

Cabinet

Thursday, 22 June 2023 at 10:30

County Hall, West Bridgford, Nottingham, NG2 7QP

AGENDA

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|---|--|---------|
| 1 | Declarations of Interests by Members and Officers:- (see note below) | |
| 2 | Minutes of the last meeting of Cabinet held on 25 May 2023 | 3 - 4 |
| 3 | Apologies for Absence | |
| 4 | Key Decision: A614/A6097 Improvement Scheme Update | 5 - 14 |
| 5 | Key Decision: Nottinghamshire Healthy Families Programme 2024 and beyond | 15 - 36 |
| 6 | Progress in Improving the Experiences and Outcomes for Children and Young People with Special Educational Needs and Disabilities | 37 - 78 |
| 7 | Interim Roles to Progress the East Midlands Combined County Authority Proposals | 79 - 88 |

Notes

- (1) Councillors are advised to contact their Research Officer for details of any Group Meetings which are planned for this meeting.
- (2) Members of the public wishing to inspect "Background Papers" referred to in the reports on the agenda or Schedule 12A of the Local Government Act should contact:-

- (3) Persons making a declaration of interest should have regard to the Code of Conduct and the Council's Procedure Rules. Those declaring must indicate the nature of their interest and the reasons for the declaration.

Councillors or Officers requiring clarification on whether to make a declaration of interest are invited to contact Sara Allmond (Tel. 0115 977 3794) or a colleague in Democratic Services prior to the meeting.

- (4) Councillors are reminded that Committee and Sub-Committee papers, with the exception of those which contain Exempt or Confidential Information, may be recycled.
- (5) This agenda and its associated reports are available to view online via an online calendar - <http://www.nottinghamshire.gov.uk/dms/Meetings.aspx>

Meeting CABINET

Date Thursday 25 May 2023 (commencing at 10.30 am)

membership

COUNCILLORS

Ben Bradley MP (Chairman)
Bruce Laughton (Vice-Chairman)

Chris Barnfather
Matt Barney
Neil Clarke MBE
John Cottee
Keith Girling
Richard Jackson
Tracey Taylor
Gordon Wheeler

OTHER COUNCILLORS IN ATTENDANCE

Deputy Cabinet Members

Reg Adair
Mike Adams
Sinead Anderson
André Camilleri
Scott Carlton
Tom Smith
Jonathan Wheeler

Other Councillors

Jim Creamer
Paul Henshaw
Mike Pringle

OFFICERS IN ATTENDANCE

Adrian Smith	Chief Executive
Marjorie Toward	Chief Executive's Department
Nigel Stevenson	
Isobel Fleming	
Sara Allmond	
Carl Bilbey	
James McDonnell	
Phil Rostance	

Melanie Williams Adult Social Care and Public Health Department

Colin Pettigrew Children and Families Department

Mark Walker Place Department

1. MEMBERSHIP OF CABINET

RESOLVED 2023/016

That the membership of Cabinet for the 2023-24 municipal year be noted.

2. MINUTES

The minutes of the last meeting of Cabinet held on 20 April 2023, having been previously circulated, were confirmed and signed by the Chairman.

3. APOLOGIES FOR ABSENCE

None

4. DECLARATIONS OF INTERESTS BY MEMBERS AND OFFICERS

None

5. IMPROVING THE EXPERIENCES AND OUTCOMES FOR CHILDREN AND YOUNG PEOPLE WITH SPECIAL EDUCATIONAL NEEDS AND DISABILITIES

RESOLVED 2023/017

- 1) To note the findings of the Ofsted/Care Quality Commission area Special Educational Needs and Disabilities (SEND) inspection and agree to receive and consider a draft priority action plan in response to the inspection findings at its June meeting.
- 2) To approve the creation of the SEND Partnership Improvement Board and agrees to receive and consider draft terms of reference for the Board at its meeting in June.
- 3) To endorse the appointment of Dame Christine Lenehan as the Independent Chair of the SEND Partnership Improvement Board.

The meeting closed at 10.55 am

CHAIRMAN

REPORT OF THE CABINET MEMBER FOR ECONOMIC DEVELOPMENT AND ASSET MANAGEMENT

A614/A6097 IMPROVEMENT SCHEME UPDATE

Purpose of the Report

1. This report provides an update on the significant progress made with the A614/A6097 major road improvement scheme and seeks:
 - Approval for an additional financial contribution of £5.8m towards the A614/A6097 scheme (consisting of Ollerton roundabout, White Post roundabout, Warren Hill junction, Lowdham roundabout and Kirk Hill junction).
 - Approval to submit the Full Business Case for the scheme submission to the Department of Transport on the amended basis as detailed in the report.
 - Approval to undertake detailed design and consultation on an alternative scheme for the A614/Mickledale Lane junction.
 - Approval to commit, in principle, approximately £5m (subject to detailed design) of additional funding towards the improvement scheme at the A614/Mickledale Lane junction.
2. This is a Key Decision because it will result in expenditure of £1 million or over and it will have significant effects on two or more electoral divisions.

Information

Background

3. The A614/A6097 improvement scheme was identified in the Government's Transport Investment Strategy as a Major Road Network (MRN) with the potential for economic growth, housing development and regeneration opportunities. Funding was made available to improve this corridor to help reduce congestion, support the levelling up agenda by unlocking housing and employment growth, support all road users and positively impact on the Strategic Road Network (SRN). The scheme includes junction improvements along the A614 and A6097 in order to increase traffic capacity whilst also reducing journey time delays. The junctions are within the District of Newark and Sherwood but the whole A614 and A6097 route extends into the Bassetlaw District and Boroughs of Gedling and Rushcliffe where there are committed and allocated development sites located in close proximity to the scheme.

Supporting the Nottinghamshire Plan/Annual Delivery Plan

4. The Council's 'Nottinghamshire Plan 2021-2031' sets out an ambitious future for Nottinghamshire which is stronger, more prosperous and greener. The A614/A6097 scheme supports the delivery of Ambition 7 (Attracting Investment in infrastructure, the economy and green growth) and Ambition 8 (Improving transport and digital connections). The investment in large scale infrastructure projects such as the A614/A6097 scheme will improve local and regional connectivity and reduce congestion which are all key priorities for the Council. Improving the reliability of journey times and increasing junction capacity on this key corridor will also help attract inward investment and help facilitate economic growth in the area.
5. National policy also highlights the importance of effective transport infrastructure to connect people and places and support economic growth. Improving access to training and jobs, and helping businesses to move goods more efficiently, is central to Nottinghamshire's economic recovery and levelling up agenda.
6. The Council's Economic Transition Plan (ETP) identifies three priorities within the "Infrastructure" theme:
 - *To maximise opportunities for transport infrastructure improvements*
 - *To develop a pipeline of projects that are feasible, deliverable, and affordable*
 - *To proactively engage with and influence partner organisations to ensure maximum benefits*
7. To help deliver these priorities, the Infrastructure and Transport Programme Delivery team work closely with a range of partners and stakeholders. This funding is an example of working in partnership with Midlands Connect to support growth and investment in Nottinghamshire.

Scheme Background

8. The Council submitted an Outline Business Case (OBC) to the Department for Transport (DfT) for the A614/A6097 MRN corridor in December 2020 with a total scheme cost of £28.6m (breakdown shown in table 1). The economic appraisal work produced for the business case calculated that the package had a Benefit Cost Ratio (BCR) of 3.08 and therefore, at the time, was classed as a scheme that provided a high value for money rating. The DfT define a BCR of between 2 and 4 as a scheme that provides a 'high' value for money.

Table 1: OBC scheme funding source

Funding Source	Total
Nottinghamshire County Council	£2,549,000
Developer Contributions	£1,746,293
Department for Transport	£24,339,996
Total	£28,635,289

9. The OBC package consisted of six junction upgrades along the A614 and A6097 in order to increase traffic capacity so that both future residential and employment traffic could be accommodated on the highway network whilst also reducing journey time delays. The junction

improvements, which secured planning permission in September 2022, consisted of the following proposals:

- *Ollerton roundabout – enlargement of existing roundabout.*
- *Mickledale Lane, Bilsthorpe – the OBC scheme was for the installation of traffic signals. However, the scheme was subsequently amended at the planning stage to construct a new roundabout and link road*
- *White Post roundabout – maintenance and road safety improvements at existing roundabout.*
- *Warren Hill – geometric improvements at A6097/A614 intersection*
- *Lowdham roundabout – enlargement of existing roundabout.*
- *Kirk Hill, East Bridgford – enlargement of existing signalised junction.*

Progress Report

10. Planning applications for the six schemes were submitted to the Local Planning Authority at the end of February 2022, with planning permissions granted for each junction on 27th September 2022. The Council made the Compulsory Purchase Order (CPO) and Side Roads Order (SRO) for the scheme on the following day (28th September 2022). The six week period for objections to the orders ended on 18th November 2022 with only four objections received. The project team for the scheme is continuing to engage with the individual objectors with one objection now formally withdrawn and is hopeful that the remaining three objections will be removed prior to any potential public inquiry.

11. Following the securing of planning permission, the Council commissioned a refresh of the costing exercise for the works package prepared by Via East Midlands and Gleeds. There had been changes to three of the larger junctions since the 2020 OBC submission to reflect consultation feedback and planning requirements which also needed to be costed. These changes total around an additional £2m and include:

- ***Ollerton Roundabout additional Biodiversity Net Gain (BNG) mitigation scheme*** - this work was required to secure the planning permission for the improvement to mitigate against the impact of the scheme for natural conservation reasons.
- ***Ollerton new retaining wall*** for a residential property – this requirement came from the feedback received from consultation and was agreed through the planning process.
- ***Lowdham attenuation pond*** and associated landscaping – as part of a revised drainage strategy and need to provide BNG mitigation on-site. This was required as part of meeting planning requirements.
- ***Kirk Hill new Pegasus crossing and bridleway*** - at the junction to aid equestrians, which was in response to consultation feedback.
- ***Kirk Hill BNG*** – additional landscaping required in response to feedback through the planning process.

12. Furthermore, the costs of the scheme increased due to a number of additional factors. The main reasons for the additional costs are:

- ***Inflationary pressures*** – these are currently being experienced across the construction and civil engineering sector and economy in general, and have resulted in expected civils costs increasing by 41% over the duration of the project. These

increases are consistent with rates being reported by other local highway authorities who are at a similar stage in the major scheme development process. This is one of the biggest risks to the scheme, as demand for civil engineering has dramatically increased with the commencement of HS2 works across the country (further sensitivity testing has been undertaken to understand fully and cost this risk).

- **Professional services costs** - the structure and approach to the project management of the scheme has also been amended, to better reflect the requirements of delivering such a significant and complex infrastructure project. In light of this, there are additional costs included within the total scheme budget of £3.4m

13. Taking these factors into account, the total scheme cost for the six-scheme package is estimated to cost £45.3m. Additional sensitivity testing has been carried out by Gleeds, which is based upon future inflation rates remaining at a high level during the construction phase. This indicates that if this were to materialise, the total cost of the six scheme package could increase by a further £2.4m to a total value of £47.7m. The table below provides a cost breakdown per individual junction for the scheme (excluding the sensitivity testing).

Table 2: Cost estimate breakdown per scheme – 2020 estimate vs 2023 estimate

Scheme	OBC Cost estimate (Dec 2020)	2023 cost estimate
Ollerton	£10,699,568	£17,156,083
Mickledale Lane	£5,831,922 *	£11,759,209 **
Warren Hill	£266,875	£252,399
White Post	£268,750	£249,813
Lowdham	£6,422,570	£7,783,321
Kirk Hill	£5,145,603	£8,078,935
Total	£28,635,288	£45,279,760

* Traffic signals were priced at time of OBC submission for Mickledale junction.

** Scheme as per planning approval (roundabout and link road).

14. Following confirmation from the DfT that it was unable to increase its funding contribution of £24.3m to meet the shortfall, officers were tasked with reappraising the A614/A6097 scheme in light of these cost increases. The main driver of this exercise was to ensure that any scheme package still provided a high value for money rating (i.e. BCR of 2 or greater) whilst still delivering all the desired scheme objectives as set out in the OBC. After reviewing the options, it was considered that including all six junctions within the DfT proposal would not achieve the DfT's BCR requirements and could therefore jeopardise securing central government funding at the Full Business Case (FBC) stage.

15. After detailed consideration and in consultation with the relevant Cabinet members, it is proposed to omit the Mickledale Lane junction from the DfT funded package, as this would bring the scheme back within the DfT's BCR requirements. The cost estimate for a 5 scheme package is £34.4m and a breakdown by activity is presented in table 3. This estimate includes a risk contingency, with a significant amount set aside for inflation and is based on the most up to date inflation forecasts within the industry. It does not, however, include the further figure for the sensitivity testing carried out to reflect a pessimistic outlook on future inflation rates during the construction phase (estimated at a potential further £1.8m for the 5 scheme package).

Table 3: Revised scheme cost breakdown for 5 scheme package

Item	Cost
Construction costs	£21,124,710
Statutory undertaker diversion works	£3,289,699
Land	£1,174,681
Fees	£4,684,186
Risk	£4,167,705
Total	£34,440,981

16. Based on the current expectations for developer contributions, this revised package of 5 junctions would see the Council’s financial contribution being increased by £5.8m as shown below in table 4. As a result, the Council’s total financial contribution to the scheme would be £8.4m (as the Council had previously committed £2.549m as shown in table 1).
17. Officers are currently in discussions with Redrow about its financial contribution towards the A6097/Kirk Hill junction which is required as part of a planning condition connected to the RAF Newton development site. Any additional financial contribution received from Redrow would increase the Developer Contributions above the £1.7m value (shown in table 4) which if secured would reduce the County Council’s contribution.

Table 4: Revised scheme funding source for FBC (5 scheme package)

Funding Source	Total
Nottinghamshire County Council	£8,354,692
Developer Contributions (S106/CIL)	(Minimum of) £1,746,293
DfT	£24,339,996
Total	£34,440,981

18. Officers are therefore seeking approval for an additional financial contribution of up to £5.8m for the A614/A6097 MRN scheme consisting of Ollerton roundabout, White Post roundabout, Warren Hill junction, Lowdham roundabout and Kirk Hill junction.

Scheme delivery

19. Whilst there has been good progress with the scheme delivery, there are some factors that have caused delays to the overall programme. This includes the timescale for securing planning permission, and resultant design changes (as detailed above). In addition, the completion of the Compulsory Purchase Order (CPO) process may be reliant upon a public inquiry; this was originally programmed for June 2023, but the national casework team has recently confirmed that this will now take place, if required, in September 2023. In this respect the inquiry may not be required if all outstanding objections were to be removed or the inquiry inspector agrees to considering the CPO process via a written representations process. The project team are currently working to pursue these options.
20. Until the CPO process is completed, the FBC cannot be submitted to the DfT. This in turn places some uncertainty on the timescale for securing funding and subsequently commencing the construction works. There will be visible works taking place before this official start date, as there will need to be various surveys, site investigations and utility preparations undertaken. The timetable below shows the estimated timetable of works, based on a worst case scenario

of requiring a public enquiry, along with a 3 month timescale for the DfT's FBC funding decision.

- 21. The proposed programme of works and the sequencing of each of the junctions has been carefully considered following discussions with the network management team. The revised sequencing now reduces the cost of inflation to the total scheme and also ensures that the majority of government funding will be spent before April 2026.
- 22. Whilst there are still some external factors which are outside the Council's control (as explained with the CPO process), Table 5 below shows the broad schedule for the project's key milestones.

Table 5: A614/A6097 Programme

Milestone	Date
Public Inquiry (awaiting confirmation)	September 2023
Orders confirmed by Secretary of State	Winter 2023/2024
Submission of FBC	Winter 2023/2024
DfT approves FBC	Spring 2024
Start of works at White Post/Warren Hill	Spring 2024
Start of works at Ollerton Roundabout	Summer 2024
Start of works at Lowdham	Summer 2024
Start of works at Kirk Hill	Summer 2024
Completion of A614 / A6097 project	Winter 2026/2027

- 23. Once the CPO and Side Roads Order (SRO) process has been completed, the next key milestone is to submit the FBC to the DfT. Officers are therefore seeking approval to progress the FBC and to submit the FBC to the DfT for a 5 junction package on completion of the CPO and SRO process.

Project Governance

- 24. To ensure the successful delivery of the scheme, the Council has established a governance structure for the scheme. The Project Board is the decision making body for the scheme and is well established. The Project Board will continue to meet to progress subsequent stages and prepare for and support the construction delivery phase. The Project Board also support the Senior Responsible Owner (SRO) for the project in providing overall direction and management for the project and by making key decisions including the commitment of resources. The contract and programme management resource for the project has been strengthened with the addition of Gleeds and Arc Partnership to the project delivery team. External and independent project assurance has also been acquired with the appointment of Bentley Project Management.
- 25. Alongside this work, a communications plans is being prepared to cover all aspects of communications with local residents, road users, parish councils, MPs and other stakeholders. The project team will organise 'meet the contractor' events prior to the start of construction so that the traffic management arrangements required for the works can be shared and discussed with local residents and interested parties. This will especially be important as there will be

visible works taking place in preparation for the official start of construction of these improvements.

Mickledale Lane junction

26. The Mickledale Lane junction at Bilsthorpe is strategically in need of improvement and this report seeks consent to re-focus attention to a traffic signals option at this location instead of the previous proposal of a new roundabout and link road. Removal of this junction from the DfT funded programme allows a fuller consideration of the options available, as the DfT's funding and BCR appraisal process is weighted heavily towards journey time savings for the main road traffic flow - as opposed to benefits for local road users, such as Bilsthorpe residents.
27. The previous scheme consultation events held in Bilsthorpe in 2019 showed strong support for the use of traffic signals. Should a revised signalised option be approved, the next steps would be for the project team to engage with any potential affected landowners and to then carry out consultation events in the village showcasing the new design layout to a wider audience. This junction upgrade would then be funded through Council capital funding.
28. Whilst the installation of traffic signals would not improve journey times for the main flow of traffic on the A614 corridor, it would significantly increase accessibility to and from the local villages in close proximity to the junction. It is intended that this would also help to remove the perception from local residents that this junction is unsafe. The use of signals would also ensure that the preferred solution from the 2019 consultation events could be delivered.
29. Approval is therefore sought to continue with further feasibility work with a view to commencing consultation on this signalised junction option later this year. Subsequent approvals for this scheme will be brought back to the relevant Cabinet Member once the detailed design process and consultation phase are complete.
30. Based on initial feasibility work, such a scheme is estimated to cost approximately £5m.
31. The timescales for the completion of such a scheme would be up to approximately 2 years, taking into account necessary statutory procedures such as planning requirements (if necessary) and land acquisition if required, and including an overall construction period of up to 12 months. Consideration would also need to be given to the scheme's interdependency with the wider A614 scheme, as this would also impact upon the starting date. With these factors in mind, detailed timescales for delivery will be reported back to the relevant Cabinet Member for approval, along with the final scheme, later in the year.

Other Options Considered

32. There have been numerous options considered for each junction and extensive traffic modelling has been undertaken to assist in the decision-making process. A revised Option Assessment Report will be submitted to the DfT as part of the FBC which will provide further details on option development since the original OBC was approved. This means that all the improvements for the junctions have been carefully considered, appropriately designed and value engineered (wherever possible).

33. As this report details, there has been a shift in terms of how the overall scheme may be funded. The proposal included within the report has been carefully considered and a variety of options considered:

- The first option to do nothing. At this point of the process, this would mean a significant amount of resources have been spent without realising any benefit to the public.
- The next option is to continue with the FBC and submit all six schemes to the DfT. However, for the reasons outlined in the report, officers understand that this submission would be very unlikely to be successful and would therefore place DfT funding at high risk (and without this, the scheme could not continue).
- The final option is to deliver options as set out in this report. Officers have carefully considered the other options, balancing the risk of not securing the DfT funding, delivering improvements to the junctions that deliver journey time saving but in a safe and cost-effective way, and what is affordable for the Council to contribute to. After careful consideration and a review of the different scenarios, the proposals set out in the report represent the most viable means of ensuring that all 6 junctions can be improved in an affordable way that benefits road users and local residents.

Reasons for Recommendations

34. The revised A614/A6097 scheme will contribute to economic growth and investment in Nottinghamshire and will deliver significant journey time savings and improvements for residents. The proposed revised approach reflects the need to secure DfT funding, ensuring overall scheme viability, value for money and deliverable improvements that will benefit local residents and all road users.

Statutory and Policy Implications

35. This report has been compiled after consideration of implications in respect of crime and disorder, data protection and information governance, finance, human resources, human rights, the NHS Constitution (public health services), the public sector equality duty, safeguarding of children and adults at risk, service users, smarter working, sustainability and the environment and where such implications are material they are described below. Appropriate consultation has been undertaken and advice sought on these issues as required.

36. An Equalities Impact Assessment (EqIA) has been carried out for the A614 / A6097 MRN scheme (see 8th March 2022 EDAM Committee) and continues to be considered. This considered the impact of the proposed works on those with protected characteristics in accordance with the Public Sector Equality Duty, set out in the Equality Act 2010. Furthermore, the EqIA assessment considered that the scheme should provide a range of positive benefits for those with protected characteristics related to age, disability and gender. Improved journey times will make it easier to reach job, education and training opportunities, and healthcare facilities. Improvements to road surfacing, lighting, signage, crossing facilities, and reductions in speed limits in some areas will improve road safety for all users and increase mobility and accessibility for those who are less mobile. No negative impacts on users with protected characteristics were identified.

37. The scheme has been designed with sustainability in mind with Biodiversity Net Gains now being achieved at all three major junction locations. The Construction phase will be subject to measures and procedures as defined within the Construction Environmental Management

Plan (CEMP) to ensure the works accord with legal compliance and good practice guidance. The CEMP includes measures to minimise dust deposition, air pollution, pollution incidents, light spillage and noise and vibration which will all assist in minimising impacts upon biodiversity receptors. Via EM will also register the delivery of the schemes with the Considerate Constructors Scheme (CCS) and will be delivered in compliance with the CCS's Code of Considerate Practice. Via EM is also committed to delivering local economic growth by using local labour and local supply chains.

RECOMMENDATIONS

It is recommended that Cabinet:

- 1) Approves the additional financial contribution of up to £5.8m for the A614/A6097 scheme (consisting of Ollerton roundabout, White Post roundabout, Warren Hill junction, Lowdham roundabout and Kirk Hill junction)
- 2) Approves the modification of the A614/A6097 Major Road Network DfT funded corridor improvement package and submission of the Full Business Case to the Department for Transport.
- 3) Approves further detailed design and consultation on an alternative traffic signals junction layout at Mickledale Lane.
- 4) Commits, in principle, to funding a £5m improvement at Mickledale Lane in parallel to DfT funded corridor improvement scheme (subject to detailed design).

Councillor Keith Girling

Cabinet Member for Economic Development and Asset Management

For any enquiries about this report please contact:

Joelle Davies – Growth Infrastructure and Development – 0115 9774857

Constitutional Comments (EP 01/06/23)

38. The recommendations fall within the remit of Cabinet by virtue of the financial regulations paragraph 4.1.4.3 under which schemes or variation increases over £1 million are to be approved by Cabinet.

Financial Comments (GB 05/06/2023)

39. Financial implications have been considered throughout the report (especially in paragraphs 11-18 and 30). Also, in 2013, the Council entered into the Nottinghamshire Business Rates Pooling arrangement. By working together, Pool Members agreed that surplus funding secured from economic growth within the county would be re-invested to promote further economic growth within local communities. Nottinghamshire County Council's share of accumulated business rates surpluses are held in the Council's Non-Domestic Rates reserve. It is proposed that, subject to a capital bid to the Corporate Asset Management Group, the £8.4m contribution to the revised A614 scheme and the £5.0m contribution to the alternative Mickledale Lane junction are funded from the Council's share of the Non-Domestic Rates Pool Reserve.

Background Papers and Published Documents

Except for previously published documents, which will be available elsewhere, the documents listed here will be available for inspection in accordance with Section 100D of the Local Government Act 1972.

- Report to Policy Committee 12 September 2018 - Major Infrastructure Improvement Scheme
- Report to Policy Committee 17 October 2018 – A614 / A6097 Major Infrastructure Improvement Scheme
- Report to Communities and Place Committee 4 April 2019 – A614 Major Route Network – Scheme update, compulsory purchase order and side roads orders
- Report to Policy Committee 22 May 2019 A614/A6097 Major Route Network – Scheme Update and Funding Agreements.
- Report to Communities and Place Committee 7 January 2021 – Scheme Update
- Report to Economic Development and Asset Management Committee 2 November 2021 – Scheme Update
- Report to Economic Development and Asset Management Committee 8 March 2022 – Compulsory Purchase Order and Side Roads Order

Electoral Division(s) and Member(s) Affected

- Bingham East Councillor Francis Purdue-Horan
- Bingham West Councillor Neil Clarke
- Muskham and Farnsfield Councillor Bruce Laughton
- Ollerton Councillor Mike Pringle
- Sherwood Forest Councillor Scott Carlton
- Southwell Councillor Roger Jackson

REPORT OF THE CABINET MEMBER, ADULT SOCIAL CARE AND PUBLIC HEALTH

NOTTINGHAMSHIRE HEALTHY FAMILIES PROGRAMME: 2024 AND BEYOND

Purpose of the Report

1. To seek approval to the principle of developing a co-operation arrangement between the Council and Nottinghamshire Healthcare NHS Foundation Trust (NHFT) for the design of the future Healthy Families Programme and its subsequent delivery. Under this arrangement, and subject to the satisfactory and affordable outcome of negotiation, the Council would enter a new contract with NHFT, to be approved at a future meeting of the Cabinet.
2. To seek approval to extend the current Nottinghamshire Healthy Families Programme (HFP) by a period of six months.
3. To provide information about future engagement with the proposed joint Scrutiny working group.

Information

4. On 9th March 2023, Cabinet received a [report](#) about the procurement of the Nottinghamshire HFP titled 'Nottinghamshire Healthy Families Programme: 2024 and beyond'. The report set out the purpose and scope of the service, information on its performance and services, and relationship with other NHS-commissioned services. Overview Committee considered the decision-making process following a call-in and made recommendations to Cabinet on 20th April 2023. Cabinet acknowledged the concerns raised which specifically cited that the decision "may not have sufficiently described options or given reasons" and agreed that further work would take place on the options available for future delivery and procurement of the service. Cabinet is now asked to carry out that reconsideration.
5. As set out in 9th March [report](#), the Nottinghamshire HFP is a public health nursing service that supports families to provide their children with the best start in life through a range of nursing and health interventions. The service promotes early intervention by identifying and delivering targeted support to families in need. Critical to identifying opportunities to support families is the programme of health and development reviews by public health nurses. As nursing professionals involved with the families, they are able to provide guidance which is relevant and effective in supporting child development, parenting and healthy choices. The current contract for the Nottinghamshire HFP is due to end on 31st March 2024.

6. This report sets out the additional work undertaken regarding service delivery options and the need for a six-month extension of the current contract that is now required to accommodate the time taken for that further work. Lastly the report notes the intended engagement with the proposed Scrutiny joint working group. It provides Cabinet with a strengthened basis for approval of next steps.
7. If the recommended approach is approved, the Council will undertake further work on the design of the future service and enter into negotiations with NHFT with immediate effect. The outcomes of the work on service design and negotiations regarding delivery would then form the basis of a co-operation agreement between the parties in the event that Cabinet chooses to proceed with that course of action.
8. Overview Committee has been requested by Cabinet to establish a joint scrutiny working group comprised of various members of the Adult Social Care and Public Health Select Committee, the Children and Families Select Committee and the Health Scrutiny Committee. Overview Committee will make recommendations to Cabinet before any final decision is made by Cabinet to enter into any agreement. In requesting the joint scrutiny working group to look at this, Cabinet is suggesting the following points are considered:
 - has appropriate engagement with stakeholders, children and families taken place to inform service design?
 - how does the service design support the Best Start strategy objectives?
 - does the service design support the Council's ambition for place-based working and partnership working with relevant services to support children's outcomes?
 - has the service design process applied the Council's Strategic Commissioning Framework?
9. If the recommendations outlined in this paper are approved, it is envisaged that a further recommendation about the design of the new service will be brought to Cabinet in early 2024.

Statutory responsibilities

10. Local Authorities have a statutory responsibility, under the Health and Social Care Act of 2012, to provide public health nursing services to their local population of children, young people, and families, including the Healthy Child Programme and the National Child Measurement Programme, which weighs and measures children in school. More specifically, five universal health visitor reviews, from late pregnancy to age 2.5 years, are mandated for delivery.

Requirements of the Nottinghamshire Healthy Families Programme from 2024 onwards

11. The ambition for the future of the Nottinghamshire HFP is to improve outcomes for children, young people, and families by maintaining the positive performance as well as continually improving and transforming the service in line with evidence and best practice. The Nottinghamshire HFP delivers outcomes which are integral to the development of Family Hubs and the early help system in Nottinghamshire.
12. The design of the new Nottinghamshire HFP will address the need for close integration with the Council's early help offer as it develops further.

13. The design of the future Nottinghamshire HFP, and the monitoring arrangements, regardless of the mode of delivery, will ensure that the service retains the flexibility to transform to meet the needs and opportunities of the wider system, in addition to the statutory delivery.

Summary of options considered

14. The original options appraisal which was carried out earlier this year has now been reviewed and updated. A summary is provided below, and the full revised option appraisal can be seen in Appendix 1.
15. **Option 1: Going out to procure via a competitive tender**
Tender the contract, via the most appropriate route. This option includes 1A: tendering a single, integrated service for 0 to 19's, and 1B: tender the service as separate lots, splitting activity into discrete bundles of service delivery. This approach allows any potential new provider to bid for the contract and ensures there is evidence of the winning bidders' ability to deliver the specified service. A key risk is that uncertainty about the future of the service provider is likely to cause instability in the workforce with anxiety about TUPE processes. Historically there has been significantly increased turnover where services are competitively tendered, which is a key risk in the context of national shortages of qualified health visitors and school nurses, and retention of an appropriately skilled workforce. If the service was procured in different lots there is a risk of greater fragmentation and instability in the service which could result in reduced quality and outcomes.
16. **Option 2: Undertaking a co-operation approach:**
A co-operation approach enables commissioners to award a contract without competition when specific circumstances apply, that is, where there is genuine co-operation between the contracting parties with the aim of ensuring that public services they have to perform are provided with a view to achieving objectives they have in common in the public interest. This approach enables the Nottinghamshire HFP to be delivered between the Council and NHFT in close integration with other community health services for children and young people also provided by NHFT. It secures a well performing, high quality service and enables Council and NHFT to focus attention and resource on continual service improvement and further transformation. In addition, it allows for adjustments to the budget, scope or specification of the services to be incorporated into the final contract. More information about this cooperation approach and legal risk can be found in paragraph 20.
17. **Option 3: Provide the 0-19 Healthy Families Programme from within the Council**
This provides an opportunity to fully integrate the Nottinghamshire HFP with other services provided by the Council. It may result in some cost efficiencies in relation to costs not directly attributed to operational service delivery. This option would present significant challenges and risks to the Council including but not limited to:
 - The employment of Nursing and Midwifery Council (NMC) registered clinicians, and associated professional registration and re-validation requirements, who are needed to deliver key statutory elements of the service,
 - CQC registration of all providers of health visiting and school nursing services, which is a legal requirement,
 - Fragmentation of a service that is integrated with the majority of other health services for 0-19's including those with special education needs and disabilities, maternity and neonatal services, paediatrics, and children's mental health services,

- The disrupted delivery of well-established referral pathways to and from other NHS services, resulting in less streamlined care pathways for children and young people,
- Access to a complete electronic patient record,
- Workforce challenges as identified in paragraph 15.

There are additional considerations, including the implications of transferring a workforce on NHS Agenda for Change terms and conditions, ensuring continued access to the NHS pension scheme, and facilitating continued professional/clinical training and supervision.

18. **Option 4: Do not provide the 0-19 Healthy Families Programme**

This is not a viable option, as the Authority has a statutory responsibility to ensure that the Department of Health and Social Care's Healthy Child Programme is provided to the local resident population and therefore this option is not considered further.

19. **Option 5: 'Call off' from a framework contract.**

This would involve undertaking a 'call off' from a neighbouring authority or national framework to supply the services required for the 0-19 Healthy Families Programme. This is not a viable option for this service. There are no such frameworks in place for this type of service due to the requirements around service delivery, resource, and integration with health systems as discussed in earlier options and therefore this option is not considered further.

Co-operation as the preferred approach

20. Co-operation (Option 2) is recommended for reasons that relate to quality and strategic aims:

- It ensures the design of the future service retains the flexibility to transform to meet the need to respond to changing evidence base, policy, guidance, or emerging local need.
- It enables the Nottinghamshire HFP to be delivered alongside other community health services for children and young people,
- It enables integration, including the integrated approach to safeguarding children across all care pathways that NHFT deliver for children and young people aged 0 to 19,
- It prevents the potential fragmentation of services,
- It secures a well performing, high quality 0 to 19 service,
- It is likely to minimise workforce attrition,
- It allows for adjustments to the budget, scope, or specification of the services to be incorporated into the final contract.

For these reasons, commissioners recommend the development of a five-year contract with the potential for an extension of up to four years. This ensures stability in the delivery of the Nottinghamshire HFP.

21. Use of the co-operation approach is a recognised legal methodology to deliver services under the Public Contract Regulations 2015, provided it is used in a way which complies with the requirements of those Regulations. There is always some risk of legal challenge to any procurement activity and that would also apply to use of the co-operation route; information was given in the 9th March [report](#) to Cabinet about legal advice on using the co-operation approach. In summary, this says that using the co-operation route would not be a

breach of the Council's legal obligations under the Public Contract Regulations 2015 given that officers have provided evidence that the legal requirements for use of the co-operation approach are met in principle. In order to mitigate any continuing legal risk, work on finalising the contract and on development and delivery of the service model must ensure that there remains genuine co-operation between the Council and NHFT throughout the contract period with the aim of ensuring that public services they have to perform are provided with a view to achieving objectives they have in common and in the public interest.

22. Under a co-operation approach, the service specification for the Nottinghamshire HFP will describe elements of delivery that are integrated with other health services for children and families. The performance monitoring arrangements will set out clear requirements in relation to continual service improvement, maximising opportunities to explore further integration across the Council and wider NHS services, and the need to respond to changing policy, guidance, or emerging local need. The contract underpinning the co-operation approach will outline the necessity (for both the Council and NHFT) to appraise and adjust the service specification on a regular basis in order to determine the most effective way in which to deliver discrete elements of the Healthy Child Programme and improve outcomes for children, young people, and families in order to achieve the common objectives which the Council and NHFT have in common, and which they will deliver through the contract. This also ensures that – for the lifetime of the contract - the Council has the flexibility to continually transform and enhance the service offer for the benefit of the local population and in the public interest.

Contractual arrangements

23. Under a co-operation approach, the service would be delivered in accordance with a legally binding contract between the Council and NHFT. The contract documents would contain a clearly outlined specification, robust terms and conditions, arrangements to monitor performance and outcomes, and arrangements for contract management escalation.
24. The contract would be underpinned by the co-operation approach as set out above; that is, to deliver co-operation between the Council and NHFT with the aim of ensuring that public services they have to perform are provided with a view to achieving objectives they have in common and in the public interest throughout the contract term. The contract documents and service delivery (including monitoring arrangements) would ensure continuing compliance with these legal obligations.

Extension of the Nottinghamshire HFP contract

25. There remains approximately 9 months of the current Nottinghamshire HFP contract. The completion of work to strengthen the options appraisal and a forthcoming thorough review of service related issues by the joint scrutiny working group to be established by Overview Committee means that the current contract will be extended until 30th September 2024 in order to afford sufficient time for design work, scrutiny, contracting and mobilisation to be effectively completed.
26. Therefore, Cabinet approval is sought for an extension of the current contract by six months to 30th September 2024 to ensure the Council fulfils its statutory responsibilities and sustains the delivery of good outcomes for children, young people and families during the period until the new approach is implemented. As set out in the 9th March [report](#), the performance of

the Nottinghamshire HFP has consistently benchmarked well for the mandated universal health visitor reviews when compared to both the England average and statistical comparators and it is anticipated that this will continue during the extension period.

27. Consideration has been given to the requirement to comply with the Public Contract Regulations 2015. There is evidence that this extension is legally permissible. It is therefore for Cabinet to decide whether the change should in fact be made.

Activities to be undertaken during development of the co-operation arrangements

28. A comprehensive project plan is in place setting out the activities that will be undertaken as part of this co-operation process, including:
 - A programme of engagement / co-production with children, young people and families, policy leads across public health and children's services, and with partner organisations,
 - Joint work with the Council's children and families' services to further explore opportunities to strengthen or integrate early support for families,
 - A review of the evidence base and policy guidance and a refresh of the service specification, key performance indicators, outcome measures and quality monitoring requirements. These documents will clearly reflect any amendments to service design or delivery,
 - Formal consultation, which will take place where required,
 - Work, with input from legal services, to ensure the contract is sufficiently robust, and break clauses are included. Contract clauses will also be included that the service will be subject to ongoing transformation and change in light of best available evidence at the time,
 - Ensuring the recommissioning work give due regards to the Council's Sustainable Procurement Policy.
29. A recommendation about entry into the new contract, including the service design for achieving this integration, and the built-in flexibility to continually transform and enhance the service offer for the benefit of the local population, will form a key decision to be brought to the Cabinet towards the end of the current contract period.

Other Options Considered

30. As described in paragraphs 14-19 a comprehensive options appraisal has been re-visited to consider the approaches to the re-procurement of this contract that are available to the Council's commissioners. This includes consideration of co-operation and competitive approaches (i.e., tender) and County Council service delivery. Co-operation has emerged as the preferred option informed by discussion between the Council's commissioners within Adult Social Care and Public Health, Children and Families Services, contracting leads, procurement colleagues and with the support of legal services.

Reasons for Recommendations

31. For the reasons set out in paragraphs 20 to 22, the report recommends that a co-operation approach is taken to the procurement of the new contract for the delivery of the Nottinghamshire HFP. This approach will maintain the high performance demonstrated by

the incumbent provider, retain the highly skilled and effective workforce, secure the continuation of integrated service delivery models for local families based on the most up-to-date evidence and current population need; and ensure value for money and delivery of high-quality care, resulting in improved outcomes for children, young people, and families.

32. The report recommends that the Council extends the current Nottinghamshire HFP contract with NHFT until 30th September 2024 in order that the required service design, review and negotiations can take place.

Statutory and Policy Implications

33. This report has been compiled after consideration of implications in respect of crime and disorder, data protection and information governance, finance, human resources, human rights, the NHS Constitution (public health services), the public sector equality duty, safeguarding of children and adults at risk, service users, smarter working, sustainability, and the environment and where such implications are material they are described below. Appropriate consultation has been undertaken and advice sought on these issues as required.

Financial Implications

34. The contract value for 2024-25 is currently predicted to be £14,862,418 per annum. Commissioners recommend the award of a five-year contract with the potential for an extension of up to four years to allow. This would bring the maximum contract length to nine years, and the total potential contract value to £133,761,762. The precise values would be dependent on the negotiation and development of the co-operation agreement and further information will be provided when the matter is reported back to Cabinet for their final approval to enter into the agreement.
35. The 2024-25 financial envelope is based on the funding that is needed to ensure that the Council can fulfil its statutory responsibility to provide public health nursing services, including the Healthy Child Programme and the National Child Measurement Programme. The predicted funding is affordable within the public health ring-fenced grant and will continue to secure a high performing service for Nottinghamshire residents. It should be noted that this funding envelope is an indicative value which may need be adjusted according to the outcome of design work.
36. Public health services are funded via the public health ring-fenced grant, which the Council receives annually from the Department of Health and Social Care to fulfil its statutory duties to improve health and wellbeing. This is reserved for the delivery of specific public health functions. In 2023-24 the value of the grant to the Council is £44.56 million.
37. The financial implications of the proposed approach outlined in this paper can be contained within the public health grant, however it is important to note the assumptions and risks that are built into public health forecasts for the period of the Council's medium-term financial strategy. There is a degree of uncertainty about the ability of other services commissioned by public health to withstand inflationary and demand pressures within existing contract values. To manage these risks a contingency is held in grant reserves. This also ensures that use of the Council's general reserve will not be required.

Public Sector Equality Duty implications

38. At this stage of the formation of the proposals no specific impacts on particular groups are anticipated. However, as the proposals are developed, equality impacts will be assessed for consideration by Cabinet when reaching its decision on the co-operation agreement.

Safeguarding of Children and Adults at Risk Implications

39. The Nottinghamshire HFP plays an important role in safeguarding and promoting the welfare of unborn babies, children, and young people. These responsibilities are clearly defined in the current service specification. A co-operation arrangement will enable the continuation of the current robust governance process that facilitates an integrated approach to safeguarding children across all NHFT's community healthcare pathways for children and young people.

Implications for Residents

40. There will be no adverse impact for residents. Children, young people, and families will continue to receive a high-quality service from the Nottinghamshire HFP.

RECOMMENDATION/S

It is recommended that:

- 1) The design and development of a new contract for delivery of the Nottinghamshire Healthy Families Programme, for a period of up to nine years and based on the indicative costs detailed in the Financial Implications section of this report, be progressed via a co-operation arrangement between the Council and Nottinghamshire Healthcare NHS Foundation Trust (NHFT), subject to the satisfactory and affordable outcome of further negotiation and service design and development activity and following consideration by Cabinet of any recommendations which may be made the Overview Committee.
- 2) Cabinet approves the extension of the current Nottinghamshire HFP contract until 30th September 2024.

COUNCILLOR MATT BARNEY CABINET MEMBER – ADULT SOCIAL CARE AND PUBLIC HEALTH

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Constitutional Comments (SJF 26.05.23)

41. Cabinet has the authority to consider the report and determine the recommendations within it, since they are matters within the Terms of Reference of the Cabinet (Constitution Section 5, Part 2, CA.2 - page 73).

Financial Comments (DG 26.05.23)

42. The financial envelope for the Healthy Families Programme in 24/25 is £14,862,418, giving a total potential budget of £133,761,762 over the 9 year programme. This will be met from the Public Health Grant which for the current year is £44,567,373.

Background Papers and Published Documents

Except for previously published documents, which will be available elsewhere, the documents listed here will be available for inspection in accordance with Section 100D of the Local Government Act 1972.

- Report to Cabinet – Nottinghamshire Healthy Families Programme 2024 and beyond dated 9 March 2023 ([published](#)), which had as background papers the following:
 - Healthy Child Programme 0 to 19: health visitor and school nurse commissioning (commissioner guidance), Public Health England, 2016 (updated March 2021), available [here](#).
 - Nottinghamshire’s Best Start Strategy, 2015-25, available [here](#).
 - The Best Start for Life, a vision for the critical 1,001 days, HM Government, 2021, available [here](#).
- Report to Cabinet - Outcome of Call-in decision – Nottinghamshire Healthy families Programme – 2024 and beyond dated 20 April 2024 ([published](#))
- Report to Cabinet - Nottinghamshire Healthy Families Programme 2024 and beyond – consideration of call-in outcome dated 20 April 2023 ([published](#)).

Electoral Division(s) and Member(s) Affected

- All

Options Appraisal: Healthy Families Programme

Introduction

The Authority has statutory responsibilities to deliver services to the population of Nottinghamshire aged 0-19. The Nottinghamshire Healthy Families Programme is the mechanism by which these services are provided.

The current contract for delivery of the Nottinghamshire Healthy Families Programme will end on 31st March 2024 (or potentially 30th September 2024, if the current contract is extended).

This options appraisal considers how the Nottinghamshire Healthy Families Programme may be provided in the future.

Commissioning context

The current national and local direction of travel is towards greater integration of healthcare services to ensure high quality care and long-term stability for local populations. To promote this integration, the Health and Care Act 2022 established the role of:

- Integrated Care Partnerships, which bring together health, social care, the voluntary sector, and other partners to address broad health, public health, and social care needs of the local population; and
- Integrated Care Boards, which are tasked with the commissioning and oversight of the majority of NHS services.

The Act formalises the role of Integrated Care Systems and creates a legislative framework that supports integration of services to best meet the needs of the local population

The Healthy Families Programme: 'what' and 'how'

The key objectives and outcomes required – 'what to deliver,' are to ensure:

- there is a high-quality public health nursing service, known locally as the Healthy Families Programme, in place from 1st April 2024 (or 1st October 2024 if extended),
- best value, in terms of cost and quality,
- the delivery of good outcomes for children, young people, and families,
- that the Healthy Families Programme is integrated within the local system, working closely together with other services for children, young people, and families,
- that the service design and contracting arrangements retain the flexibility to transform to meet the needs and opportunities of the wider system in addition to the statutory delivery.

These key objectives and outcomes will be considered throughout the development of the service design for the future Healthy Families Programme. They will result in a document describing what is to be delivered.

How to deliver

The following overarching options are identified:

- Option 1: Going out to procure via a competitive tender: Tender the contract, via the most appropriate route. This option includes 1A: tendering a single, integrated service for 0 to 19's, and 1B - tender the service as separate lots, splitting activity into discrete bundles of service delivery.
- Option 2: Co-operation: Award the contract to the incumbent provider, using a specific co-operation exemption. This applies where there is sufficient evidence of genuine co-operation between the contracting parties that is in the public interest.
- Option 3: Provide the 0-19 Healthy Families Programme from within the Council.
- Option 4: Do not provide the 0-19 Healthy Families Programme. This is not an option, as the Authority has a statutory responsibility to ensure that the Department of Health and Social Care's Healthy Child Programme is provided to the local resident population and therefore this option is not considered further.

- Option 5: 'Call off' from a framework contract: This would require the Council to 'call off' services from a neighbouring authority or national framework to supply the services required for the 0-19 Healthy Families Programme. This is not a viable option for this service. There are no such frameworks in place for this type of service due to the requirements around service delivery, resource, and integration with Health systems and therefore this option is not considered further.

Option 1: Competitive: Tender the contract, via the most appropriate route.

This consists of two options: 1A - tender a single, integrated service for 0 to 19's, and 1B - tender the service as separate lots, splitting activity into discrete bundles of service delivery.

<p>Description</p> <p>A competitive tender process that invites bidders to either:</p> <ul style="list-style-type: none"> tender for delivery of the defined service, with bids evaluated against a set of fixed criteria (open procedure), OR enter into a period of dialogue and / or negotiation (competitive dialogue) 	
<p>Option 1 A – Tender a single, integrated service</p>	
<p>Strengths and opportunities</p> <p>(1) Well established process that commissioner and provider are familiar with.</p> <p>(2) Allows any potential new provider to bid for the contract.</p> <p>(3) Reflects the established approach, under the Public Contract Regulations (2015).</p> <p>(4) Provides an opportunity to design a tender process that focuses on delivering a best-value, high-quality collaborative service in conjunction with other services for children, young people, and families, and ensures there is definitive evidence of the winning bidders ability to deliver this.</p>	<p>Weaknesses and threats</p> <p>(1) There is a risk that no other provider will bid for the contract: A robust competitive tender process was carried out in 2015 which included a focus on delivering a high-quality service in partnership with other services for children, young people and families. Despite carrying out extensive market development activity including early publication of a prior invitation notice and a series of bidder events only one bid was received, from the incumbent provider, Nottinghamshire Healthcare NHS Foundation Trust. We assess that there is a high risk of there being no other local providers and that the uncompetitive nature of the resulting tender process would be unlikely to deliver best outcomes and value for money for the Council.</p> <p>(2) A competitive tender process reduces the opportunity for further service development and transformation over the 12-to-18-month tender cycle. Competitive tender changes the focus of activity, restricting the extent and pace of any collaboration with the current provider during a tender process.</p> <p>(3) Undermines the national and local direction of travel towards greater integration and collaboration of healthcare services as summarised under 'commissioning context' in the introductory</p>

	<p>section above. A competitive approach to the procurement of the Healthy Families Programme is likely to be inconsistent with the approach taken by ICB partners regarding other services for 0 to 19s delivered by Nottinghamshire Healthcare NHS Foundation Trust.</p> <p>(4) Workforce attrition at a time of national shortage: Uncertainty around the future of the contract is likely to cause instability in the workforce with anxiety about TUPE processes. Historically we have seen significantly increased turnover where services are competitively tendered, attrition in Quarter 4 of 2016-17 was higher than at any time during 2021-22. It is important to note here that there are national shortages of qualified health visitors and school nurses, and retention is therefore a key consideration for the Council.</p> <p>(5) The current provider of the Nottinghamshire HFP has access to the community health estate of Nottinghamshire Healthcare NHS Foundation Trust which is currently free-of-charge and likely to continue in the future. This means that it is likely that estates costs do will have to be met within the budget envelope, and integration with other 0 to 19 health services, also delivered from these estates, can be maintained.</p> <p>(6) Whilst it is possible to describe and assess joint working arrangements within a competitive tender process, the level of integration between the Healthy Families Programme and other NHS services for children, young people, and families, currently delivered by Nottinghamshire Healthcare NHS Foundation Trust would be a significant challenge for any alternative provider.</p>
Option 1B – tender separate lots	
<p>Strengths and opportunities</p> <p>As option 1A, plus:</p>	<p>Weaknesses and threats</p> <p>As points (2) to (6) in option 1A, plus:</p>

<p>(5) May be more attractive to potential bidders with expertise in one or other element of service delivery.</p> <p>(6) May represent an increased opportunity to integrate discrete elements of the service within the wider Council's early help offer.</p>	<p>(7) Results in the fragmentation of an established integrated service which may have an adverse impact on integration and collaboration across health and care services, including early help and children's transitions.</p> <p>(8) Introduces the potential for multiple providers delivering different elements of the 0 to 19 Healthy Child Programme, which may result in:</p> <ul style="list-style-type: none"> • increased management and overhead costs, adversely impacting the cost-effectiveness of the service, • poorer service user experience and outcomes as a result of the involvement of multiple practitioners.
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Option 2: Co-operation: Award the contract to the incumbent provider utilising a specific co-operation exemption.

<p>Description</p> <p>A co-operative approach enables commissioners to award a contract when a specific co-operation exemption applies. This applies where there is sufficient evidence of genuine co-operation between the contracting parties that is in the public interest.</p>	
<p>Strengths and opportunities</p>	<p>Weakness or threats</p>

<p>(1) Enables the Healthy Families Programme to continue to be delivered in close integration with other community health services for children and young people also provided by NHFT, such as services for children and young people with special education needs and disabilities, child and adolescent mental health services, and support for those transitioning to adult services.</p> <p>(2) There are several aspects of the Healthy Families Programme that are integrated, jointly delivered, or have shared posts with other services for children and families also provided by NHFT, including, but not limited to an integrated speech language and communication pathway, an integrated continence service and shared provision for children and young people with special education needs and disabilities provision. Co-operation will enable this integration to continue.</p> <p>(3) Enables the established referral pathways to and from other NHS services external to NHFT, such as paediatric, neonatal, and maternity services at the three acute hospital Trusts to continue.</p> <p>(4) Enables the existing community health estate of Nottinghamshire Healthcare NHS Trust to continue to be used for delivery of many aspects of the Healthy Families Programme. This represents both financial best value, and continued integration with</p>	<p>(7) Is in line with the national and local direction of travel towards greater integration and collaboration of healthcare services. Entering a co-operative arrangement for the delivery of the Healthy Families Programme is likely to align with the approach taken by ICB partners regarding other services for 0 to 19s delivered by Nottinghamshire Healthcare NHS Foundation Trust.</p> <p>(8) Ensures the Healthy Families Programme is provided by an organisation with a track record of delivering transformation and continual improvement of the service. Via the management of an ongoing transformation plan, Commissioners have negotiated a number of service design changes during the lifetime of the current contract, based on new and emerging evidence of effective practice. This includes the introduction of interventions underpinned by the Nottinghamshire Best Start Strategy.</p> <p>(9) Enables commissioner and provider to focus attention and resource over the remainder of the current contract on continual service improvement and further transformation.</p> <p>(10) Enables a medium-to-long term workforce plan to be developed to help tackle recruitment / capacity issues due</p>	<p>(1) Does not enable potential new providers to bid for the contract.</p> <p>(2) Directly awarding a contract, based on the co-operation exemption, would carry some legal risk.</p>
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<p>other 0 to 19 healthcare services, which are also delivered from these estates.</p> <p>(5) Facilitates an integrated approach to safeguarding children across all care pathways that NHFT deliver for children and young people aged 0 to 19. Access to a complete electronic patient record held by NHFT ensures that safeguarding information is available in 'real time' to clinicians working with families, regardless of which specific service they are working within. This complete record supports both the Council and NHFT with the delivery of their statutory safeguarding duties.</p> <p>(6) Secures the well performing, high quality service currently delivered. The Nottinghamshire Healthy Families Programme consistently out-performs the national average and statistical neighbours for the statutory elements of the programme.</p>	<p>to nationally reducing numbers of health visitors and school nurses.</p> <p>(11) Enables a collaborative relationship to continue between provider and commissioner throughout the procurement process by removing the 'competitive nature' of tender and facilitates open and honest dialogue without traditional restrictions.</p> <p>(12) Secures the continued delivery of positive outcomes for children and families.</p> <p>(13) Retains the confidence of service users by maintaining a well-recognised brand.</p>	
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Option 3: Provide the 0-19 Healthy Families Programme from within the Council

<p>Description</p> <p>The 0-19 Healthy Families Programme is transferred 'in house' to be provided directly by Nottinghamshire County Council.</p>	
<p>Strengths and opportunities</p>	<p>Weaknesses and threats</p> <p>(1) Fragmentation</p>

<p>(1) Provides an opportunity to fully integrate the Healthy Families Programme with the Council's Children's Centre Service/Family Hubs and the wider Early Help offer.</p> <p>(2) May result in cost efficiencies in relation to costs not related to service delivery (corporate 'back office' functions such as HR, finance etc). However, appropriate provision would need to be made for these within the Council.</p>	<p>(a) Will result in the fragmentation of several aspects of the Healthy Families Programme that are integrated, jointly delivered, or have shared posts with other health services for children and families provided by NHFT. In some cases, additional investment and service development may mitigate the adverse impact at least in part.</p> <p>(b) Creates new and additional integration challenges and potential cost regarding the delivery of the Healthy Families Programme alongside other community health services for children and young people also provided by NHFT, such as services for children and young people with special education needs and disabilities, child and adolescent mental health services, and support for those transitioning to adult services.</p> <p>(c) Creates new and additional integration challenges and potential cost in regard to the referral pathways to and from other NHS services external to NHFT, such as community paediatrics, primary care, and neonatal and maternity services at the three acute hospital Trusts.</p> <p>(d) Erodes the coherence and consistency of the approach to safeguarding children across all care pathways that NHFT deliver for children and young people aged 0 to 19.</p> <p>(e) Creates new and additional integration challenges and potential cost regarding securing access to a complete electronic patient record which currently (i) ensures that safeguarding information is available in 'real time' to clinicians working with families, regardless of which specific health service they are working within, and (ii) is compatible with clinical patient records used by other 0-19 health services including community, acute and primary care NHS services. This is essential to effective service delivery and safeguarding ensuring that information that is critical to the holistic care of children and young people is available across the wider health system.</p>
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	<p>(f) Would not be in line with the national and local direction of travel towards greater integration and collaboration of healthcare services as summarised under 'commissioning context' in the introductory section above. The approach would not align with the approach taken by ICB partners regarding other health services for children and young people aged 0 to 19, and their families.</p> <p>(2) Workforce</p> <p>(a) Acquiring the organisational capability and capacity to support the employment of NMC registered clinicians would require significant investment and implementation. NMC registered clinicians are required for the delivery of the mandated elements of the service:</p> <ul style="list-style-type: none">• All health visiting and school nursing services must be registered with the Care Quality Commission. This is a legal requirement as defined by the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.• Requirement to ensure that that the workforce meet their legal requirements for professional registration and revalidation with the Nursing and Midwifery Council, (revalidation is a public protection measure and legal requirement for nurses, midwives, and health visitors to practice in the UK)• Provision of clinical supervision, continual professional development and access to training and preceptorship• Ensuring service delivery is underpinned by research and evidence (including NICE guidelines)• The maintenance of 'safe staffing' levels <p>(b) Past experience demonstrates that uncertainty around the future of the service/employer causes instability in the workforce with anxiety around TUPE and loss of professional identity as NHS nurses. Likely to result in workforce attrition at a time of national shortages of qualified health visitors and school nurses. Retention is therefore a key consideration for the Council.</p>
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(c) The perceived loss of NHS identify is likely to affect ongoing recruitment and retention efforts across this workforce.

(d) There would be TUPE implications requiring the transfer of the current workforce to the Council's employment on NHS Agenda for Change terms and conditions. (NHS Agenda for Change terms and conditions are not in line with the Council's terms and conditions potentially resulting in an inequity across similar pre-existing Council roles).

(3) Financial considerations:

(a) The Council would incur the additional cost of developing a clinical management infrastructure to support the service, including the identification of a lead professional health visitor/school nurse who will be responsible for implementing and leading the Standards for employers of public health teams in England.

(b) Whilst the Council already has a direction order in place to facilitate the continuation of the NHS pension for a small number of existing staff, the Authority would be responsible for the maintaining access to, and providing employer contributions to the NHS pension scheme for a much larger workforce.

(c) The current community health estate of Nottinghamshire Healthcare NHS Foundation Trust is free-of-charge to the current provider. Securing an appropriate estate that facilitates clinical service delivery is required for the effective the provision of the service. Providing equally suitable accommodation in community locations is likely to be problematic and costly for the Council.

(d) Other financial considerations include: ensuring access to continuing professional development and mandatory clinical training in line with legal requirements, and the costs of relevant indemnity insurance to cover the services provided.

	<p>(4) Potential loss of the well performing, high quality service currently delivered. The current Healthy Families Programme consistently outperforms the national average and statistical neighbours for the statutory elements of the programme and benchmarks well when compared to local authorities who have brought their 0-19 service in-house.</p> <p>(5) Does not facilitate the continuation of a robust collaborative relationship between provider and commissioner for the remainder of the current contract period. This limits opportunity to focus on transformation and integration with the Council's Early Help offer.</p> <p>(6) Would not maintain a well-recognised NHS facing Healthy Families Programme brand, risking the loss of the confidence of service users.</p>
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Conclusion

Option 2 emerges as the preferred option due to the various strengths and opportunities identified above, when compared to the limited weaknesses or threats. This option enables the Nottinghamshire Healthy Families Programme to continue to be delivered in close integration with other community health services for children and young people also provided by NHFT. It secures a well performing, high quality service and enables commissioner and provider to focus attention and resource over the remainder of the current contract on continual service improvement and further transformation.

May 2023



REPORT OF THE CABINET MEMBER, CHILDREN AND FAMILIES

PROGRESS IN IMPROVING THE EXPERIENCES AND OUTCOMES FOR CHILDREN AND YOUNG PEOPLE WITH SPECIAL EDUCATIONAL NEEDS AND DISABILITIES

Purpose of the Report

1. To inform Cabinet of progress made in responding to the findings of the Ofsted/Care Quality Commission local area Special Educational Needs and Disabilities (SEND) [inspection](#) and seek feedback on the draft terms of reference and improvement plan.

Information

2. As reported to Cabinet in May 2023, the Nottinghamshire local area SEND partnership is undertaking focussed work to improve the experiences and outcomes of children and families. This work, captured in a joint improvement plan, will respond to findings of the Ofsted/Care Quality Commission (CQC) local area SEND inspection which took place in January/February 2023.
3. An independently chaired improvement board has been established and will meet for the first time on 23 June 2023. The proposed terms of reference for the board which will be considered at the first meeting are outlined in **Appendix A**, in order that Cabinet can consider any feedback it wishes to make.
4. The priority areas in which the local area partnership is required to make improvement are outlined below:
 - a. Leaders, NHS Nottingham and Nottinghamshire Integrated Care Board and education, health and care providers should cooperate to urgently identify, assess and provide for the needs of children and young people with SEND. This includes assessment of needs, timely issuing of Education, Health and Care (EHC) plans and holistic oversight of these plans through annual reviews.
 - b. Leaders, including commissioners and providers, should act urgently to identify and address the delays and gaps in access to some health services, particularly speech and language therapy, neurodevelopmental pathways and equipment services. They should also ensure that they use available performance data to identify where gaps exist and whether actions taken to address these are effective.

5. A draft improvement plan to respond to the priority areas for action continues to be developed through co-production with children, young people, parents/carers and families and partners. The current draft is included in **Appendix B** in order that Cabinet can consider any feedback it wishes to make. The plan will be submitted to Ofsted/CQC for consideration following ratification by the Improvement Board on 23 June 2023.
6. The local area partnership is committed to improving the experiences and outcomes of children and young people with SEND and will continue to focus on developing and strengthening the improvement plan and improvement arrangements moving forwards.

Other Options Considered

7. The Council and Integrated Care Board could have sought to drive forward improvements through existing partnership governance arrangements, however, they consider that the establishment of an independently chaired improvement board will better enable timelier improvements to be made to the experiences and outcomes of children and young people with SEND in Nottinghamshire.

Reason/s for Recommendation/s

8. To ensure the necessary improvements are made to respond to the outcome of the local area inspection and to ensure oversight by an independently chaired body.

Statutory and Policy Implications

9. This report has been compiled after consideration of implications in respect of crime and disorder, data protection and information governance, finance, human resources, human rights, the NHS Constitution (public health services), the public sector equality duty, safeguarding of children and adults at risk, service users, smarter working, sustainability and the environment and where such implications are material they are described below. Appropriate consultation has been undertaken and advice sought on these issues as required.

Financial Implications

10. Local authority costs associated with the improvement programme and associated partnership governance arrangements are in the process of being confirmed and will be subject to the relevant approvals by the Cabinet Member for Children and Families and the Cabinet Member for Finance.

RECOMMENDATION/S

That Cabinet:

- 1) provides feedback on the proposed terms of reference for the Special Educational Needs & Disabilities (SEND) Partnership Improvement Board, attached as **Appendix A**.
- 2) provides feedback on the draft SEND improvement plan, attached as **Appendix B**.

- 3) agrees to receive a further update on progress in implementing the improvement plan in six months' time.

Councillor Tracey Taylor
Cabinet Member, Children and Families

For any enquiries about this report please contact:

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Constitutional Comments (CD 13/06/23)

11. Cabinet has the authority to consider the report and recommendations.

Financial Comments (SS 13/06/23)

12. Local authority costs associated with the improvement programme and associated partnership governance arrangements are in the process of being confirmed and will be subject to the relevant approvals by the Cabinet Member for Children and Families and the Cabinet Member for Finance.

Background Papers and Published Documents

Except for previously published documents, which will be available elsewhere, the documents listed here will be available for inspection in accordance with Section 100D of the Local Government Act 1972.

[Improving the experiences and outcomes for children and young people with Special Educational Needs and Disabilities - report to Cabinet on 25 May 2023](#)

Electoral Division(s) and Member(s) Affected

All.

CF0073

Appendix A



**Nottinghamshire
County Council**



**Nottingham and
Nottinghamshire**

NOTTINGHAMSHIRE SEND PARTNERSHIP IMPROVEMENT BOARD PROPOSED TERMS OF REFERENCE

1. AIM OF THE SEND PARTNERSHIP IMPROVEMENT BOARD

The aim of the Special Educational Needs and Disabilities (SEND) Partnership Improvement Board (the Board) is to provide both support and challenge across the partnership, facilitating solution-focussed practice to resolve issues and barriers that impact on the timely delivery of the Nottinghamshire SEND Improvement Plan. The Board will ensure that the Improvement Plan achieves its aims with the required pace and ownership of partner members, whilst maintaining a relentless focus on the experiences and outcomes of children and young people with SEND in Nottinghamshire.

2. RESPONSIBILITIES

The Board will achieve its aim through:

- Overseeing the Nottinghamshire SEND Improvement Plan, including the priority action plan, ensuring it is sufficiently ambitious to maximise the opportunity to improve experiences and outcomes for children and young people with SEND in Nottinghamshire
- Considering and incorporating relevant learning from the SEND inspection programme conducted nationally by Ofsted/CQC
- Ensuring that all partners are clear in how they will contribute to the Improvement Plan, and securing support and commitment from all partners to delivering the plan
- Seeking assurance that children, young people, their families and key stakeholders are actively involved in shaping and delivering the Improvement Plan
- Monitoring progress against the Improvement Plan and providing support and challenge where objectives are slow to progress or where challenges emerge around effective delivery
- Facilitating a solution-based practice approach to resolving issues or barriers that are impacting on effective delivery
- Monitoring the impact of the Improvement Plan on the experiences and outcomes of children and young people with SEND in Nottinghamshire

3. WAYS OF WORKING

The culture within which the Board will operate will be one of high support and high challenge, promoting shared ownership and collective responsibility of the improvements required, whilst recognising organisational accountabilities.

4. GOVERNANCE

The Board will receive “spotlight” reporting on a monthly basis from the joint chairs of the Nottinghamshire SEND Executive Leadership Group, providing assurance to the members of the Board and to give opportunity to raise any emerging concerns. The overall governance structure can be found in **Appendix B**.

5. MEMBERSHIP AND RESPONSIBILITIES

Chair: The Board will have an Independent Chair, in order to provide independent scrutiny of the Partnership’s performance, progress and implementation of the actions needed to improve the services and provision of care.

In the event of the chair being unable to attend, a nominated deputy will chair the meeting.

Members:

Name	Role/Organisation	Organisation
Dame Christine Lenehan	Independent Chair	Council for Disabled Children
Rosa Waddingham	Director of Nursing and Joint Chair of the Nottinghamshire SEND Executive Leadership Group	NHS Nottingham and Nottinghamshire Integrated Care Board
Lucy Dadge	Director of Integration	NHS Nottingham and Nottinghamshire Integrated Care Board
Colin Pettigrew	Corporate Director, Children and Families and Joint Chair of the Nottinghamshire SEND Executive Leadership Group	Nottinghamshire County Council
Melanie Williams	Corporate Director, Adult Social Care and Health, and Member of Integrated Care Partnership Board	Nottinghamshire County Council
Councillor Tracey Taylor	Cabinet Member, Children and Families	Nottinghamshire County Council
Georgina Palmer	Chair of Nottinghamshire Parent/Carer Forum	Nottinghamshire Parent/Carer Forum
Ian Dixon	SEND Lead, Vulnerable Children’s Unit – East Midlands Region Group	Department for Education
Kevin Rowland	SEN and Disability Professional Adviser	Department for Education
Nick Harrison	Senior Programme Manager	NHS England
Tina Ward	NHS England Adviser	NHS England

TBC	Proposed – Multi-Academy Trust CEO with relevant SEND experience	
TBC	Proposed - Special School Headteacher Representative – maintained school	
TBC	Executive Lead for SEND	Health Provider/s

Members may nominate suitably informed deputies to have decision-making authority if they are unable to attend the meeting.

6. QUORACY

To be fully quorate:

- At least 50% of members must be present
- There must be representatives from the NHS Nottingham and Nottinghamshire Integrated Care Board and Nottinghamshire County Council

In the event of quorum not being achieved, decisions deemed by the chair to be ‘urgent’ can be taken outside of the meeting via email communication, and with the agreement of a quorate number of members.

7. PROCEDURAL ARRANGEMENTS

Frequency: The Board will meet monthly. Members should make all attempts to prioritise however on the occasions when members are unable to attend, a deputy should be nominated to ensure that the organisation is represented.

Meeting management: The Board will be supported by a Programme Manager and secretariat who will ensure that documentation is in place to support the Board to fulfil its role. This will include the development of agendas and minutes, as well as compiling meeting packs and monitoring actions. A business cycle will be agreed by the Board and reviewed annually or more frequently if required.

Sharing of Information (including confidential materials): Unless confidential, all papers should be considered as subject to the Freedom of Information Act (FOI). Information sharing agreements between members will be agreed as a principle of working together. Board members will give due regard to their responsibilities to comply with General Data Protection Regulation (GDPR) and Data Protection Act (DPA) legislation.

8. REVIEW OF TERMS OF REFERENCE

These Terms of Reference will be reviewed every 12 months. The next review will be due in June 2024.



Nottinghamshire Partnership Improvement Plan for support for children and young people with special educational needs and disabilities (SEND)

Working Draft

13 June 2023



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1. Introduction

The local area partnership is committed to continuous improvement to deliver the best outcomes for children and young people with SEND. This action plan reflects our key partnership priorities. Between 16 January and 3 February 2023, Ofsted and the Care Quality Commission (CQC) undertook a joint inspection of the Nottinghamshire local area. The purpose of inspection was to:

- provide an independent, external evaluation of the effectiveness of the local area partnership's arrangements for children and young people with SEND; and
- where appropriate, recommend what the local area partnership should do to improve the arrangements.

This action plan will take forward the learning from the Ofsted/CQC inspection process and the areas for improvement identified through the inspection.

Nottinghamshire's SEND Partnership spans a broad range of partners, services and stakeholders. This includes the Integrated Care Board, Healthcare Providers, education settings (from early years through to FE including mainstream maintained, academies, special schools and independent and Alternative Provision (AP) providers), Local Authority Services, parents and carers and our key stakeholders, children and young people. To deliver positive change, it is essential that areas for improvement, improvement activity and accountability is shared across this complex partnership.

The key priorities for improvement across the partnership and wider SEND system in Nottinghamshire relate to the timeliness of identification, assessment and provision of support to effectively meet the needs of children and young people with SEND and improve their outcomes and experiences. This includes a focus on the graduated response pathway and education, health and care (EHC) planning process, including annual reviews, as well as access to health services and therapies. Key to this is strengthening our partnership arrangements to commission the most effective services for children and young people based on an accurate understanding of needs, performance and gaps in provision.

To ensure delivery of our key priorities for improvement at pace, and evidence impact on the outcomes and experiences of children, young people and families with SEND, we will strengthen our governance, oversight and accountability across the partnership.

Evaluation and future planning for improvement, informed by the views of children and young people with SEND and their families will be a key feature of revised governance.

Our Partnership Improvement Plan identifies the actions the Nottinghamshire local area partnership will undertake to address our most important areas of improvement, how we will measure success and what difference this will make to Nottinghamshire’s children and young people with SEND and their parents and carers. Our plan focuses on ensuring that:

- Children and young people’s needs are identified accurately and assessed in a timely and effective way.
- Children, young people, and their families participate in decision-making about their individual plans and support.
- children and young people receive the right help at the right time.
- Children and young people are well prepared for their next steps and achieve strong outcomes.
- Children and young people are valued, visible and included in their communities.

Adrian Smith Chief Executive Nottinghamshire County Council	Amanda Sullivan Chief Executive Nottingham and Nottinghamshire Integrated Care Board
Colin Pettigrew Corporate Director for Children and Families Nottinghamshire County Council	Rosa Waddingham Director of Nursing Nottingham and Nottinghamshire Integrated Care Board

2. Strategic Vision

Nottinghamshire is ambitious for all children and young people to achieve their potential and have the best start in life. We recognise that children and young people have different strengths and needs, and that services and provision need to be differentiated so that all children and young people have their needs met and experience success.

We recognise that for children and young people to achieve their potential then all services need to work together with parents, carers, children, and young people and that their voices are heard at all levels.

Services and organisations should support people and families to live independently in the community, with prevention and self-management at the heart of our service delivery.

Our local area partnership vision is that:

“Children and young people with Special Educational Needs and Disabilities (SEND) will be safe, healthy, and happy, and have a good quality of life and opportunities to fulfil their aspirations, develop their independence and make a positive contribution to society.”

3. Governance

Partnership assurance and scrutiny of the SEND Partnership Improvement Plan will be achieved through a newly established and independently chaired **Nottinghamshire SEND Partnership Improvement Board** ("the Board"). The Board will provide both support and challenge across the partnership, facilitating solution-focussed practice to resolve issues and barriers that impact on the timely delivery of actions. The Board will be time-limited for the lifetime of the SEND Partnership Improvement Plan, or until it can be transitioned into business-as-usual partnership governance arrangements.

The Chief Executives of Nottinghamshire County Council (NCC) and NHS Nottingham and Nottinghamshire Integrated Care Board (ICB) will meet with the Board's Independent Chair on a monthly basis to seek assurance on progress.

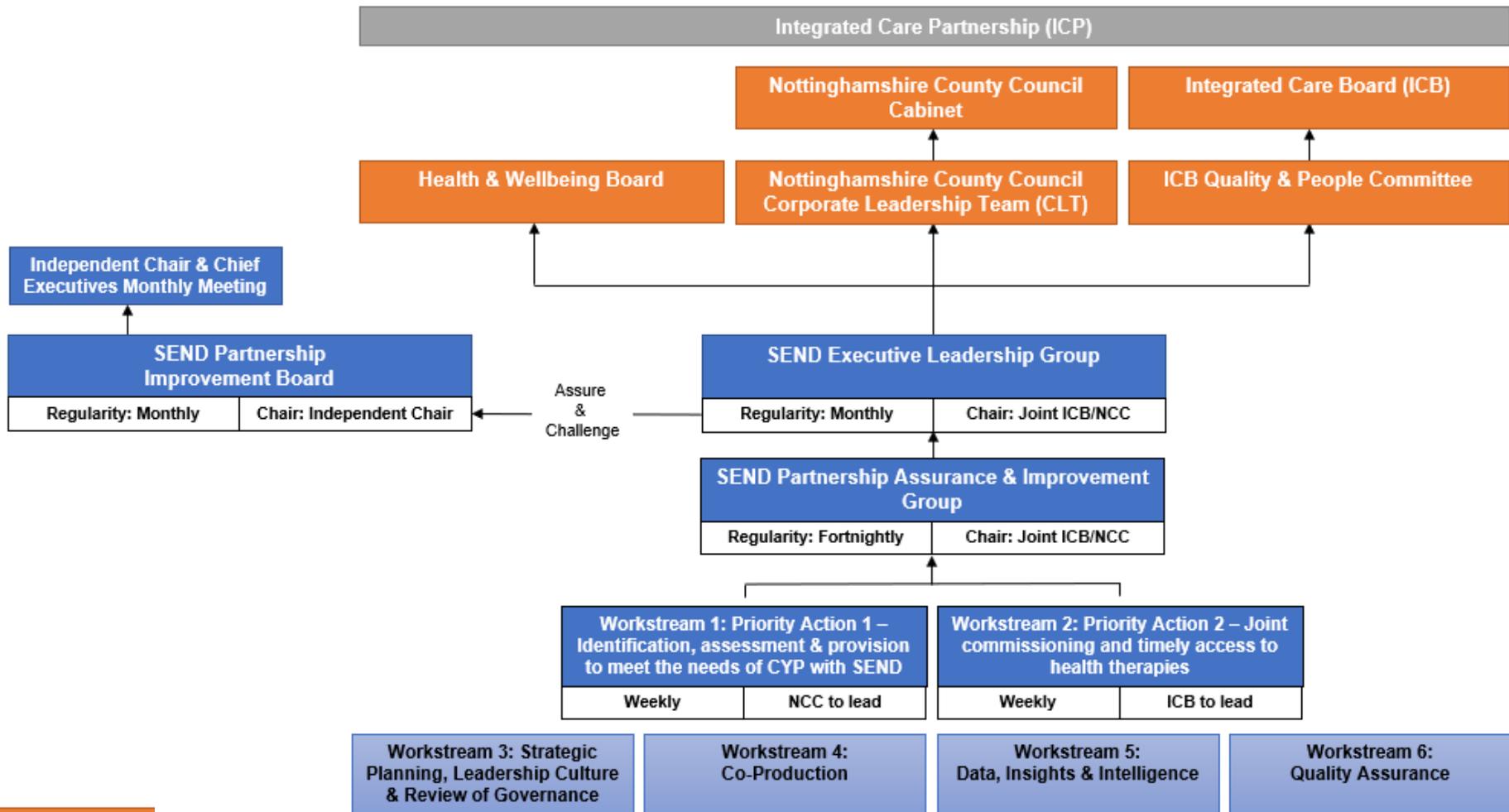
A tiered partnership structure will be established to enable joint ownership, oversight, leadership and partnership accountability for the SEND Partnership Improvement Plan. These arrangements will be established on an interim basis, pending a governance review to establish longer-term governance arrangements and ensure effective alignment with the developing requirements of the SEND and Alternative Provision (AP) Improvement Plan (published by the Department for Education in March 2023). It is proposed that the SEND Accountability Board, in its current configuration, will discontinue, with its functions being integrated into this new, tiered partnership structure. A governance review will be undertaken as part of one of the improvement workstreams, which will consider the evolving national guidance around inclusion partnerships.

- **SEND Executive Leadership Group:** Partnership leadership and strategic oversight of the SEND Partnership Improvement Plan will be achieved through a newly established SEND Executive Leadership Group. This Group will be jointly chaired by the ICB and NCC executive leads for SEND and will set strategic direction across the partnership. The Executive Leadership Group will report highlights, exceptions and escalations to the Board and into partnership/external governance forums, providing assurance of progress against the Plan.

- **SEND Partnership Assurance & Improvement Group:** Joint accountability and operational oversight of the SEND Partnership Improvement Plan and wider SEND Partnership Improvement Programme will sit with the newly established and jointly chaired SEND Partnership Assurance & Improvement Group. Membership of this group includes representatives from all SEND partners and relevant agencies that have key SEND responsibilities. The Partnership Assurance & Improvement Group will apply a programme management methodology to ensure the effective oversight and monitoring of improvement activity, focussing on the delivery of priority improvement actions, underpinned by enabling improvement activity. The Partnership Assurance & Improvement Group will commission and oversee deep dive reviews in line with the Improvement Plan. It will report highlights, risks and escalations to the Executive Leadership Group on a monthly basis.

DRAFT

Diagram 1 Governance Arrangements



Key

Denotes existing governance forum

Denotes new, interim governance forum

4. Monitoring progress

There will be regular monitoring of progress against milestones and success measures embedded within the governance structure.

The SEND Partnership Improvement Board will receive monthly "spotlight" updates from the joint Priority Leads, providing assurance to members of the Board and to enable any emerging concerns to be raised.

Each of the joint Priority Leads will have overall accountability for the actions in the relevant sections of the Partnership Improvement Plan.

A performance monitoring scorecard will be in place which covers the key measures for each of the improvement priorities. Each of the sub-groups of the SEND Partnership Assurance & Improvement Group will be responsible for monitoring their own action plan and providing evidence of impact to demonstrate improvement. Actions will be signed off by the SEND Executive Leadership Group and included in the monthly updates to the Board.

The local area Partnership recognises that a culture of high support and high challenge is critical to successfully achieving the improvements required in Nottinghamshire. This high support and challenge will be provided by the SEND Partnership Improvement Board. Leaders will be expected to be held to account for the areas they lead on and to provide detailed analysis when actions are not being progressed as expected, and to take the steps necessary to improve outcomes.

5. Nottinghamshire's Partnership Improvement Plan

5a. Nottinghamshire's Improvement Priorities

1. Improve the timeliness of identification and assessment of need and provision of support to effectively meet the needs of children and young people with SEND and improve their outcomes and experiences.

This will be delivered through ensuring that education health and care plans (EHCP) are produced in timely manner, easy for everyone to read and use as well as including the views of children and young people, their families who support them. Reviewing the graduated process pathway to outline how decisions are made to ensure families feel confident in the decisions made. Supported through improving the annual review process, ensuring effective monitoring performance and a cycle of continuous improvement is embedded across the partnership in a strength-based way.
2. Improve the timeliness with which children and young people can access the health services and therapies that they need, whilst ensuring that there are no gaps in services.

This will require strengthening the approach to joint commissioning, including the effective use of data, intelligence, and insight, and ensuring the effective monitoring of performance and a cycle of continuous improvement is embedded across the partnership.

5b. Progress to date

Improvement Priority 1

- Key themes for the Partnership Improvement Plan were identified at a partnership workshop held on 22 March 2023.
- Interim Group Manager for ICDS has been appointed and commenced.
- Job Description for SEND Group Manager is in the process of being reshaped as part of improvement planning.
- Additional EHC Plan writer capacity recruitment is underway
- Additional educational psychologist (EP) capacity is in the process of being secured
- Revised draft KPI monitoring process has been developed to inform the Learning and Improvement Board and wider improvement arrangements. Current performance in respect of EHCP timeliness has improved from 3.4% within 20 weeks (at time of inspection) to 7.8% (first quarter 2023).
- There has been an uplifted in funding targeted to provide additional support for children with SEN in mainstream settings for 2023-2024 by 20%.

Improvement Priority 2

- JSNA section on SEND was approved by the Nottinghamshire Health and Wellbeing Board on 8 March 2023.
- Key themes for the Partnership Improvement Plan were identified at a partnership workshop held on 22 March 2023.
- Partnership group of Senior Managers already established and working on a detailed plan for implementation.

5c. Improvement Priority 1 – Improve the timeliness of identification and assessment of need and provision of support to effectively meet the needs of children and young people with SEND and improve their outcomes and experiences.

Partnership Leads:

(1) Peter McConnochie, Service Director, Education, Learning and Inclusion – Nottinghamshire County Council

(2) Nicola Ryan, Deputy Chief Nurse, Nottingham and Nottinghamshire ICB

Outcomes we will strive for:

- **Children and Young People with SEND in Nottinghamshire have their needs identified and assessed through statutory processes and in a timely way**
 - Reduce the length it takes us to complete all EHC needs assessment requests
 - Reduce the length of time it takes to issue Education, Health and Care (EHC) Plans
- **Ensure our children and young people with SEND receive robust and consistent support through their EHC Plans, which have the right input, at the right time and from the right place**
 - Develop and implement improvements to the annual review process
 - Ensure health and social care needs / outcomes / services are identified within EHC Plans and Annual Reviews
 - Ensure EHC Plan reviews are completed in a timely and appropriate way
- **Children and young people with additional needs, but without an EHC Plan, have their needs identified, met and monitored effectively**
 - Implement new ways to monitor support provision and capture how children and young people are progressing
 - Further develop and embed a culture of inclusion across Nottinghamshire, meetings need outside of statutory processes, where appropriate
Improve consistency across all education settings in identification and provision of need
 - Ensure that the graduated response pathway / approach is effective and clearly communicated and understood by parents and carers, children and young people, and all professionals (e.g. health, social care and education)
 - Embed early intervention and multi-agency processes to prevent children and young people's needs from escalating

Ref	Actions we will take	Lead and resource	Evidence of success (what will change)	Impact measures (KPI's/ Targets)	Completion date	Progress narrative (BRAG)
Outcome 1						
➤ Children and Young People with SEND in Nottinghamshire have their needs identified and assessed in a timely way through statutory processes						
1.1	Reduce the length of time it takes to complete Educational, Health and Care (EHC) assessment requests through statutory processes.					
1.1.1	Increase staffing capacity to increase the volume of EHC plan assessments completed monthly and reduce the backlog of EHC plan assessment applications	Charles Savage & Lynda Poole	<p>Agree specification for additional Education Psychology capacity through agency (May 2023)</p> <p>Agree contract for delivery of additional 30 EP assessments per month (June 2023)</p> <p>Additional EP team established</p> <p>Children and young people will have their needs assessed within the statutory timeline.</p>	<ul style="list-style-type: none"> Reduction in backlog of EHC plan assessment application Increase in number of EP assessments completed per month Reduction in waiting list for EP assessments 	<p>May 2023</p> <p>June 2023</p> <p>July 2023</p>	<p>Funding secured to increase EP capacity</p> <p>Contract agreed with external agency to deliver 30 additional EP assessments per month.</p>

Ref	Actions we will take	Lead and resource	Evidence of success (what will change)	Impact measures (KPI's/ Targets)	Completion date	Progress narrative (BRAG)
			Parents and carers will know whether their child or young person will receive an EHC plan more quickly.	<ul style="list-style-type: none"> 15% of new EHC assessments will be completed (to Stage 2 decision-making) within statutory timelines Rising to 25% of new EHC assessments completed 	<p>End June 2023</p> <p>End September 2023</p>	
1.1.2	Improve the decision-making processes which support EHC assessments.	Lynda Poole	When assessing a child's need for an EHC plan, staff will make decisions based on structured conversations with parents/ carers and schools/ educational settings.	<ul style="list-style-type: none"> 50% of (Stage 1) decision making will incorporate structured conversations Rising to 95% 	<p>End September 2023</p> <p>End November 2023</p>	Revised protocol for Stage 1 decision-making drafted and agreed by all key partners.
1.1.3	Complete a comprehensive review of our operating model, processes, and the systems we use. Make improvements to the way we work.	Lynda Poole & Emily Wormall	<p>Opportunities to improve our effectiveness and efficiency will be identified. We'll then make changes to the way we do things.</p> <p>Children, young people and their</p>	<p>Reduction in complaints</p> <p>Improved feedback from children, young people, parents, and carers.</p> <p>Reduced time taken to complete EHC assessments</p>	<p>End October 2023</p> <p>"Discovery", "Design" work and some implementation work.</p>	Process mapping 'the child/young person's journey' has started.

Ref	Actions we will take	Lead and resource	Evidence of success (what will change)	Impact measures (KPI's/ Targets)	Completion date	Progress narrative (BRAG)
			parents or carers will get the support and advice they need more easily and quickly.	Reduced time taken to issue EHC plans	Implementation work then ongoing.	
1.2	Reduce the length of time it takes to issue Education, Health and Care (EHC) Plans					
1.2.1	Increase staffing capacity to reduce the length of time taken to draft (and where appropriate issue) an Education, Health and Care (EHC) Plan	Lynda Poole	<p>More NCC staff will be available to provide EHC plans.</p> <p>Children and young people will receive their EHC plans sooner.</p>	<ul style="list-style-type: none"> • 10% of new EHCPs are issued on time • Rising to 25% of new EHCPs are issued on time • No new EHCPs issued over 30 weeks late 	<p>End June 2023</p> <p>End September 2023</p> <p>End July 2023</p>	<p>Additional EHC Plan writers recruited.</p> <p>Further temporary staffing proposals have been drafted- to reduce immediate backlog.</p>
1.2.3	Learn from other local areas about their approach to improving and sustaining improved timescales for EHC Plans.	Chris Jones	<p>Nottinghamshire will implement recognised 'best practice' from other areas quickly and to good effect.</p> <p>Children and young people will receive their EHC plans sooner.</p>	<ul style="list-style-type: none"> • 10% of new EHCPs are issued on time • Rising to 25% of new EHCPs are issued on time • No new EHCPs issued over 30 weeks late 	<p>End June 2023</p> <p>End September 2023</p> <p>End July 2023</p>	

Ref	Actions we will take	Lead and resource	Evidence of success (what will change)	Impact measures (KPI's/ Targets)	Completion date	Progress narrative (BRAG)
Outcome 2						
➤ Ensure our children and young people with SEND receive robust and consistent support through their EHC Plans, which have the right input, at the right time and from the right place.						
2.1	Develop and implement improvements to the Annual Review process					
2.1.1	Complete a comprehensive review of our operating model, processes, and the systems we use. Make improvements to the way we work. (Further specific actions to be defined).	Lynda Poole & Emily Wormall	Opportunities to improve our effectiveness and efficiency will be identified. We'll then make changes to the way we do things. Children, young people and their parents or carers will get the support and advice they need more easily and quickly.	Reduction in complaints Improved feedback from children, young people, parents, and carers. Reduced time taken to complete EHC plan reviews	End October 2023 "Discovery", "Design" work and some implementation work. Implementation work then ongoing.	Process mapping 'the child/young person's journey' has started.
2.2	Ensure health and social care needs/ outcomes/ services are identified within EHC Plans and Annual Reviews					
2.2.1	Undertake deep dive 'Discovery' and 'Design' activity. Which will include: <ul style="list-style-type: none"> • Multi agency workshops • Consultation 	Lynda Poole	TBC	TBC	End October 2023	Work underway to establish new working groups and identify existing coproduction opportunities.

Ref	Actions we will take	Lead and resource	Evidence of success (what will change)	Impact measures (KPI's/ Targets)	Completion date	Progress narrative (BRAG)
	<ul style="list-style-type: none"> Engagement activity with Parents and Carers to identify specific improvement activity. 					So that the improvement activity can be: <ul style="list-style-type: none"> Accurately defined Include the right people
2.3	Ensure EHC Plan reviews are completed in a timely and appropriate way					
2.3.1	Increase staffing capacity to address the backlog of EHCP reviews	Lynda Poole	Children and young people will receive their Annual Reviews more regularly.	<ul style="list-style-type: none"> 60% of Annual Reviews take place within 12 months of previous MAC (Maintain, Amend or Cease) decision date or date of issue by end of Sep 2023. 75% of amended EHCPs are issued within 12 weeks of the Annual Review meeting taking place 	End September 2023	Additional EHC Plan writers recruited
Outcome 3 ➤ Children and young people with additional needs, but without an EHC Plan, have their needs identified, met, and monitored effectively						
3.1	Implement new ways to monitor support and provision and capture how children and young people are progressing					

Ref	Actions we will take	Lead and resource	Evidence of success (what will change)	Impact measures (KPI's/ Targets)	Completion date	Progress narrative (BRAG)
3.1.1	Review existing funding processes/pathways to identify mechanism to provide identification and assurance of effectiveness of provision to improve outcomes.	Simon Ray	Regardless of whether an EHC Plan is in place or not, all children and young people with complex needs are having their progress monitored effectively Effective monitoring in place with outcome data shared across partnership	TBC	April 2024	
3.2	Further develop and embed a culture of inclusion across Nottinghamshire, meeting need outside of statutory processes, where appropriate					
3.2.1	Multi-agency deep dive activity to be undertaken to scope detailed action plan to improve inclusive practice and oversight of inclusion within settings.	TBC	TBC following deep dive scoping activity	TBC	TBC	In development
3.3	Improve consistency across all education settings in identification and provision of need					
3.3.1	Review application of graduated response across local area and	Charles Savage	Children and young people will receive a more consistent level of support, regardless	TBC	TBC	In development

Ref	Actions we will take	Lead and resource	Evidence of success (what will change)	Impact measures (KPI's/ Targets)	Completion date	Progress narrative (BRAG)
	Review training offer for SENCOs and address any gaps to improve workforce development.		of location or placement. Graduated response will be applied consistently evidenced through the journey of a child or young person			
3.3.2	Identify the opportunities to strengthen the Family and District SENCO model.	Charles Savage	Family and District SENCO model will ensure consistency across schools in different districts.	Increased consistency evident through locality SEND and inclusion data	July 2024	In development
3.4	Ensure that the graduated response pathway/ approach is effective and clearly communicated and understood by; parents and carers, children and young people and all professionals (e.g. health, social care and education)					
3.4.1	Specific actions to be defined through multiagency deep dive to review the effectiveness and understanding of the graduated approach.	Charles Savage	Parents and Carers will feel supported, listened to, and have a clear understanding of what to expect for their child/ young person as they travel along the 'graduated response pathway'.	Improved Parent and Carer feedback. Reduced complaints, leading to reduced mediation and tribunal activity. Improved partner engagement and increased participation in	July 2024	In development

Ref	Actions we will take	Lead and resource	Evidence of success (what will change)	Impact measures (KPI's/ Targets)	Completion date	Progress narrative (BRAG)
			All partners will have a clear understanding of the 'graduated response' approach and how they contribute to it.	'graduated response pathway'. Improved partner feedback.		
3.5	Embed early intervention and multi-agency processes to prevent children and young people's needs from escalating					
3.5.1	Audit existing locality processes to provide additional support and resource to meet need and develop further to provide multiagency forums.	Charles Savage	All partners will be working together well to identify early opportunities to support children and young people, prior to the establishment of EHC plans.	Children and young people access support sooner. Reduction in highly complex/ advanced need EHC plans.	April 2024	In development

Delivery Partners
<ul style="list-style-type: none"> • Parent, carers, and children and young people • Health services • Education settings • Nottinghamshire Parent Carers forum • Local authority services including Children's and Adult Social Care

RAG status	
Blue	Action complete, impact measures achieved and approval to close obtained from the SEND Improvement Board
Green	Action on track to achieve the impact measures and within the timelines set
Amber	Action at risk of not achieving the impact measures and/or completion within the timelines set.
Red	Action at significant risk of not achieving the impact measures and completion within the timelines set.
Grey	Action not due to start

DRAFT

5d. Improvement Priority 2 – Improve the timeliness with which children and young people can access the health services and therapies that they need, whilst ensuring that there are no gaps in services. This will require strengthening the approach to joint commissioning, including the effective use of data, intelligence, and insight, and ensuring the effective monitoring of performance and a cycle of continuous improvement is embedded across the partnership.

Partnership Leads:

- (1) Karon Foulkes, Head of Maternity and Children's Commissioning and Transformation, NHS Nottingham and Nottinghamshire ICB*
- (2) Laurence Jones, Service Director, Commissioning and Resources – Nottinghamshire County Council*

Outcomes we will strive for:

- To have a better understanding of the current needs of children and families with SEND so that our commissioning activity can most accurately reflect that.
- To reduce waiting times for assessment to Neurodevelopmental Behaviour Service (NBS) to 26 weeks by March 2024.
- To reduce waiting times for speech, language and communication needs to 13 weeks by March 2024.
- To reduce waiting times for Occupational Therapy and Physiotherapy to 13 weeks by March 2024.
- For children, young people and families to experience services that are easy to navigate, free from duplication and are adaptive to their needs

Ref	Actions we will take	Lead and resource	Evidence of change (what will change)	Impact measures (KPIs / Targets)	Milestones	Completion Date	Progress BRAG
Outcome 1: To have a better understanding of the current needs of children and families with SEND so that our commissioning activity can most accurately reflect that							
1.1	Nottingham & Nottinghamshire Strategic Planning Group for Children and Young People's (SPG) agrees areas of joint commissioning activity, resources and delivery group contained within a commissioning framework.	<ul style="list-style-type: none"> Chair(s), SPG 	To have in place: <ul style="list-style-type: none"> Change Plan Resourcing plan Delivery plans Delivery monitoring document 	<ul style="list-style-type: none"> Families report services are easier to access, are timely and are free of duplication 	<ul style="list-style-type: none"> Complete logic model change plan Identify project resources Agreement by SPG and recommendations to Exec Delivery plans established for each key strand of work Implement and monitor delivery plans 	Plan established and delivery commenced by September 2023	
1.2	SPG establishes risk register including the required regular feeds from data analysis that will inform areas for further attention.	<ul style="list-style-type: none"> Chair(s), SPG 	<ul style="list-style-type: none"> TOR and minutes from Data and Outcomes group Risk Register 	<ul style="list-style-type: none"> Risks across the system are collectively understood and responded to and when necessary escalated 	<ul style="list-style-type: none"> Establish a data and outcomes group to provide an analysis of available data and future trends. 	July 2023	

Ref	Actions we will take	Lead and resource	Evidence of change (what will change)	Impact measures (KPIs / Targets)	Milestones	Completion Date	Progress BRAG
					<ul style="list-style-type: none"> Assess required data feeds and any gaps Agree risk register format Establish regular reporting cycle Agree mitigation and escalation mechanisms 		
1.3	SPG and Exec SPG produce Joint SEND Strategic Commissioning Strategy (for Nottinghamshire and Nottingham) embodying principles and scope for consideration by relevant bodies	<ul style="list-style-type: none"> Chair(s), SPG 	<ul style="list-style-type: none"> Strategy document Approval reports 	<ul style="list-style-type: none"> Families report services are easier to access, are timely and are free of duplication 	<ul style="list-style-type: none"> SPG consult on and produce strategy Approval for formal submission to relevant bodies by the SPG Exec Approval be relevant accountable bodies 	Formal approvals by March 2024	
1.4	JSNA chapter on SEND is published	<ul style="list-style-type: none"> Director of Public Health 	<ul style="list-style-type: none"> Published JSNA chapter 	<ul style="list-style-type: none"> Population level need and gaps, risks and opportunities are identified 	<ul style="list-style-type: none"> Identify lead author Establish task and finish support group Consult with PCFs 	March 2023	Completed: JSNA chapter on SEND was approved by the Nottingham

Ref	Actions we will take	Lead and resource	Evidence of change (what will change)	Impact measures (KPIs / Targets)	Milestones	Completion Date	Progress BRAG
					<ul style="list-style-type: none"> Refresh data collection Publish refreshed chapter 		hire Health and Wellbeing Board on 8 March 2023
1.5	JSNA chapter to be reviewed and recommendations to be implemented	<ul style="list-style-type: none"> Director of Public Health 	<ul style="list-style-type: none"> Reviewed JSNA chapter Implementation of JSNA recommendations 	<ul style="list-style-type: none"> Population level need and gaps, risks and opportunities are collectively understood and reflected in the joint commissioning strategy. 	<ul style="list-style-type: none"> Review recommendations from JSNA Establish task and finish group 	May 2024	
1.6	Health Inequalities: Understand the needs and impact of health inequalities and ensure equity of access and provision by reviewing population health data and wider determinants of health by place based level	<p>Maternity, Children's Commissioning and Transformation (ICB)</p> <p>Service Director, Commissioning and Resources Children and Family Services</p>	<ul style="list-style-type: none"> Data Metrics and trajectories on access to services for health inequality groups / areas identified 	<ul style="list-style-type: none"> Equitable access to services 	<ul style="list-style-type: none"> Review data from JSNA Dashboard created to identified priority areas of inequalities including Core20Plus5 areas of priority 	May 2024	

Ref	Actions we will take	Lead and resource	Evidence of change (what will change)	Impact measures (KPIs / Targets)	Milestones	Completion Date	Progress BRAG
Outcome 2: To reduce waiting times for assessment to Neurodevelopmental Behaviour Service (NBS) to 26 weeks by March 2024							
2.1	Deliver improvements to waiting times for assessment to NBS and subsequent paediatric diagnostic pathways	<p>Head of Learning Disabilities and Autism Transformation and Commissioning</p> <ul style="list-style-type: none"> Head of Maternity, Children's Commissioning and Transformation (ICB) 	<ul style="list-style-type: none"> performance and quality metrics 	<ul style="list-style-type: none"> Waiting times for NBS reduced to 26 weeks by March 2024 	<ul style="list-style-type: none"> Continue to deliver the NBS improvement plan 	March 2024	<p>NBS - Reviewing the service to reduce the inherited waiting lists and lengthy waiting times – focus on referrals process, triage assessment and parenting support.</p> <p>Additional non-recurrent funding has been confirmed for this year to provide an additional Specialist Practitioner in each service for 12 months</p>

Ref	Actions we will take	Lead and resource	Evidence of change (what will change)	Impact measures (KPIs / Targets)	Milestones	Completion Date	Progress BRAG
							Additional investment provided to increase capacity of comm paed and support the waiting list initiatives Funding for Consultant Psychologist posts has been agreed to support the autism assessment pathway.
<p>Outcome 3: To reduce waiting times to treatment for speech, language and communication needs reduced to 13 weeks by March 2024; and</p> <p>Outcome 4: To reduce waiting times to treatment Occupational Therapy and Physiotherapy to 13 weeks by March 2024</p>							
3.1 4.1	Produce change and improvement delivery plans SLCN, Occupational Therapy (including through transition to adulthood)	<ul style="list-style-type: none"> Head of Maternity, Children's Commissioning and Transformation (ICB) 	<ul style="list-style-type: none"> performance and quality metrics 	<ul style="list-style-type: none"> Waiting times for speech, language and communication need reduced to 13 weeks by March 2024, 	<ul style="list-style-type: none"> Position statements Evaluate any already established change or improvement programmes 	March 2024	Additional funding has been secured by the ICB to increase the capacity for targeted and specialist speech,

Ref	Actions we will take	Lead and resource	Evidence of change (what will change)	Impact measures (KPIs / Targets)	Milestones	Completion Date	Progress BRAG
				where applicable	<ul style="list-style-type: none"> • Create vision for end state • Change and delivery plan 		<p>language and communication interventions for children aged two years four months and upwards. An SLT fast track system is under discussion to expediate waiting times</p> <p>Monthly reporting is in place on SLT and other service waiting times and numbers, to be refined further.</p>
Outcome 5: For children, young people and families to experience services that are easy to navigate, free from duplication and are adaptive to their needs							
5.1	Therapy & <i>Personal Care</i> : Single therapy assessment, equipment and care planning, where	Head of Maternity, Children's Commissioning and	<ul style="list-style-type: none"> • Seamless, transparent accessible and equitable 	<ul style="list-style-type: none"> • Reduced complaints • Quality improvement indicators 	<ul style="list-style-type: none"> • Scope existing services across the ICS • Review and understand the 	May 2024	

Ref	Actions we will take	Lead and resource	Evidence of change (what will change)	Impact measures (KPIs / Targets)	Milestones	Completion Date	Progress BRAG
	appropriate and possible, to promote seamless provision of requirements and to reduce duplication of assessments for CYP and families	Transformation (ICB) Service Director, Commissioning and Resources Children and Family Services	access to services in place	<ul style="list-style-type: none"> Financial and operational efficiencies Reduced Extended Appeals/Tribunals 	<ul style="list-style-type: none"> needs of children and young people Create vision for end state Change and delivery plan Options appraisal undertaken 		
5.2	Sensory Provision: Understand and embed sensory provision and approach in health services to enable all CYP to engage equitably in accessing services	Head of Maternity, Children's Commissioning and Transformation (ICB) Service Director, Commissioning and Resources Children and Family Services	<ul style="list-style-type: none"> Sensory needs of children and young people are being met, where applicable 	<ul style="list-style-type: none"> Reduced complaints Quality improvement indicators Financial and operational efficiencies Reduced Extended Appeals/Tribunals 	<ul style="list-style-type: none"> Scope existing services across the ICS Review and understand the needs of children and young people Create vision for end state Options appraisal undertaken Secure Funding 	May 2024	
5.3	EHCPs: Meeting the health and therapeutic	Head of Maternity,	<ul style="list-style-type: none"> Health contributions 	<ul style="list-style-type: none"> Reduced complaints 	<ul style="list-style-type: none"> Validation of waiting time 	May 2024	

Ref	Actions we will take	Lead and resource	Evidence of change (what will change)	Impact measures (KPIs / Targets)	Milestones	Completion Date	Progress BRAG
	needs for CYP with EHCPs, supporting more timely access to services and being able to support them with their aspirations, therefore reducing the number of appeals or tribunals	Children's Commissioning and Transformation (ICB)	<ul style="list-style-type: none"> to EHCPs are returned within statutory timescales Quality assurance regarding health contributions to EHCPs 	<ul style="list-style-type: none"> Quality improvement indicators Financial and operational efficiencies Reduced Extend Appeals/Tribunals 	<ul style="list-style-type: none"> data across providers Collate, validate and understand health and local authority held data to identify gaps or challenges in provision of services and act on these accordingly 		
5.4	Transition to adulthood services to be embedded in contracting and commissioning and delivery arrangements to create seamless transition to adult care	<p>Head of Maternity, Children's Commissioning and Transformation (ICB)</p> <p>Service Director, Commissioning and Resources Children and Family Services</p>	<ul style="list-style-type: none"> Updated service specification and contracts agreed with providers Quarterly reports from providers regarding identification of number of children and young 	<ul style="list-style-type: none"> Young adults to be more prepared for transition to adult services 	<ul style="list-style-type: none"> Review children, young people and adult service specifications and contracts to include paragraphs regarding transition and expectations Children and young people to be identified early from age 	December 2024	

Ref	Actions we will take	Lead and resource	Evidence of change (what will change)	Impact measures (KPIs / Targets)	Milestones	Completion Date	Progress BRAG
			people who need / have transition plans		14 by providers to ensure transitions can be planned		
5.5	Best Start in Life: Children and young people have the best start in life and have their needs assessed and met at the earliest opportunity to enable them to maximise their potential	<ul style="list-style-type: none"> Best Start Senior Lead (NCC) Assistant Director of Quality and Transformation (ICB) 	<ul style="list-style-type: none"> Data from local authorities and providers regarding notifications 	<ul style="list-style-type: none"> ICS will be aware of children and young people with additional needs met at an earlier stage Children and young having their needs met and the earliest opportunity Families supported by earlier intervention 	<ul style="list-style-type: none"> Early identification of children under 5 years old in line with Section 23 of Children and Families Act duty for health to inform local authority 	March 2024	

Delivery Partners

- Parent, carers, and children and young people
- Health commissioners and providers
- Local Authority
- Education settings
- Nottinghamshire Parent Carers forum

RAG status

Blue	Action complete, impact measures achieved and approval to close obtained from the SEND Improvement Board
Green	Action on track to achieve the impact measures and within the timelines set
Amber	Action at risk of not achieving the impact measures and/or completion within the timelines set.
Red	Action at significant risk of not achieving the impact measures and completion within the timelines set.
Grey	Action not due to start

6. Glossary

ASCH Adult Social Care and Health

C&YP Children and Young People

CAMHS Child and Adolescent Mental Health Services

ICB Integrated Care Board

CEO Chief Executive Officer

CoP SEND Code of Practice

CPD Continuing Professional Development

CQC Care Quality Commission CSC Children's Social Care

DCO Designated Clinical Offer

DCS Director of Children's Services

EHC Education, Health and Care

EHCNA Education, Health Care Needs Assessment

EHCP Education, Health and Care Plan

Health Relates to Primary care, Secondary Care and Community Care Providers

JSNA Joint Strategic Needs Analysis

LA Local Authority

LO Local Offer

Ofsted Office for Standards in Education

PEP Personal Education Plan

PfA Preparation for Adulthood

QA Quality Assurance

SENCo Special Educational Needs Coordinator

SEND Special Educational Needs and/or Disabilities

SMART Specific, measurable, achievable, realistic, timely

ToR Terms of Reference

REPORT OF THE LEADER OF THE COUNCIL

INTERIM ROLES TO PROGRESS THE EAST MIDLANDS COMBINED COUNTY AUTHORITY PROPOSALS

Purpose of the Report

1. To seek approval to establish six interim roles, hosted by Nottinghamshire County Council and funded through Government capacity funding, to provide local authorities with the initial capacity and capability needed to prepare for and meet the Government's requirements for an East Midlands devolution deal.

Information

Background

2. A [£1.14 billion devolution deal](#) was agreed between the four "Constituent Councils" (Derby City Council, Derbyshire County Council, Nottingham City Council and Nottinghamshire County Council), and the Government, on 30 August 2022. The signing of this deal marked the start of a journey that, subject to the progression of legislation and further approvals, will lead to significant additional investment across Derby, Derbyshire, Nottingham and Nottinghamshire.
3. The deal includes:
 - £38m per year allocation of investment funding over thirty years (50% capital, 50% revenue), to be invested by the EMCCA to drive growth and take forward its priorities over the longer term
 - £17m for the building of new homes on brownfield land in 2024/25, subject to sufficient eligible projects for funding being identified
 - £18m capital funding in this Spending Review period to support the delivery of housing priorities and drive Net Zero ambitions in the East Midlands area. This investment is subject to the agreement of the relevant business cases.
4. Following approval from Full Council in November 2022, Nottinghamshire County Council, Derbyshire County Council, Derby City Council and Nottingham City Council undertook statutory consultation on a Proposal to establish the East Midlands Combined County Authority ("EMCCA") across Nottinghamshire, Derbyshire, Derby and Nottingham. This consultation ran from 14 November 2022 to 9 January 2023. Full Council approved the

Proposal to create the EMCCA for submission to the Secretary of State, together with relevant delegations to the Chief Executive on 30 March 2023. Further information on the Proposal, the consultation findings and next steps are detailed in the 30 March 2023 Full Council report.

Government requirements for creation of EMCCA

5. Central government have outlined in the deal the conditions and deliverables they require prior to the EMCCA being created. These include:
 - Developing a full implementation plan covering each policy agreed in the Deal, to be completed ahead of implementation and approved by Government.
 - Developing a Local Enterprise Partnership (LEP) Integration Plan, outlining how the new East Midlands MCCA will take on the functions and roles of the D2N2 LEP in line with the published guidance.
 - Creating an investment strategy for the fully devolved funding programme, covering all budgets for devolved functions (the “East Midlands Investment Fund”).
 - Developing an East Midlands MCCA Assurance Framework in line with Government requirements.
 - Work to meet the Government’s readiness conditions for devolving the Adult Education Budget (AEB) from academic year 2025/26 – it is estimated that the devolved AEB for our region will be approximately £50 million.
 - Developing a pipeline of housing sites across the MCCA area, supported by £918,000 of capacity funding in 2023/24 and 2024/5, in order to identify eligible projects for the £16.8 million of devolved capital funding in 2024/25 allocated to support the building of new homes on brownfield land.
 - Developing a provisional area-wide local transport plan.
6. The Department for Levelling Up, Housing and Communities (DLUHC) confirmed in writing on 17 May 2023 the early release of an initial £250,000 capacity funding in 2023-2024. The funding is being provided to support local partners in creating joint capacity and capability to implement the devolution deal, prior to the establishment of the EMCCA, and in anticipation of the Levelling Up and Regeneration Bill (LURB) receiving Royal Assent. The letter specifically references the expectation that funding can be used for the interim recruitment of relevant skills and expertise and interim structures for the engagement of local partners.
7. Collaborative working at this scale requires resources. Over the last year, partners across councils have been working collaboratively to support the significant work required to drive forward a devolution deal. Aside from a coordinating programme team, officers across councils working on the programme are doing this on top of their existing day to day responsibilities and resources are stretched. As we move into the next phase of the programme, constituent councils increasingly need dedicated support to be able to maintain momentum and meet Government’s requirements.
8. Six interim roles are proposed to provide the capacity and capability required by constituent councils to prepare for a new EMCCA and meet Government’s readiness requirements. These are:

Interim Senior Leadership role (title tbc): This post will work alongside Leaders and Chief Executives to provide clarity, strategic direction, vision and leadership to drive forward the work to prepare the ground for EMCCA working across the constituent councils, the wider partnership, the region and with government.

Interim Director (Devolution): This role will be responsible for leading the work required to establish a new county combined authority and meet the requirements of Government set out in the deal document. This will include leading colleagues from the constituent councils to deliver the work required.

The Interim Senior Leadership role and Interim Director (Devolution) will be supported by the following roles:

Interim Investment Strategy Lead: will be accountable for developing the wider investment strategy and investment plans for the proposed EMCCA.

Interim Transport Plan Lead: will be accountable for the design and development of the proposed EMCCA transport function, including the development of a combined Local Transport Plan and a proposed transitional plan for Public Transport functions.

Interim Operations and People Lead: will be accountable for the development of the draft operating model and transition plan for the proposed EMCCA,

Interim Strategy and Delivery Lead: will be accountable for the design and development of a draft EMCCA overarching strategy and corporate business plan, based on its vision and mission to deliver on its priorities as set out in the proposal document. This draft deliverable would then be considered and adopted or amended by the Mayor and any permanent team established once the EMCCA is in operation.

9. The constituent councils agreed in May 2023 that Nottinghamshire County Council is best placed to act as the host organisation and be the employing body for any interim roles required by the constituent councils until the EMCCA is established as a legal entity, following royal assent.
10. It is proposed that six interim roles are established until 31 May 2024. Pay scales will be determined in accordance with the County Council's job evaluation scheme. These posts are being established to support constituent councils with the necessary preparatory work for a new EMCCA to government timescales and requirements and ensure the deliverables set out in the deal documentation are achieved. However, there is no expectation that these roles will transition into the new authority following royal assent being granted. The Mayor and the new EMCCA would develop its own organisational structure and recruit its own team in due course.
11. Nottinghamshire County Council will procure a preferred recruitment agency to support the recruitment activity. A flexible resourcing approach to securing the best field of candidates has been adopted and the opportunities made available either as fixed term interim appointments or as secondments. The intention is to appoint to all posts by early Summer 2023.
12. External secondment arrangements will be put in place for successful candidates applying from other Local Authorities or partnership agencies who apply with us directly. In the case of an individual securing a dedicated role as a secondment, that person's contract, terms and conditions would remain with their existing employer. Any increase in salary conditions would be managed by the employing organisation and invoiced by the existing employing organisation.

13. For any individuals securing an interim position via a procured recruitment agency, they will be employed by the agency and the rate of pay will be shaped by the job evaluation outcome, market conditions and availability of candidates.
14. A recruitment agency will be selected through a procurement process to support the recruitment and sift CVs from the market. Shortlisting of CVs and assessments will be undertaken by agreed panels.
15. Delivering on a successful devolution deal and preparing for a new EMCCA will be a complex undertaking. The posts required will be subject to review as the programme progresses to ensure there is appropriate resource in place to achieve the identified objectives of the programme and that changes to the anticipated progress of the LURB are reflected in the resources in place and work being undertaken. Any future resourcing requirements will be considered through the appropriate route.
16. Positive discussions are taking place with Government regarding the progression of the LURB and securing the release of further capacity funding ahead of Royal Assent. Contracts will be structured on a flexible basis to allow for scaling up and increasing resource to reflect available funding and scaling down or termination within a short time scale, minimising the risk on the constituent councils should the devolution programme not move forward and/or legislation fall away.

Other Options Considered

17. The constituent councils have considered whether it would be possible to continue resourcing the programme of work from within constituent councils. However, this option is not sustainable in the short and medium term because resources and capacity to deliver identified programmes of work are not sufficient. This option was therefore rejected as all councils have agreed to progress joint working at pace. Early collaborative work and preparation for a devolution deal has stretched existing resources and demonstrates the need for additional capacity.
18. Consideration has also been given to different resourcing models. A flexible model is considered to be most appropriate to allow scaling up and scaling down of resources quickly. This enables resources to be appointed and flexed to reflect the work required and emerging timescales as the LURB progresses through Parliament and once it achieves royal assent. This approach mitigates potential risk for the constituent councils as resources can be adjusted to match available government funding. It would also enable termination of contracts quickly if the LURB does not receive royal assent or is significantly delayed.
19. Having determined the need for additional resources, a range of resourcing strategies have also been considered to appoint to these roles. Constituent councils do not have sufficient in-house capacity to recruit to these posts at the pace required to gain maximum benefit from the roles. Furthermore, the nature of some of the roles and operating context will require specific knowledge skills and experience. Therefore, it has been determined that a recruitment agency will be best placed to undertake this work at pace and ensure appropriate capability and capacity is available to meet government timescales and requirements.

20. In order to ensure local opportunities are maximised and draw on local knowledge, skills and experience, for the lead roles in particular, recruitment to the roles will be available as secondments for employees of constituent councils, other local authorities and the partnership as well as on an interim basis. This blended approach will ensure maximum flexibility and access to the range of knowledge, skills and experience required. It will provide potential development opportunities and also help enhance and embed understanding about the programme of work and EMCCA across the partnership as secondees return to their organisations at the end of the secondment. Consideration was given to recruiting to all of the roles on an interim basis, but a blended approach is more beneficial.

Reasons for Recommendations

21. To ensure the Council and its partner constituent councils have sufficient capacity and capability to drive forward the preparatory work and ensure government requirements are delivered at pace with sufficient flexibility to mitigate risk. The devolution programme is vital to the future economic prosperity of the County and work needs to progress at pace.

Statutory and Policy Implications

22. This report has been compiled after consideration of implications in respect of crime and disorder, data protection and information governance, finance, human resources, human rights, the NHS Constitution (public health services), the public sector equality duty, safeguarding of children and adults at risk, service users, smarter working, sustainability, and the environment and where such implications are material they are described below. Appropriate consultation has been undertaken and advice sought on these issues as required.

Legal Implications

23. The Levelling Up and Regeneration Bill seeks to establish a new type of combined county authority. This is distinct from a combined authority that can be created under the Local Democracy, Economic Development and Construction Act 2009. Whilst the Constituent Councils agreed a devolution deal with Government and have since undertaken public consultation on a draft Proposal and obtained approval to submit a final Proposal, the creation of a new combined county authority remains subject to the passage and coming into force of the combined county authority provisions in the Bill, and the consent of the Constituent Councils affected to relevant secondary legislation to establish an East Midlands Combined County Authority.

24. The passage of the LURB through Parliament is not subject to the control of the Constituent Councils. Significant delay to the enacting of the Bill may affect timescales and could lead to increased costs for the Constituent Councils.

25. It is possible that the LURB may not receive Royal Assent or that the provisions upon which the Proposal relies are amended. The Proposal cannot be progressed unless the Bill passes with substantially similar provisions. The four Constituent Councils will remain in close dialogue with Government to understand any potential impacts and to ensure that the Councils are in the best position to respond to them as the Bill progresses.

Financial Implications

26. The legislative framework linked to the LURB is still to be enacted with associated powers and funding. There will be an ongoing need for enabling activities from the Constituent Councils to continue pending Government approval and receipt of capacity and other funding. Government have committed to provide capacity funding to Constituent Councils in 2023-24 and 2024-25 to support implementation of the deal. The table below summarises the capacity funding available:

	2023/24 £m	2024/25 £m
Mayoral Capacity Funding	0.5	1.0
Capacity funding for pipeline of housing sites *Assumed equal split across 2023/24 and 2024/25 – to be confirmed.	0.459	0.459
Provisional area wide local transport plan funding	0.5	0.5
Total	£1.459	£1.959

Government is therefore providing constituent councils with capacity funding totalling £1.459m in 2023-24 (assuming an equal split over years of the housing site pipeline allocation).

27. A multi-track strategy for gap funding capped at £1.459m is proposed including the actions set out below.
28. Government's release of capacity funding has previously been dependent on the LURB receiving Royal Assent. Following constructive discussions with the Department for Levelling Up, Housing and Communities (DLUHC), it was agreed in May 2023 that £250,000 of the £500,000 Mayoral Capacity Funding for 2023-2024 will be released imminently. A further payment of £250,000 will then be made later in 2023-24 subject to the ongoing viability of the deal and satisfactory progress with the development of the local assurance framework
29. The £250,000 funding is provided by Government to support local partners in creating the joint capability needed to implement the devolution deal, prior to the establishment of an EMCCA, and in anticipation of the LURB receiving Royal Assent. The letter specifically references that funding can be used for the interim recruitment of relevant skills and expertise and interim structures for the engagement of local partners.
30. Discussions continue between chief executives and Government officials to consider an accelerated timescale for the release of the remaining capacity funding allocated for 2023-2024.
31. Section 151 officers for the constituent councils have met and discussed the potential incremental risk, should royal assent not be achieved or delayed. Section 151 Officers agreed in principle to a four-way share of risk, equalling £364,750 each. This is based on capping funding for a dedicated interim resource, alongside other work Government expects to be funded through the capacity funding, at £1.459m, equal to the capacity fund. Nottinghamshire County Council will allocate £364,750 from contingency reserves to cover its share of this risk. Further to this in principle agreement, it is proposed that the four constituent councils will seek

approval to enter into a memorandum of understanding or other protective measures to formalise the risk sharing approach.

32. It is expected that going forward the joint S151 officer group will play a stronger role in the budget management process in monitoring and limiting the spending to ensure we contain the funding within the £1.459 envelope – assuming that there is no delay to the LURB.
33. Other actions would require consideration to mitigate risk if the bill is delayed – including stopping spending, with the understanding of how to do this and the implications of doing so which could be applied to limit the financial risk below the £364,750 or even limit it to just the grant of £250k already announced. The flexible resourcing strategy set out in the report supports the effective management and mitigation of financial risk as the staffing resources can be scaled up or down and ceased quickly if required.
34. Any capacity funding from Government will be received into Derbyshire County Council through their role as the nominated accountable body, with Nottinghamshire County Council submitting invoices for incurred costs. This will require Nottinghamshire County Council, in its role as host organisation, to cashflow spend in advance of the receipt of funds. The success of this arrangement is dependent on all councils entering into a formal risk sharing agreement as described in paragraph 31.
35. It is likely there will be further costs in establishing EMCCA which are yet to be quantified such as election costs. Further work is required on these areas at the relevant point in time.

Human Resources Implications

36. The resourcing strategy to ensure that the constituent councils have access to the necessary capacity and capability and rationale behind the approach is set out in the body of the report. The strategy and recruitment approach balances flexibility in the need for and range of resources and mitigation of risk for the constituent councils. Recruitment and hosting arrangements will be carried out in accordance with Nottinghamshire County Council's HR policies and procedures.

Data Protection and Information Governance

37. There are no data protection or GDPR issues arising from this report as all the information contained is generic and cannot be attributed to individual employees.

Public Sector Equality Duty Implications

38. The County Council's agreed HR policies and procedures were the subject of Equality Impact Assessments at the point of development and agreement. Recruitment to the interim roles will be in accordance with the Council's HR policies. A detailed Equality Impact Assessment was undertaken for the development of the EMCCA Proposal.

RECOMMENDATION

It is recommended that Cabinet approves:

- 1) The establishment of 6 temporary roles and recruitment to the roles as set out in the body of the report to prepare for and ensure government requirements are met for the subsequent creation of EMCCA, subject to the Levelling Up and Regeneration Bill receiving royal assent.
- 2) £364,750 from contingency (if applicable) to cover the Council's proportion of financial risk should there be any delay or change to Government capacity funding.

**COUNCILLOR BEN BRADLEY MP
LEADER OF THE COUNCIL**

For any enquiries about this report please contact:

Adrian Smith, Chief Executive Nottinghamshire County Council, Tel: 0115 9773582

Constitutional Comments (HD 09/06/2023)

39. The Cabinet has the authority to determine the recommendations within the report. The proposal for a risk based approach to the expenditure of funds to support the necessary preparatory work outlined by Government in the devolution deal enables flexibility and early termination in the event that the LURB does not receive royal assent or the work otherwise needs to be reduced, paused or ceased, including the potential for limiting the spend to the initial capacity funding of £250,000.

Finance Comments (NS 5/6/2023)

40. The report sets out financial risk and mitigations in addition to the requirement of underwriting from each council.

41. In essence the risk to each authority is proposed to be minimised to avoid any additional costs above the overall cap of £1.439m. The strategy proposed as outlined in the report is to provide funding support if needed with the following potential risk:

- If the criteria for the Mayoral capacity funding is not met and this funding is not received- each authority would potentially need to contribute £125,000 towards the budget
- If the transport funding is not provided- each authority would potentially need to contribute £125,000 towards the budget.
- If the housing funding is not provided- each authority would potentially need to contribute £114,750 towards the budget.

42. The full risk if all 3 of the grants are not provided is £364,750 to each authority.

43. However, the report indicates the first tranche of capacity funding of £250,000 Mayoral Capacity Funding for 2023-2024 will be released imminently. Consequently, any delay in the enabling legislation will require other potential actions as set out in the report, including limiting spend to this capacity funding of £250,000.

44. Nottinghamshire County Council, in its role as host organisation, will cashflow spend in advance of the receipt of funds dependent upon all councils entering into a formal risk sharing agreement.

HR Comments (HG 08/06/2023)

45. As set out in the report, capacity and capability is needed to prepare for a new EMCCA and meet Government's readiness requirements. The letter from DLUHC specifically references that funding can be used for the interim recruitment of these relevant skills and expertise and interim structures for the engagement of local partners.
46. The recruitment to the 6 proposed interim posts will be undertaken in partnership with a recruitment agency, who will be appointed through a procured tender process. Assessments will be undertaken by representatives across the four constituent councils and appointments will be made on an interim basis until 31st May 2024.
47. The blended approach to recruitment described in the body of the report enables us to appoint through an agency or on a secondment basis. Any secondees will remain on their own terms and conditions with pay rates being determined on appointment. These will be determined through Nottinghamshire County Council's job evaluation scheme, market factors and candidate availability as these are fairly unique roles.
48. The interim post holders will not automatically transfer into any new roles that may be created as part of any permanent structure within the EMCCA.

Background Papers and Published Documents

Except for previously published documents, which will be available elsewhere, the documents listed here will be available for inspection in accordance with Section 100D of the Local Government Act 1972.

- [Report to Full Council 30 March 2023 – Devolution Deal – Consideration of Consultation Responses and Submission of the East Midlands Combined County Authority Proposal to Government](#)

Electoral Division(s) and Member(s) Affected

- All

