

Cabinet

Wednesday, 21 January 2015

10.00 am

Oak Room, County Buildings, Stafford

John Tradewell
Interim Chief Executive
13 January 2015

A G E N D A

1. **Apologies**
2. **Declarations of Interest in accordance with Standing Order 16**
3. **Decision notice of the meeting held on 17 December 2014** (Pages 1 - 8)
4. **Leader's Update**

Oral report of the Leader of the Council
5. **Treasury Management, Annual Investment and Minimum Revenue Provision Strategies 2015/16** (Pages 9 - 40)

Deputy Leader and Cabinet Member for Strategy, Finance and Corporate Issues
6. **Stoke-on-Trent and Staffordshire Growth Hub** (Pages 41 - 54)

Cabinet Member for Economy, Environment and Transport
7. **Best Start** (Pages 55 - 238)

Cabinet Member for Children and Community Safety
8. **Care Act** (Pages 239 - 258)

Cabinet Member for Health, Care and Wellbeing
9. **Decisions taken by Cabinet Members under Delegated Powers** (Pages 259 - 260)
10. **Forward Plan of Key Decisions** (Pages 261 - 264)
11. **Exclusion of the Public**

The Chairman to move:-

“That the public be excluded from the meeting for the following items of business which involve the likely disclosure of exempt information as defined in the paragraphs of Part 1 of Schedule 12A (as amended) of Local Government Act 1972 indicated below”.

PART TWO

(All reports in this section are exempt)

12. **Exempt minutes of the meeting held on 17 December 2014** (Pages 265 - 266)
(exemption paragraph 3)

Membership	
Philip Atkins (Chairman)	Ian Parry
Ben Adams	Mark Winnington
Mike Lawrence	Alan White

Note for Members of the Press and Public

Filming of Meetings

The Open (public) section of this meeting may be filmed for live or later broadcasting or other use, and, if you are at the meeting, you may be filmed, and are deemed to have agreed to being filmed and to the use of the recording for broadcast and/or other purposes.

Recording by Press and Public

Recording (including by the use of social media) by the Press and Public is permitted from the public seating area provided it does not, in the opinion of the chairman, disrupt the meeting.

DECISION NOTICE

Cabinet meeting - 17 December 2014

Present: Philip Atkins (Chairman), Ben Adams, Mike Lawrence, Ian Parry, Mark Winnington and Alan White

Cabinet Support Members present: Mark Deaville, Gill Heath and Mark Sutton

Also in attendance - Chris Cooke and John Taylor

PART ONE

50. Declarations of Interest in accordance with Standing Order 16

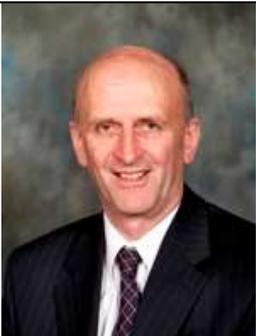
The following Members declared an interest in accordance with Standing Order 16.5:-

Member	Minute Nos.	Interest	Reason
P.E.B. Atkins	55	Personal	Patron of St. Michael's Church, Rocester
A. White	55	Personal	Member of the Cathedral Council at Lichfield Cathedral

51. Decision notice of the meeting held on 19 November 2014

Decision – That the notes of the meeting held on 19 November 2014 be approved.

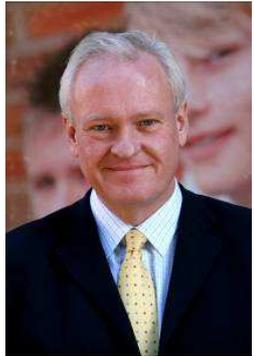
52. Leader's Update

	<p>“2014 has seen significant achievements across Staffordshire by the County Council, its partners and our people. It has been a year of economic recovery, effective partnership working to act on the issues that matter to our people, and some examples of outstanding individual achievement by inspiring figures such as Stephen Sutton that truly made me proud to call Staffordshire home.</p> <p>Today's agenda demonstrates our continued ambition for a more connected Staffordshire where people and communities thrive and prosper, and where support is provided for those who really need it. It features investment in roads to create the right conditions for business to thrive and create more jobs, investment in education, an extra £20m investment in care through our budget plans for 2015/16 – and our Strategic Property Partner agreement shows how this council continues to innovate and find more efficient, effective ways of working to deliver true value for money to Staffordshire</p>
---	--

	people.” Philip Atkins, Leader of the County Council.
--	--

Decision – That the oral report of the Leader of the County Council giving an update on a range of issues including the Council’s achievements during 2014; the reduction in unemployment levels in Staffordshire which now stood at 1.1%; the recent opening of the new junction on the M54 to serve the i54 site; and his thanks to Members and staff for their commitment and hard work over the last 12 months, be noted.

53. Quarterly Performance Report

 	<p>“We were honoured to have Her Majesty the Queen and the Duke of Edinburgh visit the county recently to formally open two businesses thriving at i54 South Staffordshire. This prestigious development shows how we are working quickly, effectively and in partnership to deliver jobs and prosperity to Staffordshire. Unemployment continues to fall, start-up small businesses are out-performing the national average and more quality jobs are being created across the county.”</p> <p>Philip Atkins, Leader of the County Council.</p> <p>“Crime rates are falling and the council is focusing with its partners on improving the lives of our most troubled families; older people are receiving more support to choose the type of help and care they would prefer; while the numbers of children needing help are stabilising.</p> <p>There is more to be done, but the County Council will continue working with the public and partners to find ways of delivering effective services and value for money.”</p> <p>Ian Parry, Deputy Leader and Cabinet Member for Strategy, Finance and Corporate Issues</p>
---	--

Reasons for the Decision – To provide Cabinet with an overview of the county council’s performance (including the delivery of the Medium Term Financial Strategy) and the progress being made in delivering the three priority outcomes –

- The people of Staffordshire will be able to access more good jobs and feel the benefits of economic growth.
- The people of Staffordshire will be healthier and more independent.
- The people of Staffordshire will feel safer, happier and more supported in and by their Community.

Decision – That the report be received.

54. Strategic Plan 2015 - 2019 and Medium Term Financial Strategy 2015 - 2020



“Over the last five years the county council has been able to manage the demands on its budgets and services well by changing the way it works, finding new and better ways to provide help to those who need it and by reducing costs wherever we can.

We have done this by being focussed on what difference we can make to the lives of residents and by being innovative and creative, rather than relying on the old way of providing council services. We have a good track record and do not intend to step back from this overall approach.”

Philip Atkins, Leader of the County Council.



“We must be honest with Staffordshire people that as we look at our spending plans from April 2015, the task of meeting the growing demand for our care services, for both children and adults, is no longer possible without finding savings from other parts of budget and working better with partners.

Providing care for those Staffordshire people who need our support is the biggest financial pressure we face.

We have worked hard to make the county council more efficient and affordable over the last five years but care costs in particular mean we cannot continue to provide all the services and support we have in the past. The needs of local people and the way they want to live their lives is changing fast – and as a council, working with our partners, we must change with them.”

Ian Parry, Deputy Leader and Cabinet Member for Strategy, Finance and Corporate Issues

Reasons for the Decision – To update Cabinet on the work to date in preparing the Strategic Plan (which will cover the period 2015 to 2019) and the Medium Term Financial Strategy (which provides details of how the Council’s operations will be funded over the period 2015 to 2020).

Decision – (a) That the progress made in developing the Strategic Plan 2015-19 be noted.

(b) That the financial outlook facing the county council be noted.

(c) That the work that has been done to develop savings options be noted.

(d) That work continues to identify additional proposals needed to address the funding gap in 2015/16.

(e) That the Corporate Review Committee be requested to scrutinise the proposed pressures and savings against the principles of a good and balanced budget.

55. Clough Hall Technology School: determination of statutory proposals to become a Church of England voluntary aided (VA) school

	<p>“Schools benefit tremendously from working together and forming links with their peers. Clough Hall is already a ‘good’ school as rated by Ofsted, and this can only be enhanced by closer ties with the Lichfield Diocese and access to the additional support they can offer.</p> <p>Increasingly our schools are becoming self-supporting, controlling their own destiny and forming strong partnerships and networks. I am pleased that the school will form strong partnerships with the Diocese to become Staffordshire’s first Church of England Secondary school, as this will enhance the diverse school landscape in Staffordshire, give parents greater choice and, ultimately, ensure children in Staffordshire get a great education.”</p> <p>Ben Adams, Cabinet Member for Learning and Skills</p>
---	---

Reasons for the Decision – The County Council has published a statutory proposal to close Clough Hall, together with a related proposal from the Lichfield Diocesan Board of Education to open a new Church of England voluntary aided (VA) school, to be called The King’s CE (VA) School. As the formal decision maker, Cabinet must consider any written responses received during the four-week ‘representation period’ before determining both proposals. No comments or objections have, however, been received.

Decision – (a) That officers be instructed to conclude, before the date for closure, agreements regarding the transfer of liabilities; and

(b) That the related statutory proposals to close Clough Hall on 31 December 2014 and to open a new Church of England voluntary aided (VA) school on 1 January 2015 in the premises of Clough Hall be approved.

56. A50 Growth Corridor

	<p>“This major investment in the A50 Growth Corridor will support new jobs, ease congestion, cut journey times and improve road safety along one of the key trunk routes between the East and West Midlands.</p> <p>Improving roads and other infrastructure to keep goods and people on the move is vital as we strive to improve Staffordshire’s economy, creating a connected county where businesses are attracted to invest and grow. Ultimately that means more jobs and prosperity for local people.</p> <p>We are working closely with our partners and once complete the first scheme, Project A, will help deliver substantial benefits for the whole Staffordshire economy.”</p> <p>Mark Winnington, Cabinet Member for Economy, Environment and Transport</p>
---	---

Reasons for the Decision – To inform Cabinet of the progress in respect of the delivery of projects to upgrade the A50(T) corridor in Staffordshire, to support economic and residential growth in the area, and to deal with congestion and safety problems. These projects are funded by Government, with a contribution from local developers and are being delivered by the County Council on behalf of the Department for Transport (DfT).

Decision – That Cabinet reviews the progress on the two A50 Growth Corridor projects at its meeting in May 2015.

57. Strategic Property Partner

	<p>“As a county council, we have a duty to get the maximum use and return on our buildings and land to help support further economic growth, opportunities and benefits for the people of Staffordshire.</p> <p>“Staffordshire is very much open for business and this new partnership will bring in the commercial expertise to allow us to take a fresh look at potentially packaging property or land with partners to make projects more attractive to investors.</p> <p>We own around 400 buildings and offices and it makes sense to see if we are getting maximum value and use of every single one, particularly where they are surplus or underused.”</p> <p>Ian Parry, Deputy Leader and Cabinet Member for Strategy, Finance and Corporate Issues</p>
---	--

Reasons for the Decision – In October 2013, Cabinet gave approval to commence the procurement of a strategic property partner, in association with Staffordshire’s Police & Crime Commissioner (PCC), and for the Deputy Leader and Cabinet Member for Strategy, Finance and Corporate Issues to shortlist a preferred bidder.

Decision – (a) That the County Council, in association the Police and Crime Commissioner (PCC), enters into a 10+5 year strategic property partnership in relation to land and property assets, to support and enable the delivery of the County Council’s outcomes and PCC’s priorities.

(b) That the County Council selects Kier as the preferred bidder and Galliford Try with Panacea as the reserve bidder.

(c) That the preferred bidder stage be initiated with Kier and, subject to the satisfactory delivery of this stage, that the Deputy Leader in consultation with the Director of Finance and Resources, be authorised to award the contact.

58. Decisions taken by Cabinet Members under Delegated Powers

Decision – That the following decisions taken by Cabinet Members under delegated powers be noted:

Deputy Leader and Cabinet Member for Strategy, Finance and Corporate Issues	In approving the sale of Plots 4 and 6, Redhill Business Park, to Rockspring
Deputy Leader and Cabinet Member for Strategy, Finance and Corporate Issues	In approving the transfer of the running and management of the Lichfield and Burntwood Vocational Centre (LBVC) from the County Council to Pathways Partnership (A proposed partnership of Two Rivers High School, Chase Terrace Technology College, Hednesford Valley High School and Saxon Hill School) during Spring Term 2014/15.
Cabinet Member for Health, Care and Wellbeing	<p>In approving that:</p> <p>(a) Following a process of review and care planning, people attending Bilbrook Day Centre are supported to move into alternative day care options.</p> <p>(b) When all people attending the day care scheme at Bilbook Day Centre have made suitable alternative choices, the centre is closed.</p> <p>(c) If the space occupied by the day service is no longer needed it is returned to Property Services who will agree future use for the space.</p> <p>Note: That the projected date for closure is 1 April 2015 by which time those people using the current day service will have been supported to take up alternative service options.</p>

59. Forward Plan of Key Decisions

The Forward Plan of Key Decisions for the period 21 January to 20 May 2015, which detailed the following issues, was approved:

Subject Matter	Contact
Strategic Plan 2015 - 2019 and Medium Term Financial Strategy 2015 - 2020	Name: Rachel Spain Tel: (01785) 854455
Treasury Management, Annual Investment and Minimum Revenue Provision Strategies 2015/16	Name: Chris Gibbs Tel: (01785) 276331
Best Start	Name: Michael Harrison Tel: (01785) 278163
Stoke-on-Trent and Staffordshire Growth Hub	Name: Steve Burrows Tel: (01785) 277204
Care Act	Name: Martin Samuels Tel: (01785) 895760
Libraries in a connected Staffordshire (Part 3)	Name: Janene Cox Tel: (01785) 278368
Third Quarter Budget Monitoring Report	Name: Rachel Spain Tel: (01785) 854455
Quarterly Performance Report	Name: Lauren Jackson Tel: (01785) 854561
Fourth Quarter Budget Monitoring Report	Name: Rachel Spain Tel: (01785) 854455

60. Exclusion of the Public

Decision – That the public be excluded from the meeting for the following items of business which involve the likely disclosure of exempt information as defined in the paragraph of Part 1 of schedule 12A of the Local Government Act 1972 indicated below.

61. The Evolution of Integration

The Cabinet considered a report of the Cabinet Member for Health, Care and Wellbeing on “the Evolution of Integration” and took decisions thereon.

Philip Atkins
Leader of the Council



Cabinet meeting on the 21 January 2015

Treasury Management, Annual Investment and Minimum Revenue Provision Strategies 2015/16

Report summary from Ian Parry, Deputy Leader and Cabinet Member for Strategy, Finance and Corporate Issues

Ian Parry said “In the face of an improving economic backdrop our sensible approach to treasury management activity continues. We are still investing carefully and continuing to save money by using cash instead of borrowing”

1. This report sets out how the council plans to manage its investment and borrowing activity in the coming year. This will take place in an improving environment but one that still contains considerable risks though and these are reflected in this treasury strategy.
2. The report explains that, where possible, we will continue to use our own cash instead of borrowing money whilst retaining the flexibility to take out loans if we need to. Using cash instead of borrowing means that we have less to invest which reduces our exposure to the risky financial environment which is still an important consideration.
3. When we do invest, we will continue to work on the prudent basis that the return of our money is more important than the return on our money.
4. Our treasury activities involve large sums of money and reflect the huge scale of the county council’s operations. The amount of financing raised to fund capital investments, for example on schools and highways, is expected to be £548 million on the 31 March 2015.
5. Overall the report shows that the council’s borrowing and investment activities are being undertaken prudently and sensibly against an improving but still challenging economic background.

Recommendation – I recommend that cabinet approve the detailed set of recommendations set out in the attached report.

Local Members Interest
N/A

Cabinet – 21 January 2015

Treasury Management, Annual Investment and Minimum Revenue Provision Strategies 2015/16

Recommendations of the Deputy Leader and Cabinet Member for Strategy, Finance and Corporate Issues

1. That, in accordance with regulations, the cabinet recommends to the county council, at its meeting on the 19 March 2015, the adoption of the Annual Investment Strategy (AIS) 2015/16 detailed in **paragraphs 24 to 70** and as detailed in **Appendix 2 and 4**.
2. That cabinet approve, as required by guidance, policies on:
 - a) reviewing the strategy;
 - b) the use of external advisors;
 - c) training.
 As described in **paragraph 96 to 104**.
3. That the cabinet approve the proposed borrowing strategy for the 2015/16 financial year comprising:
 - a) the use of cash in lieu of borrowing required in 2015/16;
 - b) the use of cash to repay loans early, subject to market conditions;
 - c) as a contingency, the ability to borrow new loans as a result of:
 - unexpected changes in the capital programme;
 - a reduction in the level of cash balances;
 - the repayment of LOBO's.
 - d) a forward borrowing strategy that will not be used in 2015/16;
 - e) a loan rescheduling strategy that is unlimited where this re-balances risk;
 - f) the above to operate within the prudential limits set out in **Appendix 5** and in consultation with the Deputy Leader and Cabinet Member for Strategy, Finance and Corporate Issues with respect to early loan repayment, raising new loans and loan rescheduling.
4. That, in accordance with regulations, the cabinet also recommends to the county council the adoption of the Minimum Revenue Provision (MRP) policy 2015/16 as summarised in **paragraphs 105 to 107**; the full policy statement is shown at **Appendix 8**.

Report of the Director of Finance and Resources

Reasons for recommendations

5. The economic environment has improved in the UK during the past twelve months with higher than expected growth and lower inflation. However the financial environment remains risky.
6. One of these risks is related to the fact that the Government is changing how banks that fail are treated such that there is risk that depositors such as the county council could lose a proportion of their investments (known as “bail-in”). Whilst the recent Bank of England stress tests were passed by the majority of banks the Co-op bank failed the test and will need to do more to address their financial position.
7. Further there are other risks to the economic situation with falling oil prices, stagnation in Europe and a Chinese economy under pressure. As a result, the treasury strategy retains the low risk approach adopted in recent years based on prioritising security, liquidity and then yield.

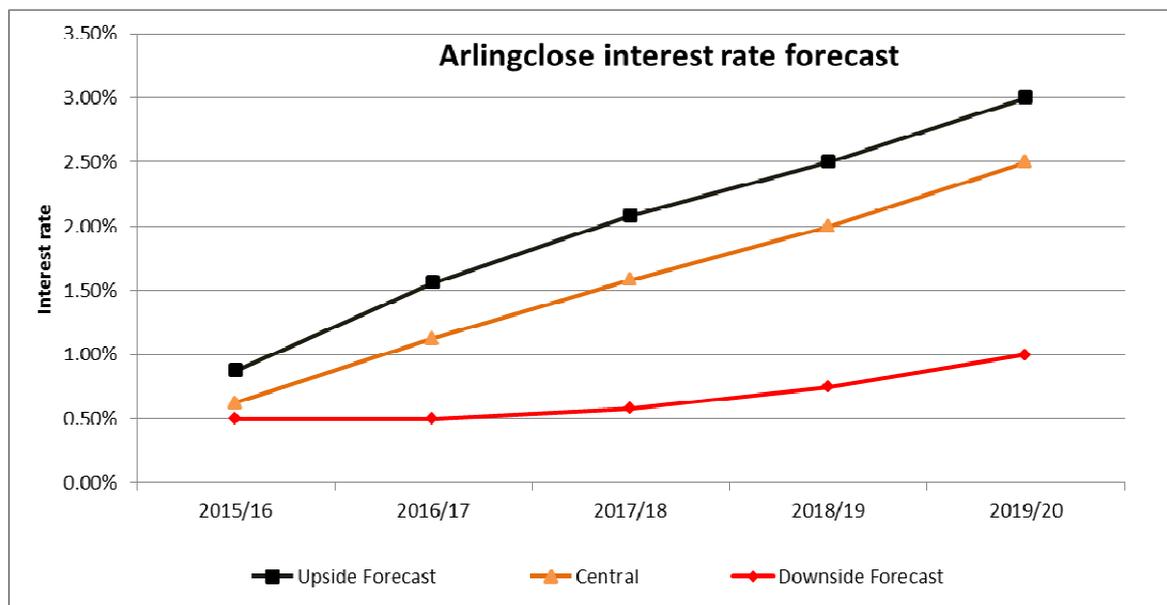
Link to the Medium Term Financial Strategy (MTFS)

8. It is a statutory requirement under Section 33 of the Local Government Finance Act 1992 for the council to produce a balanced budget. In particular, Section 32 requires the calculation of a budget requirement for each financial year to include the revenue costs that flow from capital financing decisions. Capital expenditure must not exceed an amount which can be afforded, in terms of interest charges and running costs for the foreseeable future.
9. The Local Government Act 2003 requires a local authority to have regard to the Prudential Code and to set Prudential Indicators for the next three years to ensure that its capital investment plans are affordable, prudent and sustainable. The Prudential Indicators are approved as part of the Medium Term Financial Strategy (MTFS), but the treasury indicators are included in this report as they require consideration as part of the Treasury Management Strategy. **Appendix 5** lists these indicators for the next five financial years in order to provide a link to the MTFS. A brief narrative of the reason for each indicator is also shown.
10. The Treasury Management Strategy is a key element of the MTFS as the planned capital expenditure programme drives the borrowing required. This is explained further at **paragraph 71**.

Economic and financial background

Interest rates

11. In considering the council's borrowing and investment strategies, it is important that account is taken of the likely economic and financial environment and the potential level of interest rates. At the time of writing there is much discussion about when the first rise in bank-rate will occur and two members of the Bank of England's Monetary Policy Committee (MPC) have voted for a rise recently.
12. Forecasting is always difficult in such a complex economic environment; in effect there is a tension between three separate issues:
 - Positive momentum in the UK economy that supports a rise, offset by;
 - External risks in the Eurozone and other countries around the world; and
 - Benign inflationary pressure that reduces pressure for a rise.
13. In terms of treasury management, the bank rate (the interest rate set by the Bank of England) is fundamental to the income received and it may also affect expenditure on loan interest where new loans are taken out or variable rate loans are held.
14. The following graph shows an interest rate forecast over the next five years as provided by the council's advisor, Arlingclose; three possibilities are shown, an upside forecast (the higher of the three), and a central and downside forecast.



15. The central forecast is as Arlingclose see it the most likely scenario for interest rates and is considered prudent for setting the budget. The forecast has been used in the MTFs and reflects the fact that short-term interest rates may start to rise in 2015 and then will rise slowly.
16. So whilst interest rates are expected to rise in 2015 and thereafter, they are not expected to reach pre-crisis levels for many years into the future.

Credit outlook

17. The credit outlook is in one sense positive and in one negative because of legislation to be introduced in 2015/16. This will change the way that failing banks are dealt with; instead of a Government “bail-out” being the default position a “bail-in” by investors will be forced upon a bank.
18. This is positive as it provides a way of dealing with a failing bank; in theory this means that there is less chance of wider contagion arising from a failure because a bank can experience difficulties without formally closing. Banks will also be forced to strengthen their balance sheets and in effect become more resilient to a downturn.
19. However, what this does mean is that some investors are more likely to lose money; in effect an investment may be “top-sliced” to contribute to losses at a bank. Those investors affected are public sector bodies (such as local authorities) and financial companies; others will be covered by the Financial Services Compensation Scheme (FSCS).
20. Although this risk has increased, the county council will continue to follow the advice of Arlingclose; the full creditworthiness approach is outlined at **paragraph 37**.
21. Stress tests conducted by the Bank of England’s Prudential Regulatory Authority (the PRA) also give an indication of the health of the largest and most important UK banks. In mid-December 2014 the most recent results were announced and the majority of the banks “passed” which means that their balance sheets are strong enough to survive an extreme economic downturn. Lloyds Bank and the Royal Bank of Scotland Group did “pass” but are considered to be at risk in such a situation. Both will need to strengthen their balance sheet as a result. Finally, as expected the Co-op Bank “failed” the test and will be expected to reduce its risk profile; it will be monitored closely by the PRA. **Paragraph 48** details the progress in “on-boarding” Lloyds bank as the Council’s banker and ending the contract with the Co-op Bank.

Policy framework

22. In order to assess the various options for borrowing and investment it is important to have a policy framework. The table that follows sets out three main elements:
 1. Objectives.
 2. Economic considerations.
 3. Relevant risks.
23. The table compares borrowing and investments side by side to highlight the similarities and differences. For example, some of the economic considerations (i.e. the yield curve) are similar, whilst some aspects are different.

	Borrowing strategy	Investment strategy
Objectives	<ul style="list-style-type: none"> • Reduce the average rate (cost) of debt ensuring debt is affordable • Maintain medium term budget stability • Be able to respond to changes in the external environment 	<ul style="list-style-type: none"> • Ensure security (and to ensure bills are paid) • Provide liquidity (i.e. to pay the bills as they fall due) • Earn interest
Economic considerations	<ul style="list-style-type: none"> • The shape of the whole yield curve* (the level of interest rates for different lengths of time) • The steepness of the yield curve • Forecast changes in interest rates • The relative position of interest rates to the average cost of the debt • The direction of travel of overall debt in the future • Cash balances available to support the strategy 	<ul style="list-style-type: none"> • The shape of the short-term yield curve* • Forecast changes in interest rates • Counterparty issues (credit worthiness) • Type of financial instrument • Risk in the financial environment
Relevant risks	<ul style="list-style-type: none"> • Security • Liquidity • Interest rate • Market risk • Refinancing • Regulatory and legal 	<ul style="list-style-type: none"> • Security • Liquidity • Interest rate • Market risk • Refinancing • Regulatory and legal

**The yield curve is a fundamental concept; it represents the price paid by the council for its long-term loans or the price received for the money it invests.*

Annual Investment Strategy (AIS) 2015/16

24. The council manages a significant investment portfolio that can reach over £200m each year. Since the financial crisis in 2008, the council has taken a low risk approach and this AIS continues in this vein.

Investment options

25. The main characteristics which determine an investment strategy are related to:
- the credit risk of the counterparties that you invest with;
 - the length of the investment; and
 - the type of financial instrument that is used.
26. These issues have to be considered in the light of the regulatory framework provided by the Government.
27. Key parts of this framework are the Government Guidance on Local Government Investments issued in March 2010 and the CIPFA Code of

Practice for Treasury Management in the Public Services. These state that the two prime risk issues are:

- the security of capital; and
- the liquidity of investments.

28. In addition, Government regulations specify the type of financial instruments you can invest in and they divide them into what they term 'specified' investments and 'non-specified' investments.

a.) Specified investments

29. Specified investments are investments made in sterling for a period of less than a year that are not counted as capital expenditure and are invested with:
- the UK Government;
 - a local authority;
 - a parish or community council; or
 - a body, or in an investment instrument, **that has 'high credit quality'**.
30. The first three named investments will be used by the council by virtue of their inclusion within the guidance (referred to as regulation investments subsequently in this report). The assessment of the fourth aspect is dealt with in the paragraphs that follow.
31. Whilst it is difficult to define 'high credit quality', credit ratings are published by credit rating agencies (for example, Fitch, Standard and Poors, Moodys); this information is provided by the council's treasury adviser, Arlingclose, where available.

Money Market Funds (MMF's)

32. Money Market Funds are pooled investment vehicles consisting of money market deposits and similar instruments. Arlingclose recommend the use of MMF's by their local government clients, and these have been used for some time by the council.
33. In the background there is the possibility of European Commission (EC) regulations that may affect how MMF's operate and in the light of these, it is MMF's that meet the criteria listed below which will be considered to have high credit quality and will be included on the lending list:
- They are recommended to clients by the council's treasury adviser, Arlingclose.
 - Diversified – MMF's are diversified across many different investments, far more than the council could hope to achieve on its own account.
 - Same day liquidity – this means that funds can be accessed on a daily basis.
 - Ring-fenced assets – the investments are owned by the investors and not the fund management company.
 - Custodian – the investments are also managed by an independent bank known as a custodian, who operates at arms-length from the fund management company.
34. All treasury activity carries an element of risk and MMF's are no different. In the event of a further financial crisis, the failure of one or more of an MMF's

investments could lead to a run on the MMF as investors rush to redeem their investment. This could then spread to other MMF's as investors take flight from this asset class.

35. The very low interest rate environment also threatens the ongoing continuity of MMF's. Each MMF charges a fee and this could mean that interest earned became negative after its deduction. If this problem arose then it would be a matter of moving funds to an alternative class of investment.
36. All of these issues point towards the fundamental need for diversification across MMF's and also investment categories where possible. This issue is dealt with later in this report (**paragraph 54**).

The credit management strategy for 2015/16

37. Government guidance requires an explanation of how credit quality is monitored, what happens when it changes and what additional sources of information are used to assess credit quality.
38. The assessment of what is "high credit quality" for banks or building societies is set out in this section of the report.
39. Arlingclose are the council's treasury advisor and an important aspect of this service is credit advice. This is where the advisor provides information to the council about suitable investments in the context of the current economic risk environment and incorporates the views of credit rating agencies. What follows is an overview of how this operates, within which it is important to understand that the council is responsible for the decisions it takes with its investments.
40. Credit ratings provided by the three main credit rating agencies form an important, but not the only, aspect of how creditworthiness is assessed by Arlingclose. For 2015/16 minimum credit-rating thresholds are set at a long-term rating of "A-" where available. Counterparties that are rated below this level are excluded.
41. In addition the following are also considered:
 - Statements of potential government support;
 - Credit Default Swaps (CDS) (i.e. the cost of insuring against counterparty default);
 - Share prices;
 - Gross Domestic Product (GDP) in the country of incorporation;
 - Macro-economic factors;
 - Information in the press;
 - A subjective overlay, i.e. a judgement being made about whether the counterparty should be recommended or not.
42. In practical terms all of this information is considered by Arlingclose when they determine their recommendations. Any change in these criteria can result in a counterparty being removed from the lending list, not solely a change in credit rating.

43. In the recent past, the economic environment has been very volatile, so the advice provided by Arlingclose results in counterparties with high quality credit characteristics that are intended to insulate the council against further volatility. Of course, the future cannot be foreseen and in some situations changes may need to be made quickly, but this is considered a cautious approach.
44. The council remains responsible for its investment decisions. The Treasury Management Panel, chaired by the Director of Finance and Resources, meets monthly and a review of the lending list and any changes made by Arlingclose will take place at these meetings. In between meetings the Treasury Team will implement any recommendations made by Arlingclose. On the rare occasion that Arlingclose do not make a firm recommendation then this will be referred to the Panel for their review.
45. Under stressed market conditions, additional Panel meetings may take place at very short notice after which the Panel may decide to adjust the council's investment risk profile. The end result may involve moving investments to lower risk counterparties or instruments.
46. The proposed AIS would be based on the following definition of high credit quality:
- Regulation investments as set out.
 - Diversified sterling Money Market Funds meeting the criteria set out.
 - A bank or building society that is recommended by Arlingclose for inclusion on the lending list.

Monitoring

47. As required, an overview of the monitoring process is outlined below:
- Rating changes and significant changes in risk indicators will be communicated to the Treasury Team by Arlingclose together with any revisions to their recommendations.
 - Changes are sent by e-mail and in urgent situations followed up by a phone call as Arlingclose hold a record of the lending list of approved investment counterparties.

The Council's banker

48. At the time of writing this report the implementation of the new banker, Lloyds Bank is underway. This involves, over a period of several months, moving the council's banking arrangements away from the Co-op Bank.
49. When this process is complete the council will close all Co-op Bank accounts and end the contract. It is expected that this will be complete by the 31 March 2015.
50. Under the new arrangements funds will be retained with Lloyds bank each night earning interest at a market rate; the amount retained will be set in line with the diversification policy set out at **paragraph 54**.
51. Should the Lloyds credit rating fall below the minimum specified in this report then small balances may be retained with the bank for operational efficiency; this will be determined by the Treasury Management Panel chaired by the Director of Finance and Resources.

Investment duration for specified investments

52. In considering the financial instruments that meet the definition of a specified investment, there is the scope to consider the length of the investment period.
53. One of the important lessons of the banking crisis has been to exercise caution in the duration of investments with banks and building societies, this recognises that the factors that led to the investment being considered sound can change adversely over time. As such it is judged reasonable to limit fixed term deposits with banks or building societies to a maximum duration of 12 months, even if Arlingclose recommend a longer duration.

Investment diversification

54. Having determined the lending list of highly rated counterparties and the duration of investments the last piece of the process is to overlay the methodology for ensuring diversification. This is achieved by setting a maximum amount to be invested with each counterparty to limit risk and spread investments.
55. Ensuring diversification has never been more important; it protects the security of the investments by limiting the council's loss in the event of a counterparty default. However, diversification does not protect the council from a systemic failure of the banking sector, although as stated earlier the risk of this may diminish as a result of new banking regulations.
56. Investment balances rise and fall during the year, so diversification needs to take account of this. The limits shown are based upon percentages of investments and the Treasury Team will review and reset these limits at least once a month with reference to future balances. This action will then be ratified by the Treasury Panel at their next meeting. The interval between each review is very much a matter of balance between ensuring diversification and efficient processing as investment balances cannot practically be moved each day to accommodate shifting limits. It is judged that a monthly review strikes this balance.
57. Investment diversification is proposed at two levels; firstly at investment category level:

Investment category	Maximum % of total investments
Regulation Investments *	100%
MMF	50%
Banks and Building Societies	50%

**no limit is proposed (in certain circumstances these may be utilised for all of the council's investments)*

58. Secondly, diversification will also take place at investment level:

Banks and Building Societies	
Lower of:	
£m	Maximum investment as a proportion of the total
30	15%

MMF	
Lower of:	
Maximum investment as a proportion of total MMF size	Maximum investment as a proportion of the total
0.50%	10%

59. There is an exception to these rules, that where balances are low then the amount invested in MMFs may be as high as 100%. This recognises the fact that there may simply be no other available investment for small amounts where liquidity is needed.
60. It is proposed that both the application and amendment of the investment diversification policy are delegated to the Treasury Management Panel chaired by the Director of Finance and Resources with the results reported in the regular treasury management reports.

b.) Non-specified investments

61. The Government regulations define non-specified investments as all other types of investment that do not meet the definition of specified investments. In contrast to specified investments, government guidance indicates that the AIS should:
- set out procedures for determining which categories of non-specified investments should be prudently used;
 - identify such investments;
 - state an upper limit for each category of non specified investment;
 - state upper limits for the total amount to be held in such investments.
62. In terms of ensuring future flexibility there are additional categories of investments that are also proposed for use within the AIS. None of the non-specified investments proposed present additional security risk to those investments within specified investments. Each are explained below:
- Covered Bonds – these are bonds issues by banks that are “covered” in the sense that they are secured upon a basket of assets. In the case of failure the assets can be sold to cover the loss.
 - Repos (a repurchase agreement) – these investments involve investments being exchanged for assets, such as Government bonds. In a similar way to a covered bond these assets can be sold in the case of a loss.

- Certificates of Deposit – identical to a fixed term deposit excepting the fact that they can be sold if needs be. This additional liquidity makes these investments more attractive to the council.
 - Government gilts / bonds – equivalent to the DMADF account and T-bills, simply a longer term investment with the UK Government that can also be sold.
 - Multilateral development bank bonds – “AAA” rated, these are institutions created and backed by a group of countries which can be sold as needed.
63. Where investments are subject to market risk (this is the risk that the value of the investment can go down as well as up), the inclusion of these investment instruments is proposed only on the basis that if purchased they would be held until maturity under normal circumstances. At maturity the investment and expected interest would be paid in full.
64. In the case of Certificates of Deposit then these would only be sold early on the basis that there were concerns over the borrower defaulting. This liquidity is one of the attractions of this type of investment.
65. Investments that involve this judgement will only be taken after due consideration by the Treasury Management Panel chaired by the Director of Finance and Resources.
66. In addition it is also possible to invest in collective investment schemes. There are many types of these across different asset classes, with varying different risk and return profiles, but the category has been included here subject to a decision of the Treasury Management Panel.
67. It is proposed to cap the investment in these other categories of non-specified investments at £25m in total. When taken with the long-term local authority investment (£45m) the final total is £70m. This is reflected in **Appendix 5**, prudential indicators (point 5).
68. **Appendix 2** sets out the investment categories authorised for use in 2015/16 and **Appendix 4** list the actual counterparties recommended by Arlingclose at the time of writing this report.

Risk assessment

69. Although guidance sets out security and liquidity as being the main risks, they are not the only risks in investing faced by the council. **Appendix 3** sets out a high-level risk assessment of six of the key risks, these are summarised in the following table:

Risk	Assessment
Security	Low
Liquidity	Low
Interest rate	Low to Medium
Market	Low
Refinancing	Low to Medium
Regulatory and Legal	Low

70. The proposed AIS has been assessed against these risks and the judgement is that the most important risks have been reduced as far as possible, this is not to say that all risk has been eliminated which is not possible in treasury terms.

Borrowing strategy 2015/16

Link to the Medium Term Financial Strategy

71. The following table shows how the MTFs and the capital expenditure programme are related. How new borrowing is calculated, taking into account other sources of finance and an allowance for the Minimum Revenue Provision (MRP) is shown in the following table. Some of this MRP is not payable by the council, but the Treasury Team manage the entire position whether it relates to county council debt or not.

	2015/16	2016/17	2017/18
	£m	£m	£m
capital expenditure programme	139	97	78
less funding from other sources of finance	125	94	78
= funding from borrowing	14	3	0
less gross MRP *	(22)	(22)	(21)
= net new borrowing for planned capital expenditure / (repayment) **	(8)	(19)	(21)
* county council MRP	(19)	(19)	(19)

** excluding the borrowing needed to replace maturing loans

Borrowing position

72. It can be seen from the table above that the council is a re-payer of debt in 2015/16 and beyond. This will reduce the difference between debt and the loan position funding it. This is summarised in the following table, assuming use of cash each year.

	2015/16	2016/17	2017/18
	£m	£m	£m
forecast gross debt at 31 March	541	522	501
forecast loans position	488	488	483
difference funded from cash	53	34	18

73. The loans position includes £81.5m of what are known as LOBO (Lender Option Borrower Option) loans. In each case the lender has a loan call option which could amend the interest rate on a pre-determined date to a higher rate. Therefore the council's policy on LOBO calls will be to repay these in all cases and either:
- take up a shorter term and cheaper loan, say with the Public Works Loan Board (PWLB); or
 - finance the balance from cash in line with this strategy.
74. LOBO calls are judged unlikely in the current interest rate environment but the financing stress that banks are under could lead to loan call options being exercised as banks attempt to repatriate loans. Whilst the loans have been arranged to stagger the potential impact of options being exercised, in 2015/16 £54m of loans are subject to a call option.

Borrowing options

75. The council has three main options available to it in a borrowing strategy:
1. To use cash (i.e. do not borrow).
 2. To bring borrowing up to the amount needed to fully fund the capital programme at any point in time.
 3. To forward borrow up to two years in advance.
76. Overall, the economic environment continues to favour using cash for a sixth year:
- There is a normal yield curve (i.e. it's cheaper to use cash than to borrow) and especially when this is very steep.
 - It remains important to minimise security (investment) risk (as using cash reduces investment balances).
 - Future debt levels are forecast to fall (i.e. new loans are not forecast to be needed).
 - Investments are yielding a low return and these are forecast not to recover to pre-crisis levels.
77. Maintaining the existing use of cash, or indeed maximising the use of cash within practical cash management limits would meet the policy outlined at **paragraph 23**.
78. As shown in the economic background and interest rate forecast (**paragraph 11**), bank rate is at a very low level and it is expected to remain well below the average debt rate for the next year and beyond. So following this strategy meets the objective of bringing down the average rate of interest for borrowing providing an opportunity to fund the capital programme at a low cost.
79. The latest forecasts show that the council is going to find this strategy difficult to continue to the extent it has done previously as it is not creating new debt in 2015/16 and beyond. This means the use of cash is reversing unless action is taken to maintain it. In the current low interest rate environment, increasing cash balances represent a lost opportunity to offset existing loans.
80. A key part of the CIPFA Code of Practice for Treasury Management is to assess the risk of the treasury management borrowing strategy. It sets out a

number of risks to be considered and this assessment for the six risks considered most relevant is shown at **Appendix 7**. These are listed in the following table together with the risk shown:

Risk	Assessment
Security	Low
Liquidity	Low
Interest rate	Low to Medium
Market	Medium
Refinancing	Medium
Regulatory and Legal	Medium

81. Other risks CIPFA set out have not been considered as they are less important when determining a borrowing strategy; these are inflation, operational and foreign exchange risks.
82. Overall the use of cash in lieu of borrowing is considered a relatively low risk strategy.

Proposed contingency arrangements and flexibility

83. To date, cash balances have been sufficient to allow the strategy of using cash to continue without taking out external loans. The possibility of cash balances being further unexpectedly reduced needs to be recognised though. This could be due to:
 - increases in the capital programme;
 - budget pressures;
 - changes in the council's cash funding as a result of structural changes;
 - LOBO loan call options being called.
84. Where additional liquidity is needed temporarily then the council can call upon short-term temporary loans raised from the money markets including from other local authorities with surplus cash to invest.
85. If these facilities are not available then new longer-term loans, for a year or more, must be raised to allow the council to continue to pay its day to day bills.
86. If new longer-term loans are needed it is necessary to consider their exact nature. The following observations are important:
 - The council's existing loan portfolio is very long-term as can be seen on the graph at **Appendix 6**. Taking shorter term loans rebalances the portfolio.
 - As stated already, the yield curve is normal. Shorter term loans are cheaper.
 - PWLB interest rates are much higher than they were historically although this has been reduced by the Government following the introduction of the certainty rate in November 2012 (a 0.20% reduction in the cost of loans).
87. It is clear that in the current economic climate loans should be short-term in nature. In terms of the choice of loans there are a number of possibilities:

- PWLB loans – a well known route for local authorities, still seen as the “lender of first resort” because of flexibility and ease of access. However the risk of this facility being discontinued or amended further should be noted.
 - Local Authority loans – other authorities may have different cash flow positions which create cheap funding opportunities in the short to medium term.
 - Market loans – these may come in various forms, such as LOBO’s already referred to and may be cheaper than the PWLB.
88. Should it be needed, the decision to borrow long-term will be taken by the Director of Finance and Resources in consultation with the Deputy Leader and Cabinet Member for Strategy, Finance and Corporate Issues because the optimum timing cannot be foreseen and a decision often needs to be taken at short notice. Members will be kept informed via the outturn and half-year treasury management reports.

Policy on borrowing in advance of need

89. The Prudential Code allows borrowing to take place for the current year plus two future years. However, government regulations state that there should be a specific policy on borrowing in advance of need.
90. As the borrowing strategy set out for 2015/16 involves use of cash resources in the first instance, then the policy is not to borrow in advance this year. This will be reviewed each year as part of the overall borrowing strategy.

Loan restructuring

91. Movements in interest rates over time may provide opportunities to restructure the loan portfolio in one of two ways:
- Replace existing loans with new loans at a lower rate (known as loan rescheduling).
 - Repay loans early, without replacing the loans. This would increase the use of cash.
92. The council’s ability to adjust its loan portfolio in this way is only possible if:
- the Government allow it; PWLB rules have been changed in the past with no notice;
 - market conditions allow economic repayment.
93. Currently loan restructuring would be very expensive and unattractive for the council, this is because:
- Gilt yields are historically low. This would lead to large penalties to compensate the PWLB if loans were repaid early.
 - New loans are much more expensive than in the past even though Gilt yields are so low. Since 2010 the Government has increased the margin on top of Gilts at which it onward lends to local government via the PWLB (originally 1.00%, subsequently dropped to 0.80%).
94. The difficulty is that the council wishes to maintain its policy of using cash for the reasons outlined at **paragraph 76**. To do this, loans would need to be paid

early but, as explained, the cost of doing so is very high. These reasons were the key drivers behind the long-term investments with other local authorities discussed in previous reports.

95. Market conditions and regulations do change so the outcome cannot be foreseen. It is proposed to allow loan restructuring with the decision being delegated to the Director of Finance and Resources in conjunction with the Deputy Leader and Cabinet Member for Strategy, Finance and Corporate Issues.

Review of strategy

96. Regulations require that the circumstances under which a revised strategy would be prepared should be stated. These circumstances would be a change in:
- the economic environment;
 - the financial risk environment;
 - the budgetary position;
 - the regulatory environment.
97. The responsibility for assessing these circumstances and proposing changes to the strategy is allocated to the Treasury Management Panel chaired by the Director of Finance and Resources.

Policy on the use of external service providers

98. Regulations require the council to disclose its policy on the use of external providers. The council appointed Arlingclose as its external treasury management adviser from 1 April 2013.
99. Arlingclose is contracted to pass information to the council, provide technical accounting assistance and an investment advice service. The council recognises that responsibility for treasury management decisions remains with the council at all times.
100. An annual review of service quality is carried out by senior officers on the Treasury Management Panel. Arlingclose attend the council offices bi-annually to discuss how well they are assisting the council to discharge its responsibilities.

Investment management training

101. The council is also required by regulations to disclose its processes for ensuring officers are well-trained in investment management.
102. Treasury management is a specialised area requiring high quality and well trained staff that have an up to date knowledge of current issues, legislation and treasury risk management techniques.
103. Officers who attend the Treasury Management Panel are senior qualified finance professionals. Treasury practitioners attend regular CIPFA and treasury consultant training seminars throughout the year and undertake a Performance Review each year through which training needs are identified.

104. Member training is also important to introduce treasury concepts. The need for training events will be kept under review with more sessions in the future if necessary.

MRP Strategy 2015/16

105. The council are also legally obliged to have regard to government guidance issued in February 2008 concerning the Minimum Revenue Provision (MRP) policy. MRP is where the council must make an annual revenue provision for the repayment of debt (also referred to as the Capital Financing Requirement or CFR). The MRP policy must be submitted to the full council for approval prior to the start of the financial year to which the provision will relate. The policy for 2015/16 is summarised below and shown in full at **Appendix 8**.
106. Following guidance issued in 2007/08 regarding the Minimum Revenue Provision (MRP), it is proposed to continue the agreed policy as follows:
- The major proportion of the MRP for 2015/16 will relate to the more historic debt liability that will continue to be charged at the rate of 4%, in accordance with the recommendations and intent of Option 1 of the guidance.
 - Further amounts of new capital expenditure may continue to be charged at the rate of 4%, and added to the above mentioned base CFR amount, up to an amount equivalent to the council's annual Supported Capital Expenditure (Revenue) allocation.
 - Certain expenditures reflected within the debt liability at 31 March 2015 will under delegated powers be subject to MRP under Option 3.
107. In practical terms, this approach means that capital expenditure funded from supported borrowing (that is, supported by government grant) will be repaid at 4%. However, expenditure funded from unsupported borrowing will be repaid at a rate which matches the useful lives of those assets funded. This will result in a saving for the authority as the debt can be spread over a longer period of time, for example 60 years where a building has been funded from unsupported borrowing (that is, supported by the council). The MRP Policy statement for 2015/16 is shown at **Appendix 8**.

Appendix 1

Equalities implications: There are no equalities implications.

Legal implications: Approval of Prudential Indicators and an Annual Investment Strategy is necessary in order to meet the requirements of the Local Government Act 2003.

Resource and value for money implications: All resource implications are covered in the body of this report which links to the council's MTFS.

Risk implications: Risk is inherent in treasury management and is dealt with throughout the report.

Climate change implications: There are no direct climate change implications arising from treasury and investment strategy decisions.

Health impact assessment screening: There are no health impact assessment implications arising from this report.

Author's name: Chris Gibbs – Senior Accountant (Treasury and Pension Fund)
Telephone no: (01785) 276331
Room no: Floor 2, Staffordshire Place 2

List of background papers

1. Treasury Management in the Public Services: Code of Practice (CIPFA) (2011)
2. Prudential Code for Capital Finance in Local Authorities (CIPFA) (2011)
3. Local Authorities (Capital Finance and Accounting) Regulations 2003
4. Local Government Investments - Guidance under Section 15(1) of the Local Government Act 2003 issued by the Secretary of State
5. Local Government Act 2003 - Guidance issued under section 21(1a) (re MRP policy)

Cabinet – 21 January 2015 - Investment categories authorised for use 2015/16

Investment	Specified*	Non-Specified	Comments
UK Government - Debt Management Account Deposit Facility (DMADF) (regulation investment)	unlimited	n/a	6 months maximum available
UK Government - Treasury Bills (T-Bills) (regulation investment)	unlimited	n/a	6 months maximum available
UK local authorities term deposits (regulation investment)	unlimited	£45m	Up to 40 years in duration (non-specified)
Money Market Funds	✓	n/a	50% of total investments in this category Lower of 0.50% of MMF size or 10% of all investments per MMF
Term deposits with banks and building societies	✓	x	50% of total investments in this category Lower of 15% of total investments or £30m per counterparty
Certificates of deposit (banks / building societies)	✓	✓	Maximum £25m across all of these categories in total
UK Government – Gilts	✓	✓	
Bonds issued by Multilateral Development Banks	✓	✓	
Collective Investment Schemes	x	✓	
Covered Bonds	x	✓	
Repos (repurchase agreement)	x	✓	

** Up to 12 months*

Cabinet – 21 January 2015

Risk Assessment – Investments

Risk Heading	Risk Description	Relevance to Investment	Key Control	Assessment	Approved Investment Strategy (AIS)
Security	A third party fails to meet its contractual obligations (counterparty risk).	Crucial that money invested is returned (principal and interest).	Relies on credit management policy including; credit risk, duration of investment and amount as well as an ongoing review of the credit environment. Prudential Limit on investment over 1 year as well as limits on non-specified investments.	LOW	Use of the instruments and banks identified within the AIS reduces this risk to a low level. In addition the long-term investments with other local authorities has reduced security risk further and the borrowing strategy keeps cash balances low. With the exception of regulation investments with the UK Government and local authorities counterparties have a maximum investment limit. Overall this remains a low risk strategy.
Liquidity	Cash is not readily available when it is needed.	Cash is invested daily so the availability of cash from investment is fundamental to providing liquidity.	Managed through detailed cash flow forecast and investment in highly liquid funds – but can also borrow temporarily (and Local Authorities are a good credit risk if lent money).	LOW	Fixed term deposits have a relatively short maximum duration of up to 12 months; this contributes to high liquidity. Same day access accounts are held as follows: <ul style="list-style-type: none"> • All MMF's • Lloyds Banking Group • Santander • Barclays Cash flow plans are completed annually and regularly updated. The long-term investments with other local authorities have reduced liquidity but these can be transferred if funds need to be raised. Overall liquidity risk is considered low.

Appendix 3 (continued)

Risk Heading	Risk Description	Relevance to Investment	Key Control	Assessment	Approved Investment Strategy
Interest Rate	Unexpected <u>reduction</u> in Interest rate.	Reduces the return on investment and reduces the level of reserves.	Can reduce risk by: A) netting off investment against borrowing to reduce net exposure B) investing for longer periods. Controlled through the overall strategy.	LOW	Investments will be mainly short-term, of up to 12 months maximum – this does not protect against an interest rate reduction or falls in the market generally. The long-term investments made with other local authorities reduce this risk as the rates are fixed for a long period of time.
Interest Rate Page 31	Unexpected <u>increase</u> in interest rates.	In order to take advantage of the unexpected return would need to keep investment short term and increase the amount of cash invested (e.g. by not using cash in lieu of borrowing).	Controlled through the overall strategy.	MEDIUM	Current policy allows upturns to be taken advantage of as investments are not fixed for very long periods. Upturns are possible in the medium term. The long-term investments made with other local authorities increase this risk as the rates are fixed for a long period of time. Using cash to fund borrowing (the proposed borrowing strategy) reduces this risk as the overall exposure to short term interest rates is less.
Market	Unexpected need to liquidate market instrument quickly and accept 'price on the day'.	Only relevant if invest in market instruments (e.g. CD's, Gilts).	Limit investment in market instruments or alternatively have capacity to borrow to avoid need to liquidate. Controlled by limits on non specified investments (excluding long-term local authority investments) to £25m in aggregate.	LOW	It is proposed to hold these type of investments to maturity to mitigate this risk.

Appendix 3 (continued)

Risk Heading	Risk Description	Relevance to Investment	Key Control	Assessment	Approved Investment Strategy
Refinancing risk	Maturing transactions cannot be renewed on similar terms.	Reflected in the term (duration) of investments if everything invested shorter term has a high refinancing risk.	Proportion of investments maturing in the future.	LOW/ MEDIUM	<p>The current policy is to invest in the relatively short-term. There is an increased risk with this strategy due to frequent 'refinancing' but this is expected to be advantageous in a rising interest rate environment.</p> <p>The long-term investments made with other local authorities has reduced this risk as they are for an extended period of time reducing the need to refinance a proportion of the investment portfolio.</p> <p>Using cash to fund borrowing (the proposed borrowing strategy) reduces this risk as the overall exposure to short term interest rates is less.</p>
Regulatory and legal risk	Rules governing local government investment powers are changed or amended without notice.	Investment powers are granted through statute and guidance.	None	LOW	<p>The current policy of using cash in lieu of borrowing reduces the council's dependency on interest receipts.</p> <p>In the past these were generated by using the full range of powers granted to local authorities.</p> <p>This is not the case now; the AIS is low risk and uses liquid and conservative investment instruments.</p> <p>The long-term investments made with other local authorities have increased this risk as they are for an extended period of time. Within the contracts for these investments is the ability for the council to force an early repay or transfer which contributes to overall this risk still being considered low.</p>

Cabinet - 21 January 2015

County council lending list – December 2014	
	Time Limit
<i>Regulation investments</i>	
DMADF account	6 months
UK Government T-bills	6 months
UK local authority	12 months
<i>Banks and building societies</i>	
Barclays	100 days
HSBC	6 months
Lloyds / Bank of Scotland	6 months
Nationwide	6 months
RBS / NatWest	<i>suspended</i>
Santander	6 months
<i>MMF</i>	
Black Rock	same day
Insight	same day
Federated	same day
Ignis	same day
State Street (SSGA)	same day

Cabinet – 21 January 2015

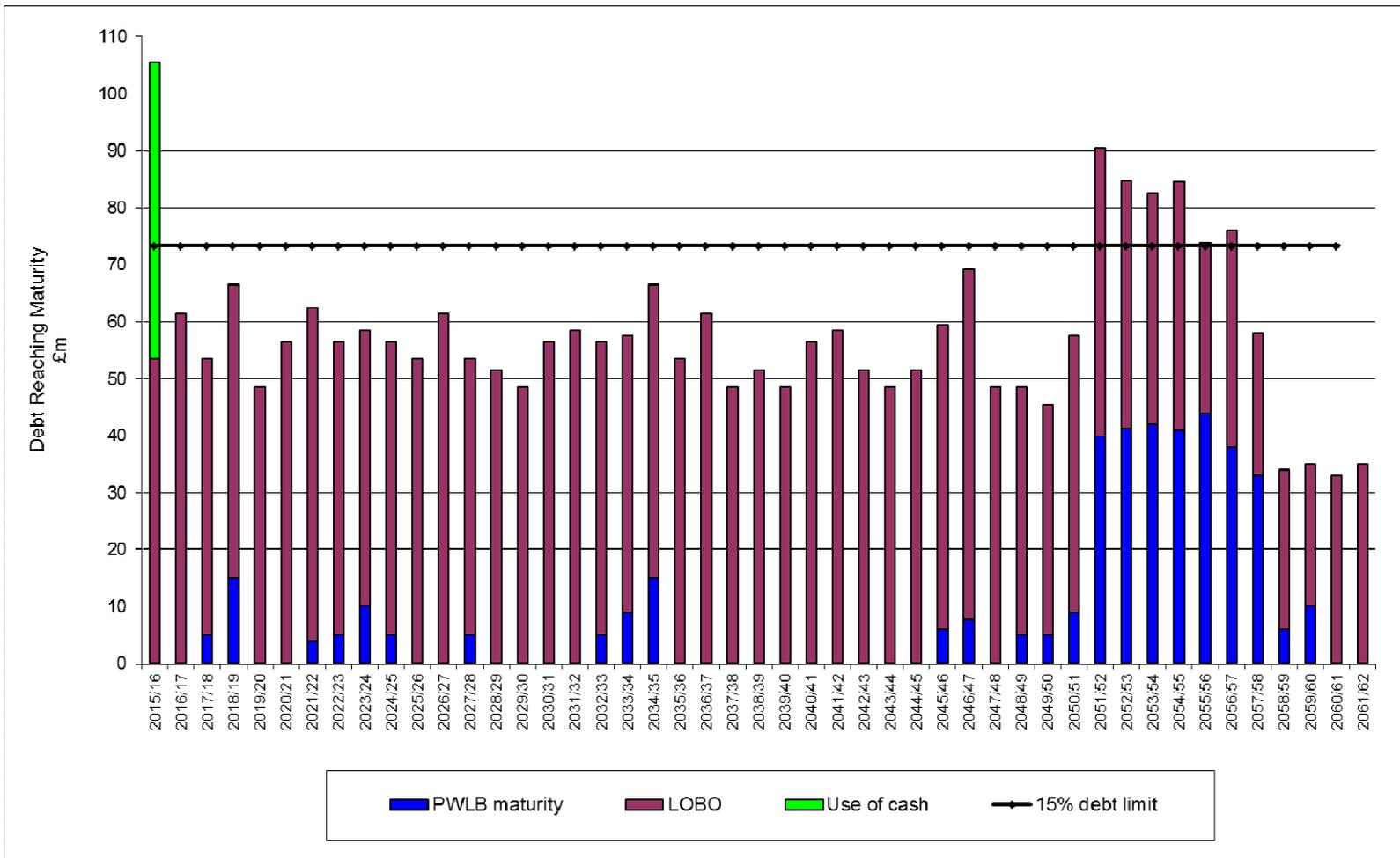
Prudential Indicators for Treasury Management

Indicator	Estimate 2015/16	Estimate 2016/17	Estimate 2017/18	Estimate 2018/19	Estimate 2019/20
1.CIPFA Code of Practice for Treasury Management in the Public Services	The council has adopted the CIPFA Code of Practice on Treasury Management (2011 version).				
<i>This indicator identifies whether an authority has adopted CIPFA's Code of Practice for Treasury Management in the Public Services.</i>					
2. External Debt	£m	£m	£m	£m	£m
Authorised Limit for borrowing	586	562	536	511	486
Authorised Limit for other liabilities	235	236	238	240	242
TOTAL	821	798	774	751	728
Operational Boundary for borrowing	537	537	531	515	502
Operational Boundary for other liabilities	235	236	238	240	242
TOTAL	772	773	769	755	744
External Loans	488	488	483	468	468
<i>The Authorised Limit is the maximum level of external borrowing which should not be exceeded. It is linked to the estimated level of borrowing assumed in the capital programme.</i>					
<i>The Operational Boundary represents the Director of Finance and Resources estimate of the day to day limit for treasury management borrowing activity based on the most likely i.e. prudent but not worst case scenario.</i>					
<i>"Other liabilities" relate to PFI schemes which are recorded in the council's accounts.</i>					
3. Interest Rate Exposures					
a. Upper Limit (Fixed)	£504m	£496m	£478m	£457m	£437m
b. Upper Limit (Variable)	(£210m)	(£226m)	(£245m)	(£260m)	(£275m)
<i>Upper limits of fixed and variable borrowing and investments are required to be set. The effect of setting these upper limits is to provide ranges within which the council will manage its exposure to fixed and variable rates of interest. Negative figures are shown in brackets; these relate to the "high- point" of investments at a variable rate which are not offset by variable borrowings. The exposure to variable rate movements has been reduced by the use of cash in lieu of borrowing.</i>					
4. Maturity Structure of Borrowing	Upper Limit	Lower Limit			
See Appendix 6					
<i>This indicator relates to the amount of loans maturing in specified periods. The overarching principle is that steps should be taken from a risk management point of view to limit exposure to significant refinancing risk in any short period of time. The council currently applies the practice of ensuring that no more than 15% of its total gross fixed rate loans mature in any one financial year.</i>					
<i>Because this is a complex situation for the council, involving PWLB loans, LOBO loans with uncertain call dates and the use of internal cash, specific indicators have not been set. Instead the council will manage its exposures within the limits shown on the graph at Appendix 6. This graph shows all LOBO call options on a cumulative basis; in fact the actual pattern of repayment, although uncertain, will not be of this magnitude.</i>					
5. Upper limit for total principal sums invested for over 364 days (from maturity)					
<i>Any investments made for over 364 days will be in accordance with the council's limits on non-specified investments.</i>	£70m	£70m	£70m	£70m	£70m
6. Borrowing in advance of need (Maximum debt)	100%	100%	100%	100%	100%
<i>This indicator sets the maximum loans as a proportion of the borrowing need. In 2015/16 the strategy is not to borrow in advance, hence the indicator is set at 100%.</i>					

Cabinet – 21 January 2015

County council maturity structure of debt graph

Page 35



Cabinet – 21 January 2015

Risk Assessment – Borrowing Strategy

Risk Heading	Risk Description	Relevance to Borrowing	Key Control	Assessment	Borrowing strategy
Security	A third party fails to meet its contractual obligations (i.e. counter party risk).	Unlikely that there is a failure between the agreement to borrow and sums being received a few days later. However, if we borrow in advance we must invest until this is needed and this increases exposure to investment risk.	Usually borrow from the Government (PWLB) and maximum 2/3 day gap between agreement to borrow and receipt of money.	LOW	Use of cash to fund borrowing reduces this risk further i.e. less money is held with banks and third parties as a result (see investment risk assessment).
Liquidity	Cash is not readily available when it is needed.	Only borrow for capital – usually borrow from Government (PWLB) with no limits other than the council agrees the borrowing is affordable. See legal and regulatory risk below.	Prudential rules on borrowing and consideration of whether Government is secure.	LOW	Use of cash to fund borrowing increases this risk as liquidity is reduced when borrowing is avoided. However, the council is able to borrow money temporarily using the money markets should it need to, so the overall risk remains low.
Interest Rate	Unexpected <u>reduction</u> in short term interest rates.	Depends on the mix between fixed rate borrowing and variable rate borrowing. Higher exposure to variable rate borrowing helps the budget.	The control is set out below.	LOW to MEDIUM	Pursuing a strategy of using cash reduces the overall net exposure to sudden interest rate falls.
Interest Rate	Unexpected <u>increase</u> in short term interest rates.	Mix of variable and fixed rates – Lower exposure to variable rate borrowing helps the budget.	Limit variable rate borrowing to a relatively small proportion (e.g. 20%) excluding cash.		20% limit provides a suitable risk control.

Appendix 7 (continued)

Risk Heading	Risk Description	Relevance to Borrowing	Key Control	Assessment	Borrowing strategy
Market	The market value of a loan changes substantially (i.e. how much is the borrowing strategy exposed to long term interest rate change).	How much risk is built into the maturity profile of the loans structure. LOBO's (17% of all loans) are the only 'market instrument' in borrowing terms currently used.	See alternative methodology using graph in Appendix 6 . This is inversely linked to refinancing risk below.	MEDIUM	Use of cash will shorten the duration of the loan portfolio and reduces this risk. Without the use of cash this risk assessment would probably be high.
Refinancing risk Page 37	Maturing transactions cannot be renewed on similar terms.	Need to avoid a high level of borrowing over a short period where you are exposed to high interest rates.	The council has a policy of limiting maturing loans to 15% of the portfolio (including LOBO's) See graph in Appendix 6 . This is inversely linked to market risk above.	MEDIUM	Using cash to fund borrowing potentially increases the refinancing risk. LOBO's increase refinancing risk (as the option to exercise the repayment trigger is held by the borrower). Without the use of cash this risk assessment would probably be low.
Regulatory and legal risk	Rules governing local government borrowing are changed or amended without notice, this has happened in the recent past.	Local government heavily reliant upon PWLB; cost and ability to reschedule / manage loans are determined by the Government. The Government could close the PWLB and force local authorities to use market loans for all new borrowing.	Market loans will be evaluated and taken if these are good overall value and dilute reliance on the PWLB. This risk cannot be managed in any other way.	MEDIUM	LOBO's are held and these diversify loans away from the PWLB. Use of cash means that PWLB loans are not being taken. If the PWLB was closed to new business then market loans would be the only option However, debt levels are falling in 2015/16.

Cabinet – 21 January 2015

Minimum Revenue Provision (MRP) Policy Statement

Introduction

Capital expenditure is expenditure on assets which have a life expectancy of more than one year e.g. buildings, vehicles, machinery etc. It would be impractical to charge the entirety of such expenditure to revenue in the year in which it was incurred therefore such expenditure is spread over several years in order to try to match the years over which such assets benefit the local community through their useful life.

The manner of spreading these costs is through an annual Minimum Revenue Provision (MRP), which was previously determined under Regulation, and will in future be determined under Guidance.

The Government issued guidance which came into force on 31 March 2008 which requires that a Statement on the council's policy for its annual MRP should be submitted to the full council for approval before the start of the financial year to which the provision will relate.

The guidance offers four main options under which MRP could be made (for information these are detailed over the page), with an overriding recommendation that the Council should make prudent provision to redeem its debt liability over a period which is reasonably commensurate with that over which the capital expenditure is estimated to provide benefits.

MRP Policy Statement 2015/16

The council implemented the new MRP guidance in 2009/10, and will assess their MRP for 2015/16 in accordance with the main recommendations contained within the guidance issued by the Secretary of State under section 21(1A) of the Local Government Act 2003.

The major proportion of the MRP for 2015/16 will relate to the more historic debt liability that will continue to be charged at the rate of 4%, in accordance with the recommendations and intent of Option 1 of the Guidance.

Further amounts of new capital expenditure may continue to be charged at the rate of 4%, and added to the above mentioned base Capital Financing Requirement (CFR) amount, up to an amount equivalent to the council's annual Supported Capital Expenditure (Revenue) allocation.

Certain expenditures reflected within the debt liability at 31 March 2015 will under delegated powers be subject to MRP under Option 3.

Appendix 8 (continued)

Estimated life periods will be determined under delegated powers. To the extent that expenditure is not on the creation of an asset and is of a type that is subject to estimated life periods that are referred to in the guidance, these periods will generally be adopted by the council. However, the council reserves the right to determine useful life periods and prudent MRP in exceptional circumstances where the recommendations of the guidance would not be appropriate.

Asset lives will be assessed on a basis which most reasonably reflects the anticipated period of benefit that arises from the expenditure. Also, whatever type of expenditure is involved, it will be grouped together in a manner which reflects the nature of the main component of expenditure and will only be divided up in cases where there are two or more major components with substantially different useful economic lives.

Option 1: Regulatory Method

Under the previous MRP regulations, MRP was set at a uniform rate of 4% of the adjusted CFR (i.e. adjusted for "Adjustment A") on a reducing balance method (which in effect meant that MRP charges would stretch into infinity). This historic approach must continue for all capital expenditure incurred in years before the start of this new approach. It may also be used for new capital expenditure up to the amount which is deemed to be supported through the SCE annual allocation.

Option 2: Capital Financing Requirement Method

This is a variation on option 1 which is based upon a charge of 4% of the aggregate CFR without any adjustment for Adjustment A, or certain other factors which were brought into account under the previous statutory MRP calculation. The CFR is the measure of an authority's outstanding debt liability as depicted by their balance sheet.

Option 3: Asset Life Method.

This method may be applied to most new capital expenditure, including where desired that which may alternatively continue to be treated under options 1 or 2.

Under this option, it is intended that MRP should be spread over the estimated useful life of either an asset created, or other purpose of the expenditure. There are two useful advantages of this option: -

- Longer life assets e.g. freehold land can be charged over a longer period than would arise under options 1 and 2.
- No MRP charges need to be made until the financial year after that in which an item of capital expenditure is fully incurred and, in the case of a new asset, comes into service use (this is often referred to as being an 'MRP holiday'). This is not available under options 1 and 2.

Appendix 8 (continued)

There are two methods of calculating charges under option 3:

- a. equal instalment method – equal annual instalments,
- b. annuity method – annual payments gradually increase during the life of the asset.

Option 4: Depreciation Method

Under this option, MRP charges are to be linked to the useful life of each type of asset using the standard accounting rules for depreciation (but with some exceptions) i.e. this is a more complex approach than option 3.

The same conditions apply regarding the date of completion of the new expenditure as apply under option 3.



Cabinet Meeting on Wednesday 21st January 2015

Stoke-on-Trent and Staffordshire Growth Hub Update

Mark Winnington, Cabinet Member for Economy, Environment and Transport said:

“Supporting Staffordshire businesses to grow and thrive, and create more better paid jobs and opportunities for our people, is a major element of the County Council’s work to create a stronger, more diverse economy.

“Local businesses used to tell me how difficult it was to obtain grants or specialist business support, but the new Stoke-on-Trent & Staffordshire Growth Hub programme that the County Council is managing on behalf of the Local Enterprise Partnership is transforming business support in the county. It will complement our successful business loans scheme, which has helped more than 100 businesses to expand their operations.

“Simplifying access to business support and finance for small and medium-sized businesses and for new start-ups is vital for economic growth. I am pleased to hear many excellent good news stories from businesses that have received support through the Growth Hub, and urge all local businesses to make contact and see how they can also benefit.”

Report Summary:

The Stoke-on-Trent & Staffordshire Growth Hub is a new programme working to improve access to business support and finance for small and medium-sized businesses across the Local Enterprise Partnership’s (LEP) area. It builds on the successful local Business Helpline by providing face-to-face advisers employed by the Chambers of Commerce, and by focusing the activities of a wide range of external business support providers on the needs of local businesses. It has piloted two new finance initiatives delivered by external fund managers, both of which have exceeded expectations in terms of demand and job creation among local businesses.

Recommendation(s)

I recommend that:

- a. Cabinet recognises the success of the Growth Hub programme in unlocking investment and job creation among local businesses and improving cross-referral between business support initiatives, innovation and international trade support.
- b. Cabinet and the wider membership help to promote the Growth Hub services to local small and medium-sized businesses by raising awareness of the business helpline.

Local Members Interest	
N/A	N/A

Cabinet – 21st January 2015

Stoke-on-Trent and Staffordshire Growth Hub Update

Recommendations of the Cabinet Member for Economy and Infrastructure

- a. Cabinet recognises the success of the Growth Hub programme in unlocking investment and job creation among local businesses and improving cross-referral between business support initiatives, innovation and international trade support.
- b. Cabinet and the wider membership help to promote the Growth Hub services to local small and medium-sized businesses by raising awareness of the business helpline.

Report of the Deputy Chief Executive and Director for Place

Reasons for Recommendations:

1. The Stoke-on-Trent & Staffordshire Growth Hub is a new programme working to improve access to business support and finance for small and medium-sized (SME) businesses across the Local Enterprise Partnership's area.
2. The establishment of the Growth Hub is part of the City Deal secured from Government earlier this year. It is a Stoke-on-Trent & Staffordshire Enterprise Partnership project, with Staffordshire County Council taking the lead role in managing delivery of Growth Hub activities (Stoke-on-Trent City Council is the accountable body for a grant programme, Innovative Growth in Stoke-on-Trent & Staffordshire, also secured as part of the City Deal).
3. Funding for Growth Hub activities is provided from the Government's Regional Growth Fund, under grant contract with Lancaster University. Lancaster University is working with 15 new growth hubs across England, of which ours is one (all areas which negotiated "Wave 2" City Deals were eligible for support to establish growth hubs).
4. Our Growth Hub is ensuring that local businesses can invest and create jobs. We are doing this by addressing specific gaps in business support and finance, and improving relationships between external business support providers. In particular, the Growth Hub is improving links between local business support providers and national initiatives that offer business, innovation and international trade support.
5. In summary, there are two main functions of the Growth Hub: business advice and co-ordination activity; and direct business support.

Business Advice and Co-ordination Activity

6. The Growth Hub uses the existing single point of contact for business advice in the Stoke-on-Trent & Staffordshire area, which is the Business Helpline 0300 111 8002. A business may make contact with the helpline in several different ways. It may call the helpline directly. It may be referred by an intermediary, such as its accountant, or one of a wide range of business support providers. Or it may be contacted proactively by a member of the Growth Hub team. If the issue is simple, the business helpline will resolve it immediately, but many issues are more complex and are referred to the Growth Hub team.
7. Advisers from one of the local Chambers of Commerce will meet each business at their own premises to talk face-to-face, analyse what help they need and direct the business to appropriate support programmes and funds.
8. For continuity and to make best use of resources, the advisers at the Chambers are contacted through the Business Helpline.

9. Subsequent referrals to partner organisations will be made, and follow-up support such as assistance in completing funding applications will take place. All referrals to third party business support providers are recorded and feedback is sought to help improve the service.
10. The funding agreement with Lancaster University provided a target for the Growth Hub to engage with 1,300 businesses during the 12-month pilot (April 2014 to March 2015). The Growth Hub is on track to exceed that target and engage with at least 1,500 businesses.
11. The Growth Hub team has provided advice and signposting on a very wide range of issues. Popular topics include financial support (e.g. grants, loans or equity) and specialist support (e.g. start-up advice, export support, innovation advice). Often, the Growth Hub adviser will uncover other issues that the business may not have been aware of, or may not have acknowledged (for example, a business seeking grant funding may actually need to address late payment by customers). Other topics range from support to move premises or best practice with resource efficiency and regulation. In many cases, the Growth Hub advisor will assist the business to access appropriate support delivered by a wide range of organisations.
12. One beneficiary of support from the Growth Hub advisory service is Healthcare Licensing Support Ltd, a newly formed business based in Cannock that verifies medical professionals' suitability to practice. Wendy Bailes, managing director, said: "The services we provide are extremely specialised and although we have extensive knowledge around the services we provide, running a business is completely new to me. Our director of operations, Julie Bullock, got involved with the Growth Hub programme via the Chamber. The Chamber advisor completed a simple diagnostic form with Julie, and she's since attended successful meetings regarding grant applications, business mentoring, and business advice. The Chamber has booked us onto lots of networking sessions that will help increase our knowledge base of running a successful business. Both Julie and I were extremely pleased after our meetings as we found it gave us the confidence that what we are doing is right by our business. Additionally, the reassurance that there is someone at the end of a telephone to provide support if you find yourself in a difficult situation is priceless. I cannot stress enough how helpful and supportive this service is."
13. The Growth Hub maintains relationships with a wide range of local and national providers (hence the term "hub") to simplify and co-ordinate access to relevant support for local businesses. The business helpline contractor, Winning Moves Ltd, provides a facilitation role for the Stoke-on-Trent & Staffordshire Enterprise Round Table, which is a knowledge exchange partnership for local providers of business support and finance.
14. To provide seamless delivery all of the existing Chambers of Commerce across Staffordshire has formally linked for the first time to deliver the Growth Hub. The Chambers have formed a new legal entity (Staffordshire Chambers Enterprise Ltd) for this purpose.

15. There is a particular emphasis on three national business support initiatives funded by central Government: Growth Accelerator (which supports businesses with the potential and ambition to grow rapidly), the Manufacturing Advisory Service, and UK Trade & Investment (which supports businesses to export goods and services). As part of Staffordshire County Council's role in managing the Growth Hub, we are co-ordinating "case conferences" where those three national business support providers consider the needs of individual client businesses and ways in which they could enhance the support they provide or refer clients to each other for additional support.

Direct Business Support

16. The Growth Hub has created two new funding programmes: one to address gaps in small grant aid, and one to unlock private investment in local firms with high growth potential.
17. The Small Business Grant Fund (SBGF) is managed by the Staffordshire & Black Country Business Innovation Centre Ltd, and is a financial programme addressing gaps for small and start-up businesses. The SBGF offers support to businesses unable to access grants from other sources. Often, this will be businesses operating on a business-to-consumer basis (where they are creating new economic activity) which are not eligible for support from European Regional Development Fund (ERDF) grants. There has proved to be significant demand for this fund and as promotion has increased grant take up has escalated.
18. The SBGF has a total grant budget of £250,000 to be invested by March 2015. Demand has been such that the fund is almost entirely invested at the time of writing, ahead of target.
19. Businesses applying to the SBGF are expected to create additional employment. The fund manager has positioned the grants as suitable for businesses where a job will be created within three months. Overall, the fund aims to support businesses to create a total of at least 50 jobs over the next two years. However, demand has been so strong that the fund manager anticipates that over 100 jobs will have been created as a direct result of the SBGF.
20. One beneficiary of the SBGF is Lyme Communications Ltd, a Newcastle-under-Lyme company specialising in creative public relations and copywriting. Danielle Bourne, company director, said: "The business has grown to the stage of requiring space to accommodate an additional employee, and the grant will really help to take this next step in our expansion. Being successful is all about standing out from your competition and communicating your value to the right people. We have the experience and contacts to achieve targeted press and media coverage for small start-ups and also larger, more established businesses, helping them to boost their profile and build their brand."

21. The second element of direct support is also a new finance initiative, the High Growth Investment Programme (HGIP). The HGIP aims to support businesses that are capable of achieving rapid growth, perhaps by commercialising a new product or service. At the same time, it aims to embed early-stage equity finance in the LEP area. The fund manager for the HGIP, Blue Sky Corporate Finance Ltd, is working in partnership with a business angel group called Minerva, with the aim of attracting more private investment into local businesses.
22. We recognised that it would likely take longer to develop applications to the HGIP, validate proposals, and undertake due diligence. In particular, the fund aims to attract private investment worth at least three times the value of any grants it invests, and it takes time to ensure that viable co-investment is secure. We anticipated that the HGIP would take longer to invest its grant budget, a total of £320,000. However, progress with this fund has also exceeded expectations, and the fund is also almost entirely invested.
23. Jobs created as a result of HGIP grants are, though, likely to take longer to be filled than those created as a result of SBGF grants. Rather than filling such posts within three months, it is likely that jobs will continue to be created over the next two years. The HGIP target is to create at least 50 new jobs. Demand from viable businesses has been such that the fund manager anticipates that closer to 100 new jobs will actually be created.
24. One beneficiary of the HGIP is Kamm Design Ltd, also based in Newcastle-under-Lyme, which is developing an advanced, tailor made bicycle for triathletes. Martin Meir, managing director, said: “We want to be able to provide a highly innovative product that enables us to fulfil the demands of the growing triathlon market. The funding we have secured through the High Growth Investment Programme will now enable us to further develop a ground-breaking product and put the area on the map as a provider of excellence in this sector.”
25. The third element of direct support brings together specialist business support in a suite of initiatives known as the SME Growth Programme. The programme includes targeted start up support building on an established enterprise coaching programme that had previously been available only within Stoke-on-Trent and Lichfield. It includes a series of workshops targeting supply-chain businesses to improve their capacity and capability of competing for tender opportunities. It includes very small grant subsidy for businesses preparing to export goods or services, delivered in partnership with UK Trade & Investment (for example, to help businesses access trade shows or to translate materials for relevant markets). And it also ensures that other relevant activity such as the County Council’s investment in the Staffordshire Business Loan Fund, are connected as “spokes” of the Growth Hub.

Summary

26. To date, during its pilot year, the Stoke-on-Trent and Staffordshire Growth Hub has exceeded expectations, both in terms of the financial and output performance of the direct support elements, and (arguably more importantly) in terms of reinforcing practical working relationships with partner organisations that deliver business support and finance across the LEP area.
27. Lancaster University has selected our Growth Hub as a case study, and is producing analysis to complement local evaluation of the project.
28. For 2015-16, we have secured further funding to continue the Growth Hub co-ordination activity including the business helpline and to contribute to the costs of the Chamber's team of advisers. These funds have been secured from the Department for Business, Innovation & Skills as part of the Growth Deal. Funding is not available from that source to continue the SBGF or the HGIP, but other opportunities will be pursued.
29. Beyond March 2016, the LEP has identified an indicative allocation within the European Structural & Investment Funds strategy (i.e. from the LEP's available sum of European Regional Development Fund). To be eligible for support from these sources, all future activities must be commissioned through open procurement, and funds must be matched by contributions from other sources. Evaluation of the pilot year (2014-15) of the Growth Hub, and refinement during 2015-16 will ensure that the commissioning of future activity is robust and continues to enhance and strengthen provision of business support across Stoke-on-Trent and Staffordshire.

List of Background Documents

1. Summary Community Impact Assessment
2. Annex 1 – Costs of Growth Hub

Report Commissioner: Steve Burrows

Job Title: Commissioner for Business and the Enterprise County

Telephone No: 01785 277204

Email: steve.burrows@staffordshire.gov.uk

Summary of Community Impact Assessment (including a Health Impact Assessment if applicable) for the Stoke-on-Trent and Staffordshire Growth Hub Update

	Impact Assessment	
SCC's Priority Outcomes & Impact Areas	Impact: (positive / neutral / negative)	Provide brief detail of impact
Prosperity, knowledge, skills, aspirations	Positive	The whole rationale for the Growth Hub Programme is to create growth in local businesses, raising prosperity and aspirations, building knowledge and skills, ensuring at least £3m investment in local businesses and the creation of at least 135 jobs.
Living safely	Neutral	
Supporting vulnerable people	Neutral	
Supporting healthier living	Positive	The proposals will improve the overall prosperity of Staffordshire which will have a positive impact on the health of Staffordshire people.
Highways and transport networks	Neutral	
Learning, education and culture	Positive	The programme will link local people with opportunities for skills and capacity building relevant to entrepreneurs start up and existing businesses.
Children and young people	Positive	The proposals will create new employment opportunities for young people
Citizens and decision making, improved community involvement	Neutral	
Physical environment including climate change	Neutral	
Maximisation of use of community property portfolio	Neutral	

Equalities Impact	Impact: (positive / neutral / negative)	Provide brief detail of impact
Age	Positive	The proposals will encourage skills development across Staffordshire and increase employment opportunities for Staffordshire people. The Growth Hub Programme will help engage local people with external programmes targeting disadvantaged groups including younger and older people seeking to start their own business.
Disability	Neutral	The Growth Hub programme will enhance access to programmes of business support for all local people including those traditionally disadvantaged through disability.
Ethnicity	Neutral	National research indicates that there are higher unemployment rates for some BME communities which could be addressed by the proposals.
Gender	Neutral	The proposals seek to benefit the whole of Staffordshire.
Religion / Belief	Neutral	The proposals seek to benefit the whole of Staffordshire.
Sexuality	Neutral	The proposals seek to benefit the whole of Staffordshire.
Impact / Implications		
Resource and value for money (in consultation with finance representatives)	The Growth Hub Programme will operate within a fixed budget of £1.1m secured from external funds (Regional Growth Fund managed by Lancaster University). The Programme is split into deliverable elements. Delivery of core elements has been procured by open tender, for	

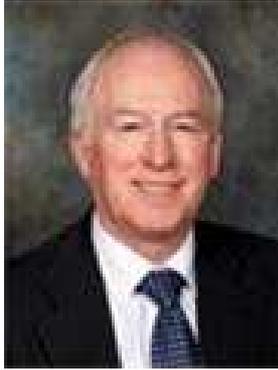
	<p>example the procurement of fund managers for two new grant programmes. This helps to maximise value for money. Financial performance is monitored by the County Council and LEP and is reported at least quarterly to Lancaster University and the Regional Growth Fund. The Programme will lever investment into local businesses from the private sector worth at least £1.6m.</p>
<p>Risks identified and mitigation offered (see corporate risk register categorisation)</p>	<p>The legal agreements between the County Council and delivery partners including the Chambers of Commerce and fund managers will mitigate against potential risks to the delivery of the projects.</p> <p>High level risks and associated resource management are considered through the Growth Hub Steering Group and the LEPs Business Growth and Innovation Group and are considered as part of quarterly reporting.</p> <p>The Growth Hub Programme is part of the City Deal and is therefore monitored and considered as part of the management of delivery of that wider programme.</p>
<p>Legal imperative to change if applicable (in consultation with legal representative)</p>	<p>None.</p>

Report Commissioner: Steve Burrows, Commissioner for Business and the Enterprise County

Annex 1

Summary of Growth Hub costs

Total budget provided by Regional Growth Fund	£1,116,131
Co-ordination activity	£223,226
<i>Grant to Chambers of Commerce</i>	<i>£115,000</i>
<i>Business helpline and database</i>	<i>£75,500</i>
<i>Other costs, e.g. events</i>	<i>£32,726</i>
Direct business support	£892,905
<i>Small Business Grants Fund</i>	<i>£285,000</i>
<i>High Growth Investment Programme</i>	<i>£352,000</i>
<i>SME Growth Programme</i>	<i>£255,905</i>



Cabinet Meeting on 21st January 2015

Best Start

Michael Lawrence, Cabinet Member for Children and Community Safety said,

“We know the quality of a child’s development up to the age of five has a huge bearing on all aspects of the rest of their life, therefore we owe it to every child to do all we can to ensure they have the best start possible.

Most parents do a good job taking care of their children and do not need our assistance beyond help accessing the right information to make positive choices for their families. However, despite intensive effort and investment by many different agencies in recent years, we are not reaching all the young families who need us most.

We need a new approach to early years, including how we work with schools and other partners, which involves providing the right information and advice, refocusing our resources on those in need and reconfiguring how we use our Children’s Centres in future.

We are proposing to change the philosophy of how we deliver services for maximum impact to benefit those most in need of support and to ensure every Staffordshire child is safe, healthy and ready to take advantage of all that a good education has to offer.”

Report Summary

There is an overwhelming amount of evidence that shows the profound importance of the first five years of a child’s life to their emotional, social and cognitive development and their ability to do well in school and lead happy and healthy adult lives¹.

¹ Department for Education, 2012. *Supporting families in the foundation years*.
<http://www.education.gov.uk/childrenandyoungpeople/earlylearningandchildcare/early/a00192398/supporting-families-in-the-foundation-years>

¹ Allen MP, G (2011) *Early Intervention: Smart Investment, Massive Savings – The Second Independent Report to Her Majesty’s Government*

¹ Tickell, C (2011) *The Early Years: Foundations for Life, Health and Learning*. An Independent Report on the Early Years Foundation Stage to Her Majesty’s Government

¹ Munro, E (2011) *The Munro Review of Child Protection: Final Report – A child-centred system*

Ensuring that families therefore have the opportunity to provide their children with the best start in life is critical, particularly to the development of prosperous and safe communities and making Staffordshire a great place to live.

In September 2014, Cabinet agreed to consult with residents, individuals, partners, interested organisations and other key stakeholders in order to help shape a new approach to ensuring that all young children in Staffordshire will have the opportunity to get the best start in life.

This report brings back to Cabinet for approval a summary of the findings of the 8 week consultation and the final proposals for a new approach to giving children the best start in life. The report outlines our plans which are built upon what we consider to be the key components to the best start in life and are based on an integrated model of commissioning and delivery with partners in the future. The report also makes recommendations relating to the future configuration of Children's Centre premises.

It should be noted that this phase of work contributes to the County Council's longer-term Best Start Strategy as part of the Council's Business Plan for 2015/16 and which will include the transfer of the Health Visitor commissioning responsibility to the Council in October 2015.

Should the recommendations be agreed by Cabinet then it is planned that the new arrangements will be put in place for 1 April 2015.

Recommendations

1. I recommend that Cabinet:
 - a. Endorses the content of the report and the proposal for a new way of working for under-5s in Staffordshire.
 - b. Notes the contents of the Public Consultation Report and Community Impact Assessments for each district.
 - c. Gives authority to the Director for People, in consultation with the Cabinet Member for Children and Community Safety, to take all such steps, decisions and actions as are necessary to give effect to the proposals as set out in paragraphs 25-45 of the Cabinet report.

¹ Marmot, Sir Michael, 2010. *Fair Society, Healthy Lives*.

<http://www.instituteofhealthequity.org/projects/fair-society-healthy-lives-the-marmot-review>

¹ A Cross Party Manifesto: *The 1001 Critical Days*

¹HMCIP Education, Children's Services and Skills *Early Years* Ofsted (2014)

Local Members Interest

N/A

Cabinet – 21st January 2015

Best Start

Recommendations of the Cabinet Member for Children and Community Safety

2. I recommend that Cabinet:
 - a. Endorses the content of the report and the proposal for a new way of working for under-5s in Staffordshire.
 - b. Notes the contents of the Public Consultation Report and Community Impact Assessments for each district.
 - c. Gives authority to the Director for People, in consultation with the Cabinet Member for Children and Community Safety, to take all such steps, decisions and actions as are necessary to give effect to the proposals as set out in paragraphs 25-45 of the Cabinet report.

Report of the Director for People and Deputy Chief Executive

Introduction

3. Staffordshire County Council has three priority outcomes to build a better Staffordshire. These priorities are that the people of Staffordshire will:
 - a. Be able to access more good jobs and feel the benefits of economic growth;
 - b. Be healthier and more independent; and
 - c. Feel safer, happier and more supported in and by their community.
4. The first five years of every child's life are critical for positive future health and development. Evidence strongly suggests that high quality support for pregnant women and new mothers, as well as good parenting skills and growing up in a caring environment, has a profound influence on virtually all aspects of development, including educational attainment, future achievement and wellbeing. Ensuring that families are able to give their children the best start in life is fundamental to the County Council's priority outcomes.
5. At the beginning of 2014 the Commissioner for Families and Safety was asked by Cabinet to undertake a review of the efficiency and effectiveness of Children's Centres and related services. This review suggested that the current system is

not functioning well and, despite considerable investment by the County Council and its partners, we are not making enough of a difference to the lives of vulnerable families.

6. This included a first phase of engagement which commenced in April 2014 and began the conversation with communities and stakeholders as to how we can change the way we commission early years services to better serve the needs of our most vulnerable families. The findings from this exercise contributed to the development of initial proposals.
7. As a result, a report was brought to Cabinet in September 2014, suggesting a new model which includes a more integrated approach for under 5s: connecting all families to what they need in the community and bringing together our resources with those of other organisations to increase efficiency, reduce waste and improve outcomes for children and families based upon two key principles:

A quality offer for all accessed through:

- a. Information, advice and guidance
- b. Good universal services

Extra support for those who need it by providing:

- c. Effective early help for those at risk
 - d. Protection for the most vulnerable families
8. The Cabinet agreed to a full countywide public consultation taking place on these proposals running between 8th October 2014 and 3rd December 2014. It was agreed that the findings of this consultation would be used to inform a final set of proposals that would be brought back to Cabinet in January 2015. This report brings back to Cabinet:
 - a. A full and summary analysis of the findings of the county-wide consultation.
 - b. Final proposals for a new early years' delivery model, including future commissioning intentions, for approval by Cabinet.
 - c. Property proposals based upon the proposed delivery model; and
 - d. Eight Community Impact Assessments (CIAs) outlining the potential impacts on each district and proposed actions to mitigate any potentially negative implications on any particular groups.

Context:

9. There are approximately 46,099 children under five years of age living in Staffordshire today. The majority of these children will live in families that provide

them with the best start in life, needing only information, advice and guidance and access to the universal services that everyone receives such as GPs, Midwives, Health Visitors, and quality childcare, and good schools.

10. However, a small number of families need extra support. The following are some key headlines for Staffordshire:

- a. As of the end of June 2014, 569 children under 5 were subject to a Common Assessment Framework (now termed an Early Help Assessment). There were also 1,237 under 5's with an open case with a social worker².
- b. Between October 2013 and September 2014, on average there were 228 children under-five subject to a Child Protection Plan (CPP) across the County³.
- c. Between October 2013 and September 2014, there were on 87 Looked After Children aged under-five⁴.
- d. Analysis of Child Protection Conferences and Reviews held for under-fives between September 2013 and February 2014 identifies the top three predisposing factors as domestic violence, mental health of carer and substance misuse, including alcohol.
- e. Despite improvements in levels of development and school readiness (an increase of 10% from 54% to 64% from 2013 to 2014) this still leaves 36% of children in the County who are not considered to be school ready by age 5.
- f. There is also inequality, with a gap of 22 percentage point in levels of attainment between those children who are eligible for free school meals and those that are not⁵.

Legislative and Policy Drivers

11. Staffordshire County Council has a number of statutory duties regarding early years, in particular childcare, early education and safeguarding. A list of these duties can be found as Appendix A to this report. We believe that these proposals fulfil the County Council's Statutory Duties in relation to Early Years and have made a submission to the Department for Education.

² Staffordshire Early Years Performance Dashboard (October 2014)

³ Data obtained from Families First – 08/05/14

⁴ Ibid

⁵ Staffordshire Early Years Performance Dashboard (October 2014)

12. The Government has set out its vision for early years⁶ which includes greater focus on early intervention, emphasizes the critical importance of early years in the development of the child and the importance of the role of the family. Recent policy initiatives have focused on the importance of good quality childcare to enable parents to work and help to identify children's needs earlier to reduce gaps in educational attainment, the increased role of schools and the introduction of the Early Years Pupil Premium for disadvantaged families.

Ofsted

13. The Children's Centre Ofsted Framework changed significantly from April 2013 and there is now a much greater emphasis placed on the impact of children's centres on targeted young children and their families. They make three key judgments that contribute to a judgment on the overall effectiveness of the centre. The three key judgments are:

- a. Access to services by young children and their families
- b. The quality and impact of practice and services
- c. The effectiveness of leadership, governance and management.

14. However, the four recent inspections of Children's Centres by Ofsted have shown that the current model of delivery is fragmented and complex and that we are not reaching those families who are in need and that there is an absence of robust performance management. Going forward local authorities will be inspected on the basis of their 'Early Years Offer' rather than individual Children's Centres.

Findings of the public consultation

15. The public consultation took place between 8th October and the 3rd December 2014. The approach undertaken was based on a consultation plan that included multiple methods, targeting different groups of interest in different ways in order to reach the widest audience and secure maximum involvement. This approach has delivered successful results, achieving a total of 1,605 responses to the survey and over 400 also engaging in a wide variety of public meetings and organised events. In addition feedback was also received via letters, emails, stakeholder meetings and social media.

16. As part of the consultation a third-party market-research company was also commissioned to determine the views of the parent population at large, in order to help ensure the views of parents who do not use children centres are reflected in the findings. A total of 400 surveys were secured through this exercise and are included in the total response of 1605.

⁶ Department for Education, 2012. *Supporting families in the foundation years*. <http://www.education.gov.uk/childrenandyoungpeople/earlylearningandchildcare/early/a00192398/supporting-families-in-the-foundation-years>

17. Respondents almost unanimously supported the vision and priorities for the early years offer set out in the consultation, which included focusing on early help for families that need it, ensuring children are ready for school and promoting positive parenting.
18. In terms of the proposals 32% of respondents agreed that the proposals would help to ensure that all children get the best start in life, while 36% disagreed, 24% neither agreed nor disagreed and 9% did not know.
19. Accessibility was a key concern, particularly in relation to residents of rural areas and low income families, and the need to ensure that parents who cannot travel to other venues are not isolated.
20. When asked what types of information parents of a child under 5 would need and when they would need it, comments reflected the importance of specific information at key milestones. Information, advice and guidance on raising a baby and how to cope was regarded as important, as well as information on child health over time. As children continue to grow, advice on how they could be best supported to learn and develop was critical, followed by information on preparing for and choosing a nursery or school.
21. Respondents were also asked how they would prefer to access information and advice on children and family services, with 53% stating that they would prefer to access information via the Staffordshire County Council Website. Future plans for a robust online information, advice and guidance system to signpost parents to local and universal services is a key priority for the County Council.
22. As part of the consultation the County Council engaged with Ofsted, the Department of Education, and 4Children (who are funded by the DfE to support local authorities around early years), as well as local stakeholders including Schools, SSOTP and Families First, to gauge the impact of the proposals. The DfE has written back to the Local Authority, acknowledged our proposals and indicated that if the proposals are approved then they will work with Staffordshire following the Cabinet decision to help ensure that premises continue to predominantly provide early years service.
23. Undertaking a full consultation has provided a meaningful mechanism for individuals, communities, members/scrutiny, employees, partners, interested organisations and other key stakeholders to consider and comment on the proposals prior to any decisions being made.
24. As a result we have amended the original proposals to take account of issues raised in relation to rurality and outreach support, property and premise management, which are outlined within the proposed new model.
25. A full analysis and summary report on the findings of the public consultation can be found in Appendix B.

Proposed Best Start Offer

26. Taking the consultation findings, current performance and MTFs pressures into account, it is clear that we need to make changes in order to ensure that every child in Staffordshire is being given the opportunity to get the best start in life. This needs to be done in a way which makes best use of resources, delivers a universal offer alongside targeted support for those who need it most, and can demonstrate improved outcomes.
27. As part of its work programme Safer and Stronger Communities Select Committee undertook a review into the Council's early years offer and the its findings and recommendations were endorsed by the Committee on 8 September 2014. The key recommendations, which have been taken into full account in the final proposals, included:
- a. Creation of a clear vision and strategy for early years
 - b. A focus on empowering communities
 - c. Robust and integrated commissioning arrangements
 - d. A new framework for monitoring and evaluation
 - e. A review of Children's Centre facilities
 - f. Continued consultation with the Committee
28. As part of the consultation process we have also worked closely with partners across the Children's Strategic Partnership, including commissioners and providers, who are committed to delivering an integrated 'Best Start' offer for Staffordshire's families (See Appendix C and D).
29. As part of our contribution to that integrated offer Staffordshire County Council will:
- a. Promote access to information, advice and guidance (IAG) to all families across Staffordshire using a combination of applications, including telephone, web links, and the Staffordshire E-Marketplace.
 - b. Ensure there are sufficient, high quality childcare places for all parents through our partnership with Entrust, and delivery of the Think 2 Programme.
 - c. Work with learning providers, including schools, to ensure that Staffordshire parents can access what they need to provide their children with early learning and family learning opportunities.

- d. Continue to work with NHS England to manage the Health Visitor Transition programme, and ensure that all children receive development health checks, and that vulnerable families are flagged for additional support within the new arrangements.
- e. Ensure that the use of the Early Help Assessment is embedded across Staffordshire and used appropriately to flag individual families in need of additional help before problems escalate within the new arrangements.
- f. Target support towards those families in localities of need and deliver a co-ordinated range of activities including family support, parenting programmes and early learning where our data is telling us there are significant gaps in attainment and there is high demand on the children's social care system.
- g. Continue to commission Families First to deliver assessment and support to meet the needs of complex and vulnerable young families in each district, as part of the Best Start offer.

Proposed Governance, Leadership and Management

30. As noted by Ofsted, the current governance arrangements for Children's Centres in Staffordshire is complex with both a County Children's Centre Board, Management Advisory Boards and Locality Groups in existence which vary in quality and attendance and appear to fulfil the same legal functions. Moving forward we need to ensure that there is a more robust governance structure engaging partners to deliver an integrated Best Start offer for Staffordshire in line with our statutory duties.
31. It is therefore proposed that the County Children's Centre Partnership Board is dissolved and replaced with a County Early Years Advisory Board, chaired by the Lead Member for Children, which reports into both the County Council Children's Improvement Board and the Children's Strategic Partnership, as well as linking to the Staffordshire Safeguarding Children's Board. This Board would broaden out its agenda beyond the Children's Centre Core Purpose and include a broader range of key topics including childcare sufficiency, health visitor transition, performance, safeguarding and commissioning. Its role would be to set SMART targets and to provide challenge, support and scrutiny performance at a county level.
32. The existing District Management Advisory Boards should be rationalised and merged with other district forums where appropriate. This could be taken forward by the District Commissioning Leads, supported by the Commissioning Delivery Hub, to ensure it is handled effectively and that there is clarity in the terms of reference to ensure compliance with statutory duties and the Ofsted framework.
33. With effect from 1 April 2015 Families First would no longer be commissioned to take on the Leadership and Management role of the Children's Centre Core Purpose. The accountability would transfer to the Commissioner for Families and Safety

and be delivered at an operational level by contracted providers within each district, overseen by the Commissioning Delivery Hub. Families First would retain premise management responsibility for those buildings where this is the current arrangement.

34. The Commissioner for Families and Safety will become the accountable officer for Ofsted inspections, supported by the Commissioning Delivery Hub. In line with statutory guidance each Children's Centre will need to have a named registered Centre Leader. It is proposed that this is the commissioned District Co-ordinator on behalf of the Commissioner for Families and Safety.

Proposals in relation to efficiency savings

35. Like most Local Authorities the County Council is facing funding reductions which inevitably mean that services are asked to achieve efficiencies, and as part of the 2014/15 MTFS, a savings target of £1.5m in 2014/15 rising to £3m in 2015/16 was agreed.
36. A full review of all areas of expenditure has been undertaken and to date on-going savings of approximately £1m have been realised. The balance of savings to achieve the MTFS target for 2015/16 will be achieved through a combination of additional premises savings and a further review of services that are commissioned in order to target those Children and Families most in need. In addition, in order to deliver a more coordinated approach to the delivery of Early Years services and achieve even better value for money, it is planned to align available resources with other key early year's activity such as Think 2 and Building Resilient Families and Communities.
37. Within the new model we will continue to commission key activities, as part of our statutory duties, and we intend to commission key services using the Children's Centre Service Framework until April 2016. The priority for the Commissioner for Families will be early learning and family support, including parenting programmes. In addition, we will continue with the current arrangements for the spot purchase of co-ordination to include some premise management.
38. These changes, along with the reconfiguration of premises, aligned commissioning intentions and budgets will allow us to achieve MTFS targets for 2015/16. Moving forward, as part of the development of the overall Best Start Strategy we will seek to further align commissioning intentions with partner agencies to further develop the district offer as part of the commissioning arrangements for 2016/17.

Proposals in relation to Property

39. Our initial review showed that not enough families, including those who are most vulnerable, are accessing the facilities we are currently using to provide early years services from. There are currently 26 designated Children's Centres grouped into clusters with additional 'link sites'. We propose to reconfigure our premises in order to deliver what is required in a different way, allowing others to

take on the management of the resources and releasing capacity to focus upon delivery where it is needed most.

40. These proposals are based on a rigorous analysis of indices of multiple deprivation, the number of 0-5s reached (including those in the areas of highest deprivation), the running cost, the viability of partnership working and the outcomes achieved. For a full list of the final proposals for how our buildings will be used in the early years offer moving forward see Appendix E.

41. In summary we are proposing the following changes:

- a. In the majority of cases, schools to take on the management of facilities on their site and, subject to a transfer agreement, use the resources to support Best Start agenda and contribute to school readiness, for example through the Think 2 programme.
- b. Retain 11 facilities as Family Hubs with a broader remit to promote integrated working and deliver the local 'Best Start' offer but aligned to the broader Building Resilient Families and Communities agenda, and provide a facility for multi-agency co-location, programme delivery and co-ordination functions.
- c. Transfer the management of facilities within library buildings to the Culture and Library Service to use for the benefit of the community, as part of their contribution to family learning as part of our Best Start agenda.
- d. Retain two designated Mobile Centres for deployment in rural locations to address concern raised during the consultation.

42. The 11 retained sites would provide a facility for co-located Family Teams and a venue for delivery and co-ordination functions and provide a presence in key localities, as well as meet our statutory duties in line with the Core Purpose for Children's Centres.

43. It is proposed that partners will continue to have access to the buildings, including Families First and SSOTP, although dialogue regarding access will need to be managed locally in accordance with the needs of users. Families First will continue to be resourced to manage those premises which are retained including caretaking, reception and health and safety.

Staffing

44. The County Council employ 4 staff (2.95 full time equivalent), that work within the South Staffordshire District, that are directly affected by the proposals. Subject to the decision, the proposal would have an impact on the post holders currently providing the service. If the proposal is approved by cabinet, formal consultation with relevant Trade Unions would be undertaken by the service lead, supported by HR in respect of staff employed within the establishment.

Community Impact Assessment

45. Eight Community Impact Assessments (CIAs) have been completed on the proposals outlined in this report. These assessments consider the impacts of these proposals on residents in each district and the needs based on demographic trends, in line with the protected characteristics defined by the Equality Act 2010. These reports can be found as appendix F to this report.

Next Steps

46. If approved by Cabinet, the Director for People and the Commissioner for Families will be given authority, in conjunction with the Cabinet Member for Children and Community Safety, to begin to work with our partners to put in place the early year's model as set out in this report.

List of Background Documents:

- Appendix A – Local Authority Statutory Duties
- Appendix B – Best Start Consultation Report
- Appendix C – Best Start Pathway Model
- Appendix D – Best Start Commissioning Plan
- Appendix E – Property Plan
- Appendix F – Community Impact Assessments

Report Commissioner:

Janene Cox, Commissioner for Tourism and the Cultural County

Telephone No: 01785 278368

E-mail: Janene.cox@staffordshire.gov.uk

Table of Local Authority Statutory Duties for Early Years:			
Category	Duty	Description	Legislation
Childcare	Duty to secure prescribed early years provision free of charge	To ensure that all children under school age, as described in regulations or in guidance from the Secretary of State, can access free nursery education.	Childcare Act 2006 Section 7, as amended by Education Act 2011 Section 1
Childcare	Duty to secure sufficient childcare for working parents (or parents in education/training)	To require local authorities to ensure there is childcare available to enable parents to take up or remain in work or to undertake education or training to assist them in obtaining work.	Childcare Act 2006 Section 6
Childcare	Duty to assess childcare provision	To ensure local authorities undertake an assessment to childcare provision in their area to enable them to meet their duty to secure sufficient childcare for working parents (s6 Childcare Act 2006) guidance was repealed with Think2 guidance. Guidance is now that analysis should be reasonably practicable	Childcare Act 2006 Section 11
Childcare	Duty to provide information, advice and training to childcare providers, and prospective providers	To ensure that local authorities give local childcare providers and would-be providers in their area the necessary support to help deliver sustainable affordable and high quality childcare that meets the needs of the community.	Childcare Act 2006 Section 13
Children's Centres	Duty to secure sufficient children's centres to meet local need, so far as this is reasonably practicable	Intended to ensure there are sufficient children's centres in all local authority areas and that they provide the core offer for children's centres.	Childcare Act 2006 Section 5A, Apprenticeships, Skills, Children and Learning Act 2009
Children's Centres	Duty to secure that each children's centre is within the remit of an advisory board	Intended to ensure there are advisory boards for all children's centres. These provide advice and assistance to children's centre leaders, who are	Childcare Act 2006 Section 5C Apprenticeships, Skills, Children and Learning Act 2009

	and a governing body.	responsible for managing children's centres	
Children's Centres	Duty to secure that consultation is carried out before children's centres are opened or closed or have significant changes made to services	Intended to ensure that local parents and any other interested parties are consulted about any major changes that are proposed to be made to children's centre provision	Childcare Act 2006 Section 5D Apprenticeships, Skills, Children and Learning Act 2009
Children's Centres	Duty to consider whether early childhood services should be delivered through one of the children's centres in the area	Intended to ensure that local authorities (and Primary Care Trusts and Job Centres Plus) actively consider whether services to young children and/ or their parents should be provided through children's centres.	Childcare Act 2006 Section 5D Apprenticeships, Skills, Children and Learning Act 2009
Children's Centres	Duty to produce and publish an action plan after an Ofsted inspection	Intended to enable parents and others interested in the quality of children's centre provision to see how any concerns arising during an inspection are going to be addressed.	Childcare Act 2006 Section 98C(3), Apprenticeships, Skills, Children and Learning Act 2009
Early Years	General duty to improve the well-being of children under five and reduce inequalities.	Places a duty on local authorities to improve the outcomes of all children under 5 and close the gaps between groups with the poorest outcomes and the rest by ensuring early years' services are accessible to all families.	Childcare Act 2006 Section 1
Early Years	Local authorities are required to act in manner best calculated to meet targets set for them by the Secretary of State.	Section 1 gives powers to Secretary of State to set targets in relation to the local authority early years outcome duties and underpinning regulations set out the process to be followed. i.e. local authority targets set must relate to the Early Years Foundation Stage Profile.	Childcare Act 2006 Section 1(3) and (4). Secondary - Local Authority Targets (Well-Being of Young Children) Regulations 2007 (SI 2007 / 1415) as amended by 2008 regulations.
Early Years	Duty to make arrangements to work with the National	To ensure Local authorities work with National Health Service Commissioning Board s and Jobcentre Plus to	Childcare Act 2006 Section 4

	Health Service Commissioning Board and Job Centre Plus in performance of the local authority's duties under sections 1 and 3 of Childcare Act 2006	achieve their early years outcome duty.	
Early Years	Early Years Foundation Stage: Places a duty on local authorities to make provision to ensure that early years foundation profile assessments made by providers in their areas are accurate and consistent, and have regard to any guidance given by the Department for Education.	Enables local authorities to ensure schools and early years providers fulfil their statutory duty in implementing and administering early years foundation stage assessment arrangements. The duty is intended to support the accuracy and consistency of early years foundation stage profile data reported to parents and practitioners, and by the Department for Education at national and local authority levels.	The Early Years Foundation Stage (Learning and Development Requirements) Order 2007

Appendix B: Best Start Consultation 2014

Analysis of Results

DOCUMENT DETAILS

Title	Best Start Consultation 2014 Analysis of Results
Description	The purpose of this document is to provide details of feedback from the Best Start Consultation.
Date created	December 2014
Produced by	Insight, Planning & Performance Team, Staffordshire County Council
Time Period	4th October to 3rd December 2014.
Usage statement	If you wish to reproduce this document either in whole, or in part, please acknowledge the source and the author(s).
Copyright and disclaimer	<p>This product is the property of Staffordshire County Council. If you wish to reproduce this document either in whole, or in part, please acknowledge the source and the author(s).</p> <p>Staffordshire County Council, while believing the information in this publication to be correct, does not guarantee its accuracy nor does the County Council accept any liability for any direct or indirect loss or damage or other consequences, however arising from the use of such information supplied.</p>

EXECUTIVE SUMMARY

The Best Start consultation took place between 4th October 2014 and 3rd December 2014. A total of 1,605 structured responses were received to the consultation: 1,204 were received via the consultation survey. Another 401 responses were received via a third-party market-research company commissioned to determine the views of parents who have not used Children's Centres. These consultation responses were sought via street and door to door interviews and through local baby clinics and parent and toddler forums. Their views were sought to ensure the consultation included representation of parents who had not used Children's Centres. Feedback was also received via letter, email and organised events.

Staffordshire's Vision for Early Years

Respondents were asked to what extent they agreed or disagreed with the five essential things that every child needs to have the best start in life. Between 96% and 100% of respondents agreed. Respondents stated that *"they seem like common sense"*. The need to signpost parents to services was highlighted and some stated that the 'five essential things' were difficult to disagree with.

Respondents were also asked to what extent they agreed with the five objectives set out as part of the vision, and how they thought these objectives can be achieved. A key theme was by making the services accessible: *"by being able to access the support necessary to achieve"*.

Staffordshire's Early Years Offer

Respondents were asked to what extent they agreed or disagreed with the five priorities on which the early years offer is based. Between 94% and 97% of respondents agreed. Respondents stated that they *"all seem like common sense"*. Respondents were asked how they would prefer to access information and advice on children and family services, with 853, or 53% stating that they would prefer to access information via the Staffordshire County Council website.

When asked what types of information respondents would need as a parent of a child under 5 and when they would need it, comments reflected the importance of specific information at key milestones. In the early days of parenthood, information advice and guidance on raising a baby and how to cope was important, over time information on child health was also viewed as important. As children continue to grow advice on how children could be best supported to learn and develop was important, followed by information on preparing for and choosing a school.

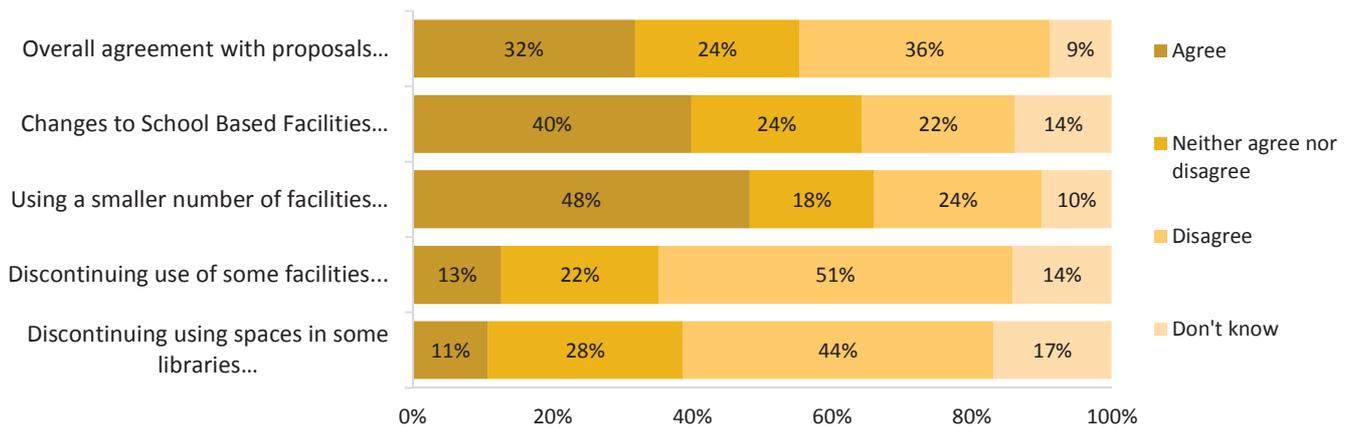
Respondents took a range of considerations into account when choosing a childcare provider including quality, safety, friendliness and environment. Experience and qualifications were also important, as was the location of the provision. Respondents felt families would need regular support and advice on an ongoing basis, as well as financial support and/or access to affordable childcare and/or activities. Advice on finance and housing and access to positive parenting classes would also be of benefit.

Overall Views on the Proposals

32% of respondents agreed that the proposals would help to ensure that all children get the best start in life, while 36% disagreed. Respondents who had not used Children's Centres were more likely to agree with the proposals than respondents who used them.

The proposal to continue to use a smaller number of facilities where the model was considered to be working well received the most agreement from respondents. There was most disagreement for the proposal to not continue to use facilities that are not working well/and or are not in the best locations to deliver the County Council vision for children's early years.

Figure a: Proportion of respondents who agreed/disagreed with the proposals overall, and by individual proposal



Respondents generally agreed that *“all children deserve the best start in life”*. Many believed that the provision of services should be universal and *“regardless of background”* whereas other said that it was important to *“focus on those that need it”*. Many respondents considered the proposals to be at odds to the ‘vision’ and the ‘best start in life’: *“closing [children’s] centres is not helping the children have the best start”*.

Comments in Agreement

Respondents agreed with the proposals *“because they [children’s centres] are not working”* and *“If [they are] not attended, why waste resource where it is not needed”*. Money and funds were also a common theme: *“if they are not working we should use the funds elsewhere”*.

Respondents also stated that they considered schools to be the right environment in which to begin a child’s education: *“It’s a good use of existing resources”* and that it would be *“good for children”*. Others stated that they did not believe libraries were suitable: *“A library is not an ideal place anyway”* and *“I’m not sure libraries are the right location for this type of provision”*.

A key theme was around continuing providing the existing services where there is a need: *“If attendance is high it must be popular and working”*, *“don’t change something which is working well”* and that *“facilities with good attendance should stay open”*.

Comments in Disagreement

Many respondents were concerned about the potential closure of children’s centres: *“children’s centres are needed and should not be closed”*. Many respondents also believed the current services are working well and expressed concern about the ability of schools to cater for Early Years: *“schools have enough with managing their schools”*.

Others stated that the provision was not the problem and that under-usage was the consequence of services *“not being promoted well enough, use social media”* and that the council *“need to make more families aware and encourage use”*. Comments included: *“advertise better and seek out families that would benefit from use”* and *“they are not used because people don’t know much about them”*. Promotion of services was proposed as an alternative to closing centres: *“If attendance isn’t high then more promotion is needed”* and stressed the *“need to encourage parents to use facilities not shut them”*.

Accessibility was a key concern for many who disagreed with the proposals, particularly in relation to residents of rural areas: *"This proposal is not meeting your aims for rural communities"* and *"the bus services in the rural area are terrible"*.

Regarding accessibility of services, some suggested that the proposal ran *"the risk of alienating parents who cannot travel to other venues"*. It was pointed out that *"isolation is a major problem for families without transport"* and *"surely every child matters"*. Respondents also believed the removal of services from some locations would create more problems and that *"low income families always suffer"*, *"people need face-to-face and group support. Technology is not the answer to someone who is struggling"*.

The accessibility of libraries as venues was a key theme: *"libraries are central locations everyone can access"* and *"a library is a great place for families"*. Respondents highlighted the opportunities presented by shared use of libraries and the importance of libraries as an educational resource. Respondents stated that *"libraries are places of learning"* and provide *"the foundations of learning"*.

Concerns were also raised about the long term financial and social cost of potential closures: *"you are setting us up for much more social problems in the future"*. Respondents also raised concerns about child development: *"the best start in life mixes children and parents of all backgrounds together"*. The perception that the proposals amounted to a cost-cutting exercise was also a common theme, as was the issue of universalism. It was suggested that services should be available for all, regardless of background.

Respondents were asked if they had any ideas how these locations could be used to benefit their local community?

There was a wide range of alternative uses proposed including: *"as community hubs, to base a variety of services/activities"*, *"[they should be] available for hire by the local community"*, or as *"holiday clubs and play schemes for 0-5 year olds"*. Further suggestions included *"after school clubs and breakfast clubs"*, *"any local organisation who needs them should be able to use them"*.

Impact of the proposals

Many respondents stated that the proposals would have a negative or detrimental impact on either themselves and/or their children: *"the proposals will have "a massive impact on my daughter"* and *"I would lose a massive support network of other parents"*. The lack of social interaction was also a key theme: *"It can be a lonely place when you are a first time mum, meeting other mum's is essential"*.

Many respondents stated that they will not be affected by the proposals, as they currently earn too much to qualify for services. Comments were also received from organisations and or professionals working in the early years field: *"As an organisation we could lose contact with families and it would make partnership working more difficult"*.

Perhaps unsurprisingly, non-service users were much more likely to say that the proposals would have *"no impact personally"* or that they *"don't know"* what impact they will have. Some respondents not eligible for free services were concerned that alternatives services would *"cost more"* and some felt that they would not be able to *"afford"* to use *"alternative services"*.

Some stakeholders and providers expressed a keen interest in working with the County Council to discuss how they could be involved in the future. *"Targeted approaches"* for the most vulnerable were widely supported and *"localised service delivery"* was considered important.

CONTENTS

	Executive Summary	III
	Contents	VII
1	Setting the Scene	1
	Introduction	1
	Methodology	1
	Profile of Respondents	2
	Respondents by District	2
3	Survey Respondent Characteristics	3
4	Staffordshire's Early Years Proposal Overall	5
5	Staffordshire's Vision for Early Years	8
6	Staffordshire's Early Years Offer	10
7	Our Facilities	13
	Proposal 1	13
	Proposal 2	15
	Proposal 3	17
	Proposal 4	20
8	How Will The Proposals Affect You?	22
9	Other Sources of Feedback and Information	24
10	Demographic Profile of Respondents	27
11	Appendix: Data Tables	28

I. SETTING THE SCENE

Introduction

Our vision is that all children in Staffordshire should have the opportunity to get the best start in life and be safe, healthy and ready for school. The first five years of a child's life are vital for their future, so it's really important that parents and carers feel able to take care of them.

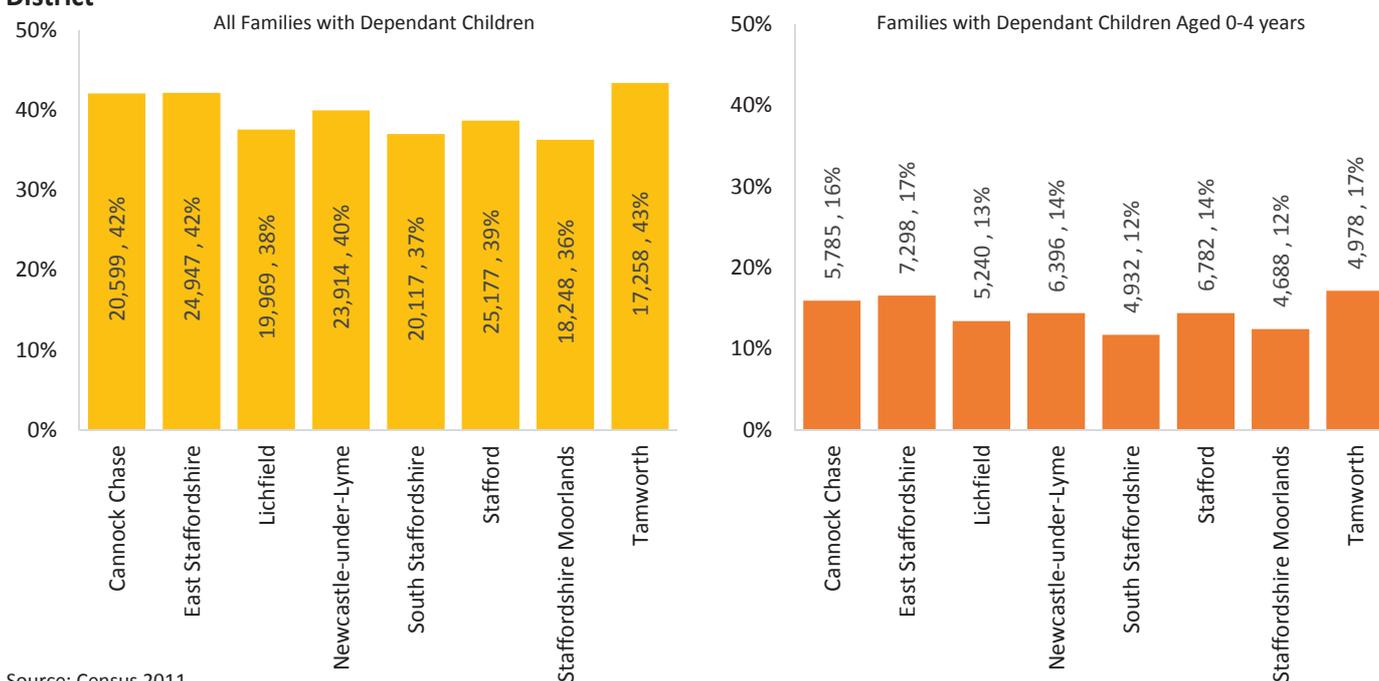
We believe we need to change how we work with parents and our partners and focus more effort on connecting parents to what they need, where they need it and when they need it, rather than on buildings that are not well used.

Our proposals aim to improve outcomes for young children in Staffordshire, particularly those from disadvantaged backgrounds. The County Council has consulted widely on their proposals and this report provides a summary of consultation findings.

Families in Staffordshire with 0 to 4 year olds

According to the 2011 Census, there are approximately 254,000 families in Staffordshire. Of these families 40% (100,400) have dependent children and 14% (36,600) of total families have dependent children aged 0 to 4 years.

Figure 1: The proportion of Families Who Have Dependent Children in Staffordshire & Number of Children by District



Source: Census 2011

Methodology

The Best Start consultation took part between 4th October and the 3rd December 2014. A total of 1,605 structured responses were received to the consultation: 1,204 were received via the consultation survey. Another 401 responses were received via a third-party market-research company commissioned to determine the views of parents who have not used Children's Centres. These consultation responses were sought via street and door to door interviews and through local baby clinics and parent and toddler forums. Their views were sought to ensure the consultation included representation of parents who had not used Children's Centres. Feedback was also received via letter, email and organised events.

The local knowledge of District Commissioning Leads was also sought. They provided contact details of local baby clinics and parent and toddler forums where known parents who had not used Children’s Centres would be. 90% of respondents to the questionnaire indicated that they were current users of Children’s Centres. 99% of respondents to the market-research company survey indicated that they did not use Children’s Centres.

58 meetings were held during the consultation period and over 400 people were reached through these. Multiple letters and emails were also received. A wide range of people representing 0 to 4 year olds were encouraged to engage in the consultation through meetings. Some were set up specifically to discuss the consultation, others were pre-existing meetings and slots were secured on agendas to publicise the consultation and encourage participation and feedback. Meetings were also sought with a wide range of key groups from across all districts in Staffordshire. Key groups included parents and grandparents who were responsible for children between the ages of 0 to 4, councillors, providers, stakeholders, health professionals and staff from Families First.

Profile of Respondents

90% of total respondents were female, the largest proportion (44%) were from the 25-34 years age group. Almost two thirds of respondents (61%) were working full time, while an addition 23% looked after the home or family. 96% were of White British ethnicity, which is broadly representative of the Staffordshire population.

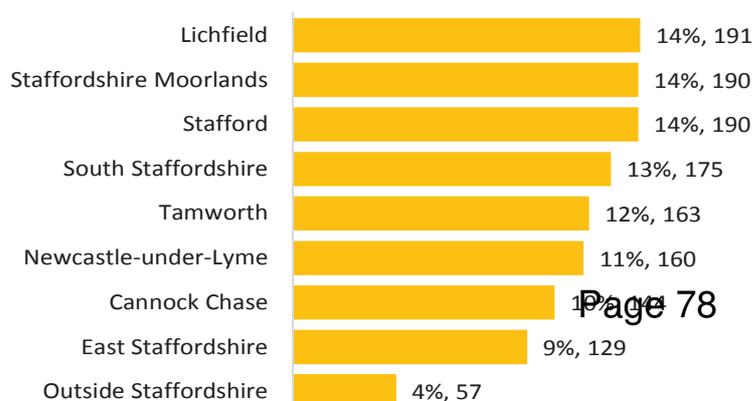
114 respondents (7.9%) indicated that their child had a disability. The largest proportion of which were classified as ‘social/communications impairment’ (53 respondents) or ‘Learning difficulty’ (43 respondents) disabilities. Various other disabilities were cited by parents, including impaired development and genetic conditions. Full details of these are in the Appendix. 6.3% of parents also had a disability. Mental health conditions were most common (2.7%) followed by physical impairments or mobility issues (1.5%).

Analysis shows the rate of response to the consultation is statistically significant, with a confidence level of 99% and a confidence interval of plus or minus 3.3%. For example had 50% of survey respondents strongly agreed with a question, 99% of the time between 46.7% and 53.3% of the Staffordshire population would have given the same answer. The response rate at a district level is not as statistically robust with a confidence interval of approximately +/- 9.2%.

Responses by District

Respondents were prompted for their post code. A total of 1,399 valid post codes were received throughout the consultation which allows the respondents’ district of residence to be identified. The highest number of responses was from Lichfield District with 191 responses, whilst the lowest was from East Staffordshire with 129 responses.

Figure 2: Consultation Responses, Number by District, Valid Post Codes Only

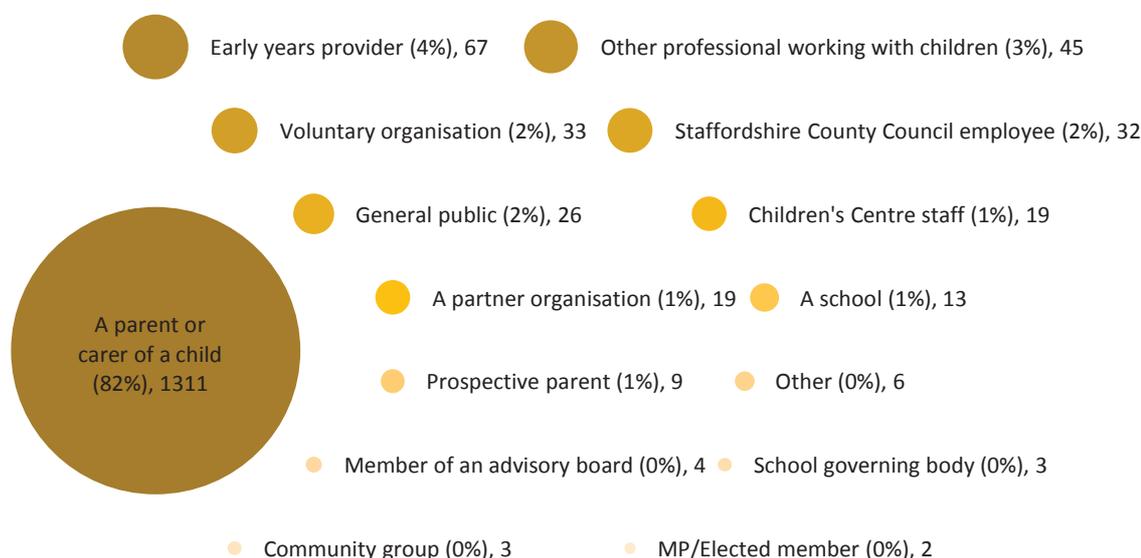


2. SURVEY RESPONDENT CHARACTERISTICS

Respondent Characteristics

Not all respondents provided details of their characteristics. Respondents were asked to select the option(s) that best suited them, as illustrated in Figure 3.

Figure 3: Are you responding to this consultation as...?



The majority of respondents (1,311 respondents) were the parent of, or a carer of a child. Of those who responded, 6.5%, or 94 respondents were expecting a child. The next highest volume of responses came from early year providers or other professionals who work with children.

Do you use any of the following 'designated' Children's Centres? Respondents were asked to select all that applied to them:

72% (1,328) of total respondents indicated that they currently use children's centres. The most frequently used children's centres were in Newcastle-under-Lyme (118, 6%), Glascote (90, 5%), Charnwood (85, 5%), Tamworth Early Years (84, 5%) and Cannock Chase (78, 4%).

Fewer than 15 respondents used children's centres in Audley Library (24, 1%), Castlechurch (22, 1%), Perton Library (19, 1%), Stapenhill (10, 1%) and Tynsel Parkes (7, 0.4%). For a detailed breakdown of respondents by centre, please see the appendix data tables.

Do you use any of the following locations (linked sites) to access early years services? Respondents were asked to select all that applied:

The greatest number of respondents indicated that they use the following locations (linked sites) to access early years services; Exley (57, 3%), Boney Hay (55, 3%), Clayton Library (52, 3%), Hempstalls (52, 3%) and Amington Heath (40, 2%).

Fewer than 5 respondents used sites in Barton-under-Needwood (5, 0.3%), Brewood Library (5, 0.3%), Glenthorne Primary, Cheslyn Hay (5, 0.3%), Grove Primary, Stafford (4, 0.2%), Greysbrooke, Lichfield (1, 0.1%), Hugo Meynell, Newcastle (0, 0%). For a detailed breakdown of respondents by centre, please see the appendix data tables.

How often do you use Children's Centre services? Respondents were asked to select one response only:

Of the respondents who used children's centres services, 77% (704 respondents) used them 'at least once a week' or more often, 86 of whom stated that they use them 'daily'. 23% (206 respondents) stated that they used them less than once a month or less frequently.

Which of the following activities and services, if any, do you use most often? Respondents were asked to select their top three:

The most frequently used activities and services accessed by respondents were Breastfeeding Support (206, 8%), Baby Yoga/Massage (208, 8%), Postnatal Groups/Baby Clinics (227, 9%), Private Nursery (263, 10%), Stay and Play (or similar activity) (637, 24%).

The least frequently used services or activities were adult learning (60, 2%), healthy eating courses/services (60, 2%), family learning (70, 3%), Family Information Service (71, 3%) and support groups (76, 3%). For a detailed breakdown of activities and services used, please see the appendix data tables.

Are there any other Early Years activities or services that you access? If 'Yes', respondents were asked to state what these were;

There were a broad range of additional early years activities that users accessed, including church play groups, dad's groups, health visitors, play and exercise groups and various other leisure activities. Many of these were location specific.

3. STAFFORDSHIRE’S EARLY YEARS PROPOSALS OVERALL

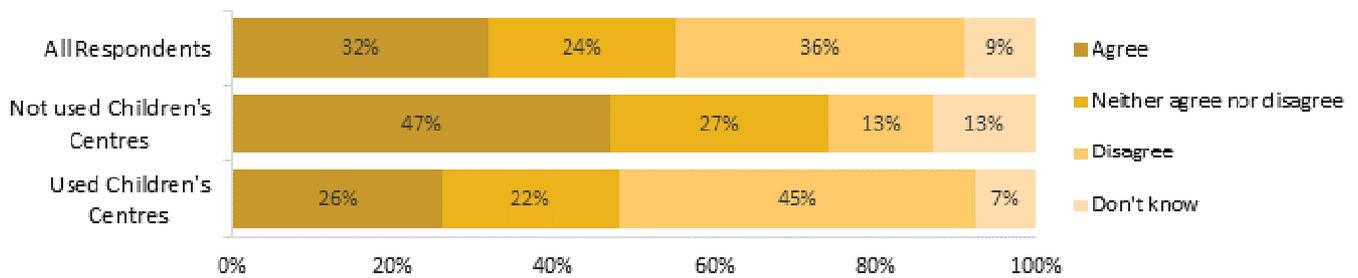
Respondents were introduced to the proposals with the following statement:

“The county council believes that all children aged under 5 should have the opportunity to get the best start in life and be safe, healthy and ready for school. The aim of our proposals is to make a difference to the lives of many more young children, particularly those from disadvantaged backgrounds.”

They were then asked for their views on the overall proposals. Respondents were asked to what extent they agreed or disagreed that the proposals would help to ensure that all children get the best start in life.

32% of respondents agreed that the proposals would help to ensure that all children get the best start in life, while 36% disagreed.

Figure 4: Proportion of Respondents who agreed/disagreed the proposals would help to ensure that all children get the best start in life, by respondent type



Respondents who had not used Children’s Centres were more likely to agree with the proposals than respondents who had used them. 47% of those who had not used them agreed with the proposals overall compared to 26% of those who had used Children’s Centres.

Comments in Agreement

There were approximately 320 comments received from respondents who agreed that the proposals would help to ensure that all children get the best start in life. More than half of these were from parents who had never used Children’s Centre’s.

There were many comments reiterating the need for ‘the best start in life’: *“all children deserve the best start in life”, “everyone deserves help if they need it”, that “investing in early intervention is backed up by evidence”* and that *“the proposals should make childcare accessible to more families with children under 3 years”*.

Comments also included *“if access to facilities and more importantly, information is improved, this can only be seen as an improvement”, “I hope that the proposals will encourage more families to use early years units and support provided”* and *“I feel it will lead to more families accessing appropriate support early on”*.

Many respondents who agreed also agreed on the basis that provision should be universal: *“I agree with the above statement as long as this includes ALL children and not just vulnerable families”, “all children need the same opportunities early on in life”, the proposals “give children the same opportunities, even from disadvantaged backgrounds”* and that provision should be *“regardless of background”*.

However others continued that it was important to *“focus on those that need it”* and *“what is important”*. It was stated that the proposals *“should make it easier for families who need extra support to get it and improve early identification of the most vulnerable”* and it would be a *“good thing”, “as long as vulnerable families are being supported appropriately”*.

Some respondents acknowledged the need for change: *“dwindling funding means that change has to happen”* and *“it is clear changes are required to find better and more efficient ways to improve services.”* It was stated that *“any help is better than none”* and that *“any help can only benefit parents and children.”*

Other respondents, whilst agreeing that the proposals would help to ensure that all children get the best start in life, made cautionary comments: *“I agree with the support you want to offer but disagree with the closures”* and that *“this doesn’t mean that services need to be cut, savings could be made just from using and running less centres”*. Others suggested that *“taking away some services in the places above would be detrimental”*.

Others mentioned the allocation of funding and that the proposals would only be a success if *“the access to information and services was implemented effectively”*.

Comments in Disagreement

There were approximately 450 comments from respondents who disagreed with the proposals. Relatively few comments (51) were received from those who had never used Children’s Centres.

Many commentators stated that they considered the proposals to be at odds to the ‘vision’ and that they could not see how the proposals would lead to a ‘best start in life’. Comments included: *“this can do nothing but harm our children's start in life”*, *“I can't understand the decision to close them (children’s centres)”* and that *“children won’t get the best start because there will be no where for families to get support”*.

Respondents continued: *“I cannot understand how closing centres local to people will help”*, *“I cannot see how closing centres down will help vulnerable children”*, *“closing centres is not a positive change”*, *“closing centres is not helping the children have the best start”* and that *“getting rid of services for children is never good”*.

Further comments included: *“providing less community access does not improve what we have to offer to families. It actually makes it more difficult”*, *“cutting services, no matter how it is dressed up, cannot be to the benefit of anyone”* and that they *“can’t see any benefits, just cutting provisions and breath of choice”*.

There was also a recurring theme around the perception of the proposals being a cost-cutting exercise: *“I feel that Staffordshire County Council are trying to save money and are not considering the needs of the community”*, *“it appears that the proposal is cutting services not developing them”*. Respondents continued *“[the proposals] appears to be a cost saving exercise... no options are in place to offer alternatives”*, *“closing children centres is purely based on financial reasons/cost cutting”* and *“they [the proposals] are just a cost-saving exercise that will reduce the facilities available to parents and young children”*.

Concerns were also raised about the long term financial and social cost of potential closures: *“shutting children's centres to save money is also so short sighted”*, *“you are setting us up for many more social problems in the future that will cost a lot more money”*. Commentators added *“it seems your only interest is cost saving with little consideration for children and no interest in parents/families until they are at crisis point”*. *“Crisis management will not save you money in the long run”*.

Respondents also highlighted a perceived inequality in the proposals and the need to provide services for all: *“I feel that you should assist all families and not just those identified as on low incomes”, “if you take the services away there will be a lot of families who are isolated”* and the proposals will *“result in a lot of families being unable to access groups”*.

Respondents also thought that the proposals were *“discriminating against certain areas”* and that they were *“cutting people off”*. The proposals should *“make support inclusive not exclusive.”* The proposals were considered to be *“discriminating against families who are not currently vulnerable”*. It was regarded that the Council are *“limiting the opportunities of all children by focussing on a minority group”*.

Access was also specifically mentioned throughout the comments, particularly in relation to residents of rural areas: *“some people can only go close to home because of transport”, “families will have to travel further to access services, the most vulnerable are unlikely to be willing or to have the means to do this”*.

Respondents continued *“some [people] would not be able to afford to travel to centres. They will be too far away”* and that *“this proposal is NOT meeting your aims for rural communities”, “the bus services in the rural area are terrible. A lot of families will be left vulnerable and their situation may escalate whereas at the moment issues can be picked up early on”*.

In addition, respondents raised concerns about child development: *“the best start in life mixes children and parents of all backgrounds together to support each other”, “my child will not be able to mix with other children at the group”* and that *“children will not be able to get social skills, or mix with other children”*. It was highlighted that *“children need to play and have contact with other children”* and that *“there are no proposals for alternatives”* and this could impact negatively on children’s development.

4. STAFFORDSHIRE'S VISION FOR EARLY YEARS

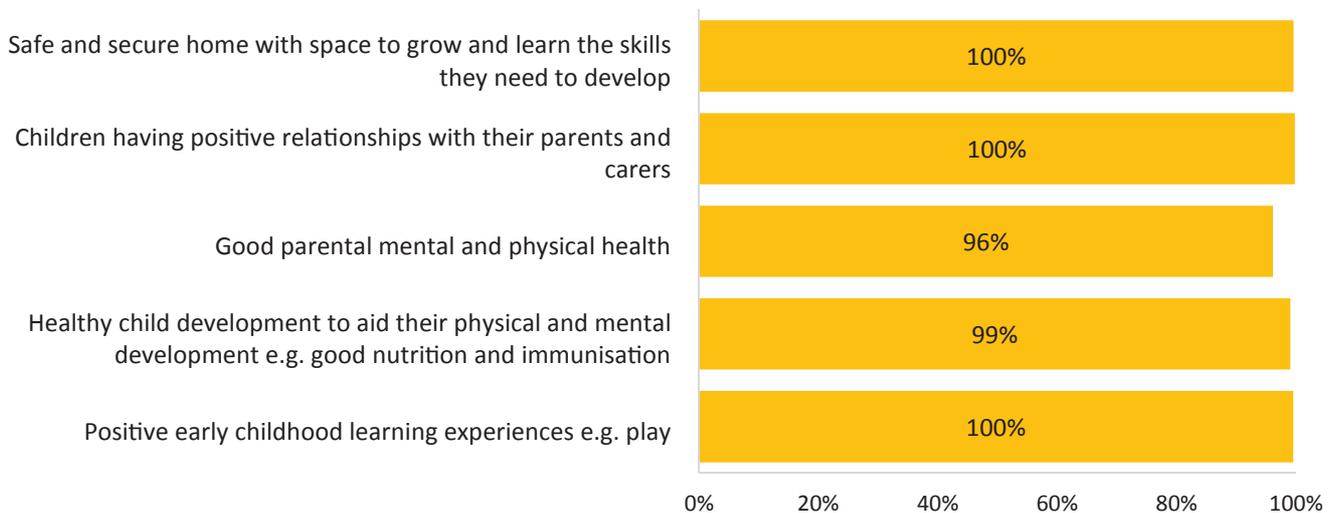
Respondents were introduced to Staffordshire's vision for Early Years with the following statement:

"Our vision is to give all under 5's in Staffordshire the opportunity to get the best start in life. What determines a best start in life will differ for every family in the county, but based upon feedback already received and national research, we believe there are some common themes and we would like your opinion."

The survey stated: "We believe that there are five essential things that every child needs to have the best start in life".

Respondents were asked to what extent they agreed or disagreed with these statements. There was almost universal agreement, as illustrated in figure 5.

Figure 5: Agreement with the five essential things that every child needs to have the best start in life



Respondents were asked to give reasons for their answers and more than 1,000 responses were received.

The vast majority of respondents re-affirmed their support for the 'five essential things'. Statements of support included: "they seem like common sense", "its simple really if a child has all of these options then that's the best start in life for them" and "all of these are vital to ensure your child has the best possible start in life and has every opportunity to reach/achieve their full potential."

Many respondents also acknowledged that all children deserve and need the 'five essential things' but not all will have them provided in the home environment.

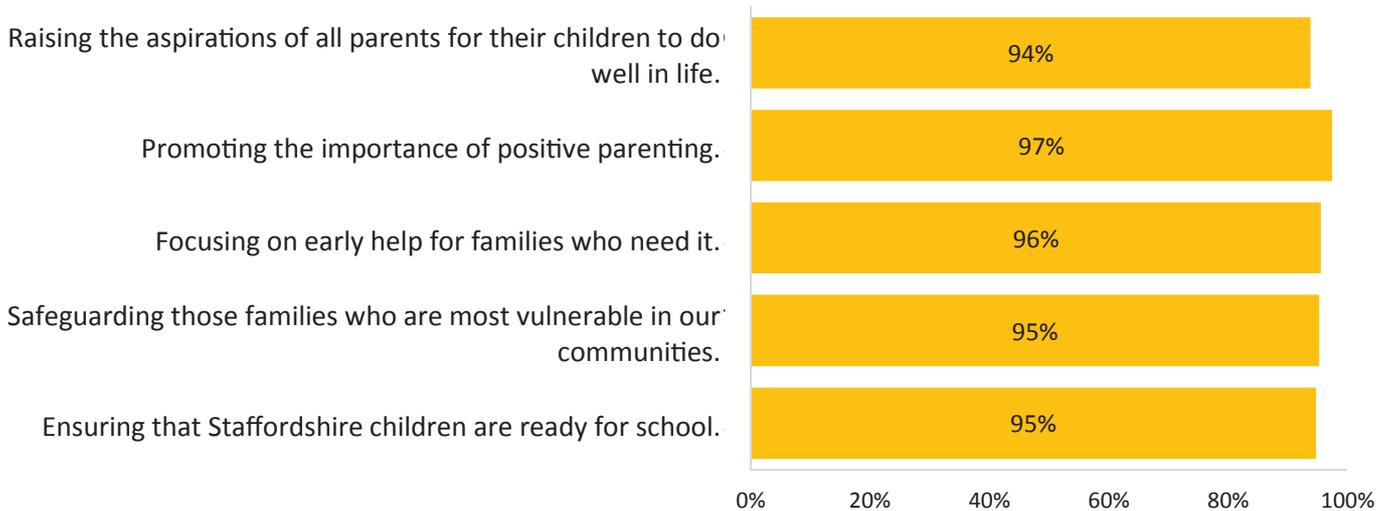
Respondents also cited the need to signpost parents to services: "children should be given the best start in life, this can happen by parents been signposted to services that will add value to their family unit."

Some respondents stated that the 'five essential things' were difficult to disagree with: "I can't see how anyone would disagree [with these]" and that the "answers are obvious".

The survey stated “As part of our vision we want to focus on the following areas.” Respondents were asked to what extent they agreed or disagreed with the objectives set out.

The majority of respondents agreed with the objectives, as illustrated in figure 6.

Figure 6: To what extent do you agree with the following objectives?



Respondents were asked how they thought these objectives could be achieved and more than 1,200 responses were received.

Many respondents affirmed their agreement with the objectives with a large volume of statements such as “by applying all the above” and “as a provider we believe in all of the above for our families and children” etc.

A recurring theme was accessibility and suggestions included “by being able to access the support necessary to achieve”, “access to facilities for all regardless of social background”, “By offering more courses and making them widely available”, “by providing Children’s Centres throughout the County, especially in rural villages, where no other support systems are available” and “by continuing with the invaluable services provided at Sure Start centres.”

Some respondents also suggested that “activities [should be] accessible to everyone”, “from what you say above it’s clear you want to focus your attention only on deprived families. Do you not think middle class families have problems too?” Other respondents suggested that focussing on those who need the most help should be a priority. The County Council should be “giving support to those parents most needing it.”

Respondents also used this space to voice opposition to the overall proposals with comments such as “by keeping open/not closing children’s centres”, and “ensuring these vital centres remain open.”

Respondents also identified the importance of partnership working “by having all relevant partners working together for the sole benefit of the child” and the potential for volunteering “by training mothers in the community to help other mums, a bit like a buddy system.”

Again, many stated that the objectives simply represented common sense: “surely people don’t disagree with these either?”

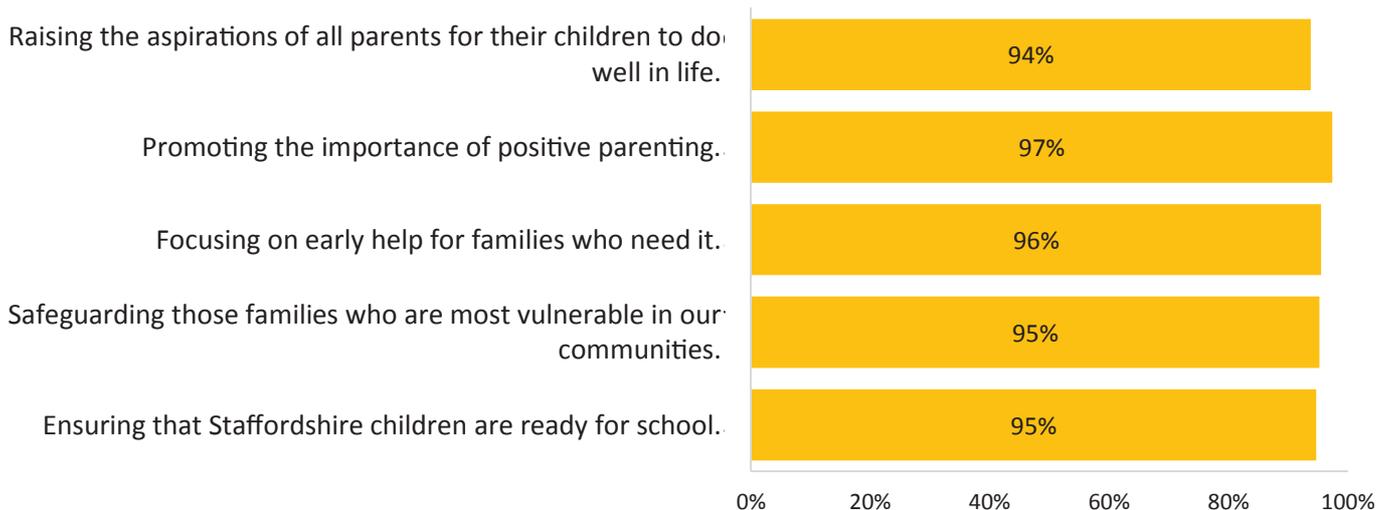
5. STAFFORDSHIRE'S EARLY YEARS OFFER

Respondents were introduced to Staffordshire's Early Years offer with the following statement:

"We aim to deliver a quality Early Years Offer for all and extra support for those who need it most. We want to base this offer on the priorities below."

Respondents were asked to what extent they agreed or disagreed with the following priorities, with the majority agreeing, as illustrated in figure 7.

Figure 7: To what extent do you agree with the following priorities?



Overall agreement with the priorities was evident. Over half of participants commented on the priorities (56%). Many stated that *"all these are sensible priorities"* and agreed in order *"to give every child the best possible start"*, that *"all [the above] are important"* and that they *"all seem like common sense to me."* Many also stated *"again, who could disagree with any of these?"*

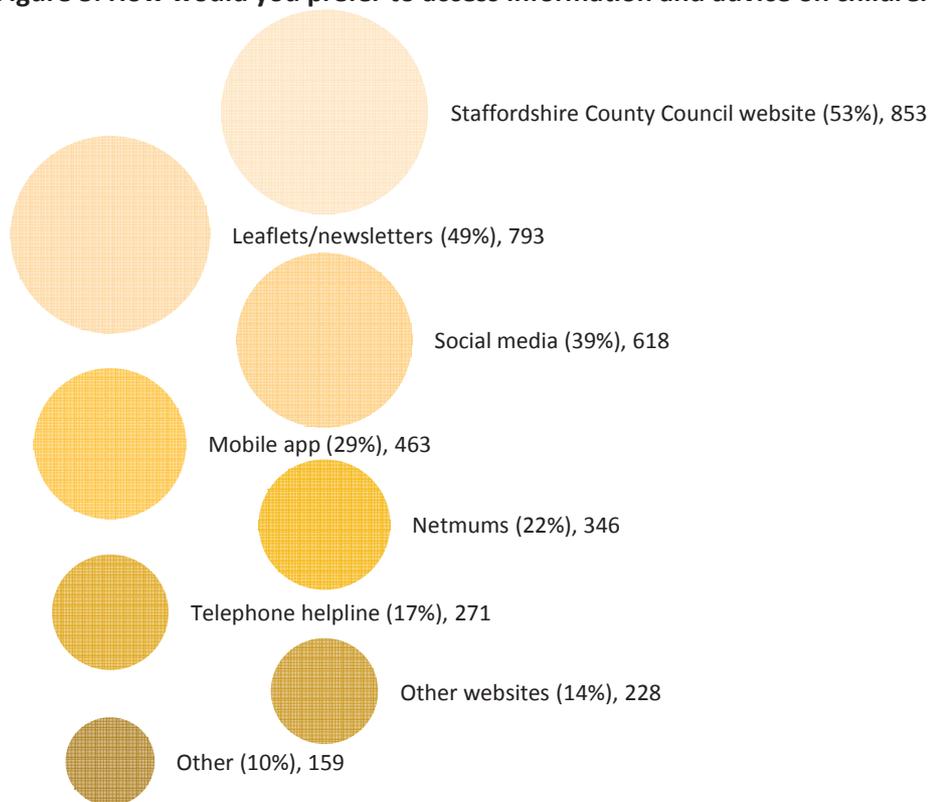
Additional comments were diverse in their nature. Respondents questioned how vulnerability would be defined and how families that need 'early help' would be identified: *"vulnerable families need early identification and support so that their situation can improve long-term."*

Comments were mixed on whether support should be given to those vulnerable people who need it the most or to all families. Regarding vulnerable people, some respondents agreed that some families do need *"more support than others"*. Comments from families who did not think they would be eligible were most common. These included that there are *"many working parents who wouldn't qualify for support but struggle to pay for childcare"* and that *"these questions should be for all families with small children vulnerable and non vulnerable."*

How would you prefer to access information and advice on children and family services?

Respondents were asked how they would prefer to access information and advice on children and family services. They were asked to select their top three preferences with the highest number stating that they would prefer to access information via the Staffordshire County Council website.

Figure 8: How would you prefer to access information and advice on children and family services?



The most frequently cited 'other' means of accessing information was via personal contact: Respondents stated preferences for face-to-face information via health visitors, in person at an office or a building that could be visited by the respondent, at children's centres or at 'community hubs'. Email, text and social media were also mentioned as accessible sources of information.

What types of information do you need as a parent of a child under 5 and when would you need it?

Approximately 70% of respondents explained what information they needed as a parent of a child between the ages of 0 and 5 years.

Parent's responses reflected the importance of specific information at key milestones, and a general need for information on what's 'going on' for children at all ages. In the early days of parenthood, information advice and guidance on "raising a baby" and how to "cope" was considered important. Then over time information needs developed to include information on "health" and signposting on "how to meet other mums".

As children continued to grow and develop, information and advice on how children could be best supported to help them "learn and develop" was considered important. Key to this was being aware of "activities" and "groups". Then, pre-school, information on "preparing for school" and "choosing a school" was considered important.

Some parents needed their peers support. This was considered particularly important for parents with specific needs. They needed information and advice to enable them to link up with "others in similar circumstances". There was a preference for "online information" and "face book" was highlighted as one way in which information could be shared. Some parents however did prefer traditional means of communication, for example "leaflets" and "newsletters". Therefore a variety of methods would be preferable to ensure effective information is available to all parents.

What is most important to you in choosing a childcare provider for your child/children?

Respondents took a range of considerations into account when choosing a childcare provider, with approximately 71% of respondents commenting.

These most commonly included needing assurances that the childcare provider delivered a *“quality service”* in a *“safe”, “caring”, “friendly”* and *“trusting environment”*. Some respondents wanted to assess the provider to ensure it met their requirements for example via *“Ofsted reviews”*, documented *“experience”* and *“qualifications of staff”* or via *“word of mouth”* recommendations. The *“location”* of the childcare provider was also a key consideration for some.

Who do you think is crucial in helping identify families who need early support?

Almost a quarter of respondents (74%) shared their views on who would be crucial in identifying families who needed support. It was common for respondents to feel that there were a whole variety of people who could support with identification. These frequently included *“health care workers/visitors”, “midwives”, “GP’s”* and *“social workers or key workers”*.

Some felt that families themselves were capable of identifying that they needed support and they just needed to know *“where they could go to access support”*. Others felt that additional people including *“providers”, “Children’s Centre staff”, “nursery staff”, “school staff”* and *“friends”* could play a role in helping to identify those families in need of support.

What do you think these families need?

Some respondents did not feel they could give an informed opinion on what families would need and therefore declined to comment, other than to say they *“did not know”*. The majority of respondents (71%) did however have a clear idea of a wide range of support they felt families could need and these suggestions for support are outlined below.

Having *“someone to talk to”,* who was able to provide *“regular support and advice on an ongoing basis”* was of fundamental importance. Families were more likely to be receptive to support where it was *“friendly”,* not *“bureaucratic”* and where it was *“non-judgemental”*. Support from *“other parents”* was suggested as one means of meeting this need.

Financial support and/or access to affordable childcare and/or activities was something some respondents felt would be of benefit to families in need. It could free up parents time to enable them to work, to deal with other important issues or to enable them to cope. It is however important to recognise that not all parents want hand outs and being mindful of individual family need was also highlighted as important.

Respondents also suggested that advice on finance and housing should be offered, whilst others felt that some parents needed guidance e.g. access to positive parenting classes to enable them to develop the skills they needed.

It was considered that the need for support would vary depending on individual family circumstances. Therefore support packages should be tailored to meet individual family needs.

6. OUR FACILITIES

Respondents were introduced to this section with the following statement:

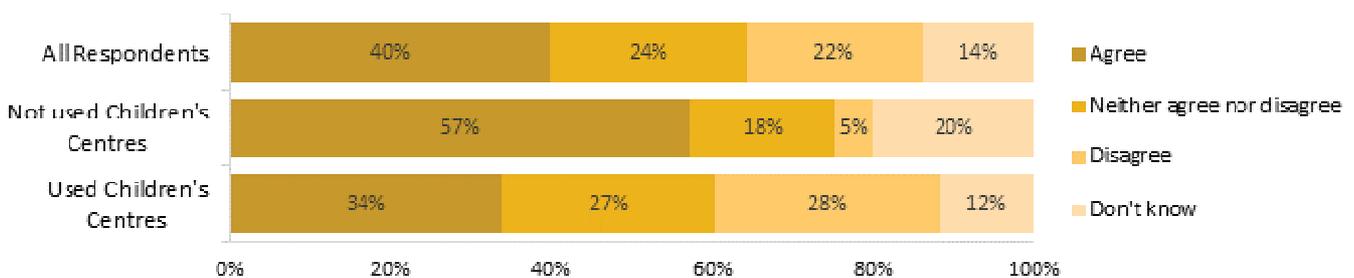
“Our initial review showed that not enough families, including those who are most vulnerable, are accessing the facilities we are currently using to provide early years services from. This includes those that are 'designated' Children Centres and those that are not. Our proposals include plans to deliver what is required in a different way using technology and outreach support in the community for those who need it most.”

Respondents were presented with a series of proposals and were asked to what extent they agreed or disagreed with each proposal in turn, and asked to explain the reason(s) why.

Proposal 1

“We propose to change how we use our school based facilities. We plan to talk to schools about how we can give them more flexibility to determine how early education fits into the Early Years Offer.”

Figure 9: Proportion of Respondents who agreed/disagreed with the proposal to change how we use our school based facilities, by respondent type



40% of all respondents agreed with the proposal, however respondents who had not used Children’s Centres were more likely to agree with the proposals than respondents who had used them. 57% of those who had not used Children’s Centres agreed with the proposal compared to 34% of those that had used them.

Comments in Agreement

There were approximately 400 comments from respondents who agreed with the proposals. They did so on a variety of grounds. The views from those who had and had not used Children’s Centres were similar.

Respondents stated that they considered schools to be the right environment in which to begin a child’s education, *“because parents already have a relationship with the schools and staff and have the resources available”, “schools are already centres of the community”, “everyone knows where the schools are”, “it’s a good use of existing resources”* and *“they’re the ones who will know best”*.

Respondents also stated that using schools best prepares children for the transition into school providing a *“good foundation”*. *“It is important that each stage in a child’s life flows and makes transitions seamless”*. The proposal *“can only help/prepare children for school”* and *“it’s a good idea to get schools involved in earlier years care, so children are ready when they go to school”*.

Respondents felt that it would be *“good for children”* and that it *“should have a positive effect on the children’s learning”*. Respondents also agreed that *“if they’re not being used then it would be important to look at other ways to use the facilities”*, and that *“working together will be beneficial for families”*.

Whilst agreeing, some respondents also expressed caution. For example, *“I agree to the changes but I don’t agree with closure”* and *“less groups mean more crowded sessions”*. Others were in agreement *“so long as the centres remain open”* and *“providing standards are set and monitored to provide consistency”*.

Comments in Disagreement

There were approximately 270 comments from respondents who disagreed with the proposals, and they did so on a variety of grounds.

Many respondents were concerned about the potential closure of children’s centres: *“children’s centres are needed and should not be closed”*, *“taking away the facility is not the answer”*, *“children’s centres work, people do not want to go to community/church groups”* and *“why build children’s centres and then remove them”*.

A perceived reduction in service was also a concern: *“I believe this will lead to less groups and services”* and *“I disagree if this involves cutting the services offered.”*

Accessibility was also a key theme: *“all families should have access to facilities”*, *“families need to be able to access services/there is no school in Wombourne”* and *“I believe that this would isolate families further”*. Face-to-face contact was also seen as a key aspect of accessibility: *“families need face to face contact”*, *“children’s centres are a vital way to meet other mums and make friends”*, *“children centres are more friendly to visit and welcoming”*. *“More help should be given to families to access those”* and *“people need face-to-face and group support”*. *“Technology is not the answer to someone who is struggling.”*

Respondents also expressed concern about the ability of schools to cater for Early Years: *“I do not believe school will give sufficient priority to the Early Years offer”*, *“because the schools already have a lot to deal with”* and *“schools have enough with managing their schools”*.

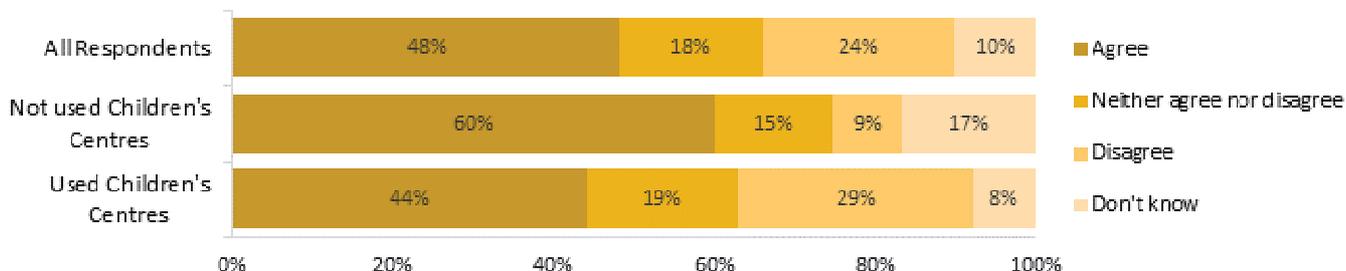
Further concerns were raised around the different approach required for Early Years compared to schools: *“flexibility is good but the centres will simply become extra classrooms”* with concerns that Early Years would *“get swallowed up by the schools”*. One respondent commented *“I don’t believe the schools will honour the commitment to nurture early years”*. *“I think the schools are more focussed on children of school age”* and *“I would prefer early years to be about social [skills] and communication rather than meeting schools tick boxes”*.

Others stated that the provision was not the problem and that under-usage was the consequence of services *“not being promoted well enough”* and that *“more needs to be done to bring families together”*. The council *“need to make more families aware and encourage use”*.

Proposal 2

“We propose to continue to use a smaller number of facilities within communities where the model is working well, attendance is high and this approach is required.” Respondents were asked to what extent they agreed or disagreed with this proposal, and why?

Figure 10: Proportion of Respondents who agreed/disagreed the proposal use a smaller number of facilities within communities, by respondent type



48% of all respondents agreed with the proposal, however respondents who had not used Children’s Centres were more likely to agree with the proposals than respondents who had. 60% of those who had not used Children’s Centres agreed with the proposal compared to 44% of those who had used them.

Comments in Agreement

There were approximately 490 comments from respondents who agreed with the proposal. The views of those who had and had not used Children’s Centres were similar.

The overriding theme was around continuing providing the existing services where there is clearly a need: *“If attendance is high it must be popular and working”* and *“if it is working well then it makes sense to continue”*.

Respondents continued: *“if it's working well keep it there. Don't stop or change it”* and that it makes sense *“not to waste resources at locations not accessed”*.

Many respondents urged *“don't fix what isn't broken, if they work well and are popular then there's no need to remove them”* and *“don't change something which is working well”* pointing out that *“facilities with good attendance should stay open.”*

There was also concern expressed from respondents who agreed with the proposals *“as long as they don't shut all the groups down”*, stating that *“families would lose a great benefit if these were closed”*, *“good attendance suggests success/meeting needs”* and that it *“helps community, people look forward to coming in.”*

Respondents also expressed concern about stretching resources and commented *“that some centres are at capacity and a reduction in other areas could create difficulties and limit the ability to be able to deliver a good service”*. *“It would be counter productive to remove services if they are being used well”*.

Comments in Disagreement

There were approximately 270 comments from respondents who disagreed with the proposals. Very few comments were received from those who had not used Children's Centres.

Accessibility was a key concern for many who disagreed with the proposal: *"It excludes our children and we wouldn't be able to reach these centres". "The geographical area of the proposed children centre is too far away", "they are not all accessible" and "by cutting less attended facilities you are isolating some parents and children"*.

Many respondents were concerned about their ability to travel: *"families may not be able to travel there", "I couldn't get to any of these centres", "I do not drive", "I would find it difficult to get to Biddulph from Keele" and "it can be difficult for families to travel. It puts a barrier in the way of accessing services"*.

Social isolation was also raised as a related concern: *"So many people walk to children's centres, if it's not local they won't go, leading to more isolation". "This will isolate lots of families that need support."*

Respondents also stressed the need for services for all: *"all centres are important" and that "children's centres should remain open everywhere"*.

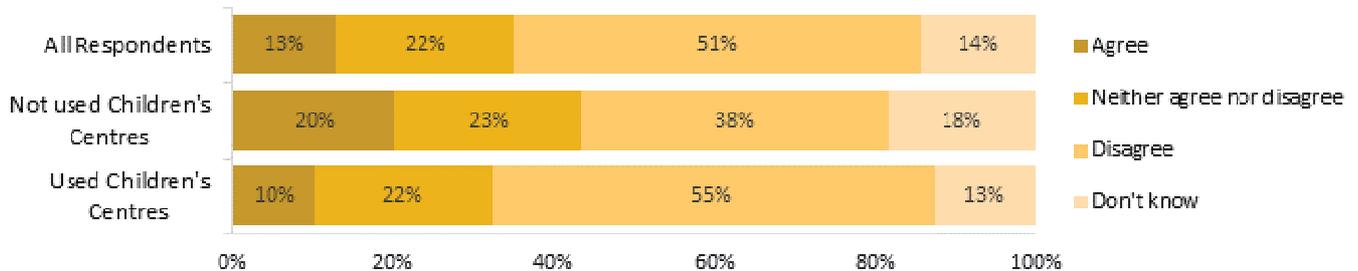
Many respondents also stated that *"support should go in places where it does not work" and questioned "why are the other areas not working?"*. Promotion of services was proposed as an alternative to closing centres: *"if attendance isn't high then more promotion is needed". "If the present model is not working well it needs reviewing rather than dismissing", "keep them all and improve your advertising" with one respondent stating that "if this was a business, you would never go about making these kind of decisions."*

Respondents stressed the *"need to encourage parents to use facilities not shut them", that "they should be kept everywhere and [models of success] used as a template for other centres" and that "they should concentrate on getting attendance up not closing them down"*.

Proposal 3

“There are some locations where we feel that the current facilities are not working well and/or are not the best locations to deliver our vision for children's early years. We propose that we do not continue to use these facilities to deliver early years services in the future as they are not working well.”

Figure 11: Proportion of Respondents who agreed/disagreed with the proposal not to continue to use facilities to deliver early years services in the future as they are not working well, by respondent type



Just 13% of all respondents agreed with the proposal, however respondents who had not used Children's Centres previously were twice as likely to agree with the proposals than respondents who had. 20% of those who had not used Children's Centres agreed with the proposal compared to 10% of those that had used them.

Comments in Agreement

There were approximately 120 comments from respondents who agreed with the proposal. The most common theme focussed upon alternative courses of action if the current system 'is not working'.

When asked why they agreed with the proposal, respondents stated: *“because they are not working”, “if it doesn't work then it makes sense to change it”, “if it's not working, do something different”* and *“if not attended why waste resource where it is not needed”*.

Money and funds were also a common theme, with respondents stating *“if they are not working we should use the funds elsewhere”, “it's not cost effective to keep something running if it's not being used”* and *“apply this money and resources to improve other locations”*. Further comments included *“we have limited resources and have to be practical”* and that the services are *“not advertised well enough”*.

Comments in Disagreement

More than half of respondents disagreed with this proposal, the highest proportion of all the proposals, and there were approximately 600 comments provided by respondents. Approximately 150 of these were from those who had not used Children's Centres.

A common theme was that respondents thought the current facilities were not advertised well enough: *“advertise better and seek out families that would benefit from use”, “services that are on offer need to be communicated to the target audience”, “the Local Authority should be more creative in marketing”* and *“early years is not advertised enough”*.

Respondents also stated that if this was achieved, the services would be used more: *“they are not used because people don't know much about them”* and *“I know there are families who don't even know about the facilities available”*.

Many respondents suggested that removing services was the *“easy option.”* *“Find out the reasons why they are not being used before closing them”, “look into why they aren't working and change them. “Closing them is the easy option”.*

Access was also a key issue for respondents, as was the sentiment that services should be provided universally regardless of social background: *“all centres are needed for help and support”* and *“just because these are affluent areas doesn't mean families aren't in need”.*

It was suggested that the proposal ran *“the risk of alienating parents who cannot travel to other venues”* and that *“the few who are using them will no longer have access”.* Comments included *“I would have to travel too far”, “local facilities are a must, especially for those who do not drive or cannot afford bus/taxi fares”* and *“I don't drive - I will rely/relied on out reach centres”.*

Respondents expanded on this theme by stating that they believed the removal of services from some locations would create more problems: *“I think there will be a lot more 'vulnerable' people if you don't have these children's centres”,* and that *“low income families always suffer”.* *“Taking facilities away completely will only lead to needy families being more isolated and in need of support”.* It was also commented that the proposal could *“significantly disadvantage the people you claim you want to help.”*

Respondents also suggested that the removal of services would lead to more isolation. For example, *“isolation is a major problem for families without transport.”*

Many respondents also challenged *“why do you feel the facilities are not working well?”, “I would like to understand the evidence on what you have based your decision”* and *“what has your research told you about why they are not working well?”.*

These statements were reinforced by frequent statements such as *“the facilities are being extremely well used”, “Tamworth Early Years is a busy hub which is very well used by service users and professionals”, “the services at Madeley are first class and are very well used and appreciated”* and *“Western Springs children's centre is very well used”.* Others added *“Exley is always busy!”* and *“I attend two [groups] in Rugeley and they are always busy”.*

Respondents were asked if they had ideas as to how these locations could be used to benefit their local community?

There were approximately 750 responses to this question, with many respondents repeating their statements from the previous question, particularly around the need to advertise the facilities that are available more effectively: *“use more advertising , make more people in the community aware”* and *“advertise the services offered better”, “encourage midwives, doctors and antenatal classes to promote the centres and services”* and make *“better use of websites and social media.”*

Many respondents thought these facilities should be kept as they are: *“keep them as children's centres”.*

There were a wide range of alternative uses proposed including: use the centres *“as community hubs and as a base for a variety of services/activities”.* *“[They should be] available for hire by the local community”,* or as *“holiday clubs and play schemes for 0-5 year olds”.*

Other respondents suggested that the Local Authority should *“encourage private use.”* *“People expect to and will pay”,* to use facilities such as *“community hubs - child friendly meeting places”* and as a location for *“health visitors, creative play etc.”* Many simply stated the desire for *“more groups available to attend rather than decreasing the amount of places to go”.* *“More quality providers”* and *“more going on”* would be beneficial.

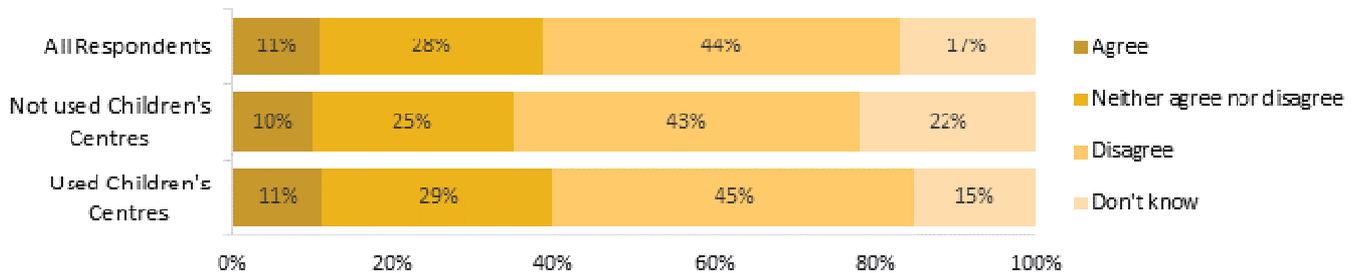
Further suggestions included *“after school clubs and breakfast clubs”, “any local organisation who needs them should be able to use them”, “get Brownies/Guides, sports events, charity events”, “sports facilities or out of school activities”* and *“a youth centre for older children too”*.

Those who had not used Children’s Centres were far more likely to say that *“they don’t know”* or have *“no opinion”*.

Proposal 4

“We propose that we do not continue to use some space in libraries to deliver early years services in the future.”

Figure 12: Proportion of Respondents who agreed/disagreed with the proposal to not use some space in libraries to deliver early years services in the future, by respondent type



Just 11% of all respondents agreed with the proposal, and respondents who had not used Children’s Centres were slightly *less* likely to agree with the proposals than respondents who had. 10% of those who had not used Children’s Centres agreed with the proposal compared to 11% of those who had used them.

Comments in Agreement

There were fewer than 90 comments received in response to this question from respondents who agreed.

The most common theme focussed on the suitability of libraries as a venue: *“A library is not an ideal place anyway”, “I’m not sure libraries are the right location for this type of provision”, “the spaces are not suitable for families”, “some of the libraries used do not have appropriate facilities (messy play area, floor-space, open outside library hours, parking etc.)”* and *“libraries are not the best option because I feel I have to be quiet”*.

Other comments included *“libraries are not always the best way of reaching out to people”* and *“people do not consider these locations as children’s centres”*.

Comments in Disagreement

44% of respondents disagreed with this proposal and there were approximately 500 comments provided by these respondents. Approximately 170 of these were from those who had not used Children’s Centres.

The overriding theme was around the libraries perceived suitability as a central location, and a resource that is accessible for all, particularly families. Respondents stated that *“a library is a great place for families”, “all children should be encouraged to use libraries making them ideal locations for interventions”* and that *“children must have the opportunity to engage in their local library.”*

Respondents frequently highlighted the opportunities presented by shared use of libraries: *“I think it’s a way of encouraging children to use libraries”, “library space is important as it promotes borrowing books and the services of the library”*. Many stated that, for them, *“libraries are a big part of a community”* and *“libraries are a good venue”* and that *“it’s the first place I go to find information”*.

Respondents also highlighted the importance of libraries as an educational resource and said that *“children should be encouraged to visit libraries from a young age”*. Many respondents stated that they *“think it’s important for children to have access to libraries”,* and that we should *“never close educational establishments”*.

Respondents stated that *“reading and books are proved to be very important even from birth”* and that *“libraries are places of learning”* and provide *“the foundations for learning”*. Comments included *“a library is an educational place for all”* and that *“if this is the only accommodation available then this is necessary for the local area.”*

The accessibility of libraries as venues was also cited as a reason to disagree with the proposal, and that implementation *“would reduce access for vulnerable families”* because *“libraries are central locations everyone can access”*. *“Closing these services is a step backward”*.

Comments included that libraries are *“the only place for parents to go that's free and safe”* in some localities, and libraries in *“rural locations are ideal for those who don't drive”*. The potential for *“children and parents to be excluded and isolated”* was also cited as was the risk of *“isolating people who cannot travel to other centres”*. The proposal was considered *“a bad thing as people may not have transport to go elsewhere”*.

There were many other statements in support of libraries and the facilities they offer, including *“mothers may lack confidence to go to children's centres but may already use the library”*, *“we run successful breastfeeding groups—the support women receive here is invaluable”*, *“encouraging people to libraries can only be a good thing”* and *“I can't believe I'm being asked this question - it's a place children should be encouraged to go”*.

Other comments saw the proposal as a cut to the level of service provision: *“this looks like a cut in services provided - what options will become available to these service users?”* with questions asked about *“what will replace this in their area? This leaves a huge gap.”*

7. HOW WILL THESE PROPOSALS AFFECT YOU?

Respondents were introduced to this section with the following statement:

“The County Council believes that all children aged under 5 should have the opportunity to get the best start in life and be safe, healthy and ready for school. The aim of our proposals is to make a difference to the lives of many more young children, particularly those from disadvantaged backgrounds.”

Please explain what impact the proposals may have on you, your family or your organisation.

There were approximately 840 comments from those who had used Children’s Centres. These covered a variety of themes which are outlined below.

Generic Impact

When discussing the impact of the proposals, many respondents made general comments regarding societal impacts and the need for all children to be offered the best start: *“all children deserve the best start so it will impact positively on our future generations”* and *“I believe children’s centres are a valuable asset generally promoting intergenerational contact and cohesion”*.

Negative impact

Many respondents stated that the proposals would have a negative or detrimental impact on either themselves, their children, or both: Common reoccurring themes included that the proposals will have *“a huge impact”*. Examples of this included *“I have post natal depression and these groups help me get out the house talk to other mums/grandparents and carers”*. It would have *“a massive impact on my daughter as she uses children’s centres three times a week”*, *“I really don’t know what I’d do without it and would worry about the impact on my mental health”*. *“I would lose a massive support network of other parents which would be detrimental to my health.”*

Other comments included: *“I don’t currently use them as I work full time, but I feel it’s an essential service for some”*, *“It can be a lonely place when you are a first time mum and meeting other mums is essential”*, *“I will have nowhere to go, no support, no groups for my child. I am not disadvantaged or vulnerable, but we are still important”*, and *“I will feel very isolated if the centre closes, as I have no means of transport to reach services further a field.”*

The lack of social interaction was also a key theme: For example *“less socialising for me and my child so less development for my child”*. *“My child wont be able to socialise, develop and learn. I currently get support and expert advice”*. *“Social skills will be decreased and opportunities for learning from a young age would decline”*. Furthermore *“the centres give some families the confidence to get out and socialise with other families”*.

Other respondents continued *“I do not fall into the category of a disadvantaged background as our household earnings are too high. I rely on the groups and the support. I had no friends with mums before and I’ve made them through Sure Start”*.

Various comments were also received from organisations and or professionals working in the early years field: *“As an organisation we could lose contact with families and it would make partnership working more difficult”*, *“[as an organisation] we will be concerned about the potential loss of contracts and staff redundancies”*, *“I may have to close down my organisation, if my work is no longer required”* and *“I may lose my job, my organisation may be replaced and the bond would be lost with the families we already work with.”*

Other respondents expressed concern for staff: *"I do feel that the push to encourage children into school at an earlier age may effect the business of day nurseries"* while others were concerned about the impact on the children and families they work with: *"I work at Charwood site at our nursery so it would affect my working life and the children's settled, happy routine greatly"*.

Little Impact

Few respondents stated that the proposals would have little impact on them. Comments included: *"little impact in reality as I do not use the above services"*, *"little or none other than ensuring children are brought up and educated to lead a decent life"*, *"no impact really apart from if my baby time classes stop. Perhaps this will benefit me in the long run once I fully understand the changes"*, *"I know I'm not disadvantaged so perhaps its not relevant to me"* and *"none as my daughter is now at school"*.

Many respondents stated that they will not be affected by the proposals, as they currently earn too much to qualify for services. Comments included: *"As an individual, none. We do not qualify for free child care for example, but I am currently paying over £600 a month for a private nursery which is excellent but very expensive"*, *"because my husband and I earn more than the average we seem to be always excluded from proposals such as this"*.

Comments from those who have not used Children's Centres

There were approximately 290 comments received from respondents who have not used Children's Centres. Perhaps unsurprisingly, this group were much more likely to say that the proposals would have *"no impact personally"* or that they *"don't know"* what impact they will have.

However comments included that *"access to information would improve my life"*. There was agreement that the *"best start will make children ready for school"*, that the proposals would *"help me financially, educate my child in things that I am not good at such as English and Maths"*. Implementation of the proposals *"would enable me to cope more as I feel there would be more support"*. Even though *"I'm not disadvantaged, it makes me think it's important for those who are"*.

Further comments included: *"It won't have any impact on our family, but will effect a lot of others in the Cannock area who rely on this service"*. *"My daughter would be socialising more, getting used to different situations and people"*. *"I know friends who it would effect and need help"* and *"where would I go to find out what is being offered?"*.

8. OTHER SOURCES OF FEEDBACK AND INFORMATION

Other sources of feedback included meetings, letters and emails. 58 meetings were held during the consultation period and over 400 people were reached through these. 32 letters and emails were also received.

Meeting Responses

A wide range of people representing 0 to 4 year olds were encouraged to engage in the Best Start consultation through meetings. Some meetings were set up specifically to discuss the consultation. Others were pre-existing and slots were secured on agendas to publicise the consultation and encourage participation and feedback.

Meetings were sought with a wide range of key groups from across all districts in Staffordshire. Key groups included parents and grandparents who were responsible for children between the ages of 0 to 4, councillors, providers, stakeholders, health professionals and staff from Families First. An overall summary of the responses received is outlined below.

Overall Comments

Views on the current provision were discussed and common concerns about the possible implications for change were raised. These included *“accessibility”* and *“affordability”* of facilities in the future for middle income families who will *“lose out”* as they *“will not be able to afford to pay for them and will not be eligible for free services”*. Some praised the services currently available and voiced their concerns about losing individual localised facilities. However some stakeholders recognised the need to change in times of financial austerity.

Current Provision

Parents and providers were keen to understand more about the implications for their localised provision and wanted a clear understanding of whether their own centres would be viable in the future. They felt that *“families need local support”*, *“there is a need for one centre in each local area”* and *“one centre is not enough for the district.”*

Whilst stakeholders voiced concerns about losing facilities in local areas, some did acknowledge that Children’s Centres can be *“expensive to run”* and *“are not always well used”*.

Comments on the Vision and Proposals

Some participants commented directly on the vision agreeing that it was *“essential for the best start in life”*. Respondents also supported helping *“vulnerable children”*. Some did however feel that they needed *“further information”* to enable them to make *“a considered response”*.

Whilst parents mainly agreed with the vision, some were anxious about the impact that the proposed changes would have on them. Those not eligible for free services were concerned that alternative services would *“cost more”* and some felt that they would not be able to *“afford”* to use *“alternative services”*.

Some expressed a concern about delivering facilities in schools. For example, *“schools would not deliver services for families with young babies and children”*.

Others were concerned about the impact the proposals would have upon existing providers. For example *“what would happen to existing providers?”* One provider commented that the changes would have a detrimental impact on their business principally because they would have to *“increase prices in line with room rental at alternative venues”*.

Some respondents were disappointed with the proposals and felt that implementing them could actually *“increase the numbers needing support in the long term”*. Some did not express disagreement, were not overly concerned about the proposals and understood that children’s centres can be expensive to run.

Future Provision

Those that recognised the need for change provided suggestions and considerations for the future provision. Some stakeholders and providers expressed a keen interest in working with the County Council to discuss how they could be involved in *“the development of an integrated early year’s offer which could provide both value for money and meet local need”*. *“Targeted approaches”* for the most vulnerable were widely supported and *“localised service delivery”* was considered important.

Finding ways to ensure vulnerable groups were aware of and could access services was considered key, particularly as some stakeholders and providers warned that they had already been trying to do this for a number of years but had found *“the people they needed to access were incredibly hard to engage with”*.

Maintaining some universal services was supported because they could provide a valuable opportunity to enable *“early identification”* and because those not deemed as vulnerable would also benefit greatly from them. Health visitors were also viewed as an important mechanism for enabling early identification.

Additional Considerations

- Consider building the future approach on a longer term view of usage rather than the here and now.
- Please remove barriers to access - consider basing it on individual need, not on areas of deprivation.
- Think about providing training on the needs of families who have children with special needs and disabilities.
- Please provide timescales and communicate the impact that the decisions will have to the staff who will be affected.

Views of MP’s, Councillors and Partner Organisations

A number of responses were received from MPs and a District Councillor, as well as various District and Parish Councils and organisations such as Homestart, Age UK, Health Visitors, Children’s Centres and a wide range of other partner organisations. For a full breakdown please see the tables in the appendix.

Responses were received in the form of completed consultation surveys. Personal feedback as well as feedback on behalf of residents, constituents and clients was provided. The views expressed in the feedback reflect those expressed in the wider consultation and highlight similar themes to those included throughout this report.

At the time of writing, no petitions had been received in relation to the consultation.

Letters/emails

32 emails and letters were received to the consultation. These were from Councillors, parents, providers, community representatives and leaders. The vast majority of emails / letters expressed disagreement with the proposals. Views shared were reflective of those shared in the overall consultation results.

Children's Centres were highly valued for example: *"Children's Centres are a life line"*, *"please do not close them"* and we are *"unable to afford alternative provision."*

If centres were closed, there were *"affordability"* concerns for alternative provision from those parents who were on a low income. *"Accessibility"* to alternative provision and *"social isolation"* were also common concerns for those without transport.

Media Coverage

A total of 30 media hits were recorded throughout the period of the consultation. 19 hits were from local Key Media Targets (The Burton Mail, The Sentinel, The Express and Star, The Lichfield Mercury, and The Staffordshire Newsletter Online) and a further ten were from Important Weeklies (The Leek Post & Times, The Cheadle Post & Times, The Wolverhampton Chronicle and The Biddulph Chronicle). Coverage was also recorded on the Connect Cannock Website.

The overall tone of the coverage (where -1, is negative, 0 is neutral and +1 is positive) was calculated at +0.1.

9. DEMOGRAPHIC PROFILE OF RESPONDENTS

Gender	Respondents
Male	144
Female	1378
Not Stated	5
Total	1527

Age Range	Respondents
Under 18	9
18-24	150
25-34	664
35-44	476
45-54	135
55-64	72
65+	20
Total	1526

Ethnicity	Respondents
White (British, Irish, Other)	1439
Mixed / Multiple Ethnic Group	15
Asian / Asian British	25
Black / African / Caribbean / Black British	4
Other ethnic group	10
Prefer not to say	10
Total	1503

Disability	Respondents
Yes	95
No	1416
Not Stated	3
Total	1514

Disability	Respondents
Social/communications impairment, such as Asperger's or autism	4
Deaf or hearing impairment	8
Blind or serious visual impairment	7
Long-standing illness or health condition, e.g. leukaemia or epilepsy	21
Mental health condition, e.g. depression, anxiety or schizophrenia	44
Learning difficulty, such as dyslexia	20
Physical impairment or mobility issue	24
Other	6
Total	134

Employment Status	Respondents
Working (either full or part time)	923
Looking after home or family	350
Self employed	90
Unemployed and available for work	37
Retired	33
Other	31
Long term sick/disabled and unable to work	19
Full time education at school, college or university	17
Not Stated	2
Total	1502

10. APPENDIX: DATA TABLES

Are you responding to this consultation as...?	Number of Respondents
A parent or carer of a child	910
Early years provider	67
Other professional working with children	43
Voluntary organisation	33
Staffordshire County Council employee	31
General public	22
Children's Centre staff	19
A partner organisation (please specify below)	19
A school	10
Prospective parent	9
Other (please specify below)	5
Member of an Advisory Board	4
School Governing Body	3
Community Group	3
MP/Elected Member	2

Age of Child	Number of Respondents
0-11 months	383
1 year old	278
2 years old	361
3 years old	284
4 years old	193
5 years old or more	431
Total	1930

Are you expecting a child?	Number of Respondents
Yes	94
No	1362
Not Stated	5
Total	1461

Do you have a child who has an illness or a disability?	Number of Respondents
Yes	114
No	1329
Not Stated	7
Total	1450

If you indicated MP/Elected member, Partner or Other, please state your name/organisation...	Number of Respondents
District Council	4
Homestart	4
Age UK	2
Grandparent	2
Health Visitor	2
MP	2
Childrens Centre	2
College	1
Community Centre	1
Councillor	1
Families First	1
First Steps	1
NHS	1
Police	1
School	1
SSOTP	1
Stafford & Rural Homes	1
Staffordshire Wildlife Trust	1
Volunteer	1
Ward Councillor	1
Total	31

Disability	Number of Respondents
Child(ren) do not have any disabilities	407
Social/communications impairment	53
Learning difficulty	43
Other	24
Long-standing illness or health condition	20
Physical impairment or mobility issue	16
Deaf or hearing impairment	11
Blind or serious visual impairment	7
Mental health condition	7
Total	588

Do you use any of the following 'designated' Children's Centres?	Number of Respondents
I do not use Children's Centres	529
Newcastle under Lyme	118
Glascote	90
Charnwood	85
Tamworth Early Years	84
Cannock Chase	78
Springhill	74
Leyfields	68
Silkmore	64
Wombourne Library	64
Leek and Rural (Beresford)	63
Stafford	63
Cheadle	59
East Staffordshire	54
Crackley Bank	46
Maryhill	42
Staffordshire Moorlands (Biddulph)	37
Western Springs	35
Wilnecote (Heathfields Infants School)	33
Manor Hill	32
Landywood	30
Hednesford	27
Audley Library	24
Castlechurch	22
Perton Library	19
Stapenhill	10
Tynsel Parkes	7

Do you use any of the following locations (linked sites) to access early years services?	Number of Respondents
Exley	57
Boney Hay	55
Clayton Library	52
Hempstalls	52
Amington Heath	40
Huntington	32
Kinver	23
Clough Hall, Kidsgrove	20
Bridgtown	19
Lane Green First, Bilbrook	17
Coton Green Primary, Tamworth	16
Leek All Saints	15
Chadsmead	14
Churchfield Primary, Rugeley	14
Blythe Bridge Library	13
Featherstone	13
Gnosall St Lawrence	12
Chesterton Primary, Newcastle	10
Ellison Primary, Newcastle	10
Flash Ley, Stafford	9
Bishop Rawle Primary, Cheadle	8
Highfields Primary, Burntwood	8
Hixon	6
Barton-under-Needwood	5
Brewood Library	5
Glenthorne Primary, Cheslyn Hay	5
Grove Primary, Stafford	4
Greysbrooke, Lichfield	1
Hugo Meynell, Newcastle	0

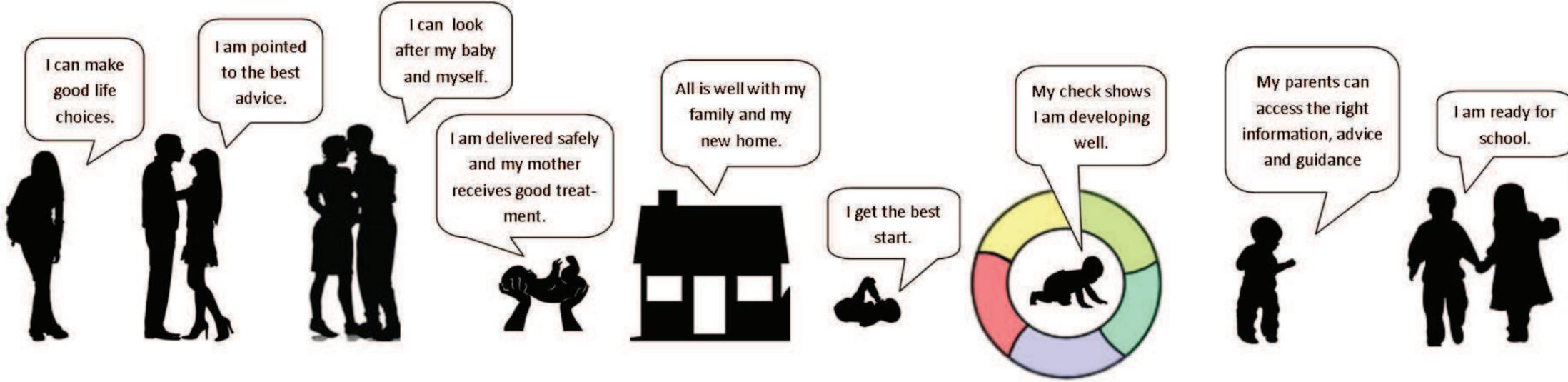
Which of the following activities and services, if any, do you use most often?	Number of Respondents
Adult learning	60
Healthy eating courses/services	60
Family learning	70
Family Information Service	71
Support groups	76
Childminders	77
Parenting Programmes (e.g. PEEP)	104
Antenatal Classes	106
Physical activity sessions/groups	135
Family Support	146
School Nursery	160
Breastfeeding Support	206
Baby Yoga/Massage	208
Postnatal Groups/Baby Clinics	227
Private Nursery	263
Stay and Play (or similar activity)	637

BEST START PATHWAY

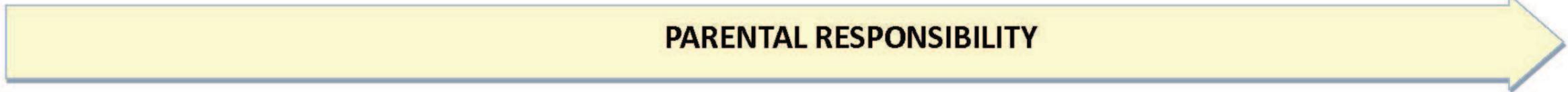
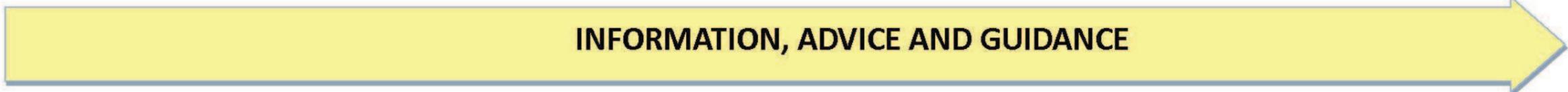
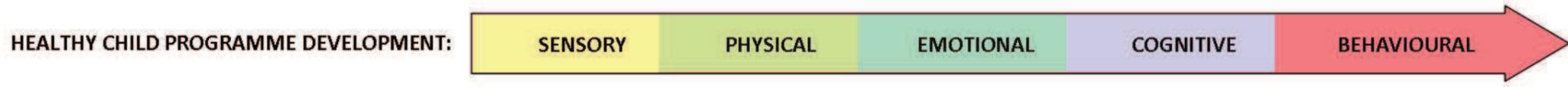
RISK INDICATORS
DOMESTIC ABUSE
SUBSTANCE ABUSE
CHILD SEXUAL EXPLOITATION
ATTACHMENT DELAY
MENTAL HEALTH
LOW BIRTH
NEGLECT
SMOKING
CHILD PROTECTION
DEVELOPMENTAL DELAY
OBESITY
HOMELESSNESS
FAMILY DYSFUNCTION

TEENAGER CONCEPTION PREGNANCY BIRTH HOME 0-6 WEEKS 1 YEAR 2 YEARS TODDLER (3-4 YEARS) FIRST DAY OF SCHOOL

★ PHSE ★ CONTRACEPTIVE ADVICE ★ HEALTH PREGNANCY CHECK ★ 14 DAY NEW BIRTH VISIT ★ 6 WEEK CHECK ★ IMMUNISATION ★ 12 MONTH ★ AGES & STAGES QUESTIONNAIRE / THINK 2 ★ NURSERY EDUCATION FUND (3-4 ENTITLEMENT) ★ EYFS KS1



★ KEY INTERVENTION OPPORTUNITIES



UNIVERSAL TOUCH POINT
SCHOOL NURSE
FURTHER EDUCATION
CONTRACEPTIVE & SEXUAL HEALTH SERVICES
GP
MATERNITY SERVICES
REGISTRAR
HEALTH VISITORS
HOSPITALS
NURSERY
SCHOOL

APPENDIX D Best Start Aligned Commissioning Intentions

Outcome: To ensure the best start in life for all children in Staffordshire

Core Purpose:	Commissioning Intentions (what are we going to commission):	Target Population:	Lead Commissioner:	Population Outcome Indicators:	Service Performance Indicators:
<p>1. Child development and school readiness – which includes:</p> <ul style="list-style-type: none"> • Childcare • Early / Family Learning <p style="text-align: center;">Page 109</p>	<p>Targeted early learning services, such as Stay & Play, to promote the importance of the parent / carer as their child's first (and most important) educator and the particular importance of the home learning environment</p>	<p>Children aged 0-4 years living in the 0-30% most deprived Lower Super Output Areas (LSOAs) & areas where children do not achieve a Good Level of Development (below the Staffordshire average at the end of the Early Years Foundation Stage).</p>	<p>Sharon Moore – County Commissioner for Families, SCC</p>	<p>% of children achieving a good Level of Development (EYFS)</p> <p>% of boys achieving a good Level of Development (EYFS)</p> <p>% of Free School Meal (FSM) children achieving a good Level of Development (EYFS)</p> <p>% of Looked After Children (LAC) achieving a good Level of Development (EYFS)</p> <p>% of children with Special Educational Needs (without a statement) achieving a Good Level of Development (EYFS)</p> <p>% of children with Special Educational Needs (with a statement) achieving a Good Level of Development (EYFS)</p>	<p>% of parents / carers who have an improved understanding of their child's development</p> <p>% of parents / carers who feel confident to support their child's learning</p> <p>% of parents / carers who report that they and their children participate in early learning within the home</p> <p>% of children making progress towards their expected levels of development according to their age (in accordance with the EYFS)</p>
<p>1. Child development and school readiness</p>	<p>Free childcare places for disadvantaged 2 year olds (Think2 Staffordshire's response to the national programme)</p>	<p>Eligible population - 36% of all 2 year olds in Staffordshire – 18% of those who meet the Free School Meals criteria and Looked After Children and 18% of families who earn less than £16,190</p>	<p>Sharon Moore – County Commissioner for Families, SCC</p>	<p>% of Free School Meal (FSM) children achieving a good Level of Development (EYFS)</p> <p>% of Looked After Children (LAC) achieving a good Level of Development (EYFS)</p> <p>% of children with Special Educational Needs (without a statement) achieving</p>	<p>The % of all eligible 2 year olds accessing their Think2 childcare place</p> <p>The % of FSM eligible 2 year olds accessing their Think2 childcare place</p> <p>% of children accessing Think2 childcare in Good or</p>

APPENDIX D Best Start Aligned Commissioning Intentions

		and who claim Working Tax Credits (low income families)		a Good Level of Development (EYFS) % of children with Special Educational Needs (with a statement) achieving a Good Level of Development (EYFS)	Outstanding settings
1. Child development and school readiness	Free childcare places for all 3 & 4 year olds (national programme)	All 3 & 4 year olds	Sharon Moore – County Commissioner for Families, SCC	% of children achieving a good Level of Development (EYFS) % of boys achieving a good Level of Development (EYFS) % of Free School Meal (FSM) children achieving a good Level of Development (EYFS) % of Looked After Children (LAC) achieving a good Level of Development (EYFS) % of children with Special Educational Needs (without a statement) achieving a Good Level of Development (EYFS) % of children with Special Educational Needs (with a statement) achieving a Good Level of Development (EYFS)	% of children accessing their free childcare place % of FSM children accessing their free childcare place % of LAC children accessing their free childcare place % of FSM eligible children accessing 3 & 4 year old childcare in Good or Outstanding settings
1. Child development and school readiness	Information, advice, guidance and training to the PVI sector – including Think2 (S13 of Childcare Act 2006)	Targeted support at less than Good settings. Targeted support at settings in the 0-30% most deprived areas and disadvantaged / vulnerable children. Targeted support at	Sharon Moore – County Commissioner for Families, SCC	% of Good or Outstanding settings % of disadvantaged / vulnerable children attending Good and Outstanding settings % of settings that receive Good or Outstanding in their first Ofsted inspection % of 'less than Good' settings that	% of settings showing an increased competence / confidence in supporting children's learning & development (EYFS) % of settings who feel more confident in meeting the needs of disadvantaged / vulnerable children

APPENDIX D Best Start Aligned Commissioning Intentions

		<p>new settings.</p> <p>One universal support visit per year for all settings.</p> <p>Market management (including sustainability and place creation development).</p>		<p>gain Good or Outstanding in their next Ofsted inspection</p>	<p>% of settings showing 'Ofsted readiness' for their next inspection</p>
<p>2. Parenting aspirations, self esteem and parenting skills – which includes:</p> <ul style="list-style-type: none"> • Parenting programmes • Family support 	<p>Tier 2 family support (including outreach and delivery in the home)</p>	<p>Families of 0-4 year olds (referrals)</p> <p>Targeted visits for families with under 2's in the 0-30% deprived LSOAs.</p>	<p>Sharon Moore – County Commissioner for Families</p>	<p>% of children achieving a good Level of Development (EYFS)</p> <p>Increase the % of eligible families taking up 2 year Early Education place (Think 2)</p> <p>% of children aged 0-4 years living in households in receipt of out of work benefits</p> <p>Rate of hospital admissions for under 5's</p> <p>Reducing the number of under 5's on a child Protection Plan (CPP) <i>(particularly those who are subject to a CCP due to neglect)</i></p> <p>Reducing the number of under 5's subject to a Children in Need Plan (CiN)</p>	<p>% of family outcome measures which show progress towards the families individual needs</p> <p>% of service users report they have achieved their individual goals at case closure</p> <p>% of service users report that they were satisfied with the service at case closure</p> <p>% of service users who report that they have accessed further support within a 12 months of case closure</p>
<p>2. Parenting aspirations, self esteem and parenting skills</p>	<p>Tier 3 family support (including outreach and delivery in the home)</p>	<p>Families of 0-4 year olds (referrals)</p>	<p>Sharon Moore – County Commissioner for Families</p>	<p>% of children achieving a good Level of Development (EYFS)</p> <p>% of children aged 0-4 years living in</p>	<p>% of family outcome measures which show progress towards the families individual needs</p>

APPENDIX D Best Start Aligned Commissioning Intentions

				<p>households in receipt of out of work benefits</p> <p>Rate of hospital admissions for under 5's</p> <p>Reducing the number of under 5's on a child Protection Plan (CPP) <i>(particularly those who are subject to a CCP due to neglect)</i></p> <p>Reducing the number of under 5's becoming Looked After (LAC)</p>	<p>% of service users report they have achieved their individual goals at case closure</p> <p>% of service users report that they were satisfied with the service at case closure</p> <p>% of service users who report that they have accessed further support within a 12 months of case closure</p> <p>% of children who go onto a Child Protection Plan</p>
<p>2. Child and family health and life chances – which includes:</p> <ul style="list-style-type: none"> Adults accessing courses that improve their literacy, numeracy or language skills Adults accessing courses that improve their chances of employment The development of healthy lifestyles for target children 	<p>Short courses countywide, which aim to enable adults and children to learn together and/or to enable adults to learn how to support their children's learning, to improve parenting skills, to develop parents'/carers' knowledge and skills in relation to healthy lifestyles and safety e.g. Paediatric First Aid, Home Safety, E-Safety etc. Short courses which aim to improve learner confidence and willingness to engage in learning and / or acquire skills to prepare learners</p>	<p>Hard to reach unemployed adults below Level 2, who want to increase their chances of employment but who are not yet ready to enrol on an accredited course.</p> <p>Children under the age of 16 living in deprived areas.</p>	<p>Anthony Baines, County Commissioner for Skills and Employability</p> <p>Teresa McKenna, Senior Manager Adult & Community Learning</p>	<p>% of children aged 0-4 years living in households in receipt of out of work benefits</p> <p>Finding part-time or full-time work, volunteering and/or engaging in further learning</p> <p>To equip families to thrive to improve their English, Maths and language skills of adults</p> <p>To develop the skills or knowledge of both the adult and child participants</p> <p>To help adults to be more active in the support of their children's learning and development and to understand the impact of that support</p> <p>To develop the confidence and skills needed to engage in further learning,</p>	<p>% of parents / carers who have an improved understanding of their child's educational development</p> <p>% of parents / carers who feel confident to support their child's learning</p> <p>% of parents / carers who report that they and their children participate in learning within the home</p> <p>% of parents / carers who report improved relationships with their child/ren</p> <p>% learner satisfaction</p> <p>Case studies / feedback from schools on impact of provision</p>

APPENDIX D Best Start Aligned Commissioning Intentions

<p>and their families</p> <ul style="list-style-type: none"> parents' understanding of their responsibilities for their children's safety and well-being 	<p>for employment, further learning and / or volunteering.</p>			<p>volunteering or work</p>	<p>Overall percentage of new learners attending Wider Family Learning (WFL) programmes to be a minimum of 65%</p> <p>Overall percentage of new learners attending Family, English, Maths and Language (FEML) programmes to be a minimum of 50%</p>
<p>2. Child and family health and life chances</p> <p style="text-align: center;">Page 113</p>	<p>Maternity services including maternal mental health</p> <p>Services for the treatment of acute illness in children</p> <p>Integrated care pathway for emotional health & wellbeing including parenting programmes</p> <p>Healthcare services for children with complex health needs / long-term conditions</p> <p>Support for Looked after children (LAC), children requiring safeguarding and children in need</p>	<p>Parents-to-be, children aged 0-4 and families</p>	<p>Anna Hammond, Clinical Commissioning Group (CCG) Lead (South)</p> <p>Denise Tolson, County Commissioner for Children's Care, SCC</p> <p>Marcus Warnes, Clinical Commissioning Group (CCG) Lead (North)</p> <p>(North Staffordshire CCG and the integrated children's commissioning</p>	<p>Breastfeeding initiation rates</p> <p>Smoking during pregnancy</p> <p>Infant mortality</p> <p>Low birth weight</p> <p>Rate of unplanned hospital admissions for under 5's</p> <p>Accident & emergency attendance rates for under 5's</p> <p>Rate of unplanned admissions for asthma, diabetes and epilepsy</p> <p>Emergency admissions for children with lower respiratory tract infections</p>	<p>Breastfeeding initiation rates</p> <p>Stop smoking rates during pregnancy</p> <p>Number of children accessing tier 2 and tier 3 emotional health & wellbeing services</p> <p>Number of looked after children</p> <p>Number of children subject to a safeguarding plan</p> <p>Placement stability for looked after children</p> <p>Health assessments for looked after children</p> <p>Numbers of adopted children</p> <p>Immunisation rates of looked after children</p>

APPENDIX D Best Start Aligned Commissioning Intentions

			team (South Staffordshire CCGs and SCC))		Personal health budgets
2. Child and family health and life chances	<p>Health Visitor and Family Nurse Partnership (FNP) programme (from October 2015)</p> <p>New behaviour change service currently out to tender that will support weight management, stop smoking support and brief interventions for reducing alcohol levels</p> <p>8 x locality based prevention programmes including community nutrition and physical activity</p> <p>All Vaccination and Screening Programmes 0-19 years in line with National Screening Committee-commissioned by NHS England and Public Health England</p> <p>National Flu programme</p>	<p>All children from antenatal up to 5 years</p> <p>Adults (including pregnant women) and childhood weight management support (2-19 years)</p> <p>These are all age programmes and whilst not specific or targeted to 0-5's may include this age</p>	<p>Liann Brookes-Smith, Health Consultant</p> <p>Natalie Kelly, Children's Commissioner for Public Health</p> <p>Tilly Flanagan, Strategic Commissioning Lead, Health Improvement</p> <p>Nicola Day, Public Health Commissioning Lead: Physical Activity and Nutrition</p> <p>Mike Calverley, Denise Vittorino, Jon Topham, Locality Public Health Commissioning Leads</p>	<p>This is currently being decided in a joint specification with NHS England</p> <p>Outcomes include: 6 High Impact Areas:</p> <ul style="list-style-type: none"> • Transition to parenthood and the early weeks • Maternal mental health (perinatal depression) • Breastfeeding (initiation and duration) • Healthy weight, healthy nutrition and physical activity • Managing minor illness and reducing hospital attendance and admission • Health, wellbeing and development of the child age 2 – 2.5 year old review (integrated review) and support to be 'ready for school'. <p>Public Health Outcomes:</p> <ul style="list-style-type: none"> • Improving life expectancy and 	<p>This is currently being decided in a joint specification with NHS England</p> <p>The number and percentage of pregnant clients who have reduced their number of lifestyle risk factors from when they started with the Healthy Lifestyles Service e.g. lost weight, stopped smoking, reduced alcohol consumption</p> <p>Number of pregnant clients that successfully stop smoking 4 weeks after setting a quit date</p> <p>Number of clients that successfully stop smoking 12 weeks after setting a quit date (or at delivery for pregnant clients, whichever is further from the quite date_</p> <p>Number of clients that successfully stop smoking 12 months after setting a quit date</p> <p>Number and percentage of</p>

APPENDIX D Best Start Aligned Commissioning Intentions

<p style="text-align: center;">Page 115</p>	<p>for all children and young people in 15/16 (NHS England)</p> <p>Child Health System—health intelligence commissioned by NHS England</p>			<p>healthy life expectancy;</p> <ul style="list-style-type: none"> • Reducing infant mortality; • Reducing low birth weight of term babies; • Reducing smoking at delivery; • Improving breastfeeding initiation; • Increasing breastfeeding prevalence at 6-8 weeks; • Improving child development at 2-2.5 years; • Reducing the number of children in poverty; • Improving school readiness; • Reducing under 18 conceptions; • Reducing excess weight in 4-5 and 10-11 year olds; • Reducing hospital admissions caused by unintentional and deliberate injuries in children and young people aged 0-14; • Improving population vaccination coverage; • Disease prevention through screening and immunisation 	<p>clients (0-19s) completing their intervention who maintain (or reduce) their baseline BMI (adjusted for age and gender)</p> <p>Decrease in sedentary behaviour</p> <p>Increased use of green spaces for activities related to physical activity and health</p> <p>Improved knowledge of a healthy, balanced and varied diet</p> <p>Improved skills and confidence of how to prepare and cook healthy and nutritious meals / snacks</p> <p>Improved skills and confidence of how to menu plan and budget for healthy and nutritious meals</p>
---	--	--	--	--	---

APPENDIX D Best Start Aligned Commissioning Intentions

				<p>programmes;</p> <ul style="list-style-type: none"> • Reducing tooth decay in children aged 5. <p>Family Nurse Partnership:</p> <ul style="list-style-type: none"> • Reduction in second pregnancies for first time teenage parents <ul style="list-style-type: none"> ○ Improving pregnancy outcomes, ○ Improving child health and development (including future school readiness and achievement) in line with the Healthy Child programme. ○ Improving parents' economic self-sufficiency. <ul style="list-style-type: none"> • Improvements in women's antenatal health • Reductions in children's injuries • Fewer subsequent pregnancies • Greater intervals between births • Increases in fathers' involvement • Increases in employment • Reductions in welfare 	
--	--	--	--	--	--

APPENDIX D Best Start Aligned Commissioning Intentions

<p style="text-align: center;">Page 117</p>				<p>dependency</p> <ul style="list-style-type: none"> • Reduced substance use initiation and later problems • Improvements in school readiness <p>Screening programmes (as above and):</p> <p>Reducing anomalies</p> <p>Reducing cancer (i.e. HPV)</p> <p>Reducing harm</p> <p>% of children who are overweight or obese at the end of reception</p> <p>% of children with a healthy weight</p> <p>% of children who are physically active</p> <p>Increase in frequency / intensity of physical activity of the child to meet 180 minutes per day target</p> <p>Rate of hospital admissions for under 5's</p>	
<p>2. Child and family health and life chances</p>	<p>Specialist interventions (and associated liaison/referral mechanisms with other agencies – which comprise the Hidden Harm strategy) are being implemented within adult drug/alcohol treatment service to</p>	<p>Families affected by or at risk of being affected by substance misuse</p>	<p>Tony Bullock, Integrated Commissioner for Alcohol and Drugs</p>	<p>Number of children 'at risk' where drug/alcohol use is a contributory factor</p>	<p>Number of parents commencing and completing specialist family initiatives.</p> <p>Number of clients whose children are deemed at risk.</p>

APPENDIX D Best Start Aligned Commissioning Intentions

	work with parents and their children – to both reduce parental drug/alcohol use and mitigate the impact of this on their children				
2. Child and family health and life chances	<p>Prevention, early, targeted and specialist interventions for victims, perpetrators and any children impacted upon by domestic abuse. The redesigned service delivery model will also consider how to improve the journey of victims and witnesses through the court process.</p> <p>The approach to the redesign of the domestic abuse service delivery model intends to maximise opportunities to build upon other areas of work that are being developed or are already underway (eg the inclusion of domestic abuse as a selection criterion for Phase 2 of the Building Resilient Families and Communities Programme.</p>	People at risk of, or suffering from, domestic abuse and their children.	Pat Merrick, Safer Communities Commissioner	New service specification will apply from 1/4/16. Service specification and outcomes to be agreed following internal and external consultation with other commissioners and partners during 2015. Outcomes will link to County Council's strategic outcomes and Police and Crime Commissioner's priorities.	New service specification will apply from 1/4/16. Performance indicators to be agreed following internal and external consultation with other commissioners and partners during 2015. Indicators will link to County Council's strategic outcomes and Police and Crime Commissioner's priorities.
3. Integrated Offer	District early years coordination service:	Key stakeholders working across the	Sharon Moore – County	% of children achieving a good Level of Development (EYFS)	The Children's Centre / early years offer inspection by

APPENDIX D Best Start Aligned Commissioning Intentions

	<p>This service will coordinate the early years offer locally by;</p> <ul style="list-style-type: none"> • Ensuring good IAG is available for parents/carers and key stakeholders. • Provide a leadership function within the districts / borough's • Providing the day to day running of the designated Children's Centre sites. • Ensuring local early years offer is governed and performance across the partners is supported and challenged effectively. 	<p>early years sector including but not limited to Heath Visitors, Midwifery, Families First, PVI childcare settings.</p> <p>Parents / carers</p>	<p>Commissioner for Families, SCC</p>	<p>Increase the % of eligible families taking up 2 year Early Education place (Think 2)</p> <p>Increase the % of eligible families taking up Nursery Education Grant</p>	<p>Ofsted is graded Good or Outstanding. (this is a shared indicator and all partners will contribute towards this).</p> <p>Data shows that the cluster is engaging with a good proportion (51% to 64% is deemed Good, 65% or above is deemed Outstanding) of the families in its reach / catchment area, particularly from target groups (generated by inputting into a data management system).</p> <p>An analysis of service delivery shows that there is a range of services in place that meet the identified needs of families in the area.</p> <p>All health & safety procedures are followed and documentation is in place to ensure that the staff and public are safe within children's Centre venues,</p> <p>Parents / carers and stakeholders report that they access good or excellent IAG in relation to Early Years.</p> <p>75% parents / carers report satisfaction with children's Centre services</p>
--	---	---	---------------------------------------	--	---

APPENDIX D Best Start Aligned Commissioning Intentions

					80% of parents / carers involved in providing feedback (e.g. parent forums, comments and complaints) report that they feel their views were listened to and that they received feedback on any improvements they suggested.
4. Information, advice and guidance	<p>Staffordshire Market Place- a transactional marketplace for parents to search and buy services, support and activities.</p> <p>To strengthen the Family Information Service – telephony & brokerage</p> <p>To improve Staffordshire cares website to provide better information in respect of parenting</p> <p>Development of carer hubs for information, advice and guidance</p> <p>Advocacy for vulnerable children and young people</p>	These are all age programmes and include the carers and parents of the 0-5 population	<p>Nichola Glover-Edge County Commissioner Inclusion and Wellbeing</p> <p>Emily Skeet Commissioning Manager Inclusion and Wellbeing</p> <p>Eve Wilson Commissioning Officer Inclusion and Wellbeing</p> <p>Shelly Brough Commissioning Manager – Carers and Wellbeing</p> <p>Tilly Flanagan, Strategic Commissioning</p>	<p>% population receiving trusted quality information advice and guidance</p> <p>Support clients to access to self-help and preventative opportunities to assume a personal responsibility for their lifestyle change(s)</p> <p>Improved access to lifestyle support to meet single or multiple needs or clients with both single and multiple lifestyle risk factors</p> <p>Reduced lifestyle risk taking behaviours (including alcohol consumption and smoking)</p> <p>A reduction in lifestyle risks e.g. weight, co-morbidities</p> <p>Improvements in lifestyle behaviour (including improvements in the quality of the diet consumed and physical activity undertaken)</p> <p>Improved perception of health and wellbeing</p>	<p>Increased usage of information advice and guidance</p> <p>% population undertaking self help to deal with issues.</p> <p>% population accessing good or outstanding early years provision through choice</p> <p>% reduction of referrals into the public sector</p> <p>% children and young people to have their voice heard.</p> <p>% population increase in people managing finances</p> <p>% population given IAG to be healthy and well</p> <p>% population to be safe</p> <p>Number and percentage of referrals received into the Healthy Lifestyles services</p>

APPENDIX D Best Start Aligned Commissioning Intentions

	<p>Debt benefit and consumer advice</p> <p>Social Media- proactive pushing of information , advice and guidance</p> <p>Development of Lifestyle Hub</p>		<p>Lead, Health Improvement</p> <p>Emily Skeet, Commissioning Manager, Community Wellbeing</p>		<p>(broken down by sources of referral, gender, age, postcode, ethnicity, employment status etc.)</p> <p>The number and percentage of clients who have reduced their number of lifestyle risk factors from when they started with the Healthy Lifestyles Services e.g. lost weight, stopped smoking, reduced alcohol consumption</p>
--	---	--	--	--	--

BEST START - Property Plan

1. Proposed recommendations for the future management of Children Centre sites (57 sites)

This property plan shows the property category for each of the Children's Centre sites following the closure of public consultation on 3rd December 2014.

1.1 Re-configure and transfer management to schools (27 sites)

- All Saints CE(VA) First School, Leek
- Amington Heath Community School, Tamworth
- Barlaston CE(VC) First School, Stone
- Barnfields Primary School, Stafford
- Barton-under-Needwood Youth Centre (John Taylor High School), Burton on Trent
- Beresford Memorial CE(VA) First School, Leek
- Castlechurch Primary School, Stafford
- Chadsmead Primary Academy, Lichfield
- Cheadle Primary School, Cheadle
- Crackley Bank Primary School, Newcastle
- Dosthill Primary, Tamworth
- Edgecliff High School, Kinver
- Heathfields Primary School, Tamworth
- Hednesford Nursery School, Hednesford
- Hempstalls Primary School, Newcastle
- Littleton Green Community Primary School, Cannock
- Manor Hill First School, Stone
- Norton Canes Community Primary School, Cannock
- Oaklands Nursery, Newcastle
- Saxon Hill Community Special School, Lichfield
- Springhill Primary School, Burntwood
- St. Peter's CE(VC) First School, Yoxall
- St. Peter's CE(VC) Primary School, Hixon
- The Fountains Community Special School, Burton on Trent
- Tynsel Parkes CE(VC) First School, Uttoxeter
- Whitgreave Primary School, Featherstone
- Willows Primary School, Lichfield

1.2 Re-configure and transfer management to the Culture & Library Service (8 Sites)

- Audley Library, Newcastle
- Blythe Bridge Library & Youth Centre (Blythe Bridge High School), Blythe Bridge
- Brewood Library, Brewood
- Clayton Library, Newcastle
- Perton Library, Perton
- Stone Library, Stone
- Werrington Library, Werrington
- Wombourne Library & Community Centre, Wombourne

1.3 Retain as designated Childrens Centre (11 sites)

Phase 1

- Cannock Chase Children's Centre, Cannock
- East Staffordshire Children's Centre (including car park and storage facilities), Burton on Trent
- Newcastle-under-Lyme Children's Centre, Newcastle
- Staffordshire Moorlands Children's Centre, Biddulph
- Glascote Children's Centre, Tamworth

Phase 2/3

- Charnwood Children's Centre (Charnwood Primary School), Lichfield
- Landywood Primary School (Landywood Primary School), Great Wyrley
- Leyfields Children's Centre, Tamworth
- Maryhill Children's Centre (University Primary Academy Kidsgrove), Kidsgrove
- Queen Street Community Centre, Burton on Trent
- Silkmore Primary School (Silkmore Primary School), Stafford

1.4 Strategic Property Board to review (11 sites)

Phase 1

- Stafford Children's Centre, Stafford
- Tamworth Early Years - Former Castle Nursery School, Tamworth

Phase 2/3

- Boney Hay Community Primary School, Burntwood
- Cannock Resource Centre, Cannock
- Exley Children's Centre, Tamworth

- Lane Green First School, Codsall
- Madeley Children's Centre - Madeley Village Hall, Newcastle
- Rocester Village Hall, Uttoxeter
- Springfield Health & Wellbeing Centre (Health Centre, Western Springs), Rugeley
- Stapenhill Children's Centre (Health Centre), Burton on Trent
- Wetley Rocks and Cheddleton Village Hall, Wetley Rocks

**Community Impact Assessment
Best Start Consultation Findings and Final Proposals – Cannock Chase**

Community Impact assessments (CIAs) should be used whenever there is a policy or service change. The template will enable staff to record how they have taken account of the following essential areas within proposals;

- Strategic Priorities
- Public Sector Equality Duty
- Health inequalities
- Rural issues
- Climate change

The Public Sector Equality Duty is a legal requirement and must be applied in all that we do, and in particular whenever there are changes. See guidance note and frequently asked questions for further information.

Name of proposal: Best Start		
State here which of the County Council priorities the proposal will deliver against:		
County Council Outcome	People’s Service Area Outcome	Project Outcomes
Be healthier and more independent;	People manage their own life, make their own choices, deal with issues their own way	That children and their parents lead healthy and happy lives and have the ability to care for each other.
Feel safer, happier and more supported in and by their community.	People live long and fulfilling lives, being able to address the health and wellbeing issues that affect them	That parents are enabled to give their child the best start in life and vulnerable families can access help when it is needed.
Be able to access more good jobs and feel the benefit of economic growth	Staffordshire has a workforce fit for a modern economy – developing the skills and aspirations of residents	Families can access high quality childcare and learning opportunities to build the right skills.

Project lead: (s)
Janene Cox, Commissioner for Tourism and Cultural County Sharon Moore, Commissioner for Families
Names of other officers involved
Paul Woodcock – County Commissioner for Children’s Wellbeing

Andrew Donaldson – Senior Policy Manager
Kerry Dove – Partnership and Development Manager
Michelle Rowe – Team Senior Solicitor
Lynda Stevenson – Project Manager
Wendy Tompson – Corporate Engagement and Consultation Manager
Adam Rooney – Strategic Policy Officer
Clare Abbotts – Senior Campaigns Officer
District Children’s Commissioning Officers & District Commissioning Leads

Date:

21st January 2015

Executive summary of the assessment

This is a Community Impact Assessment (CIA) for **Cannock Chase** based on the proposals of the January Best Start Cabinet Report, and builds upon the Outline and Scoping Community Impact Assessments conducted in March and September 2014. It analyses both the findings of the 8 week public consultation on the proposals set out in September 2014 as well as the final proposals for a new way of working for early years.

This Community Impact Assessment analyses the potential health and equalities impacts of the proposals put forward by the Cabinet Report and suggests mitigating actions to help prevent disadvantage to any protected groups.

Signature

Janene Cox, Commissioner for Tourism and Cultural County

1. Introduction and Context:

Staffordshire County Council has three priority outcomes to build a better Staffordshire. These priorities are that the people of Staffordshire will:

- be able to access more good jobs and feel the benefits of economic growth
- be healthier and more independent
- feel safer, happier and more supported in and by their community

Ensuring that parents are able to give their children the best start in life is critical to achieving these outcomes. The first five years of every child's life are vital for their future health and wellbeing. There is an overwhelming amount of evidence that shows the huge impact of the care a child receives in this period of their life, and how it turns it influences virtually all aspects of development moving forward, from educational attainment to health outcomes.

1.1. Purpose of this report

The purpose of this report is to consider the potential equality and health impacts on the **Cannock Chase** district of the final proposals for early years provision set out in the January Best Start Cabinet Report. This includes analysis of any potential implications for the health of residents, as well as any impacts on residents that have one of the nine protected characteristics set out by the Equalities Act 2010, as assessed based on the information currently available. These include:

- age;
- disability;
- gender reassignment;
- marriage and civil partnership;
- pregnancy and maternity;
- race;
- religion or belief;
- sex;
- sexual orientation.

This report should be read together with the Best Start Cabinet Report, the other Community Impact Assessments for each district and the Best Start Consultation report.

1.2. Best Start proposals in Cannock Chase

Our initial review showed that not enough families, including those who are most vulnerable, are accessing the facilities we are currently using to provide early years services from. This includes those that are 'designated' Children Centres and those that are not. Our proposals include plans to reconfigure our premises in order to deliver what is required in a different way and working with our partners to deliver an integrated Best Start offer for Staffordshire.

As part of the proposals, we propose to change how we use our school based facilities. We plan to transfer management of some facilities to schools to ensure that the resources are used in a different way to assist child development and contribute to school readiness. In Cannock Chase, the locations in this category are:

- Hednesford Children's Centre (Hednesford Nursery School)
- Littleton Green Community Primary School
- Norton Canes Community Primary School

We also propose to continue to use a smaller number of facilities within communities as Family Hubs where the model is working well, has good attendance rates and this approach would benefit the community. In Cannock Chase, only one location is in this category:

- Cannock Chase Children's Centre

There are also some locations where we feel that the current facilities should be reviewed by the Strategic Property Board. In Cannock Chase, these locations are:

- Cannock Resource Centre (Bridgtown)
- Springfield Health & Wellbeing Centre (Western Springs Children's Centre)

We also propose that we reconfigure the use of space in libraries and transfer management to the Culture and Library Service. In Cannock Chase, there are no locations within this category.

2. Consultation issues raised in Cannock Chase

The public consultation on the Best Start proposal went live on 4th October 2014 and closed on 3rd December 2014. An overall summary of the findings of the consultation, as well as the methodology used, can be found as appendices to the Best Start Cabinet paper for January 21st 2015.

Overall, 1399 responses were received to the consultation. Despite this rate of response being statistically significant at a county level, to achieve a statistically robust response at a district level between 1,200 and 1,250 responses '**per district**' would have been required. Therefore this analysis will discuss countywide trends and assess how they may impact on Cannock Chase, based on the proposals for the area set out in the section above.

2.1. Consultation – Cannock Chase

There were **144 responses** from Cannock Chase to the consultation, **the second lowest number of responses** of the 8 Districts. Key issues that were raised at a County-level include:

- The vast majority of respondents supported the principles of the Best Start proposals and our objectives, including promoting positive parenting, focusing on early help and ensuring children are school ready.

- Across the county 31.8% of the respondents agreed with the proposals overall, whilst 35.8% disagreed and 23.5% neither agreed nor disagreed, 8.8% stated that they did not know.
- 40% of respondents agreed with the proposed changes to school based facilities, with 22% disagreeing, 24% unsure and 14% stating they did not know. The main concerns flagged were how schools planned to use the facilities to support the offer. **3 sites are in this category in Cannock; Hednesford Children’s Centre, Littleton Green Children’s Centre, Norton Canes Children’s Centre.**
- 48% of respondents agreed with continuing to use centres that were working well, with 24% disagreeing, 18% neither agreeing nor disagreeing and 10% not knowing. **One centre in Cannock is in this category in the proposals (Cannock Chase Children’s Centre – see below for more details).**
- 13% of respondents agreed with no longer using certain facilities as designated children’s centres, with 51% disagreeing and 22% neither agreeing nor disagreeing. Accessibility was frequently raised as a significant issue, with many respondents concerned that the changes would isolate some families, particularly families in rural areas and those with low incomes.

There are two sites (Cannock Resource Centre and Western Springs Children’s Centre) in Cannock Chase in this category.

- 11% of respondents agreed with the proposed changes to the space in libraries, with 44% disagreeing, 28% neither disagreeing nor agreeing and 17% not knowing. Again concerns were raised about how this might affect rural areas and more vulnerable families.

3. Current provision and usage in Cannock Chase:

In terms of Children’s Centres, below is the attendance at each centre in Cannock Chase in 2014. This includes attendance for children and adults as well as those children from the most deprived areas.

Children’s Centre	Attendances (children and adults) 2013-14	Number of under 5’s reached from 0-30% most deprived areas
School Sites		
Hednesford Children's Centre (Hednesford Nursery School)	576	40
Littleton Green Community Primary School	3373	65
Norton Canes	887	27

Community Primary School		
Community Sites		
Cannock Chase Children's Centre	2544	111
Cannock Resource Centre (Bridgtown)	1077	39
Springfield Health & Wellbeing Centre (Western Springs Children's Centre)	5720	125
Library Sites		
None	N/A	N/A

In order to identify the above proposals for Children's Centres, a range of data was analysed to identify which centres are critical to the new model and should be retained as designated Children's Centres. Those that will be retained are in the highest areas of deprivation, evidence a good level of attendance by families and children most in need of help and evidence the best value for money. The views of the public from the consultation have also impacted on the final decision. The remaining facilities will continue to be used by partners, parents and children, however, as part of the broader Best Start Offer, with some subject to review by the Strategic Property Board.

In terms of the wider offer, in 2013/14, in Cannock there were 150 children under 5 who received an early help assessment (formerly a CAF) for early intervention / Tier 3 support (**the highest in the county**)¹.

For more specialist support, in Cannock, the average number of children under 5 subject to a child protection plan between 1st October 2013 to 30th September 2014 was 53 (the highest in the county). The average number of looked after children aged under 5 in the same time period was 19 (also highest in the county)².

4. Cannock Chase demographic profiles:

Population:

- There are approximately 46,099 children under 5 in Staffordshire according to mid-year population data. Approximately 5,785 of these live in Cannock Chase, the fourth highest number of under 5's in the county. This accounts for 5.9% of the district population, the third highest ratio in the County³.

¹ Data received from Families First – 08/12/2014

² Data received from Families First Business Improvement and Development Team 0-5 data profile

³ <http://www.staffordshireobservatory.org.uk/documents/Population/populationestimatesbriefingnote2013.pdf>

Ethnicity:

- Because of limits to mid-year population data, these statistics on ethnicity are taken from the 2011 Census, so overall totals are slightly different to above. In Cannock Chase, 5,637 (96.0%) of the under 5's are white, 155 are from a mixed / multiple ethnic group, 65 from Asian / Asian British groups, 10 from African Caribbean / Black groups and 4 from an 'other ethnic group' (all less than 1%). This shows that Cannock Chase has a significantly lower level of ethnic diversity than the national average (86% white, 7.5% Asian / Asian British, 3.3% Black / African / Caribbean / Black British, 1% other ethnic group)⁴.

Disability:

- According to the 2011 census data, there are 165 children with a disability in the District. There are also 2,513 households with dependent children (aged 0-18) where a parent has a disability.

Teenage Parents:

- In Cannock Chase the rate of teenage conceptions between 2010-2012 is 31.6 per 1,000 15-17 year old females, which is the fourth highest in the county. This rate is also above both county (28.9) and national averages (27.7)⁵.

Deprivation:

- 18 (30.0%) of the 60 Lower Super Output Areas (LSOAs) in Cannock Chase fall within the 30% most deprived areas of the Country, which is the highest proportion across all eight districts⁶.

5. Cannock Chase local health profile:

Fertility rates:

- Based on the most recent data from 2013, Cannock Chase has a general fertility rate of 62.2 per 1,000 women aged 15-44. This is slightly lower than the average rate in England (62.4), but the second highest in the county and above the Staffordshire average of 56.5⁷.

⁴http://www.ons.gov.uk/ons/dcp171776_290558.pdf

⁵<http://www.ons.gov.uk/ons/publications/re-reference-tables.html?edition=tcn%3A77-332828>

⁶ Staffordshire County Council Insight Team, 2014, *Best Start for Children 2014 – evidence base*. P60

⁷ *Working Together Better for Health – Staffordshire Needs Assessment (JSNA)* (November 2014)
<http://www.staffordshireobservatory.org.uk/publications/healthandwellbeing/yourhealthinstaffordshire.aspx> p114

Smoking in pregnancy:

- Cannock Chase has a higher than national average levels of smoking in pregnancy at 15.1% according to 2012/13 estimates. This is 0.1% lower than the Staffordshire average but 2.4% higher than the national average⁸.

Perinatal and Infant Mortality:

- The rate of infant mortality has improved in recent years and in Cannock Chase it now stands at 4.9 per 1,000 live births according to provisional figures for 2011-2013. This is higher than the national average and below the Staffordshire average of 5.0⁹.
- Cannock Chase is above both the county and national averages in terms of stillbirths (5.4 per 1,000 total births) and perinatal mortality (at 8.3 per 1,000 total births)¹⁰.

Low birth weight:

- Between 2011-13 the percentage of babies with low birth weight was 7.2%, slightly lower than the national and Staffordshire average of 7.3% and 7.4% respectively¹¹.

Breastfeeding prevalence:

- Across Staffordshire as a whole, breastfeeding prevalence rates at 6-8 weeks are low. However Cannock Chase had the **second lowest rate in the county in 2013/14 (26.3%) which is considerably lower than the national average**¹².

Childhood obesity:

- As of 2012/13, approximately 10.6% of reception children are obese in Cannock Chase, above the 9.3% national average and 9.6% Staffordshire average¹³.

Mental Health:

- There are estimated to be between 20,800 and 23,800 people suffering mental ill-health across Cannock Chase. Levels of severe mental illness (defined as people with schizophrenia, bipolar disorder and other psychoses) recorded on GP disease registers in Cannock Chase are significantly lower

⁸ Ibid P114.

⁹ Ibid P114

¹⁰ Ibid P114

¹¹ Ibid P114.

¹² Ibid P114

¹³ Ibid P115

than that national averages, with approximately 500 people on a register in 2010/11¹⁴.

6. Potential health and equalities impacts on communities (EIA & HIA)

Proposals such as Best Start could have impacts on health and equalities for different groups in the community. It is necessary therefore to consider what these potentially negative consequences may be and take appropriate mitigating actions. With this in mind, this CIA has been informed by the guidance published by the Equality and Human Right Commission¹⁵. This guidance stated that impact assessments should consider the following:

1. Is the purpose of the policy change/decision clearly set out?
2. Have those affected by the policy/decision been involved?
3. Have potential positive and negative impacts been identified?
4. Are there plans to alleviate any negative impact?
5. Are there plans to monitor the actual impact of the proposal?

The following table presents some potential negative impacts of the proposals in the Best Start Cabinet Report specifically for **Cannock Chase** and recommends some mitigating actions.

6.1 Table of key potentially negative impacts on health and equalities and mitigating actions

No	Potential Negative Impact	Type of Impact (Equalities/ Health)	Potential Groups Affected	Possible Mitigating Action
Area 1: A quality offer for all				
1.	Sexual health and contraception advice and guidance is ineffective in supporting young people and preventing unwanted pregnancies, particularly in areas of	Health	Age, sex, pregnancy and maternity,	<ul style="list-style-type: none"> • Commissioners to ensure that sexual health and contraception information, advice and guidance meets the needs of areas with high rates of teenage pregnancy. • Commissioners to work

¹⁴ Staffordshire County Council, 2013. *District Profile – Cannock Chase*. P10
<http://www.staffordshireobservatory.org.uk/documents/DistrictProfile/2013/DistrictProfiles/CannockChaseBoroughDistrictProfile2013.pdf>

¹⁵ Equality and Human Rights Commission, *Public Sector Equality Duties and Financial Decisions – A Note for Decision Makers*.
http://www.equalityhumanrights.com/uploaded_files/Wales/brief_note_for_decision_makers.doc#

	deprivation. Cannock Chase has a higher rate of teenage pregnancy than the national average.			with schools and colleges to ensure that PHSE is inclusive and effective. <ul style="list-style-type: none"> Engage with Children's Strategic Partnership to support mitigating actions.
2.	The promotion of parent and child health through the Healthy Child Programme fails to address current health inequalities. Of particular relevance to Cannock Chase are: A) Higher than national average levels of smoking on delivery B) Second lowest breastfeeding prevalence rates at 6-7 weeks in County & lower than national average. C) Above national average rates of childhood obesity. (See section 5 for more details)	Health	Age, sex, pregnancy and maternity.	<ul style="list-style-type: none"> Effectively manage the transition of the School Nurse and Health Visiting commissioning responsibility to the local authority. Review Health Visitor specification as part of the Best Start strategy to maximise effectiveness of this crucial role, particularly for hard to reach groups. Commissioners to work across the Children's Strategic Partnership to improve outcomes.
3.	The reconfiguring of current resources for early years may result in some families finding it more difficult to access early years provision.	Both	Age, sex, disability, pregnancy and maternity	<ul style="list-style-type: none"> If the proposals are approved ensure that as part of any transfer agreements specify the use of the resource to support early years and education outcomes.

	Cannock Chase has three centres proposed to be transferred to schools (section 1.2 – 3 for more info).			<ul style="list-style-type: none"> Commissioners to ensure that families can access services from a range of appropriate venues that are , including the family home. Commissioners to ensure information, advice and guidance is accessible for all and has a locality focus. If the proposals are approved transfer agreements with schools will specify the use of the resource to support early years and education outcomes.
4.	<p>If there is not enough quality childcare placements, parents of children who need to work may be disadvantaged economically, further exacerbating educational inequality.</p> <p>Cannock Chase has the third highest number of households in the 30% most deprived areas of the County (also known as Lower Super Output Areas – LSOAs)</p>	Both	Age, sex, pregnancy and maternity, low income families, working parents, parents in education or training	<ul style="list-style-type: none"> Continue to work with Entrust to ensure sufficient childcare places are available and of a high quality. Engage with local members and partners to support promotion of uptake of free childcare places. Continue to develop more childcare placements for 2 year olds from low income families through the Think 2 programme, including exploring whether venues at schools can be used for childcare.
5.	IAG is not inclusive and is not tailored for people with physical and sensory disabilities or SEN, or	Both	All, in particular disability (including those with sensory and learning	<ul style="list-style-type: none"> Commissioners to ensure our IAG strategy enables families to access the appropriate information for their needs

	<p>for people whose first language is not English, leading to misinformation and confusion.</p>		<p>disabilities) and race, (particularly any BME groups where English is an additional language).</p>	<ul style="list-style-type: none"> • Actively publicise any changes and ensure information, advice and guidance is as accessible to all groups as practicable, offering different languages, easy read versions of documents and clear formats etc. • If the proposals are approved provide information in a variety of languages, formats, (including hard copies, easy read & Braille etc) & make available at a variety of local community centres (e.g. community halls, temples, mosques, libraries etc).
--	---	--	---	--

Area 2: Extra support for those in need

<p>6.</p>	<p>The changes may result in some families not having access to the services they require to remain independent.</p> <p>Families First arrangements to provide supervised access for families are disrupted by property changes.</p> <p>It is proposed that the phase 1 Cannock Chase Children’s Centre will be used</p>	<p>Both</p>	<p>All, particularly those with disabilities, rurally isolated and low income families.</p>	<ul style="list-style-type: none"> • If the proposals are approved, the District Co-ordinator to work with partners in each district, to ensure that the Best Start Offer is accessible and inclusive of diverse communities. • A transition plan is in place with Families First to ensure that this is not a consequence of the proposals. • Ensure that areas with highest needs and particularly those families living in the most deprived
-----------	---	-------------	---	--

	<p>as a Family Hub. Two delivery sites in Bridgtown and Western Springs will be considered for alternative use. (see sections 1.2-3 for more details)</p>			<p>areas are considered fully in implementing the new model.</p> <ul style="list-style-type: none"> • If the proposals are approved ensure the District Co-ordinator ensures that effective partnership working arrangements are in place. • Utilise the live birth data, now available to SCC, to target families living in the 0-30% most deprived areas.
7.	<p>Some families from different ethnic and cultural backgrounds may be affected by any changes to current early years offer and review of current contracted services.</p> <p>Cannock Case has a small BME community relative to the national averages. It is therefore important to ensure that these communities are supported appropriately to reduce potential isolation (see section 4 for details)</p>	Equalities	Race, religion and belief	<ul style="list-style-type: none"> • If the proposals are approved ensure all groups of children and families are considered and engaged with to ensure sufficient access to a culturally appropriate offer. • If the proposals are approved build equality/diversity requirements into contracts and specifications to ensure that diverse needs are addressed and services are accessible.

7. Implications for staff:

There are no staff employed by SCC delivering the existing service in this District as such there are no staffing implications for Staffordshire County Council. The existing service is delivered by an external organisation. Should the service delivery provider change as a result of this proposal this could result in TUPE – Transfer of Undertaking and Protection of Employment (from one provider to another), if the service provision is similar in nature.

8. Rural considerations:

Staffordshire has a significant rural population, and as such the proposals must take into consideration the needs of children and families who live in rural communities.

Cannock Chase is classified by DEFRA's 2001 Rural-Urban Definition Local Authority Classification as being significantly rural¹⁶. This will mean that access and transport issues for those that live in rural area must be considered when implementing the proposals put forward by the Best Start review (if approved by Cabinet) to ensure no residents are disadvantaged in accessing support.

9. Implications for climate change:

The climate change implications of the proposal can largely only be understood through close and individual-level working that would follow the Cabinet decision if approved, for example in the details around use of buildings or other community resources. However, it is not expected that there would be significant implications.

10. Monitoring and review

The actions set out by this Community Impact Assessment to mitigate any equalities and health impacts of the Best Start proposals will need to be monitored with regards to the performance of the identified mitigating actions. This will need to take place through the Children's Improvement Board and Early Years Advisory Board as the key partnership forum.

¹⁶ DEFRA, 2001. *2001 Rural Urban Definition, LA Classification and other geographies*.
<https://www.gov.uk/government/statistics/2001-rural-urban-definition-la-classification-and-other-geographies>

**Community Impact Assessment
Best Start Consultation Findings and Final Proposals – East Staffordshire**

Community Impact assessments (CIAs) should be used whenever there is a policy or service change. The template will enable staff to record how they have taken account of the following essential areas within proposals;

- Strategic Priorities
- Public Sector Equality Duty
- Health inequalities
- Rural issues
- Climate change

The Public Sector Equality Duty is a legal requirement and must be applied in all that we do, and in particular whenever there are changes. See guidance note and frequently asked questions for further information.

Name of proposal: Best Start		
State here which of the County Council priorities the proposal will deliver against:		
County Council Outcome	People’s Service Area Outcome	Project Outcomes
Be healthier and more independent;	People manage their own life, make their own choices, deal with issues their own way	That children and their parents lead healthy and happy lives and have the ability to care for each other.
Feel safer, happier and more supported in and by their community.	People live long and fulfilling lives, being able to address the health and wellbeing issues that affect them	That parents and their parents are enabled to give their child the best start in life
Be able to access more good jobs and feel the benefit of economic growth	Staffordshire has a workforce fit for a modern economy – developing the skills and aspirations of residents	Families can access high quality childcare and learning opportunities to build the right skills.
Project lead: (s)		
Janene Cox, Commissioner for Tourism and Cultural County Sharon Moore, Commissioner for Families		

Names of other officers involved

Paul Woodcock – County Commissioner for Children’s Wellbeing
Andrew Donaldson – Senior Policy Manager
Kerry Dove – Partnership and Development Manager
Michelle Rowe – Team Senior Solicitor
Lynda Stevenson – Project Manager
Wendy Tompson – Corporate Engagement and Consultation Manager
Adam Rooney – Strategic Policy Officer
Clare Abbotts – Senior Campaigns Officer
District Children’s Commissioning Officers and District Commissioning Leads

Date:

21st January 2015

Executive summary of the assessment

This is a Community Impact Assessment (CIA) for **East Staffordshire** based on the proposals of the January Best Start Cabinet Report, and builds upon the Outline and Scoping Community Impact Assessments conducted in March and September 2014. It analyses both the findings of the 8 week public consultation on the proposals set out in September 2014 as well as the final proposals for a new way of working for early years.

This Community Impact Assessment analyses the potential health and equalities impacts of the proposals put forward by the Cabinet Report and suggests mitigating actions to help prevent disadvantage to any protected groups.

Signature

Janene Cox, Commissioner for Tourism and Cultural County

1. Introduction & Context:

Staffordshire County Council has three priority outcomes to build a better Staffordshire. These priorities are that the people of Staffordshire will:

- be able to access more good jobs and feel the benefits of economic growth
- be healthier and more independent
- feel safer, happier and more supported in and by their community

Ensuring that parents are able to give their children the best start in life is critical to achieving these outcomes. The first five years of every child's life are vital for their future health and wellbeing. There is an overwhelming amount of evidence that shows the huge impact of the care a child receives in this period of their life, and how it turns out to influence virtually all aspects of development moving forward, from educational attainment to health outcomes.

1.1. Purpose of this report

The purpose of this report is to consider the potential equality and health impacts on the **East Staffordshire** district of the final proposals for early years provision set out in the January Best Start Cabinet Report. This includes analysis of any potential implications for the health of residents, as well as any impacts on residents that have one of the nine protected characteristics set out by the Equalities Act 2010, as assessed based on the information currently available. These include:

- age;
- disability;
- gender reassignment;
- marriage and civil partnership;
- pregnancy and maternity;
- race;
- religion or belief;
- sex;
- sexual orientation.

This report should be read together with the Best Start Cabinet Report, the other Community Impact Assessments for each district and the Best Start Consultation report.

1.2. Best Start proposals

Our initial review showed that not enough families, including those who are most vulnerable, are accessing the facilities we are currently using to provide early years services from. This includes those that are 'designated' Children Centres and those that are not. Our proposals include plans to reconfigure our premises in order to deliver what is required in a different way and working with our partners to deliver an integrated Best Start offer for Staffordshire.

As part of the proposals, we propose to change how we use our school based facilities. We plan to transfer management of some facilities to schools to ensure that the resources are used in a different way to assist child development and contribute to school readiness. In East Staffordshire, the locations in this category are:

- Tynsel Parkes CE(VC) First School
- St Peter's First (Yoxall Children's Centre)
- The Fountains Community Special School (Stretton Springs Children's Centre)
- Barton-under-Needwood Children's Centre

We also propose to continue to use a smaller number of facilities within communities as Family Hubs where the model is working well, good attendance levels and this approach is will have a benefit. In East Staffordshire, the locations in this category are:

- Queen Street Children's Centre
- East Staffordshire Children's Centre (Phase 1)

There are also some locations where we feel that the current facilities should be reviewed by the Strategic Property Board. In East Staffordshire, these locations are:

- Rocester Children's Centre
- Stapenhill Children's Centre

We also propose that we reconfigure use of space in libraries and transfer management to the Culture and Library Service. There are no locations in East Staffordshire which are in this category.

2. Consultation issues raised in East Staffordshire

The public consultation on the Best Start proposal went live on 4th October 2014 and closed on 3rd December 2014. An overall summary of the findings of the consultation, as well as the methodology used, can be found as appendices to the Best Start Cabinet paper for January 21st 2015.

Overall, 1399 responses were received to the consultation. Despite this rate of response being statistically significant at a county level, to achieve a statistically robust response at a district level between 1,200 and 1,250 responses '**per district**' would have been required. Therefore this analysis will discuss countywide trends and assess how they may impact on East Staffordshire, based on the proposals for the area set out in the section above.

2.1. Consultation – East Staffordshire

There were **129 responses** from East Staffordshire to the consultation, **the lowest response number of responses** of the 8 Districts. Key issues that were raised at a County-level include:

- The vast majority of respondents supported the principles of the Best Start proposals and our objectives, including promoting positive parenting, focusing on early help and ensuring children are school ready.
- Across the county 31.8% of the respondents agreed with the proposals overall, whilst 35.8% disagreed and 23.5% neither agreed nor disagreed, 8.8% stated that they did not know.
- 40% of respondents agreed with the proposed changes to school based facilities, with 22% disagreeing, 24% unsure and 14% stating they did not know. The main concerns flagged were how schools planned to use the facilities to support the offer. **4 sites in East Staffordshire are in this category - Tynsel Parkes Primary, St Peter's First (Yoxall Children's Centre), the Fountains Special School (Stretton Springs Children's Centre), and Barton-under-Needwood Children's Centre.**
- 48% of respondents agreed with continuing to use centres that were working well, with 24% disagreeing, 18% neither agreeing nor disagreeing and 10% not knowing. **There are two centres in this category Queen's Street and East Staffordshire Children's Centre.**
- 13% of respondents agreed with no longer using certain facilities as designated children's centres, with 51% disagreeing and 22% neither agreeing nor disagreeing. Accessibility was frequently raised as a significant issue, with many respondents concerned that the changes would isolate some families, particularly families in rural areas and those with low incomes.

There are two centres in this category in East Staffordshire, Rocester Children's Centre, and Stapenhill Children's Centre.

East Staffordshire is both a significantly rural district and has the fifth highest number of families in the most deprived areas of the county (see sections 4 & 8 for more details). Access to support and transport, particularly in the most rural areas of the district, is particularly relevant. It is also important to note that East Staffordshire has the highest number of under-5's in the County.

- 11% of respondents agreed with the proposed changes to the space in libraries, with 44% disagreeing and 28% neither disagreeing nor agreeing. Again concerns were raised about how this might affect rural areas and more vulnerable families.

3. Current provision and usage in East Staffordshire:

In terms of Children's Centres, below is the attendance at each centre in East Staffordshire in 2014. This includes attendance for both children and adults as well as those children from the most deprived areas.

Children's Centre	Attendances (children and adults) 2013-14	Number of under 5's reached from 0-30% most deprived areas
School sites		
Tynsel Parkes CE(VC) First School	1745	4
St Peter's First (Yoxall Children's Centre)	364	
The Fountains Community Special School (Stretton Springs Children's Centre)	2318	24
Barton-under-Needwood Children's Centre	0	N/A ¹
Community Sites		
Queen Street Children's Centre	2200	291
East Staffordshire Children's Centre (Phase 1)	6579	218
Library Sites		
Rocester Children's Centre	1741	1
Stapenhill Children's Centre	424	49

In order to identify the above proposals for Children's Centres, a robust ranking system has been created that indicates which centres are critical to the new model and should be retained as designated Children's Centres. Those that will be retained are in the highest areas of deprivation; evidence a good level of attendance by families and children most in need of help and evidence the best value for money. The views of the public from the consultation have also impacted on the final decision. The remaining facilities will continue to be used by partners, parents and children, however, as part of the broader Best Start Offer, with some subject to review by the Strategic Property Board.

In terms of the wider offer, in 2013/14, in East Staffordshire there were 146 children under 5 who received an early help assessment (CAF) for early intervention / Tier 3 support (the second highest in the county)².

¹ Due to our current data collection processes, data for number of under 5's reached from 0-30% most deprived areas for this centre is not currently available.

For more specialist support, in East Staffordshire, the average number of children under 5 subject to a child protection plan between 1st October 2013 to 30th September 2014 was 34 (fourth highest in the county). The average number of looked after children aged under 5 in the same time period was 9 (the fifth highest in the county)³.

4. East Staffordshire demographic profiles:

Population:

- There are approximately 46,099 children under 5 in Staffordshire according to mid-year population data. Approximately 7,295 of these live in East Staffordshire, **the highest number of under 5's in the county**. This accounts for 6.3% of the district population⁴.

Ethnicity:

- Because of limits to mid-year population data, these statistics on ethnicity are taken from the 2011 Census, so overall totals are slightly different to above. In terms of under-5's and their families **East Staffordshire is the most ethnically diverse district in the County**. 5,538 (79.1%) of the under 5's are white, 1,035 from Asian / Asian British groups (14.3%), 338 are from a mixed / multiple ethnic group (4.6%), 49 from African Caribbean / Black groups and 42 from an 'other ethnic group' (both less than 1%). As a county East Staffordshire also shows higher rates of ethnic diversity than national averages at (86% white, 7.5% Asian / Asian British, 3.3% Black / African / Caribbean / Black British, 1% other ethnic group)⁵

Disability:

- According to the 2011 census data, there are 140 children with a disability. There are also 2,070 households with dependent children (aged 0-18) where a parent has a disability.

Teenage Parents:

- In East Staffordshire the rate of teenage conceptions between 2010-2012 is 24.5 per 1,000 15-17 year old females, which is the second lowest in the county and below the national rate of 27.7⁶.

² Data received from Families First – 08/12/2014

³ Data received from Families First Business Improvement and Development Team 0-5 data profile

⁴ <http://www.staffordshireobservatory.org.uk/documents/Population/populationestimatesbriefingnote2013.pdf>

⁵ http://www.ons.gov.uk/ons/dcp171776_290558.pdf

⁶ <http://www.ons.gov.uk/ons/publications/re-reference-tables.html?edition=tcn%3A77-332828>

Deprivation:

- 18 (25.7%) of the 70 Lower Super Output Areas (LSOAs) in East Staffordshire fall within the 30% most deprived areas of the Country, which is the third highest proportion across all eight districts.

5. East Staffordshire local health profile:

Fertility rates:

- Based on the most recent data from 2013, East Staffordshire has a general fertility rate of 65.8 per 1,000 women aged 15-44. This is **the highest rate in the county**, higher than the Staffordshire average of 56.5 and higher than the national average of 62.4⁷.

Smoking in pregnancy:

- East Staffordshire has a higher than national average levels of smoking in pregnancy at 15.1% according to 2012/13 estimates. This is 0.1% lower than the Staffordshire average but 2.4% higher than the national average⁸.

Perinatal and Infant Mortality:

- The rate of infant mortality in East Staffordshire is the fourth highest in the county at 5.2 per 1,000 live births, according to provisional figures for 2011-13. This is above the national average of 4.1 and the Staffordshire average of 5.0⁹.
- East Staffordshire is just below the national averages in terms of stillbirths (4.1 per 1,000 total births), and is slightly higher than both national and Staffordshire averages in terms of perinatal mortality with a rate of 7.7 per 1000 total births¹⁰.

Low birth weight:

- Between 2011-13 the percentage of babies with low birth weight in East Staffordshire was 8.3%, the highest rate in the County and worse than the national and Staffordshire averages of 7.4% and 7.3% respectively¹¹.

Breastfeeding prevalence:

- Across Staffordshire as a whole, breastfeeding prevalence rates at 6-8 weeks are low. In 2013/14, East Staffordshire had a rate of 31.6%, which is just 0.1%

⁷ *Working Together Better for Health – Staffordshire Needs Assessment (JSNA)* (November 2014) <http://www.staffordshireobservatory.org.uk/publications/healthandwellbeing/yourhealthinstaffordshire.aspx> p114

⁸ Ibid P114.

⁹ Ibid P114

¹⁰ Ibid P114

¹¹ Ibid P114.

higher than the Staffordshire average of but considerably lower than the national average of 45.8%¹².

Childhood obesity:

- As of 2012/13, approximately 8.2% of reception children are obese in East Staffordshire, below the 9.3% national average and 9.6% Staffordshire average¹³.

Mental Health:

- There are estimated to be between 22,900 and 27,300 people suffering mental ill-health across East Staffordshire. Levels of severe mental illness (defined as people with schizophrenia, bipolar disorder and other psychoses) recorded on GP disease registers in East Staffordshire are significantly lower than that national averages, with approximately 680 people with a registered need in 2010/11¹⁴.

6. Potential health and equalities impacts on communities (EIA & HIA)

Proposals such as Best Start could have impacts on health and equalities for different groups in the community. It is necessary therefore to consider what these potentially negative consequences may be and take appropriate mitigating actions. With this in mind, this CIA has been informed by the guidance published by the Equality and Human Right Commission¹⁵. This guidance stated that impact assessments should consider the following:

1. Is the purpose of the policy change/decision clearly set out?
2. Have those affected by the policy/decision been involved?
3. Have potential positive and negative impacts been identified?
4. Are there plans to alleviate any negative impact?
5. Are there plans to monitor the actual impact of the proposal?

The following table presents some potential negative impacts of the proposals in the Best Start Cabinet Report specifically for **East Staffordshire** and recommends some mitigating actions. Subject to Cabinet approval and the subsequent consultation these may change.

¹² Ibid P114

¹³ Ibid P115

¹⁴ Staffordshire County Council, 2014. *District Profile – East Staffordshire*. P10

<http://www.staffordshireobservatory.org.uk/documents/DistrictProfile/2013/DistrictProfiles/EastStaffordshireBoroughDistrictProfile2013.pdf>

¹⁵ Equality and Human Rights Commission, *Public Sector Equality Duties and Financial Decisions – A Note for Decision Makers*.

http://www.equalityhumanrights.com/uploaded_files/Wales/brief_note_for_decision_makers.doc#

6.1 Table of key potentially negative impacts on health and equalities and mitigating actions

No	Potential Negative Impact	Type of Impact (Equalities/ Health)	Potential Groups Affected	Possible Mitigating Action
Area 1: A quality offer for all				
1.	<p>Sexual health and contraception advice and guidance is ineffective in supporting young people and preventing unwanted pregnancies, particularly in areas of deprivation.</p> <p>East Staffordshire has the second lowest rate of teenage pregnancy a lower rate of teenage pregnancy than the national average.</p>	Health	Age, sex, pregnancy and maternity,	<ul style="list-style-type: none"> Commissioners to ensure that sexual health and contraception information, advice and guidance meets the needs of areas with high rates of teenage pregnancy. Commissioners to work with schools and colleges to ensure that PHSE in schools is inclusive and effective. Engage with Children's Strategic Partnership to support mitigating actions.
2.	<p>The promotion of parent and child health through the Health Child Programme fails to address current health inequalities.</p> <p>Of particular relevance to East Staffordshire are:</p> <p>A) Highest fertility rate in the county</p> <p>B) Higher than national average rates of infant mortality and low birth weight.</p> <p>C) Lower than national average rates of breastfeeding prevalence at 6-8 weeks. (See section 5 for more details)</p>	Health	Age, sex, pregnancy and maternity.	<ul style="list-style-type: none"> Effectively manage the transition of the School Nurse and Health Visiting commissioning responsibility to the local authority. Review Health Visitor specification as part of the Best Start strategy to maximise effectiveness of this crucial role, particularly for hard to reach groups. Commissioners to work across the Children's Strategic Partnership to improve outcomes.

3.	<p>The reconfiguring of current resources for early years may result in some families finding it more difficult to access early years provision.</p> <p>East Staffordshire has four centres proposed to be transferred to schools (section 1.2 – 3 for more info).</p> <p>East Staffordshire is also significantly rural, and there are areas where transport and access may be more difficult.</p>	Both	Age, sex, disability, pregnancy and maternity	<ul style="list-style-type: none"> • If the proposals are approved ensure that as part of any transfer agreements specify the use of the resource to support early years and education outcomes. • Commissioners to ensure that families can access services from a range of appropriate venues that are , including the family home. • Commissioners to ensure information, advice and guidance is accessible for all and has a locality focus. • If the proposals are approved transfer agreements with schools will specify the use of the resource to support early years and education outcomes.
4.	<p>If there is not enough quality childcare placements, parents of children who need to work may be disadvantaged economically, further exacerbating educational inequality.</p> <p>East Staffordshire has the fifth highest number of households in the 30% most deprived areas of the County (also known as Lower Super Output Areas – LSOAs)</p>	Both	Age, sex, pregnancy and maternity, low income families, working parents, parents in education or training	<ul style="list-style-type: none"> • Continue to work with Entrust to ensure sufficient childcare places are available and of a high quality. • Engage with local members and partners to support promotion of uptake of free childcare places • Continue to develop more childcare placements for 2 year olds from low income families through the Think 2 programme, including exploring whether venues at schools can be used for childcare.
5.	<p>IAG is not inclusive and is not tailored for people with physical and sensory disabilities or SEN, or for people whose first language is not English, leading to misinformation and confusion.</p>	Both	All, in particular disability (including those with sensory and learning disabilities) and race,	<ul style="list-style-type: none"> • Commissioners to ensure our IAG strategy enables families to access the appropriate information for their needs • Actively publicise any changes

	<p>East Staffordshire has the largest BME community in the county. It is therefore important to ensure that any changes take this into account and are appropriate and ensure accessibility. (see section 4 for more details)</p>		<p>(particularly any BME groups where English is an additional language).</p>	<p>and ensure information, advice and guidance is as accessible to all groups as practicable, offering different languages, easy read versions of documents and clear formats etc.</p> <ul style="list-style-type: none"> • If the proposals are approved provide information in a variety of languages, formats, (including hard copies, easy read and Braille etc) and make available at a variety of local community centres (e.g. community halls, temples, mosques, libraries etc).
<p>Area 2: Extra support for those in need</p>				
<p>6.</p>	<p>Changes to the early help offer may result in some families not having access to the services they require to remain independent.</p> <p>Families First arrangements to provide supervised access for families are disrupted by property changes.</p> <p>It is proposed that the two phase 1 centres East Staffordshire Children’s Centre and Queen’s Street will be used as a Family Hub. Two delivery sites in Rocester and Stapenhill will be considered for alternative use.</p> <p>(see sections 1.2-3 for more details)</p>	<p>Both</p>	<p>All, particularly those with disabilities, rurally isolated and low income families.</p>	<ul style="list-style-type: none"> • If the proposals are approved, the District Co-ordinator to work with partners in each district, to ensure that the Best Start Offer is accessible and inclusive of diverse communities. • A transition plan is in place with Families First to ensure that this is not a consequence of the proposals. • Ensure that areas with highest needs and particularly those families living in the most deprived areas are considered fully in implementing the new model. • If the proposals are approved ensure the District Co-ordinator ensures that effective partnership working arrangements are in place. • Utilise the live birth data, now available to SCC, to target

				families living in the 0-30% most deprived areas.
7.	Some families from different ethnic and cultural backgrounds may be affected by any changes to current early years offer and review of current contracted services. East Staffordshire has the largest BME community in the county. It is therefore important to ensure that any changes take this into account and are appropriate and ensure accessibility. (see section 4 for more details)	Equalities	Race, religion and belief	<ul style="list-style-type: none"> • If the proposals are approved ensure all groups of children and families are considered and engaged with to ensure sufficient access to a culturally appropriate offer. • If the proposals are approved build equality/diversity requirements into contracts and specifications to ensure that diverse needs are addressed and services are accessible.

7. Implications for staff:

There are no staff employed by SCC delivering the existing service in this District as such there are no staffing implications for Staffordshire County Council. The existing service is delivered by an external organisation. Should the service delivery provider change as a result of this proposal this could result in TUPE – Transfer of Undertaking and Protection of Employment (from one provider to another), if the service provision is similar in nature.

8. Rural considerations:

Staffordshire has a significant rural population, and as such the proposals must take into consideration the needs of children and families who live in rural communities.

East Staffordshire is classified by DEFRA's 2001 Rural-Urban Definition Local Authority Classification as being significantly rural¹⁶. This will mean that access and transport issues for those that live in rural area must be considered when implementing the proposals put forward by the Best Start review (if approved by Cabinet) to ensure no residents are disadvantaged in accessing support.

9. Implications for climate change:

The climate change implications of the proposal can largely only be understood through close and individual-level working that would follow the Cabinet decision if approved, for example in the details around use of buildings or other community resources. However, it is not expected that there would be significant implications.

¹⁶ DEFRA, 2001. *2001 Rural Urban Definition, LA Classification and other geographies*.
<https://www.gov.uk/government/statistics/2001-rural-urban-definition-la-classification-and-other-geographies>

10. Monitoring and review

The actions set out by this Community Impact Assessment to mitigate any equalities and health impacts of the Best Start proposals will need to be monitored with regards to the performance of the identified mitigating actions. This will need to take place through the Children's Improvement Board and Early Years Advisory Board as the key partnership forum.

**Community Impact Assessment
Best Start Consultation Findings and Final Proposals**

Community Impact assessments (CIAs) should be used whenever there is a policy or service change. The template will enable staff to record how they have taken account of the following essential areas within proposals;

- Strategic Priorities
- Public Sector Equality Duty
- Health inequalities
- Rural issues
- Climate change

The Public Sector Equality Duty is a legal requirement and must be applied in all that we do, and in particular whenever there are changes. See guidance note and frequently asked questions for further information.

Name of proposal: Best Start		
State here which of the County Council priorities the proposal will deliver against:		
County Council Outcome	People’s Service Area Outcome	Project Outcomes
Be healthier and more independent;	Independent - People manage their own life, make their own choices, deal with issues their own way	That children and their parents lead healthy and happy lives and have the ability to care for each other.
Feel safer, happier and more supported in and by their community.	Healthy & Well - People live long and fulfilling lives, being able to address the health and wellbeing issues that affect them	That parents are enabled to give their child the best start in life and vulnerable families can access help when it is needed.
Be able to access more good jobs and feel the benefit of economic growth	Staffordshire has a workforce fit for a modern economy – developing the skills and aspirations of residents	Families can access high quality childcare and learning opportunities to build the right skills
Project lead: (s)		
Janene Cox, Commissioner for Tourism and Cultural County Sharon Moore, Commissioner for Families		

Names of other officers involved

Paul Woodcock – County Commissioner for Children’s Wellbeing
Andrew Donaldson – Senior Policy Manager
Kerry Dove – Partnership and Development Manager
Michelle Rowe – Team Senior Solicitor
Lynda Stevenson – Project Manager
Wendy Tompson – Corporate Engagement and Consultation Manager
Adam Rooney – Strategic Policy Officer
Clare Abbotts – Senior Campaigns Officer
District Children’s Commissioning Officers and District Commissioning Leads

Date:

21st January 2015

Executive summary of the assessment

This is a Community Impact Assessment (CIA) for **Lichfield** based on the proposals of the January Best Start Cabinet Report, and builds upon the Outline and Scoping Community Impact Assessments conducted in March and September 2014. It analyses both the findings of the 8 week public consultation on the proposals set out in September 2014 as well as the final proposals for a new way of working for early years.

This Community Impact Assessment analyses the potential health and equalities impacts of the proposals put forward by the Cabinet Report and suggests mitigating actions to help prevent disadvantage to any protected groups.

Signature

Janene Cox, Commissioner for Tourism and Cultural County

1. Introduction & Context:

Staffordshire County Council has three priority outcomes to build a better Staffordshire. These priorities are that the people of Staffordshire will:

- be able to access more good jobs and feel the benefits of economic growth
- be healthier and more independent
- feel safer, happier and more supported in and by their community

Ensuring that parents are able to give their children the best start in life is critical to achieving these outcomes. The first five years of every child's life are vital for their future health and wellbeing. There is an overwhelming amount of evidence that shows the huge impact of the care a child receives in this period of their life, and how it turns out to influence virtually all aspects of development moving forward, from educational attainment to health outcomes.

1.1. Purpose of this report

The purpose of this report is to consider the potential equality and health impacts on the **Lichfield** district of the final proposals for early years provision set out in the January Best Start Cabinet Report. This includes analysis of any potential implications for the health of residents, as well as any impacts on residents that have one of the nine protected characteristics set out by the Equalities Act 2010, as assessed based on the information currently available. These include:

- age;
- disability;
- gender reassignment;
- marriage and civil partnership;
- pregnancy and maternity;
- race;
- religion or belief;
- sex;
- sexual orientation.

This report should be read together with the Best Start Cabinet Report, the other Community Impact Assessments for each district and the Best Start Consultation report.

1.2. Best Start proposals in Lichfield

Our initial review showed that not enough families, including those who are most vulnerable, are accessing the facilities we are currently using to provide early years services from. This includes those that are 'designated' Children Centres and those that are not. Our proposals include plans to reconfigure our premises in order to deliver what is required in a different way and working with our partners to deliver an integrated Best Start offer for Staffordshire.

As part of the proposals, we propose to change how we use our school based facilities. We plan to transfer management of some facilities to schools to ensure that the resources are used in a different way to assist child development and contribute to school readiness. In Lichfield, the locations in this category are:

- Chadsmead Primary Academy
- Springhill Primary School
- Saxon Hill Community Special School
- Willows Primary School

We also propose to continue to use a smaller number of facilities within communities as Family Hubs where the model is working well, has good attendance rates and this approach would benefit the community. In Lichfield, only one location is in this category:

- Charnwood Children's Centre

There are also some locations where we feel that the current facilities should be reviewed by the Strategic Property Board. In Lichfield, these locations are:

- Boney Hay Community Primary School

We also propose that we reconfigure use of space in libraries and transfer management to the Culture and Library Service. There are no locations in Lichfield which are in this category.

2. Consultation findings

The public consultation on the Best Start proposal went live on 4th October 2014 and closed on 3rd December 2014. An overall summary of the findings of the consultation, as well as the methodology used, can be found as appendices to the Best Start Cabinet paper for January 21st 2015.

Overall, 1399 responses were received to the consultation. Despite this rate of response being statistically significant at a county level, to achieve a statistically robust response at a district level between 1,200 and 1,250 responses '**per district**' would have been required. Therefore this analysis will discuss countywide trends and assess how they may impact on Lichfield, based on the proposals for the area set out in the section above.

2.1. Consultation – Lichfield

There were **191** from Lichfield to the consultation, **the highest number of responses** of the 8 Districts. Key issues that were raised at a County-level include:

- The vast majority of respondents supported the principles of the Best Start proposals and our objectives, including promoting positive parenting, focusing on early help and ensuring children are school ready.

- Across the county 32% of the respondents agreed with the proposals overall, whilst 36% disagreed and 24% neither agreed nor disagreed, 9% stated that they didn't know.
- 40% of respondents agreed with the proposed changes to school based facilities, with 22% disagreeing, 24% unsure and 14% stating they did not know. The main concerns flagged were how schools planned to use the facilities to support the offer. **There are 4 locations in this category of proposal in Lichfield - Chadsmead Primary Academy, Springhill Primary School, Saxon Hill Children's Centre and Willows Children's Centre.**
- 48% of respondents agreed with continuing to use centres that were working well, with 24% disagreeing, 18% neither agreeing nor disagreeing and 10% not knowing. **In Lichfield this is Charnwood Primary School (Charnwood Children's Centre).**
- 13% of respondents agreed with no longer using certain facilities as designated children's centres, with 51% disagreeing and 22% neither agreeing nor disagreeing. Accessibility was frequently raised as a significant issue, with many respondents concerned that the changes would isolate some families, particularly families in rural areas and those with low incomes. **In Lichfield Boney Hay is in this category.**

Lichfield has areas of rurality, meaning that transport and accessibility must be considered as issues. Lichfield also has low deprivation generally, but some areas within the district mean that consideration must still be given to the effect on deprived families of this review.

11% of respondents agreed with the proposed changes to the space in libraries, with 44% disagreeing and 28% neither disagreeing nor agreeing. Again concerns were raised about how this might affect rural areas and more vulnerable families.

3. Current provision and usage:

In terms of Children's Centres, below is the attendance at each centre in Lichfield in 2014. This includes attendance for both children and adults as well as those children from the most deprived areas.

Children's Centre	Attendances (children and adults) 2013-14	Number of under 5's reached from 0-30% most deprived areas
School sites		
Chadsmead Primary Academy	378	N/A ¹

¹ Due to our current data collection processes, data for number of under 5's reached from 0-30% most deprived areas for this centre is not currently available.

Springhill Primary School	4972	56
Saxon Hill Community Special School	1138	9
Willows Primary School	2535	43
Community Sites		
Charnwood Children's Centre	5221	56
Boney Hay Community Primary School	3527	34

In order to identify the above proposals for Children's Centres, a robust ranking system has been created that indicates which centres are critical to the new model and should be retained by the county council. Those that will be retained are in the highest areas of deprivation, evidence a good level of attendance by families and children most in need of help and evidence the best value for money. The views of the public from the consultation have also impacted on the final decision. The remaining facilities will continue to be used by partners, parents and children, however, as part of the broader Best Start Offer, with some subject to review by the Strategic Property Board.

In terms of the wider offer, in 2013/14, in Lichfield there were 18 children under 5 who received an early help assessment (CAF) for early intervention / Tier 3 support **(the lowest in the county)**².

For more specialist support, in Lichfield, the average number of children under 5 subject to a child protection plan between 1st October 2013 to 30th September 2014 was 13 (the highest in the county). The average number of looked after children aged under 5 in the same time period was 6 (also highest in the county)³.

4. Lichfield demographic profiles:

Population:

- There are approximately 46,099 children under 5 in Staffordshire. Approximately 5,240 of these live in Lichfield, the fifth highest number of under 5's in the county, accounting for 5.1% of the district population⁴.

² Data received from Families First – 08/12/2014

³ Data received from Families First Business Improvement and Development Team 0-5 data profile

⁴ <http://www.staffordshireobservatory.org.uk/documents/Population/populationestimatesbriefingnote2013.pdf>

Ethnicity:

- Because of limits to mid-year population data, these statistics on ethnicity are taken from the 2011 Census, so overall totals are slightly different to above. In terms of under-5's in Lichfield, 4,986 (94.3%) of the under 5's are white, 182 are from a mixed / multiple ethnic group (3.4%), 93 from Asian / Asian British groups (1.77%), 19 from African Caribbean / Black groups and 5 from an 'other ethnic group' (both less than 0.003%). This shows that Lichfield has a considerably lower level of ethnic diversity than the national average (86% white, 7.5% Asian / Asian British, 3.3% Black / African / Caribbean / Black British, 1% other ethnic group⁵).

Disability:

- According to the 2011 census data, there are 106 children with a disability in the District. There are also 1,739 households with dependent children (aged 0-18) where a parent has a disability⁶.

Teenage Parents:

- In Lichfield the rate of conceptions between 2010-2012 is 33.5 per 1,000 15-17 year old females, which is the **second highest in the county** and above the national rate of 27.7⁷.

Deprivation:

- Just 3 (5.3%) of the 57 Lower Super Output Areas (LSOAs) in Lichfield are within the 30% most deprived areas of the Country.

5. Lichfield local health profile:

Fertility rates:

- Based on the most recent data from 2013, Lichfield has a general fertility rate of 55.3 per 1,000 women aged 15-44. This is the lower than the Staffordshire average of 56.5 and than the national average of 62.4⁸.

Smoking in pregnancy:

- Lichfield has a higher than national average levels of smoking in pregnancy at 15.1% according to 2012/13 estimates. This is 0.1% lower than the Staffordshire average but 2.4% higher than the national average⁹.

⁵http://www.ons.gov.uk/ons/dcp171776_290558.pdf

⁶ Staffordshire County Council Insight Team, 2014, *Best Start for Children 2014 – evidence base*. P60

⁷<http://www.ons.gov.uk/ons/publications/re-reference-tables.html?edition=tcm%3A77-332828>

⁸ *Working Together Better for Health – Staffordshire Needs Assessment (JSNA)* (November 2014) <http://www.staffordshireobservatory.org.uk/publications/healthandwellbeing/yourhealthinstaffordshire.aspx> p114

⁹ Ibid P114.

Perinatal and Infant Mortality:

- The rate of infant mortality in Lichfield is the second lowest in the county at 3.8 per 1,000 live births, according to provisional figures for 2011-13. This is below both the national average of 4.1 and the Staffordshire average of 5.0¹⁰.
- Lichfield is below the national average in terms of stillbirths (4.1 per 1,000 total births), and is below both national and Staffordshire averages in terms of perinatal mortality (with a rate of 6.5 per 1,000 total births compared to 7.3 in Staffordshire and 7.1 nationally)¹¹.

Low birth weight:

- Between 2011-13 the percentage of babies with low birth weight in Lichfield was 8.2% which is above both the national and Staffordshire averages, of 7.4% and 7.3% respectively¹².

Breastfeeding prevalence:

- Across Staffordshire as a whole, breastfeeding prevalence rates at 6-8 weeks are low. Lichfield had the second highest rate in the county in 2013/14 at 38.3%, which is above the Staffordshire average of 31.5% but considerably lower than the national average of 45.8%¹³.

Childhood obesity:

- As of 2012/13, approximately 10.6% of reception children are obese in Lichfield, above the 9.3% national average and 9.6% Staffordshire average¹⁴.

Mental Health:

- There are estimated to be between 21,100 and 25,200 people suffering mental ill-health across Lichfield. Levels of severe mental illness (defined as people with schizophrenia, bipolar disorder and other psychoses) recorded on GP disease registers in Lichfield are significantly lower than the national average, with approximately 550 people on a register in 2010/11¹⁵

6. Potential health and equalities impacts on communities (EIA & HIA)

Proposals such as Best Start could have impacts on health and equalities for different groups in the community. It is necessary therefore to consider what these potentially negative consequences may be and take appropriate mitigating actions. With this in

¹⁰ Ibid P114

¹¹ Ibid P114

¹² Ibid P114.

¹³ Ibid P114

¹⁴ Ibid P115

¹⁵ Staffordshire County Council, 2014. *District Profile – Lichfield*. P9

<http://www.staffordshireobservatory.org.uk/documents/DistrictProfile/2013/DistrictProfiles/LichfieldBoroughDistrictProfile2013.pdf>

mind, this CIA has been informed by the guidance published by the Equality and Human Right Commission¹⁶. This guidance stated that impact assessments should consider the following:

1. Is the purpose of the policy change/decision clearly set out?
2. Have those affected by the policy/decision been involved?
3. Have potential positive and negative impacts been identified?
4. Are there plans to alleviate any negative impact?
5. Are there plans to monitor the actual impact of the proposal?

The following table presents some potential negative impacts of the proposals in the Best Start Cabinet Report specifically for **Lichfield** and recommends some mitigating actions. Subject to Cabinet approval and the subsequent consultation these may change.

6.1 Table of key potentially negative impacts on health and equalities and mitigating actions

*For the purpose of this Assessment :

- Springhill Children’s Centre is in Summerfield Ward and next to Chasetown Ward in Burntwood
- Charnwood Children’s Centre is in North Lichfield and covers the wards of Chadsmead, Curborough and Stowe.

No	Potential Negative Impact	Type of Impact (Equalities/ Health)	Potential Groups Affected	Possible Mitigating Action
Area 1: A quality offer for all				
1.	Sexual health and contraception advice and guidance is ineffective in supporting young people and preventing unwanted pregnancies, particularly in areas of deprivation. Lichfield has the second highest rate of teenage pregnancy in the county, and above the national	Health	Age, sex, pregnancy and maternity,	<ul style="list-style-type: none"> • Commissioners to ensure that sexual health and contraception information, advice and guidance meets the needs of areas with high rates of teenage pregnancy. • Commissioners to work with schools and colleges to ensure that PHSE in schools is inclusive and effective.

¹⁶ Equality and Human Rights Commission, *Public Sector Equality Duties and Financial Decisions – A Note for Decision Makers*.

http://www.equalityhumanrights.com/uploaded_files/Wales/brief_note_for_decision_makers.doc#

	average.			<ul style="list-style-type: none"> Engage with Children’s Strategic Partnership to support mitigating actions.
2.	<p>The new integrated approach to promoting parent and child health through the Health Child Programme fails to address current health inequalities. Of particular relevance to Lichfield are:</p> <p>A) Generally good health outcomes relative to the rest of the County.</p> <p>B) Above the national average for stillbirths</p> <p>C) Lower than national average rates of breastfeeding prevalence at 6-8 weeks (largely attributable to the Boney Hay (33%), Summerfield (47%) and Chadsmead (41%) wards).</p> <p>D) Higher than national an county averages for obese reception children, especially in the Boney Hay (31.3%) and Summerfield (30.6%) wards.</p> <p>(See section 5 for more details)</p>	Health	Age, sex, pregnancy and maternity.	<ul style="list-style-type: none"> Effectively manage the transition of the School Nurse and Health Visiting commissioning responsibility to the local authority. Review Health Visitor specification as part of the Best Start strategy to maximise effectiveness of this crucial role, particularly for hard to reach groups. Commissioners to work across the Children’s Strategic Partnership to improve outcomes.
3.	<p>The reconfiguring of current resources for early years may result in some families finding it more difficult to access early years provision.</p> <p>Lichfield has four centres proposed to be transferred</p>	Both	Age, sex, disability, pregnancy and maternity	<ul style="list-style-type: none"> If the proposals are approved ensure that as part of any transfer agreements specify the use of the resource to support early years and education outcomes. Commissioners to ensure that families can access services

	<p>to schools (section 1.2 – 3 for more info). This is the majority of sites in the District.</p> <p>Lichfield is a rural-50, and there are some areas where transport and access may be more difficult.</p>			<p>from a a range of appropriate venues that are , including the family home.</p> <ul style="list-style-type: none"> • Commissioners to ensure information, advice and guidance is accessible for all and has a locality focus. • If the proposals are approved transfer agreements with schools will specify the use of the resource to support early years and education outcomes.
4.	<p>If there is not enough quality childcare placements, parents of children who need to work may be disadvantaged economically, further exacerbating educational inequality.</p> <p>Lichfield has the fewest number of households in the 30% most deprived areas of the County (also known as Lower Super Output Areas – LSOAs). However the wards of Summerfield, Chasetown in Burntwood and Chadsmead in North Lichfield have a high number of under 5s children living in a 0-30% area of deprivation.</p>	Both	Age, sex, pregnancy and maternity, low income families, working parents, parents in education or training	<ul style="list-style-type: none"> • Continue to work with Entrust to ensure sufficient places are available and of a high quality. • Engage with local members and partners to support promotion of uptake of free childcare places • Continue to develop more childcare placements for 2 year olds from low income families through the Think 2 programme, including exploring whether venues at schools can be used for childcare.
5.	<p>IAG is not inclusive and is not tailored for people with physical and sensory disabilities or SEN, or for people whose first language is not English, leading to misinformation and confusion.</p> <p>Lichfield has a small BME community relative to the national averages. It is therefore important to ensure that these</p>	Both	All, in particular disability (including those with sensory and learning disabilities) and race, (particularly any BME groups where English is an additional	<ul style="list-style-type: none"> • Commissioners to ensure our IAG strategy enables families to access the appropriate information for their needs • Actively publicise any changes and ensure information, advice and guidance is as accessible to all groups as practicable, offering different languages, easy read versions of documents and clear formats

	<p>communities are supported appropriately to reduce potential isolation (see section 4 for more details).</p> <p>There are a number of groups for children and families with physical, sensory and learning disabilities, in particular particularly at Springhill and Charnwood .</p>		<p>language).</p>	<p>etc.</p> <ul style="list-style-type: none"> • If the proposals are approved provide information in a variety of languages, formats, (including hard copies, easy read and Braille etc) and make available at a variety of local community centres (e.g. community halls, temples, mosques, libraries etc).
<p>Area 2: Extra support for those in need</p>				
<p>6.</p>	<p>Changes to the early help offer may result in some families not having access to the services they require to remain independent.</p> <p>Families First arrangements to provide supervised access for families are disrupted by property changes.</p> <p>It is proposed that Charnwood Primary School site will continue to be used as a Family Hub and Boney Hay will be considered for alternative use (see sections 1.2-3 for more details).</p>	<p>Both</p>	<p>All, particularly those with disabilities, rurally isolated and low income families.</p>	<ul style="list-style-type: none"> • If the proposals are approved, the District Co-ordinator to work with partners in each district, to ensure that the Best Start Offer is accessible and inclusive of diverse communities. • A transition plan is in place with Families First to ensure that this is not a consequence of the proposals. • Ensure that areas with highest needs and particularly those families living in the most deprived areas are considered fully in implementing the new model. • If the proposals are approved ensure the District Co-ordinator ensures that effective partnership working arrangements are in place. • Utilise the live birth data, now available to SCC, to target families living in the 0-30% most deprived areas. • If the proposals are approved ensure provision is available to retain the required usage of

				both Charnwood and Springhill Children’s Centres to deliver the supervised contact visits which have been required to date.
7.	<p>Some families from different ethnic and cultural backgrounds may be affected by any changes to current early years offer and review of current contracted services.</p> <p>Lichfield has a small BME community relative to the national averages. It is therefore important to ensure that these communities are supported appropriately to reduce potential isolation (see section 4 for more details).</p> <p>Willows Children’s Centre in North Lichfield has hosted an community run ‘International Women’s Group’ for over 4 years for under 5s and mothers whose home language and culture is from outside the UK, particularly Eastern Europe and Asia.</p>	Equalities	Race, religion and belief	<ul style="list-style-type: none"> • If the proposals are approved ensure all groups of children and families are considered and engaged with to ensure sufficient access to a culturally appropriate offer . • If the proposals are approved build equality/diversity requirements into contracts and specifications to ensure that diverse needs are addressed and services are accessible.

7. Implications for staff:

There are no staff employed by SCC delivering the existing service in this District as such there are no staffing implications for Staffordshire County Council. The existing service is delivered by an external organisation. Should the service delivery provider change as a result of this proposal this could result in TUPE – Transfer of Undertaking and Protection of Employment (from one provider to another), if the service provision is similar in nature.

8. Rural considerations:

Staffordshire has a significant rural population, and as such the proposals must take into consideration the needs of children and families who live in rural communities.

Lichfield is classified by DEFRA's 2001 Rural-Urban Definition¹⁷ as a rural-50 area. This means that Lichfield has areas of rurality that must be considered when implementing the proposals put forward by the Best Start review (if approved by Cabinet) to ensure no residents are disadvantaged in accessing support.

9. Implications for climate change:

The climate change implications of the proposal can largely only be understood through close and individual-level working that would follow the Cabinet decision if approved, for example in the details around use of buildings or other community resources. However, it is not expected that there would be significant implications.

10. Monitoring and review

The actions set out by this Community Impact Assessment to mitigate any equalities and health impacts of the Best Start proposals will need to be monitored with regards to the performance of the identified mitigating actions. This will need to take place through the Children's Improvement Board and Early Years Advisory Board as the key partnership forum.

¹⁷ DEFRA, 2001. *2001 Rural Urban Definition, LA Classification and other geographies*.
<https://www.gov.uk/government/statistics/2001-rural-urban-definition-la-classification-and-other-geographies>

Community Impact Assessment Best Start Consultation Findings and Final Proposals

Community Impact assessments (CIAs) should be used whenever there is a policy or service change. The template will enable staff to record how they have taken account of the following essential areas within proposals;

- Strategic Priorities
- Public Sector Equality Duty
- Health inequalities
- Rural issues
- Climate change

The Public Sector Equality Duty is a legal requirement and must be applied in all that we do, and in particular whenever there are changes. See guidance note and frequently asked questions for further information.

Name of proposal: Best Start		
State here which of the County Council priorities the proposal will deliver against:		
County Council Outcome	People's Service Area Outcome	Project Outcomes
Be healthier and more independent;	Independent - People manage their own life, make their own choices, deal with issues their own way	That children and their parents lead healthy and happy lives and have the ability to care for each other
Feel safer, happier and more supported in and by their community.	Healthy & Well - People live long and fulfilling lives, being able to address the health and wellbeing issues that affect them	That parents are enabled to give their child the best start in life and vulnerable families can access help when it is needed.
Be able to access more good jobs and feel the benefit of economic growth	Staffordshire has a workforce fit for a modern economy – developing the skills and aspirations of residents	Families can access high quality childcare and learning opportunities to build the right skills.
Project lead: (s)		
Janene Cox, Commissioner for Tourism and Cultural County Sharon Moore, Commissioner for Families		

Names of other officers involved

Paul Woodcock – County Commissioner for Children’s Wellbeing
Andrew Donaldson – Senior Policy Manager
Kerry Dove – Partnership and Development Manager
Michelle Rowe – Team Senior Solicitor
Lynda Stevenson – Project Manager
Wendy Tompson – Corporate Engagement and Consultation Manager
Adam Rooney – Strategic Policy Officer
Clare Abbotts – Senior Campaigns Officer
District Children’s Commissioning Officers & District Commissioning Leads

Date:

21st January 2015

Executive summary of the assessment

This is a Community Impact Assessment (CIA) for **Newcastle Under Lyme** based on the proposals of the January Best Start Cabinet Report, and builds upon the Outline and Scoping Community Impact Assessments conducted in March and September 2014. It analyses both the findings of the 8 week public consultation on the proposals set out in September 2014 as well as the final proposals for a new way of working for early years.

This Community Impact Assessment analyses the potential health and equalities impacts of the proposals put forward by the Cabinet Report and suggests mitigating actions to help prevent disadvantage to any protected groups.

Signature

Janene Cox, Commissioner for Tourism and Cultural County

1. Introduction & Context:

Staffordshire County Council has three priority outcomes to build a better Staffordshire. These priorities are that the people of Staffordshire will:

- be able to access more good jobs and feel the benefits of economic growth
- be healthier and more independent
- feel safer, happier and more supported in and by their community

Ensuring that parents are able to give their children the best start in life is critical to achieving these outcomes. The first five years of every child's life are vital for their future health and wellbeing. There is an overwhelming amount of evidence that shows the huge impact of the care a child receives in this period of their life, and how it turns it influences virtually all aspects of development moving forward, from educational attainment to health outcomes.

Early years is also a critical part of our recently published business plan for 2014-17 *Leading for a Connected Staffordshire*. 'Best Start' is one of our seven key areas of activity, and has significant links to the other six areas, particularly 'ready for life', 'resilient communities' and 'great place to live'.

1.1. Purpose of this report

The purpose of this report is to consider the potential equality and health impacts on **Newcastle-under-Lyme** of the final proposals for early years provision set out in the January Best Start Cabinet Report. This includes analysis of any potential implications for the health of residents, as well as any impacts on residents that have one of the nine protected characteristics set out by the Equalities Act 2010, as assessed based on the information currently available. These include:

- age;
- disability;
- gender reassignment;
- marriage and civil partnership;
- pregnancy and maternity;
- race;
- religion or belief;
- sex;
- sexual orientation.

This report should be read together with the Best Start Cabinet Report, the other Community Impact Assessments for each district and the Best Start Consultation report.

1.2. Best Start proposals in Newcastle-under-Lyme

Our initial review showed that not enough families, including those who are most vulnerable, are accessing the facilities we are currently using to provide early years services from. This includes those that are 'designated' Children Centres and those

that are not. Our proposals include plans to reconfigure our premises in order to deliver what is required in a different way and working with our partners to deliver an integrated Best Start offer for Staffordshire.

As part of the proposals, we propose to change how we use our school based facilities. We plan to transfer management of some facilities to schools to ensure that the resources are used in a different way to assist child development and contribute to school readiness. In Newcastle-under-Lyme, the locations in this category are:

- Crackley Bank Primary School
- Hempstalls Children’s Centre
- Oaklands Children’s Centre

We also propose to continue to use a smaller number of facilities within communities as Family Hubs where the model is working well, has good attendance and this approach will benefit. In Newcastle-under-Lyme, only one location is in this category:

- Kidsgrove Primary Academy (Maryhill Children’s Centre)
- Newcastle-under-Lyme Children’s Centre

There are also some locations where we feel that the current facilities should be reviewed by the Strategic Property Board. In Newcastle-under-Lyme, these locations are:

- Madeley Village Hall (Madeley Children’s Centre)

We also propose that we reconfigure use of space in libraries and transfer management to the Culture and Library Service. In Newcastle-under-Lyme, there are two locations within this category:

- Audley Library
- Clayton Library

2. Consultation findings

The public consultation on the Best Start proposal went live on 4th October 2014 and closed on 3rd December 2014. An overall summary of the findings of the consultation, as well as the methodology used, can be found as appendices to the Best Start Cabinet paper for January 21st 2015.

Overall, 1399 responses were received to the consultation. Despite this rate of response being statistically significant at a county level, to achieve a statistically robust response at a district level between 1,200 and 1,250 responses ‘**per district**’ would have been required. Therefore this analysis will discuss countywide trends and assess how they may impact on Newcastle-under-Lyme, based on the proposals for the area set out in the section above.

2.1. Consultation – Newcastle-under-Lyme

There were **160 responses** from Newcastle-under-Lyme to the consultation, **sixth out of the eight districts for amount of responses**. Key issues that were raised at a county-level include:

- The vast majority of respondents supported the principles of the Best Start proposals and our objectives, including promoting positive parenting, focusing on early help and ensuring children are school ready.
- Across the county 32% of the respondents agreed with the proposals overall, whilst 36% disagreed and 24% neither agreed nor disagreed, 9% stated that they didn't know.
- The vast majority of respondents supported the principles of the Best Start proposals and our objectives, including promoting positive parenting, focusing on early help and ensuring children are school ready.
- 40% of respondents agreed with the proposed changes to school based facilities, with 22% disagreeing, 24% unsure and 14% stating they did not know. The main concerns flagged were how schools planned to use the facilities to support the offer. **3 children's centres in Newcastle-under-Lyme fall into this category of proposal; Crackley Bank Primary, Hempstalls Children's Centre, and Oaklands Children's Centre.**
- 48% of respondents agreed with continuing to use centres that were working well, with 24% disagreeing, 18% neither agreeing nor disagreeing and 10% not knowing. **There was one centre in this category for Newcastle-under-Lyme, Kidsgrove Primary Academy**
- 13% of respondents agreed with no longer using certain facilities as designated children's centres, with 51% disagreeing and 22% neither agreeing nor disagreeing. Accessibility was frequently raised as a significant issue, with many respondents concerned that the changes would isolate some families, particularly families in rural areas and those with low incomes. **One centre in Newcastle-under-Lyme; Madeley Village Hall (Madeley Children's Centre).**
- 11% of respondents agreed with the proposed changes to the space in libraries, with 44% disagreeing and 28% neither disagreeing nor agreeing. Again concerns were raised about how this might affect rural areas and more vulnerable families. **This relates to two centres in Newcastle-under-Lyme: Audley and Clayton Library.**
- **Feedback expressing concern about the closure of Newcastle under Lyme Children's Centre has resulted in a change to the proposal and Newcastle Children's Centre will now remain a designated Children's Centre site.**

3. Current provision and usage:

In terms of Children's Centres, below is the attendance at each centre in Newcastle in 2014. This includes attendance for children and adults as well as those children from the most deprived areas.

In order to identify the above proposals for Children's Centres, a robust ranking system has been created that indicates which centres are critical to the new model and should be retained by the county council. Those that will be retained are in the highest areas of deprivation, evidence a good level of attendance by families and children most in need of help and evidence the best value for money. The views of the public from the consultation have also impacted on the final decision. The remaining facilities will continue to be used by partners, parents and children, however, as part of the broader Best Start Offer with some subject to review by the Strategic Property Board.

In terms of the wider offer, in 2013/14, in Newcastle-under-Lyme there were 81 children under 5 who received an early help assessment (CAF) for early intervention / Tier 3 support (**the third highest in the county**)¹.

Children's Centre	Attendances (children and adults) 2013-14	Number of under 5's reached from 0-30% most deprived areas
School sites		
Crackley Bank Primary School	2041	112
Hempstalls Children's Centre	3654	70
Oaklands Children's Centre	7392	87
Community Sites		
Kidsgrove Primary Academy (Maryhill Children's Centre)	7210	134
Newcastle-under-Lyme Children's Centre	6417	156
Madeley Village Hall (Madely Children's Centre)	3537	10
Library Sites		
Audley Library	1034	16
Clayton Library	2564	57

¹ Data received from Families First – 08/12/2014

For more specialist support, in Newcastle Under Lyme, the average number of children under 5 subject to a child protection plan between 1st October 2013 to 30th September 2014 was 35 (the third highest in the county). The average number of looked after children aged under 5 in the same time period was 10 (the fourth highest in the county)².

4. Newcastle-under-Lyme demographic profiles:

Population:

- There are approximately 46,099 children under 5 in Staffordshire according to mid-year population data. Approximately 6,396 of these live in Newcastle-under-Lyme, the third highest number of under 5's in the county, accounting for 11.6% of the district population³.

Ethnicity:

- Because of limits to mid-year population data, these statistics on ethnicity are taken from the 2011 Census, so overall totals are slightly different to above. In terms of under-5's in Newcastle-under-Lyme, 5,869 (91.8%) of the under 5's are white, 215 are from a mixed / multiple ethnic group (3.4%), 199 from Asian / Asian British groups (3.1%), 26 from African Caribbean / Black groups and 14 from an 'other ethnic group' (0.4% and 0.2% respectively). This shows that Newcastle-under-Lyme has a lower level of ethnic diversity than the national average (86% white, 7.5% Asian / Asian British, 3.3% Black / African / Caribbean / Black British, 1% other ethnic group⁴).

Disability:

- According to the 2011 census data, there are 132 children with a disability in the District. There are also 2,346 households with dependent children (aged 0-18) where a parent has a disability.

Teenage Parents:

- In Newcastle-under-Lyme the rate of teenage conceptions between 2010-2012 is 29.9 per 1,000 15-17 year old females, which is the **fourth highest in the county** and below the national rate of 27.7⁵.

Deprivation:

- Newcastle-under-Lyme has the second highest number of households in the 30% most deprived areas of the County (also known as Lower Super Output Areas – LSOAs)⁶.

² Data received from Families First Business Improvement and Development Team 0-5 data profile

³ <http://www.staffordshireobservatory.org.uk/documents/Population/populationestimatesbriefingnote2013.pdf>

⁴ http://www.ons.gov.uk/ons/dcp171776_290558.pdf

⁵ <http://www.ons.gov.uk/ons/publications/re-reference-tables.html?edition=tcn%3A77-332828>

5. Newcastle-under-Lyme local health profile:

Fertility rates:

- Based on the most recent data from 2010-2012, Newcastle-under-Lyme has a general fertility rate of 53.0 per 1,000 women aged 15-44. This is **the second lowest rate in the county**, lower than the Staffordshire average of 58.1 and considerably lower than the national average of 64.4⁷

Smoking in pregnancy:

- At 18.5% Newcastle-under-Lyme had the **highest rate of smoking at delivery in the county**, considerably higher than both county (12.9%) and national (13.2%) averages according 2011/12 estimates⁸.

Perinatal and Infant Mortality:

- The rate of infant mortality in Newcastle-under-Lyme is the **highest in the county** at 6.6 per 1,000 live births, equating to 25 infants in 2010-12. This is considerably above both the national average of 4.3 and the Staffordshire average of 5.1⁹.
- Newcastle-under-Lyme is below the national averages in terms of stillbirths (3.4 per 1,000 total births, compared to 5.0 nationally), but is above both national and Staffordshire averages in terms of perinatal mortality (with a rate of 7.9 per 1,000 total births compared to 7.5 in Staffordshire and 7.3 nationally)¹⁰.

Low birth weight:

- Between 2010-12 the percentage of babies with low birth weight in Newcastle-under-Lyme was 7.8%, the joint third lowest rate in the County (the same as Cannock Chase and Lichfield) but above the national and Staffordshire averages, both of 7.3%¹¹.

Breastfeeding prevalence:

- Across Staffordshire as a whole, breastfeeding prevalence rates at 6-8 weeks are low. Newcastle-under-Lyme had the joint third highest rate in the county in 2012/13 at 35.3% (the same as Lichfield), which is above the Staffordshire

⁶ Staffordshire County Council Insight Team, 2014, *Best Start for Children 2014 – evidence base*. P60

⁷ *Working Together Better for Health – Staffordshire Needs Assessment (JSNA)* (November 2014) <http://www.staffordshireobservatory.org.uk/publications/healthandwellbeing/yourhealthinstaffordshire.aspx> p114

⁸ Ibid P114.

⁹ Ibid P114

¹⁰ Ibid P114

¹¹ Ibid P114.

average of 32.4% but considerably lower than the national average of 47.1%¹².

Childhood obesity:

- As of 2012/13, approximately 9.6% of reception children are obese in Newcastle-under-Lyme, above the 9.3% national average and the same as the 9.6% Staffordshire average¹³.

Mental Health:

- There are estimated to be between 27,000 and 32,200 people suffering mental ill-health across Newcastle-under-Lyme. Levels of severe mental illness (defined as people with schizophrenia, bipolar disorder and other psychoses) recorded on GP disease registers in Newcastle-under-Lyme are significantly lower than England averages, with approximately 800 people on a register in 2010/11¹⁴.

6. Potential health and equalities impacts on communities (EIA & HIA)

Proposals such as Best Start could have impacts on health and equalities for different groups in the community. It is necessary therefore to consider what these potentially negative consequences may be and take appropriate mitigating actions. With this in mind, this CIA has been informed by the guidance published by the Equality and Human Rights Commission¹⁵. This guidance stated that impact assessments should consider the following:

1. Is the purpose of the policy change/decision clearly set out?
2. Have those affected by the policy/decision been involved?
3. Have potential positive and negative impacts been identified?
4. Are there plans to alleviate any negative impact?
5. Are there plans to monitor the actual impact of the proposal?

The following table presents some potential negative impacts of the proposals in the Best Start Cabinet Report specifically for Newcastle-under-Lyme and recommends some mitigating actions. Subject to Cabinet approval and the subsequent consultation these may change.

¹² Ibid P114

¹³ Ibid P115

¹⁴ Staffordshire County Council, 2013. *District Profile – Newcastle-under-Lyme*. P9
<http://www.staffordshireobservatory.org.uk/documents/DistrictProfile/2013/DistrictProfiles/NewcastleBoroughDistrictProfile2013.pdf>

¹⁵ Equality and Human Rights Commission, *Public Sector Equality Duties and Financial Decisions – A Note for Decision Makers*.

http://www.equalityhumanrights.com/uploaded_files/Wales/brief_note_for_decision_makers.doc#

6.1 Table of key potentially negative impacts on health and equalities and mitigating actions

No	Potential Negative Impact	Type of Impact (Equalities/ Health)	Potential Groups Affected	Possible Mitigating Action
Area 1: A quality offer for all				
1.	<p>Sexual health and contraception advice and guidance is ineffective in supporting young people and preventing unwanted pregnancies, particularly in areas of deprivation.</p> <p>Newcastle-under-Lyme has the fourth highest rate of teenage pregnancy in the county, which is below the national average.</p>	Health	Age, sex, pregnancy and maternity,	<ul style="list-style-type: none"> Commissioners to ensure that sexual health and contraception information, advice and guidance meets the needs of areas with high rates of teenage pregnancy. Commissioners to work with schools and colleges to ensure that PHSE in schools is inclusive and effective. Engage with Children's Strategic Partnership to support mitigating actions.
2.	<p>The new integrated approach to promoting parent and child health through the Health Child Programme fails to address current health inequalities. Of particular relevance to Newcastle-under-Lyme are:</p> <p>A) The highest smoking at delivery rate in the county and higher than national average.</p> <p>B) The highest infant mortality rate in the County and higher than national average.</p>	Health	Age, sex, pregnancy and maternity.	<ul style="list-style-type: none"> Effectively manage the transition of the School Nurse and Health Visiting commissioning responsibility to the local authority. Review Health Visitor specification as part of the Best Start strategy to maximise effectiveness of this crucial role, particularly for hard to reach groups. Commissioners to work across the Children's Strategic Partnership to improve outcomes.

	<p>C) Lower than national average rates of breastfeeding prevalence at 6-8 weeks (See section 5 for more details)</p> <p>There are currently infant feeding teams who deliver 3 Friendly About Breastfeeding (FAB) groups within Children’s Centres to support mothers to continue to breastfeed which may be affected in some areas.</p>			
3.	<p>The reconfiguring of current resources for early years may result in some families finding it more difficult to access early years provision.</p> <p>Newcastle-under-Lyme has three delivery sites proposed to be transferred to schools. There are two proposed library sites that are to transfer in Audley and Clayton. (section 1.2 – 3 for more info)</p>	Both	Age, sex, disability, pregnancy and maternity	<ul style="list-style-type: none"> • If the proposals are approved ensure that as part of any transfer agreements specify the use of the resource to support early years and education outcomes. • Commissioners to ensure that families can access services from a a range of appropriate venues that are , including the family home. • Commissioners to ensure information, advice and guidance is accessible for all and has a locality focus. • If the proposals are approved transfer agreements with schools will specify the use of the resource to support early years and education outcomes.
4.	<p>If there is not enough quality childcare placements in areas of need, parents of children who need to work may be disadvantaged economically, further exacerbating educational inequality.</p> <p>Newcastle-under-Lyme has</p>	Both	Age, sex, pregnancy and maternity, low income families, working parents, parents in education or training	<ul style="list-style-type: none"> • Continue to work with Entrust to ensure sufficient childcare places are available and of a high quality. • Engage with local members and partners to support promotion of uptake of free childcare places • Continue to develop more

	the second highest number of households in the 30% most deprived areas of the County (also known as Lower Super Output Areas – LSOAs).			childcare placements for 2 year olds from low income families through the Think 2 programme, including exploring whether venues at schools can be used for childcare.
5.	<p>IAG is not inclusive and is not tailored for people with physical and sensory disabilities or SEN, or for people whose first language is not English, leading to misinformation and confusion.</p> <p>Newcastle-under-Lyme has a small BME community relative to the national averages. It is therefore important to ensure that these communities are supported appropriately to reduce potential isolation (see section 4 for more details).</p>	Both	All, in particular disability (including those with sensory and learning disabilities) and race, (particularly any BME groups where English is an additional language).	<ul style="list-style-type: none"> Commissioners to ensure our IAG strategy enables families to access the appropriate information for their needs Actively publicise any changes and ensure information, advice and guidance is as accessible to all groups as practicable, offering different languages, easy read versions of documents and clear formats etc. If the proposals are approved provide information in a variety of languages, formats, (including hard copies, easy read and Braille etc) and make available at a variety of local community centres (e.g. community halls, temples, mosques, libraries etc).
Area 2: Extra support for those in need				
6.	<p>Changes to the early help offer may result in some families not having access to the services they require to remain independent.</p> <p>It is proposed that Maryhill Children’s Centre and Newcastle Children’s Centre site will be designated Children’s Centres (see sections 1.2-3 for more details)</p> <p>Disability support, such as hearing impaired stay and</p>	Both	All, particularly those with disabilities, rurally isolated and low income families.	<ul style="list-style-type: none"> If the proposals are approved, the District Co-ordinator to work with partners in each district, to ensure that the Best Start Offer is accessible and inclusive of diverse communities. A transition plan is in place with Families First to ensure that this is not a consequence of the proposals. Ensure that areas with highest needs and particularly those families living in the most deprived areas are considered

	play that runs at Crackley Bank, may be affected by the proposals.			<p>fully in implementing the new model.</p> <ul style="list-style-type: none"> • If the proposals are approved ensure the District Co-ordinator ensures that effective partnership working arrangements are in place. • Utilise the live birth data, now available to SCC, to target families living in the 0-30% most deprived areas.
7.	<p>Some families from different ethnic and cultural backgrounds may be affected by any changes to current early years offer and review of current contracted services.</p> <p>Newcastle-under-Lyme has a small BME community relative to the national averages. It is therefore important to ensure that these communities are supported appropriately to reduce potential isolation (see section 4 for more details).</p>	Equalities	Race, religion and belief	<ul style="list-style-type: none"> • If the proposals are approved ensure all groups of children and families are considered and engaged with to ensure sufficient access to a culturally appropriate offer . • If the proposals are approved build equality/diversity requirements into contracts and specifications to ensure that diverse needs are addressed and services are accessible.

7. Implications for staff:

There are no staff employed by SCC delivering the existing service in this District as such there are no staffing implications for Staffordshire County Council. The existing service is delivered by an external organisation. Should the service delivery provider change as a result of this proposal this could result in TUPE – Transfer of Undertaking and Protection of Employment (from one provider to another), if the service provision is similar in nature.

8. Rural considerations:

Staffordshire has a significant rural population, and as such the proposals must take into consideration the needs of children and families who live in rural communities. Newcastle-under-Lyme is classified by DEFRA's 2001 Rural-Urban Definition Local Authority Classification as a large-urban area¹⁶. However, this does overlook that

¹⁶ DEFRA, 2001. *2001 Rural Urban Definition, LA Classification and other geographies*.
<https://www.gov.uk/government/statistics/2001-rural-urban-definition-la-classification-and-other-geographies>

away from Newcastle town there is a area of rural hinterland. Although rural isolation is not a significant issue for most in the district, this is worth considering with regards to access to support.

9. Implications for climate change:

The climate change implications of the proposal can largely only be understood through close and individual-level working that would follow the Cabinet decision if approved, for example in the details around use of buildings or other community resources. However, it is not expected that there would be significant implications.

10. Monitoring and review

The actions set out by this Community Impact Assessment to mitigate any equalities and health impacts of the Best Start proposals will need to be monitored with regards to the performance of the identified mitigating actions. This will need to take place through the Children’s Improvement Board and Early Years Advisory Board as the key partnership forum.

Community Impact Assessment Best Start Consultation Findings and Final Proposals

Community Impact assessments (CIAs) should be used whenever there is a policy or service change. The template will enable staff to record how they have taken account of the following essential areas within proposals;

- Strategic Priorities
- Public Sector Equality Duty
- Health inequalities
- Rural issues
- Climate change

The Public Sector Equality Duty is a legal requirement and must be applied in all that we do, and in particular whenever there are changes. See guidance note and frequently asked questions for further information.

Name of proposal: Best Start		
State here which of the County Council priorities the proposal will deliver against:		
County Council Outcome	People's Service Area Outcome	Project Outcomes
Be healthier and more independent;	People manage their own life, make their own choices, deal with issues their own way	That children and their parents lead healthy and happy lives and have the ability to care for each other.
Feel safer, happier and more supported in and by their community.	People live long and fulfilling lives, being able to address the health and wellbeing issues that affect them	That parents are enabled to give their child the best start in life and vulnerable families can access help when it is needed.
Be able to access more good jobs and feel the benefit of economic growth	Staffordshire has a workforce fit for a modern economy – developing the skills and aspirations of residents	Families can access high quality childcare and learning opportunities to build the right skills.
Project lead: (s)		
Janene Cox, Commissioner for Tourism and the Cultural County Sharon Moore, Commissioner for Families		
Names of other officers involved		
Paul Woodcock – County Commissioner for Children's Wellbeing		

Andrew Donaldson – Senior Policy Manager
Kerry Dove – Partnership and Development Manager
Michelle Rowe – Team Senior Solicitor
Lynda Stevenson – Project Manager
Wendy Tompson – Corporate Engagement and Consultation Manager
Adam Rooney – Strategic Policy Officer
Clare Abbotts – Senior Campaigns Officer
District Children’s Commissioning Officers & District Commissioning Leads

Date:

21st January 2015

Executive summary of the assessment

This is a Community Impact Assessment (CIA) for the **South Staffordshire** based on the proposals of the January Best Start Cabinet Report, and builds upon the Outline and Scoping Community Impact Assessments conducted in March and September 2014. It analyses both the findings of the 8 week public consultation on the proposals set out in September 2014 as well as the final proposals for a new way of working for early years.

This Community Impact Assessment analyses the potential health and equalities impacts of the proposals put forward by the Cabinet Report and suggests mitigating actions to help prevent disadvantage to any protected groups.

Signature

Janene Cox, Commissioner for Tourism and Cultural County

1. Introduction and Context:

Staffordshire County Council has three priority outcomes to build a better Staffordshire. These priorities are that the people of Staffordshire will:

- be able to access more good jobs and feel the benefits of economic growth
- be healthier and more independent
- feel safer, happier and more supported in and by their community

Ensuring that parents are able to give their children the best start in life is critical to achieving these outcomes. The first five years of every child's life are vital for their future health and wellbeing. There is an overwhelming amount of evidence that shows the huge impact of the care a child receives in this period of their life, and how it turns it influences virtually all aspects of development moving forward, from educational attainment to health outcomes.

Early years is also a critical part of our recently published business plan for 2014-17 *Leading for a Connected Staffordshire*. 'Best Start' is one of our seven key areas of activity, and has significant links to the other six areas, particularly 'ready for life', 'resilient communities' and 'great place to live'.

1.1. Purpose of this report

The purpose of this report is to consider the potential equality and health impacts on the **South Staffordshire** district of the final proposals for early years provision set out in the January Best Start Cabinet Report. This includes analysis of any potential implications for the health of residents, as well as any impacts on residents that have one of the nine protected characteristics set out by the Equalities Act 2010, as assessed based on the information currently available. These include:

- age;
- disability;
- gender reassignment;
- marriage and civil partnership;
- pregnancy and maternity;
- race;
- religion or belief;
- sex;
- sexual orientation.

This report should be read together with the Best Start Cabinet Report, the other Community Impact Assessments for each district and the Best Start Consultation report.

1.2. Best Start proposals in South Staffordshire

Our initial review showed that not enough families, including those who are most vulnerable, are accessing the facilities we are currently using to provide early years services from. This includes those that are 'designated' Children Centres and those

that are not. Our proposals include plans to reconfigure our premises in order to deliver what is required in a different way and working with our partners to deliver an integrated Best Start offer for Staffordshire.

As part of the proposals, we propose to change how we use our school based facilities. We plan to transfer management of some facilities to schools to ensure that the resources are used in a different way to assist child development and contribute to school readiness. In South Staffordshire, the locations in this category are:

- Whitgreave Primary School (Featherstone Children's Centre)
- Edgecliff High (Kinver Children's Centre)

We also propose to continue to use a smaller number of facilities within communities as Family Hubs where the model is working well, has good attendance rates and this approach would benefit the community. In South Staffordshire, only one location is in this category:

- Landywood Children's Centre

There are also some locations where we feel that the current facilities should be reviewed by the Strategic Property Board. In South Staffordshire, these locations are:

- Lane Green First (Perton Children's Centre)

We also propose that we reconfigure use of space in libraries and transfer management to the Culture and Library Service. In South Staffordshire, there are three locations within this category:

- Perton Library (Perton Children's Centre)
- Brewood Library (Brewood Children's Centre)
- Wombourne Library and Community Centre

2. Consultation findings

The public consultation on the Best Start proposal went live on 4th October 2014 and closed on 3rd December 2014. An overall summary of the findings of the consultation, as well as the methodology used, can be found as appendices to the Best Start Cabinet paper for January 21st 2015.

Overall, 1399 responses were received to the consultation. Despite this rate of response being statistically significant at a county level, to achieve a statistically robust response at a district level between 1,200 and 1,250 responses '**per district**' would have been required. Therefore this analysis will discuss countywide trends and assess how they may impact on South Staffordshire, based on the proposals for the area set out in the section above.

2.1. Consultation – South Staffordshire

There were **175** from South Staffordshire to the consultation, **the fourth highest number of responses** of the 8 Districts. Key issues that were raised at a county-level include:

- The vast majority of respondents supported the principles of the Best Start proposals and our objectives, including promoting positive parenting, focusing on early help and ensuring children are school ready.
- Across the county 32% of the respondents agreed with the proposals overall, whilst 36% disagreed and 24% neither agreed nor disagreed, 9% stated that they didn't know.
- 40% of respondents agreed with the proposed changes to school based facilities, with 22% disagreeing, 24% unsure and 14% stating they did not know. The main concerns flagged were how schools planned to use the facilities to support the offer. **In South Staffordshire, these are Whitgreave Primary School and Edgecliff High (Kinver Children's Centre).**
- 48% of respondents agreed with continuing to use centres that were working well, with 24% disagreeing, 18% neither agreeing nor disagreeing and 10% not knowing. **In South Staffordshire the one location in this category is Landywood Children's Centre.**
- 13% of respondents agreed with no longer using certain facilities as designated children's centres, with 51% disagreeing and 22% neither agreeing nor disagreeing. Accessibility was frequently raised as a significant issue, with many respondents concerned that the changes would isolate some families, particularly families in rural areas and those with low incomes. **In South Staffordshire the only location in this category is Lane Green First (Perton Children's Centre).**
- South Staffordshire is a significantly rural area, meaning that transport and isolation are particular issues which need to be considered. Deprivation is relatively lower than the majority of the county, but again, some pockets of deprivation across the district means that this is still an issue which needs to be considered in terms of this review.
- 11% of respondents agreed with the proposed changes to the space in libraries, with 44% disagreeing and 28% neither disagreeing nor agreeing. Again concerns were raised about how this might affect rural areas and more vulnerable families. **In South Staffordshire, there are 3 of these: Perton Library (Perton Children's Centre), Brewood Library (Brewood Children's Centre), Wombourne Library.**

3. Current provision and usage:

In terms of Children's Centres, below is the attendance at each centre in South Staffordshire in 2014. This includes attendance for both children and adults as well as those children from the most deprived areas.

In order to identify the above proposals for Children's Centres, a robust ranking system has been created that indicates which centres are critical to the model and should be retained by the county council. Those that will be retained are in the highest areas of deprivation, evidence a good level of attendance by families and children most in need of help and evidence the best value for money. The views of the public from the consultation have also impacted on the final decision. The remaining facilities will continue to be used by partners, parents and children, however, as part of the broader Best Start Offer, with some subject to review by the Strategic Property Board.

In terms of the wider offer, in 2013/14, in South Staffordshire there were 56 children under 5 who received an early help assessment (CAF) for early intervention / Tier 2 support (fifth highest of the eight districts in the county)².

Children's Centre	Attendances (children and adults) 2013-14	Number of under 5's reached from 0-30% most deprived areas
School sites		
Whitgreave Primary School	4709	72
Edgecliff High School	1546	5
Retain as Designated Children's Centre		
Landywood Children's Centre	4476	38
Community Sites		
Lane Green First (Perton Children's Centre)	1367	N/A ¹
Library Sites		
Perton Library	2517	26
Brewood Library	458	10
Wombourne Library and Community Centre	2839	31

For more specialist support, in South Staffordshire, the average number of children under 5 subject to a child protection plan between 1st October 2013 to 30th

¹ Due to our current data collection processes, data for number of under 5's reached from 0-30% most deprived areas for this centre is not currently available.

² Data received from Families First – 08/12/2014

September 2014 was 5 (the lowest in the county). The average number of looked after children aged under 5 in the same time period was 8 (also lowest in the county)³.

4. South Staffordshire demographic profiles:

Population:

- There are approximately 46,099 children under 5 in Staffordshire according to mid-year population estimates. Approximately 4,932 of these live in South Staffordshire, the second lowest number of under 5's in the county, and accounting for 9.8% of the district population which is also the lowest proportion across the county⁴.

Ethnicity:

- Because of limits to mid-year population data, these statistics on ethnicity are taken from the 2011 Census, so overall totals are slightly different to above, with a total here of 4,878 children under 5 in South Staffordshire. This total is made up of 4482 (91.88%) of the under 5's are white, 243 are from a mixed / multiple ethnic group (4.98%), 112 from Asian / Asian British groups (2.30%), 13 people from African Caribbean / Black groups and 28 from an 'other ethnic group' (making up 0.27% and 0.57% of the total respectively). As a district South Staffordshire has comparably lower rates of ethnic diversity than national averages at (86.0% white, 7.5% Asian / Asian British, 3.3% Black / African / Caribbean / Black British, and 1.0% other ethnic group. It does however have a higher rate from mixed/multiple ethnic groups, when compared with the national average of 2.2%⁵.

Disability:

- According to the 2011 census data, there are 59 children with a disability in the District. There are also 1909 households with dependent children (aged 0-18) where a parent has a disability.

Teenage Parents:

- In South Staffordshire the rate of teenage conceptions between 2010-2012 is 15.2 per 1,000 15-17 year old females, which is by far the lowest in the county and considerably below the national rate of 27.7⁶.

³ Data received from Families First Business Improvement and Development Team 0-5 data profile

⁴ <http://www.staffordshireobservatory.org.uk/documents/Population/populationestimatesbriefingnote2013.pdf>

⁵ http://www.ons.gov.uk/ons/dcp171776_290558.pdf

⁶ <http://www.ons.gov.uk/ons/publications/re-reference-tables.html?edition=tcn%3A77-332828>

Deprivation:

- South Staffordshire is sixth out of the eight districts for number of households in the 30% most deprived areas of the County (also known as Lower Super Output Areas – LSOAs)⁷.

5. South Staffordshire local health profile:

Fertility rates:

- Based on the most recent data from 2010-2012, South Staffordshire has a general fertility rate of 51.0 per 1,000 women aged 15-44. This is the lowest rate in the county, lower than the Staffordshire average of 58.1 and considerably lower than the national average of 64.4⁸.

Smoking in pregnancy:

- At 10.2% South Staffordshire had the third lowest rate of smoking at delivery in the county, well under both county (12.9%) and national (13.2%) averages, according to 2011/12 estimates⁹.

Perinatal and Infant Mortality:

- The rate of infant mortality in South Staffordshire is the lowest in the county at 3.3 per 1,000 live births, equating to 9 infants in 2010-12. This is below the national average of 4.3 and the Staffordshire average of 5.1¹⁰.
- South Staffordshire is has the exact same rate as the national averages in terms of stillbirths (5.0 per 1,000 total births), and is below both national and Staffordshire averages in terms of perinatal mortality, at 6.5 per 1,000 total births in Staffordshire, compared with 7.5 in Staffordshire and 7.3 nationally¹¹.

Low birth weight:

- Between 2010-12 the percentage of babies with low birth weight in South Staffordshire was 6.2%, the second lowest rate in the County well below the national and Staffordshire averages of 7.3%¹².

Breastfeeding prevalence:

- Across Staffordshire as a whole, breastfeeding initiation rates at 6-8 weeks are low. South Staffordshire had the fifth highest rate in the county in 2012/13

⁷ Staffordshire County Council Insight Team, 2014, *Best Start for Children 2014 – evidence base*. P60

⁸ *Working Together Better for Health – Staffordshire Needs Assessment (JSNA)* (November 2014) <http://www.staffordshireobservatory.org.uk/publications/healthandwellbeing/yourhealthinstaffordshire.aspx> p114

⁹ Ibid P114.

¹⁰ Ibid P114

¹¹ Ibid P114

¹² Ibid P114

at 33.9%, which is above the Staffordshire average of 32.4% **but considerably lower than the national average** of 47.1%¹³.

Childhood obesity:

- As of 2012/13, approximately 10.4% of reception children are obese in South Staffordshire, above the 9.3% national average and 9.6% Staffordshire average¹⁴.

Mental Health:

- There are estimated to be between 23,200 and 27,600 people suffering mental ill-health across South Staffordshire. Levels of severe mental illness (defined as people with schizophrenia, bipolar disorder and other psychoses) recorded on GP disease registers in South Staffordshire are significantly lower than England averages, with approximately 448 people on a register in 2013/14¹⁵.

6. Potential health and equalities impacts on communities (EIA & HIA)

Proposals such as Best Start could have impacts on health and equalities for different groups in the community. It is necessary therefore to consider what these potentially negative consequences may be and take appropriate mitigating actions. With this in mind, this CIA has been informed by the guidance published by the Equality and Human Right Commission¹⁶. This guidance stated that impact assessments should consider the following:

1. Is the purpose of the policy change/decision clearly set out?
2. Have those affected by the policy/decision been involved?
3. Have potential positive and negative impacts been identified?
4. Are there plans to alleviate any negative impact?
5. Are there plans to monitor the actual impact of the proposal?

The following table presents some potential negative impacts of the proposals in the Best Start Cabinet Report specifically for South Staffordshire and recommends some mitigating actions. Subject to Cabinet approval and the subsequent consultation these may change.

¹³ Ibid P114

¹⁴ Ibid P115

¹⁵ Staffordshire County Council, 2014. *District Profile – South Staffordshire*. P9

<http://www.staffordshireobservatory.org.uk/documents/DistrictProfile/2013/DistrictProfiles/SouthStaffordshireBoroughDistrictProfile2013.pdf>

¹⁶ Equality and Human Rights Commission, *Public Sector Equality Duties and Financial Decisions – A Note for Decision Makers*.

http://www.equalityhumanrights.com/uploaded_files/Wales/brief_note_for_decision_makers.doc#

6.1 Table of key potentially negative impacts on health and equalities and mitigating actions

No	Potential Negative Impact	Type of Impact (Equalities/ Health)	Potential Groups Affected	Possible Mitigating Action
Area 1: A quality offer for all				
1.	<p>Sexual health and contraception advice and guidance is ineffective in supporting young people and preventing unwanted pregnancies, particularly in areas of deprivation.</p> <p>South Staffordshire has the lowest rate of teenage pregnancy in the county, which is substantially below the national average.</p>	Health	Age, sex, pregnancy and maternity,	<ul style="list-style-type: none"> Commissioners to ensure that sexual health and contraception information, advice and guidance meets the needs of areas with high rates of teenage pregnancy. Commissioners to work with schools and colleges to ensure that PHSE in schools is inclusive and effective. Engage with Children's Strategic Partnership to support mitigating actions
2.	<p>The new integrated approach to promoting parent and child health through the Health Child Programme fails to address current health inequalities.</p> <p>Of particular relevance to South Staffordshire are:</p> <p>A) Lowest fertility rates in the County.</p> <p>B) Above national average rates of reception age obesity.</p> <p>C) Lower than national average rates of breastfeeding prevalence at 6-8 weeks (See section 5 for more details)</p>	Health	Age, sex, pregnancy and maternity.	<ul style="list-style-type: none"> Effectively manage the transition of the School Nurse and Health Visiting commissioning responsibility to the local authority. Review the Health Visitor specification as part of the Best Start strategy moving forward to maximise the effectiveness of this crucial role, particularly for hard to reach groups. Commissioners to work across the Children's Strategic Partnership to improve outcomes.

3.	<p>The reconfiguring of current resources for early years may result in some families finding it more difficult to access early years provision.</p> <p>South Staffordshire has two sites proposed to be transferred to schools and three proposed library sites t in Perton, Brewood and Wombourne. (section 1.2 – 3 for more info)</p> <p>South Staffordshire is the most rural district within the County with no central town, the population is spread over a number of villages, consequently access to services via public transport is a challenge. Residents tend to travel to the neighbouring Black Country towns to access key services.</p>	Both	Age, sex, disability, pregnancy and maternity	<ul style="list-style-type: none"> • If the proposals are approved ensure that as part of any transfer agreements specify the use of the resource to support early years and education outcomes. • Commissioners to ensure that families can access services from a a range of appropriate venues that are , including the family home. • Commissioners to ensure information, advice and guidance is accessible for all and has a locality focus. • If the proposals are approved transfer agreements with schools will specify the use of the resource to support early years and education outcomes.
4.	<p>If there is not enough quality childcare placements, parents of children who need to work may be disadvantaged economically, further exacerbating educational inequality.</p> <p>South Staffordshire has the third lowest number of households in the 30% most deprived areas of the County (also known as Lower Super Output Areas – LSOAs).</p>	Both	Age, sex, pregnancy and maternity, low income families, working parents, parents in education or training	<ul style="list-style-type: none"> • Continue to work with Entrust to ensure sufficient childcare places are available and of a high quality. • Engage with local members and partners to support promotion of uptake of free childcare places • Continue to develop more childcare placements for 2 year olds from low income families through the Think 2 programme, including exploring whether venues at schools can be used for childcare
5.	<p>IAG is not inclusive and is not tailored for people with physical and sensory disabilities or SEN, or for people whose first language</p>	Both	All, in particular disability (including those with	<ul style="list-style-type: none"> • Commissioners to ensure our IAG strategy enables families to access the appropriate information for their needs

	<p>is not English, leading to misinformation and confusion.</p> <p>South Staffordshire has a small BME community relative to the national averages. It is therefore important to ensure that these communities are supported appropriately to reduce potential isolation (see section 4 for more details).</p>		<p>sensory and learning disabilities) and race, (particularly any BME groups where English is an additional language).</p>	<ul style="list-style-type: none"> • Actively publicise any changes and ensure information, advice and guidance is as accessible to all groups as practicable, offering different languages, easy read versions of documents and clear formats etc. • If the proposals are approved provide information in a variety of languages, formats, (including hard copies, easy read and Braille etc) and make available at a variety of local community centres (e.g. community halls, temples, mosques, libraries etc).
<p>Area 2: Extra support for those in need</p>				
<p>6.</p>	<p>Changes to the early help offer may result in some families not having access to the services they require to remain independent.</p> <p>Families First arrangements to provide supervised access for families are disrupted by property changes.</p> <p>It is proposed that Landywood Children’s Centre site will continue to be used as a Family Hub as part of the offer and the Lane Green First site (part of Perton Children’s Centre) will be considered for alternative use. (see sections 1.2-3 for more details).</p>	<p>Both</p>	<p>All, particularly those with disabilities, rurally isolated and low income families.</p>	<ul style="list-style-type: none"> • If the proposals are approved, the District Co-ordinator to work with partners in each district, to ensure that the Best Start Offer is accessible and inclusive of diverse communities. • A transition plan is in place with Families First to ensure that this is not a consequence of the proposals. • Ensure that areas with highest needs and particularly those families living in the most deprived areas are considered fully in implementing the new model. • If the proposals are approved ensure the District Co-ordinator ensures that effective partnership working arrangements are in place.

				<ul style="list-style-type: none"> Utilise the live birth data, now available to SCC, to target families living in the 0-30% most deprived areas.
7.	<p>Some families from different ethnic and cultural backgrounds may be affected by any changes to current early years offer and review of current contracted services.</p> <p>South Staffordshire has a small BME community relative to the national averages. It is therefore important to ensure that these communities are supported appropriately to reduce potential isolation (see section 4 for more details).</p>	Equalities	Race, religion and belief	<ul style="list-style-type: none"> If the proposals are approved ensure all groups of children and families are considered and engaged with to ensure sufficient access to culturally appropriate positive activities. If the proposals are approved build equality/diversity requirements into contracts and specifications to ensure that diverse needs are addressed and services are accessible.

7. Implications for staff:

The County Council employ 4 staff (2.95 full time equivalent), that work within the South Staffordshire District, that are directly affected by the proposals. Subject to the decision, the proposal would have an impact on the postholders currently providing the service.

		Gender		Age					Ethnic origin		Disability	
Establishment	Total	Female	Male	20-29	30-39	40-49	50-59	60-69	White English/ Scottish/ NIrish/ Welsh /British	Not specified	No	Not specified
Children's District Commissioning	4	4	0	0	2	1	1	0	3	1	3	1

If the proposal is approved by cabinet, formal consultation with relevant Trade Unions would be undertaken by the service lead, supported by HR in respect of staff employed within the establishment. Consultation and communication would take place with staff. Support and facilities would be available via the employer i.e. Think

well, redeployment procedure and outplacement support (dependent on the outcome of consultation and associated staffing implications).

8. Rural considerations:

Staffordshire has a significant rural population, and as such the proposals must take into consideration the needs of children and families who live in rural communities.

South Staffordshire is classified by DEFRA's 2001 Rural-Urban Definition Local Authority Classification as being significantly rural¹⁷. This will mean that access and transport issues for those that live in rural area must be considered when implementing the proposals put forward by the Best Start review (if approved by Cabinet) to ensure no residents are disadvantaged in accessing support.

9. Implications for climate change:

The climate change implications of the proposal can largely only be understood through close and individual-level working that would follow the Cabinet decision if approved, for example in the details around use of buildings or other community resources. However, it is not expected that there would be significant implications.

10. Monitoring and review

The actions set out by this Community Impact Assessment to mitigate any equalities and health impacts of the Best Start proposals will need to be monitored with regards to the performance of the identified mitigating actions. This will need to take place through the Children's Improvement Board and Early Years Advisory Board as the key partnership forum.

¹⁷ DEFRA, 2001. *2001 Rural Urban Definition, LA Classification and other geographies*.
<https://www.gov.uk/government/statistics/2001-rural-urban-definition-la-classification-and-other-geographies>

**Community Impact Assessment
Best Start Consultation Findings and Final Proposals**

Community Impact assessments (CIAs) should be used whenever there is a policy or service change. The template will enable staff to record how they have taken account of the following essential areas within proposals;

- Strategic Priorities
- Public Sector Equality Duty
- Health inequalities
- Rural issues
- Climate change

The Public Sector Equality Duty is a legal requirement and must be applied in all that we do, and in particular whenever there are changes. See guidance note and frequently asked questions for further information.

Name of proposal: Best Start		
State here which of the County Council priorities the proposal will deliver against:		
County Council Outcome	People’s Service Area Outcome	Project Outcomes
Be healthier and more independent;	Independent - People manage their own life, make their own choices, deal with issues their own way	That children and their parents lead healthy and happy lives and have the ability to care for each other.
Feel safer, happier and more supported in and by their community.	Healthy & Well - People live long and fulfilling lives, being able to address the health and wellbeing issues that affect them	That parents are enabled to give their child the best start in life and vulnerable families can access help when it is needed.
Be able to access more good jobs and feel the benefit of economic growth	Staffordshire has a workforce fit for a modern economy – developing the skills and aspirations of residents	Families can access high quality childcare and learning opportunities to build the right skills.
Project lead: (s)		
Janene Cox, Commissioner for Tourism and Cultural County Sharon Moore, Commissioner for Families		

Names of other officers involved

Paul Woodcock – County Commissioner for Children’s Wellbeing
Andrew Donaldson – Senior Policy Manager
Kerry Dove – Partnership and Development Manager
Michelle Rowe – Team Senior Solicitor
Lynda Stevenson – Project Manager
Wendy Tompson – Corporate Engagement and Consultation Manager
Adam Rooney – Strategic Policy Officer
Clare Abbotts – Senior Campaigns Officer
District Children’s Commissioning Officers & District Commissioning Leads

Date:

21st January 2015

Executive summary of the assessment

This is a Community Impact Assessment (CIA) for the **Stafford** based on the proposals of the January Best Start Cabinet Report, and builds upon the Outline and Scoping Community Impact Assessments conducted in March and September 2014. It analyses both the findings of the 8 week public consultation on the proposals set out in September 2014 as well as the final proposals for a new way of working for early years.

This Community Impact Assessment analyses the potential health and equalities impacts of the proposals put forward by the Cabinet Report and suggests mitigating actions to help prevent disadvantage to any protected groups.

Signature

Janene Cox, Commissioner for Tourism and Cultural County

1. Introduction & Context:

Staffordshire County Council has three priority outcomes to build a better Staffordshire. These priorities are that the people of Staffordshire will:

- be able to access more good jobs and feel the benefits of economic growth
- be healthier and more independent
- feel safer, happier and more supported in and by their community

Ensuring that parents are able to give their children the best start in life is critical to achieving these outcomes. The first five years of every child's life are vital for their future health and wellbeing. There is an overwhelming amount of evidence that shows the huge impact of the care a child receives in this period of their life, and how it turns out to influence virtually all aspects of development moving forward, from educational attainment to health outcomes.

Early years is also a critical part of our recently published business plan for 2014-17 *Leading for a Connected Staffordshire*. 'Best Start' is one of our seven key areas of activity, and has significant links to the other six areas, particularly 'ready for life', 'resilient communities' and 'great place to live'.

1.1. Purpose of this report

The purpose of this report is to consider the potential equality and health impacts on the **Stafford** district of the final proposals for early years provision set out in the January Best Start Cabinet Report. This includes analysis of any potential implications for the health of residents, as well as any impacts on residents that have one of the nine protected characteristics set out by the Equalities Act 2010, as assessed based on the information currently available. These include:

- age;
- disability;
- gender reassignment;
- marriage and civil partnership;
- pregnancy and maternity;
- race;
- religion or belief;
- sex;
- sexual orientation.

This report should be read together with the Best Start Cabinet Report, the other Community Impact Assessments for each district and the Best Start Consultation report.

1.2. Best Start proposals in Stafford

Our initial review showed that not enough families, including those who are most vulnerable, are accessing the facilities we are currently using to provide early years services from. This includes those that are 'designated' Children Centres and those

that are not. Our proposals include plans to reconfigure our premises in order to deliver what is required in a different way and working with our partners to deliver an integrated Best Start offer for Staffordshire.

As part of the proposals, we propose to change how we use our school based facilities. We plan to transfer management of some facilities to schools to ensure that the resources are used in a different way to assist child development and contribute to school readiness. In Stafford, the locations in this category are:

- Barlaston First School (Stone Rural Children's Centre)
- Barnfields Primary (Wildwood Children's Centre)
- Castlechurch Children's Centre
- Manor Hill Children's Centre
- St Peter's Primary (Hixon Children's Centre)

We also propose to continue to use a smaller number of facilities within communities as Family Hubs where the model is working well, has good attendance rates and this approach would benefit the community. In Stafford, only one location is in this category:

- Silkmore Children's Centre

There are also some locations where we feel that the current facilities should be reviewed by the Strategic Property Board. In Stafford, only one location is in this category:

- Stafford Children's Centre (phase 1)

We also propose that we reconfigure use of space in libraries and transfer management to the Culture and Library Service. In Stafford, there is one location within this category:

- Stone Library

2. Consultation findings

The public consultation on the Best Start proposal went live on 4th October 2014 and closed on 3rd December 2014. An overall summary of the findings of the consultation, as well as the methodology used, can be found as appendices to the Best Start Cabinet paper for January 21st 2015.

Overall, 1399 responses were received to the consultation. Despite this rate of response being statistically significant at a county level, to achieve a statistically robust response at a district level between 1,200 and 1,250 responses '**per district**' would have been required. Therefore this analysis will discuss countywide trends and assess how they may impact on TBC, based on the proposals for the area set out in the section above.

2.1. Consultation

There were **190** responses from Stafford to the consultation, **the joint second highest number of responses** of the 8 Districts. Key issues that were raised at a county-level include:

- The vast majority of respondents supported the principles of the Best Start proposals and our objectives, including promoting positive parenting, focusing on early help and ensuring children are school ready.
- Across the county 32% of the respondents agreed with the proposals overall, whilst 36% disagreed and 24% neither agreed nor disagreed, 9% stated that they didn't know.
- 40% of respondents agreed with the proposed changes to school based facilities, with 22% disagreeing, 24% unsure and 14% stating they did not know. The main concerns flagged were how schools planned to use the facilities to support the offer. **In Stafford the locations within this category are Barlaston First School (Stone Rural Children's Centre), Barnfields Primary (Wildwood Children's Centre), Castlechurch Children's Centre, Manor Hill Children's Centre and St Peter's Primary (Hixon Children's Centre).**
- 48% of respondents agreed with continuing to use centres that were working well, with 24% disagreeing, 18% neither agreeing nor disagreeing and 10% not knowing. **The only location in this category in Stafford is Silkmore Children's Centre.**
- 13% of respondents agreed with no longer using certain facilities as designated children's centres, with 51% disagreeing and 22% neither agreeing nor disagreeing. Accessibility was frequently raised as a significant issue, with many respondents concerned that the changes would isolate some families, particularly families in rural areas and those with low incomes.

In Stafford, the only area in this category is Stafford Children's Centre (phase 1)

While Stafford itself is a largely urban area, some parts of the borough are more rural, and so transport and isolation are still issues which need to be considered. There are also some areas of deprivation within the borough, and the effect on these areas of the review must be considered.

- 11% of respondents agreed with the proposed changes to the space in libraries, with 44% disagreeing and 28% neither disagreeing nor agreeing. **In Stafford, the only site relating to this category is Stone Library.** Again concerns were raised about how this might affect rural areas and more vulnerable families.

3. Current provision and usage in Stafford:

In terms of Children's Centres, below is the attendance at each centre in Stafford in 2014. This includes attendance for both children and adults as well as those children from the most deprived areas.

Children's Centre	Attendances (children and adults) 2013-14	Number of under 5's reached from 0-30% most deprived areas
School sites		
Barlaston First School (Stone Rural Children's Centre)	1041	11
Barnfields Primary (Wildwood Children's Centre)	2814	19
Castlechurch Children's Centre	1127	36
Manor Hill Children's Centre	1300	7
St Peter's Primary (Hixon Children's Centre)	455	2
Community Sites		
Silkmore Children's Centre	2611	62
Stafford Children's Centre (phase 1)	8622	116
Library Sites		
Stone Library	0	N/A ¹

¹ Due to our current data collection processes, data for number of under 5's reached from 0-30% most deprived areas for this centre is not currently available.

In order to identify the above proposals for Children's Centres, a robust ranking system has been created that indicates which centres are critical to the new model and should be retained as designated Children's Centres. Those that will be retained are in the highest areas of deprivation; evidence a good level of attendance by families and children most in need of help and evidence the best value for money. The views of the public from the consultation have also impacted on the final decision. The remaining facilities will continue to be used by partners, parents and children, however, as part of the broader Best Start Offer, with some subject to review by the Strategic Property Board.

In terms of the wider offer, in 2013/14, in Stafford there were 63 children under 5 who received an early help assessment (CAF) for early intervention / Tier 2 support (fourth highest of the eight districts in the county)².

For more specialist support, in Stafford, the average number of children under 5 subject to a child protection plan between 1st October 2013 to 30th September 2014 was 24 (the fifth highest in the county). The average number of looked after children aged under 5 in the same time period was 13 (the third highest in the county)³.

4. Stafford demographic profiles:

Population:

- There are approximately 46,099 children under 5 in Staffordshire according to mid-year population estimates. Approximately 6,782 of these live in Stafford, the second highest number of under 5's in the county, accounting for 11.5% of the district population⁴.

Ethnicity:

- Because of limits to mid-year population data, these statistics on ethnicity are taken from the 2011 Census, so overall totals are slightly different to above, with a total here of 7,007 children under 5 in Stafford. This total is made up of : 6,385 (91.12%) of the under 5's are white, 260 are from a mixed / multiple ethnic group (3.71%), 264 from Asian / Asian British groups (3.77%), 51 from African Caribbean / Black groups (0.73%) and 47 from an 'other ethnic group' (0.67%). As a district Stafford has comparably lower rates of ethnic diversity than national averages of: 86.0% white, 7.5% Asian / Asian British, and 1.0% other ethnic group. It does however have a higher proportion from mixed/multiple ethnic groups, when compared with the national average of 2.2%, and from Black/African/Caribbean/Black British compared with the national average of 3.3%.⁵

² Data received from Families First – 08/12/2014

³ Data received from Families First Business Improvement and Development Team 0-5 data profile

⁴ <http://www.staffordshireobservatory.org.uk/documents/Population/populationestimatesbriefingnote2013.pdf>

⁵ http://www.ons.gov.uk/ons/dcp171776_290558.pdf

Disability:

- According to the 2011 census data, there are 165 children with a disability in the District. There are also 2,224 households with dependent children (aged 0-18) where a parent has a disability.

Teenage Parents:

- In Stafford the rate of teenage conceptions between 2010-2012 is 26.1 per 1,000 15-17 year old females, which is the third lowest rate in the county, and below the national rate of 27.7⁶.

Deprivation:

- Stafford has the **highest number of households in the 30% most deprived areas of the County** (also known as Lower Super Output Areas – LSOAs)⁷.

5. Stafford local health profile:

Fertility rates:

- Based on the most recent data from 2010-2012, Stafford has a general fertility rate of 56.3 per 1,000 women aged 15-44. This is the fifth highest rate in the county, but lower than the Staffordshire average of 58.1 and the national average of 64.4⁸.

Smoking in pregnancy:

- At 10.7% Stafford had the fourth lowest rate of smoking at delivery in the county, which is well under both county (12.9%) and national (13.2%) averages, according to 2011/12 estimates⁹.

Perinatal and Infant Mortality:

- The rate of infant mortality in Stafford is the fourth highest in the county at 5.2 per 1,000 live births, equating to 20 infants in 2010-12. This is above the national average of 4.3 and the Staffordshire average of 5.1¹⁰.
- Stafford is below the national averages in terms of stillbirths (at 3.9 per 1,000 total births compared with 5.0 nationally), and is just below both national and Staffordshire averages in terms of perinatal mortality at 7.2 per 1,000 total births in Stafford, compared with 7.5 in Staffordshire and 7.3 nationally¹¹.

⁶<http://www.ons.gov.uk/ons/publications/re-reference-tables.html?edition=tcM%3A77-332828>

⁷ Staffordshire County Council Insight Team, 2014, *Best Start for Children 2014 – evidence base*. P60

⁸ *Working Together Better for Health – Staffordshire Needs Assessment (JSNA)* (November 2014)
<http://www.staffordshireobservatory.org.uk/publications/healthandwellbeing/yourhealthinstaffordshire.aspx> p114

⁹ Ibid P114.

¹⁰ Ibid P114

¹¹ Ibid P114

Low birth weight:

- Between 2010-12 the percentage of babies with low birth weight in Stafford was 6.3%, the third lowest rate in the County, and below the national and Staffordshire averages of 7.3%¹².

Breastfeeding prevalence:

- Across Staffordshire as a whole, breastfeeding prevalence rates at 6-8 weeks are low. Stafford had the second highest rate in the county in 2012/13 at 36.2%, which is above the Staffordshire average of 32.4% but **considerably lower than the national average** of 47.1%¹³.

Childhood obesity:

- As of 2012/13, approximately 9.4% of reception children are obese in Stafford, above the 9.3% national average though just below the 9.6% Staffordshire average¹⁴.

Mental Health:

- There are estimated to be between 27,300 and 32,500 people suffering mental ill-health across Stafford Borough. Levels of severe mental illness (defined as people with schizophrenia, bipolar disorder and other psychoses) recorded on GP disease registers in Stafford Borough are significantly lower than England averages, with approximately 750 people with a registered need in 2010/11¹⁵.

6. Potential health and equalities impacts for Stafford (EIA & HIA)

Proposals such as Best Start could have impacts on health and equalities for different groups in the community. It is necessary therefore to consider what these potentially negative consequences may be and take appropriate mitigating actions. With this in mind, this CIA has been informed by the guidance published by the Equality and Human Right Commission¹⁶. This guidance stated that impact assessments should consider the following:

1. Is the purpose of the policy change/decision clearly set out?
2. Have those affected by the policy/decision been involved?

¹² Ibid P114.

¹³ Ibid P114

¹⁴ Ibid P115

¹⁵ Staffordshire County Council, 2013. *District Profile – Stafford*. P9

<http://www.staffordshireobservatory.org.uk/documents/DistrictProfile/2013/DistrictProfiles/StaffordBoroughDistrictProfile2013.pdf>

¹⁶ Equality and Human Rights Commission, *Public Sector Equality Duties and Financial Decisions – A Note for Decision Makers*.

http://www.equalityhumanrights.com/uploaded_files/Wales/brief_note_for_decision_makers.doc#

3. Have potential positive and negative impacts been identified?
4. Are there plans to alleviate any negative impact?
5. Are there plans to monitor the actual impact of the proposal?

The following table presents some potential negative impacts of the proposals in the Best Start Cabinet Report specifically for Stafford and recommends some mitigating actions. Subject to Cabinet approval and the subsequent consultation these may change.

6.1 Table of key potentially negative impacts on health and equalities and mitigating actions

No	Potential Negative Impact	Type of Impact (Equalities/ Health)	Potential Groups Affected	Possible Mitigating Action
Area 1: A quality offer for all				
1.	Sexual health and contraception advice and guidance is ineffective in supporting young people and preventing unwanted pregnancies, particularly in areas of deprivation. Stafford has the third lowest rate of teenage pregnancy in the county, which is below the national average.	Health	Age, sex, pregnancy and maternity,	<ul style="list-style-type: none"> • Commissioners to ensure that sexual health and contraception information, advice and guidance meets the needs of areas with high rates of teenage pregnancy. • Commissioners to work with schools and colleges to ensure that PHSE in schools is inclusive and effective. • Engage with Children's Strategic Partnership to support mitigating actions.
2.	The new integrated approach to promoting parent and child health through the Health Child Programme fails to address current health inequalities. Of particular relevance to Stafford are: A) Generally positive health outcomes relative to the rest of the county.	Health	Age, sex, pregnancy and maternity.	<ul style="list-style-type: none"> • Effectively manage the transition of the School Nurse and Health Visiting commissioning responsibility to the local authority. • Review Health Visitor specification as part of the Best Start strategy to maximise effectiveness of this crucial role, particularly for hard to reach groups.

	<p>B) Slightly above national average rates of infant mortality</p> <p>C) Lower than national average rates of breastfeeding prevalence at 6-8 weeks (See section 5 for more details)</p>			<ul style="list-style-type: none"> Commissioners to work across the Children’s Strategic Partnership to improve outcomes.
3.	<p>The reconfiguring of current resources for early years may result in some families finding it more difficult to access early years provision.</p> <p>Stafford has five delivery sites proposed to be transferred to schools and one library sites. (section 1.2 – 3 for more info)</p>	Both	Age, sex, disability, pregnancy and maternity	<ul style="list-style-type: none"> If the proposals are approved ensure that as part of any transfer agreements specify the use of the resource to support early years and education outcomes. Commissioners to ensure that families can access services from a a range of appropriate venues that are , including the family home. Commissioners to ensure information, advice and guidance is accessible for all and has a locality focus. If the proposals are approved transfer agreements with schools will specify the use of the resource to support early years and education outcomes.
4.	<p>If there is not enough quality childcare placements, parents of children who need to work may be disadvantaged economically, further exacerbating educational inequality.</p> <p>Stafford has the highest number of households in the 30% most deprived areas of the County (also known as Lower Super Output Areas – LSOAs).</p>	Both	Age, sex, pregnancy and maternity, low income families, working parents, parents in education or training	<ul style="list-style-type: none"> Continue to work with Entrust to ensure sufficient childcare places are available and of a high quality. Engage with local members and partners to support promotion of uptake of free childcare places Continue to develop more childcare placements for 2 year olds from low income families

				through the Think 2 programme, including exploring whether venues at schools can be used for childcare.
5.	<p>IAG is not inclusive and is not tailored for people with physical and sensory disabilities or SEN, or for people whose first language is not English, leading to misinformation and confusion.</p> <p>Stafford has a small BME community relative to the national averages. It is therefore important to ensure that these communities are supported appropriately to reduce potential isolation (see section 4 for more details).</p>	Both	All, in particular disability (including those with sensory and learning disabilities) and race, (particularly any BME groups where English is an additional language).	<ul style="list-style-type: none"> Commissioners to ensure our IAG strategy enables families to access the appropriate information for their needs Actively publicise any changes and ensure information, advice and guidance is as accessible to all groups as practicable, offering different languages, easy read versions of documents and clear formats etc. If the proposals are approved provide information in a variety of languages, formats, (including hard copies, easy read and Braille etc) and make available at a variety of local community centres (e.g. community halls, temples, mosques, libraries etc).
Area 2: Extra support for those in need				
6.	<p>Changes to the early help offer may result in some families not having access to the services they require to remain independent.</p> <p>Tier 2 family support will continue to be available across the district.</p> <p>It is proposed that Silkmore Children’s Centre site will continue to be designated as a Children’s Centre.</p>	Both	All, particularly those with disabilities, rurally isolated and low income families.	<ul style="list-style-type: none"> If the proposals are approved, the District Co-ordinator to work with partners in each district, to ensure that the Best Start Offer is accessible and inclusive of diverse communities. A transition plan is in place with Families First to ensure that this is not a consequence of the proposals. Ensure that areas with highest needs and particularly those families living in the most deprived areas are considered fully in implementing the new

				<p>model.</p> <ul style="list-style-type: none"> • If the proposals are approved ensure the District Co-ordinator ensures that effective partnership working arrangements are in place. • Utilise the live birth data, now available to SCC, to target families living in the 0-30% most deprived areas.
7.	<p>Some families from different ethnic and cultural backgrounds may be affected by any changes to current early years offer and review of current contracted services.</p> <p>Stafford has a small BME community relative to the national averages. It is therefore important to ensure that these communities are supported appropriately to reduce potential isolation (see section 4 for more details).</p>	Equalities	Race, religion and belief	<ul style="list-style-type: none"> • If the proposals are approved ensure all groups of children and families are considered and engaged with to ensure sufficient access to a culturally appropriate offer. • If the proposals are approved build equality/diversity requirements into contracts and specifications to ensure that diverse needs are addressed and services are accessible.

7. Implications for staff:

There are no staff employed by SCC delivering the existing service in this District as such there are no staffing implications for Staffordshire County Council. The existing service is delivered by an external organisation. Should the service delivery provider change as a result of this proposal this could result in TUPE – Transfer of Undertaking and Protection of Employment (from one provider to another), if the service provision is similar in nature.

8. Rural considerations:

Staffordshire has a significant rural population, and as such the proposals must take into consideration the needs of children and families who live in rural communities. Stafford is classified by DEFRA's 2001 Rural-Urban Definition Local Authority Classification as being significantly rural¹⁷. This will mean that access and transport

¹⁷ DEFRA, 2001. *2001 Rural Urban Definition, LA Classification and other geographies*.
<https://www.gov.uk/government/statistics/2001-rural-urban-definition-la-classification-and-other-geographies>

issues for those that live in rural area must be considered when implementing the proposals put forward by the Best Start review (if approved by Cabinet) to ensure no residents are disadvantaged in accessing support.

9. Implications for climate change:

The climate change implications of the proposal can largely only be understood through close and individual-level working that would follow the Cabinet decision if approved, for example in the details around use of buildings or other community resources. However, it is not expected that there would be significant implications.

10. Monitoring and review

The actions set out by this Community Impact Assessment to mitigate any equalities and health impacts of the Best Start proposals will need to be monitored with regards to the performance of the identified mitigating actions. This will need to take place through the Children’s Improvement Board and Early Years Advisory Board as the key partnership forum.

Community Impact Assessment Best Start Consultation Findings and Final Proposals

Community Impact assessments (CIAs) should be used whenever there is a policy or service change. The template will enable staff to record how they have taken account of the following essential areas within proposals;

- Strategic Priorities
- Public Sector Equality Duty
- Health inequalities
- Rural issues
- Climate change

The Public Sector Equality Duty is a legal requirement and must be applied in all that we do, and in particular whenever there are changes. See guidance note and frequently asked questions for further information.

Name of proposal: Best Start		
State here which of the County Council priorities the proposal will deliver against:		
County Council Outcome	People’s Service Area Outcome	Project Outcomes
Be healthier and more independent;	Independent - People manage their own life, make their own choices, deal with issues their own way	That children and their parents lead healthy and happy lives and have the ability to care for each other.
Feel safer, happier and more supported in and by their community.	Healthy & Well - People live long and fulfilling lives, being able to address the health and wellbeing issues that affect them	That parents are enabled to give their child the best start in life and vulnerable families can access help when it is needed.
Be able to access more good jobs and feel the benefit of economic growth	Staffordshire has a workforce fit for a modern economy – developing the skills and aspirations of residents	Families can access high quality childcare and learning opportunities to build the right skills.
Project lead: (s)		
Janene Cox, Commissioner for Tourism and Cultural County Sharon Moore, Commissioner for Families		

Names of other officers involved

Paul Woodcock – County Commissioner for Children’s Wellbeing
Andrew Donaldson – Senior Policy Manager
Kerry Dove – Partnership and Development Manager
Michelle Rowe – Team Senior Solicitor
Lynda Stevenson – Project Manager
Wendy Tompson – Corporate Engagement and Consultation Manager
Adam Rooney – Strategic Policy Officer
Clare Abbotts – Senior Campaigns Officer
District Children’s Commissioners & District Commissioning Leads

Date:

21st January 2015

Executive summary of the assessment

This is a Community Impact Assessment (CIA) for the **Staffordshire Moorlands** based on the proposals of the January Best Start Cabinet Report, and builds upon the Outline and Scoping Community Impact Assessments conducted in March and September 2014. It analyses both the findings of the 8 week public consultation on the proposals set out in September 2014 as well as the final proposals for a new way of working for early years.

This Community Impact Assessment analyses the potential health and equalities impacts of the proposals put forward by the Cabinet Report and suggests mitigating actions to help prevent disadvantage to any protected groups.

Signature

Janene Cox, Commissioner for Tourism and Cultural County

1. Introduction & Context:

Staffordshire County Council has three priority outcomes to build a better Staffordshire. These priorities are that the people of Staffordshire will:

- be able to access more good jobs and feel the benefits of economic growth
- be healthier and more independent
- feel safer, happier and more supported in and by their community

Ensuring that parents are able to give their children the best start in life is critical to achieving these outcomes. The first five years of every child's life are vital for their future health and wellbeing. There is an overwhelming amount of evidence that shows the huge impact of the care a child receives in this period of their life, and how it turns out to influence virtually all aspects of development moving forward, from educational attainment to health outcomes.

This report should be read together with the Best Start Cabinet Report, the other Community Impact Assessments for each district and the Best Start Consultation report.

1.1. Purpose of this report

The purpose of this report is to consider the potential equality and health impacts on the **Staffordshire Moorlands** district of the final proposals for early years provision set out in the January Best Start Cabinet Report. This includes analysis of any potential implications for the health of residents, as well as any impacts on residents that have one of the nine protected characteristics set out by the Equalities Act 2010, as assessed based on the information currently available. These include:

- age;
- disability;
- gender reassignment;
- marriage and civil partnership;
- pregnancy and maternity;
- race;
- religion or belief;
- sex;
- sexual orientation.

This report should be read together with the other Community Impact Assessments for each district and the overarching Community Impact Assessment that outlines more broadly general implications for the County.

1.2. Best Start proposals in Staffordshire Moorlands

Our initial review showed that not enough families, including those who are most vulnerable, are accessing the facilities we are currently using to provide early years services from. This includes those that are 'designated' Children Centres and those that are not. Our proposals include plans to reconfigure our premises in order to

deliver what is required in a different way and working with our partners to deliver an integrated Best Start offer for Staffordshire.

As part of the proposals, we propose to change how we use our school based facilities. We plan to transfer management of some facilities to schools to ensure that the resources are used in a different way to assist child development and contribute to school readiness. In Staffordshire Moorlands, the locations in this category are:

- All Saints First School
- Beresford Memorial CE First School
- Cheadle Primary School

We also propose to continue to use a smaller number of facilities within communities as Family Hubs where the model is working well, has good attendance rates and this approach would benefit. In Staffordshire Moorlands, only one location is in this category:

- Staffordshire Moorlands Children's Centre (Phase 1)

There are also some locations where we feel that the current facilities should be reviewed by the Strategic Property Board. In Staffordshire Moorlands, these locations are:

- Wetley Rocks and Cheddleton Village Hall (Leek and Rural)

We also propose that we reconfigure use of space in libraries and transfer management to the Culture and Library Service. In Staffordshire Moorlands, there are two locations within this category:

- Blythe Bridge Library (Blythe Bridge Children's Centre)
- Werrington Library (Werrington Children's Centre)

2. Consultation findings

The public consultation on the Best Start proposal went live on 4th October 2014 and closed on 3rd December 2014. An overall summary of the findings of the consultation, as well as the methodology used, can be found as appendices to the Best Start Cabinet paper for January 21st 2015.

Overall, 1399 responses were received to the consultation. Despite this rate of response being statistically significant at a county level, to achieve a statistically robust response at a district level between 1,200 and 1,250 responses '**per district**' would have been required. Therefore this analysis will discuss countywide trends and assess how they may impact on TBC, based on the proposals for the area set out in the section above.

2.1. Consultation – Staffordshire Moorlands

There were **190** responses from Staffordshire Moorlands to the public consultation, **the second highest number of responses** of the 8 Districts. Key issues that were raised at a county-level include:

- The vast majority of respondents supported the principles of the Best Start proposals and our objectives, including promoting positive parenting, focusing on early help and ensuring children are school ready.
- Across the county 32% of the respondents agreed with the proposals overall, whilst 36% disagreed and 24% neither agreed nor disagreed, 9% stated that they didn't know.
- 40% of respondents agreed with the proposed changes to school based facilities, with 22% disagreeing, 24% unsure and 14% stating they did not know. The main concerns flagged were how schools planned to use the facilities to support the offer. **In Staffordshire Moorlands, these locations were: All Saints First School, Beresford and Cheadle Primary School. Although it is anticipated, following initial conversations, that all will provide a early years focused offer themselves subject to a decision to transfer the properties.**
- 48% of respondents agreed with continuing to use centres that were working well, with 24% disagreeing, 18% neither agreeing nor disagreeing and 10% not knowing. **In Staffordshire Moorlands, the only location which falls into this category is Staffordshire Moorlands Children's Centre (Phase 1).**
- 13% of respondents agreed with no longer using certain facilities as designated children's centres, with 51% disagreeing and 22% neither agreeing nor disagreeing. Accessibility was frequently raised as a significant issue, with many respondents concerned that the changes would isolate some families, particularly families in rural areas and those with low incomes. **The only location in Staffordshire Moorlands in this category is Wetley Rocks and Cheddleton Village Hall.**

Staffordshire Moorlands has a relatively high level of rurality, meaning that consideration must be given to transport and alternative provision in this review. Equally, while the area is the second lowest in the county in terms of deprivation, there are areas where this is an issue which must be considered. However access and rurality are the two key concerns that will need to be considered in terms of any future commissioned services.

- 11% of respondents agreed with the proposed changes to the space in libraries, with 44% disagreeing and 28% neither disagreeing nor agreeing. Again concerns were raised about how this might affect rural areas and more vulnerable families. **In Staffordshire Moorlands, there are two locations in this category: Blythe Bridge Library (Blythe Bridge Children's Centre) and Werrington Library (Werrington Children's Centre). However in both**

of these locations a wider community offer, that would include children and young people, subject to the concurrent Libraries review, would be explored.

3. Current provision and usage in Staffordshire Moorlands:

In terms of Children's Centres, below is the attendance at each centre in Staffordshire Moorlands in 2014. This includes attendance for both children and adults as well as those children from the most deprived areas.

Children's Centre	Attendances (children and adults) 2013-14	Number of under 5's reached from 0-30% most deprived areas
School sites		
All Saints First School	4480	41
Beresford Memorial CE First School	3428	137
Cheadle Primary School	8194	77
Retain as Designated Children's Centre		
Staffordshire Moorlands Children's Centre (Phase 1)	4091	118
Community Sites		
Wetley Rocks and Cheddleton Village Hall	0	0
Library Sites		
Blythe Bridge Library	3287	15
Werrington Library	3843	32

In order to identify the above proposals for Children's Centres, a robust ranking system has been created that indicates which centres are critical to the new model and should be retained as designated Children's Centres. Those that will be retained are in the highest areas of deprivation; evidence a good level of attendance by families and children most in need of help and evidence the best value for money. The views of the public from the consultation have also impacted on the final decision. The remaining facilities will continue to be used by partners, parents and children, however, as part of the broader Best Start Offer, with some subject to review by the Strategic Property Board.

In terms of the wider offer, in 2013/14, in Staffordshire Moorlands there were 39 children under 5 who received an early help assessment (CAF) for early intervention / Tier 3 support (second lowest of the eight districts in the county)¹.

For more specialist support, in Staffordshire Moorlands, the average number of children under 5 subject to a child protection plan between 1st October 2013 to 30th September 2014 was 18 (the third lowest in the county). The average number of looked after children aged under 5 in the same time period was 8 (also the third lowest in the county)².

4. Staffordshire Moorlands demographics:

Population:

- There are approximately 46,099 children under 5 in Staffordshire according to mid-year population estimates. Approximately Of these children, 4,688 live in Staffordshire Moorlands, the lowest number in the county and accounting for 10.3% of the population of the district³.

Ethnicity:

- Because of limits to mid-year population data, these statistics on disability are taken from the 2011 Census, so overall totals are slightly different to above, with a total here of 4,671 children under 5 in Staffordshire Moorlands. Of these, 4,541 (97.22%) of the under 5's are white, 89 are from a mixed / multiple ethnic group (1.91%), 31 from Asian / Asian British groups (0.66%), 9 from African Caribbean / Black groups (0.19%) and 1 from an 'other ethnic group' (only 0.02%). This shows that Staffordshire Moorlands has a considerably lower level of ethnic diversity than the national average (86% white, 7.5% Asian / Asian British, 3.3% Black / African / Caribbean / Black British, 1% other ethnic group)⁴.

Disability:

- According to the 2011 census data, there are 105 children with a disability in the District. There are also 1,714 households with dependent children (aged 0-18) where a parent has a disability.

Teenage Parents:

- In Staffordshire Moorlands the rate of teenage conceptions is 32.1 per 1,000 15-17 year old females, above the county rate of 28.9 and the national rate of 27.7⁵.

¹ Data received from Families First – 08/12/2014

² Data received from Families First Business Improvement and Development Team 0-5 data profile

³ <http://www.staffordshireobservatory.org.uk/documents/Population/populationestimatesbriefingnote2013.pdf>

⁴ http://www.ons.gov.uk/ons/dcp171776_290558.pdf

⁵ <http://www.ons.gov.uk/ons/publications/re-reference-tables.html?edition=tcm%3A77-332828>

Deprivation:

- Staffordshire Moorlands is seventh of the eight districts for the number of households in the 30% most deprived areas of the County (also known as Lower Super Output Areas – LSOAs).⁶

5. Staffordshire Moorlands local health profile:

Fertility rates:

- Based on the most recent data from 2010-2012, Staffordshire Moorlands has a general fertility rate of 54.1 per 1,000 women aged 15-44. This is lower than the average rate in England and below the Staffordshire average of 58.1⁷.

Smoking in pregnancy:

- Staffordshire Moorlands has a higher than national average levels of smoking on delivery at 13.5% in 2011/12 (Insight doc p13). At ward level, Leek North has particularly high levels, with 50% smoking at booking, and 44% smoking at delivery⁸.

Perinatal and Infant Mortality:

- Staffordshire Moorlands is below the national and county averages in terms of stillbirths (4.5 per 1,000 total births) and infant mortality (4.2 per 1,000 live births), but has **the highest rate of perinatal mortality in the County** (8.3 per 1,000 total births)⁹.

Low birth weight:

- Between 2010-12 the percentage of babies with low birth weight was 6.8%, slightly below the national and Staffordshire average of 7.3%¹⁰.

Breastfeeding prevalence:

- Across Staffordshire as a whole, breastfeeding prevalence rates at 6-8 weeks are low. However Staffordshire Moorlands had the highest rate in the county in 2012/13 (43.6%) which is approaching the national rate¹¹.

⁶ Staffordshire County Council Insight Team, 2014, *Best Start for Children 2014 – evidence base*. P60

⁷ Working Together Better for Health – Staffordshire Needs Assessment (JSNA) (November 2014) <http://www.staffordshireobservatory.org.uk/publications/healthandwellbeing/yourhealthinstaffordshire.aspx> p114

⁸ Ibid P114.

⁹ Ibid P114

¹⁰ Ibid P114

¹¹ Ibid P114

Childhood obesity:

- Around 9.5% of reception children are obese in Staffordshire Moorlands, compared to 9.3% nationally. Moorlands is in line with the 9.6% Staffordshire average. There has been an increase in the Reception year figures since 2007/08. As of 2012, it was estimated that approximately 2000 children in the Moorlands were overweight and 1,900 were obese¹².

Mental Health:

- There are estimated to be between 20,700 and 24,600 people suffering mental ill-health across Staffordshire Moorlands. Levels of severe mental illness (defined as people with schizophrenia, bipolar disorder and other psychoses) recorded on GP disease registers in Staffordshire Moorlands are similar to England, with approximately 640 people with a registered need in 2010/11¹³.

6. Potential health and equalities impacts on communities (EIA & HIA)

Proposals such as Best Start could have impacts on health and equalities for different groups in the community. It is necessary therefore to consider what these potentially negative consequences may be and take appropriate mitigating actions. With this in mind, this CIA has been informed by the guidance published by the Equality and Human Right Commission¹⁴. This guidance stated that impact assessments should consider the following:

1. Is the purpose of the policy change/decision clearly set out?
2. Have those affected by the policy/decision been involved?
3. Have potential positive and negative impacts been identified?
4. Are there plans to alleviate any negative impact?
5. Are there plans to monitor the actual impact of the proposal?

The following table presents some potential negative impacts of the proposals in the Best Start Cabinet Report specifically for Staffordshire Moorlands and recommends some mitigating actions. Subject to Cabinet approval and the subsequent consultation these may change.

¹² Ibid P115

¹³ Staffordshire County Council, 2014. *District Profile – Staffordshire Moorlands*. P9
<http://www.staffordshireobservatory.org.uk/documents/DistrictProfile/2013/DistrictProfiles/StaffordshireMoorlandsBoroughDistrictProfile2013.pdf>

¹⁴ Equality and Human Rights Commission, *Public Sector Equality Duties and Financial Decisions – A Note for Decision Makers*.
http://www.equalityhumanrights.com/uploaded_files/Wales/brief_note_for_decision_makers.doc#

6.1 Table of key potentially negative impacts on health and equalities in Staffordshire Moorlands and mitigating actions

No	Potential Negative Impact	Type of Impact (Equalities/ Health)	Potential Groups Affected	Possible Mitigating Action
Area 1: A quality offer for all				
1.	<p>Sexual health and contraception advice and guidance is ineffective in supporting young people and preventing unwanted pregnancies, particularly in areas of deprivation.</p> <p>Staffordshire Moorlands has the third highest rate of teenage pregnancy in the county, which is above the national average.</p>	Health	Age, sex, pregnancy and maternity,	<ul style="list-style-type: none"> Commissioners to ensure that sexual health and contraception information, advice and guidance meets the needs of areas with high rates of teenage pregnancy. Commissioners to work with schools and colleges to ensure that PHSE in schools is inclusive and effective. Engage with Children's Strategic Partnership to support mitigating actions.
2.	<p>The new integrated approach to promoting parent and child health through the Health Child Programme fails to address current health inequalities.</p> <p>Of particular relevance to Staffordshire Moorlands are:</p> <p>A) Higher than national average levels of smoking on delivery (especially the Leek ward).</p> <p>B) Lower than national average rates of breastfeeding prevalence at 6-8 weeks</p>	Health	Age, sex, pregnancy and maternity.	<ul style="list-style-type: none"> Effectively manage the transition of the School Nurse and Health Visiting commissioning responsibility to the local authority. Review Health Visitor specification as part of the Best Start strategy to maximise effectiveness of this crucial role, particularly for hard to reach groups. Commissioners to work across the Children's Strategic Partnership to improve outcomes.
3.	The reconfiguring of current resources for early years may result in some families	Both	Age, sex, disability, pregnancy	<ul style="list-style-type: none"> If the proposals are approved ensure that as part of any

	<p>finding it more difficult to access early years provision.</p> <p>Staffordshire Moorlands has three delivery sites proposed to be transferred to schools and two proposed library sites that are no longer to be used in the early years offer in Blythe Bridge and Werrington.</p> <p>Staffordshire Moorlands is a rural-50 district, and there are some areas where transport and access to support may be more difficult.</p> <p>(section 1.2 – 3 for more info)</p>		and maternity	<p>transfer agreements specify the use of the resource to support early years and education outcomes.</p> <ul style="list-style-type: none"> Commissioners to ensure that families can access services from a a range of appropriate venues that are , including the family home. Commissioners to ensure information, advice and guidance is accessible for all and has a locality focus. If the proposals are approved transfer agreements with schools will specify the use of the resource to support early years and education outcomes.
4.	<p>If there is not enough quality childcare placements, parents of children who need to work may be disadvantaged economically, further exacerbating educational inequality.</p> <p>Staffordshire Moorlands has the second fewest households in the 30% most deprived areas of the County (also known as Lower Super Output Areas – LSOAs).</p>	Both	Age, sex, pregnancy and maternity, low income families, working parents, parents in education or training	<ul style="list-style-type: none"> Continue to work with Entrust to ensure sufficient childcare places are available and of a high quality. Engage with local members and partners to support promotion of uptake of free childcare places Continue to develop more childcare placements for 2 year olds from low income families through the Think 2 programme, including exploring whether venues at schools can be used for childcare.
5.	<p>IAG is not inclusive and is not tailored for people with physical and sensory disabilities or SEN, or for people whose first language is not English, leading to misinformation and confusion.</p>	Both	All, in particular disability (including those with sensory and learning disabilities) and race,	<ul style="list-style-type: none"> Commissioners to ensure our IAG strategy enables families to access the appropriate information for their needs Actively publicise any changes and ensure information, advice and guidance is as accessible

	<p>Staffordshire Moorlands has a small BME community relative to the national averages. It is therefore important to ensure that these communities are supported appropriately to reduce potential isolation (see section 4 for more details).</p>		<p>(particularly any BME groups where English is an additional language).</p>	<p>to all groups as practicable, offering different languages, easy read versions of documents and clear formats etc.</p> <ul style="list-style-type: none"> • If the proposals are approved provide information in a variety of languages, formats, (including hard copies, easy read and Braille etc) and make available at a variety of local community centres (e.g. community halls, temples, mosques, libraries etc).
<p>Area 2: Extra support for those in need</p>				
<p>6.</p>	<p>Changes to the early help offer may result in some families not having access to the services they require to remain independent. Tier 2 family support will continue to be available across the district</p> <p>It is proposed that Staffordshire Moorlands Children’s Centre site (phase 1) will be retained as a designated Children’s Centre (see sections 1.2-3 for more details).</p>	<p>Both</p>	<p>All, particularly those with disabilities, rurally isolated and low income families.</p>	<ul style="list-style-type: none"> • If the proposals are approved, the District Co-ordinator to work with partners in each district, to ensure that the Best Start Offer is accessible and inclusive of diverse communities. • A transition plan is in place with Families First to ensure that this is not a consequence of the proposals. • Ensure that areas with highest needs and particularly those families living in the most deprived areas are considered fully in implementing the new model. • If the proposals are approved ensure the District Co-ordinator ensures that effective partnership working arrangements are in place. • Utilise the live birth data, now available to SCC, to target families living in the 0-30% most deprived areas.

7.	<p>Some families from different ethnic and cultural backgrounds may be affected by any changes to current early years offer and review of current contracted services.</p> <p>Staffordshire Moorlands has a small BME community relative to the national averages. It is therefore important to ensure that these communities are supported appropriately to reduce potential isolation (see section 4 for more details).</p>	Equalities	Race, religion and belief	<p>If the proposals are approved ensure all groups of children and families are considered and engaged with to ensure sufficient access to a culturally appropriate offer.</p> <ul style="list-style-type: none"> • If the proposals are approved build equality/diversity requirements into contracts and specifications to ensure that diverse needs are addressed and services are accessible.
----	--	------------	---------------------------	--

7. Implications for staff:

There are no staff employed by SCC delivering the existing service in this District as such there are no staffing implications for Staffordshire County Council. The existing service is delivered by an external organisation. Should the service delivery provider change as a result of this proposal this could result in TUPE – Transfer of Undertaking and Protection of Employment (from one provider to another), if the service provision is similar in nature.

8. Rural considerations:

Staffordshire has a significant rural population, and as such the proposals must take into consideration the needs of children and families who live in rural communities.

Staffordshire Moorlands is classified by DEFRA's 2001 Rural-Urban Definition¹⁵ as a rural-50 area. This means that Staffordshire Moorlands has areas of rurality that must be considered when implementing the proposals put forward by the Best Start review (if approved by Cabinet) to ensure no residents are disadvantaged in accessing support.

Two mobile units are to be retained as a result of the feedback received from the consultation regarding the issue of access and rurality.

¹⁵ DEFRA, 2001. *2001 Rural Urban Definition, LA Classification and other geographies*.
<https://www.gov.uk/government/statistics/2001-rural-urban-definition-la-classification-and-other-geographies>

9. Implications for climate change:

The climate change implications of the proposal can largely only be understood through close and individual-level working that would follow the Cabinet decision if approved, for example in the details around use of buildings or other community resources. However, it is not expected that there would be significant implications.

10. Monitoring and review

The actions set out by this Community Impact Assessment to mitigate any equalities and health impacts of the Best Start proposals will need to be monitored with regards to the performance of the identified mitigating actions. This will need to take place through the Children’s Improvement Board and Early Years Advisory Board as the key partnership forum.

**Community Impact Assessment
Best Start Consultation Findings and Final Proposals**

Community Impact assessments (CIAs) should be used whenever there is a policy or service change. The template will enable staff to record how they have taken account of the following essential areas within proposals;

- Strategic Priorities
- Public Sector Equality Duty
- Health inequalities
- Rural issues
- Climate change

The Public Sector Equality Duty is a legal requirement and must be applied in all that we do, and in particular whenever there are changes. See guidance note and frequently asked questions for further information.

Name of proposal: Best Start		
State here which of the County Council priorities the proposal will deliver against:		
County Council Outcome	People’s Service Area Outcome	Project Outcomes
Be healthier and more independent;	Independent - People manage their own life, make their own choices, deal with issues their own way	That children and their parents lead healthy and happy lives and have the ability to care for each other.
Feel safer, happier and more supported in and by their community.	Healthy & Well - People live long and fulfilling lives, being able to address the health and wellbeing issues that affect them	That parents are enabled to give their child the best start in life and vulnerable families can access help when it is needed.
Be able to access more good jobs and feel the benefit of economic growth	Staffordshire has a workforce fit for a modern economy – developing the skills and aspirations of residents	Families can access high quality childcare and learning opportunities to build the right skills.
Project lead: (s)		
Janene Cox, Commissioner for Tourism and Cultural County Sharon Moore, Commissioner for Families		

Names of other officers involved

Paul Woodcock – County Commissioner for Children’s Wellbeing
Andrew Donaldson – Senior Policy Manager
Kerry Dove – Partnership and Development Manager
Michelle Rowe – Team Senior Solicitor
Lynda Stevenson – Project Manager
Wendy Tompson – Corporate Engagement and Consultation Manager
Adam Rooney – Strategic Policy Officer
Clare Abbotts – Senior Campaigns Officer
District Children’s Commissioning Officers & District Commissioning Leads

Date:

21st January 2015

Executive summary of the assessment

This is a Community Impact Assessment (CIA) for the **Tamworth** based on the proposals of the January Best Start Cabinet Report, and builds upon the Outline and Scoping Community Impact Assessments conducted in March and September 2014. It analyses both the findings of the 8 week public consultation on the proposals set out in September 2014 as well as the final proposals for a new way of working for early years.

This Community Impact Assessment analyses the potential health and equalities impacts of the proposals put forward by the Cabinet Report and suggests mitigating actions to help prevent disadvantage to any protected groups.

Signature

Janene Cox, Commissioner for Tourism and Cultural County

1. Introduction & Context:

Staffordshire County Council has three priority outcomes to build a better Staffordshire. These priorities are that the people of Staffordshire will:

- be able to access more good jobs and feel the benefits of economic growth
- be healthier and more independent
- feel safer, happier and more supported in and by their community

Ensuring that parents are able to give their children the best start in life is critical to achieving these outcomes. The first five years of every child's life are vital for their future health and wellbeing. There is an overwhelming amount of evidence that shows the huge impact of the care a child receives in this period of their life, and how it turns it influences virtually all aspects of development moving forward, from educational attainment to health outcomes.

Early years is also a critical part of our recently published business plan for 2014-17 *Leading for a Connected Staffordshire*. 'Best Start' is one of our seven key areas of activity, and has significant links to the other six areas, particularly 'ready for life', 'resilient communities' and 'great place to live'.

1.1. Purpose of this report

The purpose of this report is to consider the potential equality and health impacts on the **Tamworth** district of the final proposals for early years provision set out in the January Best Start Cabinet Report. This includes analysis of any potential implications for the health of residents, as well as any impacts on residents that have one of the nine protected characteristics set out by the Equalities Act 2010, as assessed based on the information currently available. These include:

- age;
- disability;
- gender reassignment;
- marriage and civil partnership;
- pregnancy and maternity;
- race;
- religion or belief;
- sex;
- sexual orientation.

This report should be read together with the Best Start Cabinet Report, the other Community Impact Assessments for each district and the Best Start Consultation report.

1.2. Best Start proposals

Our initial review showed that not enough families, including those who are most vulnerable, are accessing the facilities we are currently using to provide early years services from. This includes those that are 'designated' Children Centres and those

that are not. Our proposals include plans to reconfigure our premises in order to deliver what is required in a different way and working with our partners to deliver an integrated Best Start offer for Staffordshire.

As part of the proposals, we propose to change how we use our school based facilities. We plan to transfer management of some facilities to schools to ensure that the resources are used in a different way to assist child development and contribute to school readiness. In Tamworth, the locations in this category are:

- Amington Heath Children's Centre
- Dosthill Primary
- Heathfields Primary

We also propose to continue to use a smaller number of facilities within communities as Family Hubs where the model is working well, has good attendance rates and this approach would benefit. In Tamworth, the locations in this category are:

- Glascote Children's Centre (Phase 1)
- Leyfields Children's Centre

There are also some locations where we feel that the current facilities should be reviewed by the Strategic Property Board. In Tamworth, these locations are:

- Tamworth Early Years Children's Centre (Phase 1)
- Exley Children's Centre

We also propose that we reconfigure use of space in libraries and transfer management to the Culture and Library Service. There are no locations in Tamworth within this category.

2. Consultation findings

The public consultation on the Best Start proposal went live on 4th October 2014 and closed on 3rd December 2014. An overall summary of the findings of the consultation, as well as the methodology used, can be found as appendices to the Best Start Cabinet paper for January 21st 2015.

Overall, 1399 responses were received to the consultation. Despite this rate of response being statistically significant at a county level, to achieve a statistically robust response at a district level between 1,200 and 1,250 responses '**per district**' would have been required. Therefore this analysis will discuss countywide trends and assess how they may impact on Tamworth, based on the proposals for the area set out in the section above.

2.1. Consultation – Tamworth

There were **163 responses** from Tamworth to the consultation, **the fifth highest number of responses** of the 8 Districts. Key issues that were raised at a county level include:

- The vast majority of respondents supported the principles of the Best Start proposals and our objectives, including promoting positive parenting, focusing on early help and ensuring children are school ready.
- Across the county 32% of the respondents agreed with the proposals overall, whilst 36% disagreed and 24% neither agreed nor disagreed, 9% stated that they didn't know.
- 40% of respondents agreed with the proposed changes to school based facilities, with 22% disagreeing, 24% unsure and 14% stating they did not know. The main concerns flagged were how schools planned to use the facilities to support the offer. **There are 3 centres in this category in Tamworth, Amington Heath, Dosthill Primary and Heathfields Primary.**
- 48% of respondents agreed with continuing to use centres that were working well, with 24% disagreeing, 18% neither agreeing nor disagreeing and 10% not knowing. **In Tamworth this includes the Glascote Children's Centre (Phase 1) and Leyfields Children's Centre.**
- 13% of respondents agreed with no longer using certain facilities as designated children's centres, with 51% disagreeing and 22% neither agreeing nor disagreeing. Accessibility was frequently raised as a significant issue, with many respondents concerned that the changes would isolate some families, particularly families in rural areas and those with low incomes. **In Tamworth this includes Tamworth Early Years Children's Centre (Phase 1) and Exley Children's Centre.**

Although Tamworth is an urban area rather than a rural area, transport should be less of a concern. However, it has significant pockets of deprivation, which will need to be considered when implementing the new approach to early years.

- 11% of respondents agreed with the proposed changes to the space in libraries, with 44% disagreeing and 28% neither disagreeing nor agreeing. Again concerns were raised about how this might affect rural areas and more vulnerable families. **There are no centres in this category in Tamworth.**

3. Current provision and usage:

In terms of Children's Centres, below is the attendance at each centre in Tamworth in 2014. This includes attendance for both children and adults as well as those children from the most deprived areas.

Children's Centre	Attendances (children and adults) 2013-14	Number of under 5's reached from 0-30% most deprived areas
School sites		
Amington Heath Children's Centre	3098	78
Dosthill Primary (Wilnecote Children's Centre)	1171	0
Heathfields Primary (Wilnecote Children's Centre)	4052	69
Community Sites		
Glascote Children's Centre	9967	253
Leyfields Children's Centre	6790	131
Tamworth Early Years Children's Centre	5382	158
Exley Children's Centre	4395	108

In order to identify the above proposals for Children's Centres, a robust ranking system has been created that indicates which centres are critical to the new model and should be retained as designated Children's Centres. Those that will be retained are in the highest areas of deprivation; evidence a good level of attendance by families and children most in need of help and evidence the best value for money. The views of the public from the consultation have also impacted on the final decision. The remaining facilities will continue to be used by partners, parents and children, however, as part of the broader Best Start Offer, with some subject to review by the Strategic Property Board.

In terms of the wider offer, in 2013/14 in Tamworth there were 51 children under 5 who received an early help assessment (CAF) for early intervention / Tier 3 support (third fewest of the eight districts in the county)¹.

¹ Data received from Families First – 08/12/2014

For more specialist support, in Tamworth, the average number of children under 5 subject to a child protection plan between 1st October 2013 to 30th September 2014 was 43 (the second highest in the county). The average number of looked after children aged under 5 in the same time period was 17 (also the second highest in the county)².

4. Tamworth demographic profiles:

Population:

- There are approximately 46,099 children under 5 in Staffordshire according to mid-year population estimates. Approximately 4,978 of these live in Tamworth, the second lowest number of under 5's in the county, accounting for 6.5% of the district population, the highest proportion in the county³.

Ethnicity:

- Because of limits to mid-year population data, these statistics for ethnicity are taken from the 2011 Census, so overall totals are slightly different to above, with a total here of 5,061 children under 5 in Tamworth. Of these, 4,819 (95.2%) of the under 5's are white, 163 are from a mixed / multiple ethnic group (3.22%), 50 from Asian / Asian British groups (0.99%), 25 from African Caribbean / Black groups (0.49%) and only 4 from an 'other ethnic group' (0.08%). This shows that Tamworth has a generally lower level of ethnic diversity than the national average, which is significantly lower with the groups of Asian/Asian British, Black/African/Caribbean/Black British and 'other ethnic' (English averages are 86% white, 7.5% Asian / Asian British, 3.3% Black / African / Caribbean / Black British, 1% other ethnic group)⁴.

Disability:

- According to the 2011 census data, there are 116 children with a disability in the District. There are also 1,635 households with dependent children (aged 0-18) where a parent has a disability.

Teenage Parents:

- In Tamworth the rate of teenage conceptions between 2010-2012 was 44.0 per 1,000 15-17 year old females, which **is by far the highest rate in the county and significantly above the national rate** of 27.7⁵.

Deprivation:

- 13 (26.0%) of the 50 Lower Super Output Areas (LSOAs) in Tamworth fall within the 30% most deprived areas of the Country, which is the second highest proportion across all eight districts⁶.

² Data received from Families First Business Improvement and Development Team 0-5 data profile

³ <http://www.staffordshireobservatory.org.uk/documents/Population/populationestimatesbriefingnote2013.pdf>

⁴ http://www.ons.gov.uk/ons/dcp171776_290558.pdf

⁵ <http://www.ons.gov.uk/ons/publications/re-reference-tables.html?edition=tc%3A77-332828>

5. Tamworth local health profile:

Fertility rates:

- Based on the most recent data from 2013, Tamworth has a general fertility rate of 61.2 per 1,000 women aged 15-44. This is the third highest rate in the county, higher than the Staffordshire average of 56.5 and slightly below the national average of 62.4⁷.

Smoking in pregnancy:

- Tamworth has a higher than national average levels of smoking in pregnancy at 15.1% according to 2012/13 estimates. This is 0.1% lower than the Staffordshire average but 2.4% higher than the national average⁸.

Perinatal and Infant Mortality:

- The rate of infant mortality in Tamworth is the **third highest in the county** at 5.8 per 1,000 live births, according to provisional figures for 2011-13. This is considerably above the national average of 4.1 and the Staffordshire average of 5.0⁹.
- Tamworth is **considerably above the County and national averages in terms of stillbirths** (5.8 per 1,000 total births compared with 4.5 across Staffordshire and 4.9 nationally), and is also above both national and Staffordshire averages in terms of perinatal mortality (at 7.5 per 1,000 total births in Tamworth, compared with 7.3 across Staffordshire and 7.1 nationally)¹⁰.

Low birth weight:

- Between 2011-13 the percentage of babies with low birth weight in Tamworth was 8.0%, the third highest rate in the County and above the national and Staffordshire averages, of 7.4% and 7.3% respectively¹¹.

Breastfeeding prevalence:

- Across Staffordshire as a whole, breastfeeding prevalence rates at 6-8 weeks are low. Tamworth had **the lowest rate in the county** in 2013/14 at 25.3%, which is considerably below the Staffordshire average of 31.5% and very significantly lower than the national average of 45.8%¹².

⁶ Staffordshire County Council Insight Team, 2014, *Best Start for Children 2014 – evidence base*. P60

⁷ Working Together Better for Health – Staffordshire Needs Assessment (JSNA) (November 2014)
<http://www.staffordshireobservatory.org.uk/publications/healthandwellbeing/yourhealthinstaffordshire.aspx> p114

⁸ Ibid P114.

⁹ Ibid P114

¹⁰ Ibid P114

¹¹ Ibid P114

¹² Ibid P114

Childhood obesity:

- As of 2012/13, approximately 9.1% of reception children are obese in Tamworth, below the 9.3% national average and 9.6% Staffordshire average¹³.

Mental Health:

- There are estimated to be between 15,800 and 18,800 people suffering mental ill-health across Tamworth. Levels of severe mental illness (defined as people with schizophrenia, bipolar disorder and other psychoses) recorded on GP disease registers in Tamworth are significantly lower than England averages, with approximately 480 people on a register in 2010/11¹⁴.

6. Potential health and equalities impacts on communities (EIA & HIA)

Proposals such as Best Start could have impacts on health and equalities for different groups in the community. It is necessary therefore to consider what these potentially negative consequences may be and take appropriate mitigating actions. With this in mind, this CIA has been informed by the guidance published by the Equality and Human Right Commission¹⁵. This guidance stated that impact assessments should consider the following:

1. Is the purpose of the policy change/decision clearly set out?
2. Have those affected by the policy/decision been involved?
3. Have potential positive and negative impacts been identified?
4. Are there plans to alleviate any negative impact?
5. Are there plans to monitor the actual impact of the proposal?

The following table presents some potential negative impacts of the proposals in the Best Start Cabinet Report specifically for Tamworth and recommends some mitigating actions. Subject to Cabinet approval and the subsequent consultation these may change.

¹³ Ibid P115

¹⁴ Staffordshire County Council, 2014. *District Profile – Tamworth*. P9
<http://www.staffordshireobservatory.org.uk/documents/DistrictProfile/2013/DistrictProfiles/TamworthBoroughDistrictProfile2013.pdf>

¹⁵ Equality and Human Rights Commission, *Public Sector Equality Duties and Financial Decisions – A Note for Decision Makers*.
http://www.equalityhumanrights.com/uploaded_files/Wales/brief_note_for_decision_makers.doc#

6.1 Table of key potentially negative impacts on health and equalities and mitigating actions

No	Potential Negative Impact	Type of Impact (Equalities/ Health)	Potential Groups Affected	Possible Mitigating Action
Area 1: A quality offer for all				
1.	<p>Sexual health and contraception advice and guidance is ineffective in supporting young people and preventing unwanted pregnancies, particularly in areas of deprivation.</p> <p>Tamworth has the highest rate of teenage pregnancy in the county and the 8th highest in the country, significantly above the national average.</p>	Health	Age, sex, pregnancy and maternity,	<ul style="list-style-type: none"> Commissioners to ensure that sexual health and contraception information, advice and guidance meets the needs of areas with high rates of teenage pregnancy. Commissioners to work with schools and colleges to ensure that PHSE in schools is inclusive and effective. Engage with Children's Strategic Partnership to support mitigating actions.
2.	<p>The new integrated approach to promoting parent and child health through the Health Child Programme fails to address current health inequalities. Of particular relevance to Tamworth are:</p> <p>A) Higher than national average levels of smoking on delivery.</p> <p>B) Lower than national average rates of breastfeeding prevalence at 6-8 weeks.</p> <p>C) Higher than national average for stillbirths.</p>	Health	Age, sex, pregnancy and maternity.	<ul style="list-style-type: none"> Effectively manage the transition of the School Nurse and Health Visiting commissioning responsibility to the local authority. Review Health Visitor specification as part of the Best Start strategy to maximise effectiveness of this crucial role, particularly for hard to reach groups. Commissioners to work across the Children's Strategic Partnership to improve outcomes.

	<p>D) Above national average rate of low birth weight babies.</p> <p>(See section 5 for more details)</p>			
3.	<p>The reconfiguring of current resources for early years may result in some families finding it more difficult to access early years provision.</p> <p>Tamworth has three delivery sites proposed to be transferred to schools. (section 1.2 – 3 for more info)</p>	Both	Age, sex, disability, pregnancy and maternity	<ul style="list-style-type: none"> • If the proposals are approved ensure that as part of any transfer agreements specify the use of the resource to support early years and education outcomes. • Commissioners to ensure that families can access services from a a range of appropriate venues that are , including the family home. • Commissioners to ensure information, advice and guidance is accessible for all and has a locality focus. • If the proposals are approved transfer agreements with schools will specify the use of the resource to support early years and education outcomes.
4.	<p>If there is not enough quality childcare placements, parents of children who need to work may be disadvantaged economically, further exacerbating educational inequality.</p> <p>Tamworth has the fourth highest number of households in the 30% most deprived areas of the County (also known as Lower Super Output Areas – LSOAs).</p>	Both	Age, sex, pregnancy and maternity, low income families, working parents, parents in education or training	<ul style="list-style-type: none"> • Continue to work with Entrust to ensure sufficient childcare places are available and of a high quality. • Engage with local members and partners to support promotion of uptake of free childcare places • Continue to develop more childcare placements for 2 year olds from low income families through the Think 2 programme, including exploring whether venues at schools can be used for childcare.

<p>5.</p>	<p>IAG is not inclusive and is not tailored for people with physical and sensory disabilities or SEN, or for people whose first language is not English, leading to misinformation and confusion.</p> <p>Tamworth has a small BME community relative to the national averages. It is therefore important to ensure that these communities are supported appropriately to reduce potential isolation (see section 4 for more details).</p>	<p>Both</p>	<p>All, in particular disability (including those with sensory and learning disabilities) and race, (particularly any BME groups where English is an additional language).</p>	<ul style="list-style-type: none"> • Commissioners to ensure our IAG strategy enables families to access the appropriate information for their needs • Actively publicise any changes and ensure information, advice and guidance is as accessible to all groups as practicable, offering different languages, easy read versions of documents and clear formats etc. • If the proposals are approved provide information in a variety of languages, formats, (including hard copies, easy read and Braille etc) and make available at a variety of local community centres (e.g. community halls, temples, mosques, libraries etc).
<p>Area 2: Extra support for those in need</p>				
<p>6.</p>	<p>Changes to the early help offer may result in some families not having access to the services they require to remain independent.</p> <p>Tier 2 family support will continue to be available across the district</p> <p>It is proposed that Glascote Children’s Centre site (phase 1) and the Leyfields will continue to be used as part of the offer and the Tamworth Early Years Children’s Centre (phase 1)</p>	<p>Both</p>	<p>All, particularly those with disabilities, rurally isolated and low income families.</p>	<ul style="list-style-type: none"> • If the proposals are approved, the District Co-ordinator to work with partners in each district, to ensure that the Best Start Offer is accessible and inclusive of diverse communities. • A transition plan is in place with Families First to ensure that this is not a consequence of the proposals. • Ensure that areas with highest needs and particularly those families living in the most deprived areas are considered fully in implementing the new model.

				<ul style="list-style-type: none"> • If the proposals are approved ensure the District Co-ordinator ensures that effective partnership working arrangements are in place.
7.	<p>Some families from different ethnic and cultural backgrounds may be affected by any changes to current early years offer and review of current contracted services.</p> <p>Tamworth has a small BME community relative to the national averages. It is therefore important to ensure that these communities are supported appropriately to reduce potential isolation (see section 4 for more details).</p>	Equalities	Race, religion and belief	<ul style="list-style-type: none"> • If the proposals are approved ensure all groups of children and families are considered and engaged with to ensure sufficient access to a culturally appropriate offer. • If the proposals are approved build equality/diversity requirements into contracts and specifications to ensure that diverse needs are addressed and services are accessible.

7. Implications for staff:

There are no staff employed by SCC delivering the existing service in this District as such there are no staffing implications for Staffordshire County Council. The existing service is delivered by an external organisation. Should the service delivery provider change as a result of this proposal this could result in TUPE – Transfer of Undertaking and Protection of Employment (from one provider to another), if the service provision is similar in nature.

8. Rural considerations:

Staffordshire has a significant rural population, and as such the proposals must take into consideration the needs of children and families who live in rural communities.

Tamworth is classified by DEFRA's 2001 Rural-Urban Definition¹⁶ as an 'other urban' areas. As a mainly urban area, it is unlikely that there will be any need to consider any rural implications of the Best Start proposals in Tamworth.

9. Implications for climate change:

The climate change implications of the proposal can largely only be understood through close and individual-level working that would follow the Cabinet decision if

¹⁶ DEFRA, 2001. *2001 Rural Urban Definition, LA Classification and other geographies*.
<https://www.gov.uk/government/statistics/2001-rural-urban-definition-la-classification-and-other-geographies>

approved, for example in the details around use of buildings or other community resources. However, it is not expected that there would be significant implications.

10. Monitoring and review

The actions set out by this Community Impact Assessment to mitigate any equalities and health impacts of the Best Start proposals will need to be monitored with regards to the performance of the identified mitigating actions. This will need to take place through the Staffordshire Children's Strategic Partnership as the key partnership forum and subgroup of the Health and Wellbeing Board relating to children and families.



Cabinet Meeting on Wednesday 21 January 2015

The Care Act

Alan White, Cabinet Member for Health, Care and Wellbeing, said:

“We want to ensure that Staffordshire is a place where people are healthy, are supported in their community and live as independently as possible for as long as possible.

There are many different laws about care and support at the moment, so it’s difficult for people to know what information and advice they have access to, and what care and support they can access in the future. The Care Act changes the way care and support is accessed, assessed and funded and makes it clearer for people to know what their care and support options are.

The powers in the Care Act will enable the Council to promote the health and wellbeing of Staffordshire residents more effectively by preventing, reducing or delaying the need for care and support.

We will build on and extend the comprehensive information and advice network already on offer to help people live as independently as possible. Staffordshire Cares and the Staffordshire Marketplace will be part of that network that will help residents to make informed choices about their own care and support; choosing how and when they are supported. ”

Report Summary:

The Care Act received Royal Assent in May 2014. It is a consolidation Act, which draws together into one single piece of legislation the various approaches, concepts and statutory requirements that affect the provision of adult care and support, but also sets out new directions of travel in a number of key areas.

This report outlines the approach which the county council is taking to the implementation of the Care Act and how we are aligning our approach to ensuring that people in Staffordshire are healthier, happier and prosperous.

Recommendations

- a. The Cabinet approves the approach being adopted to implement the Care Act.
- b. The Cabinet delegates responsibility for the sign off on policy implementation to the Cabinet Member for Health, Care and Wellbeing, in order that they can be implemented with effect from 1st April 2015.

Local Members Interest

N/A

Cabinet – 21 January 2015

The Care Act

Recommendations of the Cabinet Member for Health, Care and Wellbeing

- a. The Cabinet approves the approach being adopted to implement the Care Act.
- b. The Cabinet delegates responsibility for the sign off on policy implementation to the Cabinet Member for Health, Care and Wellbeing, in order that they can be implemented with effect from 1st April 2015.

Report of the Director of Strategy & Customer Services

Reasons for Recommendations:

Introduction

1. The Care Act received Royal Assent in May 2014. It consolidates previously fragmented social care and health law into one single framework, which reforms the way Care and Support is accessed, assessed and funded. This is the biggest reform to the Social Care System in over 60 years, and seeks to make it clear what kind of care and support people should expect and change the way people are cared for. The Care Act will also help us to extend and improve the comprehensive information advice and guidance we already have in Staffordshire to help prevent problems or stop them getting worse.
2. Adult Social Care, including care and support of an ageing population, will probably be the single biggest financial challenge facing Local Government over the next 20 years. The Care Act seeks to support the long term sustainability of the health and social care system.
3. Central Government expects the Care Act to support the County Council and its health partners to integrate on both strategic and operational levels in order to work clearly and in a joined up way to meet these issues head on.
4. The County Council has commissioned LG Futures to produce a demand model to assist in estimating the financial impact of the Care Act. The model looks particularly at the increased cost implications around retirement age

self-funders. Additional work is taking place to model the financial implications of other aspects of the Care Act, including implementation of the reforms.

5. Because the Care Act makes considerable changes to the law and practice around Social Care, most notably introducing a single national eligibility criteria, there is a need for the County Council to review and update its policies and guidance. This is also an opportunity to enshrine our commissioning approach into our policies in a way that will continue to meet the outcomes of residents.
6. It will be necessary to consult with the public and key stakeholders on some of the policy changes. However, it is important to note that the Care System is developing not changing, in the sense that the Care Act builds on current practice, adjusts it and embeds best practice in the law.

Proposal

7. The Care Act is being implemented through a robust project management approach governed by a Care Act Co-ordination Group to which a number of work streams report: Policy, Regulations and Communications; Finance; Assessments, Eligibility and Support Planning; Workforce, Care Markets and Quality; ICT; Safeguarding; Information, Advice and Guidance, Advocacy and Prevention.
8. A key part to the Project's success is the approval of the policies; these are listed in the background documents below, by April 2015.
9. Four key dates should be highlighted:-
 - a. Review and revision of all County Council policies affected by the Care Act to ensure compliance to be completed by 31 December 2014.
 - b. Review and revision of care pathways and processes to be completed by 31 March 2015.
 - c. Implementation of any revisions required to the IT system CareDirector to reflect any agreed changes by 30 June 2015.
 - d. Assessment and Care Management workforce within the County Council and externally provided services to be fully trained and Care Act compliant by 30 September 2015.
10. A Communication Plan will set out engagement activities with staff and stakeholders between now and April 2015, in line with the Government's national Communication Strategy.

Background

11. The main elements of Care Act come into force on 1 April 2015, though the financial reforms will not be implemented until 1 April 2016. The key changes and new duties effective from 1 April 2015 are as follows:

- a. To consider the physical, mental and emotional wellbeing of the individual needing care taking steps to prevent, reduce or delay their need for care and support focusing on keeping people as independent as possible through prevention and early intervention.
- b. To provide comprehensive information and advice about Care and support including funding options and independent financial advice services.
- c. To support carers, prisoners and self-funders (people who pay for the full cost of their care).
- d. Promote integration with NHS, Housing and other services to achieve integrated Care and Support that is person centred and tailored to the need and preferences of individuals within their assessed need.
- e. To arrange independent advocacy to facilitate the involvement of people in their assessment, preparation of their care and support plan and in subsequent reviews of their care plan.
- f. Assessments should be appropriate, proportionate and where necessary integrated and will need to take account of the wider picture by considering fluctuating needs and the impact on the whole family.
- g. A single national threshold for eligibility for Care and Support and provides guarantees for continuity of care for people who move between areas.
- h. Embedding choice and control through care plans and personal budgets and direct payments.
- i. We have for the first time been provided instruction to work within on how best to safeguard adults and to protect from abuse.
- j. To assess Children and young people in advance of transition from Children's to adult services.
- k. To manage local care markets in order to ensure that people who need care and support (including self funders and direct payment users) have a choice of good quality services.
- l. Commissioning and market shaping activity should facilitate market development to support sustainability and ensure market capacity and capability.
- m. To ensure that no one goes without care if their provider fails, cooperating to ensure continuity of care irrespective of eligible need or regardless of who pays for their care.
- n. Ability to delegate functions although Local Authorities will retain the ultimate responsibility for any such functions and must ensure that through any delegated arrangements that their legal obligations are met.
- o. A universal Deferred Payment Scheme to enable individuals to retain their property when admitted into long term care.

12. The Care Act key changes and new duties effective from April 2016:

- a. There will be a cap on the maximum lifetime costs people will pay for their care, it is anticipated that this will be £72k for older people, with a lower cap for those of

working age and zero for those people who have existing care needs at the point when they reach the age of 18 years.

- b. A care account will be used to record accrued direct care costs calculated using the Local Authority's usual cost of care rate. General living costs and support costs not identified in the person's care plan will be excluded.
- c. An increase in the financial assessment capital thresholds for those individuals with eligible needs.
- d. Direct payments for individuals residing in long term care to enable greater choice and control.

Risks

- 13. A full risk register identifies the risks associated for the Care Act. The key risks include:-
 - a. Ineffective implementation would expose the County Council to legal challenge through Judicial Review.
 - b. Capability and capacity might not be sufficient to meet the increase in demand for care assessments and reviews through new duties to support self-funders, carers and prisoners within current resources.
 - c. The costs of implementation and ongoing delivery of the Care Act could create significant budget pressures.
 - d. Timescales are particularly challenging to ensure that the assessment and Care Management workforce might not be sufficiently trained to ensure compliance with the Care Act.
 - e. With many services commissioned via external providers, the County Council might find it difficult to enforce compliance through current partnership/agreement arrangements.

Mitigations

- 14. In order to mitigate the risks above, the following mitigating actions are in place:-
 - a. A report has been commissioned that will look at the impact of self-funders on the Care Market and will be flexible in our approach based on the outcome of that report.
 - b. The implementation plan sets out timescales and approaches for developing policies leading to new pathways, updated ICT and training for the workforce is in place.
 - c. The £1.9m from the CCG's is recognized in the BCF submission and the Medium Term Financial Strategy.
 - d. Capacity pressures are reflected in the MTFS, and the project is exploring ways to improve efficiency of assessments and review and understand the costs against the available funding.
 - e. LG Futures has been commissioned to undertake financial modelling (Appendix W), work streams have conducted gap analyses to understand resource requirements and costs and we are working with partners to understand cost pressures and alleviate them where possible.

- f. A training programme covering all areas of the act will be completed by October 2015.
 - g. Renegotiation of current contract arrangements is in hand to ensure compliance with the Care Act and protect the Local Authority which has overall legal responsibility.
15. As a county council we are in a good position to meet our extended obligations under the Care Act for more extended information, advice and guidance and adult safeguarding. These are examples of best practice across local authorities:
- a. Staffordshire Cares –A website of information, advice and guidance that has recently been improved - in both navigation terms and in the advice it houses for people of all ages. This website is currently being expanded to ensure that information about the Care Act is in one place. This will be a cornerstone of our approach to extolling our Information, Advice and Guidance obligations
 - b. Staffordshire Market place – This will be a key method of promoting the Care Market and the range of providers to our service users.
 - c. Safeguarding – The roles of the MASH and the SSASPB are well defined and already well embedded to ensure we are meeting our adult safeguarding obligations.

Next Steps

16. If Cabinet agree that the approach to implementing the Care Act is acceptable, the next steps are to:
17. As appropriate, refresh and consult on a range of existing policies, including but not necessarily limited to:-
- a. Prisons and approved premises policy
 - b. Delayed Transfers and Pathways Policy
 - c. Charging/Partnership for Care/Contributions Policy
 - d. Carers Policy
 - e. Mental Health Policy
 - f. Eligibility Policy
 - g. Residential Care Fee Policy
 - h. Deferred Payments Policy
 - i. Direct Payments and Personal Budgets Policy
18. The need for consultation will be dependent on each policy and the scale of any service change as a result. Therefore, where significant change is applicable an appropriate level of consultation with key stakeholders will be undertaken in conjunction with provider(s).
19. Implement new Assessment Pathways and refresh Social Work Practice manuals for:-
- a. Care and Support
 - b. Prisoners

- c. Direct Payments
- d. Deferred Payments
- e. Delayed Transfer of Care
- f. Children's Transition
- g. Emergency Assessment
- h. Carers

- 20. Train Social Care workforce on the range of changes detailed above.
- 21. Undertake commissioning and market shaping activity to facilitate market development, support sustainability and ensure market capacity and capability.
- 22. To provide comprehensive information and advice about Care and support including funding options and independent financial advice services.
- 23. Make the necessary changes to ICT infrastructure to support the requirements of the Act.
- 24. Consider the affordability of the implementation and ongoing delivery of the Care Act; understand any identified budget pressures and mitigate where possible.
- 25. To continue to safeguard adults and to protect from abuse.

List of Background Documents:

- The Care Act
- The Care Act Statutory Guidance
- LG Futures Financial Modelling document

Report Commissioner: Nichola Glover-Edge

Job Title: County Commissioner for Inclusion and Wellbeing

Telephone No: 01785 895186

Email: nichola.glover-edge@staffordshire.gov.uk

Summary of Community Impact Assessment (including a Health Impact Assessment if applicable) for Care Act

Name of Policy/Project/Proposal: The Care Act

Responsible officer: Nichola Glover-Edge

Commencement date & expected duration: April 2015 onwards

	Impact Assessment	
	+ve/neutral/ -ve	Further information degree of impact and signpost to where implications reflected within the report/main Assessment
Impact on access to more good jobs and increased economic growth	+ve	Demographics indicate a growth in demand for Care and Support services. The County Council's strategic commissioning intentions will support market development to meet the range of needs for the individuals of Staffordshire, offering choice as to how their needs are met. Market shaping activities will encourage the care market to expand, supporting economic growth and access to jobs.
Supporting healthier living and independence	+ve	The underpinning principle of the Care Act is the promotion of health and wellbeing to prevent, reduce or delay the need for care and support focusing on keeping people as independent as possible through prevention and early intervention. Comprehensive information and advice will enable individuals to make early informed choices about their care and support; those entering the care system will do so through clear pathways and be able to choose how their care and support needs are met through a range of commissioned support or direct payment.
Impact on feeling safer, happier and more supported in and by the community	+ve	Staffordshire Cares will enable access to comprehensive information, advice and guidance so that individuals will be able to choose how they are supported to stay as independent as possible The Staffordshire Marketplace will enable individuals, including carers, to view the support available within their local community. This will include universal and preventative services, including local support groups.
Maximising the opportunities for a good quality physical	Neutral	Providing a good quality physical environment is not an expectation of the Care Act but any opportunities that do arise will be maximised. Part 2 of the Care Act, Care Standards, provides a duty of candour on providers of health and social care services

environment		registered with the CQC to ensure that care provided within physical environment meets agreed standards.
Maximising the use of community property portfolio	Neutral	There are no implications for community property portfolio.
Addressing issues affecting rural areas?	+ve	The Care Act promotes choice, control and personalised care for all individuals, the County Council's strategic commissioning intentions and market shaping activities support care providers who serve rural areas.
Equalities impact		
Age	Positive	The Care Act will have a positive equalities impact with an outcome based needs assessment ensuring that individuals views, needs and wishes are placed at the centre.
Disability	Positive	
Ethnicity	Positive	
Gender	N/A Positive	
Religion/Belief	N/A Positive	
Sexuality	N/A Positive	
Gender-reassignment	N/A Positive	
Pregnancy/maternity	N/A	
Resource and Value for money	There is a significant financial risk with potential additional cost for Care Act implementation and ongoing delivery. The main financial risks are outlined in the LGFutures appendix.	
Risks identified and mitigation offered	A range of risks have been identified and these are being worked on and mitigated through the Projects Work Stream co-ordination group.	
Legal imperative to change/implications (including the Social Value Act 2012)	The Care Act 2014	

Author: Nichola Glover-Edge

Community Impact Assessment The Care Act

Community Impact assessments (CIAs) should be used whenever there is a policy or service change. The template will enable staff to record how they have taken account of the following essential areas within proposals;

- Strategic Priorities
- Public Sector Equality Duty
- Health inequalities
- Rural issues
- Climate change

The Public Sector Equality Duty is a legal requirement and must be applied in all that we do, and in particular whenever there are changes.

<p>Name of proposal: The Care Act</p>
<p>State here which of the County Council priorities the proposal will deliver against:</p> <p>The Care Act supports the County Council’s vision for a connected Staffordshire by ensuring that we have the appropriate prevention, assessment and financial mechanisms in place to support people’s independence when they become frail or elderly. These mechanisms will be inter-agency and will reflect the wider commissioning ethos of the authority.</p> <ul style="list-style-type: none"> • In terms of Prosperity, the Care Act, through a better approach to the provision of Adult Social Care, will support the long term sustainability of the Council and underpin the expansion and investment in the Care Market, creating jobs and wider economic growth. • In terms of supporting the people of Staffordshire to be healthier and more independent, the underpinning principle of the Care Act is the promotion of health and wellbeing to prevent, reduce or delay the need for care and support, focusing on keeping people as independent as possible through prevention and early intervention. Comprehensive information and advice will enable individuals to make early informed choices about their care and support; those entering the care system will do so through clear pathways and be able to choose how their care and support needs are met through a range of commissioned support or direct payment. • The Care Act will support people of Staffordshire to feel safer, happier and more supported in and by their community. Staffordshire Cares will enable access to comprehensive information, advice and guidance so that individuals will be able to choose how they are supported to stay as independent as possible. The Staffordshire Marketplace will enable individuals, including carers, to view the support available within their local community; this will include universal and preventative services including local support groups. <p>The Care Act will also support the aims of the 7 key areas of activity laid out in the Business plan.</p> <p>Great Place – The Care Act will support Staffordshire County Council to commission a range of support for individuals including Extra Care facilities and Dementia Centres of Excellence. A universal Deferred Payments Scheme will ensure that individuals who move into long term residential or nursing care have the choice to retain ownership of their home.</p> <p>Living well – The Care Act promotes choice, control and personalised care for all individuals. An outcome based needs assessment will ensure that individuals’ views, needs and wishes are placed at the centre.</p> <p>Resilient communities – The Care Act will fundamentally reflect our approach to prevention and early</p>

intervention, focusing on a person's strengths and network of support including that of families, local people and communities to help themselves and each other.

Best Start – The Council's approach to Early Years will underpin a transformation in the support for families, creating a strong, positive undercurrent for outcomes later in life. In addition, the Care Act will ensure that those born with lifelong disabilities are able to fully engage with society whilst their care needs are being met.

Ready for life – The Act will support people to maintain an active lifestyle and engaged citizenship is crucial to supporting overall health and wellbeing and empowering individuals to prevent, delay or reduce their own care needs from arising.

Right for Business – The Care Act requires the Council to understand the local care market and facilitate market development. This supports the Council to meet its overall approach to prosperity by creating the right conditions for business to grow, develop and invest in our local care markets. This will underpin the provision of high quality services that the Council can commission, whilst creating and sustaining job opportunities for local people.

Enjoying life – The Act places a duty on the Council to establish and maintain information and advice to promote people's wellbeing. This will support active lifestyles which maximise the use of the County's cultural offer.

Project lead: (s)

Nichola Glover-Edge
Bev Jocelyn
Helen Trousdale
John Darnbrook

Names of other officers involved

The Care Act Steering Group

Date: October 2014

Executive summary of the assessment

Signature

Nichola Glover-Edge, County Commissioner for Inclusion and Wellbeing

Preparing the Executive Summary

1. Describe in summary the aims, objectives and purpose of the proposal, including desired outcomes.

Background

The Care Act 2014 represents the single largest consolidation and adjustment of Care and Health legislation in England since the current system was established through the National Assistance Act 1948 it seeks to make it clear what kind of care and support people should expect and change the way we care for people. The Care Act is being implemented through a robust project management approach governed by a Care Act Co-ordination Group to which a number of work streams report.

The Care Act will have an impact on a range of care and support activities, primarily in Adult Social Care but extending to other areas too. The likely benefits of a well-implemented Act are:-

- 1) Continued access to a Sustainable Health and Social Care System

- 2) Better integration with the NHS, Housing and other services will achieve integrated Care and Support that is person centred and tailored to the needs and preferences of individuals.
- 3) Considering the physical, mental and emotional wellbeing of individuals needing care and taking steps to prevent, reduce or delay their need for care and support; focusing on keeping people as independent as possible through prevention and early intervention.
- 4) Changes to how people pay for their care and support including a cap on the maximum lifetime costs people will pay for their care and a Deferred Payment Scheme that will protect individuals from having to sell their property if they are admitted into long term care.
- 5) Carers put on the same legal footing as the people they care for, with extended rights to assessment and new entitlements to support to meet their eligible needs.
- 6) Make the care and support system clearer and fairer for those who need it; a single national threshold for eligibility for Care and Support and a guarantee of continuity of care for people who move between areas
- 7) People will have clearer information and advice to help them navigate the system.
- 8) Access to a more diverse, high quality range of support to choose from to meet people's needs.
- 9) Increased ability to protect vulnerable adults through:-
 - a. Duty to enquire
 - b. Duty to learn lessons from cases that go wrong
 - c. Duty of all organisations to provide information
 - d. Statutory footing for safeguarding boards

Current Position

Adult Social Care in Staffordshire has changed significantly over the last few years, primarily with the establishment of a Commissioner Provider model that has seen the creation of the Integrated Health and Social Care Trust, Staffordshire and Stoke on Trent Partnership Trust (SSOTP). The County Council has a Section 75 agreement with SSOTP as well as with two Mental Health Trusts: North Staffs and South Staffordshire and Shropshire Foundation Trust (SSSFT). This does mean that a significant amount of co-production needs to take place to ensure that all of our partners and the County Council are fully compliant with the Care Act. The legislation makes it clear that the County Council will retain the ultimate responsibility for any delegated functions and must ensure that their legal obligations are met.

The County Council, through the application of best practice, is already compliant in many areas of the Act. However, there is a need to make changes to policy, practice, training and other areas to ensure full compliance with all areas of the legislation.

The Care Act Project currently has an Executive Sponsor (Eric Robinson), Operational Sponsor (Martin Samuels) and Transformation Project Manager (John Darnbrook). There is a Provider Liaison Group sitting under the Health and Wellbeing Board which is linked in to the project and has representatives from each of the major providers. This group will oversee work being completed by providers to be ready for the Act. The project is primarily made up of seven different work streams all of which have a range of deliverables to produce in order for the Council to be ready for the Care Act These work streams are; 1) Policy, Regulations and Communications, 2) Assessment, Eligibility and Support Planning, 3) Finance, 4) IAG, Advocacy and Prevention, 5) Workforce and Care Markets, 6) Safeguarding & Quality, 7) ICT. Officers from all organisations are invited to those work streams as appropriate and it is through this structure that the vast majority of work will be completed.

Key Considerations

There are a number of key considerations that need to be taken into account when analysing the impact of the Care Act in Staffordshire. These include:-

- Central Government Legislative Requirements
- Section 75 Agreements and the Commissioner-Provider Relationship
- The Council's Prevention Agenda

- Financial implications of implementing the Act and the ongoing delivery costs

Next Steps

If Cabinet agree that the approach to implementing the Care Act is acceptable, the next steps are to:

- As appropriate, refresh and consult on a range of existing policies, including but not necessarily limited to:-
 - a. Prisons and approved premises policy
 - b. Delayed Transfers and Pathways Policy
 - c. Charging/Partnership for Care/Contributions Policy
 - d. Carers Policy
 - e. Mental Health Policy
 - f. Eligibility Policy
 - g. Residential Care Fee Policy
 - h. Deferred Payments Policy
 - i. Direct Payments and Personal Budgets Policy
- Implement new Assessment Pathways and refresh Social Work Practice manuals for:-
 - a. Care and Support
 - b. Prisoners
 - c. Direct Payments
 - d. Deferred Payments
 - e. Delayed Transfer of Care
 - f. Children's Transition
 - g. Emergency Assessment
 - h. Carers
- Train Social Care workforce on the range of changes detailed above.
- Undertake commissioning and market shaping activity to facilitate market development, support sustainability and ensure market capacity and capability.
- To provide comprehensive information and advice about Care and support including funding options and independent financial advice services.
- Make the necessary changes to ICT infrastructure to support the requirements of the Act.
- Consider the affordability of the implementation and ongoing delivery of the Care Act; understand any identified budget pressures and mitigate where possible.
- To continue to safeguard adults and to protect from abuse.

2. Who are the main people that will be affected?

There are various groups of Staffordshire residents that will be affected by the Care Act. They include:-

- Individuals currently receiving care and support through Adult Social Care Services
- People who care for vulnerable people in Staffordshire
- Self funders who currently pay for their own care and support services without engaging with the Council
- Anyone who considers themselves to have any kind of care and support need
- Young people in the transition to adulthood from Children's Social Care

3. Who is currently using the service?

The numbers below are correct as of 30th November 2014.

District Breakdown

District	Count of Client ID
Cannock	2339
East Staffordshire	2390
Lichfield	1983
Newcastle	2898
South Staffordshire	2073
Stafford	2793
Staffordshire Moorlands	2443
Tamworth	1969
unknown	141
Grand Total	19029

Age

Age Band	Count of Client ID
18-64	5918
65-74	2706
75-84	4647
85+	5419
Unknown	339
Grand Total	19029

Ethnicity

ethnicity	Count of Client ID
Any Other Asian Background	24
Any Other Black Background	8
Any Other Ethnic Group	17
Any Other Mixed Background	10
Bangladeshi	3
Black African	6
Black Caribbean	95
Chinese	7
Declined to Classify	58
Ethnicity Not Given	344
Ethnicity Not Stated	74
Ethnicity Not Yet Obtained	79
Gypsy / Roma	1
Indian	57
Mixed White / African	5
Mixed White / Asian	12

Mixed White/Caribbean	15
NA	28
No Client Contact	38
Pakistani	94
Travellers, Irish Heritage	2
White British	17824
White Irish	107
White Other	121
Grand Total	19029

Gender

Gender	Count of Client ID
Female	11916
Male	7109
Unknown	4
Grand Total	19029

Disability

Primary Need	Count of Client ID
Learning Disability	1952
Mental Health	2484
NA	12
Physical Disability, Frailty & Sensory Impairment	11483
Substance Misuse	49
Vulnerable People	342
(blank)	2707
Grand Total	19029

Sexual Orientation

Not recorded

Pregnancy / Maternity

Not recorded

Unemployment

Primary Need	Count of Client ID
Employed	49
Unemployed	1324
Unknown	17656
Grand Total	19029

4. Will the proposal have an impact on staff?

There are also various groups of the social care workforce that will be affected by the Care Act. They include:-

- Staffordshire County Council workforce including Commissioners, accountants, lawyers, procurement and contracting.
- Staff from any of our Partner/Provider agencies including:-
 - SSOTP
 - The Mental Health Trusts
 - Families First
 - Independent Futures
 - Independent and Voluntary Sector organisations
- The Council's Contact Centre (Single Point of Access)
- The Safeguarding Partnership Board

5. If yes, please summarise here what this means for the workforce?

The Care Act will have a major impact on the workforce that works together to provide social care for people in Staffordshire. These impacts will primarily be seen in;

- an increased number assessments to be completed (including carers, self-funders and prisoners)
- changes to the way assessments must be undertaken
- an increased requirement to provide clear information and guidance to inform choice and signpost people to care and support relevant to their needs

6. Are there any gaps in your evidence or conclusions that make it difficult for you to quantify potential adverse impact?

Activities are being undertaken as part of the project to understand the potential adverse impact of the Care Act. In terms of the Economic impact, it is anticipated that there will be an increase in financial pressure due to increased demand for care assessments, more people being eligible for financial support and potential destabilisation of the care market which is currently cross subsidised by self funders.

7. If so, please explain how you will explore the proposal in greater depth

The County Council has commissioned LG Futures to produce a demand model to assist in estimating the financial impact of the Care Act. The model particularly looks at the increased cost implications around retirement age self funders. Additional work is taking place to model the financial implications of other aspects of the Act, including implementation of the reforms. Additionally, the County Council along with 10 other Local Authorities has commissioned Laing and Buisson to produce a report to understand the impact of the self-funders cross subsidization on the Care Market.

8. Please provide details of all consultation undertaken specific to the proposal you are making, either prior to the CIA or as part of it and the results of this.

To date, there has been no formal external consultation undertaken by Staffordshire County Council regarding the Care Act. However, there has been engagement with our partners in the form of workshops and project work stream activity. The County Council took part in the Department for Health Care Act consultation and is represented on the various regional and national Care Act implementation groups

9. Consultation with customers & stakeholders

Subject to approval, it is intended that we will consult in the first quarter of 2015 on an array of policies, which will cover all of the changes that are expected as part of the Care Act project. These may include:-

- a. Prisons and approved premises policy
- b. Delayed Transfers and Pathways Policy
- c. Charging/Partnership for Care/Contributions Policy
- d. Carers Policy
- e. Mental Health Policy
- f. Eligibility Policy
- g. Residential Care Fee Policy
- h. Deferred Payments Policy
- i. Direct Payments and Personal Budgets Policy

10. Consultation with staff

Staff will be involved in the co-production of the solutions that are implemented to ensure the County Council and partners are meeting the requirements of the Care Act. It is not anticipated that there will need to be any changes to job descriptions or that there will be any redundancies as a result of this project.

11. Making a decision

The following are the key dates for decisions to be made regarding the Care Act:

- November 2014 – Scrutiny: For endorsement
- January 2015 – Cabinet Meeting: Kick off Consultation
- March 2015 – Cabinet Meeting: Sign off of all Policies

12. Actions

Subject to Cabinet approval, the County Council will pay due regard to the Public Sector Equality Duty and ensure consultation with a wide range of groups and people who currently use Adult Social Care services, and the general public.

This will include groups that are:

- Individuals currently receiving care and support through Adult Social Care Services
- People who care for vulnerable people in Staffordshire
- Self funders who currently pay for their own care and support services without engaging with the Council
- Anyone who considers themselves to have any kind of care and support need
- Young people in the transition to adulthood from Children's Social Care

Full public consultation will take place between January and March 2015

13. Monitoring and review

Monitoring and review of the Care Act will continue throughout the project in terms of understanding any further implications of the Act. This will continue following implementation to ensure compliance with the Act and that the identified outcomes are being achieved.

14. Rural Considerations

The Care Act promotes choice, control and personalised care for all individuals, the County Council's strategic commissioning intentions and market shaping activities support care providers who serve rural areas.

15. Health Considerations

The underpinning principle of the Care Act is the promotion of health and wellbeing to prevent, reduce or delay the need for care and support focusing on keeping people as independent as possible through prevention and early intervention. Comprehensive information and advice will enable individuals to make early informed choices about their care and support; those entering the care system will do so through clear pathways and be able to choose how their care and support needs are met through a range of commissioned support or direct payments.

16. Climate Change implications

There are unlikely to be any major climate change impacts of the Care Act. There may be a need to employ more staff which may have some indirect effects on carbon use in the County but this cannot currently be quantified.

	Question	Answer
1	Business mileage by officer or;	N/A
2	Mileage of our badged fleet or;	N/A
3	Mileage under contract (e.g. taxis or;	N/A
4	Fuel use in our building or other infrastructure (e.g. street lighting) or;	N/A
5	Fuel use in the building or on the sites of private sector contractors delivering a service on our behalf or;	N/A
6	Waste generated in the workplace	N/A
7.	Other	N/A

Public Sector Equality Duty

The Public Sector Equality Duty (PSED), requires public authorities to pay “due regard” to; eliminate discrimination; advance equality of opportunity; foster good relations between people.

Could the proposal impact on protected groups (complete table below)

Protected groups/characteristics	Is there any potential positive negative impact for or	Could the proposal create better opportunities or minimise disadvantage?	Please detail what measures or changes will be put in place to mitigate adverse implications
Race	Positive	yes	N/A
Disability	Positive	Yes	N/A
Gender	Positive	Yes	N/A
Age	Positive	Yes	N/A
Religion/belief	Positive	Yes	NA
Gender reassignment	Positive	Yes	N/A
Sexual orientation	Positive	Yes	N/A
Pregnancy/maternity?	No	N/A	N/A
Impact on staff	Positive	Yes	N/A

Publication

The Equalities Team will quality-assure CIAs, and prepare for publishing

Please return copy of the CIA to the county's Policy Team

Wendy Thompson
Corporate Engagement & Consultation manager
Tel: 01785 854267
wendy.thompson@staffordshire.gov.uk

Andrew Donaldson
Senior Policy Manager
Tel: 01785 278399
andrew.donaldson@staffordshire.gov.uk

Author: Nichola Glover-Edge

Cabinet – 21 January 2017

Decisions Taken by Cabinet Members under Delegated Powers

Recommendation of the Leader of the Council

1. That the decisions taken by Cabinet Members under delegated powers, as detailed in paragraph 3 below, be noted.

Report of the Interim Chief Executive

Reasons for Recommendations

2. To inform Cabinet of recent decisions taken by Cabinet Members under delegated powers.

Background

3. Cabinet are requested to note the following decisions taken by Cabinet Members under delegated powers:

Cabinet Member	Decision
Cabinet Member for Economy, Environment and Transport	<p>In approving:</p> <p>(i) The draw-down of monies to the value of £313,514.01 (from the £3million from the sale of land owned by Staffordshire County Council at Pye Green) to support the following schemes:</p> <ul style="list-style-type: none"> • A contribution of £59,056.01 in respect of the Feasibility Study, Ecology/Bat survey and Planning Application Fee for the proposed development of a Sports and Recreation hub on Cannock Chase District Council owned land on Pye Green Road. • A contribution of £154,458 in respect of Technical site surveys and the completion of all planning application documentation, Planning Application Fee and purchase of Signal Box for the Development of a full sized Artificial Turf Pitch (ATP) on Bradbury Lane in Hednesford • A contribution of £50,000 in respect of the Rugeley Town Centre Improvements and a further £50,000 contribution to the Conservation area fund (to support an existing scheme to support traders to conserve and improve at risk premises). <p>(ii) The arrangements for the draw-down of future monies from the sale of the land at Pye Green</p> <p>Note: These monies are held in a joint account between both authorities (Staffordshire County Council and Cannock Chase District Council) and are earmarked for projects that support Economic Prosperity and Public Health outcomes. Release of these monies is subject to separate approvals and will be based on project appraisals for each case.</p>

Cabinet Member	Decision
Deputy Leader and Cabinet Member for Strategy, Finance and Corporate Issues	In approving the purchase of a parcel of land in Burton on Trent.

Report author:

Author's Name: Mike Bradbury
Telephone No: (01785) 276133

List of Background Papers - Cabinet Members Delegated Decision Nos. 334 and 335.

FORWARD PLAN OF KEY DECISIONS

Period: 18 February 2015 - 17 June 2015

The Forward Plan of Key Decisions is prepared on a monthly basis and published at least 28 days before the start of the period covered.

“Key Decisions” are defined as those Executive decisions which are likely:

- (a) to result in the County Council incurring expenditure which is, or the making of savings which are, significant having regard to the relevant budget for the service or function to which the decision relates; or
- (b) to be significant in terms of its effects on communities living or working in an area comprising two or more electoral divisions in the County’s area.

The Forward Plan will contain **ALL** matters which the Leader of the Council has reason to believe will be the subject of a Key Decision to be taken by the Cabinet. It may also include decisions that are not key decisions but are intended to be determined by the Cabinet. Part of the Cabinet meetings listed in this Forward Plan may be held in private where a report for the meeting contains exempt information under Part 1 of Schedule 12A to the Local Government (Access to Information) Act 1985 (as amended) and that the public interest in withholding the information outweighs the public interest in disclosing it. If you would like to make representations about any particular decision to be conducted in private then please email: michael.bradbury@staffordshire.gov.uk. Such representations must be received in advance 6 clear working days before the date on which the decision is scheduled to be taken.

The Membership of the Cabinet consists of:

Leader of the County Council – Philip Atkins
Deputy Leader and Cabinet Member for Strategy, Finance and Corporate Issues – Ian Parry
Cabinet Member for Health, Care and Wellbeing – Alan White
Cabinet Member for Children and Community Safety – Mike Lawrence
Cabinet Member for Economy, Environment and Transport – Mark Winnington
Cabinet Member for Learning and Skills – Ben Adams

A copy of the Forward Plan of Key Decisions may be inspected, free of charge, at the Member and Democratic Services office, County Buildings, Martin Street, Stafford, during normal office hours Monday to Friday. A copy of the notice will also be available on Staffordshire County Council’s Website at www.staffordshire.gov.uk.

Documents submitted for decision will be a formal report which will be available on the County Council’s website at least 5 clear working days before the date the decision is to be made, unless that report is subject to any prohibition or restriction on its disclosure. Other relevant background documents used in compiling the report will also be made available in the same way unless they are subject to any prohibition or restriction on their disclosure.

Minutes of Cabinet meetings will be published within three working days and will be subject to call-in. The call-in period lasts for three working days. If the decision is not called-in it will be implemented on the fourth working day. Special urgency items are exempt from call-in.

John Tradewell
Director of Democracy, Law and Transformation

Contact Officer: Mike Bradbury (01785) 276133

Forward Plan of Key Decisions
Period: 18 February 2015 - 17 June 2015

NOTE:

- (1) The Forward Plan of Key Decisions sets out all Key Decisions intended to be made by Cabinet during the above period.
- (2) The Cabinet date can be provisional and items may move/roll forward to another meeting date but this will be monitored.
- (3) Items should remain on the Notice until a decision is made by Cabinet or is formally removed.
- (4) Where there is an intention to make a decision in private the exemption paragraph relied upon will be included within this notice

Page 262

Anticipated Date of Decision	Public or Private Decision	Title and Description	Background Documents	Consultation	Contact Officer
February 2015	Public	<p>Strategic Plan 2015 - 2019 and Medium Term Financial Strategy 2015 - 2020 (Deputy Leader of the Council and Cabinet Member for Strategy, Finance and Corporate Issues (Ian Parry))</p> <p>(a) Consider further progress regarding the preparation of the Strategic Plan. (b) Review the MTFFS in light of the outcomes of budget consultation events and any further recommendations from the Senior Leadership Team and the Corporate Review Committee regarding the overall Budget Strategy and the detailed budgets, including savings, pressures and investments options.</p>		In addition to the general budget consultation, any specific consultation, if appropriate, will be determined by the nature of any issues raised in the Strategic Plan and Medium Term Financial Strategy.	Rachel Spain (Tel: 01785 854455) Service Area: Fin & Res
February 2015	Public	<p>Libraries in a Connected Staffordshire - part 3 (Cabinet Member for Children and Community Safety (Mike Lawrence))</p> <p>To provide a summary of the libraries consultation and make recommendations on the future direction of travel and delivery models for the Library Service</p>			Janene Cox (Tel: (01785) 27 8368) Service Area: Libraries and Arts

Anticipated Date of Decision	Public or Private Decision	Title and Description	Background Documents	Consultation	Contact Officer
February 2015	Public	<p>Third Quarter Budget Monitoring Report (Deputy Leader of the Council and Cabinet Member for Strategy, Finance and Corporate Issues (Ian Parry))</p> <p>To update Cabinet with the third quarter performance against the delivery of the 2014/15 Budget.</p>		Cabinet, Senior Leadership Team, Directorate Management teams.	Rachel Spain (Tel: 01785 854455) Service Area: Fin & Res
March 2015	Public	<p>Quarterly Performance Report (Leader of the Council (Philip Atkins), Deputy Leader of the Council and Cabinet Member for Strategy, Finance and Corporate Issues (Ian Parry))</p> <p>The Quarterly Performance Report provides an overview of Staffordshire County Council's performance and highlights the progress we are making in delivering our three priority outcomes focussed upon ensuring:</p> <ul style="list-style-type: none"> • The people of Staffordshire will be able to access more good jobs and feel the benefits of economic growth • The people of Staffordshire will be healthier and more independent • The people of Staffordshire will feel safer, happier and more supported in and by their community <p>The report also provides an update on our continuing drive to be a well-run council, including the financial position of the county council and delivery of the Medium Term Financial Strategy.</p>		n/a	Lauren Jackson (Tel: 01785 854561) Service Area: Strat & CS

Anticipated Date of Decision	Public or Private Decision	Title and Description	Background Documents	Consultation	Contact Officer
April 2015	Public	<p>Fourth Quarter Budget Monitoring Report (Deputy Leader of the Council and Cabinet Member for Strategy, Finance and Corporate Issues (Ian Parry))</p> <p>To update Cabinet with the fourth quarter performance against the delivery of the 2014/15 Budget.</p>		Cabinet, Senior Leadership Team, Directorate Management teams.	<p>Rachel Spain (Tel: 01785 854455) Service Area: Fin & Res</p>

Not for publication by virtue of paragraph(s) 3
of Part 1 of Schedule 12A
of the Local Government Act 1972

Document is Restricted

