

# Children and Young People Board

Agenda

Wednesday, 5 March 2014  
11.00 am

Westminster Suite, 8th Floor, Local  
Government House, Smith Square, London,  
SW1P 3HZ

**To:** Members of the Children and Young People Board  
**cc:** Named officers for briefing purposes

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This meeting is



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Children & Young People Board  
5 March 2014

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A sandwich lunch will be available at 1.00pm

**Attendance Sheet:**

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<b>Labour:</b>	Aicha Less: 020 7664 3263	email: <a href="mailto:aicha.less@local.gov.uk">aicha.less@local.gov.uk</a>
<b>Conservative:</b>	Luke Taylor: 020 7664 3264	email: <a href="mailto:luke.taylor@local.gov.uk">luke.taylor@local.gov.uk</a>
<b>Liberal Democrat:</b>	Group Office: 020 7664 3235	email: <a href="mailto:libdem@local.gov.uk">libdem@local.gov.uk</a>
<b>Independent:</b>	Group Office: 020 7664 3224	email: <a href="mailto:Vanessa.Chagas@local.gov.uk">Vanessa.Chagas@local.gov.uk</a>

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**LGA Contact:**

Verity Sinclair

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Councillor	Authority
<b>Conservative (7)</b>	
David Simmonds <b>[Chairman]</b>	Hillingdon LB
Paul Carter CBE	Kent CC
Patricia Bradwell	Lincolnshire CC
Roy Perry	Hampshire CC
Paul McLain	Gloucestershire CC
Liz Hackett Pain	Monmouthshire CC
John Osman	Somerset CC
<b>Substitutes:</b>	
Tony Hall	North Yorkshire CC
Peter Evans	West Sussex CC
Tom Garrod	Norfolk CC
Ivan Ould	Leicestershire CC
<b>Labour (7)</b>	
Nick Forbes <b>[Vice Chair]</b>	Newcastle City
John Merry CBE	Salford City
Paul Lakin	Rotherham MBC
Anne Western	Derbyshire CC
Richard Watts	Islington LB
<b>2x vacancy</b>	
<b>Substitutes:</b>	
Dora Dixon Fyle MBE	Southwark LB
<b>Liberal Democrat (2)</b>	
Liz Green <b>[Deputy Chair]</b>	Kingston upon Thames RB
David Bellotti	Bath & NE Somerset Council
<b>Substitutes:</b>	
Peter Downes OBE	Cambridgeshire CC
<b>Independent (2)</b>	
Apu Bagchi <b>[Deputy Chair]</b>	Bedford BC
Helen Powell	Lincolnshire CC/South Kesteven DC
<b>Substitutes</b>	
Paul Cullen	Richmondshire
Neil Burden	Cornwall

## Agenda

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### Children & Young People Board

Wednesday 5 March 2014

11.00 am

Westminster Suite, 8th Floor, Local Government House, Smith Square, London, SW1P 3HZ

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Item	Page	Time
1. <b>The transfer of 0-5s public health commissioning to local authorities in 2015 (internal discussion)</b>	1 - 10	11.05 am
2. <b>Children's mental health</b>	11 - 14	11.35 am
<p>Paula Lavis who is the Development Officer for the Children and Young People's Mental Health Coalition will speak for this item.</p>		
3. <b>Special Educational Needs and Disability</b>	15 - 20	12.05 pm
<p>Amanda Allard, Assistant Director of the National Children's Bureau will attend to talk about the SEND reforms.</p>		
<p><b><u>Children and Young People Board only</u></b></p>		
4. <b>LGA Governance Arrangements</b>	21 - 26	
5. <b>Other Business Report</b>	27 - 36	
6. <b>Note of last meeting</b>	37 - 41	
7. <b>Date of Next Meeting: Wednesday, 2 July 2014, 11.00 am, Westminster Suite, 8th Floor, Local Government House, Smith Square, London, SW1P 3HZ</b>		



05 March 2014

## **Transfer of 0-5s public health commissioning responsibilities to local government**

### **Purpose of report**

For discussion.

### **Summary**

This report summarises the arrangements proposed for the transfer of responsibilities for the commissioning of public health responsibilities for 0-5 year olds from NHS England to local government on 1 October 2015. A number of key issues regarding these proposals are outlined in **bold**, which members are invited to consider as part of their discussions.

### **Recommendation**

Members are invited to discuss the issues raised in the report and to agree actions where this is required.

### **Action**

To be taken forward by officers as directed by members of the Board.

**Contact officer:** Samantha Ramanah  
**Position:** Adviser - Children's health  
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## **Transfer of public health commissioning responsibilities for 0-5 year olds to local government**

### **Background**

1. The Department of Health has confirmed that responsibilities for the commissioning of public health responsibilities for 0-5 year olds will transfer from NHS England to local government on 1 October 2015. This is a result of representations made by the Chairman to the Minister seeking confirmation that the transfer will take place in 2015.
2. Commissioning responsibility was retained by NHS England so that the number of FTE health visitors could be increased by 4,200 and places on the FNP programme increased to 16,000 by April 2015. Health Visitors will remain employees of the NHS and it is only the commissioning responsibility which is transferring to LAs.
3. The Healthy Child Programme (HCP) for 0-5 year olds is a universal programme delivered by health visitors and includes a series of reviews. The targeted part of the HCP is delivered in some but not all local areas by family nurses under the FNP. The FNP is still in pilot phase and is being evaluated.
4. We are pleased that the date has now been set. It brings certainty to the sector and the health system, and is an opportunity for councils and Area Teams to build on the excellent joint work that already exists in many areas. It will also enable councils to get on with the job of joining up services and delivering high quality provision for 0-19 year olds and for young people with SEND up to the age of 25.

### **Proposals for a safe transfer**

5. The Task and Finish Group met on 17 February to discuss proposals for work streams for the safe transfer. These included:
  - 5.1 finance;
  - 5.2 mandation;
  - 5.3 NHS England and local authority preparedness including assurance; and
  - 5.4 out of scope services
6. It was recognised that work streams on communications and IT and information flows are also needed and appropriate links should be made with the other work streams.

### **Finance**

7. The Department of Health (DH) is proposing to:
  - 7.1 agree a reduction in NHS England's S7a allocation in 2015/16 and reduction for 2016/17;



05 March 2014

- 7.2 agree the associated increases in local authority allocations in 2015/16 and a view on 2016/17; and
  - 7.3 support the development of contracts between NHS England and local authorities for access to the Child Health Information Systems and ensure this is reflected in the above funding transfer.
8. There are several key issues which officers will seek to address in negotiations:
- 8.1 trajectories of health visitors and how local authorities will be funded for over/under supply of health visitors in their area relative to need;
  - 8.2 the need for local authorities to be paid for any additional costs which fall outside of the above proposals particularly around new burdens; and
  - 8.3 how funding can take account of the government's aspirational aims to transform services rather than being based on historic spend.
9. Consultation with local authorities on proposed baselines and transfer arrangements is planned for the summer.

#### **Questions**

- **Are there any issues missing?**

#### **Mandation**

10. DH are proposing to "mandate" the service in regulations, in the same way as it has for sexual health and some other public health services. This would mean there is less local flexibility and discretion regarding how these services are provided.
11. The proposal would require a debate in both Houses of Parliament. CLG Ministers are clear that there should not be a presumption of mandation, so the LGA could take a position which argues against it. We would need to propose an alternative model which would provide some reassurance that the relevant services would be provided.
12. DH have suggested a range of options along a spectrum from very detailed to highly outcome focused:
  - 12.1 Option 1: Specifying the numbers of Health visitors and Family Nurse Partnership (FNP) places.
  - 12.2 Option 2: LAs honouring existing NHS England contracts.
  - 12.3 Option 3: Provision of a service or aspects of a service e.g. the health visiting, the Healthy Child Programme and/or FNP service.

05 March 2014

- 12.4 Option 4: A mandate based on LAs and NHS Area Teams working to achieve specified outcomes (such as those set out in the Public Health Outcomes Framework).
13. Option 1 reflects the Government's commitment to increasing health visitor and FNP numbers. This option is very prescriptive, may require considerable detail in either regulations or statutory guidance, but would support service stability and the legacy. Mandation based on numbers is impractical and challenging because NHS England and Health Education England are responsible for the recruitment, training and placement of health visitors, it is not under the control of local government and it would place a huge burden on local authorities.
14. Option 2 is prescriptive and similar to option 1, it does not allow local flexibility;
15. Option 3 is a similar approach to services that were mandated under the Health and Social Care Act 2012 (see **Appendix A**). It is less prescriptive than the first two options. It would provide assurance on service stability but less so on protecting the legacy. It may require, depending on the content, detailed regulations or high-level regulations supported by statutory guidance;
16. Option 4 would provide the maximum degree of flexibility for LAs but could provide low levels of reassurance. It would need to specify outcomes over and above those in the Public Health Outcomes Framework which already covers a range of 0-5 health outcomes and to which LAs are already obliged to pay regard to (see **Appendix B**).

#### **Questions**

- **What are members' thoughts on the proposals to mandate these services?**
- **What are members' thoughts on the LGA taking a position against mandating these services?**

#### **NHS England and local authority (LA) preparedness**

17. The LGA has been working jointly with NHS England and Public Health England to produce proposals for supporting the preparedness of NHSE and LAs to "send and receive" the commissioning responsibilities. The basic elements of the proposal consist of:
- 17.1 A locally owned process, where responsibility for planning, delivery and locally assuring the 'sender' (NHS England Area Team) to 'receiver' (local authority) transfer sits locally. LAs and Area Teams will work jointly to deliver a local transition plan. A self assessment form to be sent to LAs six months prior to the transfer date to identify any remaining national and local barriers for resolution through sector led improvement and support.

05 March 2014

- 17.2 Building on joint working between NHS England and LAs in 2014-15, with LAs actively engaged with NHS England in commissioning.
- 17.3 LGA and PHE to support LAs in their development and preparedness to receive 0-5 commissioning responsibilities. NHS England to support Area Teams in their development and preparedness to 'send' these responsibilities.
- 17.4 LGA, NHS England and PHE will maintain oversight on progress with the work stream being jointly led by the three outside bodies.
18. It is anticipated that many of the barriers to transition were addressed under the 2013 public health transfer and learning will be used to inform the 0-5s transfer. However the Minister is seeking an assurance mechanism to ensure LAs are capable of fulfilling their commissioning responsibilities.
19. It is recognised that Health and Wellbeing Boards will need to be included in the arrangements and that the transition should transform services too.

#### **Questions**

- **What are members' views on how Health and Wellbeing Boards can be involved in this process?**
- **What are the key barriers to a successful transition?**
- **What needs to be done to nationally and locally to ensure services are transformed and commissioning is joined up across 0-19/25 year olds?**

#### **Out of scope services**

20. The Child Health Surveillance (also known as the six weekly GP check) and the Child Health Information System (CHIS) (see [Appendix C](#)) are identified as out of scope of the task and finish group. It is proposed that NHS England continues to commission both services but that links should be made to the task and finish group work streams.
21. We have concerns that local authorities will be held responsible for bringing CHIS up to gold standard if it transfers to local authorities under the overall 0-5s transfer. The CHIS should be at gold standard and compatible with LA systems before it transfers. Furthermore LAs will need to be funded appropriately for this system as part of the wider funding for 0-5s commissioning so that LAs can continue to provide the CHIS to healthcare professionals upon its transfer.
22. At present it is not clear if NHS England's intention is to transfer CHIS to LAs in 2020. If this is the plan, the development of CHIS will need to be aligned with the other 0-5s task and finish group work streams so that it fits into the overall package of 0-5s services when it does transfer in 2020.
23. Child health surveillance (CHS) services, also known as the six weekly GP check, are commissioned by NHS England through the GP contracts. There is

05 March 2014

confusion over where responsibility for CHS lies because of how it is funded. This is because it is placed within the estimates for spending on children's public health services but commissioned through NHS England primary care commissioning.

24. CHS services are a small but important part of children's public health services provided in primary care settings. The nature and complexity of the commissioning arrangements and the services themselves implies great difficulty, a degree of risk and little or no return in transferring the commissioning of these services to local authorities.
25. We recommend that both the CHS and CHIS remains the responsibility of NHS England but that it remains aligned with the overall work on the transfer.

**Action**

- **Do members agree that the CHS and CHIS should remain the responsibility of, and commissioned nationally by NHS England?**

**Next steps**

26. Children's health is a shared priority for both the Children and Young People (CYP) Board and the Community Wellbeing (CWB) Board, therefore the transfer of 0-5s public health commissioning to local government will require a steer from both Boards.
27. The timescales for the transfer are pressing; therefore it is proposed that the CYP and CWB Office holders take responsibility for maintaining oversight of developments and inputting to, and signing off proposals for the transfer as they develop. This will be done through email communications and teleconferences with office holders. Regular updates will be brought to each of the Boards to keep members updated. Furthermore the proposed arrangements take account of the new governance arrangements which sees a reduction of Board meetings from six meetings to four meetings per a year.

**Action**

- **Are members content with the proposed arrangements?**

**Recommendation**

Members are asked to discuss the issues raised in this report and to agree actions where this is required.

**Appendix A**

**Services currently mandated**

Under the Health and Social Care Act 2012, the following services were mandated:

- i. Weighing and measuring of children;
- ii. Health Check assessment (the NHS Healthcheck);
- iii. Sexual health services; and
- iv. Public health advice service

## **Appendix B**

### **Public Health Outcomes Framework (PHOF)**

The PHOF is published as guidance that local authorities must have regard to – this means that they should not disregard it without good, objectively justifiable reasons to do so.

PHE regularly publishes data on progress against the PHOF indicators for every LA with public health duties. This transparency means that local residents and neighbouring authorities can all see what outcomes any LA is delivering and enabling national and local democratic accountability for performance against those outcomes. This also makes it easy for local areas to benchmark local performance and compare themselves with others across the country

PHE is able to offer evidence-based support and advice on the PHOF indicators to any LA that asks for it. The PHOF includes outcomes that are relevant to 0-5 children's public health services:

- Under 18 conceptions
- Low birth weight of term babies
- Smoking status at time of delivery
- Breastfeeding (Initiation and at 6-8 weeks)
- Vaccination coverage
- Child development at 2–2½ years (placeholder)
- School readiness (placeholder)
- Healthy weight 4–5 years
- Tooth decay in children age 5

## **Appendix C**

### **Child Health Information System**

At a local level Child Health Information Systems (CHIS) support delivery of Children's Public Health (primarily the Healthy Child Programme (HCP)).

Healthcare professionals use the CHIS to record and protect personal health information for children. For example, the CHIS will ordinarily contain a record of all children in a given area including date of birth, address, GP and immunisation status. The CHIS also provides a data source to support the commissioning of public health services for children and young people aged 0-19 years. For example, commissioners will be able to track immunisation rates across a place using data collected through CHIS. The systems are currently commissioned by NHS England, the main deliverables are to:

- secure the on-going availability and operation of these systems;
- secure data and information flows to support both operational service delivery and regular reporting for performance management; and
- improve the functionality of the systems, in line with the CHIS Information Requirements Specification (IRS) and CHIS Output Based Specification (OBS), by 2015.

The is due to transfer to LAs in 2015 along with wider public health commissioning responsibilities for 0-5 year olds. NHS England has proposed retaining the responsibility for procurement of CHIS systems until 2020 and to continue to develop the functionality of CHIS to a gold standard to ensure consistency across all areas.





## **Children and Young People's Mental Health issues**

### **Purpose of report**

For discussion.

### **Summary**

Paula Lavis, Coalition Co-ordinator for the Children and Young People's Mental Health Coalition has been invited to present to the Joint Board on the key issues facing children and young people's mental health. The purpose of this item is to stimulate discussion between Board Members to further our thinking and to develop our policy position on children and young people's mental health issues.

Key questions and suggested actions are highlighted in **bold**.

### **Recommendation**

Members are invited to discuss the issues raised in the report and to agree actions where this is required.

### **Action**

To be taken forward by officers as directed by members of the Board.

**Contact officer:** Samantha Ramanah  
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## **Children and Young People's Mental Health issues**

1. Paula Lavis, Coalition Co-ordinator for the Children and Young People's Mental Health Coalition has been invited to present to the Joint Board on the key issues facing children and young people's mental health.
2. The Children and Young People's Mental Health Coalition brings together leading charities to campaign jointly on the mental health and wellbeing of children and young people. It is made up of 14 charities and has a growing base of supporters. The Coalition was launched in the House of Lords in March 2010 and is hosted by the Mental Health Foundation.
3. The purpose of this item is to stimulate discussion between Board Members to further our thinking and develop our policy position on children and young people's mental health issues.

### **Overview of key issues**

#### **Prevalence**

4. Evidence shows that 1 in 10 children and young people have a mental disorder with many continuing to have mental health problems into adulthood.
5. There are some vulnerable groups, who are even more at risk of developing mental health problems. These include:
  - 5.1 children and young people with learning disabilities
  - 5.2 young gay people
  - 5.3 deaf children
  - 5.4 black and asian children
  - 5.5 children in care
6. It is well established that children and young people who experience certain risk factors are at a greater risk of developing mental health problems. These risk factors can be within the child, within the family and within their environment.
7. It is critical we get a better picture of the prevalence and nature of mental health needs that children have around the country, at different ages and in different communities which is currently very out of date.

#### **Funding**

8. It has been established that early intervention is both cost and clinically effective. The average UK cost of a child with mental illness during childhood and adolescence is in the range of £11,030 to £59,130 annually per child. Early intervention services have been shown to be very cost effective. For example every £1 spent on the prevention of conduct disorders through social and emotional based interventions in schools gives a total return of nearly £84.
9. Data from YoungMinds based on a Freedom of Information request, has found that of the 51 local authorities asked 34 had significantly reduced their Child and Adolescent Mental Health Services (CAMHS) budget since 2010.

10. These cuts are impacting on the provision of early intervention services. YoungMinds claims that teams of specialist workers such as school nurses, who are trained to identify and treat children with emotional problems, are being disbanded.
11. Cuts to early intervention services are likely to mean that more young people will not receive support when they first need. Other problems include children and young people being placed in hospitals away from home or being placed on adult mental health wards, not because of clinical need, but because of a lack of resources locally.
12. These budget cuts are also being experienced in the NHS. Anecdotal evidence suggests that some services are tightening their service referral criteria, which makes it much harder for young people to access specialist CAMHS services.
13. These cuts are also being felt by voluntary sector organizations, who are often commissioned by local authorities or the NHS to provide mental health provision.

### **Role of schools**

14. Schools are important settings for promoting the mental health and wellbeing of their pupils. Young people are more likely to go to their teacher if they have a mental health problem than their GP or a mental health professional.
15. Teachers are in a good position to help identify emerging mental health problems but teachers often have very little training in mental health, and often little confidence in their ability to promote their pupils' mental health and emotional wellbeing.

### **National picture**

16. The Government has published the mental health strategy 'No health Without Mental Health' and the mental health strategy implementation framework, an 'action plan' detailing 25 mental health priorities and more recently the mental health crisis care concordat. At the January CWB Board, members agreed a proposal that the LGA sign up to the Mental Health Crisis Concordat and its associated actions.
17. Serious concerns have been identified in Tier 4 CAMHS provision and links to community services, in summary this includes:
  - 17.1 serious concerns and variable quality in safeguarding and admissions practice. The links and accountability to local bodies has been lost in the move to national commissioning.
  - 17.2 As a result of the move to national commissioning there is a lack of clear links to services provided by Clinical Commissioning Groups (CCGs) and Local Authorities to support children locally before/ after they enter a Tier 4 unit. The arrangements for admission/discharge from Tier 4 units are not joined up with local services and decisions may not be made on the basis of what is available locally or best for the child.
  - 17.3 In some cases, local services are not informed of a child placed in a Tier 4 unit in their area or of a child from their area placed in another.

17.4 Some children are coming out of Tier 4 provision into the community without support in place; sometimes without even a school place.

18. We are aware that both CQC and NHS England have identified these concerns too and are reviewing Tier 4 CAMHS provision. We are keen to support them to ensure the review is informed by and works alongside local partners who provide other services for these children, particularly local authorities and CCGs.

19. The Children's Health and Wellbeing Partnership (CHWP) is a national partnership that brings together health and local government partners in addition to the Department of Health and Department for Education. The CHWP has identified children's mental health as a key issue and is currently scoping out what work is needed nationally and locally to improve children's mental health and wellbeing outcomes.

### **Questions**

- **Does the paper capture the key issues or are there other issues not mentioned here that you are aware of?**
- **What support and information do local authorities and their partners need to help them improve children and young people's mental health and wellbeing outcomes?**

### **Opportunities**

20. The Health Committee recently announced it is taking evidence on CAMHS; there is an opportunity for the LGA to submit evidence. The inquiry will consider:

- 20.1 The current state of CAMHS, including service provision across all four tiers; access and availability; funding and commissioning; and quality.
- 20.2 Trends in children's and adolescent mental health, including the impact of bullying and of digital culture.
- 20.3 Data and information on child and adolescent mental health and CAMHS.
- 20.4 Preventative action and public mental health, including multiagency working.
- 20.5 Concerns relating to specific areas of CAMHS provision, including perinatal and infant mental health; urgent and out-of-hours care; the use of S136 detention for under 18s; suicide prevention strategies; and the transition to adult mental health services.

### **Action**

- **Should the LGA submit a response to the Health Committee inquiry on CAMHS?**

### **Recommendation**

Members are invited to discuss the issues raised and agree actions where required.

## **Special Education Needs and Disabilities Reforms**

### **Purpose of report**

For discussion.

### **Summary**

Amanda Allard, Principal Officer to the Council for Disabled Children has been invited to present to the Joint Board on the Special Educational Needs and Disabilities (SEND) reforms. This report summarises the SEND provisions contained within the Children and Families Bill and outlines some key questions regarding implementation which members may want to consider as part of their discussions.

### **Recommendation**

Members are invited to discuss the issues raised in the report.

### **Action**

To be taken forward by officers as directed by members of the Board.

**Contact officer:** Samantha Ramanah  
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## **Special Education Needs and Disabilities Reforms**

1. Amanda Allard, Principal Officer, Council for Disabled Children has been invited to present to the Joint Board on the Special Educational Needs and Disabilities (SEND) reforms.
2. The Council for Disabled Children (CDC) is the umbrella body for the disabled children's sector and is the Department for Education's SEN and disability reform strategic partner. In this capacity the CDC provides policy and practice advice to government and has been funded to run Countdown to Change programme to help a range of organisations to prepare for and adapt to the new SEN legal system.
3. Members are invited to discuss the issues raised in the report.

### **Background**

4. The Children and Families Bill is awaiting Royal Assent. The Bill's Special Educational Needs and Disabilities (SEND) provisions are a major reform of the present statutory framework for identifying and assessing children and young people aged 0 – 25 with SEND, who require support beyond that which is normally available. Statements are replaced by new Education, Health and Care (EHC) Plans for children and young people. Implementation of the new legal system is expected to start from September 2014.
5. Parents of children with SEN statements currently have the right to express a preference for the school they wish their child to attend. The reforms extend the rights to young people, and widen the institutions for which they can express a preference to include Academy schools, further education colleges and sixth form colleges, non-maintained special schools and independent special schools and independent specialist colleges approved for this purpose by the Secretary of State.
6. Local government plays a key role in making the new system a success. Local authorities and local health bodies will be required to work together to plan and commission services jointly to secure a better integrated system for 0 – 25 year olds, focused on outcomes. The provisions place a new requirement on health commissioners to deliver the healthcare services specified in Plans.
7. Local authorities will be required to work with local partners to produce a 'local offer' of services, developed with parents and young people so they can understand what is available in local areas and elsewhere, including what schools and colleges will offer for those children and young people with lower levels of need that don't have an EHC plan.

### **The transition to adulthood**

8. Preparing for and managing young people's transition to adulthood is a significant feature of the reforms. The local offer, for example, will have to

include provision relating to young people finding employment, obtaining accommodation and participating in society.

9. Where it will benefit a young person with an EHC Plan, local authorities will have the power to continue to provide children's services past a young person's 18th birthday. In some cases, for those over 18, the care element of the EHC Plan will be provided by adult services. Provisions in the Care Bill from April 2015 will require local authorities to ensure that there is no gap in support while an individual makes the transition to adult services.
10. Ensuring that there is an integrated approach to the provision of education, health and social care is also important for the work underway as part of the Winterbourne View joint improvement programme. This programme was established to help local areas fundamentally transform health and care services for people with learning disabilities or autism and behaviour that challenges. The joint improvement programme is due to publish a commissioning tool later this month for the development of local specifications for services supporting these children, young people, adults and older people.

#### **Update on lobbying activities**

11. The LGA has been successful in lobbying for a number of amendments to the Bill, including the aim of having a single point of redress for education, health and social care complaints.
12. There were a number of Government amendments made during the final Parliamentary stages of the Bill including:
  - 12.1 extending the scope of the Bill to all children and young people with disabilities, not only those with SEN;
  - 12.2 clarifying duties in relation to provision for those over the age of 18;
  - 12.3 requiring councils to have explicit regard to the well-being of parent-carers; and
  - 12.4 placing a new duty on councils to arrange appropriate SEN provision for those in youth custody.
13. Alongside the new law there will be a new statutory code of practice and regulations that will spell out how the system should work in detail. Subject to Parliamentary approval, the code and regulations are expected to be published in April 2014.

#### **Implementation**

14. There is an increasing focus, in particular for local authorities and CCGs on preparing for implementation from September 2014.
15. There are some key questions that members will need to ask in relation to different age groups and settings. These include:

- 15.1 How effective are arrangements in the local area for identifying children and young people with SEND?
  - 15.2 How will local areas assess the effectiveness of special educational, health and care provision for those with and without EHC plans?
  - 15.3 How will children, their parents and young people take part in any assessment and evaluation?
  - 15.4 How progress towards the outcomes identified for children and young people with SEND will be assessed and reviewed with input from parents and young people?
  - 15.5 Are robust transitional arrangements for young people who are moving into adult health and social care services in place?
  - 15.6 Does the local Health and Wellbeing Board have sight of the reforms and does the JSNA accurately reflect population need to inform commissioning plans?
  - 15.7 How would CDC advise local areas to work together across children's services, health and adult social care, to ensure that children and young people with learning disabilities and challenging behaviour are supported to live a full life in the community?
16. Twenty pathfinder areas, covering 31 local authorities, have already begun to test out the new 0-25 SEND system. Since April 2013, pathfinder champions have provided support and advice to every area in every region, including workshops and tailored 1-1 support. The pathfinder champion programme has been extended until March 2015 to provide support for all local areas during the critical period running up to September 2014, and beyond.
  17. The DfE has carried out a second 'readiness' survey of councils to assist in tailoring the support which is available, and inform where additional support should be targeted. It will also help to identify those councils making particularly good progress, who may be able to share learning to assist others. An implementation pack was sent to councils last December, which can be accessed [here](#).
  18. Ofsted has also been asked to explore how local areas are preparing for the reforms and a small scale study involving thirty local authorities is taking place over the next two terms which will result in a note back to the DfE rather than a published national survey report.
  19. The Care Quality Commission are working with Ofsted on the study to ensure that it covers the full breadth of education, health and social care expectations of the Bill's reforms. As part of the study, we understand that good practice dissemination events are also being planned.



20. The LGA ran a well-attended conference on preparing for implementation in December 2013. We are also planning to publish some case studies based on the learning from the pathfinders on key aspects of the reforms.
21. The reforms place a number of new duties on councils which need to be fully costed and funded. This means funding both implementation in 2014/15 (for which a £70 million SEN reform grant has been allocated) and supporting on-going running costs. We are calling for the DfE to make sure that there is sufficient funding to see the reforms through.
22. The Council for Disabled Children is the Department for Education's (DfE) strategic partner for the reforms and has been funded to run a 'Countdown to Change programme'. This programme includes working with voluntary and community organisations known as 'delivery partners' who have also been funded by DfE to play a role in reforming and delivering services to support to local areas to prepare for implementation. The CDC is also working on behalf of DfE to manage a £30 million programme to recruit and train a pool of 'independent supporters' - champions drawn from independent voluntary, community and private organisations to help the families of children and young people with SEN through the new process.
23. Members may wish to ask the CDC the following:
  - 23.1 How are they and delivery partners working with pathfinder champions to support local authorities to prepare for implementation?
  - 23.2 How will they make sure that 'independent supporters' understand the local context in which they will be working in order to provide appropriate support to parents and young people with SEN?



## **LGA Governance Arrangements**

### **Purpose of report**

For information.

### **Summary**

A special meeting of the General Assembly met on 23 January 2014 and agreed a series of revisions to the LGA's governance arrangements. The revisions seek to reflect the changing needs of our emerging city regions and our non-city areas, and as part of a wider package of activities to secure the long term sustainability of the LGA.

This report outlines the governance changes that were agreed by the General Assembly. In particular paragraph 14 which relates to the Children and Young People Board.

### **Recommendation**

That the Board note the changes to the LGA governance arrangements as agreed by the LGA General Assembly on 23 January 2014.

### **Action**

For noting.

**Contact officer:** Claire Holloway  
**Position:** Head of Corporate Governance  
**Phone no:** 020 7664 3156  
**E-mail:** [claire.holloway@local.gov.uk](mailto:claire.holloway@local.gov.uk)

## **Report agreed by the Special meeting of the LGA General Assembly on 23 January 2014**

### **LGA Governance Arrangements**

#### **Background**

1. The LGA's governance arrangements lead and shape the work of the Association. As local authorities prepare to make further tough decisions about vital public services, we must ensure that those governance arrangements equip us to represent our membership effectively and to work with councils to support, promote and improve local government.
2. The changes proposed by the LGA Executive and agreed by the General Assembly are based on five key principles:

#### **Representing our membership**

- Councillors across the country are engaged in the work of the LGA.
- The needs of individual councils are balanced with the needs of groupings of councils.

#### **Structures**

- City regions and counties have a central role in the LGA's decision-making.
- Current governance arrangements are streamlined to focus on LGA priorities.

#### **Ways of working**

- Less reliance on formal "committee" meetings based around officer-written papers.
- Greater emphasis on engagement with the wider sector.

#### **The role of members**

- Increased emphasis on the role of members as decision-makers, as representatives of local government and as advocates of the LGA.

#### **Cost of governance**

- Overall reduction in direct, support and managerial costs.

#### **Changes to the current arrangements**

3. The revised Constitution incorporating the governance changes is available to view on the LGA website - <http://www.local.gov.uk/constitution> - and a diagram of the new structure is attached at **Appendix A**.

#### **Leadership Board**

4. The Leadership Board will continue in its current form. It will be politically proportionate and its membership will comprise the chairman, vice and deputy chairs of the LGA. It will lead and direct the business of the LGA. However under these proposals it will meet every 6 weeks instead of monthly.

### **LGA Executive**

5. The Executive will continue in its current form. It will be politically proportionate and its core membership will comprise the chairman, vice and deputy chairs of the LGA, the chairs of the 9 boards and representatives of Wales and the English regions. The County Councils' Network (CCN), District Councils' Network (DCN) and the Special Interest Group of Municipal Authorities (SIGOMA) will each retain a non-voting place along with the chairs of Local Partnerships and the Leadership Centre for Local Government. Like the Leadership Board it will meet 6-weekly instead of the current monthly.
6. The Executive will be responsible for determining the LGA's strategic priorities and policy framework and for holding the Boards to account. In particular it will coordinate growth and transport policy on the advice of the City Regions, People & Places and Environment, Economy, Housing & Transport Boards and determine finance and workforce policy on the advice of the Resources Board.

### **Boards**

7. There will be 9 boards in place of the current 10 – 7 policy boards along with two new boards – City Regions and People and Places.

### **City Regions and People and Places Boards**

8. These two boards will represent the interests of city and non-city areas respectively. They will meet four times a year and their remit will include growth, transport infrastructure, skills and wider public service reform.
9. Membership of the City Regions Board will be drawn from the Core and Key cities, SIGOMA and London Boroughs. Membership of the People & Places Board will be drawn from the County Councils Network, District Councils Network and any non-county unitaries not represented by those two bodies.
10. The two Boards will each have 22 members and their make-up will reflect the political proportionality of the wider group of councils from which their membership is drawn. This differs from the seven policy boards, whose make-up reflects the political proportionality of the Association as a whole. LGA Group Leaders are recommending that membership of these two Boards is increased to 22.
11. The chair will be appointed from the largest group on the Board but will fall within the LGA's own proportionate allocations. In line with the LGA's political conventions, the remaining groups will each have a vice or deputy chair.

### **Policy Boards**

12. The seven policy Boards will each have a proportionate membership of 18 members. They will meet four times a year rather than the current six. Each Board will continue to have four lead members - a chair, vice chair and two deputy chairs, allocated between the Groups.

13. The remits of the City Regions and People & Places Boards will include growth and transport. General economic policy, highway maintenance and environment, planning and housing will be dealt with through a merger of two Boards (Economy & Transport and Environment & Housing) which will be called the Environment, Economy, Housing and Transport Board. The Executive will retain an overarching role in these areas.
14. The Children & Young People, Community Wellbeing, Culture, Tourism & Sport, and Improvement and Innovation Boards will continue in their current forms. However, the Improvement and Innovation Board will take over responsibility for all improvement activity, including specific areas such as children's improvement.
15. The Community Safety Board will take on overall responsibility for fire, with the Fire Services Management Committee reporting to the Board. This will bring together all blue light services under one board.
16. A new **Resources Board** will be created, combining the remits of the Workforce Board, Finance Panel and the finance elements of the European & International Board. European & International policy will be passed to the appropriate policy board. Responsibility for the LGA's own internal resources, will remain with the Leadership Board.

#### **Other structures**

17. The Rural and Urban Commissions and their respective steering groups will be disbanded with the creation of the City Regions and People & Places Boards. However, the two Boards may continue to hold an annual Conference to bring together the wider interest group.
18. Councillors' Forum will continue in its current form but will move to a 6-weekly cycle in line with the Executive and Leadership Board. It will continue to offer a programme of topical external/internal speakers and discussions. It has a proportionate core membership but will continue to be open to all LGA councillors to attend.
19. Audit Committee will continue to monitor the integrity of the financial statements of the LGA and its associated companies and oversee their internal control and risk management. It is made up of one member from each group and is not proportionate.

#### **Other governance issues**

##### **Roles of Lead Members**

20. Integral to the proposed reduction in the number of meetings is the move to a more flexible model of operation, placing a greater emphasis on the role of the lead members between Board meetings and the importance of regular reports to the Executive by the Board chairs. Revised job descriptions for lead members will reflect the changing role.

##### **Regional appointments to the Executive**

21. In response to concerns from some regions regional appointments to the Executive should reflect the LGA's weighted proportionality for the region, unless there is local consensus for an alternative.

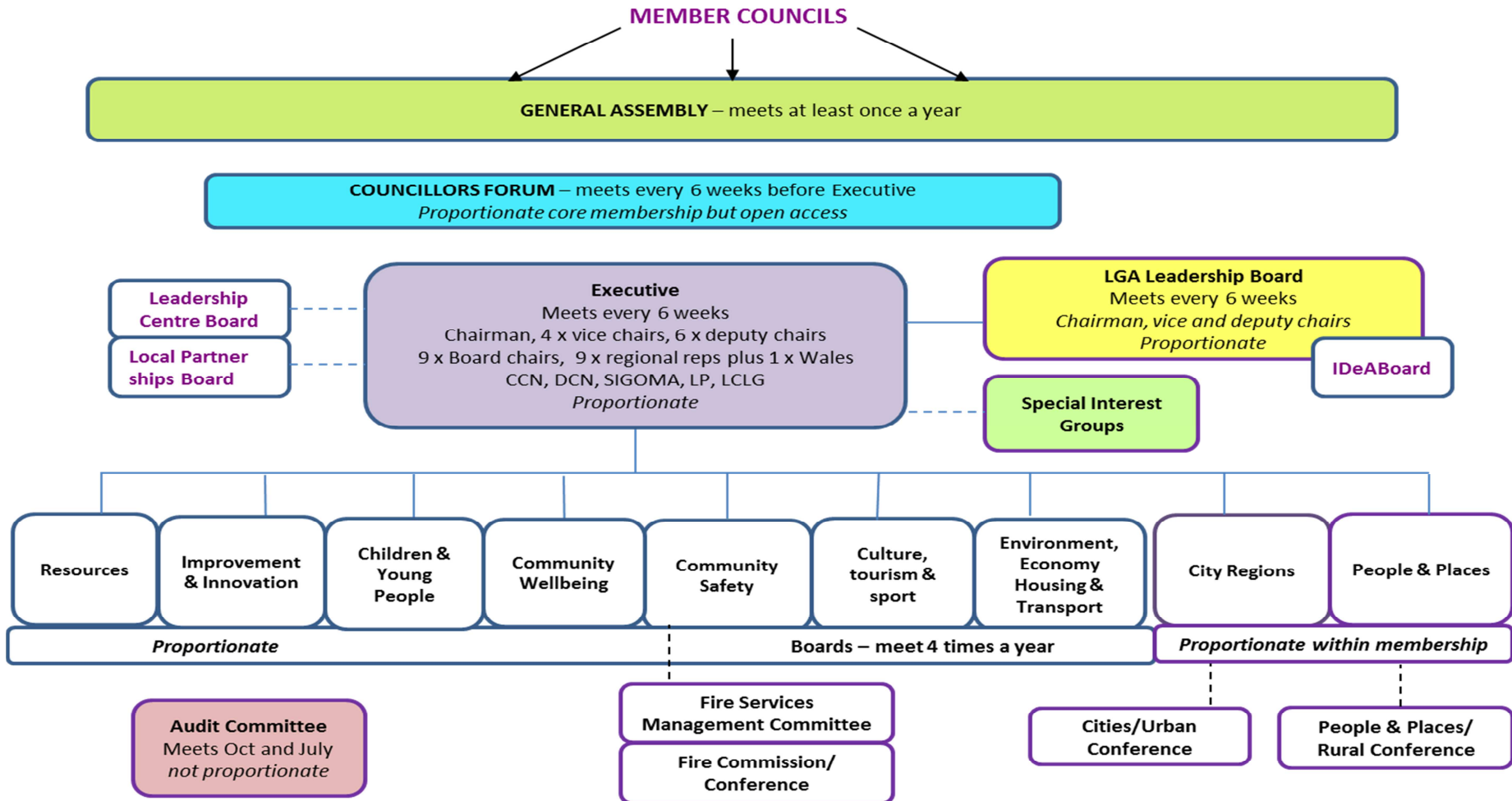
### **Timetable**

22. The proposed Cities and People & Places Boards will come into effect from February 2014 and the Urban and Rural Commissions will be disbanded at that point.
23. The Economy & Transport, Workforce and European & International Boards and Finance Panel will be disbanded from July 2014 and the new arrangements will come into effect from 1 September 2014.
24. A full review of the new arrangements, including membership of the new boards will be undertaken after 12 months.

### **Summary of changes**

1. That a new City Regions Board and a new People & Places Board are established from February 2014.
2. That the Urban and Rural Commissions cease to exist from February 2014.
3. That from 1 September 2014, a new Resources Board is established combining the current remits of the Finance Panel, Workforce Board and financial elements of the European & International Board.
4. That from 1 September 2014, the remits of the Environment & Housing and Economy & Transport Boards (not covered by People & Places and City Regions Boards) are merged and the Board is renamed Environment, Economy, Housing & Transport.
5. That the current Finance Panel, Workforce Board, European & International Board, and Economy and Transport Boards cease to exist from 31 July 2014.
6. That the Executive takes overarching responsibility for coordinating growth and transport policy on the advice of the City Regions, People & Places and Environment, Economy, Housing & Transport Boards, and for determining finance and workforce policy on the advice of the Resources Board.
7. That the Improvement and Innovation Board takes over responsibility for all improvement activity, including specific areas such as children's improvement.
8. That the Boards meet four times a year in place of the current six, with a stronger role for designated lead members to work flexibly between formal meetings.
9. That the Executive, Leadership Board and Councillors' Forum move to a 6-weekly from the current monthly cycle

Appendix A





## Other Business Report

### Purpose of report

For information.

### Summary

This section provides reports on other business relevant to the Board.

### Recommendation

That the Board note the updates on:

- i. Early years
- ii. Children and families Bill
- iii. Improvement and inspection
- iv. Schools
- v. *Our ambition for children*
- vi. Social worker recruitment and retention

### Action

LGA officers to action as necessary.

**Contact officer:** Verity Sinclair  
**Position:** Programme Officer  
**Phone no:** 020 7664 3173  
**E-mail:** [verity.sinclair@local.gov.uk](mailto:verity.sinclair@local.gov.uk)

## Other Business Report

### Early Years

1. Minister for Education and Childcare, Elizabeth Truss MP, wrote to English Local Authorities in February, on how they can encourage more high quality affordable childcare provision in their area. In the letter the minister highlighted possible ways childcare providers can deliver a more flexible offer and encouraged lead members to challenge local schools and other childcare providers about what they provide and how it could be extended. Please see link for more information:  
[https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/278433/Letter to LAs - FINAL.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/278433/Letter_to_LAs_-_FINAL.pdf)
2. The Minister has also announced changes to childcare and the school day that will:
  - 2.1 Make it easier for schools to offer out-of-hours care from 8am to 6pm;
  - 2.2 Help parents to make more informal childcare arrangements with friends;
  - 2.3 Allow providers to register multiple premises in a single registration process and enable childminders to operate in non-domestic premises for part of the working week; and
  - 2.4 Streamline and strengthen measures and accountability to keep children safe by introducing a new Child Safety Register, replacing the General Childcare Register, to work alongside the Early Years Register.
3. The government will produce an updated version of the Early Years Foundation Stage (EYFS) framework, to which the relevant legislative changes apply. The revised EYFS will be published in April 2014 for implementation in September 2014.

### Children and Families Bill

4. The Bill has now completed its Parliamentary process and is awaiting Royal Assent before it becomes law. This is expected to be in mid-March when commencement dates for implementing the provisions of this wide ranging new law will be confirmed. The Bill takes forward a range of Government commitments which are intended to improve services for key groups of vulnerable children and to support families.
5. During the course of the Bill, the LGA achieved significant success when the Government curtailed a power in the Bill to remove all local authorities from adopter recruitment. An amendment requiring an active debate and vote in both Houses before its use was accepted by Government. The LGA also sought clarification about the consequences of a clause relating to the Secretary of State's powers of intervention in children's services. The Minister allayed the concerns and set out the procedure on intervention.
6. The Special Educational Needs and Disability (SEND) provisions form a major part of the Bill and there is an agenda item on the reform of SEND for discussion at the joint meeting with the Community Wellbeing Board. The Bill also includes provisions on family justice,

with time limits for completing care and supervision proceedings, extends rights for young carers, makes provision for child-minding agencies, and places a duty on councils to appoint a virtual school head for looked after children. The Bill requires maintained schools and Academies to provide free school lunches on request for all pupils in reception, year one and year two. Schools will also have a new duty to support pupils with medical conditions. During its final stages, the Bill was also amended to include a new provision on extending foster care to the age of 21 – known as the ‘staying put’ provisions. During the final Parliamentary debate on the Bill, an amendment was agreed to ban smoking in cars with child passengers.

7. The LGA is planning to publish a guide to the new law as one of the series of ‘Get in on the Act’ publications to explain the key provisions which are of relevance to local government and the new duties being placed on councils.

### **Improvement and inspection**

8. The final two day leadership academy for this financial year was held on 29-30 January and received very good feedback. In addition, a pilot scenario planning day was held on 13 February in partnership with the Virtual Staff College (VSC) and SOLACE. This was attended by a number of lead members for children, DCSs and chief executives, including Cllr David Simmonds. Further discussions will be held with the VSC and SOLACE about the potential follow up to this pilot.
9. Ofsted began inspecting children’s services in authorities in November using its new single inspection framework. So far the following councils have been inspected: Essex, Bolton, East Sussex, Coventry, Staffordshire, Hounslow, Hillingdon, Hartlepool, Derbyshire and Slough.
10. LGA, ADCS and SOLACE are in touch with lead members, chief executives and directors of children’s services of the inspected councils to gather intelligence on the process, and we are planning a joint event to share learning.

### **Schools**

11. Following the discussion at the last Board meeting, Cllr Simmonds wrote to Schools Minister David Laws MP, about the proposed new Regional Schools Commissioners. He raised the Board’s concerns about the lack of consultation on the new posts; how the new Commissioners could be held to account by councils; and concerns over the size and coverage of the new regions.
12. The Minister replied that he did not think consultation was necessary, as the changes related to DfE’s own capacity and structures to manage the growing numbers of academies. He said that the new commissioners would have a remit covering academies only and do not impact on the role of local authorities, so the suggestion that they should be held to account by councils goes “somewhat beyond the intent of the RSC model”. On the regional structures, he argued that “given the wealth of expertise in London” the structure is intended “to help spread that education leadership across the country”. Copies of the letters are attached at **Annex A**.

13. Cllr Simmonds also wrote to the Minister raising the concerns expressed by councils on the challenges faced in implementing the Government's commitment to free school meals for infants. He highlighted the difficulties caused by the shortfalls in capital funding in some areas and the practical difficulties of tendering for, and procuring the works and services needed by the beginning of September this year. He asked for greater clarity from the Government about what the expectations were in relation to nutritional standards and whether a hot meal will be required. He called for guidance to schools forums about how the capital resources should be allocated between schools. A copy of the letter is attached at **Annex B**.

#### **Our ambition for children**

14. At the meeting at the National Children and Adults Conference in October last year the Board discussed how to take forward the LGA's 'Rewiring public services' campaign in the context of children's services. As a result of that discussion and informal discussions with Lead Members in the East of England and the South West, an LGA consultation paper has been launched on 'Our ambition for children and young people'. Copies of the consultation paper will be available at the meeting.
15. The aim is to consult councils and partners in the voluntary and community sector on developing a shared set of ambitions for children and young people that would be delivered in the context of 'rewired' public services. We are also working with the British Youth Council to consult children and young people directly, through an online questionnaire and a conference at Local Government House in early April. Following the outcome of the consultation, the launch of a final publication setting out our shared ambition for children and young people is planned at the LGA Annual Conference in July.

#### **Social worker recruitment and retention**

16. The last Children and Young People Board considered a paper about social worker recruitment and retention, which was then discussed at the Workforce Board on 21 January. Cllr Simmonds attended the Workforce Board meeting to feedback comments about the need for national efforts to improve the image of the profession and for the LGA to take a lead on behalf of the sector. It was proposed that the LGA should bid for innovation funding from the DfE to provide support on social work. It was agreed that a task and finish group with Members from each board be established to take forward this work.



**Annex A**

**From Cllr David Simmonds, Chairman of the  
LGA Children and Young People Board**

Rt Hon David Laws MP  
Minister of State for Schools  
Department for Education  
Sanctuary Buildings  
Great Smith Street  
London SW1P 3BT

28 January 2014

Dear David

**Regional Commissioners**

The LGA's Children and Young People Board discussed the introduction of Regional Commissioners at their meeting on 9 January 2014 and considered the paper that you kindly sent following the December meeting of the Local Authority Reference Group.

Board members asked for further details about how, in practice, the Commissioners and their offices would relate to the councils in their regions. They asked how the Commissioners could be held to account by councils in relation to their wider school improvement and place-planning duties. They also asked how much the DfE estimated this new regional layer of bureaucracy would cost.

Members expressed concerns about the 'regions' the commissioners will cover, which do not follow the standard planning regions or Ofsted's regional structure. It is of particular concern that London has been split into three. This will make it difficult for parents to know who to contact if they have concerns about an academy's performance.

Given the size and geographical diversity of the proposed regions, the Board did not believe that commissioners could possibly have the detailed local knowledge and understanding they would need to effectively monitor the performance of the academies they would be responsible for; or choose suitable sponsors for new academies. They asked for a rationale for the configuration of the proposed regions.

A major issue for members was the lack of consultation with councils about this new role, given the statutory duty on councils to promote high educational

standards and the expectation from Ofsted that they should take an interest in the educational standards in all schools in their areas, including academies.

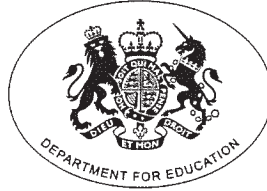
They were very concerned that there was no formal announcement or consultation on this proposal and the first councils knew about the plans was when the posts were advertised in December.

I look forward to discussing the issue further when we meet on 5 February, but I you will find it helpful to consider the Board's views in advance.

I am copying this letter to Mark Rogers from SOLACE and Andrew Webb from ADCS.

Yours sincerely

A handwritten signature in blue ink, appearing to be 'D. Jones', written in a cursive style.



2014/0013483PODL

**Rt Hon David Laws MP**  
Minister of State for Schools

Sanctuary Buildings 20 Great Smith Street Westminster London SW1P 3BT  
tel: 0370 000 2288 [www.education.gov.uk/help/contactus](http://www.education.gov.uk/help/contactus)

Cllr David Simmonds  
Chairman, Local Government Association

c/o: [lan.Keating@local.gov.uk](mailto:lan.Keating@local.gov.uk)

15<sup>th</sup> February 2014

**Subject: Regional Schools Commissioners**

Thank you for your letter of 28 January, on behalf of the Local Government Association's Children and Young People Board.

I am sorry that travel problems prevented you from joining my meeting with your colleagues on 5 February.

I was sorry to read of the Board's concerns about the appointment of Regional Schools Commissioners (RSCs) and hope I can provide some reassurance about these new roles.

The popularity and success of the academy programme continues to grow and we must consider how the system should develop to respond to the increase in numbers. We are evolving how the Secretary of State takes decisions about academies across the country by moving decisions from Whitehall to a Department for Education regional level and injecting sector and professional expertise into the management of the system. The eight RSCs will be civil service appointments and will make decisions on behalf of the Secretary of State within his current Departmental powers and national framework, as any existing civil servant would do. We did not consider a consultation or announcement necessary given that the changes are intended to build the capacity of the Department and provide a structural solution to managing the growing numbers of academies.

The new RSC posts will have a remit over academies only and do not impact on the role of local authorities. No new organisation/regulator or new powers are being created. I will expect RSCs to build strong working relationships with the councils in their area. For example, local councils can share concerns about particular academies with the RSC who can then, on behalf of the Secretary of State, take swift action to drive improvements in underperforming academies. As

I explained to your colleagues at our meeting, your suggestion about RSCs being held to account by councils goes somewhat beyond the intent of the RSC model, but I do want relationships between RSCs and councils to evolve effectively.

Given the wealth of expertise in London, the RSC regional structure is intended to help spread that education leadership across the country. The design of regions is intended to deliver an even split of challenge for the eight RSCs and is not intended to create any new organisational boundaries.

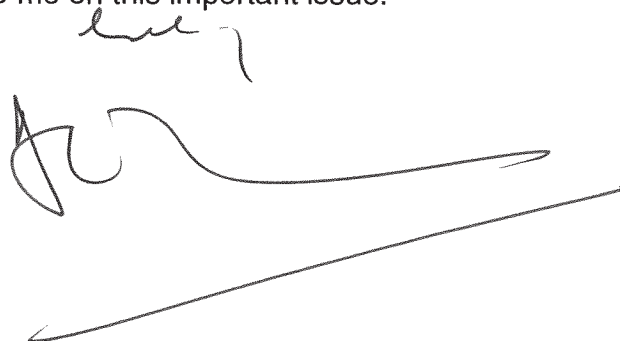
If parents have concerns about an academy, they should continue to contact the academy itself in the first instance. If that does not resolve the matter, the next step is to contact the Education Funding Agency (EFA) which is responsible for dealing with complaints against academies.

We understand the importance of local knowledge in decision making. This is why we want to move decisions out of Whitehall to a regional level. We expect RSCs to bring their own appreciation of their region's characteristics and challenges as well as drawing on the local knowledge of their head teacher board. We expect RSCs to build strong relationships with key players in their region which will help them gather the necessary local intelligence. The introduction of RSCs is not only about making decision making closer to academies; it is also about bringing in proven educational leaders to provide sector expertise and continuing the transition to the system being truly self-regulating.

Following an internal review of the Department in 2012, the Department recognised that changes to the academies system would be needed in the longer term to help us manage the growing stock of academies, and that the associated costs would need to be met from existing budgets. The ultimate cost of the system will depend on a number of factors that are yet to be finalised, including the candidates appointed to the RSC posts, the premises where they will be based and the efficiencies that will be achieved as we reform various processes. I am therefore unable to give a precise figure at this stage but will provide a detailed breakdown when we are in a position to do so.

Thank you for writing to me on this important issue.

Yours sincerely,

A handwritten signature in black ink, appearing to be 'David Laws', written over a horizontal line that extends across the width of the signature.

**David Laws MP**





**Annex B**

**From Cllr David Simmonds, Chairman of the  
LGA Children and Young People Board**

Rt. Hon David Laws MP  
Minister of State for Schools  
Department for Education  
Sanctuary Buildings  
Great Smith Street  
London SW1P 3BT

10 February 2014

Dear David

**Free school meals**

Apologies that I was unable to get to the Reference Group meeting as a result of the tube strike.

I understand that you had a discussion about the practicalities of introducing free school meals for infants in September and Helen Johnston passed on the concerns raised by some of our member councils about the adequacy of the capital allocation for adapting and installing school kitchens. This is a particular issue in areas that have dispensed with individual school kitchens and moved to an arrangement where a single 'hub' kitchen provides meals to a number of schools, a programme of works funded and guided by the previous administration.

Given that the free meals need to be available from the beginning of September, there is a substantial task ahead to tender for and build new kitchens where required, and to tender for and implement contracts with catering services. The legalities of procurement and the need to prepare the relevant infrastructure make this task extremely urgent, and clarity on this issue, and guidance to school forums and schools about how the capital monies provided by the Government should be used is vital as this will determine exactly what has to be provided. Just to use my own borough, Hillingdon, as an example, the money provided is sufficient to provide a couple of additional hot trolleys for each school, or could be used to provide greater capacity in 'hub' kitchens that could provide hot meals to a number of schools; but this assumes clarity about whether a hot meal is required, and for external caterers, the question of nutritional standards is key to price.

There are also issues about the way the capital has been allocated separately to maintained schools and academies. For example, in Somerset both academies and council-maintained schools provide 'hub' services to smaller rural schools. While councils may use their capital allocations to contribute to expanding the capacity of the kitchens in academies that provide meals to maintained schools, it does not appear to be possible for academies to contribute capital to improve the facilities in council-maintained schools when they use them to provide hot meals to pupils.

I am copying this letter to Phil Norrey from SOLACE and Andrew Webb from ADCS.

Yours sincerely

A handwritten signature in blue ink, appearing to be 'D. Dineen', with a long horizontal flourish extending to the right.

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# LGA location map

## Local Government Association

Local Government House  
Smith Square  
London SW1P 3HZ

Tel: 020 7664 3131

Fax: 020 7664 3030

Email: [info@local.gov.uk](mailto:info@local.gov.uk)

Website: [www.local.gov.uk](http://www.local.gov.uk)

## Bus routes – Millbank

- 87** Wandsworth - Aldwych
- 3** Crystal Palace - Brixton - Oxford Circus

For further information, visit the Transport for London website at [www.tfl.gov.uk](http://www.tfl.gov.uk)

## Public transport

Local Government House is well served by public transport. The nearest mainline stations are: Victoria and Waterloo: the local underground stations are

**St James's Park** (Circle and District Lines), **Westminster** (Circle, District and Jubilee Lines), and **Pimlico** (Victoria Line) - all about 10 minutes walk away.

Buses 3 and 87 travel along Millbank, and the 507 between Victoria and Waterloo stops in Horseferry Road close to Dean Bradley Street.

## Bus routes – Horseferry Road

**507** Waterloo - Victoria

**C10** Canada Water - Pimlico - Victoria

**88** Camden Town - Whitehall - Westminster - Pimlico - Clapham Common

## Cycling facilities

The nearest Barclays cycle hire racks are in Smith Square. Cycle racks are also available at Local Government House. Please telephone the LGA on 020 7664 3131.

## Central London Congestion Charging Zone

Local Government House is located within the congestion charging zone.

For further details, please call 0845 900 1234 or visit the website at [www.cclondon.com](http://www.cclondon.com)

## Car parks

Abingdon Street Car Park (off Great College Street)

Horseferry Road Car Park  
Horseferry Road/Arneway Street. Visit the website at [www.westminster.gov.uk/parking](http://www.westminster.gov.uk/parking)

