in place to support their readiness for school? • Extension of 15hrs placement to 30hrs has been problematic in processing/applying • Currently, there are limitations on availability of digitally based information • Digital systems and data-bases are not compatible for linking up so that information can be easily shared • Professionals need to recognise that our processes/ assessments/ criteria's/ waiting lists/ meetings etc., can be overwhelming and, for parents/carers, is hard to understand or decipher difference • There is often too much of a delay for funding coming through to support universal plus children - bespoke support is being applied when staff/finances are stretched. 	<ul style="list-style-type: none"> • Children centres to support all not just 'critical' • Apply whole family approach to support • Develop procedures for teams to support picking up on early identification of emerging issues or low level support • Establish clear strategic direction on what can be and what can't be transformed within support/services • Time given to build on relationships between families and, e.g., CC personnel and HV's and personnel continuity to be maintained • Prioritise families with NEF funded 2yr olds for additional support • Consideration to be given to cost effectiveness of services and the impact they have on children's outcomes • Ensuring deadline for assessments i.e., 2 year checks carried out at age 2 • Ensure that families are required to seek minimum number of professionals to contact • Establish good communications based on individuals' requirements and interactions rather than service • Too many referrals to different contacts – being 'passed pillar to post' - a link-person role is key for families • Improve response times • Professionals need to be creative in how and when they work with families, e.g., home visits, visits to settings and groups • Process for service referrals needs improvement • Reduce paperwork to help speed up process for referral • HV move on-line – no more paperwork getting lost • Develop simple IT solutions for flagging of alerts 	<ul style="list-style-type: none"> • Implementation of partnerships, organisations, and service arrangements needs adequate time to embed in practise • Professional drop-in sessions – cut down paperwork and paper chasing

Table 9 : Access to services

Key Considerations	Service Approach	Delivery Suggestions
<ul style="list-style-type: none"> • Rural isolation is main concern in terms of deprivation, access to services, access to on-line information and support, e.g., mums that are without transport during the day because partners are out working or seeking work • Access to an available nursery for NEF funded children living in isolated rural areas is an issue • Other childcare commitments prevent parents/carers from accessing groups, e.g., medical appointments, • Difficult for parents to find group/ activities which are affordable and safe in some areas • Families move around and can be very hard especially for travelling families; outreach has to play a part in provision. • Families value having venues are at a walkable distance to them - help keep the costs down and encourage access and engagement • For most families, transport is a huge issue when support is being put in place. Whilst it is the parents' responsibility to attend appointments we need to acknowledge the barriers that families face in accessing services. In that initial phase when appointments are made we need to be clever in the way that we organise this. Volunteers may be able to support the parents to get to the appointments and have the skills and empathy to ensure emotional wellbeing. • Similarly, children (16+) and adults have no access to work opportunities because of these reasons – an example of Early Intervention being essential to supporting best Outcomes for Children and families • Within rurally isolated groups many parents/carers do not have family nearby to ask about issues, use as support/child care or have an opportunity to have time to themselves without the children. • Consider how the accommodation and environment impacts on parents, carers and families – what messages about public health issues are being presented? 	<ul style="list-style-type: none"> • Improve and make access easier for the more isolated groups [requires provider request forms currently] • Provide outreach approach for some services • Develop one-stop shop – all services in the area together • Access 'captive audiences' such as ante-natal clinics to offer other advice, information and support services • Improved application and sharing of accommodation to help break barriers • Involve use of libraries to support S&L development in children • Develop shared use of facilities and venues 	<ul style="list-style-type: none"> • Children centres on the move to reach rural areas, like 'library on the move'

6 Parent/carer discussions

6.1 During the engagement period, 6 organised discussion meetings were held so as to gather views from parents/carers across a range of localities:

- Widemarsh Children Centre
- Ledbury Children Centre
- Greencroft Children Centre
- Peterchurch Community Centre
- Hinton Community Centre
- Belmont Community Centre

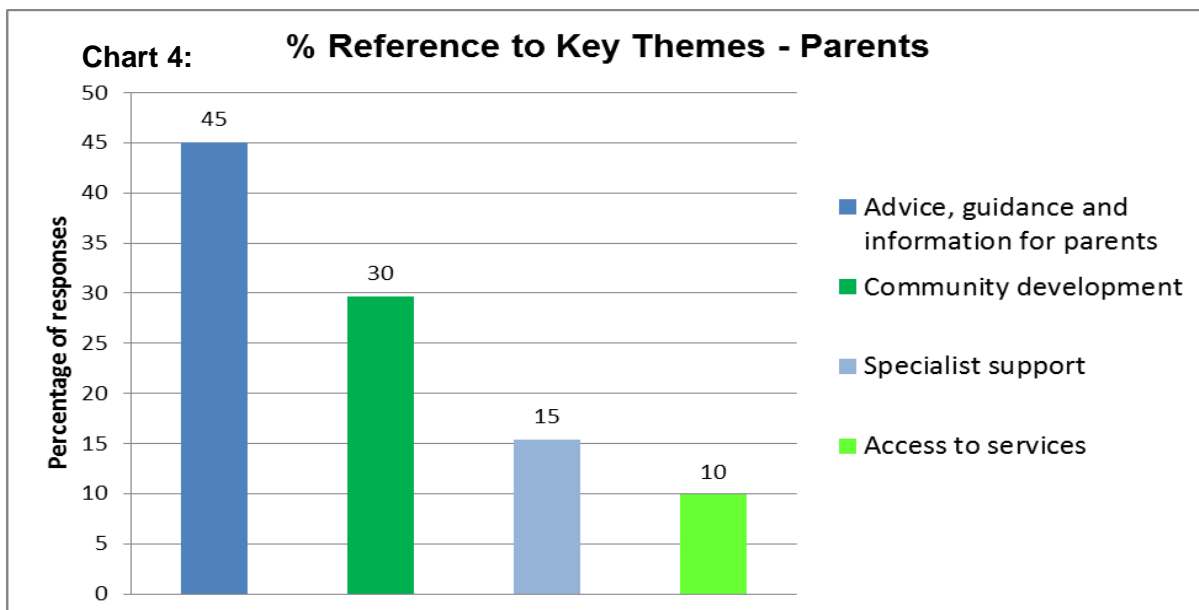
6.2 The range of views and comments collected have been broadly categorised as:

- **Key considerations** – comments and suggestions relating to specific issues underpinning support arrangements
- **Service Approach Suggestions** – suggestions for specific approaches to service design
- **Delivery Suggestions** – suggestions for specific forms of delivered service

6.3 From discussions with parents/carers and from the comments contributed via the on-line survey, the following key development themes were identified

- Advice , guidance and information for parents/carers
- Specialist support
- Community development
- Access and accommodation

6.4 The percentage of the total comments captured that refer directly to each theme is shown in the table below:



6.5 Tables summarising parent/carers' commentaries for each key theme are set out below:

Table 10: Advice, guidance and Information

Key Considerations	Service Approach	Delivery Suggestions
<ul style="list-style-type: none"> • Being able to talk to others is important including both family/friends and professionals • Listening and sharing experiences provides valuable support • Parents use a mix of information sources which includes self-researched information and direct professional advice • Support from family for help with childcare is often limited because of family members' work and commitments • Parent would need to feel confident about who and where they get information from in order to be able to support children. • Parents use a mix of information sources which includes self-researched information and direct professional advice, including researching problems before seeing GP • Support from extended family is varied and often dependent on when needed - week or weekend • Ultimately, it is the Parents decisions about choices to be made. As a Parent they would do all that they could to give their child the very best start possible. • General internet searches can be very inconsistent and varied in reliability of information sources - may lead to more anxiety and worry in parents. Known, reliable sites such as NHS offer parental/carer confidence • Some parents/carers are suspicious or lack confidence in internet sourced information - prefer face-to-face • Networking of parents/carers/peers can be helpful • Family/friend networks can play valuable role in supporting parents/carers' confidence in finding more information for themselves • Specific site offering information about what is happening in Herefordshire would be useful • Recognise that information between generations can be different - need to ensure parents/carers are receiving most up to date information • Parent'/carers recognise that professional perspective is important 	<ul style="list-style-type: none"> • Parent accesses a variety of sites for information including Google and specific sites that can offer advice based on facts, such as NHS. • Parents can get information and activity ideas from the groups attended, e.g., reading, writing and numeracy activities • Partnership between parents/carers and professionals is key in ensuring best outcomes • Ensuring the support is offered meets all the family's needs and is followed up. May leave parents/carers feeling vulnerable and worried if not followed up adequately. • Would expect the council to be able to signpost those in need to the relevant organisations verbally as well as on the website as not everyone has access to a computer. • Better explanation on how + when health visitors can be accessed for advice. 	<ul style="list-style-type: none"> • Support with budgeting, claiming benefits and deciding childcare option would be helpful • Focused parents groups, supporting particular groups of parents/carers, e.g., young parents • Maintain a good array of play groups at children's centres. • CC's and other children service venues could possible offer additional courses for parents/carers, as well as support for children's learning and development, i.e., reading, writing and maths; play for learning • Support and guidance on feeding would be helpful

<ul style="list-style-type: none"> • Some parents/carers are willing to engage in training and accreditation to support specialised services, e.g., breastfeeding • EAL families may rely solely on professional services such as HV clinics. May not be able to fully access other information sources or services, and not necessarily aware of what's available • Some parents rely intensively on extended family support for childcare and advice • Some parents prefer not to engage in formally organised learning programmes • Recognise that parents/carers emotional wellbeing needs to be supported and that parenting styles differ • Parents should be informed of what is expected in term of their children's development require good level of development guidance to support parenting skills and knowledge. • Setting off on the right foot is essential for Parents to feel comfortable in supporting their children, especially with behaviour issues. Ensuring that Parents/Carers are supported with all developmental issues that may arise. • Professionals that know the parent/carer/family more likely to get the best outcome. • Parents may want help with selecting the right school for their child • It is especially important and reassuring to be able to contact people about health concerns and gain advice about education. • Parents are not always confident that support agencies such as volunteers have sufficient knowledge to help with concerns and enquiries 		
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Table 11: Community Development

Key Considerations	Service Approach	Delivery Suggestions
<ul style="list-style-type: none"> • Some parents do not want to be actively involved in in community groups or activities as they do not want to be tied to anything specific • Some parents will access groups not in their immediate area or community • Professionally run activities/groups aimed at families with babies and very young children have positive impact on children's outcomes, e.g., Library Bounce and Rhyme • Some parents prefer to access activities and events on a daily basis • Accessing group activities is good way for both parents and children to socialise • Parents/carers having positive support experiences recognise the value of these experiences and can contribute to further support others • Play Areas are used less and felt this should be explored. It was a missed opportunity for children and families to enjoy being outdoors. • Doing things like organising or getting involved in activities may help parents/carers to make friends. • Ensuring that all communities recognise the value of early years groups, especially to support families who cannot access more expensive activities. • Links to local support groups, be more proactive in support rather than leaving it to parent motivation, vulnerable parents such as those new to an area can be intimidated going to established groups etc. Support groups could be developed in schools / nurseries where families are seen regularly and get to see regular familiar faces • CC's are good source of knowledge for parents and promote friendships and networking • Some parents/carers are not confident in current education and care support systems - can new service structure reflect more cooperative approach, giving consideration to parents' style and preferences • Access to more workshops and classes to support parents/carers would be useful 	<ul style="list-style-type: none"> • More outdoor led opportunities to engage in for pre-school children, such as Forest School would be valuable. Would also like to see more Jungle/Soft Play places. • Volunteers or peers with EAL involved in activity/community groups positively supports integration of other EAL families into the community • Group/community activities are a good way for parents/carers to learn from each other • More Information Boards around the area with relevant info' about what is happening • Making outdoor spaces welcoming and accessible. As a Parent being outdoors in places such as Queenswood is important. • Find ways to sustain groups so that they continue • Having had good practice modelled helps parents/carers and volunteers to maintain a professional, inclusive approach to all who would like to access and support group. • More volunteers would ensure a better coverage of community support. • Provide help and advice on setting up volunteer support groups if setting up a group that does not already exist. • Promote inclusion by having more groups/activities/CC led activities in rural locations and for difficult to reach families • Recognised that the council should target support for more disadvantaged children and families • Organise more groups and activities for localities, supporting parents, carers and families to get together 	<ul style="list-style-type: none"> • Comprehensive directory of family assistance available, for tailored support. • Access to nurseries and/or crèches in CC's would be helpful • Further education/hobbies such as swimming lessons, music lessons, drama. Useful sports that can include parents encourage them time with their child or relation.

Table 12: Specialist Support

Key Considerations	Service Approach	Delivery Suggestions
<ul style="list-style-type: none"> • Parent/carers need to feel confident that communications with professionals is two-way, and time and focus provided by professionals to ensure good communication • Parents within Hereford city area generally find easier to access services and information • Good dialogue between families, schools and a range of professionals help ensures confidence of parents/carers and their children • LA has a role/responsibility to inform families about services available and on offer • Communications and information provided by different professionals can be inconsistent • Some specialist support is very effective in support and information offered, e.g., hearing • Families recognise and value professional support such as CC's and HV • Parents/carers who are also professionals can have positive role in supporting peers and their communities • Parents need ongoing support for children's welfare throughout - includes education and training or parents, child milestones and what to expect, help with physical and mental health problems, teenage health and safeguarding. • Parents value having right information, advice and guidance from start - ensuring babies are developing correctly and getting the right health support and advice 	<ul style="list-style-type: none"> • Ongoing dialogue between professionals needs to ensure that relevant information about available services is shared and up to date • Explanation from Professionals of what parents can do for themselves when addressing issues is important, right from the beginning. • Being fully informed by professionals is supported with relevant literature/ modelling/discussion. • Professional support for parent run groups will ensure policies, statutory regulations and safeguarding requirements are met • Groups need to know that there is professional support with issues that may arise. • Parents would value having clearly structured outline of support available and a well indicated 'gateway' for specialised services 	<ul style="list-style-type: none"> • Drop-in crèche to support parents with little or no family/friend networks would offer valued respite and help, e.g., for attending GP appointments • Parents/carers would value have easy access to advice and guidance on adult issues such as housing, money and jobs

Table 13: Access to services

Key Considerations	Service Approach	Delivery Suggestions
<ul style="list-style-type: none"> • Parents/carers living in Hereford can access further afield activities more easily - this does not necessarily support local community development and parents appreciate having activities closer to home • being able to talk to others is important including both family/friends and professionals • Families from the Deer Park area of Ledbury have difficulty accessing the Children Centre and a more centrally based Community space would enable those families. • Working parents have limited opportunities to access groups/activities as often scheduled during week days • Parent/carers are not always confident to go somewhere new or different, including attending new groups/activities • Families living outside of Hereford may have difficulty in attending city based services, e.g., hospital appointments • Access to professionals can be difficult, e.g., GP appointments at time of need • Consideration is given to timings of appointments made and access to them may need additional, adequate support. • Being in the City has advantages; there is more choice if you can get to the Groups. 	<ul style="list-style-type: none"> • Limited opportunities for children to learn and play together in a structured way outside of term periods. What is available can be expensive [NEF funding not available for nurseries in holiday periods] 	<ul style="list-style-type: none"> • EAL families can support peers through language specific chat communities • Develop more play and stay type activities around Ledbury area

7 Research objectives – summary of delivery suggestions

7.1 Addressing the original foci underpinning this research, the following table categorises the potential delivery solutions offered by respondents:

Table 14: Potential Solutions			
What parents/carers might to support themselves	What local communities might provide in support children and their families	What family and friends might do to support children and their parents/carers	What professionals might do and how these services can be best accessed
<ul style="list-style-type: none"> • EAL families can support peers through language specific chat communities • Develop self-help quiz to enable parents to find out what support they actually need and show what's available • Develop self-help books • Develop on-line tools e.g., CAB, housing • Develop a universal tool that supports parents/carers understanding of what to expect as a parent and key milestones in their child's journey to adulthood • WISH, resource for signposting and information sharing, needs to be developed so that it is comprehensive and the content is accurate and up-to-date • Make available use of community computers to parents/carers • Develop overview of what support available – website, hard copies • Develop information and support app for smart devices • Offer parenting classes before birth of children • Support developing parents/carers' knowledge of issues that impact on children • Regular repeated information groups giving advice on parenting, child development, finance, housing, feeding, dental health • Support for help with identifying when/if support is needed, e.g., self-help tool on-line 	<ul style="list-style-type: none"> • Develop more play and stay type activities • Make links to existing on-line communities and support groups • Create Herefordshire on-line help forum • Develop social media groups [securely administered] to offer self-help and support • Develop phone support service to offer regular support and 'friendly voice' • Parents and Carers use the settings' Facebook pages and chat to each other or ask for information.. • Learning Alliance Provision - would be good if something similar could be introduced. • Focused parents groups, supporting particular groups of parents, e.g., young parents • Maintain a good array of play groups at children's centres. • CC's and other children service venues could possible offer additional courses for parents/carers, as well as support for children's learning and development, i.e., reading, writing and maths; play for learning • Establish good park and recreational facilities • Develop community transport schemes, e.g., car sharing • Develop more accessible groups, e.g., more available at weekends for working parents • Develop parent and family support through church groups, Brownies, Cubs, mother & 	<ul style="list-style-type: none"> • Use FaceTime and Skype supporting technology to support families in rural isolation • Support for grandparents and families to be up-to-date about information and the support/care approaches recommended professionally • Buddy system using family and friends to support working parents • Family/friends to offer 'babysitting' and respite, so parents/carers can rest, attend courses/ training, get to appointment and interviews • Develop a hub or meeting space where families can meet up and exchange information and make friendships • Call networks within friends/ family - call regularly to offer information, advice and a friendly voice 	<ul style="list-style-type: none"> • Children centres on the move to reach rural areas, like 'library on the move' • An early help telephone line • A WISH telephone line • Parent drop-in service [face-to-face] • Provide on-line training for parents using social network and on-line communities • Settings to provide story sacks for families. • Professionals support and advice on behaviour management could be offered through a guide with strategies and tactics • Support with budgeting, claiming benefits and deciding on childcare • Support and guidance on feeding • Offer limited free childcare (2-12yrs) to vulnerable families that can't access funding. • Development of digital records [digital 'passport'] accessible by range of professionals and, ultimately, individuals themselves • Establish common, shared outcomes for children and families • Establish common, shared language and use of terminology • Develop shared assessment tools • Health professionals could signpost to other services on offer • Regular professional support with the same person, giving time to get to build trust with

<ul style="list-style-type: none"> • Develop a parenting programme - supported and delivered by peer parents and family workers; develop as more universal 'parenting club' • Develop training and learning programmes for adolescents [parents to be] - develop parenting skills learning in schools • Develop parental peer support opportunities 	<p>toddler groups, sports groups, etc.</p> <ul style="list-style-type: none"> • Create small hubs in local venues to provide children centre outreach • Develop a 'community coordinator' to support development of connections and networks in rural communities • Train and develop ambassadors within communities • Introduce concept of 'community mothers' - community role models who can be a point of contact for parents and carers • Develop free drop-in help groups • Develop local community notice boards. • Develop holiday clubs • "Drop In" sessions could be set up within buildings - could also support Library access, swap shop for clothing and toys. • Provide communities with grants that should be spent in outcomes [CYPP] • Access to more nurseries and/or crèches in CC's • Further education /hobbies such as swimming lesson, music lessons, drama, sports - activities that can include parents. • Information Board, leaflets and who to contact for professional support. • Local news letters • Develop a hub or some form of meeting space where families with CWD can meet up and exchange information and make friendships • Drop-in crèche to support parents with little or no family/friend networks, e.g., for attending GP appointments • Easy access to advice and guidance on adult issues such as housing, money and jobs 		<p>the families</p> <ul style="list-style-type: none"> • Create liaison officers or coordinators for target families i.e., EAL, mental health support and SEND • Development of EH team and EH coordinator [based on Kent model] • Review access to information for EAL families • Use CC's to provide required 'face-to-face' support • Possible roll-out of 'Bookstart' universally
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7.2 The research undertaken has presented substantial data and information to support the scheduled redesign of early years services. Specifically, respondents' contributions have provided some valid considerations and service approaches that should aid development of key principles for shaping service organisation, and respondents have also offered valuable suggestions for actual service delivery. However, it is recognised that suggestions and comments collated and summarised within this report are not exclusive or exhaustive, and continued co-productive activity will provide further contribution.



Herefordshire's Family Outcomes Framework

This document is Herefordshire's first iteration of a family outcome framework which directly supports the delivery of local strategic outcomes, primarily contained within the new Health and Wellbeing Board Strategy 2015-2018 and the Children and Young People's Plan 2015-2018.

This outcomes framework will evidence the impact of Herefordshire's revised approach to helping families earlier.

This document is designed to act as an overarching guide for practitioners, staff, managers and auditors to ensure families achieve significant and sustained improvement which will meet the requirements of the national Troubled Families programme. There will be training and a shorter practitioner's guide developed to support delivery of this document.

The outcomes framework will be approved in September 2015 and will then be reviewed regularly to ensure it meets changing local and national requirements

Herefordshire's approach to helping families

Herefordshire is committed to supporting the most vulnerable and challenged families and their children, which is articulated as key priorities within the Health and Wellbeing Strategy and the Children and Young People's Plan. We are dedicated and focused on ensuring all Herefordshire residents live safe, healthy, independent lives and children have a great start in life.

The new Children and Young People's Plan will help to drive forward an agenda of service transformation and early help across the council and its partners, so that there is a greater emphasis on addressing needs at the earliest opportunity and embedding outcomes-focused family plans using evidence based interventions.

One key action will be to streamline assessment processes so that the assessment stays with the family throughout; whether there are step-ups or step-downs, changes of worker or whether the case is active with universal services or within social care teams. The assessment and outcome plan provides accurate, timely and efficient monitoring and avoids families having to re-tell their story.

Below is Herefordshire's Family Outcome Framework which has been agreed locally, and provides a partnership-wide outcomes framework encompassing strategic objectives, the needs of our families and the needs of local partner organisations. It strives to achieve better outcomes for families, reduce demand and costs for public services but also reducing risk, harm and vulnerability.

By successfully achieving sustained and significant change for families we are confident of demonstrating the fiscal savings for all partners by seeing a reduction in the reactive, statutory and specialist services. The national cost savings calculator will be utilized along with data and intelligence gathered by partners to enable a greater targeted focus on families who are the most challenging and challenged within the county.

Development of the Herefordshire Family Outcomes Framework

- From the beginning of this plan's development, partners from across the Health and Wellbeing Board and Children and Young People's Partnership were clear that this plan had to reflect the county's ambition to achieve better outcomes for families and provide a consistent way of measuring that. Supplementary to that, this framework also acts as a response to the national Troubled Families (TF) programme. The framework is a tool to drive performance and quality as well as for the purposes of drawing down government funding.
- The framework has been developed and approved in tandem with the production of the county's Health and Wellbeing Strategy and Children and Young People's Plan (CYPP). This document should be read in conjunction with the CYPP annual business plans for early help.
- Herefordshire Health and Wellbeing Board and its sub-group, the Children and Young People's Partnership, agreed to participate in phase 1 of the national TF programme and achieved its 3 year target of improved outcomes for 310 families in February 2015. As a result of the national and local impact, the partnership, and Herefordshire Council's Cabinet as lead accountable organisation, agreed to participate in the extended TF programme to 2020. Over this 5 year period our aim is to support over 1000 families.
- Guidance from the TF Financial Framework and exemplar outcomes plans from early starter authorities have supported the production of this first framework for Herefordshire.
- The public health outcomes framework has been used where possible to ensure that strategic outcomes are already measurable and evidenced.
- There has been an extensive consultation on this framework with individual partners, services and teams plus partnership groups and boards between November 2014 and up to approval in September 2015.
- Following the initial draft of the outcomes framework and before its final approval, Herefordshire Council's internal auditors were also consulted to ensure that the framework is robust enough to provide the evidence of significant and sustained progress in families to support any payment by results claims made to the Department of Communities and Local Government.
- Once this framework is approved there will be further development work undertaken to ensure these outcomes are used in practice by front line staff, through revised tracking tools, individuals and family outcomes plans, training and ICT systems. This will be crucial to connect improvements in individual families back to the strategic county goals.

Identifying and working with families



- Families will be identified by a number of means across the 6 main headline areas above – through information sharing of data sets with partners or through nominations or referrals from individual professionals. The specific issues across the 6 headings are detailed in the appendix below along with the data sources for identifying issues in families.
- Herefordshire’s early help approach is currently being developed as part of the priorities within the new Children and Young People’s Plan and will include actions around workforce development; referral, assessment and planning processes; market and community development and establishing an early help offer of service. A key part will be the establishment of an early help intelligence function that will triangulate intelligence from partners to understand the issues within the family. Where the family is not already assessed and / or receiving support then their situation would be risk assessed to be able to prioritise families for assessment and support where appropriate.
- Practitioners working with families will undertake a well conducted family assessment, working with all family members to identify the issues that need to be addressed. This will form the basis of an holistic family outcomes or action plan which will address the issues and what outcomes the family is aiming to achieve. This in turn facilitates the actions to achieve those outcomes in a well-coordinated and effective approach using evidence based techniques and practices.
- The presence of at least 2 of the main headline areas above, suggests that a family may need help and meets the DCLG requirements for a troubled family. Practitioners will need to work with families to agree their outcomes, including outcomes from the appropriate sections of the outcome framework below, and write them in to the individual family outcome plan.
- If an additional issue arises, or becomes apparent, during the course of any support intervention with a family, an outcome must also be achieved for those issues to demonstrate the family has achieved significant and sustained progress.

Evidencing outcomes and long term impact

The achievement of outcomes within this framework demonstrates a commitment to a proportionate and pragmatic approach that reflects genuine improvement in the family's outcomes. Where the term "family member" is used in the framework this means either a child or an adult within the family group.

We will be using a variety of sources to confirm families have achieved positive outcomes.

- The family assessment, outcome plan and review processes will provide a qualitative measure of change for families that will assess the overall wellbeing of the family as well as progress against outcomes across the six headline problems identified as appropriate. Partners may have different tools and recording processes that will achieve this.
- The outcome framework for Herefordshire (below) sets out the core outcomes and measures that indicate the Herefordshire agreed standard of significant and sustained progress.
- Evidence from those practitioners working directly with families will enable them to make a judgement on whether a family has improved significantly and can sustain that improvement long-term, so that intensity of support can be reduced and then eventually stopped.
- The views of family members through self-assessment tools will also help to confirm that significant improvements have been made and that they can be sustained.

Achievement of the outcomes for families will be monitored and reviewed by the early help intelligence function working with practitioners. This process will confirm that at the final review point the family has achieved the outcomes agreed, that support could potentially be reduced or stopped and therefore a claim can be made to DCLG. Outcomes generally will have been achieved between the time the family were identified and an intervention started, and the final review period.

Achievement of outcomes for families against this framework should ensure that significant and sustained improvement for that family has been achieved. However families will be monitored by the early help intelligence function for a longer period of time after an intervention has ended because sometimes situations arise in families that can cause a re-escalation of issues. It is better to catch those issues quickly to resolve them before they reach any crisis point.

1. Parents and children involved in crime and anti-social behaviour

Lead partnership / agencies:

- Herefordshire Community Safety Partnership
- Police, Probation and Youth Offending Services

Strategic goals and indicators:

- To reduce the number of first time entrants to the youth justice system *
- To reduce the level of police call outs
- To reduce the percentage of offenders who re-offend *

INDIVIDUAL FAMILY OUTCOME MEASURES:	MEASURED BY / DATA SOURCE:
1. There is a 50% reduction compared to the previous 6 months in the number of recorded offences committed by the family	Recorded offences by the police
2. There is a 60% reduction compared to the previous 6 months in the number of incidences of anti-social behaviour committed by the family	Recorded incidents of anti-social behaviour from police, youth offending service, housing providers, environmental health teams
3. No siblings of young offenders have engaged in anti-social behaviour and / or criminal activity in the previous 6 months, and do not enter the youth justice system for the first time.	Recorded incidences from youth offending service and police

* Public Health Outcomes Framework

^see appendix 1 for specific issues under this heading

2. Children who have not been attending school regularly

Lead partnership / agencies:

- Herefordshire Strategic Education Board
- Schools, Herefordshire Council

Strategic goals and indicators:

- To reduce the number of children and young people with permanent and fixed exclusions at school
- To increase the % of children and young people that make expected rates of progress in English and Maths

INDIVIDUAL FAMILY OUTCOME MEASURES:	MEASURED BY / DATA SOURCE:
4. Each school age child in the family has attended school for at least 90% of sessions across the last three school terms	Schools census collected by Children's Wellbeing Directorate Attendance data from individual schools
5. Each school age child in the family has fewer than three fixed term exclusions within the last three school terms	Schools census collected by Children's Wellbeing Directorate Exclusions data from individual schools

* Public Health Outcomes Framework

^see appendix 1 for specific issues under this heading

3. Children who need help

Lead partnership / agencies:

- Herefordshire Children and Young People’s Partnership
- Herefordshire Council Children’s Wellbeing Directorate

Strategic goals and indicators:

- To reduce the number of children and young people needing to be looked after
- To increase from 60% to 80% the proportion of all children achieving a Good Level of Development at the end of the Early Years Foundation Stage

INDIVIDUAL FAMILY OUTCOME MEASURES:	MEASURED BY / DATA SOURCE:
6. Families who are eligible are taking up the 2 and 3 year old offer of nursery places and attended 85% of their sessions in the last 6 months	Early years take up figures – Children’s Wellbeing Directorate QA+ database - Hoople
7. There is an appropriate de-escalation or step-down of a safeguarding plan – ie from child protection (CP) to children in need (CIN) to Common Assessment Framework (CAF) and there is no re-referral to social care after 6 months following the end of the plan	Social care FWI records - Children’s Wellbeing Directorate
8. Children in the family are making good progress at school or a good/expected level of development in Early Years	Early Years Foundation Stage Profile Annual Results 2 Year Assessment Results and Integrated Reviews Teachers reports/assessments
9. Six months after an intervention, parents report improved confidence and competence in parenting	Family assessment and outcome plan Practitioner case notes

	Parents self-assessment / self-reporting
10. Six months after an intervention, the family continue to take part in a wider range of community activity	<p>Family assessment and outcome plan</p> <p>Examples could include library membership, joining sport/leisure groups or involvement in specific activities</p>

^see appendix 1 for specific issues under this heading

4. Adults out of work or at risk of financial exclusion, and young people at risk of worklessness

Lead partnership / agencies:

- Herefordshire Council, Jobcentre plus

Strategic goals and indicators:

- To reduce the number of people reliant on out of work benefits
- To increase the % of 16-18 year olds who are in education, employment or training *
- To reduce the % of low-income families with children*

INDIVIDUAL FAMILY OUTCOME MEASURES:	MEASURED BY / DATA SOURCE:
11. An adult or young person in the family has secured and maintained a job (full or part time) for 6 months (individuals claiming JSA) and 3 months (individuals claiming other benefits as per the Troubled Families guidance)	Individual no longer claiming out of work benefits, evidenced through DWP automated benefits check; young person not registered as NEET
12. An adult or young person in the family have made progress to work through volunteering placement, progression into an apprenticeship, traineeship or further accredited learning	Practitioner records Family outcome plan
13. An adult or young person in the family has completed and achieved a qualification, apprenticeship or achieved other milestones that supports progression into continuous paid work	Practitioner records Family outcome plan
14. Family have reduced debt or risk of financial exclusion, e.g. reduced council tax or housing arrears and are accessing eligible benefits including free school meals	Practitioner records Family outcome plan

* Public Health Outcomes Framework

5. Families affected by domestic violence and abuse

Lead partnership / agencies:

- Herefordshire Community Safety Partnership
- Police, Housing providers, West Mercia Women's Aid

Strategic goals and indicators:

- To increase reporting of domestic violence and abuse into formal reporting routines

INDIVIDUAL FAMILY OUTCOME MEASURES:	MEASURED BY / DATA SOURCE:
15. There is a reduction in domestic violence or abuse within the family for at least 6 months	Practitioner case notes; local risk assessment tools Family outcome plan Recorded police call-outs to domestic incidences No reports of incidences from other agencies eg West Mercia Womens Aid (WMWA), Housing Associations
16. Families that are affected by domestic violence and abuse are actively engaged with support services, such as WMWA	WMWA attendance records Practitioner case notes Family outcome plan
17. Perpetrator of domestic abuse is actively engaged and successfully completes a perpetrator program	WMWA attendance records Practitioner case notes Family outcome plan

^see appendix 1 for specific issues under this heading

6. Parents and children with a range of health problems

Lead partnership / agencies:

- Herefordshire Health and Wellbeing Board
- GPs, Clinical Commissioning Group, Wye Valley NHS Trust, 2Gether Foundation Trust

Strategic goals and indicators:

- To reduce the prevalence of dental decay at age 5 so that the mean is equal or better than the England mean*
- To increase to 95% the take up for all routine immunisations in 0-5 year olds*
- To reduce hospital admissions for unintentional and deliberate injuries in 0-4 year olds from the 25th percentile to between 25th – 75th percentile*
- To reduce the proportion of pregnant women who are smokers at the time of delivery to above the 75th percentile for England*
- To reduce the prevalence of young people smoking, drinking and misusing substances

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INDIVIDUAL FAMILY OUTCOME MEASURES:	MEASURED BY / DATA SOURCE:
18. Family is registered with local GP	Family outcome plan Practitioner notes / assessment GP practice confirmation
19. Family is registered with local dentist and attended a check-up in the last 12 months	Family outcome plan Practitioner notes / assessment Dental practice confirmation
20. Children have received age appropriate health immunisations / vaccinations	Family outcome plan

	<p>Practitioner notes / assessment</p> <p>GP practice confirmation</p> <p>Child Health hand held record (red book)</p>
21. Family member has engaged with a smoking cessation programme and is demonstrating progress towards cessation (shown by progress over the previous 6 months)	<p>Family outcome plan</p> <p>Practitioner notes / assessment</p> <p>Help to quit service records</p>
22. Family member has engaged with a drug / alcohol treatment programme and is demonstrating progress towards reducing harmful behavior (shown by progress over the previous 6 months)	<p>Family outcome plan</p> <p>Practitioner notes / assessment</p>
23. Family member has engaged with a healthy weight programme and is demonstrating progress towards a healthy lifestyle (shown by progress over the previous 6 month period)	<p>Family outcome plan</p> <p>Practitioner notes / assessment</p>
24. Pregnant women are under the care of a midwife and have had an ante-natal assessment by a Health Visitor	<p>Maternity and health visiting records</p> <p>Family outcome plan</p>
25. All children in the family aged 2½ years have had an ages and stages health assessment	<p>Health Visiting records or Nursery records</p> <p>Family outcome plan</p>

* Public Health Outcomes Framework

^see appendix 1 for specific issues under this heading

Appendix 1 – Specific family issues and identifying data sources

The indicators below are taken from the DCLG Troubled Families Financial Framework March 2015. Those in italics indicate where additional Herefordshire indicators have been added.

Who are the families we need to support in Herefordshire and how do we identify them?		
Family Problem (min of 2)	Indicators - what issues could be present in a family	Who will provide the information
1. Parents and children involved in crime or antisocial behaviour.	A child who has committed a proven offence in the previous 12 months.	Information provided by Youth Offending Service and the Police.
	An adult or child who has received an anti-social behaviour intervention (or equivalent local measure) in the last 12 months.	Information provided by the Police, anti-social behaviour teams and housing providers.
	An adult prisoner who is less than 12 months from his/her release date and will have parenting responsibilities on release.	Information provided by probation providers and prisons.
	An adult who is currently subject to a licence or supervision in the community, following release from prison, and has parenting responsibilities.	Information provided by probation providers and prisons.
	An adult currently serving a community order or suspended sentence, who has parenting responsibilities.	Information provided by probation providers.

	<p>Adults or children referred by professionals because their potential crime problem or offending behaviour is of equivalent concern to the indicators above. <i>For example:</i></p> <ul style="list-style-type: none"> - racial and hate crime incidences - repeat police call outs to the same address/location over a 6 month period - incidences of sexual violence - incidences of noise nuisance, fly tipping 	<p>Nominations from the Police, multi-agency gang units, probation providers, Serious Organised Crime Partnerships, Integrated Offender Management Teams and CHANNEL coordinators; environmental health services; Council diversity team; Herefordshire Safeguarding Adults and Children's Boards; Community Safety Partnership</p>
<p>2. Children who have not been attending school regularly.</p>	<p>A child who is persistently absent from school for an average across the last 3 consecutive terms.</p>	<p>Information compiled locally for submission to the Department for Education for the School Census and Alternative Provision Census. Information provided by Education Welfare Officers.</p>
	<p>A child who has received at least 3 fixed term exclusions in the last 3 consecutive school terms; or a child at primary school who has had at least 5 school days of fixed term exclusion in the last 3 consecutive terms; or a child of any age who has had at least 10 days of fixed term exclusion in the last 3 consecutive terms.</p>	
	<p>A child who is in alternative educational provision for children with behavioural problems.</p>	
	<p>A child who has been permanently excluded from school within the last 3 school terms.</p>	
	<p>A child who is neither registered with a school, nor being educated in an alternative setting</p>	<p>Information compiled locally from within the local authority</p>
	<p>A child nominated by education professionals as having school attendance problems of equivalent concern to the indicators above because he/she is not receiving a suitable full time education.</p>	<p>Nominations from teachers and education welfare officers (or equivalent).</p>

3. Children who need help: children of all ages, who need help, are identified as in need or are subject to a Child Protection Plan.	A child who has been identified as needing early help	<p>Information from local authority early years providers (e.g. children's centres) about children who don't take up the Early Years Entitlement, by cross-referencing a list of those children eligible with those who are not in an early years setting.</p> <p>Information from local schools, academies and education welfare teams, Special Educational Needs Coordinators (SENCOs) or equivalent about children identified in the School Census as having social, emotional and mental health problems .</p> <p>Information from the Police and Children's Services (including youth services) about children who have been reported missing from home and identified as of concern</p>
	A child who has been assessed as needing early help.	<p>Information from Children's Services or related multi-agency teams about children who are:</p> <ul style="list-style-type: none"> - repeatedly assessed under Section 17 or 47, of the Children Act 1989, but not deemed ' a child in need', or -subject to Early Help Assessments or Common Assessment Framework (CAF) , or equivalent
	A child 'in need' under Section 17, Children Act 1989.	<p>Information provided by Children's Services.</p>
	A child who has been subject to an enquiry under Section 47, Children Act 1989.	
	A child subject to a Child Protection Plan.	

	<p>A child nominated by professionals as having problems of equivalent concern to the indicators above. <i>For example:</i></p> <ul style="list-style-type: none"> - children experiencing / at risk of poor parenting - children with developmental delay - children at risk of exploitation (including sexual exploitation) - children identified as not achieving expected levels of attainment in school - children with challenging behaviour - teenage parents - young looked after mother / father who have already had children removed - young carers 	<p>Nominations from schools, social workers, early years providers, (including Children's centres), health visitors, education psychologists, school Special Educational Needs Coordinators (SENCOs), Youth Offending Service and the Police. Information from the Closing the Gap project, Herefordshire Carers Support</p>
<p>4. Adults out of work or at risk of financial exclusion or young people at risk of worklessness.</p>	<p>An adult in receipt of out of work benefits or</p> <p>An adult who is claiming Universal Credit and subject to work related conditions.</p>	<p>Department for Work and Pension's Automated Data Matching Solution (ADMS) for the Troubled Families Programme.</p>
	<p>A child who is about to leave school, has no/ few qualifications and no planned education, training or employment.</p>	<p>Information drawn from Personal Learner Records and the local authority's Client Caseload information System (or equivalent)</p> <p>Information collected by local schools, academies and alternative providers for the Department for Education's School Census and Alternative Provision and Youth Contract providers.</p> <p>Key Stage 4 data compiled by schools and academies' pupil level for the production of published school performance tables.</p>

	A young person who is not in education, training or employment.	Local authorities' Client Caseload Information Systems (or equivalent), which indicates whether young people have been identified as not in education, training or employment (NEET) or whether their activities are 'not known'.
	Parents and families nominated by professionals as being at significant risk of financial exclusion. This may include those with problematic / unmanageable levels and forms of debt and those with significant rent arrears. <i>Could also include, for example:</i> - families with housing difficulties e.g. overcrowding, under notice of eviction or homeless - repeat attendance at food banks	Nominations from organisations specialising in debt and finance, such as the Money Advice Service, Jobcentre Plus and housing providers. Council enforcement team, providers/services that distribute food bank vouchers
5. Families affected by domestic violence and abuse.	A young person or adult known to local services has experienced, is currently experiencing or at risk of experiencing domestic violence or abuse.	Referrals from local domestic violence and abuse services or professionals, such as Independent Domestic Violence Advisors (IDVAs), housing providers, health services, the Police, Children's Services and Youth Offending Service.
	A young person or adult who is known to local services as having perpetrated an incident of domestic violence or abuse in the last 12 months.	Local Police data and intelligence. Referrals from local domestic violence and abuse services or professionals, such as Independent Domestic Violence Advisors (IDVAs), housing providers, health services, the Police, Children's Services and Youth Offending Service.
	The household or family member has been subject to a police call out for at least one domestic incident in the last 12 months.	Information from the Police, Multi-Agency Safeguarding Hubs (MASH) and Multi-Agency Risk Assessment Conferences (MARAC).
6. Parents and children with a range of health problems.	An adult with mental health problems who has parenting responsibilities or A child with mental health problems.	Referrals from Community Mental Health Services, Child & Adolescent Mental Health Services, local GPs, education psychologists and school Special Educational Needs Coordinators (SENCOs).

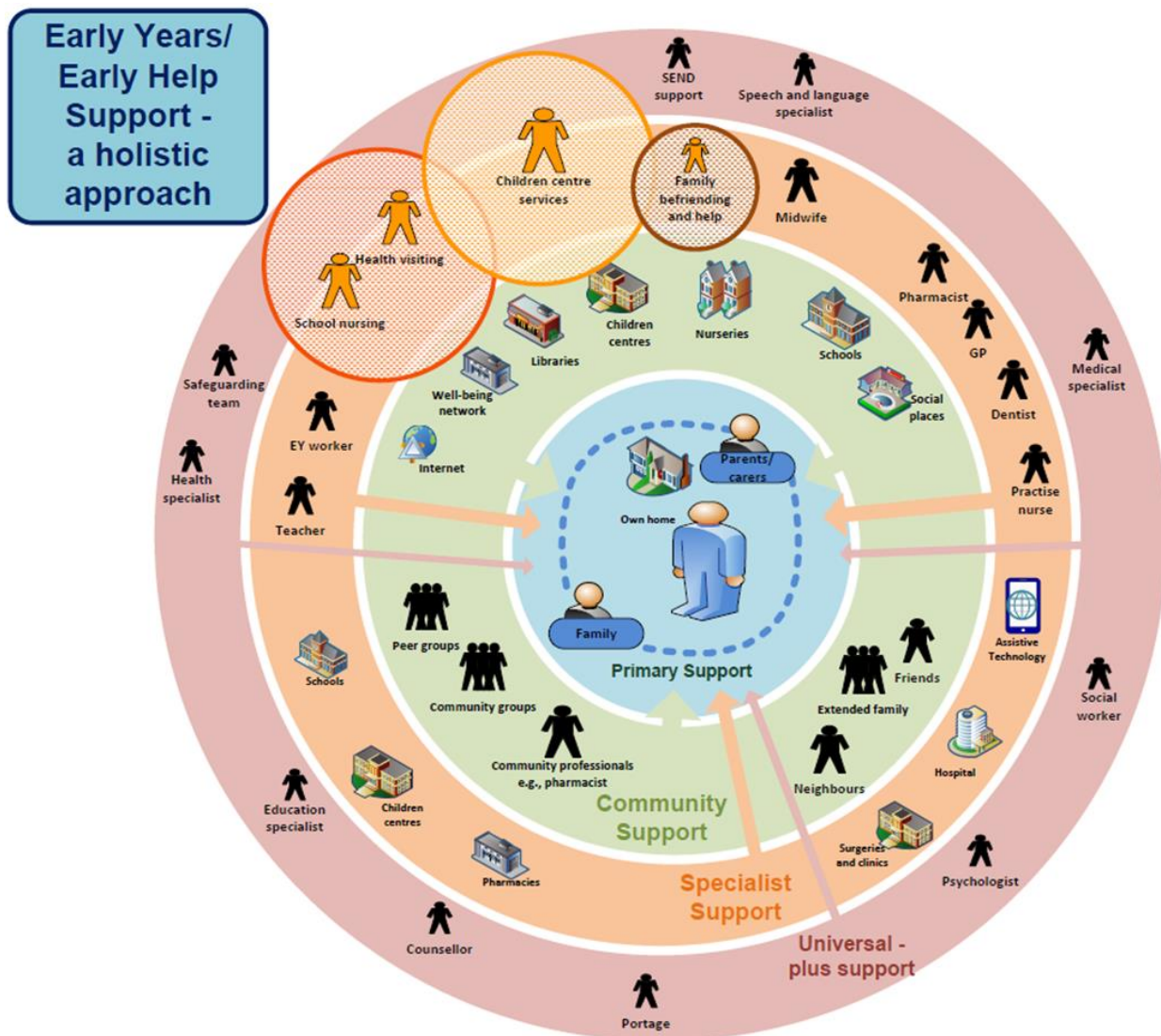
	<p>An adult with drug or alcohol problems who has parenting responsibilities, or</p> <p>A child with a drug or alcohol problem.</p>	<p>Information drawn from the National Drug Treatment Monitoring System.</p> <p>Referrals from local GPs, the Police or local substance misuse support services.</p>
	<p>A new mother who has a mental health or substance misuse problem and other health factors associated with poor parenting. This could include mothers who are receiving a Universal Partnership Plus service or participating in a Family Nurse Partnership</p>	<p>Referrals from health visitors, midwives, family nurses or local GPs.</p> <p>Information from the Local Child Health Information System.</p>
	<p>Adults with parenting responsibilities or children who are nominated by health professionals as having any mental and physical health problems of equivalent concern to the indicators above. This may include unhealthy behaviours, resulting in problems like obesity, malnutrition or diabetes.</p> <p><i>Other examples could include:</i></p> <ul style="list-style-type: none"> - children repeatedly not attending medical appointments - individuals identified as attending A&E repeatedly over a sustained period 	<p>Referrals from health professionals, including GPs, midwives, health visitors, family nurses, school nurses, drug and alcohol services and mental health services.</p>

Appendix 3: Children and young people’s partnership priorities for early years and early help

Early Years	Early Help
<ul style="list-style-type: none"> • To develop an integrated approach to improving the health, wellbeing, developmental and educational outcomes of children aged 0-5 years • To ensure better continuity of provision and services across the 0–5 age range with clear and agreed pathways between services and between levels of service (for example, between universal and universal plus or targeted services) • To ensure smooth transitions across the life course – i.e. between maternity services and 0-5 early years services and 5-19 years services • To ensure increasing numbers of children are ready for school at the end of the Early Years Foundation Stage (EYFS) and make a successful transition to school • To mitigate the effects of poverty, inequality and disadvantage through the provision of high quality early education and childcare, the Healthy Child Programme 0-5 years, more effective support for parents and narrowing of the early development achievement gaps for the most disadvantaged children 	<ul style="list-style-type: none"> • Improving the early identification and response to some critical issues that affect the development of children and young people, breaking the cycle of inter-generational inequality through working collaboratively with the whole family to: <ul style="list-style-type: none"> • Improve physical and mental ill health of both children and their parents and carers • Reduce crime and anti-social behaviour • Reduce worklessness • Reduce domestic violence • Tackling the effect of poverty on children’s outcomes • Putting in place targeted models of effective intervention which will work alongside and with universal services, with a clear lead worker for each family who will co-ordinate those services to meet their needs. • Reducing the need for children and families to need help and intervention from statutory services and to work with families who are stepping down from statutory interventions to enable them to effectively work with universal provision. • Providing early help to 600 families with support from the Government’s “Troubled Families” initiative) £1.8m of new funds to continue this work.

Appendix 4: Herefordshire Early Years and Early Help System

Herefordshire’s whole system approach to early years and early help involves a wide-range of services operating within and across four levels of support, as illustrated below. This includes the commissioning intentions for public health nursing, children’s centres services in Bromyard, and family befriending and mentoring services from April 2018, which are described by the key decision report to be presented to Cabinet.





Equality Impact and Needs Assessment Form

A) General Information

Name of service, function, policy (or other) being assessed

Public Health universal and early help services for children, young people and families

Directorate or organisation responsible (and service, if it is a policy)

Adults & Wellbeing

Date of assessment

September 2017

Names and/or job titles of people carrying out the assessment

Lindsay MacHardy Public Health Commissioning Lead

Accountable person

Martin Samuels, Director of Adults and Well Being

B) Describe in summary the aims, objectives and purpose of the proposal, including desired outcomes:

This new service organisation for Public Health nursing and early help services sets out Herefordshire's approach to supporting families and providing early help for children and young people aged 0-19, (and up to age 25 for young people with a disability and/or additional health needs).

The aim of this new approach is to secure a public health nursing service that focuses on outcomes for health and wellbeing, based on robust measures by which to identify progress. The new arrangements will be driven by the need to achieve measurable outcomes in relation to:

- reducing health inequalities;
- improving public health outcomes, including 'readiness to learn at 2' and 'readiness for school at 4 years and six months'; dental health; childhood obesity and childhood accidents;
- providing children with the best start in life;
- supporting improved emotional health and well-being for children and young people;
- enhancing the skills of parents and carers to be able to responsively parent their children and forge strong bonds;
- providing a universal offer of support to all children, young people and their families;
- providing health assessments and screening at appropriate times in the child's life;
- promoting and supporting healthy family lifestyles;
- developing community-based support and networks;
- establishing/maintaining effective links with partners and voluntary sector agencies;
- improving perinatal mental health;
- encouraging care that keeps children healthy and safe;
- protecting children from serious disease, through screening and immunisation;
- reducing childhood obesity by promoting healthy eating and physical activity;
- identifying health issues early so support and/or referrals can be provided in a timely manner;
- making sure children are prepared for and supported in all child care, early years and education settings and support school readiness.

C) Context - describe, in summary;

The number of people and/or providers that may be affected by the proposal.	<p><u>Children, young people and their families</u> This a universal service and will affect all children and young people aged 0 – 19 years [up to 25 years for young people with disabilities]</p> <p><u>Support Provider</u> The contract is currently delivered by Wye Valley Trust.</p>
What are the values of the contract(s) affected by the proposal? (if appropriate).	<p>The current annual contract value is:</p> <ul style="list-style-type: none"> • Health visiting - £2,182,000 • School Nursing - £575,000 <p>Total: £2,695,000</p> <p>Future Service Provision: The remodelled service will be re-procured with a new total budget of £2,425,500 pa for an initial period of 3 years with the option to extend up to two further 12 month periods.</p>
What are the geographical locations of those that might be affected by the proposal?	Herefordshire – county wide.

D) Who are the main stakeholders in relation to the proposal?

<ul style="list-style-type: none"> • Children, young people and their families • Current provider • Adults and Wellbeing Directorate • Children's Wellbeing Directorate

E) What are the anticipated impacts of the proposal?

<p>Positive impacts.</p> <p><u>Provide opportunities for earlier intervention</u> The 0-25 public health nursing service will place continued emphasis on communities and families being assisted to help themselves in the context of resilient communities, thus getting information and support early; the right help at the right</p>
--

time and reducing demand on publicly funded services.

Developing communities

The previous/current contract specifications for the various services covered by the existing contract agreement were in large part based on national models developed by NHS England. There is now an opportunity to develop a more localised approach which focuses on achieving health outcomes. The proposed new specification for a new contract will:

- ensure an approach which tailors services to what is needed within localities and communities across the county;
- focus on improving accessibility of services

Improved quality of life & increased independency

Service outcomes will reflect the need for highlighting support for children to be “ready to learn” at age 2 and “ready for school” at age 4/5, and for young people to gain life skills and experience to enable them to be as independent and prepared for adulthood as possible. In addition, the new service will:

- enable continuity through transition points for children and young people,
- deliver improved child health outcomes in Herefordshire.

Financial impact

There has been a 10% reduction in the Public Health ring-fenced grant and this reduction is reflected in the budget available for the new service [from March 2018]. It is anticipated that efficiencies will be made through co-location, shared information and systems, and a greater use of digital technology to increase accessibility. There is an opportunity to provide a more efficient integrated service by aligning teams in children’s centre reach areas and improving data sharing protocols.

Promoting Choice & Control

Public Health nursing services are universal health services which will be tailored and delivered according to individual, family and community need. These services will ensure high visibility and accessibility within their local communities.

Continuity of Service

There will be a seamless transition from the current contract to the new contract, ensuring no inconvenience to families in Herefordshire.

Negative impacts

Potential negative perception

Redesign of services may be perceived as detrimental to families because it could be seen as a cost-cutting exercise. However, the basis of the redesign is about improving access to services and having a more flexible service.

Mitigation

A comprehensive communications plan is being developed with particular regard to briefing the public, health professionals, partners and media.

F) With regard to the stakeholders identified and the diversity groups set out below;

	<i>Is there any potential for (positive or negative) differential impact?</i>	<i>Could this lead to adverse impact and if so what?</i>	<i>Can this adverse impact be justified on the grounds of promoting equality of opportunity for one group, or for any other reason?</i>	<i>Please detail what measures or changes you will put in place to remedy any identified adverse impact.</i>
Age	No	No. The composition of service is universal for babies/children, young people and their families		
Disability	No	No. The composition of service is universal [as above] and for young people aged 19 – 25 years with a disability or additional health need.		
Race	<i>No. This is a universal service but will offer targeted support for minority groups, e.g., Gypsy/Traveller families</i>			
Gender	<i>No. This is a universal service</i>			
Sexual Orientation	<i>No. This is a universal service</i>			
Religion/ Belief / Non Belief	<i>No. This is a universal service</i>			
Pregnancy / maternity	<i>No. There will be opportunities for greater integration with midwives and children centre services</i>			
Marital Status	<i>No. This is a universal service</i>			
Gender Reassignment	<i>No. This is a universal service</i>			

G) Consultation

Please summarise the consultation(s) undertaken with stakeholders regarding this proposal

A. Survey for families of young children

A questionnaire and discussions inviting parents, carers and families of young children to offer their views and preferences regarding requirements for support, early help, information and signposting were completed in December 2016

B. Professional Engagement Events

There were a total of 19 discussion meetings and 3 professional workshops were held to inform the way forward regarding new ways of working and integration of services. Additionally, the current provider staff have been engaged in these events and discussions.

H) Additional information and / or research

Include here any references or other sources of data that you have used to inform this assessment.

Are there any gaps in your evidence or conclusions that make it difficult for you to quantify the potential adverse impact(s) of this proposal? If yes, please list them here

If you have identified gaps in your evidence or conclusions, how will you explore the proposal in greater depth. Or, if no further action is required, please explain why.

- The Public Health Outcomes Framework identifies key targets and outcomes for ensuring the best start in life and in order to achieve greater accountability against outcomes. This framework and Herefordshire's Families Outcomes Framework, which is a requirement of the national troubled families programme, will support new and integrated ways of working for services and against which the above services, together with children's centre services, will be assessed. This approach will be underpinned by robust contract management and performance reporting to agreed outcome measures
- Commissioning guidance documents published by Public Health England recommend commissioning of 0 – 19 (25) Healthy Child Programme.



Meeting:	Cabinet
Meeting date:	Thursday 26 October 2017
Title of report:	Nursery education funding agreement 2017
Report by:	Cabinet member young people and children's wellbeing

Classification

Open

Decision type

Key

This is a key decision because it is likely to result in the council incurring expenditure which is, or the making of savings which are, significant having regard to the council's budget for the service or function concerned. A threshold of £500,000 is regarded as significant.

Notice has been served in accordance with Part 3, Section 9 (Publicity in Connection with Key Decisions) of the Local Authorities (Executive Arrangements) (Meetings and Access to Information) (England) Regulations 2012.

Wards affected

(All Wards);

Purpose and summary

To approve a model Herefordshire Nursery Education Funding (NEF) Agreement to support implementation of the 30 hours free entitlement to nursery education for two, three and four year olds, which commenced on 1 September 2017.

The free entitlement is entirely resourced from central government funding. The draft funding agreement, which sets out the criteria for delivery, is based on the model provided by the Department for Education (DfE).

Recommendation(s)

That:

Further information on the subject of this report is available from Julia Stephens
Tel: 01432383041, email: jstephens@herefordshire.gov.uk

- (a) the draft Herefordshire Nursery Education Funding Agreement 2017 (at appendix 1) be approved; and
- (b) the director for children’s wellbeing be authorised to take all necessary operational decisions to complete agreements with relevant providers, within approved funding allocations.

Alternative options

1. There are no alternative options as it is a statutory duty to deliver two, three and four year old nursery education funded places (Early Education and Childcare Statutory Guidance - September 2014) and ensure there’s enough childcare settings to meet parental demand. The 30 hours free childcare offer started on 1 September 2017.

Key considerations

2. The draft agreement at appendix 1 has been produced in order to bring together all our statutory duties and legal requirements around the delivery of the two, three and four year old free entitlement and the new 30 hours free entitlement. The agreement will support providers in their role in delivering the funded (free) entitlement. It has been written in line with the DfE Model Agreement Guidance.
3. The agreement sets out the qualifying criteria, and explains how to claim the funding and also specifies the monitoring undertaken by Herefordshire Council concerning the use of funding by providers.
4. It outlines the conditions of early years funded free entitlement in Herefordshire and as such underpins the delivery of the Early Years Foundation Stage (EYFS) curriculum, for those registered on our directory of providers.
5. The aim of this agreement is to describe Herefordshire’s Council’s responsibilities to ensure that the funded entitlement within Herefordshire meets the requirements set down by the DfE for two, three and four year olds and provide simple, clear and transparent guidelines and rules. It will detail the requirements to which providers must adhere to enable the council to monitor providers to ensure that funding is used in an appropriate and legitimate manner.

Community impact

6. The funding agreement supports statutory requirements for the council, such as to support the delivery of early education and childcare and ensure there are enough childcare places to meet parental demand. It supports the priorities within the Herefordshire Children and Young People’s Plan to give children the best start in life to enable them to grow up healthy, happy and safe within supportive family environments. It supports achievement of the council’s corporate plan objectives to keep children safe and give them a great start in life through improve outcomes for children and young people by offering early years education to all three and four year olds and our most disadvantaged two year olds and to ensure there is access to excellent education and learning opportunities.. All early years providers delivering nursery education funding must be registered with Ofsted and meet all the requirements within the Early Years Foundation Stage, which includes health and safety and safeguarding procedures.

Equality duty

Further information on the subject of this report is available from Julia Stephens
Tel: 01432383041, email: jstephens@herefordshire.gov.uk

7. Under section 149 of the Equality Act 2010, the 'general duty' on public authorities is set out as follows:
8. A public authority must, in the exercise of its functions, have due regard to the need to -
 - eliminate discrimination, harassment, victimisation and any other conduct that is prohibited by or under this Act;
 - advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it;
 - foster good relations between persons who share a relevant protected characteristic and persons who do not share it.
9. The public sector equality duty (specific duty) requires us to consider how we can positively contribute to the advancement of equality and good relations, and demonstrate that we are paying 'due regard' in our decision making in the design of policies and in the delivery of services. As this is a decision on back office functions, we do not believe that it will have an impact on our equality duty.
10. The delivery of Nursery Education Funding pays due regard to our public sector equality duty. It provides more disadvantaged two year olds with the opportunity of 15 hours of free childcare per week, supporting families to access training and employment opportunity and to support children to receive a better start in life.
11. An equality impact assessment has been completed and attached (appendix 2) to support this policy proposal, which considers the effect on childcare providers and parents accessing the free entitlement. This is carefully considered alongside statutory requirements, priorities and the resources available.

Resource implications

12. The Dedicated Schools Grant (DSG) fully funds early years and the three and four year old free entitlement. This is paid by the DfE according to the number of children taking up the offer. Two year old funding is set nationally by the DfE and given to local councils for the roll out of this programme. Grant funding for two, three and four year olds in Herefordshire amounts to approximately £8.5 million per annum.
13. The School Finance (England) Regulations 2012 (S.I.2012/335) set out how councils must operate their Early Years Single Funding Formula (EYSFF). The regulations require that a council must consult their schools forum and decide upon the funding formula, which informs the hourly rate paid to all providers (local authority (council), nurseries and private/voluntary sector providers). The funding formula for early years was reviewed in January 2017.
14. The implementation of the 30 hours free childcare in September 2017, meant the government increased the funding rate to councils. After consultation with providers in January 2017, the hourly rate for three and four years olds at £3.90 per hour base rate plus rurality supplement will remain. This means that every setting delivering at least 100 hours of NEF per week will continue to receive £50 per week over 38 weeks (this equates to a lump sum of £1,900 per year on top of the basic hourly rate they will receive). For those that deliver less than 100 hours of NEF per week (fewer than seven children), it equates to 50p per hour of NEF. There's also a deprivation supplement of 30p per child, per hour for all EYPP eligible children.

15. The rate for disadvantaged two year olds is £5.20 per hour.

Legal implications

16. Part 4 of the Childcare (Early Years Provision Free of Charge) (Extended Entitlement) Regulations 2016 came into force on 1 September 2017 and sets out that local councils must secure the early years provision free of charge, the type and amount of free childcare and how the council should discharge its duty to secure free childcare.

Risk management

17. There is a risk that we do not meet our statutory duty to provide enough childcare places for the continued roll out of early education funded places for two, three and four year olds. This policy helps us mitigate the risks by setting out the procedures for delivery. We are also reliant on the quality of early years settings/childminders to maintain a Good or Outstanding Ofsted result on inspection (for two year old funding) and Satisfactory for childcare settings/childminders taking the three and four year old funding. However, our Early Years Advisors work closely with childcare settings and childminders to support improvement and maintain quality standards in early years. Quality improvement in early years is an area of focus within the Early Years Strategy.

18. There is a potential risk that the hourly rate set locally for three and four year old funding is not enough to cover the actual costs of operating a nursery/pre-school facility. Providers could choose to opt out of the NEF scheme, which would impact on our sufficiency duties. This has been raised at the schools forum and by providers in the county. This has been investigated by benchmarking against other local councils. Generally those local councils that give a higher hourly rate are getting more money from the DfE. Unfortunately, Herefordshire historically has always been a low funded council area. A review of the rate set for three and four year olds is currently underway and the findings will be considered in January 2018.

19. If demand increases for childcare places then the council would need to develop the childcare market to meet the demand. This is closely monitored through the council's Early Years Advisors and through a feedback function on our website to ensure that we are constantly aware of changing market forces.

Consultees

20. This has been consulted on via the children and young people's partnership with representation from health, social care, early years providers, children's centres and primary schools. All have supported this agreement.

21. The political groups have been consulted and the feedback received is supportive of this key decision.

Appendices

Appendix 1 – Herefordshire Provider Agreement

Appendix 2 – Nursery Education Funding Equality Impact Assessment

Background papers

None identified



Herefordshire Nursery Education Funding Agreement 2017

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This Early Education and Childcare Provider Agreement 2017-2018 is between:

- (1) Herefordshire Council “the Council”
- (2) Early Years Childcare Providers that provide childcare in the county of Herefordshire and are Ofsted registered /approved in England (“Providers”, “Provider”).

Overview

1. It is important that early education and childcare providers (“Providers”) who are eligible to receive nursery education funding understand their responsibilities under this Provider Agreement (referred to throughout as “the Agreement”). It is based on the current law and statutory guidance issued by the Department for Education (DfE).
2. This Agreement covers funded places for two, three and four year olds (known as Nursery Education Funding) and Early Years Pupil Premium for three and four year olds who are accessing a funded place. However it is important to note the following elements of funding:
 - 2.1 Universal based entitlement: All three and four year olds are entitled to a maximum of 15 funded hours per week over 38 weeks or 570 hours per year as a ‘stretched’ offer.
 - 2.2 Criteria based funding (family or household eligibility):
 - 2.2.1 Funding for disadvantaged two year olds - a maximum of 15 funded hours per week over 38 weeks or 570 hours per year as a ‘stretched’ offer.
 - 2.2.2 Early Years Pupil Premium for three and four year olds who are accessing the universal 15 hours.
 - 2.2.3 Extended funding for three and four year olds: In addition to the 15 hour universal entitlement, eligible families could receive a maximum of 15 extra hours per week over 38 weeks totalling 30 hours per week, or 1140 hours per year as a ‘stretched’ offer.
3. This Agreement is applicable to the following provider types:
 - 3.1 Day nurseries including governor run
 - 3.2 Pre-schools,
 - 3.3 Wraparound / Integrated Care,
 - 3.4 Childminders and childminder agencies,
 - 3.5 Out of School Care/ Holiday Clubs (on the EY register).
 - 3.6 Owners of the aforementioned.

It therefore covers a variety of ownerships such as the local authority, private and limited companies, voluntary, governor, academy and independent sectors.

4. The quality of a child's development up to the age of five has a huge bearing on all aspects of the rest of their life. Therefore we owe it to every child to do all we can to ensure they have the best start possible in life.
5. The EYFS sets the standards that all early years' providers must meet to ensure that children learn and develop well and are kept healthy and safe. It promotes teaching and learning to ensure children's school readiness' and gives children the broad range of knowledge and skills that provide the right foundation for good future progress through school and life.²

1: Definitions

1.1 In this Agreement the following words shall have the following meanings:

- “Default”** means any breach of the obligations (including but not limited to fundamental breach or breach of a fundamental term) or any default, act, omission, negligence or statement of the Provider or Staff in connection with or in relation to the subject matter of this Agreement;
- “DPA”** means the Data Protection Act 1998 and all applicable laws and regulations relating to processing of personal data and privacy, including where applicable, the guidance and codes of practice issued by the Information Commissioner;
- “EYIAs”** means Early Years Improvement Advisors;
- “FOIA”** means the Freedom of Information Act 2000;
- “EYFS”** means Early Years Foundation Stage:
<https://www.gov.uk/government/publications/early-years-foundation-stage-framework--2>
- “Parent”** means parents, lone parent, guardians, carers and “Parents” shall be construed accordingly;
- “Relevant Legislation”**
includes the following legislation:
- Early Education and Childcare Statutory guidance for Local Authorities 2017;
 - Childcare Act 2006;
 - Childcare Act 2016;
 - Equality Act 2010;
 - School admissions code 2014;
 - Statutory framework for the early years foundation stage 2014;
 - Local Authority (Duty to Secure Early Years Provision Free of Charge) - Regulations 2014;
 - The Childcare (Early Years Provisions Free of Charge)

(Extended - Entitlement) Regulations 2016; and

Special educational needs and disability code of practice: 0-25 years 2015;

“HSCB” means Herefordshire Safeguarding Children’s Board:

“SEND” means Special Educational Needs and Disability;

“SEND Code of Practice”

means the Special Education Needs and Disability code of practice: 0 to 25 years:

<https://www.gov.uk/government/publications/send-code-of-practice-0-to-25>

“DAF” means Disability Access Fund. Additional support for children with disabilities;

“DERN” means Department for Education Reference Number

‘Staff’ means all staff, servants, employees, agents, sub-contractors and other persons working for the Provider including volunteers either paid or unpaid;

“Top Up Fees”

means the difference between the Provider’s usual fee and the funding it receives from the Council to deliver free places;

“Universal Entitlement”

means all three and four year olds are entitled to a maximum of 15 funded hours per week over 38 weeks or 570 hours per year as a ‘stretched’ offer;

“Working Together to Safeguard Children 2015 Guidance”

means the guidance for safeguarding and welfare currently is available at <https://www.gov.uk/government/publications/working-together-to-safeguard-children--2>

1.2 In this Agreement (except where the context otherwise requires):

1.2.1 A reference to a party is to a party to this Agreement and shall include that party’s personal representatives, successors or permitted assignees;

1.2.2 Any reference to the words “include”, “includes” or “including” or any words to a similar effect shall be construed as if they were immediately followed by the words “without limitation”;

1.2.3 Any reference to any statute, statutory provision or statutory instrument includes a reference to that statute, statutory provision or statutory instrument together with all rules and regulations made under it as from time to time amended, consolidated or re-enacted.

2: Term

- 2.1 The Agreement shall commence on the 1st September 2017 and shall expire on the 31st August 2018, unless it is extended by mutual agreement in writing by the Council.
- 2.2 The Provider must comply with all of the terms set out in this Agreement in order to continue receiving funding.
- 2.3 Failure to comply with the terms of this Agreement may result in funding being withheld or the termination of funding.
- 2.4 As an existing Provider currently offering Nursery Education Funding, the Provider must complete, sign and return the Agreement. Should the Provider fail to return the Agreement signed on behalf of the Provider this may lead to funding being withheld or permanently withdrawn.
- 2.5 If the Provider is newly registered with Ofsted or newly set up and exempt from registration, the Provider must complete, sign and return the Agreement with the other required documentation as stated in the NEF Application Pack in order to receive funding.

3: Herefordshire Council responsibilities and Agreement requirements.

- 3.1 The Council must secure a Nursery Education Funded place for eligible children in its area.
- 3.2 The Council will work in partnership with Providers and professionals to agree how to deliver early education funded entitlements.
- 3.3 The Council will be clear about their role and the support on offer to meet the needs of children with special educational needs and/ or disabilities (SEND) as well their expectations on Providers.
- 3.4 The Council shall contribute to the safeguarding and promote the welfare of children and young people in its area.

4: Provider Responsibilities

- 4.1 The Provider must comply with all relevant legislation and insurance requirements as outlined in the EYFS.
- 4.2 The Provider shall deliver the funded entitlements consistently to all Parents, whether in receipt of 15 or 30 hours and whether they opt to pay for optional services or consumables. This must be made very clear to parents when parents sign up to attend a nursery place.
- 4.3 The Provider shall be clear and communicate to all Parents details about the days and times that funded places are offered along with services and charges.

- 4.4 Those children accessing the funded entitlements shall receive the same quality and access to provision

5: Safeguarding

- 5.1 The Provider must contribute to safeguarding and promoting the welfare of children and young people attending their provision.
- 5.2 The Provider must follow the EYFS requirements and shall have clear safeguarding policies and procedures in place that are in line with local guidance for responding to, recording and reporting suspected or actual abuse and neglect.
- 5.3 A lead practitioner of the Provider must take responsibility for safeguarding and staff at the provision must have the required training as outlined by HSCB and EYFS to identify signs of abuse and neglect.
- 5.4 Providers must have regard to the 'Working Together to Safeguard Children 2015' statutory Guidance and HSCB's policies and procedures as outlined on their website.

6: Eligibility

- 6.1 It is the responsibility of the Provider to check original copies of documentation to confirm a child has reached the eligible age for a funded placement. The Provider should retain paper or digital copies of documentation to enable the Council to carry out audits and any fraud investigations.
- 6.2 Where the Provider retains a copy of documentation, this must be stored securely and destroyed when the record is no longer required. Providers must refer to the current data privacy notice.
- 6.3 The dates for when a child can start a universal placement are as follows:
- Children who turn three years old in the period between 1st January and 31st March can start a funded placement at the beginning of term from 1st April or at any point after.
 - Children who turn three years old in the period between 1st April and 31st August can start a funded placement at the beginning of term from 1st September or at any point after.
 - Children who turn three years old in the period between 1st September and 31st December can start a funded placement at the beginning of term from 1st January or at any point after.

7: 2 Year NEF

7.1 Eligible 2 year olds can commence a funded place as follows:

- Children who turn two years old in the period between 1st January and 31st March can start a funded placement at the beginning of term from 1st April or at any point after.
- Children who turn two years old in the period between 1st April and 31st August can start a funded placement at the beginning of term from 1st September or at any point after.
- Children who turn two years old in the period between 1st September and 31st December can start a funded placement at the beginning of term from 1st January or at any point after.

2 year funding for eligible children funding shall remain until the child becomes eligible for a three year funded place from the start of the first term after their third birthday.

7.2: Eligibility for 2 year funding

Families will need to meet the eligibility criteria which can be found on the Council website (2 year funding). Eligible families can receive up to 15 hours per week over no fewer than 38 weeks (or 570 hours stretched over more than 38 weeks of the year).

7.3: Applications

Applications can be submitted by Parents as follows:

- 7.3.1 Online through the 2 year online checker on the council website. Click on 'Apply Online' for benefit related criteria this will provide an instant answer
- 7.3.2 On a paper application form available on request. Paper based applications can only be verified by the Local Authority and eligibility will be confirmed via a letter or email
- 7.3.3 Providers may support eligible families to apply for 2 year places with consent.
- 7.3.4 Parents who meet the criteria through Disability Living Allowance must provide evidence the child is in receipt of this as this cannot be confirmed via the online application process. Evidence must be kept within the setting and be available for audit.

7.4: Verification and accessing provision

- 7.4.1 All places must be verified and agreed by the Council before funding can commence. No exceptions will be made for Providers who have accepted children for 2 year funding places without a confirmation letter or email which is supplied to eligible Parents by the Council.

- 7.4.2 The Council will fund the place of any eligible child (provided they live in England) attending a Herefordshire early years setting on the NEF register where there is a valid letter/email of eligibility.
- 7.4.3 The Provider will need to ensure the start date on the letter/email has been checked. The Provider can claim from this date.
- 7.4.4 It is the Provider's responsibility to confirm a child's date of birth and proof of address and notify the LA immediately of any anomalies.

8: 3 & 4 year old NEF (15 hours)

- 8.1 All three and four year olds become eligible for the universal 15 hours of NEF across 38 weeks per year (or 570 hours stretched over more than 38 weeks of the year) from the term after the child's third birthday as per clause 6.3. Parents do not need to meet criteria nor apply; Parents simply make arrangements to access a placement with their Provider who will then claim on the families behalf. More information can be found on the Council website.

9: Early Years Pupil Premium (EYPP)

- 9.1 Additional funding is available to support early education that is provided for disadvantaged three and four year olds in receipt of an NEF universal placement. Families must meet criteria to be eligible for EYPP and the Provider will claim on behalf of the family. The criteria can be found on the Council website
- 9.2 Eligible children must be claiming NEF or attending a local authority maintained nursery class in order to attract EYPP but do not have to be taking up the full entitlement of funded hours.
- 9.3 Children confirmed as eligible for EYPP remain so for the three terms within the academic school year (September – July). If children turn four years old within this period they will not need to be re-checked.
- 9.4 Providers can apply at any point within a term for eligible children and pick up EYPP from that point onwards. Funding for eligible children will be aligned to the child's start date within the relevant term.
- 9.5 The Provider is responsible for identifying eligible children for EYPP and gaining permission from parents to apply. Providers are advised to keep a record of consent.
- 9.6 The Provider is required to apply for EYPP through the online Portal. Paper based applications must be completed for families who meet the extended criteria for EYPP and for children attending a maintained nursery class.

- 9.7** Providers can only draw down funding for eligible children. No exceptions will be made for non-eligible children.
- 9.8** Providers will be paid a rate of 53p per hour for EYPP eligible children against the universal 15 hours only. The total amount of EYPP paid to providers will be aligned to the actual number of hours taken by the child.
- 9.9** Providers will apply for the funding in the term that the child starts to be able to claim the EYPP for the child.
- 9.10** The Local Authority's Virtual School Head will have control over the EYPP budget for Looked After Children (LAC) and may contact you with regards to utilisation of spend.
- 9.11** EYPP funding will follow the child in accordance with NEF as outlined in clause 17.7
- 9.12** Providers must not use EYPP as a top up fee to the NEF rate
- 9.13** EYPP can be claimed by Providers rated by Ofsted as 'Outstanding', 'Good', 'Requires Improvement', 'Met' and yet to be inspected. 'Inadequate' and 'Not Met' rated Providers will have EYPP withdrawn as soon as is practicable in accordance with clauses 14.5 to 14.10.
- 9.14** Providers in Herefordshire can claim EYPP for any eligible children (living in England) attending their provision. An Exception to this is where a child attends a Herefordshire Provider but is Looked After under the corporate parenting of another local authority. The Provider will need to contact the appropriate local authority in order to claim EYPP in these circumstances.

10: 30 hours – Extended Childcare Entitlement for 3 & 4 year olds (15-30 hours)

- 10.1** Three and four year olds who are in receipt of the universal 15 hours could receive an additional 15 hours of NEF if the family meets the eligibility criteria. The full and extended criteria for the additional hours can be found on the Council website.
- 10.2** Parents must register and make an application to confirm eligibility for the additional 15 hours on the HMRC website www.childcarechoices.gov.uk. HMRC (who check and confirm eligibility) will send Parents a confirmation code (DERN) for successful applications. This code will need to be given by the parent to the early years provider who will verify it with the Council.

- 10.3** Providers **must** verify the 30 hour eligibility code (DERN) with the Council before confirming that additional funded hours can be accessed at the provision. The Council will confirm the validity of 30 hour eligibility codes through a Eligibility Checking Service to allow the Provider to offer an extended entitlement (30 hour) place for eligible three and four year olds.
- 10.4** Parents will be prompted by HMRC every three months to reconfirm the details on their application are accurate and that the child is still eligible for the additional hours. Parents who need assistance to apply or have issues with their eligibility or code should contact the HMRC Customer Interaction Centre on 0300 123 4097.
- 10.5** The Provider will need to acquire written consent from the Parent to be able to receive confirmation of the validity of the Parent's 30 hour eligibility (DERN) code from the Council. The parent declaration will include permissions for this purpose.
- 10.6** The Council will complete batch checks six times per year as per the table set out in clause 10.11 to review the validity of eligibility codes for children who qualify for the extended entitlement (30 hours). The Council will notify the Provider where a Parent has fallen out of the eligibility and of the grace period end date.
- 10.7** If a child is already taking their universal 15 hours and the Parent becomes eligible for the extended entitlement (30 hours) part way through a term, the additional hours will start from the term following the date on which the Parent received their confirmation code, as follows:
- Code received between 1st September and 31st December (autumn term)
 - Additional hours start from 1st January (spring term).
 - Code received between 1st January and 31st March (spring term)
 - Additional hours start from 1st April (summer term).
 - Code received between 1st April and 31st August (summer term)
 - Additional hours start from 1st September (autumn term).

Grace periods

10.8 A child will enter the grace period when the child’s Parents cease to meet the eligibility criteria for the extended entitlement (30 hours) as determined by HMRC and set out in the Childcare (Early Years Provision Free of Charge) (Extended Entitlement) Regulations 2016.

10.9 A child who becomes ineligible during the first half funding block as set out in the table within clause 10.11 will be funded until the end of that funding block (31st March, 31st August, 31st December) or for as long as the child remains under compulsory school age, whichever is the shorter.

10.10 A child who becomes ineligible during the latter half funding block (up to the end of the funding block) as set out in the table within clause 10.11 will be funded until the end of the following funding block or for as long as the child remains under compulsory school age, whichever is the shorter.

10.11

Date Parent receives ineligible decision	Council’s audit date (batch check)	Grace period end date
1 January – 10 February	11th February	31st March
11 February – 31 March	1st April	31st August
1 April – 26 May	27th May	31st August
27 May – 31 August	1st September	31st December
1 September – 21 October	22nd October	31st December
22 October – 31 December	1st January	31st March

11: Flexibility for NEF

11.1 The Provider shall make information about their offer and admissions criteria available to Parents prior to the agreement of a placement at the setting.

11.2 The Provider shall work with the Council and share information about times/ periods which they are able to offer NEF and the number of places on offer and current availability, this will support the Council to secure sufficient places to meet parental demand within the Council’s area as outlined in the Childcare Act.

- 11.3** The Council will undertake sufficiency audits with Providers at least once a year. Providers can aid with sufficiency and informing Parents of the provision of childcare in the area as outlined in the Childcare Act 2006 (Provision of Information to Parents) (England) Regulations 2007.
- 11.4** If the Provider is unable to offer full entitlements to Parents, but operates over at least 38 weeks per year, the Provider shall inform Parents that they can take the remainder of their entitlement with another Provider.
- 11.5** If the Provider is open for less than 38 weeks of the year, the Provider shall make Parents aware that they can take up the rest of their entitlement with another Provider.
- 11.6** Parents can chose to split funded hours between multiple Providers regardless of ownership type, though no more than across two sites in the same day. This also includes being able to split NEF between local authority (Council) or school / academy controlled with any other Provider / ownership type as outlined in clause 3 of the Overview. Providers must ensure Parents who are accessing a 30 hour place between multiple Providers have identified the provision who is claiming for the universal NEF 15 hours on the Parent Declaration Form.
- 11.7** Where possible Providers shall offer flexible packages of NEF subject to the following parameters on flexibility:
- no session must be longer than 10 hours;
 - no session must start before 6.00am or finish after 8.00pm;
 - the minimum number of days the weekly entitlement can be taken is: across two days for 15 hours, or 3 days for 30 hours;

NEF can be offered:

- up to 52 weeks of the year. Example of a stretched offer: instead of 30 hours
 - over 38 weeks, a stretched offer could be: 23hrs, 45mins per week over 48 weeks.
 - outside school term times/ dates, even if offering NEF over 38 weeks only;
 - at weekends.
- 11.8** To meet the requirements of flexibility the Provider is encouraged (but has the discretion) to offer a stretch funded place beyond the minimum 38 weeks. If the Provider chooses as a parental option to commence with a stretched offer, they can only do so at the beginning of a term.

- 11.9** The Provider is also encouraged to offer children NEF places in continuous blocks and to avoid artificial breaks during the day where possible, for example over the lunch period. (Operational Guidance July 2017: <https://www.gov.uk/government/publications/30-hours-free-childcare-la-and-early-years-provider-guide>).
- 11.10** Children starting part way through a term should be offered a funded place based on the amount of funded weeks left in the term.

12: Partnership working

- 12.1** The Council supports partnerships on four levels between:
- 12.1.1** local authorities and Providers
 - 12.1.2** Providers working with other Providers, including childminders, schools and organisations
 - 12.1.3** Providers and Parents
 - 12.1.4** local authorities and Parents
- 12.2** The Provider will work in partnership with Parents, carers and other Providers to improve provision and outcomes for children in their setting.
- 12.3** The Provider will discuss and work closely with Parents to agree how a child's overall care will work in practice when the NEF place is split across different Providers, such as at a maintained nursery class and childminder, to ensure a smooth transition for the child.
- 12.4** Providers with children accessing NEF will be expected to work in partnership with key partners such as; Children's Centres Services, the Council, Health Visitors and any other professional relevant for the benefit of the child and family. Information should be shared where appropriate and in accordance with the Data Protection Act 1998.
- 12.5** Providers with Looked after Children (LAC) are required to ensure a Personal Education Plan (PEP) is in place by working in partnership with social workers, carers and health visitors. Information should be shared with the Virtual Headteacher as requested.

13: Special Educational Needs and Disabilities

- 13.1** The Council will strategically plan support for children with SEND to meet the needs of all children in its local area as per SENDs Code of Practice.
- 13.2** Providers shall ensure owners and all staff members are aware of their duties in relation to the SEND Code of Practice and Equality Act 2010.
- 13.3** Providers shall be clear and transparent about the SEND support on offer at their provision and make information available about their offer to support parents in choosing the right provision for their child.
- 13.4** The Council's SENDs Local Offer can be found on the council website
- 13.5** Providers will also be able to access the Early Years Inclusion Funding and DAF, subject to meeting the criteria outlined on the Council website:
https://www.herefordshire.gov.uk/info/200227/support_for_schools_and_settings/467/teaching_children_with_sen_and_disability/2

Social mobility and disadvantage

- 13.6** The Council works with partners and children centre services to ensure that disadvantaged children in the local area are identified and their additional needs are met.
- 13.7** The Provider shall ensure that it has identified the disadvantage children in their provision as part of the process for checking EYPP eligibility. The Provider will also use EYPP and other funding streams to provide effective support and improve outcomes for this group of children.
- 13.8** Providers will ensure all parents are aware of the criteria for the extended entitlement (30 hours) funding, including those currently with children eligible for 2 year funding.

14: Quality

- 14.1** The EYFS statutory framework is mandatory for all schools that provide early years provision and Ofsted-registered early years providers in England. The EYFS sets the standards that the Provider must meet to ensure that children learn and develop well and are kept healthy and safe.
- 14.2** Ofsted is the sole arbiter of quality for all Providers who offer NEF for two, three and four year olds.
- 14.3** If the Provider is judged by Ofsted as 'Good', 'Outstanding', 'Met', or who are yet to be inspected or if the Provider is a childminder registered with a childminder agency judged 'effective' the Provider can provide NEF places for eligible two, three and four year olds.
- 14.4** Providers who receive a 'Requires Improvement' rating from Ofsted, will only be funded to provide places for eligible two year olds should it be necessary to ensure sufficiency of childcare places in the area, but the Provider can still provide places for all three and four year olds.
- 14.5** If the Provider receives two consecutive 'Requires Improvement' ratings (includes Satisfactory) from Ofsted, or any version of consecutive ratings below 'Good', the Provider will not be authorised to claim funding for any new eligible two year olds from the date the Council is notified by Ofsted of the most recent inspection outcome. The Provider can continue claiming funding for any eligible two years olds still in attendance that the Provider had claimed for prior to the most recent inspection rating notification. All three and four year olds can still be claimed for.
- 14.6** If the Provider receives an Ofsted rating of 'Inadequate' or 'Not Met' the Provider may have their funding terminated in full for all children as soon as is practicable.
- 14.7** The Council may decide to continue to fund two, three and four year olds who were age eligible and for whom a claim was submitted for funding prior to Ofsted notifying the Council of an 'Inadequate' or 'Not Met' rating. This would be to assist families and children for the continuity of care, or if there is no sufficient childcare in the area. The Council will inform the Provider by letter of funding arrangements after receiving notification from Ofsted of the inspection outcome.
- 14.8** In the event the Council continues some funding as outlined in clause 14.7, the Provider rated 'Inadequate' or 'Not Met' will not be authorised to claim for two, three and four year olds who were not already eligible and for whom a claim was not submitted for funding prior to Ofsted notifying the Council of the 'Inadequate' or 'Not Met' rating. The Provider is responsible for ensuring that Parents are

informed of the outcome of the inspection and implications regarding NEF places. On occasions the Council may deem it appropriate to directly inform Parents of the conditions of the removal of NEF and the reasons why.

- 14.9** If the Provider who is rated 'Inadequate', 'Not Met' or 'Requires Improvement' the Provider must engage with their Early Years Improvement Advisor and attend training as identified in an agreed action plan for improvement and explore the next steps required to improve the rating, so NEF can be reinstated.
- 14.10** If the Provider has two consecutive 'Inadequate' or 'Not Met' ratings (or any variation of the two ratings) from Ofsted the Provider will have funding terminated and support withdrawn with immediate effect. The Council will also terminate funding from an 'Inadequate' or 'Not Met' Provider if the deadline for enforcement actions, as stipulated by Ofsted, has not being met.
- 14.11** If the Provider has been suspended by Ofsted the Provider will have NEF terminated with immediate effect. Immediate termination of NEF will also occur when concerns are raised at an inspection for child protection and safeguarding and if a Provider receives Inadequate in all categories of the Ofsted inspection.
- 14.12** The Council will accept evidence such as an Ofsted report which confirms the Provider is no longer rated as 'Inadequate' or 'Not Met' or has consecutive ratings that are less than 'Good'. Funding will be reinstated from the date of the Ofsted inspection. If a new Agreement has been released during the period of NEF removal, the Provider will need to agree to the new conditions by completing, signing and returning the new Agreement for NEF to be reinstated.
- 14.13** The Council will consider information from Ofsted about a Provider before agreeing for NEF to commence at a new registration. This includes review of the history of a Provider, previous ownership or at a particular address.
- 14.14** Providers must comply with the EYFS 2017. If a Provider is under investigation by Ofsted or the Council's Specialist Safeguarding Unit for matters that include the safeguarding and welfare of children or extremism, the Council will suspend funding with immediate effect. A decision will be made if funding will be reinstated based on the findings of such an investigation
- 14.15** If the Council has reason to believe that a Provider is not promoting fundamental British values of democracy and is promoting views and theories contrary to established scientific or historical evidence, the

Council in conjunction with Ofsted will investigate concerns and funding will be suspended until that investigation is completed. Funding will be reinstated if the regulator (Ofsted) or any other authority deems there are no concerns or actions against the Provider.

- 14.16** The Provider must be registered with Ofsted or must provide the Council with evidence that they are exempt from the requirement to register with Ofsted for funding to commence. If the Provider is exempt from Ofsted registration the Provider must inform the Council of their provision and ownership.
- 14.17** If the Provider whose provision is categorised by Ofsted as 'Outstanding' the Provider is encouraged to work with other Providers to support improvement.
- 14.18** The Council will work with partners i.e. Families First ,Targeted Services, to determine if a vulnerable child claiming NEF should be removed from a Provider who has an 'Inadequate'/'Not Met' Ofsted rating.

15: Financial Accountability / Business Planning

- 15.1** Providers must complete all relevant paperwork/processes, manual and electronic, to submit headcounts in the times and periods requested.
- 15.2** Providers must allow for representatives of the Council that could include the finance/NEF Officers, Early Years Officers to visit the premises at reasonable times and make available records upon request as part of audit compliance.
- This will ensure that the Provider is using public funds such as NEF and EYPP in an appropriate and lawful manner, and in accordance with the terms of this Agreement and the DfE Statutory Guidance.
- 15.3** Over claimed monies for NEF places as outlined in clauses 15.4,15.16, 17.6,17.7,17.8 and 17.9 will be reclaimed by the Council.
- 15.4** Providers who have knowingly submitted fraudulent claims and received payment, will have their Agreement terminated and the Provider will be removed from offering NEF and will be reported to the appropriate authorities where there is evidence to support such a claim.
- 15.5** The Provider is required to maintain a specific bank account for their provision, and funding will only be paid into this account.

- 15.6** Providers must securely retain records regarding children for whom NEF was claimed, for a minimum period of 6 years after the child has left the provision.
- 15.7** The Provider is solely responsible for submitting accurate details of children and claims on time as requested by the NEF Officer. New electronic submissions will be implemented by the Council from September 2017 onwards and providers must submit details of children and claims electronically as requested by the council to ensure prompt payment. Failure to do so will result in payments to the Provider being delayed. Providers can only submit claims for children who are already age eligible or will be age eligible in the next scheduled Council payment run.
- 15.8** The annual Early Years Census must be completed in full by the Provider at the time requested by the Council. The parameters of the Census are determined by the Department for Education. Advanced notice will be given to Providers; failure to complete and return the Census in full and within the timeframe stated by the Council will result in funding to the Provider being withheld until the Census is completed in full and returned to the Council.
- 15.9** The Early Years National Funding Formula determines the baseline and deprivation rates that the Council uses to fund Providers for NEF. The funding rates for Herefordshire are:
- 3 & 4 year old rates:**
- Base Rate:** £3.90 per hour base rate plus;
- Rurality Supplement** – Rurality supplement will remain. This means that every setting delivering at least 100 hours of NEF per week will continue to receive £50.00 per week over 38 weeks. (This equates to a lump sum of £1,900 per year on top of the basic hourly rate you will receive).
- For those that deliver less than 100 hours of NEF per week (fewer than 7 children) it equates to 50p per hour of NEF.
- Deprivation supplement** – 30p per child per hour (*for all EYPP eligible Children*)
- 2 year disadvantaged rates:** £5.20 per hour
- 15.10** If the child is taking a NEF place as a 38 week placement only, the funding must be deducted by the Provider over the 38 weeks only. The Provider must not invoice Parents on a stretch basis unless the child is actually taking a NEF place on a stretch basis.
- 15.11** The Council will set out a timetable so Providers are aware in advance of key dates, namely when headcount claims need to be submitted and

when payments are planned to occur. This will include the number of weeks Providers will be paid.

- 15.12** The Provider will ensure they submit timely and accurate information, including but not limited to; headcount data, census and sufficiency data, parental declarations and invoices, as per the financial guidelines of the Council. Failure to do so may risk a financial penalty, delayed or suspended funding for the Provider
- 15.13** The Council will not charge Providers disproportionate penalties for providing late or incomplete information leading to additional administration in the processing of NEF. Any charges shall be proportionate to the inconvenience or costs incurred to the Council as a result of late or non-return of information. The Council will ensure charges are clearly communicated to the Provider.
- 15.14** The Provider will maintain accurate financial and non-financial records relating to NEF places and will give the Council access on reasonable notice to all financial and non-financial records relating to NEF places funded under this Agreement, subject to confidentiality restrictions.
- 15.15** The Council will pay Providers monthly if registered for NEF from the beginning of the term and if the Provider has returned headcount claims on time as specified by the Council's.
- 15.16** The Provider must inform the council and NEF Officer immediately if they are closing down or changing ownership, so payments can cease on the appropriate date. Any over payments made by the Council due to the provisions closing must be returned by the Provider. Non-returned over-payments will be passed to debt recovery.

16: Charging

- 16.1** NEF hours/ sessions for two, three and four year olds must be delivered free of charge to Parents at the monetary value determined by the Provider
- 16.2** It is at the Provider's discretion as to how they offer NEF to children and families in line with their own business model. The Provider must determine and publish their admissions criteria and times of the day that NEF hours can be taken at the provision in line with the parameters outlined in clause 11.
- 16.3** The Provider can charge for hours that the child attends for and where the provision does not offer/ supply NEF. The Provider can also charge for optional consumables, which include but not limited to: nappies, trips, food/ drinks and any other services.
- 16.4** It must not be a condition that Parents purchase additional hours, food, nappies, trips and food/drinks or other consumables or services to gain access to an NEF placement for their child.

- 16.5** If the Provider requests for voluntary contributions from Parents the Provider must clearly outline the purpose for the contribution. Contributions must not be a condition of a Parent gaining access to an NEF place for their child as outlined in 16.4
- 16.6** Providers can charge Parents a deposit to secure their child's funded place. The deposit can be kept if the child does not start the placement. Providers are encouraged to use their discretion when charging deposits for families who are low income households or disadvantaged, specifically families on a 2 year funded placement.
- 16.7** Providers cannot charge "Top Up" fees or require Parents to pay a registration or administration fee as a condition of taking up their child's funded place.
- 16.8** Childminders can charge for picking up and dropping off services and if they offer an on call service to Parents if a child (accessing a NEF placement) at another Provider has been collected unexpectedly.
- 16.9** Additional hours purchased by Parents and any other charges for services taken should be in line with the Providers' standard pricing structure and as outlined to Parents before the commencement of their child's NEF placement. Providers must also inform Parents if fees and childcare costs change at the provision throughout the year.
- 16.10** Regarding Parent invoices, the Provider must itemise the total NEF hours supplied to the child and/ or the total monetary value of NEF hours for the invoice period. The Parent invoice will also include (if taken) the itemised breakdown of any charges for additional hours, food, nappies, trips or any other consumable or service that the Parent has taken and that the provision charges for. This is so the Parent can clearly identify the funded place has been applied as agreed and claimed for by the Provider and so the Council can easily distinguish this in any Provider/ Parental dispute or audit.
- 16.11** The Provider will deliver NEF consistently to all Parents, including disadvantaged families, regardless of whether they opt to pay for additional hours, optional services or consumables. This means the quality, flexibility and security of a place for each child placement offered by the Provider will be consistent for all Parents.
- 16.12** The Provider can only claim for the NEF hours that have been agreed with Parents that the child will be in attendance for. The Provider should refer to clause 17.7 in relation to actions and responsibilities if child attendance falls below what has been claimed for.

17: Compliance

- 17.1** The maximum entitlement of funding for a child as set out in clause 2 of the Overview must be taken within a 52 week period. No more than 15 hours per week can be taken for eligible 2 year olds or the universal entitlement, and no more than 30 hours in a week for a child eligible for the extended 3 and 4 year entitlement.
- 17.2** The Provider has the responsibility to ensure all their relevant staff who handle admissions into the provision is aware of the conditions of this Agreement and that such staff are aware of the NEF package the provision offers to Parents.
- 17.3** The Provider must publish their offer of NEF places in advance of children taking up a placement (and the expected monetary value/saving). This includes how a NEF place can be taken, term time only or 'stretched' and the hours of the day that are classed as funded. Parents must clearly see that they are receiving the child's entitlement for the equivalent claimed for NEF hours.
- 17.4** The Provider is responsible for ensuring a child is age eligible for a funded place and ensure all Parents/ legal guardians sign, understand and receive a copy of the conditions of the Parent Declaration Form.
- 17.5** Where a dispute cannot be resolved between Providers and Parents as to which Provider claims a funded place, the Council will split funded hours equally amongst the Providers involved and so long as the child has been in attendance for the amount of hours to be shared equally.
- 17.6** For children who leave during the term; the funding will follow the child to the new provision (if applicable). If a child has left the Provider it is the responsibility of that Provider to inform the Council's NEF Officer with immediate effect of the last date of attendance; any over-claimed funding will be reclaimed by the Council.
- 17.7** Providers must maintain an up to date record of attendance for all children for whom they provide NEF places and make it available to the Council when required along with other monitoring information. The Council shall ensure that Providers are not penalised by withdrawing funding for short term absence, but it shall use its discretion in relation to recurring or extended -periods of absence. If a child has been absent and not attended any amount of NEF hours over a 4 week period (consecutively or sporadically) within the same term, the Provider must contact the NEF Officer

- 17.8** The Council will not fund the Provider when parents breach any notice period stipulated in the Provider's own contract with Parents. This is a private matter between the Provider and Parent to resolve.
- 17.9** On days where the Provider is unable to operate or is closed for example: due to training, bank holidays, time off, sickness or adverse weather conditions, the Provider can offer an alternative day to the NEF hours missed by children on that day. However, if it is not practicable for Providers to do this, NEF hours must be used and accounted for on the day of closure in the same manner as if the Provider was open and children attended.
- 17.10** On days where a child is absent, for example due to sickness, holiday or adverse weather conditions; it is at the discretion of the Provider whether to offer the NEF hours at an alternative time. However where this is not practicable the Provider must use the NEF hours as if the child was in attendance.
- 17.11** The definitions of childcare and early years provision, under sections 18 and 20 of the Childcare Act 2006, specifically exclude a child's relatives from claiming NEF. This also means childminders cannot claim for children who are relations, this includes when a registered childminder is providing foster care to a child. Claiming in such circumstances could be considered as a fraudulent claim and all monies will be re-claimed by the Council.

18: Dispute Resolution Appeals and Termination

- 18.1** If any dispute arises between the parties out of, or in connection with, this Agreement, either party may at any time serve a notice in writing on the other party that a dispute has arisen. The notice must include reasonable information as to the nature of the dispute.
- 18.2** The parties shall use all reasonable endeavours to reach a negotiated resolution through the following procedures:
- 18.2.2** Within 10 days of service of the notice the representative of the Provider and the Early Years Policy & Strategy Manager shall meet to discuss the dispute and attempt to resolve it.
- 18.2.3** If the dispute has not been resolved within fourteen days of the first meeting of the managers then the matter shall be referred to the strategic lead who will meet within fourteen days to discuss the dispute and attempt to resolve it. Failure to resolve the dispute will mean a final decision will be made by the Herefordshire Early Years Strategy Group Board.

18.3 Without prejudice to any rights that have accrued under this Agreement or any of its rights or remedies:

18.3.1 The Council may terminate this Agreement for any reason with immediate effect or longer by giving written notice to the Provider.

18.3.2 The Provider may terminate this Agreement for any reason by giving written notice to the Council.

19: Freedom of Information & Data Protection

19.1 The Parties acknowledge their respective duties under the FOIA and must give all reasonable assistance to each other where appropriate or necessary to comply with such duties.

19.2 The Provider shall (and shall procure that its Staff) comply with any notification requirements under the DPA and shall duly observe its obligations under the DPA which arise in connection with this Agreement.

19.3 The Provider will maintain formal procedures/ systems for the keeping of accurate records that fully comply with any statutory obligations.

20: General

20.1 No failure or delay by either party to exercise any right or remedy under this Agreement shall be construed as a waiver of any other right or remedy.

20.2 Save where otherwise expressly stated herein, any person who is not a party to this Agreement shall have no rights under the Contracts (Rights of Third Parties) Act 1999 to enforce any term of this Agreement.

20.3 This Agreement constitutes the understanding between the parties in respect of the matters dealt with in it and supersedes any previous agreement between the parties.

20.4 Each of the parties warrants to one another that they each have full power and authority to enter into this Agreement and carry out their obligations.

20.5 This Agreement and any non-contractual obligations arising out of or in connection with it will be governed by and interpreted in accordance with the exclusive law of England and Wales

21: Complaints and Appeals

- 21.1** If the Provider believes that the requirements of the law, the Statutory Guidance or this Provider Agreement are not being met they can in the first instance complain in writing to: The Information Access team;

Herefordshire Council
Information Access Team, Plough Lane, PO Box 4,
Hereford HR4 0XH
Email: acesstoinformation@herefordshire.gov.uk

- 21.2** Providers shall ensure they have a complaints procedure in place that is published and accessible for Parents who are not satisfied that their child has received the NEF in the correct way, as outlined in this Agreement and in the Early Education and Childcare Statutory Guidance for Local Authorities.
- 21.3** Where the Parent is not satisfied that their child has received the NEF and who is not able to resolve their concern directly with the Provider in accordance with legislation or as set out in this Agreement and in Early Education and Childcare guidance for Local Authorities, the Parent can complain in writing to the address set out in clause 21.1.
- 21.4** If a Parent or the Provider is not satisfied with the way in which their complaint has been dealt with by the Council or believes the Council has acted unreasonably, they can make a complaint to the Local Authority Ombudsman. Such complaints will only be considered when the local complaints procedures have been exhausted.

Appeal Process

- 21.5** Providers may be denied approval to offer funded places or have their funding withdrawn for a number of reasons that include quality of care provided, or other factors related to the ability of the Provider to adhere to the framework set out in this Agreement and other relevant documents.
- 21.6** Providers can appeal against a decision to refuse access to NEF, or the removal of NEF by writing in the first instance to the Council's Customer Feedback and Complaints Team at the address in 21.1.
- 21.7** The Council's complaints process can be viewed on the council website.

22: Useful Contacts

Julia Stephens Early Years Policy & Strategy Manager: Tel: 01432 383041

jstephens@herefordshire.gov.uk

Alison Murphy Lead Improvement Advisory Early Years: Tel: 01432 260844
07792 881141

amurphy@herefordshire.gov.uk

Sheryl Norman: NEF Transactional Officer: 01432 383274

Sheryl.Norman@hoopleltd.co.uk

Keep for Your Record

Sign and keep this copy / document for your records

The person legally responsible for your establishment must sign the following declaration:

- I certify that this provision conforms to all the conditions of eligibility for registration for 2017-2018 and that this Provider will ensure all elements are met.
- I have read carefully the various documents referred to in this Agreement.
- I agree to the terms and conditions in the Provider Agreement 2017-2018.
- Understand that, as a Provider if we fail to meet the conditions set in this Agreement, the Council may terminate funding and/or require repayment of funding the Provider has been paid in respect to the provision of Nursery Education Funded places.

Provider Name: _____

Contact Name: _____

Position: _____

Signature: _____

Date: _____

23: Provider Declaration

Complete and return to Alison Murphy, Lead Improvement Advisor (Early Years) - Pages 27-29

Provider Agreement 2017 – 2018:

Delivering Nursery Education Funding (NEF) for 2, 3 and 4 year olds.

Please complete this section in BLOCK CAPITALS and in BLACK INK

Provider Name:	
Provider address (include postcode) -where children attend	
Name of person in charge and position: e.g. manager/ owner	
Person responsible for submitting NEF claims: e.g. bursar/ admin officer	
Provider Telephone Number:	
Provider email address:	
Funding Start Date - (to be completed by new registrations for NEF only):	
Provider sector (please tick one only)	<input type="checkbox"/> Privately Owned <input type="checkbox"/> Voluntary/Committee run <input type="checkbox"/> Childminder/Agency <input type="checkbox"/> Governor Run – LA Maintained School <input type="checkbox"/> Governor Run – Academy Run School <input type="checkbox"/> Independent school

Provider Type (e.g. Nursery)			
Ofsted Registration Number (Not applicable if exempt.)			
Correspondence Details /Address: (If different from Provider address)			
Telephone number:			
Email address:			
Please specify the start and end times of the provision.	Day	Start time	End time
	Monday		
	Tuesday		
	Wednesday		
	Thursday		
	Friday		
	Saturday		
	Sunday		
Total Number of weeks NEF offered (i.e. 38 weeks).			
Places offered for Nursery Education Funding			
Maximum number of 2year old NEF places:			
Maximum number of 3 & 4 year old NEF places:			
Vacancies available for Nursery Education Funding			
Vacancies available for 2 year olds:			
Will the provision offer extended entitlement (30 hour)places?	<input type="checkbox"/>	YES	<input type="checkbox"/> NO

**Complete, sign and return to Alison Murphy
Lead Improvement Advisor (Early Years)**

The person legally responsible for your establishment must sign the following declaration:

The person legally responsible for your establishment must sign the following declaration:

- I certify that this provision conforms to all the conditions of eligibility for registration for 2017-2018 and that this Provider will ensure all elements are met.
- I have read carefully the various documents referred to in this Agreement.
- I agree to the terms and conditions in the Provider Agreement 2017-2018.
- Understand that, as a Provider if we fail to meet the conditions set in this Agreement, the Council may terminate funding and / or require repayment of funding the Provider has been paid in respect to the provision of Nursery Education Funded places.

Provider Name: _____

Contact Name: _____

Position: _____

Signature: _____ **Date:** _____

Alison Murphy: Lead Improvement Advisor Early Years

Learning & Achievement Service
Children's Wellbeing Directorate
Herefordshire Council
Plough Lane Offices
Hereford
HR4 0LE

Herefordshire Council office use only:

Application approved 2 year NEF Application approved 3 & 4 year NEF

Application rejected (indicate reason) _____

Signature:

Date:

**Herefordshire
Nursery Education
Funding Agreement
2017**

Herefordshire Council
Plough Lane Offices
Hereford
HR4 0LE



Equality Impact and Needs Assessment Form

A) Description

Name of service, function, policy (or other) being assessed

HEREFORDSHIRE NURSERY EDUCATION FUNDING PROVIDER AGREEMENT

Directorate or organisation responsible (and service, if it is a policy)

EDUCATION & DEVELOPMENT

Date of assessment

May 2017

Names and/or job titles of people carrying out the assessment

JULIA STEPHENS – EARLY YEARS POLICY & STRATEGY MANAGER &
CHILDREN CNETRE SERVICES LEAD

Accountable person

JULIA STEPHENS

What are the aims or main purpose of the service, function or policy? What does it provide and how does it provide it?

The DfE has published updated Statutory Guidance for local authorities (March 2017) on the provision of early education and childcare. It sets out what schools and local authorities must do to comply with the law. It includes information on:

- the introduction of 30 hours free childcare
- how local authorities should pay providers to deliver free places
- the requirement that local authorities publish information about childcare in their area, including free childcare entitlements

The New Herefordshire Provider Agreement outlines the agreement and duties that the local authority must do and the expectation on early years providers if they take Nursery Education Funding.

Location or any other relevant information

HEREFORDSHIRE COUNTY WIDE POLICY

List any key policies or procedures to be reviewed as part of this assessment.

Who is intended to benefit from the service, function or policy?

All stakeholders

Who are the stakeholders? What is their interest?

The Early Years Strategy Group (EYSG) is an advisory board which focuses on early plans for delivery, understand the local and national policies and agendas and the implications for Herefordshire,. The Stakeholders include representation from :

- Children centres
-
- Early Years improvement
- Business Intelligence Officer
- Merry Go Round Nursery
- SENCO Early Years Advisor
- Bromyard Children Centre
- Bridges Childcare
- Health Visitors - WVT
- Early Years Consultant Public Health
- Withington Primary school
- St James Primary School, Hereford

B) Partnerships and Procurement

If you contract out services or work in partnership with other organisations, Herefordshire Council remains responsible for ensuring that the quality of provision/delivery meets the requirements of the Equality Act 2010, ie.

- Eliminates unlawful discrimination, harassment and victimisation
- Advance equality of opportunity between different groups
- Fosters good relations between different groups

What information do you give to the partner/contractor in order to ensure that they meet the requirements of the Act? What information do you monitor from the partner/contractor in order to ensure that they meet the requirements of the Act?

EU procurement guidelines would be adhered to if any early years services were to be commissioned externally.

Are there any concerns at this stage that indicate the possibility of inequalities/negative impacts? For example: complaints, comments, research,

and outcomes of a scrutiny review. Please describe:

The Statutory Guidance states the duties placed on Local Authorities in relation to the delivery of Nursery Education Funding for two, three and four year old funding. The Provider Agreement follows the model endorsed by the Department for Education for Local Authorities to adopt.

C) Information

What information (monitoring or consultation data) have you got and what is it telling you?

The Policy Agreement included consultation with the early years sector over the single funding formula for early years funding In Herefordshire. This was carried out during December/January 2017/18. An increase in the new hourly rate was agreed alongside the supplement payments for disadvantaged children and rural isolation.

D) Assessment/Analysis

Describe your key findings (eg. negative, positive or neutral impacts - actual or potential). Also your assessment of risk.

Strand/community	Impact
Failure of childcare providers to adhere to the policy eg providing "top up payments" to parents could result in the withdrawal of NEF funding	Risk that a childcare provider could close which would impact on our sufficiency duty
Childcare Providers that do not meet the required Ofsted rating would be affected by this policy and could have their NEF removed	Risk that a childcare provider could close which would impact on our sufficiency duty

E) Consultation

Did you carry out any consultation?

YES x NO

Who was consulted?

Consultation Timetable:

Timeline	Method of consultation	Audience
December/January 2016/2017	Consultation survey circulated regarding the proposed new hourly rate for early years providers for delivery of Nursery Education funding.	Early years providers, childminders, early years strategy group board
January 9 th 2017	Consultation forum	Early years providers, childminders
January 16 th 2017	Consultation forum	Early years providers, childminders
January 31 st 2017	Consultation closed. Revised funding agreement shared with all stakeholders	February 2017

Describe other research, studies or information used to assist with the assessment and your key findings.

Do you use diversity monitoring categories? Yes **No**

(if No you should use this as an action as we are required by law to monitor diversity categories)

If yes, which categories?

- Race
- Sex
- Sexual Orientation
- Religion & Belief
- Disability
- Age
- Gender Reassignment
- Marriage & Civil Partnership
- Pregnancy & Maternity

What do you do with the diversity monitoring data you gather? Is this information published? And if so, where?

F) Conclusions

	Action/objective/target OR Justification	Resources required	Timescale
a)	The Provider Agreement is agreed and publicised on the council website		December 2017
b)	Provider Agreement review date	Children and Young People's Partnership Early years group	January 2019
c)			
d)			

NB: Make sure your final document is suitable for publishing in the public domain.

