



Rutland County Council

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Meeting: CHILDREN AND YOUNG PEOPLE SCRUTINY PANEL

Date and Time: Thursday, 31 January 2019 at 7.00 pm

Venue: COUNCIL CHAMBER, CATMOSE

Clerk to the Panel: Joanna Morley 01572 758271
email: governance@rutland.gov.uk

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A G E N D A

1) APOLOGIES FOR ABSENCE

2) RECORD OF MEETING

To confirm the record of the meeting of the Children and Young People Scrutiny Panel held on 22 November 2018 (previously circulated).

3) DECLARATIONS OF INTEREST

In accordance with the Regulations, Members are invited to declare any personal or prejudicial interests they may have and the nature of those interests in respect of items on this Agenda and/or indicate if Section 106 of the Local Government Finance Act 1992 applies to them.

4) PETITIONS, DEPUTATIONS AND QUESTIONS

To receive any petitions, deputations and questions received from Members of the Public in accordance with the provisions of Procedure Rule 217.

The total time allowed for this item shall be 30 minutes. Petitions, declarations and questions shall be dealt with in the order in which they are received. Questions may also be submitted at short notice by giving a written copy to the Committee Administrator 15 minutes before the start of the meeting.

The total time allowed for questions at short notice is 15 minutes out of the total time of 30 minutes. Any petitions, deputations and questions that have been submitted with prior formal notice will take precedence over questions submitted at short notice. Any questions that are not considered within the time limit shall receive a written response after the meeting and be the subject of a report to the next meeting.

5) QUESTIONS WITH NOTICE FROM MEMBERS

To consider any questions with notice from Members received in accordance with the provisions of Procedure Rules No 219 and No. 219A.

6) NOTICES OF MOTION FROM MEMBERS

To consider any Notices of Motion from Members submitted in accordance with the provisions of Procedure Rule No 220.

7) CONSIDERATION OF ANY MATTER REFERRED TO THE PANEL FOR A DECISION IN RELATION TO CALL IN OF A DECISION

To consider any matter referred to the Panel for a decision in relation to call in of a decision in accordance with Procedure Rule 206.

SCRUTINY

Scrutiny provides the appropriate mechanism and forum for members to ask any questions which relate to this Scrutiny Panel's remit and items on this Agenda

8) SPECIALIST CHILD AND ADOLESCENT MENTAL HEALTH SERVICES UPDATE 30 mins

To receive Report No. 33/2019 from Mark Roberts, Assistant Director, and Paul Williams, Head of Service, Leicestershire Partnership NHS Trust, Families, Young People and Childrens Directorate.
(Pages 5 - 24)

9) CHILDREN AND YOUNG PEOPLE'S IMPROVING ACCESS TO PSYCHOLOGICAL THERAPIES PROGRAMME 15 mins

To receive Report No. 26/2019 from the Strategic Director for People.
(Pages 25 - 30)

10) LEARNING AND SKILLS SERVICE ANNUAL REPORT 2017-18 60 mins

To receive Report No.27/2019 from the Strategic Director for People and a presentation from Ms G Curtis, Head of Learning and Skills.
(Pages 31 - 52)

11) REVIEW OF FORWARD PLAN AND ANNUAL WORKPLAN 2018-2019

To consider the current Forward Plan and identify any relevant items for inclusion in the Children and Young People Scrutiny Panel annual work plan, or to request further information.

Copies of the annual work plan and the latest Forward Plan will be available at the meeting. The Forward Plan can be found on the website using the following link:

12) ANY OTHER URGENT BUSINESS

To receive any other items of urgent business which have been previously notified to the person presiding.

13) DATE AND PREVIEW OF NEXT MEETING

14 March 2019 at 7pm.

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TO: ELECTED MEMBERS OF THE CHILDREN AND YOUNG PEOPLE SCRUTINY PANEL

Ms R Burkitt (Chairman)

Mr I Arnold
Mr E Baines
Mr K Bool
Mr A Lowe
Mr M Oxley

CO-OPTED MEMBERS

Mr A Menzies

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CHILDREN & YOUNG PEOPLE SCRUTINY PANEL

31 January 2019

SPECIALIST CHILD AND ADOLESCENT MENTAL HEALTH SERVICES UPDATE

**Report of the Leicestershire Partnership NHS Trust, Families, Young People and
Childrens Directorate**

Strategic Aim:	Provision of local mental health services for children and young people	
Exempt Information	No	
Cabinet Member(s) Responsible:	Mr A Walters, Portfolio Holder for Safeguarding – Adults, Public Health, Health Commissioning, Community Safety & Road Safety	
Contact Officer(s):	Mark Roberts, Assistant Director LPT	Tel: 01162956743 email mark.roberts@leicspart.nhs.uk
	Paul Williams, Head of Service LPT	Tel:01162956743 email paul.williams@leicspart.nhs.uk
Ward Councillors	All	

DECISION RECOMMENDATIONS

<p>That the Panel :</p> <ol style="list-style-type: none"> 1. Notes the comprehensive service offer available to local children and young people. 2. Notes the challenges faced in providing timely access to some areas of CAMHS Service and schedule a further progress report. 3. Notes the progress made through the CAMHS Improvement Programme and further actions planned. 4. Notes the progress towards the commissioning of a new CAMHS Inpatient Unit.
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1 PURPOSE OF THE REPORT

- 1.1 This report details the current waiting times for children and young people living in Rutland to access Leicestershire Partnership NHS Trusts Child and Adolescent Mental Health Service (CAMHS). It also describes the work by the organisation to improve the timeliness of access to services and to manage the risks to children and young people whilst they are waiting. Finally, the report provides an update on progress to commission a new CAMHS inpatient unit.

2 BACKGROUND AND MAIN CONSIDERATIONS

- 2.1 Leicestershire Partnership NHS Trust (LPT) provides a wide range of public health, physical health and mental health services for children and young people. These services are closely integrated with each other within the Families Young People and Childrens Directorate (FYPC). The Child and Adolescent Mental Health Services (CAMHS) teams therefore plan and collaborate closely with the 0-19 public health nursing service (Heathy Together), speech and language therapy, occupational therapy and physiotherapy services, community paediatric services and the Diana nursing team. The Directorate and the teams work with colleagues in adult mental health services to address the impact of parental mental health on the wellbeing of children and young people and to support young people's transitions to adult services. The FYPC leadership team are key contributors to partnership work across Leicester, Leicestershire and Rutland.
- 2.2 CAMHS is more accurately referred to as Specialist CAMHS and is one of a growing number of mental health and emotional wellbeing services delivered by an increasingly diverse range of local providers. Specialist CAMHS helps children and young people who have been referred by another healthcare professional. Referrals are made if it's thought the child or young person has emotional and/or behavioural difficulties at a level which requires specialist support. They provide a range of services including initial assessments, therapy, group work, emergency assessments and in-patient care.
- 2.3 LPT's Specialist CAMHS service is organised in the following teams:

The (Generic) Leicester City and Leicestershire and Rutland Counties CAMHS outpatient teams (City – 21 staff, Counties – 43 staff) assess and treat children and young people according to their needs; from a one-off appointment to a programme of on-going care which lasts until the child or young person feels better and is felt to be safe. Further detail of their work is set out in section 4 below. The team is made up of doctors, nurses and therapists who specialise in child mental health. The outpatient teams work closely with six specialist teams that provide care focused in particular areas as set out below.

The CAMHS Crisis Resolution and Home Treatment team (19 staff) provides rapid assessment and treatment at home for children and young people in mental health crisis and support for their families, providing no physical medical intervention is required. Once a referral is received, the team aims to make telephone contact with a family within two hours and to assess the child or young person within 24 hours. The service is operational from 8am until 10pm. Outside of these times, support is provided by the adult crisis team.

The Primary Mental Health Team (11 staff) works between primary care - for example GPs and public health (school) nurses - and specialist CAMHS outpatient teams. The team treats young people having difficulties with their mental health or emotional wellbeing, and who may be at risk of developing a mental health disorder. The team also provides support, advice and education for staff from other agencies to improve early intervention to avoid further escalation of need. Together with other CAMHS teams they have contributed significantly to the development of our public health service websites; Health for Teens and Health for Kids.

The Young Peoples Team (12 staff) works particularly with vulnerable young people in care and those who are involved with the youth offending service.

The CAMHS Learning Disability Team (21 staff) provides services for children with a moderate to profound learning disability that is within very specific clinically defined parameters, who are presenting with mental health and or associated behavioural problems.

The CAMHS Eating Disorders Team (18 staff) offers specialist outpatient assessment and treatment to young people and their parents affected by eating disorders, and manage around 150 new referrals each year. Treatment usually lasts between 12 and 18 months, though early intervention is crucial to recovery.

The Paediatric Psychology Team (15 staff) offers specialist psychological assessment and treatment to children, young people and their families who are psychologically affected by living with physical health conditions or disabilities. Referrals are from Consultant Paediatricians only

- 2.4 All of these services work with other local health, social care and voluntary sector children's services to offer a multi-agency approach. All clinical records are securely held on SystmOne and this system is shared with the majority of local GP practices and all other LPT children's health services. Work is underway to expand the use of SystmOne to adult mental health services across LPT. Information sharing is either based on relevant safeguarding legislation or on the consent of the child or young person (when competent) or the consent of the parent or legal guardian. Information sharing agreements are in place to support these processes and further work is underway with colleagues in Rutland's Early Help team to further improve the flow of information between the agencies.
- 2.5 CAMHS services are commissioned to provide services to children and young people registered with the Clinical Commissioning Group's GP practices. When a child or young person registers with a GP outside of Leicester, Leicestershire and Rutland on a permanent basis whilst under the care of the CAMHS service their care is transferred to the new CAMHS team and GP practice through the co-ordination of the lead professional and support of the administrative staff. When a young person needs to transition into adult mental services senior administrative staff (Care Navigators) support a smooth transition and co-ordination between clinicians by following the agreed process between CAMHS and Adult Mental Health Services.
- 2.6 Across CAMHS outcome data is collected during treatment programmes. Arrangements to record this in easily reportable ways within SystmOne that can be used to inform decisions on service design are developing further. This information is combined already with feedback from engagement work with children and young

people and their parents and carers, and feedback from Friends and Family Tests, complaints, compliments and concerns to inform service delivery. Central to ensuring that care is responsive to the needs of each child or young person is the creation of an individualised care plan which is completed in collaboration with each child and young person and is then shared where agreed with other services working with the young person. The care planning process has been designed with young people who use the service and has also been reviewed again recently.

2.7 To enable effective delivery and co-ordination of services the CAMHS team employ the Thrive model (<https://www.annafreud.org/media/3214/thrive-elaborated-2nd-edition29042016.pdf>) and are working with commissioners and other agencies to further develop this approach locally. Thrive has recently featured in the NHS Long Term Plan (<https://www.longtermplan.nhs.uk/>) and is seen as a framework through which a paradigm shift in the delivery of mental health service for children and young people can be realised. The commissioning of local CAMHS services continues to evolve. In August 2016 £190,000 was provided to LPT to provide an enhanced access service to increase capacity for assessment of new referrals. LPT has been given notice that this enhanced service offer will be decommissioned later this year to enable the procurement of a Triage and Navigation Service which will triage and direct all referrals regarding emotional health and well-being of children and young people to the appropriate agency in the health and social care system. This service will also accept self-referral.

2.8 The NHS Benchmarking Service reported on CAMHS services in October 2018. Key findings for the LPT services were;

- LPT receive an average number of referrals in comparison to other areas nationally but accept approximately 300 more per 100,000 of the population.
- The national average waiting time for CAMHS first appointment is 9 weeks and for LPT it is 8 weeks.
- Nationally waiting times have gone up with an increased percentage failing referral times target (RTT) from 19- 22% (measured at 18 weeks) – not LLR local 13 weeks. Due to our higher standard local targets we had the 3rd highest number of children being seen within 6 weeks and in the bottom 10 for over 18 weeks.
- LPT have more than double the number of children per 100,000 on their caseload compared to the national average and is in the top 5 of the country.
- The number of discharges per 100,000 was above average in LPT with 63 more children being discharged than accepted. This was against the national trend which was less discharges to accepted referrals.
- The number of children seen by CAMHS was significantly higher in LPT with over 50% more than national average per 100,000 of the population.
- LPT workforce has a lower whole time equivalent (WTE) of workforce compared to national average; LPT has 65 and national average is 75.
- Per WTE LPT were significantly higher for numbers on caseload (second highest nationally) with average 31 compared to 84 for LPT.

- The numbers of contacts per clinical WTE was slightly above average.
- LPT nursing profile for bands was comparable to national average as was our discipline mix.
- LPT finance profile is in the lowest 25%, with 20% less finance than the national average.
- LPT cost per contact is low at £209 with the average at £284.
- LPT bank and agency spend was 3% more than average.

3 ACCESS TO SPECIALIST CAMHS SERVICES

3.1 Set out in this section is information about the waiting times for Rutland children and young people to access Specialist CAMHS Services provided by LPT. Access to many of the teams set out in section 2 above has been consistently good despite the increasing demand on them. However, the waiting times to access the (Generic) CAMHS Outpatient Team is much longer than the CAMHS practitioners, service leaders and LPT executive team would like it to be; a comprehensive programme of improvement is therefore in place and this is set out in section 4 below.

RTT Performance (CAMHS Specialist Teams)	Apr	May	Aug	Jul	Jun	Sep	Oct	Nov	Dec
CAMHS Learning Disabilities									
Pass	0	0	0	0	0	0	1	0	1
Fail	0	0	0	0	0	0	0	0	0
CAMHS Paediatric Psychology									
Pass	0	1	0	0	0	0	0	0	2
Fail	1	0	0	0	0	0	0	0	0
CAMHS Young People's Team									
Pass	0	0	0	0	0	0	0	0	2
Fail	0	0	0	0	0	0	0	0	0

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3.2 CAMHS Eating Disorder Performance (Face to face Performance)

Month	Pass	Fail
Dec	0	0
Nov	2	0
Oct	0	0
Sep	2	2*

One patient moved out of area and we were unable to see them. The other case was incorrectly recorded twice.

3.3 CAMHS Crisis Performance

The service aims to contact the patient/proxy via telephone within 2 hours of receiving a referral. If this initial contact is unsuccessful, a message is left and a second attempt is made multiple times to contact the patient/proxy. If the service is still unable to initiate contact, the team will attempt to make a home visit and if this is unsuccessful a card is left asking the patient to contact the service as soon as possible.

Month	Pass	Fail*
Dec	0	0
Nov	3	2
Oct	6	6
Sep	8	1

Fails are related to delays in contacting patients and patient choice. Some fails relate to patient/parent availability (e.g. patient is out of area on holiday).

3.4 Access to Specialist CAMHS Outpatient Service

The number of referrals of Rutland children and young people to the 'Generic' Outpatient CAMHS team is set out in the table below. The waiting list and performance of the service in response to this demand is addressed in section 4

Urgency	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Routine	9	7	6	10	2	7	4	5	5
Urgent	0	0	1	0	0	2	2	2	1

4 THE SPECIALIST CAMHS IMPROVEMENT PROGRAMME

- 4.1 This section sets out the steps involved in assessment and treatment of children and young people in the Specialist CAMHS 'Generic' Outpatient teams, the waiting times at each stage, and introduces the improvement work being undertaken by the service leads and clinicians.
- 4.2 In November 2017 the Specialist CAMHS Improvement Board was established to create and steer a broad improvement programme, and to provide opportunity for the co-ordination of the service's improvement work with local commissioning plans for emotional health and wellbeing services for children and young people. This clinically led LPT group includes representatives from Leicester's, Leicestershire's and Rutland's local authority children and young peoples' Early Help services as well as children's services commissioners from our local Clinical Commissioning Groups. The group has also ensured co-ordination with those leading the re-development of the CAMHS in-patient facility.
- 4.3 The Specialist CAMHS Improvement Programme aims to achieve the highest standards of quality and responsiveness possible for local children and young people within the budget allocated to the service. The programme builds on the good work undertaken by the service in response to the Care Quality Commission's (CQC) inspection in 2016. Whilst the resources under direct control of the Specialist CAMHS Improvement Board are limited to those allocated to CAMHS within Leicestershire Partnership NHS Trust (LPT) this multiagency board also seeks to

ensure that LPT services are coordinated with the local statutory and voluntary sector partners to best effect and maximise outcomes for children and young people; avoiding unnecessary referral to the service, ensuring timely referral when required, maximising support and risk reduction whilst waiting for and undergoing assessment and treatment, and supporting effective and timely discharge from the service.

- 4.4 The improvement programme will run until the 31st March 2019 and has been supported by a project manager from the Families, Young People and Childrens Directorate throughout 2018. The project manager coordinates work by a large number of clinical, managerial and operational support staff to ensure progress on a wide range of objectives. This work includes actions in response to the Care Quality Commissions re-inspection of the service in 2017. The programme will merge with the LPT All-Age Transformation Programme for mental health services on the 1st April 2019. The programme has adopted the Thrive model for the delivery of emotional and mental health services for children and young people. From the 1st April 2019 the 2019/20 CAMHS Improvement Plan will be governed by the LPT All-age Transformation Programme; maximising the opportunity for a smooth transition for young people to adult mental health services. Supplementing this scrutiny the local commissioning teams have established a new forum; the CAMHS Quality and Performance Meeting.
- 4.5 The CAMHS improvement programme focuses support and improvement work on LPT's Leicester City and Leicestershire and Rutland County CAMHS Outpatient Teams where most challenges in meeting the demands on the service are experienced. The work is best summarised in five interdependent areas; establishing a sustainable service model, establishing new quality standards, making the best use of our resources, enabling staff to achieve their best, and providing suitable environments for care.
- 4.6 The outpatient teams are made up of c.56 whole time equivalent staff (c. 64 individuals), including Psychiatrists, Psychologists, Psychiatric Nurses, Occupational Therapists and Psychotherapists.
- 4.7 Referrals received by the service are assessed as part of the CAMHS Access process by clinicians from the outpatient teams. The assessment process begins with an initial telephone or face to face contact with the family (and where appropriate the young person) either within 4 weeks if referred urgently, or within 13 weeks if referred routinely. When measuring completed Access pathways for Quarter 3, 2018/19, the service achieved 100% compliance for routine referrals for Rutland children and young people. However, there are a number of children and young people who have not yet completed the Access pathway (i.e. they have not had an initial assessment), some of whom will fail to meet the required timescales. These numbers are highlighted in section 4.10.

2018/19 (Q3)	Pass	Fail
Routine		
Oct	5	0
Nov	3	0
Dec	5	0

- 4.8 During the first three quarters of 2018/19 in Rutland, this access work resulted in 23% of referrals being redirected to other agencies (20% were redirected to the Early Intervention Service) and no referrals being initially returned to the referrer for more information or reconsideration.
- 4.9 The process includes a full assessment as to whether a child or young person would benefit from treatment or further specialist assessment (e.g. specialised neuro-developmental assessments) by the Specialist CAMHS Service, and if so what type of treatment they need. This may require more than one telephone or face to face contact.
- 4.10 There are currently 20 (19 Routine, 1 Urgent) children and young people from Rutland waiting for assessment to be completed and the maximum waiting time is 44 weeks. The current average wait is 23 weeks, with 12 children and young people waiting over 13 weeks. The current urgent case has been waiting for 3 weeks and they have an appointment scheduled.
- 4.11 Once it has been determined that a child or young person would benefit from treatment or further specialist assessment by Specialist CAMHS they are formally accepted into CAMHS and their GP and referrer are informed. Children may then be placed on one or more waiting lists for treatment and / or further specialist assessment. Waiting lists include; Neurodevelopmental assessment, further Psychiatric opinion, Psychodynamic Psychotherapy and Psychological therapies.
- 4.12 As children and young people may be waiting for another treatment whilst also being in treatment (e.g. has been commenced on medication and is waiting for psychological therapy), careful analysis of the waiting lists is required to determine how many are being actively cared for. This analysis has identified that 39 Rutland children and young people are on waiting lists for treatment or further specialist assessment. Because some children are on more than one waiting list, this equates to 47 total waits.

Category	Count
ADOS	1
Assessment	3
Assessment & Treatment	4
Behaviour	2
General Group	1
Neurodevelopmental	19
Psychiatric Opinion	7
School Observation	1
Treatment	9
Grand Total	47

4.13 Of these:

- Of the 39 children and young people, 15 have a future booked appointment which indicates that they are already receiving treatment or have a start date for treatment.
- Of the 24 who don't have future appointment, 11 have been seen in the past 60 days.

- The longest a Rutland child or young person is waiting without a scheduled appointment for treatment is 58 weeks (neurodevelopmental assessment and treatment pathway)
- 4.14 During any of these treatment processes further interventions may be required and care is co-ordinated between each of the treatments.
- 4.15 Goals for treatment are agreed collaboratively with children and young people and their families and expected time frames for discharge are discussed early in the process and reviewed regularly throughout. When a child or young person's care is coming to an end, arrangements for discharge or transition to other services (e.g. Adult mental health) begin. This includes a review of the work undertaken with CAMHS and goals achieved, any outstanding risks and risk management plan, arrangements for on-going prescribing and monitoring of medication (if applicable) and ensuring that children and young people and families know how to access support and / or mental health services if required. Discharge letters include a summary of the work completed by CAMHS and are sent to the referrer, GP and to the child or young person and family.
- 4.16 As a short term measure, additional clinical capacity has been introduced in the outpatient teams. Bi-weekly patient tracking meetings continue to manage demand and direct resources. Additional administrative support has been allocated to senior clinicians to increase their available clinical time. Furthermore, a programme of centralised clinic scheduling has been implemented.
- 4.17 A case complexity tool and caseload review tool have been embedded into the electronic patient record. Use of these tools in clinical practice supports appropriate allocation of cases within CAMHS, timely case review, and planning for safe discharge. The system also enables future reporting and audit against their use.
- 4.18 In order to further understand demand and capacity within CAMHS, the following actions have also now been completed;
- Detailed analysis of the current and future demand in Access and the capacity required to meet this
 - Analysis of the current clinical capacity available in the outpatient teams.
 - Analysis of the administrative capacity required to facilitate the current clinical workload
 - Finalisation and signing off of care pathways, which are aligned to 'Thrive' methodology
 - Alignment of the care pathways within the CAMHS care plan on the electronic patient record
 - Clinical pathways that employ the Thrive methodology have been agreed
 - A capacity and demand model has been constructed and is being tested
- 4.19 The treatment pathways that children and young people are aligned to have formed the basis of work to analyse demand on the outpatient teams. As this process is developed a greater level of confidence in understanding the demand on the service

will develop, as well as an increased ability to predict and plan for future demand.

4.20 Improvement work over the next 6 months will include:

- Continuation of bi-weekly patient tracking list meetings to manage demand and direct resources.
- Further work to use a competency based approach to assess the interventions and demand required on each treatment pathway to inform the workforce model.
- Completion of demand analysis work and subsequent agreement on the optimum workforce model. This will include describing and communicating the implications of these insights on capacity and in turn commissioning.
- Ensuring all clinical contacts are centrally scheduled and that high quality suitable estate is secured to support care delivery.
- Increasing the specificity of care pathways and aligning them to the LPT All Age Mental Health Transformation (AAT) Programme. This will include developing digital solutions where appropriate and in line with clinical guidance (NICE) across the treatment pathways and aligning treatment pathways with waiting list reporting from the electronic patient record.
- Co-ordination of work with the AAT team to improve transition co-ordination.
- Reviewing the clinical operational leadership arrangements to maximise their impact on treatment pathway progress and compliance.
- Alignment of the Specialist CAMHS system with the Triage and Navigation Hub as this develops.
- Review of the CAMHS outpatient teams' leadership structure and roles to ensure robust sustained governance of performance.

Use of non-recurrent funding allocated on the 15th January 2018 by NHS England for use in the financial year 2018/19 to reduce waiting times for treatment through the employment of more locum clinicians.

4.21	A key factor in the management of the Specialist CAMHS Outpatient Teams is ensuring that practitioners' caseloads are small enough and demands on their time to deal with risks related to other children and young people who are waiting for treatment are minimised, so that their work with children and young people can remain effective. This requires the rate of discharge from the team to be balanced against the rate of additions to their caseload and for the rate of addition of cases to the waiting list for treatment. In the last two years the number of children and young people added to the waiting lists for treatment has resulted in such increases in demand for risk management work within the service that it has impacted significantly on treatment capacity.
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5 SUPPORTING CHILDREN AND YOUNG PEOPLE WHO ARE WAITING AND KEEPING THEM SAFE

5.1 Children and young people referred to the LPT Specialist CAMHS Services could experience harm as a consequence of their emotional and mental health before, during or following treatment. This section of the paper sets out the manner in which the Specialist CAMHS team works to avoid harm occurring at each stage of the processes set out above, how the Improvement Programme will contribute to improvement in this work, and how the service currently determines whether harm has occurred through the information available.

5.2 Risks to CYP include:

- Risk to self (self-harm, suicide, impulsivity leading to risk taking behaviour).
- Risk to others (e.g. aggression, sexualised/sexually abusive behaviour, offending).
- Risk from others (e.g. neglect, abuse, victimisation, Child Sexual Exploitation)
- Risk of deterioration of mental health condition impacting on functioning- such that it may impact on school attendance and attainment, impact on protective relationships and the development of adaptive coping strategies.
- Risk of delay in diagnosis which may impact on the young person's ability to access other appropriate support (e.g. within education).
- Risk of disengagement from services.

5.3 Mitigating or reducing the risk of harm associated with the delivery of healthcare is a service priority. While the risk of harm can be reduced in some instances (i.e. avoidable), what constitutes avoidable harm remains unclear, and there is currently no clear definition of avoidable harm within mental health settings. It is important to note that there is no evidence that mental health intervention can completely remove all risk of harm and indeed there are significant complexities which require a level of tolerated risks (e.g. self-harm as a maladaptive coping strategy which can reduce the risk of suicide).

5.4 In addressing this agenda locally, avoidable harm is defined as “the presence of an identifiable modifiable cause”. The key elements of this definition are;

- Is there evidence that suggests it can be reasonably assumed that a reduction in waiting times for assessment or treatment would have prevented the incidence of harm and/or reduced the risk
- Is there evidence that a reasonable adaptation to a process will prevent future recurrence
- Is there evidence of lack of adherence to guidelines that implies preventability
- Does historical comparison suggest the event is preventable – events with declining incidence over time are considered to be preventable in current practice

5.5 Set out below are the current measures to mitigate the potential for harm to occur within the key stages of the CAMHS system; whilst waiting for assessment or whilst waiting for assessment to be completed; whilst waiting for treatment; whilst undergoing treatment.

5.6 Identifying valid indicators of harm is complex and challenging. Our data analysis is

currently focussed on children and young people referred to CAMHS Crisis or attending Accident and Emergency (A&E) as a known or suspected consequence of their mental health condition. In future, the CAMHS team will be able to add to this analysis changes to the risk rating applied to children and young people within the CAMHS system as this system of risk management has been recently integrated into the electronic patient record.

- 5.7 The CAMHS Crisis Team is alerted to any children and young people attending A&E as a consequence or suspected consequence of their mental health. The Crisis team follow up these children and young people within 7 days of the A&E attendance.
- 5.8 Following receipt of a referral to specialist CAMHS the referral is acknowledged in writing. This communication is sent to the referrer, the GP and to the family/young person. The letter details contact details for the service should there be any concerns. The following online resources are advised in the receipt of assessment letter.
- <http://www.healthforteens.co.uk/>
 - Centre for Clinical Interventions (handouts and guided self-help modules) <http://www.cci.health.wa.gov.au/resources/consumers.cfm>
 - <https://www.getselfhelp.co.uk/>
 - <http://youth.anxietybc.com/>
 - <https://kooth.com/>
- 5.9 These resources provide support and advice as well as self-help tools to manage symptoms such as distress and distressing thoughts, negative automatic thinking, overwhelming feelings such as anger.
- 5.10 The specialist teams within CAMHS are responsible for some of the most vulnerable young people within Leicester, Leicestershire and Rutland which ensures a dedicated service provision to these young people, e.g. young people with a moderate to severe Learning Disability and young people with an Eating Disorder. These referrals by-pass the outpatient team's access process and are directed immediately to the specialist teams. The Young People's Team (YPT) is the specialist team who are responsible for Looked After and Adopted Children as well as young offenders, homeless children and unaccompanied children. The majority of referrals received by YPT come directly from social care.
- 5.11 Within YPT, referrals are assessed daily by the Duty Clinician to see if an immediate response is required. Referrals are discussed at a weekly MDT referral meeting and allocated to an appropriate professional(s) to offer an initial assessment. The assessment process includes an initial face to face contact with the young person, and their parent/carer (and social worker when appropriate) either within 4 weeks if referred urgently, or within 13 weeks if referred routinely. The service consistently achieves 100% compliance with both these standards. YPT receives 28 referrals on average per month.
- 5.12 For all Specialist CAMHS services, the initial assessment process includes; a comprehensive core mental health assessment which includes an assessment of capacity to consent; a comprehensive, standardised risk assessment; standardised outcome measure (HONOSCA); a collaborative care plan which includes a risk management contingency plan. A collaborative safety plan may also be developed

with the young person/family at this stage if required.

- 5.13 Following assessment an initial assessment letter is written to the GP and referrer and a copy sent to the family/young person. A care plan is written to the young person/family.
- 5.14 In order to limit the caseload size of individual clinicians and to ensure safety of children and young people on treatment waiting lists, a daily duty clinician system was established in 2017. The duty clinician's work includes undertaking reviews of children and young people waiting for treatment using a prioritisation system based on clinical risk. The face to face and telephone contact offered as part of the Duty system includes treatment elements from specialist supportive clinical management, including symptom review, problem solving, goal setting, clinical advice and family support.
- 5.15 The prioritisation system model (see appendix 1) categorises children and young people within CAMHS according to risk in a traffic light system approach. Children and young people identified at high risk (RED cases) are allocated a named Lead Professional to ensure specialist supportive clinical management and risk management treatment begins without delay.
- 5.16 At all points whilst children and young people are waiting for a treatment to start, they will be managed in the Duty System unless they are RAG rated RED, in which case they will be assigned a Lead Professional.
- 5.17 Children and young people are allocated a Lead Professional who will undertake the treatment and liaise with other members of the multi-disciplinary team within CAMHS as appropriate, as well as liaise with the family and other parts of the health and social care system as required (e.g. school nursing, Early Help). The Lead Professional is responsible for keeping the treatment care plan and risk assessment up to date. The risk assessment and care plan are contained on the electronic patient record. The care plan includes; the specific risks and actions to be taken by the children and young people and parents to mitigate these, contact details of the named Lead Professional and advice that they can be contacted in the event of a crisis and advice to contact the emergency GP service out of hours for further assessment and referral to the CAMHS Crisis service if appropriate.
- 5.18 Analysis of data about children and young people engaged with CAMHS presents important insights. If we consider the number of children and young people attending A&E or referred to CAMHS Crisis, not known to CAMHS at the time, as a baseline figure for comparison, we can make the following observations;
- More children and young people attend A&E who are waiting for or are being assessed, but fewer are referred to CAMHS Crisis.
 - Fewer children and young people attend A&E or are referred to CAMHS Crisis from Duty.
 - More children and young people attend A&E who are in treatment, but fewer are referred to CAMHS Crisis.
 - Children and young people attending A&E as a consequence or suspected consequence of their mental health often present with significant self-harm or suicidal behaviour such as cutting or overdosing

5.19 These observations should be interpreted with caution due to the number and complexity of variables which have differing severity and impact on behaviour of children and young people with mental health conditions. These include, life events, developmental milestones, response to treatment, trauma, therapeutic alliance and family dynamics. However, the following interpretations should be considered

- Children and young people entering the CAMHS service are likely to be experiencing the significant onset of their mental health condition. The distressing nature and impact on social functioning at this time may elevate the risk of self-harm or suicidal behaviour. This may explain the higher attendance at A&E for children and young people waiting for or being assessed than the general population.
- Children and young people within the Duty system are RAG rated as Amber or Green, therefore are the children and young people assessed as presenting with low or medium risk factors. This may explain the low number of A&E attenders and Crisis referrals in this group.
- The underlying mental health conditions associated with self-harm and suicidal behaviour are often slow to respond to treatment and the presenting behaviours frequently persist throughout treatment and in some cases beyond. This may explain the relatively high attendance at A&E for children and young people in treatment compared to the general population.

5.20 To further reduce avoidable harm the improvement programme is:

- Increasing efficiency in the system through clinic scheduling and implementation of Treatment Pathways. This will reduce inefficiencies as far as possible within the available resources.
- Embedding the use of the caseload complexity and caseload review tools in clinical supervision arrangements to ensure treatment is progressed and reviewed in a timely manner.
- Continuing to prioritise a sustainable Duty system and develop ways to report changes in risk profiles.
- Working with partner agencies to more fully understand 'at risk groups', particularly those known to other agencies, in particular Early Help teams, and realise opportunities to improve the support to children and young people. This work includes strengthening communication with partners to ensure better understanding the level of support offered by each agency.
- Providing an educational resource for other services, in order to build capacity in others to keep children and young people safe and to improve understanding about the specific contribution of Specialist CAMHS to the emotional health and wellbeing of children and young people across LLR
- Collaborating with partner agencies to ensure children and young people receive the right help at the right time. This will focus on our interface with the proposed Triage and Navigation Service and future proposals for Mental Health Support Teams within Education as outlined in the current thinking outlined in the 'Transforming children and young people's mental health provision: a green

paper' produced by the Department of Health

6 IN PATIENT UNIT DEVELOPMENT

- 6.1 Our 10 bed in-patient mental health service for children and young people was temporarily relocated to Coalville Community Hospital in 2015. In 2017 the Trust submitted a bid for £8.0 million of central Sustainability Transformation Partnership (STP) funding for a 15-bed inpatient CAMHS Unit, including provision of Specialist CAMHS Eating Disorder beds, to replace and expand the temporary 10-bed accommodation at Coalville Community Hospital. This expansion was on the basis that 46% of Leicester, Leicestershire and Rutland's young people were being placed out of area for inpatient care and a combined mental health and eating disorder facility would have the biggest impact locally.
- 6.2 The Five Year Forward View for Mental Health states that inappropriate placements to inpatient beds for children and young people will be eliminated, including both placements to inappropriate settings and to inappropriate locations far from the family home (out of area placements) by March 2021.
- 6.3 The bid confirmed that it has major benefits for patients/carers and will also have patient and public support. It confirmed that the unit would be constructed on the Glenfield Hospital site, using our P22 contractor (Interserve Construction Limited) and would come into service in 2019/20.
- 6.4 In July 2017, NHS England announced that the Leicester Leicestershire and Rutland sustainability and transformation programme had Category 2 (Advanced) status, which is a pre-condition for capital funding. NHS England also announced that the Trust's CAMHS in-patient capital bid had been successful.
- 6.5 In August 2017, NHS Improvement confirmed the £8.0 million capital allocation to the Trust and confirmed the terms and conditions that will apply. These conditions include their approval of the Full Business Case, a value for money assessment and commitment to post-project evaluation.
- 6.6 This new unit will introduce for the first time in the local area the provision of specialist in-patient services for young people with eating disorders. It is therefore noteworthy that the Families Young People and Children's Directorate team already has responsibility for the regional Adult Eating Disorders services team who have recent experience of developing a large new combined in-patient, day patient and out-patient facility on the Glenfield Hospital site.
- 6.7 Mobilisation has commenced and Leicestershire Partnership NHS Trust has invested £807,000 at risk to get the project to full business case. The timeline for this work has been/is:
- Finalisation of mental health and eating disorder service model and stress testing - February 2018
 - Building design, planning permission and contract agreed with Interserve - August 2018
 - Full business case approval from LPT Trust Board – September 2018
 - Awaiting sign off from Department of Health - **January 2019**

- Construction and commissioning - **February 2020**
- Service relocation - **March 2020**

- 6.8 The Leicester, Leicestershire and Rutland Sustainability and Transformation Partnerships Children's Work stream, NHS England Specialist Commissioning and Leicester City Council (Education & Children's Services) team who provide the hospital school service are all members of the project board.
- 6.9 Work undertaken during the early part of 2018 included further refinement and testing of the proposed clinical model. This has informed the work also undertaken during this period to agree the general design of the building. This design work has included input from the major stakeholders involved in the project, including service users and clinical and education staff working at the current temporary unit.
- 6.10 The creation of this new unit will substantially improve the quality and sustainability of the local CAMHS in-patient service for Rutland children and young people. The service will be provided in a location that is closer to children's homes and improves recruitment and retention of skilled staff. Additionally the unit will offer highly specialist in-patient care for children and young people with eating disorders in Leicester, Leicestershire and Rutland for the first time.

7 CONCLUSION AND SUMMARY OF REASONS FOR THE RECOMMENDATIONS

- 7.1 The Families Young People and Childrens Services Directorate within Leicestershire Partnership NHS Trust is leading the CAMHS outpatient team through a series of improvements to increase the efficacy and efficiency of the service to children and young people. Whilst waiting times to access assessment and treatment in many areas of the service are good waiting times for treatment within the two outpatient teams remain much higher than acceptable.
- 7.2 The number of Rutland children and young people on a waiting list for treatment has increased in the last year from 29 to 39.
- 7.3 A comprehensive system is in place to reduce the risk of avoidable harm to children and young people who are waiting for treatment.
- 7.4 The new build in-patient CAMHS unit is currently scheduled to open on the Glenfield Hospital site and will substantially improve local access to in-patient mental health care for children and young people and provide access to specialist inpatient care for children and young people with eating disorders for the first time in Leicester, Leicestershire and Rutland.

8 BACKGROUND PAPERS

- 8.1 There are no additional background papers.

9 APPENDICES

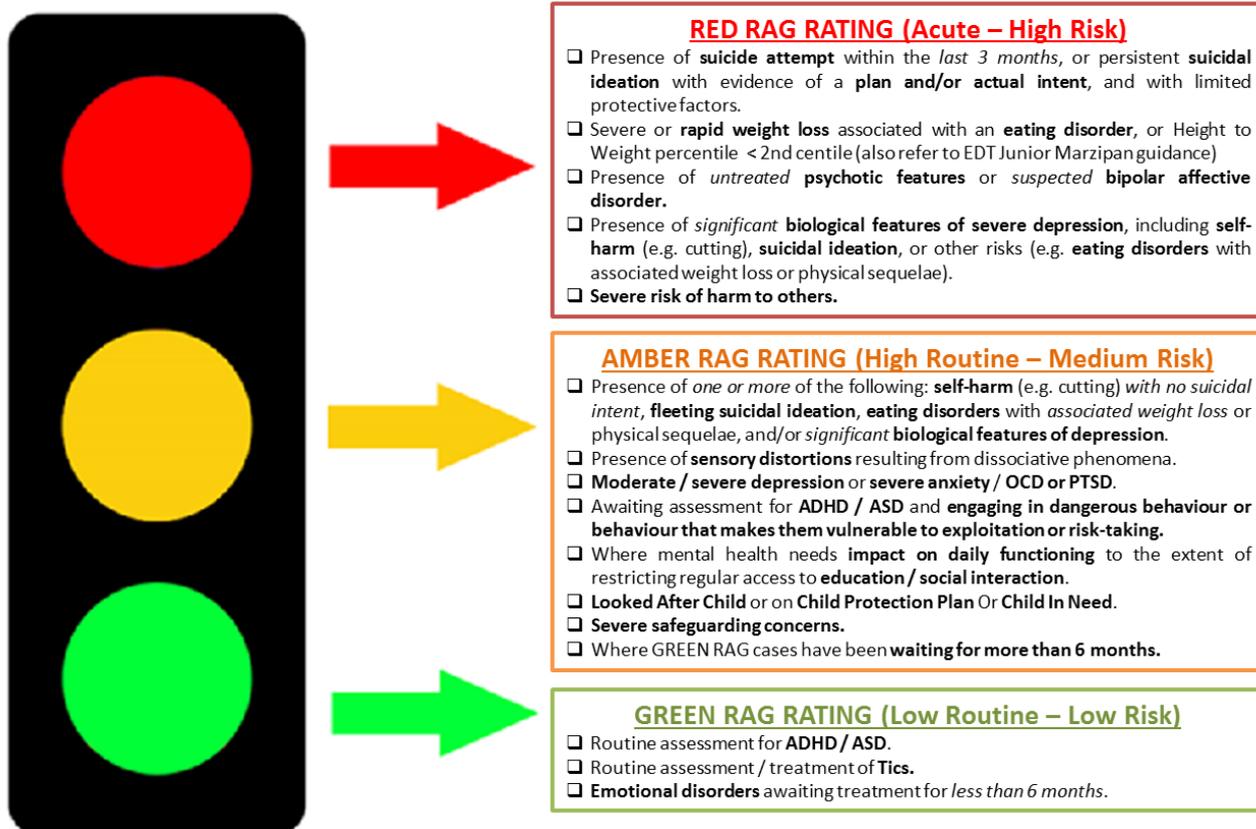
9.1 The Specialist CAMHS Risk Management and Duty System.

A Large Print or Braille Version of this Report is available upon request – Contact 01572 722577.

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Appendix A. The Specialist CAMHS Risk Management and Duty System

LPT Specialist CAMHS Traffic Light System



Clinical Risk Management Process within the CAMHS Outpatient Duty System

RAG rated RED	RAG rated AMBER	RAG rated GREEN
<ul style="list-style-type: none"> • Added to agenda for team meeting to be allocated named Lead Professional (LP) • Reviewed as clinically indicated depending on risks (e.g. weekly to monthly reviews) • Care plan and risk assessment updated regularly as required • LP to respond to calls and letters received unless urgent or on long-term leave, in which case Duty will be tasked to respond • RAG Recall updated as required • If risks escalate, offered face-to-face appointment and/or referred to Crisis Team • If DNA telephone or face-to-face review and not responsive 	<ul style="list-style-type: none"> • Allocated to Duty Team • Duty responds to calls or letters received • Telephone review every 3 months where following is updated (or before if contact made): <ol style="list-style-type: none"> 1. Risk assessment and care plan reviewed/updated 2. Guided self-help given 3. Waiting list letter sent (if opt in letter not been sent) 4. RAG Recall updated 5. Duty Survey sent • If risks escalate, offered duty face-to-face appointment and/or referred to Crisis Team • If DNA telephone or face-to-face review and not responsive to 	<ul style="list-style-type: none"> • Allocated to Duty Team • Duty responds to calls or letters received • Waiting list letter sent every 3 months • Telephone review every 6 months where following is updated (or before if contact made): <ol style="list-style-type: none"> 1. Risk assessment and care plan reviewed/updated 2. Guided self-help given 3. RAG Recall updated 4. Duty Survey sent • If risks escalate, offered face-to-face duty appointment and/or referred to Crisis Team • If DNA telephone or face-to-face review and not responsive to

to letters, named LP to review safeguarding risks and advise when/if admin can send discharge letter	letters, Duty to review safeguarding risks and advise when/if admin can send discharge letter	letters, Duty to review safeguarding risks and advise when/if admin can send discharge letter
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Risk	Mitigation
Risk to Self	Clinical review within Duty. Guided self help
Risk to others	Clinical review within Duty. Guided self help
Risk from others	Contact details of who to contact in an emergency
Risk of deterioration	Clinical review within Duty. Guided self-help. RAG system review
Risk of delay in diagnosis	Alignment to appropriate waiting lists
Risk of disengagement	Regular contact through the Duty system

CHILDREN & YOUNG PEOPLE SCRUTINY PANEL

31 January 2019

CHILDREN AND YOUNG PEOPLE’S IMPROVING ACCESS TO PSYCHOLOGICAL THERAPIES PROGRAMME

Report of the Strategic Director for People

Strategic Aim:	Safeguard the most vulnerable and support the health & well-being needs of our community	
Exempt Information	No	
Cabinet Member Responsible:	Richard Foster, Portfolio Holder for Safeguarding – Children & Young People, Armed Forces Champion	
Contact Officer(s):	Bernadette Caffrey Head of Early Intervention SEND and Inclusion	Email:bcaffrey@rutland.gov.uk
Ward Councillors	N/A	

DECISION RECOMMENDATIONS

That the Panel:

1. Notes new developments in the provision of early emotional well-being and mental health support for children and young people in Rutland.
2. Notes the benefits of early assessment and evidence based intervention for children’s mental health and well-being in order to address low to moderate need.
3. Supports Rutland’s young people’s stated wish for mental health and emotional well-being to be non-stigmatised, for support to be visible and for support to be early and accessible to children and their families.

1 BACKGROUND AND MAIN CONSIDERATIONS

1.1 The following report is to give Panel an opportunity to gain an understanding of the purpose and function of the children and young people’s improving access to psychological therapies programme, (CYP IAPT). The CYP IAPT is a service transformation programme that aims to improve the quality of existing Child and Adolescent Mental Health Services. As such, it is different from the adult IAPT model, which is focused on setting up new services. The principles behind CYP IAPT underpin the development and delivery of the ‘Local Transformation Plans’ which run throughout the Department of Health’s ‘Future in Mind’ programme.

2 PRINCIPLES

2.1 The CYP IAPT programme includes the following core principles as part of its service transformation:

- Value and facilitate authentic participation of young people, parents, carers and communities at all levels of the service.
- Provide evidence-based practice and interventions, demonstrate flexible and adaptive ability to meet changes in evidence.
- Commit to raise awareness of mental health issues in children and young people, and be active in decreasing stigma around mental ill-health.
- Demonstrate that they are accountable by adopting the rigorous monitoring of the clinical outcomes of the service, and
- Actively work to improve access and engagement with services.

3 RATIONALE

3.1 The significant strength in CYP IAPT is its commitment to provide intervention at the earliest opportunity in order to prevent initial and low level mental health needs deteriorating. The National Institute for Health and Care Excellence (NICE) highlights that common mental health disorders, such as depression, generalised anxiety disorder, panic disorder, obsessive-compulsive disorder (OCD) and social anxiety disorder may affect up to 15% of the population at any one time. In particular, depression and anxiety disorders can have a lifelong course of relapse and remission and while there is considerable variation in the severity of common mental health disorders, many can be associated with significant long-term disability if not managed at an appropriately early interval.

3.2 10% of children and young people aged 5-16 years have a clinically diagnosable mental health problem, yet 70% of children and adolescents who experience mental health problems have not had appropriate interventions at a sufficiently early age.

3.3 20% of adolescents may experience a mental health problem in any given year. 50 % of mental health problems are established by age 14 and 75% by age 24.

3.4 The vast majority (up to 90%) of depressive and anxiety disorders that are diagnosed are treated in primary care. However, many individuals do not seek treatment, and both anxiety and depression often go undiagnosed. Although under-recognition is generally more common in mild rather than severe cases, mild disorders are still a source of concern when considering the impact of such needs on the well-being of the individual managing the disorder.

3.5 The recognition and treatment of anxiety and depression disorders by primary care agencies has been poor, and only a small minority of people who experience anxiety disorders ever receive treatment. In part this may stem from the difficulties in recognising the disorder, but it may also be caused by patients' worries about stigma and the components of a possible course of treatment. Equally, the experiences of children and young people are intrinsically different from those of adults, as children and young people often lack the opportunity to engage with sources of support and

are often reliant on parents' consent and motivation to seek support for them.

- 3.6 Therefore, adhering to Rutland's principle of 'early help support', it is recognised that a life-course approach to mental health is required and that early identification and support can result in positive outcomes which support individuals to develop resilience and the skills to positively self-manage with confidence in the future. In this respect preventative measures rather than cure are favoured by CYP IAPT.

4 CONSULTATION

- 4.1 National implementation of the IAPT programme began in 2008, which has since developed and changed the treatment of depression and anxiety disorders in adults in England. Over 950,000 people now access IAPT services each year. Among those who receive a course of treatment, approximately one in two recover and two in three show a reliable reduction in their symptoms.
- 4.2 National and local consultation, research in practice, (Rutland's Future in Mind, young people's consultation began in 2014/2015), is driving better evidence based practice, improving children and young people's participation, enabling collaborative practice and creating more accountable services, through the rigorous monitoring of clinical outcomes.

5 ALTERNATIVE OPTIONS

- 5.1 The CYP IAPT programme, (2011), is an NHS initiative to provide more child and young people psychological therapy, which has existed in adult services since 2008. It is intended to provide intervention to 70,000 more children and young people annually by 2020, and to train 1,700 staff.
- 5.2 Through a range of university programmes and case work, Psychological Well-being practitioners are being trained and are working within existing health and social care services. The practitioner role will be a distinct role and not assistants to existing therapies. The service will work within but not replace existing early help services or replace specialist or crisis interventions in Children and Adolescent Mental Health services (CAMHS).

6 FINANCIAL IMPLICATIONS

- 6.1 The CYP IAPT programme was launched across Leicestershire, Leicester City and Rutland (LLR) in 2017. The programme is funded via NHS England and covers the cost of the university programme for one academic year, the service receives funding to cover some backfill costs and the cost of mandatory clinical supervision.
- 6.2 It is intended that earlier recognition and intervention will reduce the demand on more costly specialist services.

7 LEGAL AND GOVERNANCE CONSIDERATIONS

- 7.1 The programme has a regional 'Collaborative Network' that oversees the study programme, locally this is provided through the University of Northampton and

quality assures the clinical supervision. Individual case management oversight for the Psychological Well Being Practitioners is provided through the Early Help Service Manager.

- 7.2 The CYP IAPT practitioners in Rutland benefit from robust supervision arrangements in terms of both clinical and case supervision. Utilising two strands of supervision promotes safe practice, addresses the possibility of treatment failure, examines treatment outcomes and ensures continuing professional development and learning.

8 DATA PROTECTION IMPLICATIONS

- 8.1 The practitioners work within a rigorous clinical framework and matters relating to sharing client information and consent are governed by Rutland County Council's data protection processes and the Local Safeguarding Children's Board (LSCB)'s safeguarding procedures.

9 EQUALITY IMPACT ASSESSMENT

- 9.1 Each Local Authority was invited to nominate candidates to undertake the programme. Practitioners in Children Services in Rutland County Council were invited to express an interest in undertaking the training.
- 9.2 The referral process for CYP IAPT is the same as that for accessing Rutland's early help service, referrals can be made by practitioners as well as by children and young people themselves. In this respect, three of the referrals into the service have been made by children and young people. In order to ensure that services are available to children and young people at the earliest opportunity information about the service has been shared with Rutland County Council staff, Rutland's Schools and Colleges, Citizens Advice and the School Nursing Service.
- 9.3 In order to provide an accessible, flexible and non-stigmatising service, the CYP IAPT practitioner will visit children and young people in a variety of locations including their homes, schools, colleges and other community venues. Equally children and young people are given opportunities to be seen alone (with consent of parent if under 13years) or with parents, carers and other family members.
- 9.4 The average age of children accessing the service is 12 years old. To date the practitioner has seen children aged 8-17 years. In relation to working with such a range of ages, significant time is taken to ensure that children receive an individualised service which is reflective of their age, development, experience and needs. Children have flexibility around the time and place for visits, individually designed resources, specialist assessment as well as the completion and management of 'outcome measures' which enable children and young people to measure their progress and attainment of their goals.

10 COMMUNITY SAFETY IMPLICATIONS

- 10.1 The service works within the Early Help partnership framework which means joint working with community services, including community safety, housing, health and voluntary sector groups. The service's front door and case allocations process

provides oversight of all referrals by these partners.

11 HEALTH AND WELLBEING IMPLICATIONS

- 11.1 The needs of children and young people supported via CYP IAPT have included depression, anxiety, obsessions and compulsions, health anxiety, social anxiety, panic and significant self-harm. Three of the children treated by the CYP IAPT practitioner have had one contact with the Child and Adolescent Mental Health services including crisis support prior to the CYP IAPT practitioner undertaking work with them.
- 11.2 It is notable that all of the children receiving contact or intervention through CYP IAPT support scored on a 'clinically significant' range for a mental health and emotional well-being need, however the above three children were not allocated support via CAMHS.

12 ORGANISATIONAL IMPLICATIONS

- 12.1 The CYP IAPT service has been available to children, young people and families since March 2018. Eleven children and young people have been supported by the Well Being Practitioner in terms of receiving multiple contacts or a longer term intervention. NICE clinical guidelines promote a period of 'watchful wait' where certain mental health or emotional needs are identified therefore children and young people may benefit from contact rather than intervention.
- 12.2 The CYP IAPT Well Being Practitioner is currently working with three adolescents with needs including bereavement, panic, and health anxiety and self-harm. It is anticipated that their clinical measures will determine that their treatment will be completed by the end of January 2019, when a further two young people begin their support programme in January 2019.
- 12.3 Human Resource implications
- 12.4 In January 2017 a Targeted Intervention Practitioner based at the Children's Centre was supported to undertake the CYP IAPT programme - a Postgraduate Diploma in Evidence Based Practice with the University of Northampton. This involved the practitioner being supported to have time out of the service to attend a university programme and for private study and to hold a case load of relevant cases to provide practice evidence as well as attend monthly clinical supervision. Some of her existing duties have been picked up by other Early Help practitioners and trained volunteers.
- 12.5 The qualified practitioner now holds a caseload of cases, undertaking the psychological assessments and interventions. More detail of the casework will be provided using a case study presented to Panel Members at the Scrutiny Panel meeting.
- 12.6 The practitioner still undertakes some of her Children Centre duties such as group work and combines it with this role. She has received an additional incremental award in recognition of this qualification and role, which will be evaluated at the end of 12 months.

- 12.7 A second part time Early Help Practitioner in the Youth Services, who currently works as mentor and advocate for a number of young people with emotional wellbeing and mental health issues, will begin her training in January 2019. She will be out of the service initially for two months to attend university full time and will then be given a full time contract for 12 months to enable her to fulfil the requirements of the programme. These additional hours will be partially funded by the NHS grant and also from the service budget.

13 CONCLUSION AND SUMMARY OF REASONS FOR THE RECOMMENDATIONS

- 13.1 The effectiveness of CYP IAPT interventions are measured by the use of a number of clinical measures and rating scales, these are known as 'Routine Outcome Monitoring' and describe the use of questionnaires and feedback tools to collect information about how people are feeling, achievement of treatment goals and children and families' experience of using services.
- 13.2 To date all outcome measures have indicated positive outcomes in terms of symptom reduction, encouraging a therapeutic alliance and session rating scales. To date no child or young person has required a more specialist service following assessment and no child or young person has been engaged with crisis services.
- 13.3 Engagement with the service is positive, however there continues to be some learning in relation to expectations held by children, young people and their families in relation to 'fix' and 'cure', therefore it has been necessary to develop more effective ways of explaining the service. For many people psychological therapy is about being 'led' through an intervention and undergoing a psychological analysis resulting in cure whereas CYP IAPT aims to support individuals to learn to manage symptoms as well as utilise their learning for other areas of change or challenge in their lives.

14 BACKGROUND PAPERS

There are no additional background papers to the report.

15 APPENDICES

There are no appendices.

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CHILDREN & YOUNG PEOPLE SCRUTINY PANEL

31st January 2019

LEARNING AND SKILLS SERVICE ANNUAL REPORT TO SCRUTINY 2017-18

Report of the Strategic Director for People

Strategic Aim:	Creating a brighter future for all		
Exempt Information	No		
Cabinet Member(s) Responsible:	Cllr D Wilby, Portfolio Holder for Lifelong Learning, Early Years, Special Educational Needs & Disabilities, and Inclusion		
Contact Officer(s):	Gill Curtis Head of Learning and Skills	Telephone: 01572 758460 email: gcurtis@rutland.gov.uk	
Ward Councillors	N/A		

DECISION RECOMMENDATIONS

It is recommended that the Panel:

1. Comments on the Learning and Skills Service annual self-review process and key findings for the academic year September 2017 to August 2018
2. Endorses the intentions and actions to address priority areas as set out in the Learning and Skills Service Education Development Plan for the academic year 2018-19

THIS REPORT WILL BE SUPPORTED BY A PRESENTATION TO THE PANEL

1 PURPOSE OF THE REPORT

- 1.1 This report aims to provide the Children and Young People Scrutiny Panel with an overview of the key findings from the Learning and Skills Service annual self-review process and to provide assurance that, where performance is not leading to sufficiently high standards, appropriate actions to address priorities for development across the education sector are planned and delivered.
- 1.2 All English local authorities have a series of statutory responsibilities for education which are set out in the Education Act 1996 and the Childcare Act 2006 however, as an outcome of the Academies Act 2010, the education function of the local

authority has changed over more recent years.

- 1.3 The education development function of the Learning and Skills Service has been adjusted to reflect the need to deliver strategy and success across the whole education sector, rather than typical, historic school improvement activity, and this is reflected in this report.
- 1.4 The role of the Learning and Skills Service remains focused on challenging and supporting the education sector to deliver provision that enables children and young people educated in all early education settings and state-funded schools (maintained schools and academies) to achieve their very best educational outcomes and to fulfil the expectations of external scrutiny.
- 1.5 The Learning and Skills Service has continued to refer to the Ofsted Local Authority School Improvement Inspection criteria as an external bench marking tool although the current process ceased in late autumn 2018. Replacement inspection information has not yet been published; this reflects the changing role of the local authority in school improvement and the overriding principle that schools, being largely autonomous, are responsible for the standards that children and young people achieve and that schools should work together to address areas of weakness and share good practice.

2 BACKGROUND AND MAIN CONSIDERATIONS

- 2.1 The Learning and Skills Service undertakes an annual evaluation of how well it carries out its statutory duties in relation to promoting high standards in schools and among other providers so that children and young people achieve well and fulfil their potential as defined by section 13A of the Education Act 1996. However, local authority powers of intervention, as set out under part 4 of the Education and Inspections Act 2006, do not apply to academy schools, which are state-funded independent schools. In terms of holding Trusts to account for standards in academies, the lead responsibility lies with the Department for Education and the Regional Schools Commissioner.
- 2.2 The Department for Education sets out the role of the local authority in *Schools Causing Concern - Guidance for local authorities and Regional Schools Commissioners on how to work with schools to support improvements to educational performance, and on using their intervention powers* (November 2018) https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/754974/Schools_causing_concern_guidance-November_2018.pdf This states that where the local authority has concerns about standards, management or governance in any academy within its area, the expectation is that these concerns should be brought to the attention of the Department for Education through the Regional Schools Commissioner.
- 2.3 The Learning and Skills Service criteria for identifying concerns and the subsequent action taken have been agreed with the education sector so that there is a transparent approach which is outlined in the annual Prioritisation and Entitlement document. It is agreed that where any concerns are identified these shall be first raised with the Head Teacher/ Principal of a maintained school or Single Academy Trust and/ or Chief Executive Officer of a Multi Academy Trust. If these concerns are not addressed and actions agreed with academy leaders, then the Regional

Schools Commissioner will be informed. Maintained schools with high prioritisation identified through School Quality Assurance process are carefully monitored and challenged through termly LA strategy meetings, where support is also brokered to support school improvement.

- 2.4 Strong working partnerships have been established with the Department for Education and the Regional Schools Commissioner's office with regular opportunities for sharing intelligence about Rutland academies. The Learning and Skills Service offers challenge to these officers where concerns over the performance of an academy or multi academy trust has been identified which has resulted in action by the DfE. This partnership approach reflects the role of the local authority in influencing and challenging practice where the majority of children and young people are being educated within the academy system. Additionally, clear lines of communication have been established between the Learning and Skills Service and Ofsted's Regional HMI which enable wider concerns regarding maintained schools and academies to be shared.
- 2.5 This process reflects the Learning and Skills Education Framework 2017-20 which establishes the context for securing continued education development by developing greater accountability for pupil outcomes from within the sector itself. The national expectation is for the education sector to undertake any school improvement activity, where underperformance has been identified, through a programme of school to school support. This may be brokered or commissioned by the local authority where this involves schools that are still maintained by the authority.
- 2.6 Teaching Schools are essential in building leadership capacity within Rutland and the close working partnership between Rutland Teaching School Alliance and the local authority is key to further developing robust and confident leadership at all levels in Rutland. This approach also recognises that a partnership approach with wider teaching schools can contribute to, and augment, the offer available within the county; cross boundary partnerships with other teaching schools in the region are supported through commissioned programmes and utilisation of national funding opportunities.
- 2.7 The local authority's accurate knowledge and understanding of the context of the county has been achieved through rigorous monitoring and evaluation of education performance and wider outcomes. Through scrutiny of evidence gathered to support evaluation of the four key Ofsted Local Authority School Improvement evaluation areas, the Learning and Skills Service evaluates what is going well and where further development is required in each area:
- 2.7.1 Corporate leadership and strategic planning – this reflects the impact of the education strategic direction and the strategy for supporting schools and other providers' improvement.
- 2.7.1.1 Key successes:
- The Education Framework 2017-2020, supported through the associated Entitlement and Prioritisation documentation, is established and shared with the education sector. This has enabled the education sector and wider stakeholder groups to understand the strategic direction towards mature autonomy within the sector, and the expectation for leaders within the system to hold greater

accountability for the performance of all children and young people across Rutland education settings.

- A systematic benchmarking exercise, undertaken to establish the strengths and weaknesses in performance at school level and to identify trends, enables the Learning and Skills Service to accurately evaluate the education capacity within Rutland and to take swift action where concerns are identified. This positive intervention has been recognised in Ofsted inspections and through discussion with the Regional Schools' Commissioner's office and Regional Ofsted inspectors.
- Where local authority monitoring strategies have identified concerns regarding performance in individual settings or schools, planned actions have supported rapid improvement and contributed to improved education effectiveness. Where a school has been identified as a high or medium priority, the Head Teacher or Chief Executive Officer of the Multi Academy Trust has been informed. In all cases, follow-up meetings have taken place and actions for improved outcomes have been agreed and formal reporting to the Regional Schools Commissioners Office has been avoided. A similar quality assurance process has taken place for early years settings which, again, has led to agreed plans for rapid action where concerns were raised.
- The quality of decision making, including effectiveness of its consultation with schools and other parties through Education Performance Board, Schools Forum, Children's Trust Board and other education network opportunities has enabled stake holders to have a clear and transparent understanding of how the local authority compares to both national averages, regional and statistical neighbours and to set higher expectations, particularly for progress and attainment of groups of pupils. This has enabled a shared approach to improvement to be developed and informed the training programme offered through Rutland Teaching School Alliance.

2.7.1.2 What we need to improve:

- The sector-driven school improvement agenda is not yet consistently robust. Further work with school leaders, including governors, is required to ensure that school to school challenge is robust and leading to sustained improvements. School leaders are required to take greater accountability for the performance of pupils in all Rutland schools and not just their own. This will be supported through the Sector Led Improvement Programme which has been commissioned from Education Development Trust and funded through the DfE School Improvement Monitoring and Brokering Grant.

2.7.2 Monitoring, challenge, intervention and support – this considers the extent to which the LA can demonstrate it knows its schools and other providers and how effectively support is focused on areas of greatest need.

2.7.2.1 Key successes:

- Outcomes and overall performance of education settings is routinely and systematically scrutinised by the Learning and Skills Service through established processes which include the termly Schools and Settings Quality Assurance reviews held by the Learning and Skills Service. These utilise the assurance

criteria agreed with schools and settings that are set out in the Prioritisation documentation. School and settings' leaders are informed of the outcome of these reviews and, if a concern has been identified, are invited to meet with a relevant member of the Service to discuss planned actions to bring about swift improvement.

- As can be seen in Appendix A - *School Accountability Measures - December 2018*, there is much to celebrate in Rutland schools' pupil academic outcomes, with many external accountability measures at or above national standards including outcomes at the end of Early Years' Foundation Stage, in the Year One Phonics Screening Check, expected standards at the end of Key Stage One and Key Stage Two and in GCSEs at Key Stage 4 and A-levels at Key Stage 5. However, where areas of underperformance have been identified, the Learning and Skills Service holds a challenge meeting with school leaders, and works with external providers, such as Teaching School Alliances, to develop programmes of support focused on the area(s) of need. School autonomy should be respected; whilst engagement with these programmes is optional for academies, the Learning and Skills Service will work with leaders to promote engagement or to be assured that the academy is addressing the underperformance in other ways. Improved outcomes in mathematics at KS1 at both the expected level and significantly so at greater depth in 2018 reflect the impact of Local Authority commissioned support for mathematics in the 2017-18 academic year.
- The Children and Families Act 2014 requires every local authority in England to appoint an officer employed by the authority to make sure that its duty to safeguard and promote the welfare of its children looked after (CLA) by the authority is properly discharged. The Head of the Virtual School role sits within the Learning and Skills Service to ensure that the educational aspirations for all of our CLA are sufficiently high and achievable. More robust systems have been established, with greater challenge now evident to schools in and out of Rutland and the revised Pupil Premium Plus Policy will contribute to more effective Personal Education Plans.
- Strategic overview and challenge through the establishment of the Education Performance Board has provided a further level of monitoring and challenge to education performance and support with identifying key areas for improvement. As a consequence, the local authority now knows schools' strengths and development areas well.
- 100% of Early Years providers in the Private, Voluntary and Independent (PVI) sector are judged by Ofsted to be Good or Outstanding. All but one state funded school is judged as good or better in their last inspection, with no schools in an Ofsted category. The one school judged as Requiring Improvement, an academy which until April 2018 had been within an out-of-county Multi-Academy Trust, had previously been identified as a priority by the Learning and Skills Service. Actions to challenge and support that school, through liaison with the Regional Schools Commissioner and Ofsted, had been instigated prior to inspection. The Learning and Skills Service supported the Regional Schools Commissioner's office in the re-brokering of the academy with a Rutland Multi Academy Trust in April 2018 and the impact of that re-brokering had been noted in the school's inspection report following its Ofsted inspection in September 2018: *The recently appointed headteacher has brought ambition and drive to the school. She is effectively addressing a legacy of low expectations and pupils'*

underachievement. Leaders are clear in their view that there is still work to be done. Nonetheless, the quality of teaching and pupils' outcomes are improving. It is worth noting that in DfE calculation of multi-academy trust performance, only schools that have been within a Multi Academy Trust for at least three years are included thus recognising the time needed to achieve sustained improvement.

2.7.2.2 What we need to improve:

- The Early Years' Service continues to work in close strategic partnership with all other local authorities across the East Midlands to develop effective strategies to support improvement in the Early Learning Goals for reading, writing and number. In line with national policy, the group is striving to close the 'word gap' with a particular focus on promoting the influence of parents in the home learning environment to contribute to improving outcomes.
- Whilst academic standards in Rutland remain mostly in line with or above national these do not always reflect national improvements and positive difference seen in previous years is reducing in some subject areas in Early Years Foundation Stage, Key Stage One and Key Stage 2. As can be seen in Appendix A - *School Accountability Measures - December 2018*, overall performance at the end of:
 - o Early Years Foundation Stage is above national averages for all measures however there are fluctuations in performance with a decline from 2017 in two of the three measures even though, in both cases, outcomes are still above the Rutland average for 2016.
 - o Key Stage One outcomes, whilst broadly in line or above national averages for expected standards in all subjects, show a decline for reading and writing from 2017 when there had been an improvement for writing compared with 2016. At higher standards/ greater depth, whilst there has been a noticeable improvement in mathematics, standards in reading and writing have failed to improve following a decline in 2017.
 - o Key Stage Two is broadly in line or above national averages at expected standards, but writing and mathematics at a higher standard is well below that seen nationally.
- A key area for focus is Key Stage Two where, in half of Rutland primary schools, the 'better than expected' (Greater Depth / High Score) outcomes in combined reading, writing and mathematics were lower in 2018 than they had been in 2017. This has impacted on Key Stage 1 to 2 progress in all subjects, with local authority progress scores being only broadly average in each subject. Of the seventeen primary schools in Rutland, four had one subject which scored well below, and one school had one subject which scored below national averages; only one school had two subjects that scored below. In response to this, the Learning and Skills Service has already held challenge meeting with school leaders, and a programme of support has been developed through partnership with Rutland Teaching School Alliance and augmented through moderation workshops provided by an out-of-county Teaching School to provide external validation of Rutland approaches to teacher assessment.
- The Learning and Skills Service will continue to monitor and challenge schools

in relation to the performance of groups of pupils so that all groups perform to an equally high standard compared with their peers nationally. There is evidence of inconsistencies in the performance of some groups of pupils over time. Current analysis indicates a downward trend in boys' performance in KS1 reading, with a significantly wider gap between boys and girls in 2018 than seen nationally. Paradoxically boys' performance in phonics shows an improving trend. Whilst the gap between KS2 girls' and boys' performance at greater depth in mathematics is narrowing there remains a wider than national gap in 2018 of 9%, almost twice the margin seen nationally, as a result of poor conversion rates of Higher Ability and Middle Ability pupils to a High Score.

2.7.3 Support and Challenge for leadership and management – this reviews the effectiveness of strategies to promote highly effective leadership and management in schools and other providers, including support and challenge for governance.

2.7.3.1 Key successes:

- Over recent years local authority arrangements have increasingly promoted self-reliance across the education sector. As a result of these actions, the number of schools requiring high levels of local authority support has reduced significantly.
- The Learning and Skills Service has implemented processes to promote school to school support and peer reviews which will now be formalised through a commissioned programme of external support for peer challenge and evaluation to ensure that this process remains robust.

2.7.3.2 What we need to improve:

- Effective systems leadership is essential for the sustained success of a sector-led school improvement model, and the promotion for further development of systems leaders will be supported through commissioned or brokered school improvement activity.
- The role of governors is key in driving school improvement and programmes of training will be offered in partnership with Rutland Teaching School and other external providers to support all Governors in undertaking their roles and responsibilities effectively, to hold their school leaders to account and to be well-prepared for external scrutiny, including by Ofsted

2.7.4 Use of resources – this considers the way the LA uses any available funding to effect improvement, including how it is focused on areas of greatest need.

2.7.4.1 Key successes

- The Learning and Skills Service has oversight of all schools and works strategically with key partners, such as Teaching Schools, to address key priorities for Rutland. Schools and Early Years' settings receive a range of support, from light touch through to intensive, dependent upon need identified through detailed analysis and evaluation combined with local intelligence which is regularly reviewed to ensure resources are accurately utilised.
- Additional support is brokered for schools through signposting of services and resources to address identified concerns. Regular monitoring and reviewing of

progress and priorities enables resources to be targeted to need ensuring best value is achieved.

- The 16 - 18 offer within Rutland continues to mostly focus on academic A-levels. Rutland Adult Learning and Skills Service (RALSS), which sits within the Learning and Skills Service, offers GCSE English and mathematics for those students either on apprenticeships or employment who are required to achieve the qualification. Apprenticeships are offered through a contracted partnership between RALSS and Peterborough Regional. Positive relationships with out-of-county Further Education providers are established, but being refined to provide more accurate understanding of how well Rutland pupils perform.
- Schools Forum is pro-active and has a defined role in reviewing and consulting on key financial changes and resourcing decisions. The Terms of Reference and Constitution are reviewed annually to ensure the Forum is representative of the education sector it represents.
- It is a statutory requirement that admissions into primary school at reception year and secondary school at year 7 in September each year are co-ordinated by the local authority; applications for other year groups throughout the academic year, known as in-year admissions, are administered by the admission authority for the preferred school. For September 2018:
 - o 97% of Rutland resident children have received an offer at their first preference primary school
 - o 96% of Rutland resident children have received an offer at their first preference secondary school
 - o 100% of Rutland resident children have received an offer at one of their preferred primary schools
 - o 100% of Rutland resident children have received an offer at one of their preferred secondary schools
- The Admissions Service works in partnership with the Business Intelligence Team and Property Services to ensure there are sufficient school places available in Rutland and to monitor the available capacity within schools over the year; this is reported in the annual School Capacity Assessment (SCAP). Although there are some pressures geographically, predicted estimates identify where capacity is reducing so that the local authority can work with maintained schools and academies to develop provision to meet parental choice.

2.7.4.2 What we need to improve:

- The implementation of the 30 Hours Extended Entitlement and the reduction of the Early Years base rate has had an impact on the viability of some Early Years providers and contributed to the closure of a few settings. The Learning and Skills Service, through the Schools Forum Early Years' Working Party, will continue to consider options to assure sufficiency and quality of childcare places at a time where funding reductions are being made within the Early Years' block which limits the amount that the local authority can pay providers.
- The Childcare Sufficiency Assessment 2017-18 identified increased locality

pressures on early education and childcare places from 25% availability across Rutland in 2017 to 20% in 2018. This was partially a result of the closure of two of Rutland's biggest providers following unsatisfactory Ofsted inspections. It is expected that this pressure will once again be reduced following the opening of two new provisions from spring 2019.

- Government policy in 2011 has also increased the focus on the early years, with a renewed emphasis on the importance of child development and the social and economic benefits of good early years practice. The focus for local authorities is to ensure that all two, three and four-year olds, particularly the most disadvantaged, take up their entitlement to funded, high-quality, early education. The Learning and Skills Service has identified a potential discrepancy between Department for Work and Pensions (DWP) figures for Rutland two-year funding entitlement for childcare and the actual take up of a place in an early years setting. Also, the take up of Tax Free Childcare accounts are low when compared with national take-up figures. We will continue to work in partnership with Visions Children's Centre to ensure all families identified on the DWP list are contacted and informed of their entitlements and supported to access a childcare place if this is required. It is recognised that engagement in high quality learning environment in the early years is a key contributor to on-going academic success in later school years, and so this must remain a priority.

2.8 Development priorities are summarised in the Education Development Plan 2018-19 (Appendix B) which will inform the Learning and Skills Service key education development activity this academic year. Planned actions may be adjusted as more detailed performance data becomes available or when national or regional priorities are identified that relate to the Rutland context.

2.9 This review document does not stand alone; the wider duties and activity of the Learning and Skills Service are reflected in the Education Framework 2017-20. The Learning and Skills Service Annual Review (LaSSAR) is aligned to strategic review and planning of the SEND and Inclusion Service and with Children's Social Care to ensure that the full needs of children and young people in Rutland early years' settings and schools are being met. The LaSSAR does not include detail of action plans for those services but takes account of, and supports, the actions being taken to secure continued improvement of Rutland's Children's Services.

3 CONSULTATION

3.1 The Learning and Skills Annual Review is shared with relevant stakeholders.

4 ALTERNATIVE OPTIONS

4.1 The Learning and Skills Service undertakes annual self-review to identify future actions. If review was not undertaken, the authority would be at risk of failing to meet statutory responsibilities.

5 FINANCIAL IMPLICATIONS

5.1 All actions identified within this report are accounted for through the Learning and Skills Service budget

6 LEGAL AND GOVERNANCE CONSIDERATIONS

- 6.1 The Council's responsibilities to provide sufficient high quality education and champion high standards and intervene where there are concerns are outlined in the Education Acts 1996, 2010 and 2014. Whilst there are no specific comments arising from this report, legal advice will be provided as requested.

7 DATA PROTECTION IMPLICATIONS

- 7.1 A Data Protection Impact Assessments (DPIA) has not been completed because there are no risks/issues to the rights and freedoms of natural persons associated with this report.

8 EQUALITY IMPACT ASSESSMENT

- 8.1 Not completed.

9 COMMUNITY SAFETY IMPLICATIONS

- 9.1 There are no community safety implications associated with this report.

10 HEALTH AND WELLBEING IMPLICATIONS

- 10.1 Success in education and engagement in lifelong learning is the key to social mobility, good employment prospects, good health and well-being and to building thriving communities.

11 ORGANISATIONAL IMPLICATIONS

- 11.1 The local authority's current statutory responsibilities for educational excellence are set out in section 13a of the Education Act 1996. That duty states that a local authority must exercise its education functions with a view to promoting high standards. Local authorities must discharge this duty within the context of increasing autonomy and changing accountability for schools, alongside an expectation that improvement should be led by schools themselves.

- 11.2 The Education and Inspections Act 2006 defined the strategic role of the local authority in the school improvement process:

- As 'champion' of the needs of children and young people and their families;
- In the planning, commissioning and quality assurance of educational services;
- In challenging schools and, where appropriate, to commission support and, if necessary, to intervene in the management and governance of the school; and
- Where a local authority has concerns about academy performance it must raise them directly with the Department for Education.

- 11.3 Across Rutland there is one early years' special school, seventeen state-funded

primary schools and three state-funded secondary schools. In-county post-16 academic education is available at Harington Sixth Form and further opportunities for post 16-education exist in neighbouring authorities, with Rutland students attending a range of establishments, including those in Melton Mowbray, Corby and Stamford. There are also three independent mainstream schools within Rutland, located in Oakham and Uppingham.

11.4 Rutland County Council has been pro-active in reflecting the government drive for greater autonomy within the education sector and has supported the conversion of maintained schools to academy status. Originally, Single Academy Trusts (SATs) were set up but, over time, more schools are joining Multi-Academy Trusts (MATs) which is bringing greater stability and consistency to the sector.

11.4.1 There are three Rutland-based MATs:

- Brooke Hill Academy Trust which includes two Rutland Primary schools

- Rutland and District Schools' Federation which includes one primary school, one secondary school and the sixth form college

- Rutland Learning Trust which includes six Rutland primary schools, with three further primary schools due to join later in spring 2019

11.4.2 There are three primary schools which are with or out of county MATs.

11.4.3 There are two secondary schools which are Single Academy Trusts.

12 CONCLUSION AND SUMMARY OF REASONS FOR THE RECOMMENDATIONS

12.1 The outcomes of the Learning and Skills Service annual review enables the Local Authority to maintain the successes, address areas of underperformance and continue to ensure effective working relationships with schools and early education and childcare providers lead to sustained education development.

12.2 In partnership with our schools, we will build a school system where the highest quality education is delivered in all Rutland schools and all schools work together in a self-improving, self-sustaining school to school support system. Together we will act as the champion of pupils and families, particularly our most vulnerable.

12.3 Where areas have been evaluated as requiring further strategic development, these are identified in the Learning and Skills Service Education Development Plan 2018-19 (Appendix B).

12.4 Within all of our activity, the Learning and Skills Service will champion the safety and wellbeing of all children and young people, with safeguarding seen as the highest priority in all Rutland schools and early education and childcare settings.

13 BACKGROUND PAPERS

13.1 Children and Young People Scrutiny Panel 7th September 2017 Report No: 164/2017 and appendices:

13.2 The Education Framework 2017-20

13.3 RCC Education Provider Prioritisation and Entitlement 2017-18

14 APPENDICES

14.1 Appendix A - School Accountability Measures - December 2018

14.2 Appendix B - The Learning and Skills Service Education Development Plan 2018-19

A Large Print or Braille Version of this Report is available upon request – Contact 01572 722577.

School Accountability Measures
Rutland 2017-18
(Provisional Outcomes included and therefore potential for change)

KEY STAGE	HEADLINE PERFORMANCE MEASURE	RUTLAND SCHOOLS' PERFORMANCE					
		National	Rutland	Relative Performance	*LAIT		
					Quartile Banding	Ranking	
Early Years Foundation Stage (Reception Year)	<ul style="list-style-type: none"> Good level of development (GLD) – children achieving a good level of development are those achieving at least the expected level within the following areas of learning: communication and language; physical development; personal, social and emotional development; literacy and mathematics. 	71.5%↑	73.0%↓↑↓		B	48	
	<ul style="list-style-type: none"> Achieving at least the expected level across all early learning goals - children achieving at least the expected level across all early learning goals (ELGs) are those achieving 'expected' or 'exceeded' in all 17 ELGs. 	70.2%↑	72.0%↓↑↓		B	47	
	<ul style="list-style-type: none"> Average total point score (APS) - this is a supporting measure taking into account performance across all 17 ELGs, 1 point for emerging, 2 for expected and 3 for exceeding. The sum is then taken for all children and the average given. 	34.6↑	36.2↑↑↑		A	10	
Key Stage One	Year One Phonics	<ul style="list-style-type: none"> Phonics screening check is a statutory assessment for all pupils in year 1 (typically aged 6) to check whether they have met the expected standard in phonic decoding 	82%↑	85%↑↓↑		B	26
		<ul style="list-style-type: none"> Achieving the expected standard in Reading 	75%↓	75%≈↓		C	78
		<ul style="list-style-type: none"> Achieving the expected standard in Writing 	70%↑	69%↑↓		C	82
		<ul style="list-style-type: none"> Achieving the expected standard in Mathematics 	76%↑	79%≈≈		A	23
		<ul style="list-style-type: none"> Achieving at a higher standard in Reading 	26%↑	25%↓≈		C	78
		<ul style="list-style-type: none"> Achieving at a higher standard in Writing 	16% =	13%↓≈		D	115
Key Stage Two		<ul style="list-style-type: none"> Achieving the 'expected standard' in English reading, English writing and mathematics - a combined measure across the three subjects (scaled score 100 or more). 	64%↑	66%↑↓		B	47
		<ul style="list-style-type: none"> Achieving the 'expected standard' in Reading 	75%↑	76%↑≈		C	59
		<ul style="list-style-type: none"> Achieving the 'expected standard' in Writing 	78%↑	81%↑↑		B	25
		<ul style="list-style-type: none"> Achieving the 'expected standard' in Mathematics 	76%↑	77%↑↓		B	52
		<ul style="list-style-type: none"> Achieving the 'expected standard' in Grammar, punctuation and spelling 	78%↑	81%↑≈		A	30
		<ul style="list-style-type: none"> Achieving at a higher standard in English reading, English writing and mathematics - The percentage of pupils achieving at a higher standard is also a combined measure across the three subjects (scaled score 100 or more/ assessed at greater depth). 	10%↑	8%↑↓		D	103
		<ul style="list-style-type: none"> Achieving at a higher standard in Reading 	28%↑	28%↑↓		C	64
		<ul style="list-style-type: none"> Achieving at a higher standard in Writing 	20%↑	13%↑↓		D	142
		<ul style="list-style-type: none"> Achieving at a higher standard in Mathematics 	24%↑	21%↑↓		D	100
		<ul style="list-style-type: none"> Achieving at a higher standard in Grammar, punctuation and spelling 	34%↑	34%↑≈		C	70
		<ul style="list-style-type: none"> Average progress in English reading – the progress score is the difference between actual Key Stage 2 outcomes and the average KS2 outcome nationally for pupils from the same prior attainment starting point (i.e. similar key Stage 1 outcomes). 	0.0	-0.7↑↓		D	130
	<ul style="list-style-type: none"> Average progress in English writing 	0.0	-1.2↑↓		D	147	
	<ul style="list-style-type: none"> Average progress in mathematics 	0.0	-0.2↑↓		C	90	

Key Stage Four	<ul style="list-style-type: none"> Attainment 8 measures the average achievement of pupils in up to 8 qualifications including English, maths, three further qualifications that count in the English Baccalaureate (EBacc) and three further qualifications that can be GCSE qualifications (including EBacc subjects) or any other non-GCSE qualifications on the DfE approved list. 	46.5↑	52.6↑		A	11
	<ul style="list-style-type: none"> Progress 8 aims to capture the progress a pupil makes from the end of key stage 2 to the end of key stage 4. It compares pupils' Attainment 8 score – with the average Attainment 8 score of all pupils nationally who had a similar starting point (or 'prior attainment'), calculated using assessment results from the end of primary school. 	-0.3↓	+0.44↑↑		A	9
	<ul style="list-style-type: none"> Attainment in English and maths (9-5) - this measure looks at the percentage of pupils achieving a grade 5 or above in both English and maths. 	43.2%	57.3%		A	7
Key Stage Five	<ul style="list-style-type: none"> 3+ A Grades at A-Level 	10.4%	18.9%		A	7
	<ul style="list-style-type: none"> Achieving grades AAB or better at GCSE A-Level 	17.7%	24.3%↑↑		A	12
	<ul style="list-style-type: none"> Average Point Score (APS) per entry 	31.8↑	37.42↑↑		A	5

*LAIT – Local Authority Interactive Tool 19-10-18 <https://www.gov.uk/government/publications/local-authority-interactive-tool-lait>. LAIT is a DfE interactive spreadsheet for comparing data about children and young people across all local authorities in England.

Where comparison data is available:

↑ increase from previous year

↓ decrease from previous year

≈ in line with previous year

↑↓ two year trend (where only two year's comparative data available)

↓↑↓ three year trend (where three year's comparative data available)

Relative Performance

Above national averages	In line with national averages	Below national averages



Rutland
County Council

Learning and Skills Service
Education Development Plan
2018 -19

This document identifies the key priority activity for the Learning and Skills Service for the academic year 2018-19. These priorities have been identified through:

- The Learning and Skills Service Annual Review 2017-18
- Childcare Sufficiency Assessment 2017-18
- The Virtual School Annual Report for the Corporate Parenting Board 2017-18
- Rutland Adult Learning and Skills Service Annual Review 2017-18

The Education Development Plan links through to Rutland County Council's Children's Services Plan 2018-19.

Named lead for ensuring actions completed within planned timescales:

Gill Curtis (GC)	Head of Learning and Skills
Robert Shore (RS)	Team Manager Learning and Skills Service/ Rutland Adult Learning and Skills Service
Helen Bushell (HB)	Head of the Virtual School for Children Looked After
Karen Bland (KB)	Early Education and Safeguarding Through Education Officer
Caroline Croker (CC)	Early Education and Childcare Co-ordinator
Sue Hickey (SuH)	Education Adviser
Sally Hickman (SaH)	Early Years Adviser
Rachel Williams (RW)	Supported Internship Job Coach

Monitoring and evaluation of impact of actions is through the Learning and Skills Service reviews and termly Education Performance Board

Priority One – To support LA in meeting Early Education and Childcare statutory duties (Childcare Acts 2006 and 2016) by improving the outcomes of all children under 5 and securing sufficient childcare including free childcare for qualifying children.				
Issue	Actions Required	Timeframe	Lead	Expected outcome
<p>1.1 IMPROVING OUTCOMES</p> <p>Whilst Rutland EYFSP ELG outcomes are at least in line, and often above, national levels (2018 validated data), there is a decline in outcomes in communication and language, literacy and mathematics and discrepancies between performance of boys and girls which does not reflect national trends</p>	<p>Scrutinise Early Years Profile outcomes at LA and school level data, as it becomes available, for whole cohort, gender and vulnerable groups. Identify key areas of success to use for sector support, and challenge weaker or declining performance at school level</p> <p>Challenge individual settings where data indicates areas of key underperformance; outcomes used to inform quality assurance process and follow-up activity. Ensure planned actions are appropriate and timely. Use findings to contribute to Ofsted and DfE Keep in Touch discussions</p> <p>Work in partnership with external training providers and Rutland Early Years Leading Practitioners to develop and deliver/ commission high quality targeted and universal CPD for the Early Education Sector and early years school staff and leaders:</p> <ul style="list-style-type: none"> • RCC Training Directory • Mathematics training project in partnership with Nottingham City • Leading Practitioner programme 2019-20 • Externally funded support programmes – signposting and/ or commissioning 	<p>S: July 2018 F: Feb 2019</p> <p>S: July 2018 F: Feb 2019</p> <p>S: Sept 2018 F: July 2019</p>	<p>SaH</p> <p>SuH</p> <p>SaH</p>	<p><u>By July 2019</u></p> <p>CPD, support and guidance focused on areas of most need is leading to improved outcomes and reversal of decline for end of EY Profile 2019</p> <p>Where individual school outcomes fail to reach at least expected standard, challenge provided to senior leaders with expectation of solutions to be agreed</p>
<p>1.2 SUFFICIENCY OF EARLY EDUCATION AND CHILDCARE PLACES</p> <p>The Childcare Sufficiency Assessment 2017-18 identified increased locality pressures on Early Education and Childcare places from 25% availability across Rutland in 2017 falling to 20% in 2018</p> <p>The implementation of the 30 Hours Extended Entitlement and the reduction of the Early Years base rate has had an</p>	<p>Complete 30HEE Delivery Fund Project 1 to support delivery of high quality childcare for Kendrew Barracks. Work in partnership with new provider to raise profile of setting and ensure provision is utilising best early education practice and expertise. Share good practice from within the early education sector to enhance provision across the county.</p> <p>Complete 30HEE Delivery Fund Project 2 to support development of flexible workforce to provide increased availability of early education and childcare for 51 weeks per year. Monitor through Childcare Sufficiency Assessment and through monthly Provider returns.</p> <p>Work in partnership with RCC Places team to identify provider for Oakham Enterprise Park nursery. Support development and promotion of new 51 week per year nursery provision to reduce potential pressure in Oakham area for summer 2019</p> <p>Schools Forum Early Years' Working Group to continue to focus on supporting and advising early education and childcare providers in developing business</p>	<p>S: April 2018 F: April 2019</p> <p>S: April 2018 F: April 2019</p> <p>S: April 2018 F: April 2019</p> <p>S: March 2018 F: Dec 2019</p>	<p>SaH</p> <p>KB</p> <p>RS</p> <p>SaH</p>	<p><u>By May 2019</u></p> <p>Childcare Sufficiency Assessment 2018-19 identifies increased place capacity within the Early Education Sector, with parents reporting wider access to childcare of their choice</p> <p><u>By December 2019</u></p> <p>A shared understanding of how the Early Years block funding is allocated to the Local Authority and apportioning to providers and central services to ensure quality, viability and sufficiency of Early Years provision is maintained.</p>

<p>impact on the viability of some Early Years providers and contributed to the closure of settings.</p>	<p>effectiveness and sustainability. Encourage collaboration between providers to consider cost efficiencies and shared resources</p> <p>Engage with owners and managers through 'Keep in Touch' meetings to review financial pressures and viability; work with RCC Business Development team to provide advice where required</p>			
<p>1.3 INCREASING TAKE UP OF FUNDED PLACES AND ACCESS TO TARGETED SUPPORT</p> <p>The review of 2 year funding entitlement data identifies discrepancy between Department of Work and Pensions (DWP), Early Years Census data and actual take up of a places.</p> <p>Comparisons indicate lower uptake of Early Years Pupil Premium (EYPP) compared with school-aged Pupil Premium in Primary Schools</p> <p>Take up of Tax Free Childcare accounts low when compared with national take-up figures</p>	<p>Scrutinise the 2 Year old Entitlement Take-up and monitor more closely against each DWP list to ensure maximum take up of 2 year old places</p> <p>Work in partnership with Visions to ensure all families of children identified on the DWP list are contacted and informed of their entitlements and supported to access a place.</p> <p>Routinely cross reference information and data of children accessing the 2 year-old entitlement to support the identification of those children who are eligible for Early Years Pupil Premium (EYPP). Continue to promote EYPP with early years' providers, families and RCC social media.</p> <p>Develop and publish reader friendly documentation to ensure parent/ carers are well informed of funding available; distribute to relevant services/ providers and ensure that all social media contains current information. Link with Childcare Works to promote current Government Childcare initiatives through a range of events.</p>	<p>S: Sept 2018 F: Aug 2019</p> <p>S: Sept 2018 F: Aug 2019</p> <p>S:Jan 2019 F:April 2019</p> <p>S: Sept 2018 F: July 2019</p>	<p>KB</p> <p>KB</p> <p>CC</p> <p>KB</p>	<p><u>By April 2019</u> Parental feedback, through CSA, indicates greater understanding of entitlements available</p> <p><u>By December 2019</u> An effective monitoring process in place to track the ever changing take up of the 2 year old entitlement ensuring the Rutland's take up is at least 80% of eligible children Increased number of children accessing EYPP to reflect uptake of Pupil Premium in Reception Classes</p> <p><u>By April 2020</u> Increased number of parents accessing Tax Free Childcare accounts in line with national comparisons.</p>

Priority Two – To support LA in meeting statutory duty (School Standards and Framework Act 1998 and the Education and Inspections Act 2006) to promote high standards and the fulfilment of every child’s educational potential by supporting and challenging schools to improve outcomes for all groups of children and young people.				
Issue	Actions Required	Timeframe	Lead	Expected outcome
<p>2.1 PROMOTING HIGH STANDARDS Although improving, inconsistency in attainment in EYFS, Key Stage One and Key Stage Two has not been fully addressed.</p> <p>KS1 outcomes, whilst broadly in line or above national, at the expected standard show a decline in reading and writing from 2017.</p> <p>Whilst generally, expected levels are achieved, there is inconsistency in performance over time of identified groups of pupils, particularly higher and lower ability groups. Attainment of Greater Depth/ High Score is below national data in a number of subject areas at KS1 and KS2</p> <p>Inconsistency in pupil progress from KS1 to KS2 remains so that although attainment at end of KS2 is at least in line with, or above expected performance, progress, in all subjects, is only broadly average</p>	<p>Scrutinise EYFS, KS1, KS2 and KS4 pupil performance data at LA, school and pupil group level to determine key areas of underperformance; report back to individual schools (SQA process) and to Education Sector via HT Working Group (10/10/18), Education Performance Board (13/11/18) and Children’s Trust Board (13/12/18). Challenge to school leaders to develop partnership solutions</p>	<p>S: July 2018 F: Feb 2019</p>	SuH/SaH	<p><u>By July 2019</u> The extension to the Moderation and quality assurance process to include the PVI sector to provide assurance of accuracy of Teacher Assessed performance data</p>
	<p>Provide challenge and support to school leaders, including school governors, to review curriculum planning and delivery so that it is effective in meeting the needs of all groups of children. Ensure curriculum reflects pupil needs and abilities and not assessed outcomes. Work with Regional HMI to ensure schools well placed for revised Ofsted Framework from September 2019</p>	<p>S: Sept 2018 F: July 2019</p>	GC	<p>Schools are well prepared for revised Ofsted Inspection Framework. School leaders, including school governors, understand requirements for curriculum plans for autumn 2019 to more accurately respond to school cohort needs not assessed outcomes.</p>
	<p>In partnership with Teaching Schools Alliances and Multi Academy Trusts, develop programme of targeted and universal support and guidance, to include:</p> <ul style="list-style-type: none"> • moderation of KS1 and KS2 teacher assessed writing, to build confidence and capability at classroom level • programme of training for senior leaders in design and delivery of an effective curriculum • one-day conferences and briefing sessions to support curriculum leadership and teaching and learning effectiveness in meeting needs of all groups of pupils • planning for mixed-aged classrooms <p>In partnership with SEND and Inclusion Service, build on successes identified from Inclusion Begins in the Classroom (commissioned programme) to develop programme of support to mainstream schools to greater meet the needs of children whose curriculum needs are not being met and are in danger of being identified in need of EHCP</p>	<p>S: October 2018 F: July 2019</p>	GC	<p><u>By July 2020</u> Declining trend at end of KS1 halted. Percentage of children achieving KS1 and KS2 outcomes at EXPs and EXPs+ higher than national averages resulting in improved KS1 to KS2 progress to at least in line with national progress measures.</p>
<p>2.2 DEVELOPING ROBUST SECTOR-ACCOUNTABILITY FOR PUPIL OUTCOMES Whilst there is good engagement from the majority of Rutland schools (16 Rutland primary schools and 1</p>	<p>Further embed SSLIP (commissioned programme) principles and practice, with greater focus on cross cluster peer review to bring about greater rigour for the review process and clarity in actions required to address key focus areas for the local authority as a whole.</p>	<p>S: April 2018 F: Dec 2019</p>	SuH	<p><u>By April 2019</u> Monitoring and evaluation of programme provides evidence of impact of programme on school to school review and challenge</p>

<p>secondary), in the Sustainable Sector Led Improvement Programme (SSLIP), this has yet to impact on shared accountability wider than individual school/ MAT level. Greater autonomy in process required to develop the power of this model to ensure that school to school challenge is robust.</p>	<p>Build on the LA and Rutland Teaching School Alliance partnership to promote effective commissioning and deployment of systems leaders within LA brokering of support</p> <p>Work with schools to implement governance structure for sector-led improvement with imperative for shared accountability for LA pupil performance outcomes</p>	<p>S: Sept 2018 F: July 2019</p> <p>S: April 2019 F: July 2020</p>	<p>SuH</p> <p>GC</p>	<p><u>By July 2020</u></p> <p>Systems leaders, to include wider representation of specialist leaders of education, deployed through evidence-based evaluation of need and expertise, and effective in school improvement</p>
<p>2.3 PROMOTING EDUCATION OUTCOMES FOR CHILDREN LOOKED AFTER/ PREVIOUSLY LOOKED AFTER</p> <p>Inconsistency in the quality of the PEP process has impacted on the educational expectation and aspiration for Children Looked After (CLA)</p> <p>Attendance for Post-16 CLA consistently fails to meet national averages for all pupils</p> <p>Lack of clarity in the identification of Children Previously Looked After has impacted on the Head of the Virtual School's ability to support and challenge schools/ settings in ensuring needs are met</p>	<p>Virtual School Headteacher to continue to hold robust discussions with Designated Teachers and, where necessary, Head Teachers to ensure academic targets are suitably aspirational and Pupil Premium Plus funding allocation is clearly linked to activities which will enable pupils to achieve these targets</p> <p>Establish 0-2 year old PEP systems to ensure that young children's educational development is considered and reducing barrier to future academic success</p> <p>Pupil Premium Plus Policy to be developed and agreed for implementation for 2019 so that all stakeholders have clarity of LA expectation for PP+ utilisation and accountability</p> <p>Improve the attendance Post 16CLA to at least meet National benchmarks by ensuring agencies work together to support students.</p> <p>PEP quality assurance processes to be focused on identifying low expectations or weak target setting; DTs and HTs informed of outcome of QA. Tiered approach to be developed and shared linking through to Pupil Premium Plus allocation.</p> <p>Work with Children's Social Care and Education Sector to confirm CPLA numbers and needs and establish systems and processes to maintain statutory function in regard to CPLA/ care leavers</p>	<p>S: Jul 2018 F: April 2019</p> <p>S: Sept 2018 F: Dec 2018</p> <p>S: Sept 2018 F: April 2019</p> <p>S: Sept 2018 F: Feb 2019</p> <p>S: Dec 2018 F: April 2019</p> <p>S: April 2019 F: Nov 2019</p>	<p>HB</p> <p>HB</p> <p>HB</p> <p>HB</p> <p>HB</p>	<p><u>By April 2019</u></p> <p>Attendance Post16 CLA meets National averages. Where individual outcomes fail to reach at least National average, challenge provided to senior leaders with expectation of solutions to be agreed</p> <p><u>By July 2019</u></p> <p>All PEPs reviewed and quality assured; schools informed of outcomes. Pupil Premium Plus Policy instigated. Positive educational outcomes and gap between Rutland CLA and non-CLA closing Reduction in persistent absenteeism Improved attendance in line with National standard</p> <p><u>By April 2020</u></p> <p>Pupil Premium Plus Policy and quality assurance processes ensure all CLA have high quality PEPs and Pathway Plans, with SMART targets resulting in good pupil performance outcomes (based on starting points) Effective use of CLA premium impacts on improved outcomes for CLA</p> <p><u>By July 2020</u></p> <p>Positive educational outcomes and gap between Rutland CLA and non-CLA closed</p>

Priority Three – To support LA in meeting post-16 statutory duty to secure enough suitable education and training to meet the reasonable needs of young people and to cooperate with other local authorities by:				
<ul style="list-style-type: none"> Influencing and shaping the provision on offer and helping to develop and improve the education and training market Supporting the improvement of the quality of the education and training of young people aged 16-19 				
Issue	Actions Required	Timeframe	Lead	Expected outcome
3.1 SECURE RANGE OF AVAILBLITY OF EDUCATION AND TRAINING Within Rutland, students have access to a high performing, academic sixth form college with aspiration for preparation for Russell Group University acceptance. However, transition to alternative education and training opportunities are less defined.	Complete Post-16 destination project; identify key RCC and FE development considerations in liaison with out of county FE providers	S:April 2018 F:Feb 2019	RS	<u>By July 2020</u> Young people receive robust targeted and inspiring information advice and guidance to help them make informed choices <u>By July 2020</u> Gaps in the market for post 16 learning identified; work with post16 providers enables young people to have choice and find learning routes which both inspire them and match their aptitudes and attributes
	Undertake strategic engagement with key out of county FE providers to enhance intelligence and data sharing and support with influencing and shaping the FE market	S:Jan 2019 F:July 2019	GC	
	Work with school leaders and local businesses so that all secondary schools can successfully meet requirements of 2018 Careers Strategy	S:Jan 2019 F:July 2020	RS	
	Undertake promotion activity to raise awareness and understanding amongst young people and their parent/ carers about the options for vocational education to develop skills and acquire qualifications required to secure jobs with good prospects. Ensure processes for obtaining pupil voice are utilised systematically and feedback reported back and acted upon	S: April 2019 F:Dec 2019	RS	
3.2 PROMOTE HIGH STANDARDS Outcomes for students attending Rutland post-16 provision are well above national, however there is less clarity in determining the outcomes for all groups of pupils attending education out of county. Post-16 students with SEND or other vulnerable groups do not always achieve outcomes as well as similar pupils nationally	Work in partnership with providers to share data intelligence to enable effectiveness of transitions to be assured and provide feedback to schools regarding the success of pupils moving into post-16 education out of county.	S: Jan 2019 F:July 2019	GC	<u>By July 2019</u> Systems are in place to enable key post-16 providers to provide data feedback to Learning and Skills Service and ultimately back to schools <u>By Dec 2019</u> Targeted support breaks down the barriers to work for young people, including those with SEND or other disadvantaged groups, and ensures that they are adequately prepared to succeed in the world of work
	Supported Internship Job Coach (Rachael Williams) to develop systems and processes to drive effective transition to adulthood pathways for young adults with SEND to enable them to access employment as a realistic goal to end the EHCP process and make individuals economically active and independent	S:Nov 2018 F:Nov 2019	RW	
3.3 IMPROVE ACCESS TO RCC/ RALSS TRAINING The Rutland Adult Learning and Skills Service 2017-19 annual review identified that whilst uptake of face to face training is high, recognition that this may not be	Explore options for building on web-based platform utilising MoD Flexible Learning Project to open up distance learning to early education providers and engage wider participation across Rutland.	S:Jan 2019 F:April 2019	RS	<u>By July 2019</u> First round of flexible learning pilot undertaken successfully with all modules completed within expected time-scales. Student successful completion indicates high quality resource and methodology
		S:April 2019 F:Dec 2019	RS	

<p>accessible to adults whose employment prevents attendance at training sessions or who have limited access to physical attendance or family commitments</p> <p>Whilst there has been reasonable attendance at RALSS and RCC early education training sessions, including at evening and Saturday morning sessions, it is recognised that work commitments could impact on access so alternative arrangements to be considered</p>	<p>Pilot to be designed to enable individuals to be able to undertake formal qualifications and/ or RCC training sessions from home or their workplace. Evaluate uptake and completion of training activities.</p>			<p><u>BY January 2020</u> Systems are in place to deliver web-based training, guidance and update sessions which enable wider access to all learners, including Early Education Providers, with potential to expand to include wider post-16/ adult learning options</p>
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