

15 January 2016

## **Other Business Report**

### **Purpose**

For information.

### **Summary**

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

### **Recommendations**

The Board is asked to note the updates on:

- i. Extending free childcare from 15 to 30 hours: Spending Review announcement
- ii. Education and Adoption Bill
- iii. Child Obesity Strategy
- iv. Child and Adolescent Mental Health Services (CAMHS)
- v. 0 – 5 transfer and Child Health Information Services (CHIS)
- vi. Family Nurse Partnership
- vii. Sir Martin Narey's Residential Care Review

### **Action**

LGA officers to action as necessary.

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## **Other Business Report**

### **Extending free childcare from 15 to 30 hours: Spending Review announcement**

1. In the Spending Review the Government announced that it will invest over £1 billion more a year by 2019/20 in free childcare places for 2, 3 and 4 year-olds. To enable the doubling of free childcare for 3 and 4 year-olds with working parents, the Government will invest at least £50 million of capital funding to create additional places in nurseries and over £300 million a year to increase the average hourly rate paid to childcare providers. From 2019-20 the Government will spend a record £6 billion a year supporting parents with their childcare costs – this includes Tax-Free Childcare and Universal Credit.
2. The LGA response welcomed the announcement of at least £50 million of capital funding, particularly if councils were given the freedom to invest in extending provision in maintained schools where it would benefit parents and children to do so. Councils currently have limited powers over providers, and limited scope to extend provision. For the new scheme to work powers must be returned to councils to ensure early education offered is of the highest quality.
3. We also welcomed the announcement of an additional £300m to increase the average hourly rate for providers and the introduction of a national early years funding formula. In the past, providers in some areas have been underfunded due to the wide variation in rates paid by government and the use of the Schools Forum to regulate funding.
4. LGA and councils are working with Department for Education (DfE) through an expert local government working group on the doubling of free childcare. The purpose of this group is to provide advice and direction to inform the policy development of how local authorities will deliver the extended entitlement of 30 hours childcare and to build the evidence base on key themes that are integral to the delivery of the extended entitlement and how this can work best alongside the existing childcare provision in their area.
5. DfE have invited representation from the following authorities:
  - 5.1. Buckinghamshire
  - 5.2. Staffordshire
  - 5.3. Cambridgeshire
  - 5.4. York
  - 5.5. Swindon
  - 5.6. LB Merton
  - 5.7. Brighton and Hove
  - 5.8. Nottingham
  - 5.9. Birmingham
  - 5.10. Middlesbrough
6. The group will meet on a monthly basis from January 2016.
7. A key component for these discussions will be how the right freedoms and flexibilities will enable the sector to take a leading role in expanding and quality assuring existing provision, and responding effectively to emerging demand as the extended offer is rolled

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out to families. The LGA is committed to working with the DfE to identify and share good practice.

### **Education and Adoption Bill**

8. The LGA worked with peers in debates on the Education Bill to raise concerns about a two-tier improvement system for academies and maintained schools. In response the Government amended the Bill to expand the coasting definition to academies as well as maintained schools.
9. Liberal Democrat spokesperson Lord Storey tabled an LGA amendment which would require the Secretary of State to consider the availability of good quality sponsors, including local authorities, before converting a school. DfE data shows that 48 schools had to wait more than 12 weeks for a sponsor and, of those, 32 were waiting over 12 months. The Minister Lord Nash responded that, *“Proposing that local authorities or maintained schools should have a role in sponsoring academies completely undermines the point of our reforms. A core principle behind our academy programme is to free strong school leaders from unnecessary bureaucracy by ensuring a robust single line of accountability.”* Labour peers asked the Minister to reconsider at Third Reading because of the concerns about the availability of sponsors and the Minister agreed to meet with Lord Storey about local authorities’ role in school improvement.

### **Child Obesity Strategy**

10. Children of primary school age are to be the focus of an anti-obesity strategy to be unveiled this month. The strategy will reportedly involve schools, sport, transport and local government, in an effort to encourage the next generation of children to live more active lives and consume a healthier diet.
11. The Prime Minister has already held talks in Downing Street with Jamie Oliver, the Chief Medical Officer, Dame Sally Davies, the Public Health Minister, Jane Ellison, Public Health England and leading health economists to map out the central themes of the strategy.
12. Issues that are likely to be tackled in the obesity strategy include: better information for parents on children’s diets; requiring processed products to state how many spoonfuls of added sugar they contain; and making it easier for consumers to make quick comparisons between competing brands. One of the most controversial issues for local government may prove to be the number of fast food stores in deprived areas and the numbers near schools.
13. The LGA will launch early this year a new publication, *Tipping the Scales: case studies on planning and takeaways* and with the Town and Country Planning Association (TCPA) have developed key messages on planning and health entitled *Planning Healthy Weight Environments*.
14. *A full response will be issued once the Strategy is published.*

### **Child and Adolescent Mental Health Services (CAMHS)**

15. The Government announced in the budget a package of funding to improve Child and Adolescent Mental Health Services (CAMHS). This included investing over £1 billion over the next 5 years to start new access standards, providing £118 million by 2018/19 to complete the roll-out of the Children and Young People's Increasing Access to Psychological Therapies, and investing £75 million over the next 5 years in maternal mental ill health services. The DfE will also provide an additional £1.5 million towards piloting joint training for designated leads in CAMHS and schools to improve access to mental health services for children and young people, including the most vulnerable.
16. We have long called for more money to support children and young people's mental health services and we are pleased to see that there are plans to invest additional funding into these services which could improve much needed access to these vital services for thousands more young people. However, we still need to see the whole system properly funded and partners at both national and local levels working together to implement the recommendations from the Taskforce.
17. In November 2015, the Department of Health (DH), NHS England (NHSE), the LGA, and other key stakeholders set up four task and finish groups to monitor areas, which include: sustainability, prevention, training the workforce, and auditing to capture the national work being carried out to improve the CAMHS system for children and young people. The Board will focus on vulnerable children and those in care. CYP lead members made an important contribution to this work.
18. The LGA is chairing the Sustainability Task and Finish Group and contributing to the prevention group. The groups will meet monthly and feed back to the main Board every three months. So far we have undertaken a survey to establish if the LGA microsite for CAMHS is a useful platform to share information and showcase good practice examples. An evaluation has been commissioned by NHSE on the LTPs, which have all been submitted (125) and monies are now being handed over to Clinical Commissioning Groups for local authorities' use. Health and Wellbeing Boards are involved in decision making.
19. Later this month an independent report is due out on 'life course mental health prevention'. Key recommendations are on training all the early years services on perinatal mental health and infant mental health, early childhood intervention, prevention of self-harm and prevention of suicide.

### **0 – 5 transfer and Child Health Information Services (CHIS)**

20. The transfer of commissioning responsibilities of 0-5 public health services successfully completed on 1 October 2015 from NHSE to local government. All but two contracts were signed prior to transition. This is the final part of the much larger transfer of public health functions to local government which took place on 1 April 2013 under the Health and Social Care Act 2012.

0 – 5 transfer

21. On 16 November the LGA and PHE jointly held a joint conference for 120 senior local authority officers titled: *Healthy start, Healthy Beginnings*. It was positively received by delegates who heard keynote speeches from Jane Ellison MP, Minister for Public Health, Viv Bennett, Chief Nursing Officer, Professor Dame Sarah Cowley and Virginia Pearson, Director of Public Health. All raised the importance of *1001Critical Days*, a cross party manifesto set up to raise the importance of the first two years of life being the most crucial time of a child's life. Several workshops were attended covering various good practice examples from around the country of joint working between all early years services.
22. A national Board has now been set up to monitor progress, jointly chaired by the Chief Nurse and a Chief Executive of a local authority. Meetings are planned monthly in the first instance.

Child Health Information Services (CHIS)

23. CHIS are patient administration systems that provide a clinical record for individual children and support a variety of child health and related activities, including universal services for population health and support for statutory functions. For example, immunisations and childhood screening as well as support for children with Special Educational Needs.
24. Whilst the majority of councils are confident that CHIS are being improved (70%) and will achieve compliance (61%), regional feedback suggested that there is a perception locally that the system will not be improved by 2020, which is resulting in a lack of confidence. LGA are involved in discussions with DH and NHSE to monitor progress. As previously communicated, interim national reporting arrangements for health visiting indicators following the transfer of commissioning responsibilities from the NHS to local authorities have been established.

**Family Nurse Partnership**

25. The Family Nurse Partnership (FNP), an NHS service working to support vulnerable teenage mothers-to-be, pregnant with their first child transferred over to local authorities on 1 October 2015. At the same time as the transfer a study conducted by Cardiff University provided an independent assessment of the effectiveness of FNP focussed on a range of outcomes. The assessment found that there were some positive effects on early development and that FNP may prevent children slipping through the net identifying safeguarding risks early. The assessment also found that young mothers engaged well with FNP and valued the close and trusting relationship with the family nurses. However, FNP's effect on the main short term outcome measures was disappointing. Notably FNP did not help mothers to stop smoking in pregnancy, nor did the service lower the rates of subsequent pregnancy within two years.
26. Government remains supportive of the programme and will be hosting a roundtable in January with a small number of key local authority public health officials and the FNP National Unit to consider how it can be adapted and strengthened to improve outcomes and provide more flexibility for commissioners. Local authorities indicate they want a

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more localised version of the programme so that they can target it to their most vulnerable populations.

27. Over 100 local authorities have booked on to workshops to give their views on how the programme should progress and to find out more information on the implications of the assessment.

### **Sir Martin Narey's Residential Care Review**

28. Sir Martin Narey has been commissioned by the Government to lead a review of children's residential care, focussing on its role and purpose while considering what works best to improve outcomes. The review is due to report in Spring 2016.
29. The review's terms of reference are extremely broad, covering children's homes and other residential settings, whether regulated or unregulated, including secure children's homes, residential schools, secure training centres and young offender establishments.
30. The LGA submitted evidence to the review in December 2015, a copy of which is available on request from [ian.dean@local.gov.uk](mailto:ian.dean@local.gov.uk). The headline points were as follows:
- 30.1. There is a need to develop a deeper shared understanding of the services available across the existing children's residential home market and to properly address the widely variable cost of such provision, particularly within privately run homes. The paucity of available residential services able to meet increasing levels of complex need, combined with ongoing shortages in the availability of Tier Four CAMHS provision, often results in councils being charged disproportionately high fees for provision that may not always be of the required quality.
  - 30.2. The LGA has long been concerned about the historic lack of control that councils have over independent providers establishing homes in their area. The new requirement for annual assessments of the suitability of a home's location could, if implemented robustly, go some way to addressing issues of the clustering of homes in certain areas. As this requirement is still less than a year old, government should review the effectiveness of this process once all homes have entered into an annual cycle of assessment and review.
  - 30.3. The LGA would support the extension of Staying Put into residential care. However, it is vital that this is fully funded using a more effective formula than that used to extrapolate the likely costs for Staying Put within foster care, which were significantly underestimated.
  - 30.4. The current model of commissioning placements within secure children's homes places an unfair level of financial risk on providers, particularly following the Youth Justice Board's recent decision to decommission a further 21 beds for 2015/16. The LGA and Association of Directors of Children's Services (ADCS) have previously recommended the development of a national commissioning unit, to help manage demand and provide a central point for referrals into homes, and it is important that this is now acted upon to ensure that the secure estate continues to be a viable option to support some of our most vulnerable children and young people.