Covid Recovery

Proposals to enable vulnerable and disadvantaged children and young people to 'catch up' and achieve long term positive outcomes:

- 0-2s
- Schools Recovery Grant
- Mental Health: Vulnerable Adolescents
- Looked After Children

☒ **For decision** ☒ **For discussion** ☐ **For information**

SUMMARY
Proposals to support vulnerable children in Reading to "catch up" following the impact of the pandemic

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1. Supporting 0-2s and Parents

1.1 Evidence of Demand/Impact

Research provides evidence that lockdowns have negatively impacted the development and learning of 0-2s. There has been no additional government funding for the Early Years sector. This proposal will ensure opportunities are made available to help children catch up and avoid long term needs requiring later interventions. As accessing support before statutory school age is a choice, this new programme will engage health partners support to identify and reach families. The programme will run for 2 years.

1.2 Proposed Response

A graduated offer to support parents and provide babies with age appropriate learning opportunities they would normally have experienced in readiness for starting school.

Area of catch up support	Support Delivered	Impact
Speech, Language and Communication For reluctant/hesitant talkers. Parents supported & avoid unnecessary diagnosis	**Speech and Language Therapy** Upskilling Early Years and Childrens Centre staff	Children make good progress in the prime areas: Children access age appropriate opportunities and experiences Children enjoy secure attachment, bonding, develop early independence Reduced isolation and mental health amongst new parents through local community support Children with SEND access specialist support
Physical development Provide missed experiences and opportunities	**Sport in Mind** commissioned to deliver sessions	
Personal, Social, Emotional Development Developing emotional wellbeing and support to families	**Children's Centres** Families access community-based support	
Parenting support Evidence based /Trauma informed support	**Children's Centres** 'Mellow' parenting courses	
Children with SEND Additional needs are identified early and appropriately	**Dingley's promise** Local specialist services	

1.3 Identification & Reach

An assessment will be introduced at 18 months to measure progress in the three prime areas of development (EYFS). This sits mid- way between the 9 month and 2-year-old health development reviews delivered by Health Visitors.

0-2 population in Reading	Anticipated number requiring universal catch up support	Anticipated number requiring targeted support
4000 *apx based on live birth data	2000 Universal support from Childrens Centres and Early Years Settings	200 Children identified from the 2000 requiring a focussed/individual intervention

1.4 Impact Targets

- Reduced waiting lists for speech and language therapy for under 5 years by 40%
- Increase take up of 2-year-old funding to 75%
- Increase families registered with Childrens Centres by 750

- 90% of children engaged demonstrate age appropriate development against the 3 prime areas in the Early Years Foundation Stage

1.5 Resources Required: September 2021 to August 2023

	2021/22	2022/23	2023/24
Staffing	**139,248**	**245,276**	**105,009**
Commissioned Services	**58,333**	**100,000**	**41,667**
Sub Total	**197,581**	**345,276**	**146,675**
Total			**689,532**

1.6 Supporting Information: Appendix 1

2. Schools Recovery Resources

2.1 Evidence of Demand/Impact

Reading schools remain concerned about the long-term impact of the lockdowns for those children who were unable to access education either face to face or virtually and those pupils who are already disadvantaged. Sir Kevan Collins estimated that pupils have lost on average over 115 learning days during the pandemic and that on average children are three months behind in their learning.

Research shows:

- Pupils have made less academic progress compared with previous year groups
- There is a large attainment gap for disadvantaged pupils, which seems to have grown

All Reading schools have received catch up premium funding from the DfE to support the most vulnerable learners over the next academic year. All local schools have catch up strategy plans in place to support their vulnerable children and young people.

2.2 Proposed Response

This proposal would provide a range of agreed and targeted supports that would be overseen potentially by BFfC that would enhance schools' abilities to tackle the 'lost learning'. In particular, the aim is to ensure that disadvantaged and vulnerable children and young people receive additional support to enable them to 'catch up' and fulfil their potential.

We know that the Head Teachers and staff know what the children in their schools need. We are proposing to invite the Head Teachers to a meeting to discuss what would be the most helpful support/resource we can provide for instance, catch up maths or English or holistic support to ensure children achieve full attendance.

The outcomes of such support would be increased attendance for those children who have been disenfranchised, reduction of persistent absence as well as improvement in key subject areas (ie maths) for those children who have 'fallen behind'. Key performance indicators can be developed once the specific offer to schools is agreed.

2.3 Identification & Reach

We are using pupil premium as a proxy indicator for disadvantage/vulnerability. We need to consider how our support/resource could reach the following numbers of children in the following schools:

Schools	Children
Primary	2288
Secondary	1691
Special Schools	148
PRU	67

The Education Endowment Foundation recommends that schools should use a tiered approach to using catch up funding to ensure maximum impact on outcomes. The_EEF_guide_to_supporting_school_planning_-_A_tiered_approach_to_2021.pdf (educationendowmentfoundation.org.uk)

2.4 Resources Required

	2021/22	2022/23
£209,700	£87,375	£122,325

2.5 Supporting Information: Appendix 2

3.Adolescent Mental Health

The mental health & emotional wellbeing of children and young people has been significantly impacted by the COVID-19 crisis. The worsening of mental health results from disruptions to access to mental health services, school closures, isolation from peers and support systems. Lockdown brought increased risks from family functioning, conflict, abuse and neglect.

3.1 Demand/Impact

- Young people are 30% to 80% more likely to experience depression or anxiety than adults due to Covid (OECD, May 2021).
- Pre-Covid 1:8 CYP had a mental health disorder; post Covid this rose to 1:6
- 5-fold increase in demand for mental health services
- Increase in suicidal ideation, self-harm, eating disorders & related risk behaviours.

3.2 Response

There is a robust early intervention offer, particularly for those children attending school. This project would be integrated with the newly formed Reconnect team, comprising YOS, Youth Workers developing new multi-agency ways of working with young people most at risk of extra familial harm. The funding would ensure additional staff to support young people ages 10-18 years using a trauma-informed, systemic approach. There are no existing services specifically for the identified children.

3.3 Identification & Reach

Data/referrals to target support at particularly vulnerable groups impacted by Covid:

- Those who are not attending school, due to emotional wellbeing or existing mental health concerns. There are no existing services specifically for targeted at this group.
- Those attending school part-time, due to emotional wellbeing or existing mental health concerns. Existing services are currently unable to meet post Covid demand and waiting lists are significant.

Reach:

- 200 children and young people per year. This includes:
- 76 not attending school
- 124 part-time due to emotional wellbeing issues.

3.4 Impact Targets

- Goal based measures for participating children evidence a % improvement in pre/post intervention
- Ecological measures of resilience questionnaires evidence an increase in resilience
- % reduction in post 17s requiring onward transfer to Adult services
- Decreased stress within families (Family Star)
- 30% of those not in school re-engage with education
- 40% reduction in fixed term exclusions
- 50% reduction in missing episodes, offending & risk behaviour

3.5 Resources Required September 2021 to August 2023

	2021/22	2022/23	2023/24
Staffing	**115,357**	**203,192**	**86,993**
Total			**405,542**

3.6 Supporting Information: Appendix 3

4.Children Looked After: Mental Health & Wellbeing

4.1 Demand/Impact

Our children looked after are some of the most vulnerable and disadvantaged young people. Evidence indicates that they have been disproportionately impacted by Covid and are most at risk of experiencing poor mental health and wellbeing. These children are impacted by increasing waiting lists to access CAMHS specialist support services, or at risk of entering specialist health/residential placements

- 45% of children looked after and 72% in residential care experience Mental Health & Emotional Wellbeing difficulties.
- Children looked after are over represented in the criminal justice system, over 50% in custody in England and Wales have been in care.
- Local foster carers report needing support, training and guidance

4.2 Proposed Response

Improving support for this cohort has been explored by the partnership, and informed by young people, over the last 18 months. There is an opportunity to jointly fund a co-located service, with the CCG providing 50% of required funding for dedicated CAMHS workers specifically for looked after children in Reading.

- Joint funding will provide 6.2 specialist staff to be co-located with Social Care
- Staff will provide MH assessments, interventions, training; work with CYP, foster carers and social workers.

4.3 Identification /Reach

The project will support all Children Looked After, with a tiered response according to need. The project will additionally support social workers and foster carers to promote effective meeting of needs which will contribute to placement stability

4.4 Outcomes /Impact

Target	Measure
Improved Mental & Health and wellbeing for individual children	Improved MHEW as measured by CYP goal-based outcomes Reduction in CLA in Tier 4 health /residential placements
Increased confidence & skills in Foster Carers & Staff	Training evaluations/Supervision reflects greater confidence
Placement stability	Reduction in unplanned placement changes/Reduction in 3+ placement changes
Improved personal, social & economic outcomes	- Improved school attendance - Reduced fixed term exclusions - Reduction in NEETs - Reduction in CLA receiving statutory YOS interventions

4.5 Reach of service

- All looked after children and young people
- Foster Carers and Social Workers

4.6 Resources Required

£194,000 per year from September 2021. Total £388,000 with matched contribution from CCG

4.7 Supporting Information Appendix 4

5.Summary of Resources Requested

	2021/22	2022/23	2023/24	Total
Project 1	**197,581**	**345,276**	**146,675**	**689,532**
Project 2	**87,375**	**122,325**		**209,700**
Project 3	**115,357**	**203,192**	**86,993**	**405,542**

Project 4	**113,166**	**194,000**	**80,833**	**387,999**
Total	**513,479**	**864,793**	**314,501**	**1,692,773**

Appendix 1: 0-2s

The first 1001 days, from pregnancy to age two, are an age of opportunity. This is a critically important period of rapid development that lays the foundations for later health, wellbeing and happiness.

Impact of COVID-19 and Spring 2020 lockdown on 0-2s

Pregnancy, birth, the early months and, to some extent, the first two years should be considered as an additional 'risk factor' for lockdown harms to children due to the specific needs/vulnerabilities in this age range. These can be summarised as:

- Susceptibility to the environment
- Dependency on parents
- Dependency on services
- Dependency on social support
- Invisibility to professionals.

Reductions in direct contact with most services are widely viewed to have removed key protections to many 0-2s, just when they were most needed.

Impacts of the Spring 2020 lockdown on 0-2s

The 'hidden harms' of the Spring lockdown were broad, significant and experienced unevenly. There is a wide range of emerging evidence of 'harm' to 0-2s in five broad, overlapping areas as a consequence of lockdown.

An increased likelihood of exposure to traumatic experiences

Speech by Amanda Spielman at NCASC 2020, https://www.gov.uk/government/speeches/amanda-spielman-at[1]n said that Children were more likely to experience neglect or come to serious physical harm

An indirect health risk from time confined indoors and reduced contact with health services

- Reduced external play, more sedentary behaviour, and disrupted sleep patterns have all been identified as lockdown trends with the potential to damage long term development. Risks from other illnesses increased as interactions with health services declined due to more limited access to provision, warnings to stay at home or parent nervousness around coming forward.
- During lockdown children presented late to emergency departments leading to delayed diagnosis and hence a delay in treatment. Reduced take-up of immunisations could have further long-term repercussions
- . Lockdown exacerbated risk factors for some types of baby loss, such as sudden unexpected death in infants (SUDI), sometimes linked to deprivation.
- After a loss, isolation has contributed to negative impacts on women and partners' mental health, and their ability to access support

Risks of harm to development from restricted social interaction

Social isolation reduced opportunities for healthy play and interaction and significantly limited valued support to parent

Risk of increased parental stress, less responsive parenting and harms to caregiving relationships.

Increased perinatal and parental anxiety and stress with potential to impact pre-birth development and posing risks to nurturing, responsive caregiving. The Babies in Lockdown survey of over 5,000 parents of 0-2s found 9⁄10 experienced higher anxiety during lockdown. 25% reported concern about their relationship with their baby. The impacts were particularly pronounced for some groups.

Increased likelihood of hunger or material deprivation

- Parents were more than twice as likely than non-parents to report reduced income during lockdown, with less than half able to cover a large necessary expense. They were also more likely to have been furloughed than adults without children.
- Over 20% found childcare impacted their work.
- Food poverty increased during lockdown as indicated by a reported rise in demand in foodbanks, and 'babybanks'.
- Families living in poverty were more likely to experience the impact of digital exclusion, and to have to isolate in poor and cramped living conditions.

- According to the Babies in Lockdown report, produced by Best Beginnings, Home Start UK and Parent-Infant Foundation, just 1 in 10 surveyed parents with children under two saw a health visitor face-to-face during lockdown(April – June 2020). This was mirrored in Reading where health visiting moved to a virtual service and less than a third of all two-year olds had a mandated ASQ health and development check.

A national survey of childcare providers (October 2020) showed

Concern about children's personal, social and emotional development. Some children had returned less confident and more anxious. In some cases, children had also become less independent, for example returning to their setting using dummies or back in nappies having previously been toilet trained

Concern about the learning and development especially in the three prime areas of communication, physical development and personal, social and emotional development. This was of most concern amongst the following groups:

- Children with special educational needs and disabilities (SEND)
- English as an additional language
- Children living in poverty

OTHER IMPACTS

- concerns about children being neglected isolation of families, the closure of family support services (such as children's centres and parenting groups
- children with SEND had not received the additional support they needed from other professionals because many services had closed or were limiting face-to-face visits
- Increasing delays in accessing support for speech and language therapy and paediatric appointments.

Appendix 2: School Recovery Resources

The pandemic has shown the significant quality of leadership that we have in schools across Reading. Our 'schools led' approach has resulted in some of the highest attendance rates in the country. However, we know that our schools remain concerned about the long-term impact of the lockdowns for those children who were unable to access education either face to face or virtually and those pupils who are already disadvantaged.

Impact of lockdown on education

- Sir Kevan Collins (the recently resigned Education Catch up Tsar) estimated that pupils have lost on average over 115 learning days during the pandemic and that on average children are three months behind in their learning (particularly Maths. Research shows a consistent pattern:
  - Pupils have made less academic progress compared with previous year groups
  - There is a large attainment gap for disadvantaged pupils, which seems to have grown
- Studies from National Foundation for Education Research (NFER), Department for Education and GL assessment also show a consistent impact of the first national lockdown with pupils making around 2 months less progress than similar pupils in previous years. The studies from NFER and RS assessment both show large gaps for disadvantaged pupils, which seem to have grown since the start of the pandemic.
- All current studies only measure the impact of the first national lockdown and do not consider the potential impact of subsequent national restrictions. None of the studies in England use national assessment data due to the cancellation of testing.
- Locally our schools have reported to the school standards team both problems and new opportunities as a result of the pandemic. They are noticing gaps and educational regression particularly in disadvantaged and vulnerable populations. Gaps observed are academic, emotional, physical and social.
- Schools have also identified opportunities. Some children have benefited from being in school in smaller groups during lockdown and many children (particularly at secondary) have improved their study and independent learning skills as a result of remote teaching. Most schools have seen some benefit from the use of technology and many wish to build on this to improve learning and training opportunities and gain efficiencies in communication, co-production with parents and recruitment.
- Some schools have forged closer relationships with their communities and families who have traditionally found school hard to engage with. Many schools hope to maintain and build these relationships further and continue joined up work with community leaders and organisations,

Primary schools

School Name	Phase	Number of Pupils
Alfred Sutton Primary School	Primary	82
All Saints Church of England Aided Infant School	Primary	3
All Saints Junior	Primary	9
Battle Primary Academy	Primary	60
Caversham Park Primary School	Primary	15
Caversham Primary School	Primary	18
Christ The King Catholic Primary School	Primary	59
Churchend Primary Academy	Primary	76
Civitas Academy	Primary	18
Coley Primary School	Primary	40
E P Collier Primary School	Primary	52
Emmer Green Primary School	Primary	21
English Martyrs' Catholic Primary School	Primary	48
Geoffrey Field Infant School	Primary	45
Geoffrey Field Junior	Primary	130
Katesgrove Primary School	Primary	71
Manor Primary School	Primary	88
Meadow Park Academy	Primary	117
Micklands Primary School	Primary	69
Moorlands Primary School	Primary	133
New Christ Church CofE (VA) Primary School	Primary	37
New Town Academy	Primary	51
Oxford Road Primary School	Primary	41
Park Lane Primary School	Primary	72
Ranikhet Academy	Primary	66
Redlands Primary School	Primary	22
Southcote Primary School	Primary	63
St Anne's RC Catholic Primary School	Primary	27
St John's CofE (Aided) Primary School	Primary	50
St Martin's Catholic Primary School	Primary	8
St Mary and All Saints CofE (VA) Primary School	Primary	67
St Michael's Primary School	Primary	98
Thameside Primary School	Primary	67
The Heights Primary School	Primary	14
The Hill Primary School	Primary	23
The Palmer Primary Academy	Primary	89
The Ridgeway Primary School	Primary	113
Whitley Park Primary & Nursery School	Primary	157
Wilson Primary School	Primary	69
Primary Total		2288

Secondary schools

School Name	Phase	Number of Pupils
Blessed Hugh Faringdon Secondary School	Secondary	165
Highdown School	Secondary	163
John Madejski Academy	Secondary	255
Kendrick School	Secondary	27
Maiden Erlegh School Reading	Secondary	245
Prospect School	Secondary	355
Reading Girls' School	Secondary	162
Reading School	Secondary	36
UTC Reading	Secondary	29
WREN School	Secondary	254
Secondary Total		1691

Special schools

School Name	Phase	Number of Pupils
Hamilton School	Special	24
Thames Valley School	Special	25
The Avenue Special School	Special	78
The Holy Brook School	Special	21
Special Total		148

Pupil referral unit:

School Name	Phase	Number of Pupils
Cranbury College	PRU	67

Appendix 3: Adolescent Mental Health

The Mental health & emotional wellbeing (MHEW) of children and young people has been significantly impacted by the COVID-19 crisis locally and nationally. The worsening of mental health results from disruptions to access to mental health services, school closures, isolation from peers and support systems. Lockdown brought increased risks from family functioning, conflict, abuse and neglect. Numbers of CYP experiencing Adverse Childhood Experiences (ACCEs) increased over COVID, with higher incidents of family/parental stress, domestic violence and child abuse during the lockdown period, along with reductions in family income (Lockhart and Sopp 2020; Davidge 2021). In 2017, 23.2 % of 5-16-year olds with a parent experiencing psychological distress had a probable mental disorder, compared with 8.5% of children whose parent showed no distress. In 2020 the proportion of children with a probable mental disorder increased to 30.2% for children whose parent showed psychological distress, compared with 9.3% of children whose parent showed no distress (NHSD, 2020).

The resultant increase in demand for mental health services is estimated to be at least 15% for CYP aged 5-19 (O' Shea, 2020).

- Anxiety and depression among adolescents are higher than pre-crisis levels and compared to other age groups. Increases in anxiety and depression were greatest in those with a pre-existing physical or mental health condition, neuro disability, SEND or disability (Young Minds 2020, NHSD 2020, Family Fund 2020, Waite 2020, Waite & Creswell, 2020).
- Young people are 30% to 80% more likely to experience depression or anxiety than adults (OECD, May 2021).
- Associated with suicidal ideation, self-harm, eating disorders & related risk behaviours.
- Children and Young People in enforced isolation/quarantine were up to 5 times more likely to require a MH service (Lockhart & Sopp, 2020)
- Since 2020, CYP with mental health issues increased with age; wellbeing reduced with school year, with those in years 12 and 13 having the greatest proportion of low wellbeing compared to other school years in June & July 2020 (NHSD, 2020).
- Local and national services report increase in referrals, particularly for eating disorders, emotional regulation and complexity of cases.
- Significant increase in mental health needs for CYP, particularly evident in boys.

Before the COVID Pandemic (2017-8)	During the COVID Pandemic (end 2020)
9.4% 5-10y olds MH disorder 5-10y boys 11.5% 11-16y 12.6% MH disorder 1 in 8 5-19 year olds have MH disorder;	14.4% 5-10y olds MH disorder; 5-10y boys 17.9% 11-16y 17.6% MH disorder 1 in 6 of 10-16 year olds MH disorder

Reading figures

Pre-Covid (4.19-3.20)

Age Range	MHEW Concern	Combined Services received (EPS, MHST, PMHT)
10-18Y		
	Anxiety	69%
	Depression	15%
	Behavioural or Conduct Concern	
	Self-Harm	7%

Post Covid (3.20-6.21)

Age Range	MHEW Concern	Percentage of referrals received (EPS, MHST, PMHT)

10-18Y	Social Emotional & Mental Health (SEMH)	35%
	Anxiety	29%
	Depression	10%
	Behavioural or Conduct Concern	7%
	Self-Harm	3%

These tables show an increase in referrals for SEMH reflecting less surety in referral information due to lockdown. However, our MHEW dashboard has changed in recording data fields since lockdown, making comparison slightly harder. In addition:

- 76 Vulnerable pupils on roll of a school but not attending school or part-time due to emotional wellbeing issues. A further 216 are open to EWS for attendance concerns.
- 156 CYP with EHCP for SEMH aged 10-18y
- 231 CYP at SEN Support for SEMH aged 10-18y
- Plus ASD 351 at SEN support, SLCN 273 at SEN
- 20 adolescents on waitlist for PMHT with a wait of up to 4 months.
- 4 on waitlist for MHST at early intervention stage.

Appendix 4: Children Looked After

https://www.nice.org.uk/guidance/gid-ng10121/documents/draft-guideline
https://www.southeastclinicalnetworks.nhs.uk/children-in-care/

Overall, looked-after children and young people have poorer outcomes in many areas compared to the general population, including mental and physical health, education, and offending rates. The pandemic was particularly detrimental for CLA CYP as the lockdown put additional pressure on families and took away the ecological sources of resilience such as schools and meeting attachment figures.
The rate of mental health disorders in the general population 11 aged 5-15y is 10%. However, for those who are looked-after it is 45%, and 72% for those in residential care. 32.5% of Reading CLA identified as having EWB concerns (Fingertips PH data) which is likely to be an under-estimate.
The average cost to LAs in SE England is £2.3m a week. The rate of CiC is rising in SE England and nationally. Reading has 280 CLA aged 4-19y, double our neighbouring LAs combined; we have low UASC (3.6% March 2020), in the lowest quartile in SE England.

Adversity experienced in childhood is estimated to contribute to 30% of mental health conditions in adulthood. 16% of CYP exposed to a traumatic event develop PTSD, rising to 25.2% for those experiencing an interpersonal trauma such as physical or sexual abuse/attack (Alisic et al. 2014 in Lockhart & Sopp, 2020).

Date	April 2021
Title of Paper	Berkshire West Children in Care Mental Health offer

Part 1 – Service outline

There has been discussion with CYP about what type of service they want.

There has been research of other service offers across the country

A small task and finish group of LA, BHFT and CCG officers have cowritten a service specification

Therefore, the service is being established to ensure that Children who are in care receive quicker access to mental health support through sharing information and knowledge, directly assessing the needs of CYP in care and providing interventions that meet needs where that is best for the child or young person.

The service aims to improve life chances of Children in Care, by working towards increasing these resiliency factors:

- Creating stability of the Child or Young person's home placement
- CYP able to maintain a relationship with family members and work to be re-united where that is possible.
- Fostering as strong an attachment as possible with the CYP foster carers or adults responsible for their care (if in a residential setting)
- Reaching as high as possible Education achievements and
- Creating local social networks, forming positive and meaningful relationships with peers and other adults.

The objectives of this specific service will be to:

- Provide evidence based mental health assessments

- Use these high-quality assessments to inform multi-disciplinary care planning and inform interventions (clinical and non-clinical)
- Share knowledge, expertise, advice, and guidance to professionals (including foster carers) so more informed decisions (both small and significant in scale) are made with CYP about their lives.
- Provide training to professionals (including Foster carers) about CYP presentation of need to enable adults to identify needs earlier, respond in a knowledgeable and empathic way and be confident that as adults they are doing the right things for that CYP.
- Provide evidenced based interventions directly with CYP and foster carers that support improved outcomes.

The 4 outcomes for CYP that use the service are:

- Symptom reduction - The way that the presenting symptom impacts on the young person, for example reduce emotional distress and reduce challenging behaviours
- Positive impact on functioning - Building protective factors in the young person that enables them to manage and cope with their personal circumstances, for example Children & Young people placement stable following interventions
- A good user experience - Children and Young People, Foster/ Carers and professionals report positive experience of the service intervention for example increased knowledge and confidence that improves their care, practise and decision making.
- Improved Subjective Wellbeing– A young person reported improvement in the ability to manage difficult feeling

Part 2 – Model and finance

The service needs to be set up and work in an integrated way with local authority children's services implementing the 'team around the worker' ethos. These are the 4 key factors:

1) Location: The service will be based within each of the 3 LA offices with the CiC teams but staff will be required in health offices of their employer on a regular basis
2) Employment: Staff and/ or Practitioners will be employed by an NHS provider as the lead of the service but as described deployed into the CIC teams.
3) Management: line management, HR procedures and supervision stays with the NHS provider. However, a partnership agreement or SLA between the LA and the NHS partner needs to be put in place
4) Governance – Oversight of this service would be by a regular steering group established between provider lead and individual LA.

The model is best delivered by a skill mix including a higher paid leadership role for each Local Authority to support the complex partnership work needed. To scope the depth of capacity required there are two factors to map against the number of CIC that will use the service in a year.

Firstly, identify the 5 types of core activities that being provided and how much time/ capacity required per patient. The table below (1) outlines the 4 key patient activities, and the final column gives a total hours per patient

Table 1

Activity Type	Duration of Intervention (months)	Sessions a month	Total Sessions
1. Consultation only	1	1	1
2. Consultation for out of area CIC	12	1 every 4 months	3
3. Consultation + Low Intensity intervention	1+ 3	3	10
4. Consultation + High Intensity	1+ 9	6	55

There is a fifth activity training that will be added at the end of the model.

Secondly to identify the number of CYP in care that require which type of activity.

In appendix 3 is the CIC data as provided from each Local Authority that this part of the model has been based upon (Wokingham & WB for Feb 21 and Reading June 20). There are a few steps in the process.

A) use 4 working assumptions to identify the number of CYP from the Jan/ Feb 21 position of 537 CYP in care.

1. Reduce number by decreasing a proportion the 0 – 4-year-old age range. Reduced the number to access the service to 513 (reduction of 24 or 25% of the 0 – 4 cohort)

Of this new total now need to identify

2. The % of CYP out of area from the remaining cohort at its lowest is 26% **= 134**
3. The % of CYP that have an EWB element of care plan and therefore likely to need either high or low intensity is 49%, taken from Wok & WB feb 21 (30%) and Reading June 20 (52%) of the cohort left (minus under 5 and out of areas) **= 188**
4. Expectation of a 40/60 slit on this number between high/ low intervention need = 75 high /113 low

Therefore, applying these elements to the 513 we have in Table 2 below numbers per LA.

Activity Type	CYP in CiC applicable to	West Berks	Reading	Wokingham
1. Consultation only	191*	57	96	38
2. Consultation for out of area CIC	134	27	67	40

3. Consultation + Low Intensity intervention	113	24	74	15
4. Consultation + High Intensity	75	16	49	10
Total	**513**	**124**	**286**	**103**

*Added in consultation for all other CiC

Next need to estimate the FTE capacity required to deliver a training offer, which is outlined in table 3 below.

	Duration (hours)	**Events/ month**	**Annual Total (hours)**
Standard Training Offer	8	3	288
Complex Training Offer	4	2	96

This estimates that an additional 0.3 FTE is required by LA area.

Finally need to apply this to the sessions required over a year that provides the FTE front line capacity required (minus admin), outlined in Table 4 below.

	West Berks	**Reading**	**Wokingham**
Consultation Only in hours	114.6	191	76.4
OOA CiC in hours	160.8	402	241.2
Low Intensity in hours	482.4	1483.92	306
High Intensity in hours	1768.8	5441.04	1122
In weeks (48 to year)	53	157	36
In WTE	1.4	4.2	1.0
Add 30% for additional demand	1.8	5.4	1.3
Add in Training offer (0.3)	0.3	0.3	0.3
TOTAL FTE	**2.1**	**5.7**	**1.6**

As already stated, the proposal has planned a skill mix to give a full range of skills and qualities, making the final cost as effective as possible.

Table 5 below is the Health services view of the skills mix per Local Authority

NHS Banding	**West Berks**	**Reading**	**Wokingham**
8b	0.2	0.6	0.2
8a		1	

7	1	1	0.5
6	1	1.4	0.4
5		1	0.5
4		0.7	
Frontline Total	**2.2***	**5.7**	**1.6**
Additional Admin	0.5	0.5	0.5
Total	**2.7**	**6.2**	**2.1**

*slight increase in frontline FTE (2.1 to 2.2) to enable recruitment

This enables costing per LA including non-pay and overheads to deliver this service in Table 6 below.

NHS Banding	**West Berks**		**Reading**		**Wokingham**	
8b	0.2	£13,359	0.6	£42,657	0.2	£13,859
8a			1	£60,135		
7	1	£53,805	1	£53,805	0.5	£27,460
6	1	£43,382	1.4	£60,735	0.4	£17,496
5			1	£34,982	0.5	£17,771
4			0.7	£21,256		
(Admin) 3	0.5	£12,724	0.5	£12,724	0.5	£13,422
Pay total		**£123,297**		**£298,007**		**£90,008**
Mobile, Data line costs & IT Support		£4,541		£8,325		£6,055
Rio (Clinical Records) Licence and Support		£11,679		£23,358		£16,351
Contribution to Overheads (at 17.75%)		£24,695		£58,355		£19,897
Total Service Costs		**£164,212**		**£388,045**		**£132,311**