
**Manchester City Council
Report for Information**

Report to: Children and Young People Scrutiny Committee – 6 December 2016

Subject: Budget Process 2017-2020: Consideration of Options and Further Information

Report of: Strategic Director (Children's Services), Director of Education and Skills and City Treasurer

Summary

At the November meeting, Members considered the budget options for the areas within the remit of this Committee. Further detail was requested on a number of the options to inform the Committee's recommendations on those that they believe should be taken forward to the Executive on 14 December.

This report summarises the budget process and next steps. Subsequent appendices provide details of the savings options put forward by officers and further information regarding a number of budget options for which additional information was requested in November.

Recommendations

The Committee is asked to consider and make recommendations to Executive on the savings options put forward by officers and prioritise which options they believe should be taken forward to ensure the Council delivers a balanced budget across the three financial years 2017/18-2019/20.

Wards Affected:

All

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Appendices:

Directorate Budget Reports and Savings Options

Appendix 1 Directorate Budget Report – Children’s Services
Appendix 2 Locality Plan

Further Information

Appendix 3 Budget Option for Education and Skills – School Crossing Patrols
Appendix 3A Scoring Matrix
Appendix 3B Red Crossings
Appendix 3C Amber Crossings
Appendix 3D Green Crossings
Appendix 3E Safety Improvement Measures
Appendix 4 Budget Option for Education and Skills – Health Visitor Contract
Appendix 5 Budget Option for Education and Skills – Reconfiguration of the Early Years New Delivery Model including Sure Start Centres
Appendix 6 Budget Options for Education and Skills – Early Years Delivery Model
Appendix 7 Budget Option for Education and Skills – Short Breaks
Appendix 8 Budget Option for Education and Skills – Youth and Play

Background documents (available for public inspection):

The following documents disclose important facts on which the report is based and have been relied upon in preparing the report. Copies of the background documents are available up to 4 years after the date of the meeting. If you would like a copy please contact one of the contact officers above.

Final Local Government Finance Settlement from DCLG, 8 February 2016 (all papers available on the DCLG website).

Autumn Statement, 23 November 2016 (<https://www.gov.uk/government/topical-events/autumn-statement-2016>)

1. Overview

- 1.1 At its meeting on 8 November, the Committee received details of the Council's anticipated financial position for the period 2017/18 to 2019/20, which outlined a potential budget gap ranging from £40m to £75m (as reported to Executive in October). The need for such a range was due to uncertainty around elements of available resources and the potential need to address further risks, pressures and priorities.
- 1.2 The Medium Term Financial Plan was prepared on the basis of the best estimate available in October which included a number of assumptions and it indicated a savings requirement of around £60m for the period 2017/18 to 2019/20 with the final position subject to confirmation of Government funding and overall revenues available to Council.
- 1.3 Also presented to the November meeting were a number of savings options put forward by officers to address the budget gap which totalled c£58m as well as the detailed feedback from the budget conversation which took place between July and September 2016.
- 1.4 The Autumn Statement was published on 23 November. Forecasts by the Office for Budget Responsibility (OBR) have worsened since the March budget. For public sector finances the projected Departmental Expenditure Limit (DEL) across the Spending Review Period 2016/17 to 2019/20 has reduced by £70.8bn from that stated in the March budget 2016¹. Whilst there were some announcements on investment in infrastructure, there was no further indication on levels of government department or local authority spend or announcements that impact on any of the budget assumptions the council has made. It also failed to set out any measures that would address the growing pressures being felt across the country on social care.

2 The Financial Position 2016/17 to 2019/20

- 2.1 The Government made an offer of a four-year settlement for the period 2016/17 to 2019/20 with the provisional figures being issued as part of the 2016/17 Finance Settlement. The City Council made the decision in July this year to accept the offer and, in accordance with the requirements of the Department for Communities and Local Government (DCLG), published an Efficiency Plan on 14 October which covered the settlement period. The published plan is part of a suite of reports which includes the covering narrative (available at <http://www.manchester.gov.uk/eps>) and the budget reports presented to Executive in October. DCLG have since approved the four year settlement for the City Council.
- 2.2 The Medium Term Financial Plan has been prepared on the basis of the best estimate at this point in time and based on a number of assumptions. It indicates a savings requirement of around £60m for the period 2017/18 to

¹ Individual DELs are not provided in the Statement and therefore it is not possible to confirm the detail behind the position.

2019/20. The final position will be subject to confirmation of Government funding and overall revenues available to Council.

- 2.3 The current forecast position also assumes the full year effect of savings agreed for 2016/17 are delivered and these are included within the figures below. The total additional full year effect of savings included for 2017/18 are £3.326m with a further £1.864m in 2018/19. The overall financial position is summarised in the table below.

Table 1: Resources Requirement against Resources Available 2016/17 to 2019/20

	2016/17 £'000	2017/18 £'000	2018/19 £'000	2019/20 £'000
Resources Available				
Revenue Support Grant	113,768	90,151	73,740	57,041
Business Rates	168,655	170,357	177,143	184,766
Council Tax	136,617	140,681	147,716	157,450
Public Health Funding and Non-Ringfenced Grants	78,128	76,728	81,085	89,066
Dividends and Use of Reserves	31,348	31,337	29,337	29,337
Total Resources Available	528,516	509,254	509,021	517,660
Resources Required				
<i>Corporate Costs:</i>				
Levies/Charges, Contingency and Capital Financing	122,504	127,557	130,404	131,394
<i>Directorate Costs:</i>				
Directorate Budgets (including 2016/17 pressures and inflationary budgets yet to be allocated, and other costs such as additional allowances, other pension costs and insurance)	406,012	417,136	433,144	446,286
Total Resources Required	528,516	544,693	563,548	577,680
Total Savings Required (Current Estimate)	0	35,439	54,527	60,020
In Year Savings required	0	35,439	19,088	5,493

- 2.4 Officers have put forward a range of savings options to meet the budget gap, which include efficiencies as well as savings which can only be achieved through service reductions. These options have been informed by the feedback that the Council received from the budget conversation which took place from the end of July up to September. Overall the options submitted by each Directorate total c£58m and are in addition to the £5.2m full year effect savings put forward as part of the 2016/17 budget process which is already included in the base position. The savings options, which are broadly in line

with the anticipated level of savings to be achieved over the three year period, are summarised by Directorate in the following table:

Table 2: Savings Options

	2017/18	2018/19	2019/20	Total	FTE
	£,000	£,000	£,000	£,000	Impact (Indicative)
Current estimate of savings requirement	35,439	19,088	5,493	60,020	
Children's Services	3,357	2,143	1,199	6,699	35
Adult Services	17,980	6,534	2,550	27,064	-
Corporate Core	7,585	3,757	2,846	14,188	90
Growth and Neighbourhoods	2,232	1,677	5,532	9,441	32
Strategic Development	400	-	-	400	4
Total Savings identified in latest schedules	31,554	14,111	12,127	57,792	161
Shortfall against current estimate	3,885	4,977	(6,634)	2,228	

2.5 It is assumed that that the Locality Plan work will identify how the full gap in the Manchester Health and Social Care economy is closed and agreement is reached on how investment is deployed to support the new care models across the medium term.

2.6 There will continue to be an ongoing review of how the resources available are utilised to support the financial position to best effect. This will include the use of reserves and dividends, consideration of the updated Council Tax and Business Rates position, the financing of capital investment and the availability and application of grants.

3 Scrutiny of Budget Options

3.1 The Directorate Reports appended to this report (previously included in papers for the November meeting) detail the budget options put forward by officers. This Committee has been provided with the Children's Services and Locality Plan reports. In addition, officers have prepared additional information on the following areas, as requested by Members at the November meeting and these are set out in the appendices to this report:

- School Crossing Patrols
- Health Visitor Contract
- Early Years Delivery Model and Reconfiguration of Early Years New Delivery Model including Sure Start Centres
- Short Breaks

- Youth and Play

- 3.2 Officers have divided savings options into those which are improvement and efficiency savings and those which are service reductions. Service reductions will have a significant impact on residents and service users either by reducing direct services or by reducing the Council's capacity to deliver its priorities in the Our Manchester Strategy. These options have been put forward due to the scale of savings the Council must achieve over the next three years and this means that some options are not compatible with the city's overall objectives. The Committee has been provided with detailed feedback received from residents and other stakeholders as part of the recent budget conversation to assist Members to identify which options best align to the priorities identified through this process.
- 3.3 Officers have also undertaken an assessment of the deliverability and impact of these savings and have provided a RAG rating for every option which provides an indication of those savings which would be difficult to deliver due to a range of factors – for example dependency on behaviour change, technical and systems changes or timescales.
- 3.4 Scrutiny Committees have a critical role to play in considering the options for services and functions within their remit and supporting information, and recommending which of these options the Committee believes should or should not form part of the Executive's draft budget proposals, which will be published on 3 January. These recommendations must take into account the legal requirement for the Council to set a balanced budget and to achieve reductions of circa £40m-£75m over the three year period, with further clarity regarding savings to be achieved following publication of the Finance Settlement around December 2016. To ensure the views of Scrutiny Committees are taken into account when the Executive prepares its draft budget proposals, and to ensure a consistent approach across all Committees, members are requested to identify from the options two categories of saving:
- A: Options which should only be considered by the Executive if the overall level of savings required exceeds £40m
- B: Options which should only be considered by the Executive if the level of savings required means that all options have to be taken forward, and no alternative savings can be found.

4. Timetable and Next Steps including Consultation

- 4.1 Consultation on officer budget options commenced on 3 November 2016 and this first phase will run until 15 December, when consultation will be paused to ensure that feedback is received by the Executive when it publishes its draft budget proposals.

4.2 Statutory consultation on two of the options – Reconfiguration of the Early Years new Delivery Model including Sure Start Centres and the Council Tax Support Scheme also started on 3 November and will end on 10 January and 15 December respectively.

4.3 The phases of consultation are summarised in the table below:

Phase 1	21 July – 16 September	Budget Conversation
Phase 2	3 November – 10 February	Budget Consultation: Early November to Early January: have your say on budget options Early January to Early February: have your say on budget proposals Statutory Consultation on Council Tax Support Scheme (ends 15 December) Statutory consultation on Early Years New Delivery Model Reconfiguration (ends 10 January)
Phase 3	3 March onwards	You said, we're doing...explaining the outcomes and impact of the consultation process, reflecting back on what we hear

4.4 The Executive will agree its draft budget proposals at its meeting on 11 January. When agreeing these proposals, the Executive will consider comments and feedback received as part of the first phase of the Budget Consultation on officer options, as well as recommendations made by the six Scrutiny Committees in December. A further analysis of the Council's financial position will also be undertaken after the release of the Government's Autumn Statement and publication of the Local Government Finance Settlement (normally received December). This alongside further work, including that to determine the Council's business rates and council tax base, will provide clarity on the resources available and savings the Council needs to achieve over the three year budget period.

4.5 The Executive's draft budget proposals, as set out in Directorate Budget and Business Plan reports and accompanying Delivery Plans will then be scrutinised by each of the six Scrutiny Committees at their meetings on 31 January - 2 February 2017. The recommendations from these Scrutiny meetings will be submitted to the Executive when it agrees the final budget proposals on 8 February 2017. The Resources and Governance Overview and Scrutiny Committee will then consider the results of the budget consultation on 20 February before Council sets the budget on 3 March 2017.

4.6 The table below summarises the budget time line and key milestones.

Date	Milestone
2016	
23 November	Autumn Statement
6-8 December	Scrutiny Committees consider any further detailed information on options requested at their November meetings and make recommendations to the Executive about officer options
15 December	General Budget Consultation pauses Statutory Consultation on Council Tax Support Scheme ends
Early-Mid December	Anticipated publication of local government finance settlement
2017	
3 January	Executive's Draft Budget Proposals Published General Budget Consultation resumes
11 January	Executive agrees final draft budget proposals taking into account feedback and comments received from the Budget Consultation to date and recommendations made by Scrutiny Committees in November.
31 January – 2 February	Scrutiny Committees scrutinise the Executive's draft Budget proposals and make recommendations to the Executive's budget meeting on 8 February
8 February	Executive agrees final budget proposals
10 February	General Budget Consultation Closes
20 February	Resources and Governance Budget Scrutiny Meeting to consider final outcomes of the budget consultation
3 March	Council sets the budget for 2017/18 – 2019/20

**Manchester City Council
Report for Resolution**

Report to: Executive – 19 October 2016

Subject: Directorate Budget and Savings Options 2017–20: Children’s Services and Education and Skills

Report of: Director of Children’s Services and Director of Education and Skills

Summary

This report provides the high level budget context and priorities for Children’s Services and Education and Skills across 2017-20 and the feedback from the budget conversation, which has been used for the development of savings options 2017-20 and investment requirements to fund population driven and other budget pressures.

Recommendations

The Executive is recommended to note the savings options and investment priorities detailed in the report.

To note that statutory consultation will be undertaken on the Sure Start proposals set out in paragraph 7.6 (ii) and to delegate to the Director of Education and Skills in consultation with the Executive Member for Children’s Services the decision on which Centres will be subject to consultation.

Wards Affected: All

Manchester Strategy outcomes	Summary of the contribution to the strategy
A thriving and sustainable city: supporting a diverse and distinctive economy that creates jobs and opportunities	Supporting the Corporate Core in driving forward the growth agenda with a particular focus on integrated commissioning and delivery which will focus on utilising available resources effectively and developing a diversity of providers including entrepreneurs and social enterprises. This will provide opportunities for local jobs
A highly skilled city: world class and home grown talent sustaining the city’s economic success	Integrated commissioning will focus on utilising available resources to connect local people to education and employment opportunities, promoting independence and reducing worklessness. Working with schools to engage and support our communities.

A progressive and equitable city: making a positive contribution by unlocking the potential of our communities	The focus is on changing behaviours to promote independence, early intervention and prevention, the development of evidence-based interventions to inform new delivery models integration with partners where appropriate.
A liveable and low carbon city: a destination of choice to live, visit, work	Development of integrated health and social care models and local commissioning arrangements that connect services and evidence-based interventions to local people and enable families and their workers to influence commissioning decisions aligned to locally identified needs. Schools as community hubs playing an essential role in reaching out to communities and leading early intervention and prevention approaches at a local level
A connected city: world class infrastructure and connectivity to drive growth	N/A

Full details are in the body of the report, along with any implications for

- Equal Opportunities Policy
- Risk Management
- Legal Considerations

Financial Consequences - Revenue

The options set out in this report will be used to inform the development of the Executive's budget consultation and draft Medium Term Financial Strategy.

Financial Consequences - Capital

There are no capital consequences arising specifically from this report.

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Background documents (available for public inspection):

The following documents disclose important facts on which the report is based and have been relied upon in preparing the report. Copies of the background documents are available up to 4 years after the date of the meeting. If you would like a copy please contact one of the contact officers above.

None

1.0 Introduction

- 1.1 This report provides a high level overview of the priorities to be delivered in Children's Services and Education and Skills within the Children and Families Directorate in 2017-20. This report should be read in conjunction with the Locality Plan report elsewhere on the agenda.
- 1.2 The report outlines the options for savings in the context of the Directorate's objectives and the broader changes to deliver them.

2.0 About the Directorate

- 2.1 The Directorate for Children and Families is responsible for social care services for children and families, public health, and for education, skills and youth services, with statutory responsibilities for safeguarding children and adults and a broad range of other functions.
- 2.2 In line with the priorities of the Our Manchester Strategy, the Directorate is focused on helping people who have to rely more than most on targeted and specialist services to make the changes in their lives which will see them become more independent. It must be ensured that every child has the best possible start in life and that everyone in the city has the same opportunities, life chances and potential to lead safe, healthy happy and fulfilled lives. Connecting people to the economic growth of Manchester by helping them overcome the barriers to training and jobs is key to this.
- 2.3 In doing this, public services must be radically transformed so they are focused around people and communities rather than organisation silos. The Directorate is working across traditional organisational boundaries to bring innovation and new ways of working to the fore.
- 2.4 Alongside this, Manchester's Locality Plan sets out the vision for integrated, place-based working and commissioning in health and social care. The plan, which is jointly owned by a range of partners, sets out a shared ambition that children and young people in the city are safe and have the opportunity to thrive as they become adults.

3.0 Context for Children's Services and Education and Skills

- 3.1 Education and Skills services, services for children in care and family support have been identified by Manchester citizens through the recent Budget Conversation as of high importance to them (more details set out below and elsewhere on the agenda).
- 3.2 Like many public services, Education, Skills and Children's Services in Manchester are operating in climate of challenge and opportunity; which is volatile and ever changing. Manchester has seen over recent years a significant growth in its overall population and that of children and young people; where there has been an increase in those with additional needs. This growth has seen emerging challenges in respect of school place planning and

- being able to respond to such transience (for example, the period of the school summer holiday has seen the arrival in the City of nearly 1,000 children seeking a school place).
- 3.3 The City has shown great resilience throughout the period of the recession, subsequent recovery and austerity; resulting in levels of worklessness in the city falling and more people educated to degree level and fewer people with no qualifications. Unfortunately this is a stark contrast to 'looked after' children and some young people who are resident in the city for whom there has been an increase in the number of young people not in education, employment or training (NEET) and for whom it remains the case that poor skill levels, worklessness and benefit dependency are characteristics of their everyday experiences and community. In addition, these same young people are all too often over represented in criminal justice and mental health systems.
- 3.4 In addition to the demographic and changes in national policy, Children's Services are also working within the context of significant change and reform locally that is being driven through Our Manchester Strategy, Locality Plan and City Deal.
- 3.5 Following an inspection of children's services by Ofsted in 2014, the Council's children's services was made subject to an Improvement Notice; issued in March 2015. Since Ofsted's 2014 Inspection the Council have implemented a major programme of improvement which is aligned to investment that is intended to deliver significant savings and improve outcomes for children by 2019/20. The underpinning principles of this improvement program is to build a stable, confident and competent workforce service that will reduce demand leading to manageable workloads for social workers that will result in better quality of service provision, better outcomes for children and young people and at reduced cost to the Council. This will be delivered with partner statutory and voluntary agencies in partnership with children and families.
- 3.6 Following the Ofsted Inspection in September 2014, the Council has worked with its stakeholders to refresh our Children's and Young People's Plan 2016 - 2020 - "*Our Manchester – building a safe, happy, healthy and successful future for children and young people.*" It is intended this strategy will drive the collective commissioning intentions for children and young people.
- 3.7 The focus of the Children and Young People's Plan is to take a holistic view of their experiences and outcomes, from the pre-requisites of ensuring children and young people are safe and healthy, to the wider outcomes around ensuring children and young people can take advantage of the unique opportunities that the city provides. It is also about ensuring that the city properly understands what outcomes matter to children and young people. This will be informed through a number of ways, including the Joint Strategic Needs Assessment (JSNA), engagement with forums like the Youth Forum and Children in Care Council, as well as regular engagement with children and families through our daily interactions.

- 3.8 In addition the plan is intended to stimulate different ways of working, consistent with the emerging Our Manchester approach and the integration of reform under the following four aspects:
- **Safe** - *All children and young people feel safe; their welfare promoted and safeguarded from within their homes, schools and communities;*
 - **Happy** - *All children and young people grow up happy – having fun, having opportunities to take part in leisure and culture activities, and having good social, emotional, and mental health;*
 - **Healthy** - *All children and young people enjoy good physical and mental health that enables them to lead healthy, active lives, and to have the resilience to overcome emotional and behavioural challenges; and*
 - **Successful** - *All children and young people have the opportunity to thrive and succeed in their education, emotional and personal lives.*
- 3.9 In addition to integration reform linked to the three pillars of the Locality Plan, Children's Services are an active member in the Greater Manchester (GM) review of services for children which is developing within a wider context that sets out the prospects of children in GM being below the national average and significant variation of consistency, demand, outcomes between authorities, and the cost of children's services.
- 3.10 The collective aspiration is for high quality, high impact services for children across ten authorities designed as one GM system. This will be enabled by the current GM development of a framework to develop system leaders, supported by a workforce strategy for services for children underpinned by social work development through the GM Social Work Academy. It will be further developed by other roles such as key worker functions using the Troubled Families learning on a GM basis. The systems thinking analysis which is guiding the GM development of multi-agency asset based, place based approaches in GM communities, will offer holistic support from early help to edge of care to statutory intervention for children.

Education and Skills

3.11 **Schools**

The largest sector with which the service works is the schools system. Schools' contribution to the strategic priorities of the City is clear: good quality universal education in schools across the City is the bedrock of success for future Mancunians and the City as a whole, and at the heart of successful neighbourhoods. Education was identified by citizens in the Budget Conversation as the service that is most important to them.

- 3.12 Schools provide a platform for achieving a progressive and equitable city in which the potential of the people of the City is unlocked through the Our Manchester approach, with schools acting as anchor institutions providing local leadership, location and provision of a wide range of integrated neighbourhood services for children, young people and families.

- 3.13 The Council has maintained a strong working relationship with virtually all schools in the City regardless of their status, and this will become more important as government policy developments further impact on the curriculum offer, structures and governance of schools. This relationship has enabled strong partnership working to be sustained in support of the full range of functions of schools and ensures an equitable school offer across the city. The Council has maintained a strong influencing role and acted as a champion for children and young people in the City in direct relationships with schools and in challenging the government's Regional Schools Commissioner to take decisions that are supportive of the strategic goals of the City.
- 3.14 A particular area of focus over the coming years will be ensuring that the schools system in Manchester continues to grow to match the significant increases in the child population of the City: achieving this requires strong partnership – with existing schools (including academies), with the DfE and their free schools programme, and with strategic spatial developments across the City, given the challenges in securing sufficient land for future school developments. Ensuring fair access and inclusion for all within such a rapidly growing system is a particular challenge within the current context.
- 3.15 The recent White Paper, Educational Excellence Everywhere, and follow up announcements from government have proposed a system in which all schools are academies, but in which those that are good or outstanding are not forced to change status. Manchester already has 40% of pupils attending academies, and this is likely to rise substantially through developments already in process (including the proposals from the Catholic Diocese of Salford). The City's Strategic Education Partnership Board has already expressed a commitment to all schools working in structured partnerships – and recognises that for some, these will be Multi-Academy Trusts (MATs), and for others, federations or other approaches. Such groupings provide the structural units for the future shape of the school system, grown from groups of successful schools in the City, and many will be well placed to take the leading roles and form the anchor institutions outlined above. Ensuring that future groupings of schools and the development of new and enhanced provision are aligned to the City's (and GM's) priorities will require sustained capacity for school engagement, despite the government's reductions in funding to Councils to fulfil this function through the changes to the Education Services Grant.
- 3.16 The service has been at the heart of developments within Greater Manchester, through the Review of Services for Children, to develop a framework that would see future school developments – whether government funded or locally funded – focussed on local contextual factors. These could include spatial growth, skills needs and population growth – alongside national priorities for the school system.
- 3.17 **Early Years**
Working to secure a sufficient and high quality childcare market is central to securing good quality early learning for children across the City, and the service works proactively with all parts of the sector – from childminders to

large day care providers and schools – to promote quality and inclusive practice. With an increasing population and the continued provision of near universal full time free early learning for 3 year olds in the City, there are significant challenges for the sector, and the service will continue to work closely with it, particularly to promote the take up of the free early learning entitlement.

3.18 The integrated Early Years Delivery Model, incorporating the work of Manchester's Sure Start Children's Centres and their outreach teams, the work of Health Visitors (in delivering the Healthy Child Programme) and other partners, is overseen in partnership within the service. The future context for the Early Years Delivery Model is covered elsewhere as its development becomes integrated with that of Early Help services across the City.

3.19 **Youth and Play**

The service secures the commissioning of a wide range of youth and play activities from a significant number of voluntary and community sector organisations across the City; these activities are a vital contribution to neighbourhoods and to the transition of young people into adulthood, and their importance in this regard was highlighted in the Budget Conversation. To develop and sustain such organisations, and to create the opportunity to maximise investment in this sector, the Council has worked with partners to establish Young Manchester, a trust focussed on developing and commissioning provision across the City. Through this model, external funding will be targeted to complement the Council's funded activities.

3.20 The provision of a targeted youth support service is also vital in securing support for young people most at risk of disengaging from learning and secure pathways into further learning and employment.

3.21 **Young People's Engagement**

Ensuring that the voice of young people is heard is central to the development of the right provision across the City, and at the heart of an Our Manchester approach. Through universal engagement (through the Manchester Youth Council – which now works through a partnership model with over 60 affiliated school councils and youth groups) and targeted activity to secure the voice of young people within decisions that affect their lives.

3.22 **Skills and Adult Education**

The Manchester Adult Education Service (MAES) operates within the service, providing learning opportunities focussed on basic and key skills essential for personal development and accessing employment. The focus on literacy, numeracy, digital skills and ESOL ensures that the grant funding provided has the maximum impact on the City's priorities. The expected devolution of the Adult Education Budget to the GM Combined Authority, and associated outcomes frameworks developed within GM to secure future commissioning of this provision, will be a key context in which the service will work to further develop and secure provision for the City.

3.23 More widely, devolution of some responsibilities for work and skills sets the context for work in partnership to secure relevant pathways into further skills and education and, in due course, work for all young people and adults; a particular focus on the development of pathways into apprenticeships is important, particularly in the context of the introduction of the apprenticeship levy.

4.0 Directorate Budget

4.1 The current budget for 2016/17 is summarised in the table below.

Service Area	2016/17 Gross Budget £,000	2016/17 Net Budget £,000	2016/17 Budgeted Post (FTE)
Children's Services	75,149	67,705	780
Education and Skills	356,477	30,763	569
Directorate Core and Back Office Services	3,773	3,695	92
Total	435,399	102,163	1,441

4.2. The budget 2017-20 by business areas is provided in **Appendix 1**. The approved adjustments to the current base budget reflect:

- (i) SEN grant assumed to cease (£0.383m); and
- (ii) Savings 2016/17, the full year effect of proposals developed in the 2016 process, detailed below (2017/18 £0.473m).

This reduces the 2016/17 net budget from £102.163m to £101.307m.

4.3. Savings Proposals: Full Year Effect £0.473m

These proposals outline the full year effect of savings implemented in 2016/17 and already built into the budget for the Directorate.

	2017/18 £'000
Early help case loads review	323
Public Health services	250
Free travel policy	-100
Total	473

Children's Services

- (i) Early help case loads review £0.323m

In 2016/17 early help key worker caseloads were increase to 8-10 cases at any one time (in line with other authorities) this expanded Manchester's current capacity by 278 cases and led to a surplus of 18.5 key workers. This would create a saving of £0.648m. Implementing from the end of September 2016 generated a half-year saving (£0.323m) in 2016/17, and a further £0.323m from the full-year effect in 2017/18.

(ii) Public Health Services £0.250m

Responsibility for commissioning Public Health services started to transfer to local authorities in 2013/14 and was completed in October 2015. The expenditure on specific public health services for children is now one of the four major areas of expenditure from the ring fenced public health grant, along with sexual health; alcohol and drugs; and wellbeing services. It is important to note that the grant is now subject to annual national reductions up to 2019/20 and in 2017/18 the reduction will be delivered through efficiencies across all four areas of public health expenditure, including services for children and young people.

Education and Skills

(i) Free Travel Policy £-0.100m

Free travel seeks to support parental preference in choosing a school, particularly for children and young people from low income families, children and young people who are looked after or have been previously looked after status and those who live in homeless or temporary accommodation. It is also intended to support regular attendance for those children choosing to travel longer distances to and from school each day, and therefore reducing potential negative attendance/social care/housing issues.

It was previously proposed that the policy agreed in 2015 for incremental implementation is applied to all applicants for the primary and secondary free travel passes in the school year 2016/17, not just those applying within the reception, year one, year seven and year eight cohorts, as would have been the case under a continued phased implementation. This saving was 2016/17 only and needs reversing 2017/18 onwards.

5.0 Budget Priorities

5.1 Budget Conversation – What residents want from our services

As part of an Our Manchester strengths based approach local residents and businesses were asked about the services and places they valued and used in the City and asked about how they and their communities could contribute.

Residents were asked to rank which services are most important to them. There were 2,015 responses, and services delivered by Children’s Services scored highly.

Service / theme	Ranked
Education	1
People with disabilities and mental health problems	2
Emptying bins, waste disposal and street cleaning	3
Keeping neighbourhoods safe and successful	4
Children in care and family support	5

Fixing roads, street lights and parking	6
Regenerating the city, creating jobs and improving skills	7
Making Manchester healthier and more active	8
Parks and open spaces	9
Culture, arts, events and libraries	10
Making sure benefits are paid fairly, and collecting council tax and business rates	11
Leisure centres and sports	12

5.2 Additionally, youth and community services and supporting these groups were identified in comments as being important, with 62 respondents highlighting facilities for children and young people as a priority area.

5.3 Although identified as a high priority, comments specifically related to education and children in care and family support were limited. However, comments made by respondents to the survey, relevant to the Directorate include:

- "If children have a good education, place to play & practice sport then society will be healthier."
- "Vulnerable people should get priority."
- "(*Childrens Centre and Sure Start Centres*) help families especially those in need to get out and about, i.e. mothers with depression or single parents. They helped me when I was suffering with depression with my baby girl. They helped me come back to normality but my local one needs a refurb.'
- "(*Youth and Community Services*)... allow those who usually feel excluded to find a sense of belonging and familiarity".

5.4 Directorate Priorities

Together with the other Directorates of the Council, Children and Families Directorate will deliver the shared vision and objectives set out in Our Manchester.

In addition, the context set out in Section 3 highlights the Children and Young People Plan and Work and Skills Strategy priority areas in which the work of the service is set. Such priorities are translated into the key areas of focus for the service:

5.5 Children's' Services

- Supporting children and families through an Early Help Offer (including Youth Justice)
- Developing an effective integrated social care, education and health assessment, planning and commissioning service for children and young people with a learning disability
- A responsive and safe "front door" through Contact, MASH and Referral

- Improving the quality and consistency and quality assurance of social work
- Improving outcomes for Looked After Children and Care Leavers
- Improving the quality of Residential, Fostering & Adoption provision
- Workforce development

5.6 Education and Skills

- A year's focus on Reading, to support engagement and success in both formal and informal learning
- Securing improved outcomes, particularly at GCSE, and continuing to improve the quality of the school system and its provision for children with SEND
- Improving the quality, relevance and accessibility of pathways into further learning and employment
- Securing sufficient good quality school places
- Integrating relevant early years services into early help through a platform of schools as anchor institutions
- Ensuring the voice of children and young people is a key influencer in decision making and services that affect their lives
- Developing youth and play services through a new relationship with Young Manchester
- Developing the MAES offer in the context of new Greater Manchester commissioning frameworks

6.0 **Delivery of Objectives and Savings**

6.1 The City Council's draft financial model provides for £11m of additional funding related to population growth and other pressures for children and families over the period 2017–20. The Education and Skills budget pressures are detailed at **Appendix 3** and summarised in the table below.

	2017/18	2018/19	2019/20
	£'000	£'000	£'000
Free Travel	65	130	195
Home to School SEN Transport	350	700	1,050
Total	415	830	1,245

6.2. Education and Skills

- Free travel £0.065m per annum 2017-20, reflecting both an increase in pupil numbers and also difficulties in place planning, caused in large part by very high levels of children arriving in year looking for a place, which is triggering increased eligibility for the scheme (demographic pressure approximately 165-180 pupils p.a.); and
- Home to school SEN transport, £0.350m per annum 2017-20, reflecting the new provision in the children's act 2014 and the known increase in pupil numbers with special educational needs.

6.3. Schools Funding Reform

On 21 June 2016 the Education Secretary announced that the implementation of the proposed changes to DSG will be deferred until 2018/19 and that in 2017/18 no local authority will see a reduction from their 2016/17 level of funding. The government's response to the first stage consultation and the proposals for the second stage should be published in autumn.

Council spending plans supported by the centrally retained DSG total c£9m. The draft budget includes a pressure (held corporately) of £4.5m from 2018/19 relating to two key risks from 2018/19 as follows:

- (i) DSG reforms in relation to the high needs block – this may constrain the City Council's ability to continue with same level of support from 2018/19 onwards. £4m has been set aside as mitigation against the potential loss of flexibility in this area.
- (ii) Changes to the Early Years Block - the DfE issued the Early Years consultation on 11 August 2016, which includes a proposal to apply a threshold to the amount held centrally for early years. This proposes a maximum hold back of 7% in 2017/18 and 5% thereafter. The impact on Manchester is a reduction of £0.5m to the amount currently held back. Hold back funding is that which the Council can use on central expenditure on children under 5.

7.0 Savings Proposals and Options 2017-20

7.1. New saving options are summarised in the table below and detailed in sections 7.2 and 7.3.

	2017/18	2018/19	2019/20
	£m	£m	£m
Efficiencies and Improvement	2.357	1.743	1.019
Service Reduction	1.000	0.400	0.180
Total Children's	3.357	2.143	1.199

7.2. Service Efficiencies

Children's Services

The Looked After Children Investment and Capacity Model - £0.886m 2017/18, £0.993m 2018/19 and £1.019m 2019/20

- (i) To support the Improvement Plan, the City Council approved the deployment of £24.254m over 2015-21 to invest in new working arrangements, evidence based practice and capacity to:
 - Develop an effective city wide 'early help' offer;
 - Improve the consistency and quality of social work practice;
 - Reduce the number of Looked After Children over four years by 382;

- Shift 310 foster care placements from independent foster care agencies to Internal foster carers; and
- Implement manageable workloads – A target average of 18 children per qualified social work practitioner across the service will be introduced.

As part of the budget preparation work the investment strategy combined with the investment options to increase social work capacity has been refreshed in order to give an overall sustainable investment approach for Children’s Services. In addition to the savings already agreed in the investment strategy of £19m 2016-21, the update provides options for cashable savings of:

- Children Services’ commissioning (£0.886m) from 2017/18;
- A revision to Special Guardianship Order rates (£0.300m) from 2018/19;
- Recovery of the forecast shortfall on the delivery of 2016/17 activity targets for foster care shift of 33 (25% in 2017/18 and 75% 2018/19) and adoption of 24 (100% 2018/19);
- The introduction of a further 100 LAC reduction activity target (internal fostering) in 2019/20 (£1.019m) which was previously nil.

The saving options are summarised in the table below:

	2017/18 £m	2018/19 £m	2019/20 £m
Commissioning	0.886		
SGO rates review		0.300	
Recovery of forecast shortfall on activity targets		0.693	
Additional LAC reduction target 19/20 – 100			1.019
Total	0.886	0.993	1.019

It is also proposed that the local authority roll forward into a reserve the 2016/17 under spend on social work capacity (£1.9m) to hold as a contingency to mitigate underachievement of activity targets in 2017/18 and/or other priority initiatives.

- (ii) Health Visitor Contract £0.500m 2018/19

The option would require a re-commissioned health visitor and associated capacity, with increased focus on acting as a lead worker for families with young children in need of additional support and early intervention. Note this option links closely with 7.6 (ii) below.

Education and Skills

- (i) Education Services Grant (ESG) - £1m 2017/18. This reflects education funding reforms and the role of schools. The ESG grant is currently

£5m, and expected to fall to £2m in 2017/18 and £1.3m in 2018/19 based on government proposals to keep a retained duties per-pupil amount of £15, funding of which will move to the Dedicated Schools Grant (DSG) and end the general duties element, currently £77 per-pupil from September 2017, with a transitional amount for the period April to September, at a value still to be announced (but is assumed in the budget model to be £30). The forthcoming consultation on school funding regulations is expected to include provision to recharge certain statutory duties to the schools block of the DSG, with Schools Forum approval. Options to address the reduction in grant include further redirecting of costs onto the DSG and service reductions (£0.400m) and additional income from the DSG (£0.600m), although the split between the two may vary when further information is available.

- (ii) School Crossing Patrols - £0.250m 2017/18 and £0.250m 2018/19

Capital investment is being made during 2016/17 and 2017/18 in a significant proportion of patrolled school crossing sites across the City to improve safety. Following this investment, it is anticipated that the number of crossings rated as 'Red' using the agreed rating system will reduce significantly. It is proposed that the Council ceases to provide School Crossing Patrols for 'Amber' crossings, with schools being given the option to fund (individually or collectively) patrollers for their local crossings. The combination of a significant reduction in 'Red' rated crossings and the cessation of patrollers for 'Amber' rated crossings will enable savings of £0.500m to be achieved across 2017/18 and 2018/19.

- (iii) Closed School Budget £0.221m 2017/18

Re-use of closed school sites for education purposes reduces the need for the budget.

7.3 Service Reductions

Children's Services

- (i) Early Years new delivery model rescale £0.500m 2017/18

This option centres on reducing the reach of the early years new delivery model. This will be achieved £0.120m from reducing funding for Newborn Behavioural Observation (NBO) and Neonatal Behavioural Assessment (NBA). A further option totalling £0.380m through reduced spend on evidence based targeted interventions (Incredible Years parenting programme and Speech and Language Therapy), reducing the targeted support cohort from 85% to 65% and reflecting need identified within the Joint Strategic Needs Assessment.

- (ii) Reconfiguring the Early Years New Delivery Model, including Sure Start Children's Centres, to deliver better, more integrated services through a locality-based school-led model £0.180m 2019/20

The Council, working with partners, is committed to ensuring that children have the best start in life and families are supported through the Early Years Delivery Model. The Model, incorporating an integrated assessment and intervention pathway from birth to the age of 5, is operated by an integrated workforce of health visitors and early years outreach workers, and utilises the Council's Sure Start Children's Centres as bases for a combination of universal, targeted and specialist provision for children and families. The recent Budget Conversation demonstrated support for services and locations for children and families, with a very small number of specific comments in support of Sure Start Children's Centres; they were not, however, amongst those services and facilities considered most important by those engaging in the Budget Conversation.

It is proposed that the work of the Early Years Delivery Model is fully integrated into the Early Help system in the City to provide better targeted and sequenced early help and support for children and families, particularly in the early years and at Levels 2 and 3 of the early help framework. This approach would see the development of 12 school-based Children and Family Hubs, one within each of the 12 neighbourhood areas and each linked to one of the three Early Help Hubs in the City.

The proposed Children and Family Hubs would enable, with host schools providing local leadership, a coordinated early intervention workforce. This workforce would comprise in due course, through the LCO, health visitors working under the recommissioned contract and workers currently engaged in early years outreach and early help, as well as school staff where appropriate. The Hubs would also provide access to a range of commissioned interventions. The setting for the Hubs, within or immediately adjacent to primary schools, would also provide access to co-ordinated parent and community capacity.

The proposed Children and Family Hubs would utilise existing Sure Start Children's Centre settings located within or immediately adjacent to primary schools, and each deliver the full Sure Start Core Purpose linked to a network of local providers of early learning and primary schools. Each Hub would also, through links to the Early Help Hubs, provide a setting for work with children aged up to age 11, and their families. Each Early Help Hub would therefore work through a network of 4 Children and Family Hubs.

Alongside its main base, each Hub would also benefit from one (or in a small number of cases, two) satellite bases; these, utilising existing Sure Start Children's Centre premises, would enable each of the 12 Children and Family Hubs to extend its reach into areas of need or to provide better geographical coverage, and would sustain settings for the delivery of early years services across the City.

The proposed approach would improve the focus and integration of the existing significant investment in outreach workforce and interventions, whilst providing a more tailored and efficient service through focussing the full Sure Start Core Purpose in the 12 Children and Family hubs and reducing premises and setting related costs through transferring up to 6 existing Sure Start Children's Centre premises to community use and up to 8 existing Sure Start Children's Centre to schools to enable expansion of the early years offer for 2- and 3-year-olds. Statutory consultation would be required at those existing centres where the full designation for delivery of the Core Purpose would cease.

The initial target implementation date for the first phase of changes would be April 2018, although it is recognised that further developments with regard to the LCO and integration of services for children may require this date to be put back to April 2019.

Statutory consultation is required at those existing centres where the full designation for delivery of the Core Purpose will cease. Although the proposals will not be fully implemented until April 2018 such consultation will be carried out between 3rd November 2016 and 10th January 2017 to enable a decision to be made as part of the Council's 3 year budget strategy. At the time of this report the final details of the proposals have not been concluded and it is therefore recommended that the decision on which Centres will be subject to consultation be delegated to the Director of Education and Skills in consultation with the Executive Member for Children's Services.

Education and Skills

- (i) Youth and play - £0.400m 2017/18 and £0.400m 2018/19

The option involves streamlining the commissioning of youth and play services linked to current Youth and Play Trust. The saving option remains predicated on seed funding for the trust, the first tranche of which has been released and is funded from a transformation reserve.

- (ii) Short breaks – £0.100m 2017/18

The option on Short Breaks for parents and carers of children with disabilities would see increased direct payments replacing existing commissioning arrangements.

8.0 Workforce Impact.

- 8.1 The workforce implications for the children's social care represent a continuation of existing developments as expressed in the workforce strategy; a sufficient, stable, skilled and confident workforce; a culture of success; a strengths-based approach; strong and effective leadership; clarity of expectation (ask) and support and development (offer); manageable caseloads that support evidence-based practice and decision making and

effective relationships; dynamic recruitment and retention strategies; continued professional development, and, the right conditions of change or enablers.

- 8.2 Delivery of the proposals will require leaders and managers to continue to drive the new culture of collaboration, high support and challenge to drive up the quality of practice. This leadership style will be particularly important when responding to national policy which does not align with the challenges of children's needs, service demand and provision, e.g. UASC transfer scheme.

The investment in 2016/17 to create new additional social work and social work management posts mean that caseloads should be averaging 18 by the financial year 2017/18. This, together with the attention to creating the right conditions for change, will enable social workers to practice more effectively, which will result in more timely outcomes for children and a resulting reduction in cost. The focus on early help and the effectiveness of arrangements at the front door, as well as permanence will reduce demand on the system.

- 8.3 The proposals on the wider role of schools will require staff to continue to maintain and develop effective relationships with schools so that they are able to influence schools to develop their roles at platforms of integrated neighbourhood services.
- 8.4 The anticipated FTE impact of the proposals is minimal and likely to be in the region of 35 FTE.

9.0 Key Policies and Considerations

(a) Equal Opportunities

- 9.1 There are no specific equal opportunities implications contained in this report.

(b) Risk Management

- 9.2 The City Council's Medium Term Financial Strategy includes an assessment of budget risk when setting the level of general balances.

(c) Legal Considerations

- 9.3 There are no specific legal implications contained in this report.

Appendix 1- 2017-20 Budget Areas

Service Area	2016/17 Net Budget	Savings (FYE of 2016/17)	Other Adjust ments	2017/18 Net Budget	Savings (FYE of 2016/17)	Other Adjust ments	2018/19 Net Budget	Savings (FYE of 2016/17)	Other Adjust ments	2019/20 Net Budget
	£,000	£,000	£,000	£,000		£,000	£,000		£,000	£,000
Children's Safeguarding										
LAC Placements	30,649			30,649			30,649			30,649
Permanence & Leaving Care	12,376			12,376			12,376			12,376
Children's Safeguarding	24,679	(323)		24,356			24,356			24,356
Education & Skills										
Education Service	4,221	100	(383)	3,938			3,938			3,938
School Organisation and Planning	993			993			993			993
Transport Services	6,016			6,016			6,016			6,016
Quality Assurance and QA Early Years	16,408	(250)		16,158			16,158			16,158
Early Help and Youth Strategy	3,125			3,125			3,125			3,125
Childrens Core and Back Office Services	3,695			3,695			3,695			3,695
Total	102,163	(473)	(383)	101,307	0	0	101,307	0	0	101,307

Appendix 2 – Budget Savings and Options 2017-20

Service Aa	Description of Saving	Type of Saving	RAG Deliverability	RAG Impact	Impact	Amount of Saving Option				FTE Impact (Indicative)
						2017/18	2018/19	2019/20	Total	
						£,000	£,000	£,000	£,000	
Efficiency and Improvements										
Children Services	LAC Model incl Commissioning Reviews	Efficiency	Amber	Amber		886	993	1,019	2,898	
	Remodelled Health Visitor workforce	Efficiency	Red	Amber			500		500	
Education and Skills	Dedicated Schools Grant - recharge for statutory duties replacing Education Services Grant	Efficiency	Red	Amber		600			600	
	Dedicated Schools Grant - redirect IT system costs and overheads replacing Education Services Grant	Efficiency	Red	Amber		400			400	
	Impact of School Crossing Patrols Investment and Policy Change	Efficiency	Green	Red		250	250		500	29
	Closed School Budget - reduced requirement due to re-use of school sites	Efficiency	Green	Green		221			221	
Total Service Efficiencies						2,357	1,743	1,019	5,119	29
Children's Services	Early years new delivery model: Rescale target audience	Service reduction	Amber	Red		500			500	
	Reconfiguring the Early Years Delivery Model including Sure Start Children's Centres	Service Reduction	Red	Red				180	180	6
Education and Skills	Youth and Play Trust: streamlined commissioning	Service reduction	Amber	Amber		400	400		800	
	Other: Short breaks – implement direct payments replacing commissioning arrangements	Service reduction	Amber	Amber		100			100	
Total Business As usual						1,000	400	180	1,580	6
Total Children's						3,357	2,143	1,199	6,699	35

Appendix 3 – Budget Tables: Budget Pressures

Service Area	Description of Pressure	Ongoing impact in to 2017/18 £000	New Pressures from 2017/18		
			2017/18 £000	2018/19 £000	2019/20 £000
Population Related					
E&S	Free Travel: Impact of increase in pupil numbers		65	130	195
E&S	Home to School SEN Transport: Impact of increase in pupil numbers		350	700	1,050
Total			415	830	1,245

**Manchester City Council
Report for Resolution**

Report to: Executive – 19 October 2016
Central Clinical Commissioning Group Board – 2 November 2016
North Clinical Commissioning Group Board – 9 November 2016
South Clinical Commissioning Group Board – 23 November 2016

Subject: Locality Plan – Financial Report – Closing the Funding Gap 2017/21

Report of: Joint Director Health and Social Care Integration
City Treasurer
Chief Finance Officer, Manchester Clinical Commissioning Groups

Summary

This report proposes the approach to be taken across the health and care organisations in Manchester to improve health and care outcomes for residents, by radically transforming the health and care system and in the process closing the 'do nothing' funding gap of £134m that will materialise by 2021. It details the financial steps required to close that gap and to achieve clinical and financial sustainability of the health and care system.

As a joint report, it will be presented to the City Council's Executive and each of the Clinical Commissioning Group's Boards.

Recommendation to Executive

The Executive is recommended to note the progress detailed in the report and next steps detailed in section 14. of the report.

Wards Affected: All

Manchester Strategy outcomes	Summary of the contribution to the strategy
A thriving and sustainable city: supporting a diverse and distinctive economy that creates jobs and opportunities	Supporting the Corporate Core in driving forward the growth agenda with a particular focus on integrated commissioning and delivery which will focus on utilising available resources effectively and developing a diversity of providers including entrepreneurs and social enterprises. This will provide opportunities for local jobs

A highly skilled city: world class and home grown talent sustaining the city's economic success	Integrated commissioning will focus on utilising available resources to connect local people to education and employment opportunities, promoting independence and reducing worklessness. Working with schools to engage and support our communities.
A progressive and equitable city: making a positive contribution by unlocking the potential of our communities	The focus is on changing behaviours to promote independence, early intervention and prevention, the development of evidence-based interventions to inform new delivery models integration with partners where appropriate.
A liveable and low carbon city: a destination of choice to live, visit, work	Development of integrated health and social care models and local commissioning arrangements that connect services and evidence-based interventions to local people and enable families and their workers to influence commissioning decisions aligned to locally identified needs. Schools as community hubs playing an essential role in reaching out to communities and leading early intervention and prevention approaches at a local level
A connected city: world class infrastructure and connectivity to drive growth	N/A

Full details are in the body of the report, along with any implications for

- Equal Opportunities Policy
- Risk Management
- Legal Considerations

Financial Consequences - Revenue

The options set out in this report will be used to inform the development of the Executive's budget consultation and draft Medium Term Financial Strategy.

Financial Consequences - Capital

There are no capital consequences arising specifically from this report.

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Background documents (available for public inspection):

The following documents disclose important facts on which the report is based and have been relied upon in preparing the report. Copies of the background documents are available up to 4 years after the date of the meeting. If you would like a copy please contact one of the contact officers above.

GM Strategic Plan – Taking Charge of Our Health and Social Care
Manchester Locality Plan

1. Introduction

1.1 This report proposes the approach to be taken across the health and care organisations in Manchester to improve health outcomes and to close the 'do nothing' funding gap of £134m that will materialise by 2021. It details the financial steps required to close that gap and the radical transformation of the health and care system required to achieve this.

1.2 The proposed approach is ambitious and it is acknowledged that the partnership approach across the commissioning organisations needs to develop further.

1.3 A detailed report on the establishment of a Single Health and Social Care Commissioning Function is provided elsewhere on the agenda.

1.4. Population Health Outcomes

(i) The overall objective is to deliver the radical transformation set out in the Locality Plan to reduce health inequalities and improve outcomes within a financial sustainable funding system;

(ii) The current health and social care system is unsustainable both financially and in that it is not delivering the changes in outcomes required; and

(iii) The Greater Manchester Transformation Fund is the lever to deliver the new models of care to deliver improved outcomes and reduce the need to spend. The investment agreement will be clear on what needs to be delivered.

1.5. Funding Outcomes

(i) Total funding available to the health and care economy in Manchester in 2016/17 is currently £1.137bn and taking account of changes in the funding levels of the organisations (3 CCGs, City Council) will increase to £1.204bn by 2020/21, however the cost base of existing 'as is' contracts will increase proportionately more to £1.338bn;

(ii) As a consequence the funding gap is £134m;

(iii) A pooled fund is considered to be a key enabler to effective partnership working across the health and care sectors. This is because a joint pool is more likely to encourage system-wide financial decisions, with a joint focus upon closing the funding gap. The local aspiration is to pool all of Manchester's health and care budgets, subject to compliance with relevant legal and necessary assurance requirements.

(iv) Funding will flow around the system through the use of a pooled fund, as risks and benefits are managed collectively, irrespective of where they occur within services, and also through the requirements of the

Transformation Fund Investment Agreement and through the interdependency between the Single Hospital Service (SHS) and Local Care Organisation (LCO).

- (v) In order to achieve financial and clinical sustainability by 2021 the following will happen:
- (a) Local Care Organisation (LCO) – the LCO will integrate key out of hospital services, with the driver of improving efficiency across a range of fragmented providers, whilst delivering more bespoke packages of support to patients and their families, reducing demand on acute hospitals and residential and nursing home sectors. Where the LCO is successful in delivering efficiencies, 50% of those savings will be reinvested into the recurrent cost of new and more cost efficient care models to continue to build a sustainable community based infrastructure of care. The LCO (through initially the Manchester Provider Board) will apply for investment monies through the Greater Manchester Transformation Fund to establish and implement the new models of care which will deliver planned reductions to hospital services and other services;
 - (b) Single Commissioning Function – Commissioners will act as one, enabled by a single pooled commissioning budget, to agree commissioning priorities for the city, and will contribute towards the closure of the funding gap through more efficient commissioning, and reducing costs associated with low impact activity and poor value for money; and
 - (c) Single Hospital Service (SHS) – the SHS will improve the quality of care by standardising to best practice and improve efficiency by implementing single service models. This will deliver financial balance for the acute provider within tariff.

The three changes are interdependent and are being managed as a single whole system change programme.

2. Devolution

- 2.1 Achieving the objectives set out above will be supported by devolution. Greater Manchester (GM) is the first region in the country to take control of the combined health and social care budget under devolution, a sum of more than £6bn. Through 2015, significant work was undertaken to develop the GM Health and Social Care Strategic Plan – Taking Control – to demonstrate how GM would be clinically and financially sustainable within the next 5 years and to negotiate the enabling Transformation Fund of £650m.
- 2.2 The overarching vision is to deliver the greatest and fastest possible improvement to the health and wellbeing of 2.8m citizens in Greater Manchester. The GM Strategic Plan together with the 10 GM Locality Plans

set out key transformation themes to address the health and care needs of the population.

3. Locality Plan

- 3.1. Manchester's Locality Plan is a shared plan between providers and commissioners, which describes a shared vision for a city wide health and care system which aims to improve health outcomes for residents, while also securing clinical and financial sustainability. It was approved by the Health and Wellbeing Board in November 2016.
- 3.2. Health and Social Care services, particularly those related to people with disabilities and mental health issues, have been identified by Manchester citizens through the recent Budget Conversation as of high importance to them (more details set out below and elsewhere on the agenda).
- 3.3. For Manchester, clinical and financial sustainability means:
 - Improving health and care outcomes for the resident and GP registered population;
 - Improving productivity from the resources collectively available to the health and care commissioning and provider organisations;
 - Redirecting resources from the acute sector to invest in strengthened models of integrated care to be delivered across neighbourhoods, which can demonstrate a positive impact on reducing demand for acute services and improving self care and prevention;
 - Implementing new models of care for residential, nursing and home care developed on a GM wide basis; and
 - Closing the funding gap of £134m which, if unaddressed, will exist by 2021.
- 3.4. Manchester's health and social care system is highly complex and multi-layered. There are 91 GP practices, three large acute hospitals trusts covering a range of acute and community sites, one care trust (mental health and some community services), one local authority, many hundreds of voluntary organisations and independent contractors including pharmacists and optometrists. The commissioning of health and social care is mainly the responsibility of Manchester City Council and the three Manchester Clinical Commissioning Groups (North, Central and South) with specialist services commissioned by NHS England.
- 3.5. This complex system provides excellent care in some areas, and outcomes and people's experience of care are also highly rated for some services. Unfortunately, excellence is not uniformly spread and there are many variations in quality, access, and effectiveness. Overall, the health of the people of Manchester remains some of the worst in England.
- 3.6. At the same time, the health and social care system in Manchester is becoming increasingly unaffordable and with continuing public sector austerity

and forecasts of rising demand, without dramatic change, the NHS and social care services in Manchester will become unsustainable.

3.7. The solution in the Locality Plan to these very concrete challenges is to replace complexity with simplicity and implement.

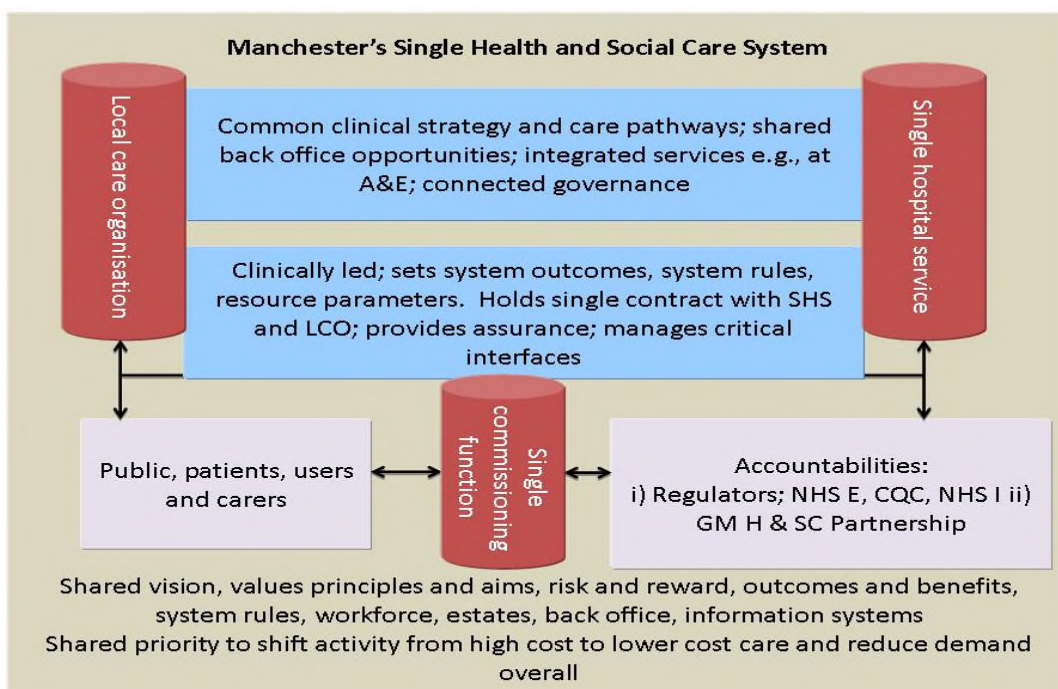
- A single commissioning function
- A single local care organisation (all care outside of the hospital); and
- A single hospital system.

3.8. In addition to this single vision, the city's integrated health and social care system will have:

- A single set of values principles and aims;
- A single set of outcomes and benefits on which its success will be measured;
- A single set of system 'rules', including the management of risk and reward;
- A common goal and priority to shift activity from high cost to more efficient interventions and reduce demand overall; and
- A common commitment to prioritise improvement in health and wellbeing for the very large group of staff who will be the workforce of the single system

3.9. In addition, the integrated system will have as far as possible a common approach to workforce, estates, information management and technology (IM&T), and all 'back office' functions.

The components each have a distinct contribution to make to the single system as shown in the diagram below.



4. Budget Conversation – What residents want from our services

- 4.1. Some engagement with the public has been undertaken to date regarding the Locality Plan. Emerging themes can be summarised as follows:
- Access to primary care;
 - Access to information and advice following diagnosis;
 - Positive feedback from those being supported through the Active Case Management service, which supports patients with long-term conditions in the community in their own homes;
 - Support to stay independent for longer and to support wider well being;
 - The need for better communication and partnership between health and social care; and
 - Support for carer's particularly for people with mental health needs.
- 4.2. The feedback from this engagement is informing the development of our plans with our partners.
- 4.3. Feedback from the ongoing Budget Conversation reflects the above but also indicates that respondents still focus on areas such as their physical environment above health and wellbeing, despite stating that this is important to them.
- 4.4. 14.1% of respondents identified health and social care services as important to them. In comments, respondents highly valued access to local health services, including easy access to small community health services. Social care services were also seen to be of vital importance including home care support, support for carers and older peoples' centres:
- 'More resources need to be put in to help elderly remain in their own homes. Not just carers popping in for 5 minutes a few times a day. These people have contributed all their lives and deserve better'*
- 4.5. Our ambition in line with the GM transformation programme and Our Manchester is to employ a co-production approach, engaging stakeholders across health and care to:
- Design and commission a new model of care at home in partnership with service users, providers and investors; and
 - Focus residential and nursing care on those who can really benefit from it and creating centres of excellence in care that maximise independence and reduce the call for hospital admission;
- 4.6. Further engagement regarding the Locality Plan and its implementation will be scheduled as the detail develops.

5. The Single Commissioning Function

- 5.1. In agreeing the Locality Plan, health and care commissioning organisations (the 3 Clinical Commissioning Groups and City Council), agreed that a single commissioning function for the city would provide consistent, co-ordinated commissioning of health and care services within an integrated health and care single system which will mean:
- The most efficient investment, avoiding duplication and overlap;
 - The most efficient use of skilled staff including clinical commissioners;
 - The most streamlined transactional relationship with providers; and
 - The strongest lever for transformation.
- 5.2. The single commissioning function for Manchester for health and social care services will achieve these objectives through the creation and implementation of a single commissioning strategy, a single investment plan and a single transaction system, i.e. contracts, performance, quality and payment. A separate report detailing the Single Commissioning Function and its development is included elsewhere on the Agenda.

6. Local Care Organisation

- 6.1. The Local Care Organisation (LCO) will be the vehicle for delivering integrated out of hospital care across the city through community based health, primary and social care services within neighbourhoods. It will hold a single contract from single commissioning. The LCO will focus on the population most at risk of needing care and will have a strong emphasis upon prevention and self care. Its aim is to provide care of a high standard closer to home whenever possible, and for those needing social care supporting individuals to remain independent within their homes and local community for longer. It will include new models of home care. It will co-ordinate partners providing care, simplifying care pathways and accessibility. The overall design of the LCO is set out in the diagram at **Appendix A**.
- 6.2. Section 8 below outlines further steps being taken to secure investment to enable the LCO to deliver new models of care, impacting positively upon residents health and care needs, but also reducing demand upon the acute hospital and residential and nursing sectors.

7. The Single Hospital Service

- 7.1. The Locality Plan details the need to review acute hospital provision in the city in order to allow the benefits of standardisation to be achieved at scale while also delivering better care at lower cost. The hospital services included within the Single Hospital Service (SHS) Programme are:
- University Hospital of South Manchester NHS FT (UHSM)
 - Central Manchester University Hospitals NHS FT (CMFT)
 - North Manchester General Hospital (managed by Pennine Acute Hospitals NHS Trust) (NMGH)

7.2. In January 2016, the Health and Well Being Board (HWB) commissioned an independent review of hospital services in Manchester. This review was undertaken by Sir Jonathan Michael, and reported back to the HWB on 27th April and 8th June 2016. The scale of the overall SHS programme is significant, and there is agreement that this will need to be handled in phases, with UHSM and CMFT to form to a new Foundation Trust in the first instance and NMGH services following in a second phase. The overall programme of work, including the progressive development and implementation of a comprehensive set of single service models and a strategic aim to transfer 20% of care activity into out of hospital settings, is likely to take approximately four years.

8. Financial Plan

8.1. At a locality level, in total Manchester spends £1.137bn (2016/17) on health and social care services, excluding specialist services. This includes £907m on adults' health and care, £119m on children's health and care and £111m on the other services. This will increase to £1.204bn by 2020/21. A full analysis of this budget is provided at **Appendix B** and summarised in the table below by partner (City Council MCC, Clinical Commissioning Groups CCGs), categorised by the 3 reform pillars. Of note, £57m of City Council services relating primarily to children's social care, safeguarding and homelessness has been deemed out of scope from the Locality Plan reform pillars, leaving £1.080bn in scope.

Combined Baseline Budgets:	2016/17 £'000	2017/18 £'000	2018/19 £'000	2019/20 £'000	2020/21 £'000
<u>Local Care Organisation</u>					
- CCGs	386,385	399,913	403,972	407,381	416,688
- MCC	50,177	50,177	45,450	42,328	39,152
Subtotal	436,562	450,090	449,422	449,709	455,840
<u>Single Commissioning Function</u>					
- CCGs	292,021	297,352	301,272	304,844	313,294
- MCC	156,221	159,055	156,429	167,626	179,664
Subtotal	448,241	456,407	457,701	472,471	492,959
<u>Single Hospital Service</u>					
- CCGs	195,565	199,136	201,558	203,915	209,552
Subtotal	195,565	199,136	201,558	203,915	209,552
Total In Scope	1,080,368	1,105,633	1,108,681	1,126,094	1,158,350
<u>Out of Scope</u>					
- MCC	56,814	56,814	52,535	49,019	45,444
Total Budgets	1,137,183	1,162,447	1,161,216	1,175,114	1,203,794

8.2. Financial modelling has been undertaken to calculate a five year health and care financial plan for Manchester for the years 2016/17 to 2020/21 which is detailed in the Locality Plan. Taking account of pressures and demographic changes over the period, together with the estimated changes in resources for health and social care, the whole economy 'do nothing' gap rises from £47m 2017/18 to £134m 2020/21. The financial gap across 2016/17 to 2020/21, by partner, is shown in the table below. The £66m pressure shown for acute

providers reflects a share for Manchester. The acute providers' total gap over the same period is estimated to be £293m, i.e. £228m greater than the value assumed in the Manchester Locality Plan. The City Council element is further analysed between in and out of scope for the Locality Plan. A full build up by partner is provided at **Appendix C**.

	2016/17 £'000	2017/18 £'000	2018/19 £'000	2019/20 £'000	2020/21 £'000	Total £'000
Manchester City Council						
- In Scope		17,980	6,534	2,550	4,635	31,699
- Out of Scope		4,279	3,515	3,575	3,368	14,738
CCG's	-11,104	13,381	11,146	12,863	-5,101	21,186
Acute Providers	11,618	11,613	14,134	16,634	11,912	65,910
	514	47,253	35,330	35,623	14,814	133,534

8.3. The strategies and priorities described in the Locality Plan represent Manchester's health and care partners' agreed approach to managing this predicted 'do nothing' deficit. The Locality Plan contains 3 key pillars which together will drive the radical transformation of health and care services to the residents of Manchester. These are mutually dependent and are:

- A single commissioning system ('One Commissioning Voice') ensuring the efficient commissioning of health and care services on a city wide basis with a single line of accountability for the delivery of services;
- 'One Team' delivering integrated and accessible out of hospital services through community based health, primary and social care services within neighbourhoods; and
- A 'Single Manchester Hospital Service' delivering cost efficiencies and strengthened clinical services, with consistent and complementary arrangements for the delivery of acute services achieving a fully aligned hospital model for the City.

8.4. Delivery against the three pillars of reform will together provide the platform for securing clinical and financial sustainability in our health and care economy over the next 5 years. Together the pillars address all 5 themes contained in the GM Strategy with significant proposals which address the need to reduce variation, improve quality, optimise productivity across the primary, community, social and acute health and care sectors. A Joint Commissioning Executive of senior officers from the Clinical Commissioning Groups and City Council has been working to allocate indicative saving targets to the three pillars, shown in the table below.

	2016/17 £'000	2017/18 £'000	2018/19 £'000	2019/20 £'000	2020/21 £'000	Total £'000
Single Hospital Service	3,578	5,963	7,191	8,278	4,526	29,536
Local Care Organisation	4,586	12,576	12,019	13,050	8,339	50,570
Single Commissioning Function	-7,649	24,435	12,604	10,720	-1,420	38,689
Out of Scope (MCC)	0	4,279	3,515	3,575	3,368	14,738
	514	47,253	35,330	35,623	14,814	133,534

Key assumptions include:

1. The single hospital plan will deliver financial balance for the acute provider within tariff;
2. 2% efficiencies have been applied to all providers in line with GM assumptions and recently confirmed national NHS planning guidance; and
3. Where business cases already exist for other services, savings indicated within these cases have been included.

8.5. The core strategy to realise savings from the three pillars described earlier is:

- (i) Local Care Organisation (LCO) - will deflect activity from the acute sector and residential/nursing provision to lower cost alternatives and deliver an integrated approach to care which will drive significant value for money (VFM) improvement from existing arrangements and be pump primed from the Transformation Fund;
- (ii) Single commissioning approach - will include development of shared priorities, integrated commissioning and targeted decommissioning/ redesign of contracts with out dated payment arrangements, poor VFM or lower impact; and
- (iii) Single Hospital Service (SHS) - will deliver financial balance for the acute provider within tariff.

8.6. The savings from these programs will impact on existing commissioning budgets in a way which may not be aligned with the organisational savings targets as outlined above in the gap analysis – both in terms of current and proposed organisational architectures.

8.7. The use of a pooled fund and the Transformation Fund Investment Agreement will be the primary financial arrangements required to be in place, supported by a risks and benefits share agreement, to allow savings to flow across the system fairly.

8.8. Commissioners will need to make adjustments to their contributions into the pooled fund – both to reflect available resources, as well as agreements for benefits and risk shares, e.g. as the SHS recurrent cost base reduces and the LCO cost base is redesigned through successful implementation of out of hospital alternative care provision.

8.9. Since 2015/16, the City Council and Manchester Clinical Commissioning Groups have operated a pooled fund, under a Section 75 agreement, to hold minimum mandated Better Care Fund (BCF) resources (2015/16: £38.586m revenue). The BCF was established by Government in 2015/16 to provide identified funds to local areas to support the integration of health and social care. All local authorities and their partner Clinical Commissioning Groups are required to pool their minimum BCF funding allocations and to prepare a delivery plan to implement specific national conditions in relation to integration, including a requirement to set a 3.5% target for reducing non-elective

admissions (underwritten with a requirement to withhold critical investment funding into a risk reserve to meet the cost of not achieving the target, 'a reserve for failure'). From 2016/17, the pooled fund was expanded to include budgets covering the deemed scope of 'One Team' (Neighbourhood teams, Intermediate care and Re-ablement), increasing the recurrent revenue resources to £80.047m, as summarised in the table below. In addition, £6m of Disabled Facilities Grant capital funding is available. Risk and benefit sharing principles of the current pool remain risk averse however.

Pooled Fund	CCGs £'000	Council £'000	Total £'000
Adult NHS Community Health and Adult Social Care (including NHS Social Care and Care Act funding)	58,874	6,004	64,878
Community Assessment and Support	9,797	2,124	11,921
Non-elective risk reserve	3,248		3,248
Sub-total	71,919	8,128	80,047
Social care transfer	-12,430	12,430	0
Care act transfer	-1,533	1,533	0
Total pooled fund	57,956	22,091	80,047

- 8.10. The intention to expand the pooled fund is considered a key enabler to fully integrating health and social care, securing financial sustainability and provides the mechanism for funding to flow around the whole health and social care system. From a commissioner perspective, for the CCGs and City Council to reduce their pool contributions the outgoing expenditure from the pooled fund has to reduce and Section 9 below details the work undertaken on how this is expected to be delivered.

9. Delivering Savings and Improving Outcomes

GM Transformation Fund

- 9.1. To secure the activity and productivity shifts required to close the financial gap, investment support is required from the GM Transformation Fund (GMTF) for 'double running' and the management of change.
- 9.2. Manchester has taken a two stage approach to investment planning, as follows:
- (i) An initial investment of **£2.946m** to support the development of the Single Hospital Service Programme, specifically in the award of initial funding for the core programme team and external specialist advice required to progress the case to the Competition and Mergers Authority (CMA). Conditions are attached to the award, and steps are now being taken to finalise the Investment Agreement for this award.
 - (ii) A full investment proposition to support the wider implementation plan. Work is progressing to submit an investment proposition. The proposal covers the implementation of the three pillars.

Initial cost estimates indicate that across the Single Commissioning Function and Local Care Organisation - both envisaged to be responsible for out of hospital care in the future - require significant levels of investment to support implementation of the new care models which will reduce demand on acute and residential services.

9.3. The proposition being developed:

- (i) Specifically for the investment in the LCO, includes a single whole-system Cost Benefit Analysis (CBA) which articulates the potential return on investment as a consequence of investment in required interventions;

The CBA is structured based on six key cohorts for new models of care, who collectively place significant demand on health and social care, or who will in the future without proactive, preventative approaches now:

- Frail older people
- Long-term conditions and end-of-life
- Children and young people
- Mental health, learning disabilities and Dementia
- Complex lifestyles
- Prevention and rising risk

The CBA makes a series of assumptions, including:

- The size of each of the above cohort groups based on joint analysis of health and care records
- Current levels of activity
- Average unit costs of activity
- Potential improvements in a range of outcomes (see below) that represent activity avoided, based on agreed Health and Wellbeing Board targets, and moderated by consulting with a wide range of clinical and non-clinical experts
- Adjustments for 'Optimism Bias' to make the results more conservative
- Conversion of reduced demand into 'cashable' units of savings

The outcomes included in the CBA are:

- Reducing the number of A&E presentations and admissions
- Reducing the length of stay in a hospital bed
- Minimising delayed transfers of care
- Increase the number of people dying in their preferred setting
- Assumed GP home visits per year, per individual within the population cohort
- Reducing spend on medicines and prescribing
- Reducing the number of people admitted into residential and nursing homes, where other more appropriate settings could be used

- Reducing the length of time people stay in residential and nursing homes
 - Reducing the cost of care packages
 - Promoting independence and self management
 - Reducing demand for elective hospital services
 - Reducing the number of inappropriate referrals
 - Reducing duplication and the number of avoidable contacts with individuals
 - Promoting wellbeing and improving health outcomes
 - Non-elective admissions
- (ii) Takes account of the models of care, summarised through a series of 'key interventions' for each of these cohorts which were developed through a set of 12 workshops held during Summer 2016, which were attended by numerous clinical and non-clinical experts from across the Manchester health and social care system. The interventions include new ways of:
- Improving main points of contact and front doors to services
 - Better identifying current and future needs and risks
 - Care management that promotes individual resilience
 - Extending and expanding roles within Primary Care
 - Better use of community resources for prevention
 - Improved neighbourhood services (including social care, community health, and support for carers)
 - Improved locality and community services (intermediate care, reablement, active discharges back into the community)
 - Improved interaction with acute hospital and residential and nursing services
 - Increased use of specialists in out of hospital settings
 - Shared records and care plans
 - Digital services
- (iii) And, provides for 'double running' costs which could include:
- The costs of running a new service with new staff alongside an existing service
 - An element of programme management costs to deliver transformation and reform
 - An understanding of how long the double-running funding is needed for, before the new services either become incorporated into business as usual, or the new service generates sufficient benefits for some of these to be reinvested
- 9.4. An Investment Agreement, signed by all key parties, will be a condition of Manchester drawing down funding from the GM Transformation Fund. This is a short document that, on funding award, will form the agreement between GM and a locality. The agreement will set out:
- Who the parties to the agreement are;

- What the specific scheme is;
- What it is expected to deliver (financials and non-financials) and by when;
- Key milestones for delivery;
- Expected reductions in demand;
- Improvements in outputs, outcomes, prevalence and impacts (specific metrics);
- Expected decommissioning of existing resources and how resources will transfer between different organisations;
- Ways the impact will be tracked and evaluated over time;
- Expected changes in productivity; and
- Conditions of the agreement will be formed of expected outcomes from the financial modelling and the agreement will state that if a locality fails to meet the conditions GM reserves the right to review its funding.

Financial and Operational Planning

- 9.5. The Council and Manchester CCG's are working on an integrated approach to developing proposals, with specific immediate focus on 2017/18. Work is being progressed within the operational planning programme led by the CCGs in response to national NHS 2017-19 planning guidance that was published 22nd September 2016.
- 9.6. A series of officer joint finance workshops are being used to steer, focus and prioritise the work. The operational plan will include savings options which are efficiency improvements, updated contract arrangements and remodelling or redesign of the service offer. Critically, attention is focused on the integrated system and not organisation boundaries.

10. Governance

- 10.1. It is proposed that the Manchester Transformation Fund Accountability Board (MTFAB) is established which will provide a robust accountability and assurance framework locally for the effective deployment and return on investment of Transformation Fund monies received. This Board will report to the Health and Well Being Board, be Commissioner led and will comprise senior officers leading the three change programmes.
- 10.2. Subject to approval by the Health and Well Being Board in November, the MTFAB will fulfil the following functions:
- Take direct responsibility for accounting for the public funding endeavouring to draw down progressively from the Transformation Fund (TF) and other national programmes – in accordance with a series of milestones linked to benefits generation and capture to support the delivery strategy;
 - Supported by a new system wide Finance Executive (see below), the Board will receive business cases from programme leads for review, as the first stage ahead of submission to GM for seeking draw down of funding;

- subject to approval the Board will oversee finalisation of the investment agreement with GM;
 - To monitor the effectiveness of the deployment of the investment resources upon the changing health and care system, and impact upon the transforming profile of demand and provision of services, including specifically tracking and monitoring the shift in funding flow from acute to community; and
 - The Board will report to the HWB and align with the work of the Executive Health and Well Being Group providing regular updates on the TF locally.
- 10.3. A Finance Executive representing the health and care economy across the city will be established. It will provide financial advice to the Manchester TF and Accountability Board on:
- Progress towards closing the funding gap;
 - Financial assessment of business cases for release of investment monies;
 - Financial reporting on the Transformation Fund; and
 - The financial health of the single health and care system and the impact of the transforming profile of demand and provision of services upon funding flows.

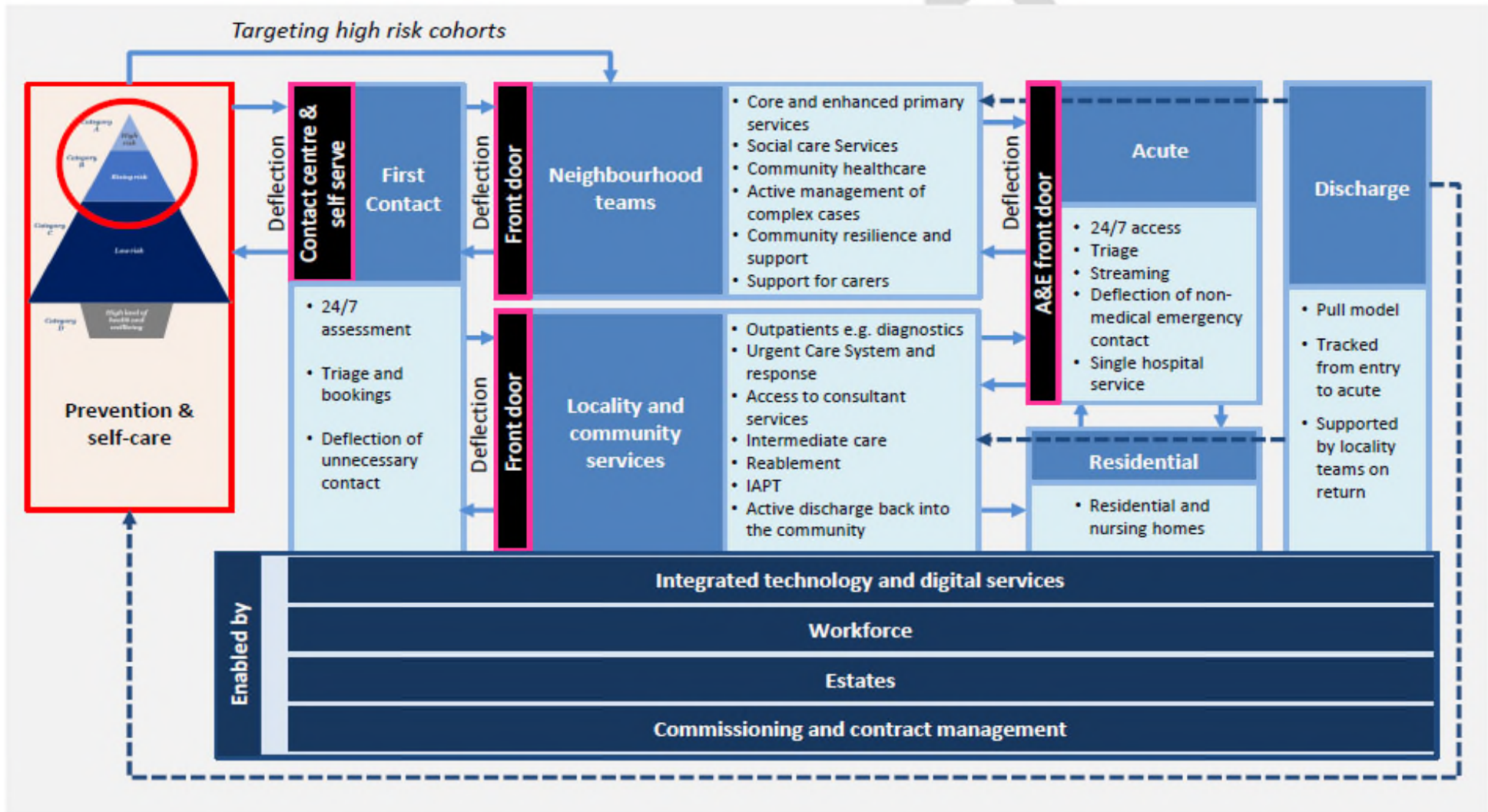
11.0 Workforce Impact

- 11.1 The impact upon the workforce as a consequence of the Locality Plan is currently being assessed. A workforce development strategy is being developed led by HR/OD leads across all of the statutory health and care organisations. Immediate implications for the City Council in the short term will be the deployment adult social care staff working in integrated teams alongside health colleagues. For staff undertaking commissioning functions they are already increasingly working alongside health commissioners beginning to jointly plan the commissioning and procurement of services together. Importantly, there is no intention to change the employment status or terms of conditions of current staff engaged in these roles.

12. Conclusion and Next Steps

- 12.1. This report sets out the arrangements underway to deliver the key priorities set out in the Locality Plan. The primary objectives are to improve health outcomes and ensure that health and social care budgets within Manchester are put onto a sustainable footing. The next steps will include the submission to the GM Transformation Fund in early October of an investment proposition to support the radical transformation of the health and care system in the city, and the development of the single commissioning function, with a view to implementing new integrated working arrangements from April 2017. There is an accompanying report on the agenda on the establishment of the single commissioning function. This will be underpinned by the expansion of the pooled fund and financial governance arrangements and a detailed implementation plan is being prepared.

Appendix A – Local Care Organisation



Appendix B – Budget Tables: Budget Mapping

£507.4m Adults Health and Care	<table border="1"> <tr><td>Single Hospital Service</td><td>£195.6m</td></tr> <tr><td>CMFT (Acute Care)</td><td>£107.5m</td></tr> <tr><td>NMGH (Acute Care)</td><td>£31.4m</td></tr> <tr><td>UHSM (Acute Care)</td><td>£52.7m</td></tr> </table>	Single Hospital Service	£195.6m	CMFT (Acute Care)	£107.5m	NMGH (Acute Care)	£31.4m	UHSM (Acute Care)	£52.7m	<table border="1"> <tr><td>Local Care Organisation</td><td>£436.3m</td></tr> <tr><td>CMFT Scheduled Care</td><td>£17.1m</td></tr> <tr><td>NMGH Scheduled Care</td><td>£6.6m</td></tr> <tr><td>UHSM Scheduled Care</td><td>£10.6m</td></tr> <tr><td>CMFT Unscheduled Care</td><td>£33m</td></tr> <tr><td>NMGH Unscheduled Care</td><td>£16.6m</td></tr> <tr><td>UHSM Unscheduled Care</td><td>£18m</td></tr> <tr><td>Other NHS Providers (DGH)</td><td>£9.4m</td></tr> <tr><td>Other NHS providers (Community)</td><td>£3.9m</td></tr> <tr><td>Community Prescribing</td><td>£92.7m</td></tr> <tr><td>Primary Care Medical Services</td><td>£68.9m</td></tr> <tr><td>National Enhanced Services</td><td>£3m</td></tr> <tr><td>Quality & Outcomes Framework</td><td>£6.6m</td></tr> <tr><td>7 Day Access</td><td>£3.6m</td></tr> <tr><td>Locally Commissioned Services</td><td>£1.3m</td></tr> <tr><td>Out of Hours</td><td>£4.4m</td></tr> <tr><td>Primary Other</td><td>£0.8m</td></tr> <tr><td>Adult Social Care (City Wide Teams)</td><td>£4.5m</td></tr> <tr><td>No Recourse to Public Funds</td><td>£1m</td></tr> <tr><td>One Team CMFT</td><td>£20.3m</td></tr> <tr><td>One Team PAHT</td><td>£15m</td></tr> <tr><td>One Team UHSM</td><td>£16.1m</td></tr> <tr><td>Reablement</td><td>£2.2m</td></tr> <tr><td>Adult Social Workers / PAT</td><td>£5.1m</td></tr> <tr><td>Care Act / Protection of ASC</td><td>£14m</td></tr> <tr><td>CMFT Other Community</td><td>£0.6m</td></tr> <tr><td>PAHT Other Community</td><td>£1.3m</td></tr> <tr><td>UHSM Other Community</td><td>£0m</td></tr> <tr><td>Wellbeing (PH)</td><td>£7.6m</td></tr> <tr><td>Sexual Health (PH)</td><td>£8.3m</td></tr> <tr><td>Drugs and alcohol (PH)</td><td>£8.6m</td></tr> <tr><td>Other (PH)</td><td>£3.8m</td></tr> </table>	Local Care Organisation	£436.3m	CMFT Scheduled Care	£17.1m	NMGH Scheduled Care	£6.6m	UHSM Scheduled Care	£10.6m	CMFT Unscheduled Care	£33m	NMGH Unscheduled Care	£16.6m	UHSM Unscheduled Care	£18m	Other NHS Providers (DGH)	£9.4m	Other NHS providers (Community)	£3.9m	Community Prescribing	£92.7m	Primary Care Medical Services	£68.9m	National Enhanced Services	£3m	Quality & Outcomes Framework	£6.6m	7 Day Access	£3.6m	Locally Commissioned Services	£1.3m	Out of Hours	£4.4m	Primary Other	£0.8m	Adult Social Care (City Wide Teams)	£4.5m	No Recourse to Public Funds	£1m	One Team CMFT	£20.3m	One Team PAHT	£15m	One Team UHSM	£16.1m	Reablement	£2.2m	Adult Social Workers / PAT	£5.1m	Care Act / Protection of ASC	£14m	CMFT Other Community	£0.6m	PAHT Other Community	£1.3m	UHSM Other Community	£0m	Wellbeing (PH)	£7.6m	Sexual Health (PH)	£8.3m	Drugs and alcohol (PH)	£8.6m	Other (PH)	£3.8m	<table border="1"> <tr><td>Single Commissioning Function</td><td>£448.9m</td></tr> <tr><td>PAHT (Non NMGH - 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	CMFT (Acute Care)	£107.5m																																																																																																																													
	NMGH (Acute Care)	£31.4m																																																																																																																													
	UHSM (Acute Care)	£52.7m																																																																																																																													
	Local Care Organisation	£436.3m																																																																																																																													
	CMFT Scheduled Care	£17.1m																																																																																																																													
	NMGH Scheduled Care	£6.6m																																																																																																																													
	UHSM Scheduled Care	£10.6m																																																																																																																													
	CMFT Unscheduled Care	£33m																																																																																																																													
	NMGH Unscheduled Care	£16.6m																																																																																																																													
	UHSM Unscheduled Care	£18m																																																																																																																													
	Other NHS Providers (DGH)	£9.4m																																																																																																																													
	Other NHS providers (Community)	£3.9m																																																																																																																													
	Community Prescribing	£92.7m																																																																																																																													
	Primary Care Medical Services	£68.9m																																																																																																																													
	National Enhanced Services	£3m																																																																																																																													
	Quality & Outcomes Framework	£6.6m																																																																																																																													
	7 Day Access	£3.6m																																																																																																																													
	Locally Commissioned Services	£1.3m																																																																																																																													
Out of Hours	£4.4m																																																																																																																														
Primary Other	£0.8m																																																																																																																														
Adult Social Care (City Wide Teams)	£4.5m																																																																																																																														
No Recourse to Public Funds	£1m																																																																																																																														
One Team CMFT	£20.3m																																																																																																																														
One Team PAHT	£15m																																																																																																																														
One Team UHSM	£16.1m																																																																																																																														
Reablement	£2.2m																																																																																																																														
Adult Social Workers / PAT	£5.1m																																																																																																																														
Care Act / Protection of ASC	£14m																																																																																																																														
CMFT Other Community	£0.6m																																																																																																																														
PAHT Other Community	£1.3m																																																																																																																														
UHSM Other Community	£0m																																																																																																																														
Wellbeing (PH)	£7.6m																																																																																																																														
Sexual Health (PH)	£8.3m																																																																																																																														
Drugs and alcohol (PH)	£8.6m																																																																																																																														
Other (PH)	£3.8m																																																																																																																														
Single Commissioning Function	£448.9m																																																																																																																														
PAHT (Non NMGH - Acute Care)	£10.5m																																																																																																																														
Other NHS Providers (Acute Care)	£12.5m																																																																																																																														
PAHT (Non NMGH - Scheduled Care)	£2.2m																																																																																																																														
PAHT (Non NMGH - Unscheduled Care)	£5.5m																																																																																																																														
Private Sector (Acute Care)	£26.9m																																																																																																																														
Private Sector (Community)	£2.5m																																																																																																																														
NW Ambulance	£18.3m																																																																																																																														
MMHSCT	£69.3m																																																																																																																														
MMHSCT Social Workers	£4.1m																																																																																																																														
Other NHS Providers (MH)	£12.8m																																																																																																																														
Private Sector (MH)	£14.9m																																																																																																																														
Mental Health (PH)	£2.5m																																																																																																																														
MCC MH Care Provision	£11.2m																																																																																																																														
Residential & Nursing Homes	£15.9m																																																																																																																														
Home Care	£11.2m																																																																																																																														
Learning Disability	£40.6m																																																																																																																														
Continuing Care	£37m																																																																																																																														
Other Care	£1.3m																																																																																																																														
Voluntary Grants	£4.2m																																																																																																																														
Core and back office (PH)	£2.3m																																																																																																																														
MEAP (PH)	£1.8m																																																																																																																														
Extra Care (PH)	£1.3m																																																																																																																														
Primary Care IT	£2.1m																																																																																																																														
Out of Scope	£56.7m																																																																																																																														
£19.1m Children's Health and Care	<table border="1"> <tr><td>CMFT</td><td>£3.5</td></tr> <tr><td>NMGH</td><td>£0.4</td></tr> <tr><td>UHSM</td><td>£0.1</td></tr> </table>	CMFT	£3.5	NMGH	£0.4	UHSM	£0.1	<table border="1"> <tr><td>Community Services CMFT</td><td>£12.6m</td></tr> <tr><td>CMFT (MH)</td><td>£6.2m</td></tr> <tr><td>CMFT Scheduled Care</td><td>£0.9m</td></tr> <tr><td>PAHT Scheduled Care</td><td>£0.2m</td></tr> <tr><td>CMFT Unscheduled Care</td><td>£0.1m</td></tr> <tr><td>Other NHS Providers</td><td>£0.5m</td></tr> <tr><td>No Recourse to Public Funds</td><td>£1.2m</td></tr> <tr><td>Public Health Commissioned Services (NHS Providers)</td><td>£3.5m</td></tr> <tr><td>Early Help</td><td>£-0.1m</td></tr> </table>	Community Services CMFT	£12.6m	CMFT (MH)	£6.2m	CMFT Scheduled Care	£0.9m	PAHT Scheduled Care	£0.2m	CMFT Unscheduled Care	£0.1m	Other NHS Providers	£0.5m	No Recourse to Public Funds	£1.2m	Public Health Commissioned Services (NHS Providers)	£3.5m	Early Help	£-0.1m	<table border="1"> <tr><td>High Cost Placements</td><td>£24.5m</td></tr> <tr><td>Early Years</td><td>£14.6m</td></tr> <tr><td>Voluntary Grants</td><td>£4.5m</td></tr> <tr><td>CAMHS</td><td>£0.4m</td></tr> </table>	High Cost Placements	£24.5m	Early Years	£14.6m	Voluntary Grants	£4.5m	CAMHS	£0.4m	<table border="1"> <tr><td>Looked after Children</td><td>£23.8m</td></tr> <tr><td>Children's Social Care</td><td>£9.2m</td></tr> <tr><td>Other Services</td><td>£13m</td></tr> </table>	Looked after Children	£23.8m	Children's Social Care	£9.2m	Other Services	£13m	<ul style="list-style-type: none"> • 18% of CCGs budget for PAHT is estimated to be the equivalent of activity on the NMGH site, others site are within 'other NHS providers' 																																																																																				
	CMFT	£3.5																																																																																																																													
	NMGH	£0.4																																																																																																																													
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Other Services	£13m																																																																																																																														
£111m Other		<table border="1"> <tr><td>Business Support</td><td>£4.5m</td></tr> <tr><td>Walk in Centre - CMFT</td><td>£1.5m</td></tr> <tr><td>Walk in Centre - UHSM</td><td>£0.3m</td></tr> </table>	Business Support	£4.5m	Walk in Centre - CMFT	£1.5m	Walk in Centre - UHSM	£0.3m	<table border="1"> <tr><td>Other Health Programmes</td><td>£22.7m</td></tr> <tr><td>Other Commissioning</td><td>£0.1m</td></tr> <tr><td>Corporate</td><td>£50.1m</td></tr> <tr><td>Propco</td><td>£2.8m</td></tr> <tr><td>Business Units</td><td>£18.3m</td></tr> </table>	Other Health Programmes	£22.7m	Other Commissioning	£0.1m	Corporate	£50.1m	Propco	£2.8m	Business Units	£18.3m	<table border="1"> <tr><td>Safeguarding</td><td>£7.5m</td></tr> <tr><td>Homelessness</td><td>£3.2m</td></tr> </table>	Safeguarding	£7.5m	Homelessness	£3.2m																																																																																																							
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Homelessness	£3.2m																																																																																																																														

* Acute Hospital Care & Ambulance excludes specialist activity and is the Manchester share only

Appendix C– Locality Plan Financial Gap Build Up

All budgets	17/18 - 20/21 Funding Gap £'000
MCC	
- Demographic Growth	17,188
- Inflation	23,231
- National Living Wage	17,281
- Resource Reduction	28,221
- Improved BCF / Social Care Precept	-39,483
Subtotal	46,438
CCGs	
- Opening Surplus	-11,104
- Demographic Growth	30,002
- Non Demographic Growth	42,438
- Net Inflation	28,300
- Funding Growth	-83,766
- Delivery of 1% Surplus	15,315
Subtotal	21,186
Acute Provider's	
- Opening Gap	11,618
- Demographic Growth	16,101
- Non Demographic Growth	23,163
- Weighted Inflation	60,080
- Net Tariff Deflation	-7,941
- Demographic Growth	-15,218
- Non Demographic Growth	-21,892
Subtotal	65,910
Total	133,534

Appendix 3

Subject: Budget Option for Education and Skills – School Crossing Patrols

Summary

At its meeting on 8th November, the Children and Young People Scrutiny Committee requested further information on the option relating to School Crossing Patrols

Budget Option

This paper outlines an option to save £500,000 over two years from the School Crossing Patrol budget by no longer funding amber graded school crossings. This would require a change in current policy where School Crossing Patrols are funded by the Council for both amber and red rated crossings. This option is supported by capital investment in highways to promote safer journeys to school. This includes providing permanent highway improvements to reduce risks at existing crossings so that School Crossing Patrollers will not be required.

1.0 Introduction

The School Crossing Patrol Act 1953, instituted through the School Crossing Patrol Order 1954, allowed Councils to provide patrols, to assist children to cross the road, between 0800 and 1730. The Act/Order gave Wardens (referred to as patrollers in this report) the power to stop traffic, for this purpose (previously undertaken by the police and/or traffic wardens).

There is no statutory duty to provide this service, which remains a permissive function, carried out at the discretion of Councils. The responsibility for children's safety, to and from school, remains that of their parents/carers.

Currently, the budget for school crossing patrols is £671,000. This funds a total of 86 school crossings. These have been risk assessed as follows:

- 42 red crossings (high risk)
- 44 amber crossings (medium risk).

In addition, there are 9 green crossings (low risk) which are currently funded directly by 10 schools.

Part 1 of this paper provides information on the current School Crossing Patrol service and outlines an option to save £500,000 over two years across 2017/18 and 18/19 from the School Crossing Patrol budget by no longer funding amber graded school crossings. This would require a change in current policy where School Crossing Patrols are funded by the Council for both amber and red rated crossings.

This option is supported by significant capital investment in highways to promote safer journeys to school which is outlined in part 2 of this paper. This includes providing permanent highway improvements to reduce risks at a number of existing crossings. These improvements will ensure that these crossings are safer at all times and will lead to lower school crossing patrol risk rating, resulting in fewer school crossing patrols being required.

Background

In 2012, the Council's Executive approved the closure of green-rated crossings (lower risk crossings) and continuation of a service on these crossings was offered to schools as a purchased service. Prior to this the Council funded a total of 165 school crossings with a patroller.

In April 2012 it was agreed that the School Crossing Patrol Service should transfer to Education within Children's Services. The transfer was finalised in November 2012 and was placed under the same management as the Home to School Transport team to form a Home to School Travel Coordination Unit as there are some common features and therefore overlaps in the way that both services operate. These include:

- the logistics of managing high numbers of grade 1 staff working across the city for a small number of hours at the beginning and end of each day;
- close links to schools and their arrangements for the start and end of the day;
- a small coordination team based at the centre overseeing the service;
- high levels of health and safety requirements and responding to risk assessments.

In 2014, as part of a wider consultation on Council savings options, a consultation on a proposal to remove amber-rated crossings was undertaken (46% agreed; 44% disagreed; 10% did not know or had no view). This option was not taken forward at the time.

Use of Dedicated Schools Grant (DSG) to fund the service

Current Schools Finance (England) Regulations 2013 prohibits the use of Dedicated Schools Budget to provide a school crossing service. A local education authority's budget or schools' budget must not include the following classes or descriptions of expenditure for the purposes of section 26 of the Road Traffic Regulation Act 1984 (arrangements for patrolling school crossings).

The Schools Finance Regulations specifically refer to expenditure within the DSG not being eligible to fund school crossing patrols. Schools do however receive funds from other sources and this can be used at their discretion and would therefore be available to fund individual school crossing patrols. However, schools are required to demonstrate value for money and show the impact of their spending on improved attainment or achievement – using any element of a school budget to fund this service may therefore present a challenge to some schools in this respect.

PART 1 - Current Arrangements for School Crossing Patrols

Workforce

As a result of many overlapping functions, the central coordination roles for both the home to school transport team and the school crossing patrol team have been formally brought together.

The current staffing for the service is as follows:

- Team leader which covers both functions
- Delivery Co-ordinator which covers both functions
- 2 supervisors which cover both functions
- 77 permanent members of staff (76 including 1 job share) in roll of School Crossing Patrollers. This includes 2 mobile School Crossing Patrollers.
- 10 staff on fixed term contracts in roll of School Crossing Patrollers
- 10 vacancies

The age profile for the patrollers is detailed as follows:

Age	Red	Amber	Green	Total
20 – 40 years	2	1	1	4
40 – 60 years	20	19	5	44
60 years and over	14	20	3	37
Vacancies	6	4		10
Total				95

The nature of the role is that of split shift and part time, patrollers being contracted to in the main 10hrs per week, a small number remaining on historic contracts of up to 12hrs. School crossing patrollers are paid at Grade 1.

When a vacancy arises, and whilst recruitment takes place, crossings are reprioritised so that red rated crossing are covered at all times and all higher risk crossings have a patroller wherever possible. Two mobile patrollers are also available to cover vacant crossings.

Risk Assessment process

Risk Assessment gradings are undertaken in line with National Guidelines and determine level of risk and therefore which sites will have a schools crossing patrol allocated. Each risk assessment will allocate a score to a crossing site which will result in grading of red (high risk), amber (medium risk) green (low risk) as set out below:

- High Risk Score of 75 or over = Red Grading
- Medium Risk Score of between 51- 74 = Amber Grading
- Low Risk Score up to 50 = Green Grading

These assessments are conducted over a period of one day at peak times for traffic flow/pedestrians both am and pm and reviewed every 3 years unless there are other significant changes which would impact on the risk assessment of a crossing such as a school expansion.

Schools are not involved with the assessment process as this is an independent survey to determine risk rating based on need. Schools may however ask for different or additional access points/exits to be included in the assessment. Factors considered during the assessment are a count of the number of:

- accompanied children under the age of 11 years
- unaccompanied children under 11 years
- children over the age of 11 years
- number of vehicles

The assessment will then use the highest count for each of the morning and afternoon sessions and will allocate a score for the crossing site in line with published guidelines. Additional factors including view of traffic, pedestrian facility, width of carriageway, speed of vehicles, location of road junction, bus stops, accident/incident history during patrol hours and physical infrastructure e.g. differing types of crossing and or traffic calming measures already in place will also be scored resulting in an overall score and risk rating. Please see attached appendix 3A which details this further.

Currently, the Council funds 42 red rated crossings which are used by approximately and 44 amber crossings. The location of these crossings is provided in appendix 3B and 3C.

In addition, 11 schools fund 9 green crossings (appendix 3D). The cost of this is £6,000 per crossing.

Option to reduce the school crossing patrol budget

An option has been put forward for consideration which would reduce the budget by £500,000 over two years from September 2017. To achieve this would require a reduction in at least 72 crossings. This will leave a budget of £117,000 in addition to income generated from school funded crossings to fund retention of a small School Crossing Patrol service to cover high risk crossings and to provide a service for those schools choosing to purchase School Crossings Patrols.

This saving could be achieved through:

- a significant capital investment in red school crossings to reduce their assessment of risk to amber or green
- a change from current Council policy so that amber rated crossings are no longer funded by the Council.

Schools would continue to be provided with the option of buying back a schools crossing patroller from the Local Authority.

Part 2 of this paper outlines the work taking place to provide a costed outline design solution for each of the crossings currently supported by a School Crossing patroller.

PART 2 - Capital investment in school crossings

Highways have successfully secured £1million investment from the TfGM Highways Growth fund, of this £200,000 has been allocated to minor improvements to support journeys to and from school and £800,000 has been allocated to improve safety outside schools and fund this work.

In addition to this funding, Highways are currently preparing a new business case to seek approval from TfGM to reallocate the previously agreed funding (£650,000) for the next phase of the 20mph work. If agreed this would mean that we have a total budget of £1,450,000 for improvements outside schools.

Work has been commissioned to provide an outline design solution for each of the crossings currently supported by a School Crossing patroller. The following are the deliverables to be issued as part of this proposal:

- A short summary of the issues and findings at each location (1 – 2 side of A4 max. for RED and AMBER sites).
- For the RED sites, an outline design option to bring the RED status to AMBER status
- For the RED sites, an outline design option to bring the RED status to GREEN status
- For the AMBER sites, an outline design option to bring the AMBER status to GREEN status
- The outline design proposals will consist of a simple plan, A3 size preferred, detailing the nature and location of the proposed measures.
- Costs for each option
- An example of the design proposals is attached in appendix 3E

The types of proposals being recommended will range from simple new signs and lines, up to new guardrail, traffic calming, zebra crossings and new traffic controlled junctions. Points have been allocated to each of these measures and these will be used to reassess the risk as each crossing if the measures were implemented.

Scope of Work

All red and amber sites have been visited twice, in the morning and in the afternoon. All visits have taken place at school opening or/and closing times.

The scope of work to be undertaken as part of this proposal includes the following:

RED sites :-

- Meet SCP supervisor to review RAG status with School Crossing Patrol Supervisor to understand the criteria used and review of anecdotal evidence (4 meetings to discuss 42 sites)
- Review of existing TROs (Parkmap and during site visit)
- Obtain and review 5 year casualty stats
- Provide information of known or ongoing schemes
- Review of known or ongoing highway schemes
- MCC to provide speed data
- Site visits (morning AND afternoon hours)
- Produce note of findings/site assessment (1-2 sides of A4)
- Provide outline design to bring the RAG status from RED to AMBER and provide costs
- Provide outline design to bring the RAG status from RED to GREEN and provide costs

AMBER sites :-

- Meet SCP supervisor to review RAG status with School Crossing Patrol Supervisor to understand the criteria used and review of anecdotal evidence (4 meetings to discuss 44 sites).
- Review of existing TRO's (Parkmap and during site visit)
- Obtain and review 5 year casualty stats
- Provide information of known or ongoing schemes
- Review of known or ongoing highway schemes
- MCC to provide speed data
- Site visits (morning and afternoon hours)
- Produce note of findings/site assessment (1-2 sides of A4)
- Provide outline design to bring the RAG status from AMBER to GREEN and provide costs

At locations where Zebra Crossings are proposed, the zebra crossing will be worked up as an outline design. No alternative proposals will be considered at these locations and it will be assumed that Zebra crossings are an acceptable design solution.

Programme timescales

In order to meet the deadline of the end of November for the outline designs to be completed for red sites, all red sites visits were undertaken before the half term break, which took place over the last week in October (w/c 24th October).

For the amber sites some visits were undertaken before the half term break and others afterwards.

Outline design for the red sites is anticipated to be completed by end of November.
Outline design for the amber sites is anticipated by mid December (w/c 12th December).

To date all red crossings have been visited and very early unvalidated cost estimates suggest a solution for most of the red crossings which would reduce their risk rating to amber within budget of £1.450 million (this is subject to further detailed costings based on the outline design). Solutions have been provided to further reduce the risk of 38 red crossings to a green (low) risk rating, however, this would not be affordable within the current capital allocation and would not allow for any improvements to be made to existing amber crossings.

Until full cost estimates for reducing risk at all of the school crossings have been completed, it is difficult to provide a detailed plan of how many red crossings for example will become amber or green and which will need to retain a school crossing patroller and how many amber crossings will become green as there will be many combinations available within the investment budget.

Conclusion

Significant capital investment in highway improvements outside schools will reduce risk and provide a permanent way of improving road safety which goes beyond the short period of time at the beginning and end of the school day. Replacing school crossing patrollers with permanent solutions also provides an opportunity for school children to learn how to correctly use facilities such as pelican crossings, zebra crossings, traffic guard rails and controlled junctions to help them to cross roads safely without relying on being passively taken across the road by a School Crossing patroller. This supports the development of better road safety habits which can be life long skills, applied in every day life when crossing the road.

Alongside capital investment in highway improvements, to achieve proposed revenue savings there will need to be a change to current Council policy which will mean that School Crossing Patrols are no longer funded for amber school crossings but the Council would continue to fund a School Crossing Patrol at any crossing which continues to be rated red. Schools would be offered continuation of a School Crossing Patrol service as a purchased service.

SCP ASSESSMENT CRITERIA

ASSESSMENT PROCESS

Traffic Count (am and pm) of two way vehicle flow.

Record the busiest 30 minutes for each period

Include all children crossing within the vicinity.

Ascertain the number of pedestrians under 16 years old involved in road traffic accidents, during the previous 3 years, within the vicinity.

Assessment Criteria (to be rounded to the nearest whole number, increase 0.5 to 1)

		Factors		AM	PM			Score
vehicles per 1/2 hour:	between 250-499	Plus 10 points						
	over 500	Plus 20 points						
Total number of unaccompanied children under 11	1 point per 5 children							
Total number of accompanied children under 11	1 point per 20 children							
Total number of children between 11 and 16	1 point per 40 children							
View of traffic from footpath: (Patrol)	30m-50m: Plus 20 points							
	50m-70m: Plus 5 points							
View of Patrol: (Drivers)	30m-50m: Plus 20 points							
	50m-70m: Plus 5 points							
No Pedestrian Facility	Plus 20 points							
						YES	NO	
Carriageway width 7.5m or over	Plus 10 points		Metres					
Speed limit 40mph or over	Plus 10 points							
Road Junction within 20m	Plus 5 points							
Bus Stop within 20m	Plus 5 points							
Trees close to Point/View restrictions	Plus 5 points							
Accident/Incident history during normal Patrol hours of duty	Plus 5 points per incident							
Surface water collection at point	Plus 2 points							
Traffic Signals - without pedestrian phase	Plus 5 point							
Pelican/Puffin/Toucan	Minus 20 point							
Zebra	Minus 10 points							
Traffic Signals - with pedestrian phase	Minus 5 point							
Central Refuge	Minus 5 point							
Traffic Calming	Minus 5 point							
Parking Restriction/Road Markings	Minus 5 point							
Guard Rails	Minus 5 point							
Total number of points allocated for the site								0

CRITERIA

IN ALL CASES SCHOOL CROSSING PATROLS NOT JUSTIFIED IF LESS THAN 20 CHILDREN CROSSING AT SITE

Low Risk	Medium Risk	High Risk
Up to and including 50 These Points Would be a low priority	Between 51-74 These Points Would be a medium priority	75 and over These Points would be a high priority

CENSUS & SITE ASSESSMENT FORM FOR SCHOOL CROSSINGS

DATE OF COUNT: _____

POINT NO. _____

LOCATION : _____

MORNING		CHILDREN			VEH
		-11A	-11U	11+	
7:55	8:00				
8:00	8:05				
8:05	8:10				
8:10	8:15				
8:15	8:20				
8:20	8:25				
8:25	8:30				
8:30	8:35				
8:35	8:40				
8:40	8:45				
8:45	8:50				
8:50	8:55				
8:55	9:00				
9:00	9:05				
9:05	9:10				
9:10	9:15				
9:15	9:20				
9:20	9:25				
9:25	9:30				
TOTAL		0	0	0	0

AFTERNOON		CHILDREN			VEH
		-11A	-11U	11+	
2:45	2:50				
2:50	2:55				
2:55	3:00				
3:00	3:05				
3:05	3:10				
3:10	3:15				
3:15	3:20				
3:20	3:25				
3:25	3:30				
3:30	3:35				
3:35	3:40				
3:40	3:45				
3:45	3:50				
3:50	3:55				
3:55	4:00				
4:00	4:05				
4:05	4:10				
4:10	4:15				
4:15	4:20				
TOTAL		0	0	0	0

1/2 hour Traffic / Child Flow

Proposed Authorised Times

A.M. ASSEMBLY
P.M. DISPERSAL

Traffic

Child

	Proposed		Actual	
A.M. ASSEMBLY				
P.M. DISPERSAL				

SUPERVISORS REPORT

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	Red Crossings	
Site ref	Location	Grade
114	Claremont Rd / Yew Tree Rd	A - 89
121	Withington Rd / College Rd	A - 128
122	Alexandra Rd / Wellington Rd	A - 99
128	Wilbraham Rd / Bethnall Dr	A - 100
130	Manchester Rd / Longford Rd	A - 89
131	Oswald Rd / Longford Road	A - 94
132	Longford Rd / Oswald Rd (vacant)	A - 94
134	Nell Lane / Sandy Lane	A - 119
139	Nicolas Rd / Oswald Rd	A - 80
146	School Ln/ outside school gates	A - 85
205	Plymouth Grove / Daisybank Road	A - 91
208	Stanley Grove Primary	A - 86
214	Northmoor Road / Sutcliffe Avenue	A - 76
217	Wembley Road / Melland Road	A - 91
219	Barlow Road / Cromwell Grove	A - 88
224	Errwood Rd / school gates	A - 95
225	Albert Rd / Marshall Rooda	A - 81
230	Burnage Ln / School gates	A - 81
231	Crossley Av / Moorton Av	A - 75
234	Mauldeth Rd	A - 75
236	Burnage Ln / outside school gates	A - 103
316	Firbank Rd / Ninfield Rd (vacant)	A - 109
327	Portway / Ruddpak Road	A - 81
330	Crossacres Rd / school gates	A - 94
340	Royal Green Rd / Patterdale Rd	A - 91
401	Charlestown Road/Hinchley Road (vacant)	A - 81
403	Broadway / Moston Lane East	A - 108
406	St Marys Primary	A - 82
407	St Mary's Road / Williams Road	A - 79
411	Lily Lane / Lizmar Terrace	A - 96

412	Kenyon Lane / Lily Lane (vacant)	A - 102
414	Moston Lane / Crofthill Road (vacant)	A - 75
419	Crescent Rd / Waterloo Rd	A - 105
421	Nuthurst Road / Blandford Drive	A - 102
430	Delauneys Road / Crumpsall Lane	A - 92
447	Ashley Lane / Whitman Street	A - 85
502	All Saints Street / Culcheth Lane	A - 83
506	Briscoe Lane / Scotland Hall Road	A - 87
513	Abbey Hey Lane outside Abbey Hey School	A - 83
515	Reddish Lane / Turnbull Road	A - 99
526	Rushford Street / Parry Road (vacant)	A - 100
527	Brunswick Street / Wadeson Street	A - 78

42 Red sites

Amber crossings

Site ref	Location	Grade
113	Claremont Road / Heald Place Primary school gates	B - 73
123	Lloyd Street South / Edith Avenue	B - 67
125	Alexandra Rd / Brantingham Rd	B - 62
140	Broad Oak Road / outside school gates	B - 53
141	Fog Lane / Clayton Avenue	B - 58
210	Hamilton Road / Clitheroe Road	B - 63
220	Broom Lane / Chapel Street	B - 61
233	Talbot Road / Green Street	B - 61
237	Green End Road / Burnage Lane	B - 55
238	Burnage Lane roundabout	B - 73
239	Green End Road / Broadlea Road (vacant)	B - 59
241	Parrswood Road / Briarfield Road	B - 65
304	Moorcroft Road / Button Lane	B - 55
306	Ferndown Road / Wndover Road	B - 54
307	Wndover Road / Sandilands Road	B - 64
309	Firbank Road / Highdales Road (vacant)	B - 73
313	Floatshall Road / Bowland Road	B - 62
314	Hollyhedge Road / Greenbrow Road	B - 62
317	Greenbrow Road / Whitburn Road	B - 63
318	Firbank Road (outside 204)	B - 63
319	Greenbrow Road / Simonsway	B - 67
322	Portway / Selstead Road	B - 53
323	Portway / Cornishway (outside cornishman pub)	B - 61
325	Cornishway / Rossett Avenue	B - 68
326	Cornishway / Portway	B - 64
334	Hollyhedge Road / Woodhouse Lane	B - 70
335	Broadoak Road / Nearbrook Road	B - 59
336	Hollyhedge Road / Broadoak Road (vacant)	B - 57
404	Moston Lane East / outside school gate	B - 61
416	Moston Lane / Upper Conran Street	B - 51
435	Lion Street / Lawson Street (vacant)	B - 66

436	Old Market St / Chapel Lane	B - 58
501	Droylsden Road / outside school gate	B - 67
503	Daisy Bank / Mabel Street	B - 51
504	Culcheth Lane / outside school gate	B - 54
505	Culcheth Lane / Briscoe Lane	B - 66
514	High Bank / Cross Lane	B - 60
519	Gorton Lane / Gardiner Street	B - 68
522	Abbey Hey Lane / Lakeside Close	B - 72
529	Park House St / Wood St	B - 68
532	Ogden Lane / Varna Street	B - 60
540	Varley St / Holland St	B - 56
542	Rochdale Rd / Eggington St	B - 53
546	Levenshulme Road / Ryder Brow Road	B - 60

44 Amber sites

Green crossings

Site ref	Location	Grade
545	St Edmunds Primary	C - 15
116	Claremont Road	C - 16
510	Ravensbury Primary	C - 32
329	Crossacres Primary / Manchester Enterprise Academy	C - 34
442	The Blackley Academy	C - 35
117	Claremont Road	C - 40
337	Benchill Primary	C - 40
520	All Saints	C - 46
417	Holy Trinity / Mount Carmel Primary	C - 47
9 Green sites		

Project: **MCC: School Crossing Patrols**
Subject: **Site Review/Assessment and outline design**
Title: **Safety Improvement Measures**



1 Introduction

The following list is a compilation of potential measures that could be utilised in the development of outline design proposals to make the necessary improvements to enable the sites to operate safely without the support of a School Crossing Patrol.

2 Purpose

Each of the measures have been categorised into types and a suggested value has been applied in order to determine their impact. This is to enable the potential new score for the site following the implementation of the measures.

In order to ensure a suitable method of scoring the improvements is applied, AECOM would like to discuss and agree the categories and individual scores with MCC, so they can be applied to each site.

3 Improvement Measures

The measures have been categorised into similar types with scores that reflect those noted in the brief. It is suggested that multiple measures from each category may be counted individually to produce a combined score; however multiple elements of each measure may only be counted once.

SAFETY MEASURE	REDUCTION VALUE
Crossings	
New Pelican/Puffin/Toucan crossing	20 points
New Zebra/ Tiger crossing	10 points
Signalise existing junction with pedestrian facilities	20 points
Add pedestrian phase to existing traffic signals	5 points
Road Markings	
New hatch markings (road narrowing)	5 points
SLOW text	5 points

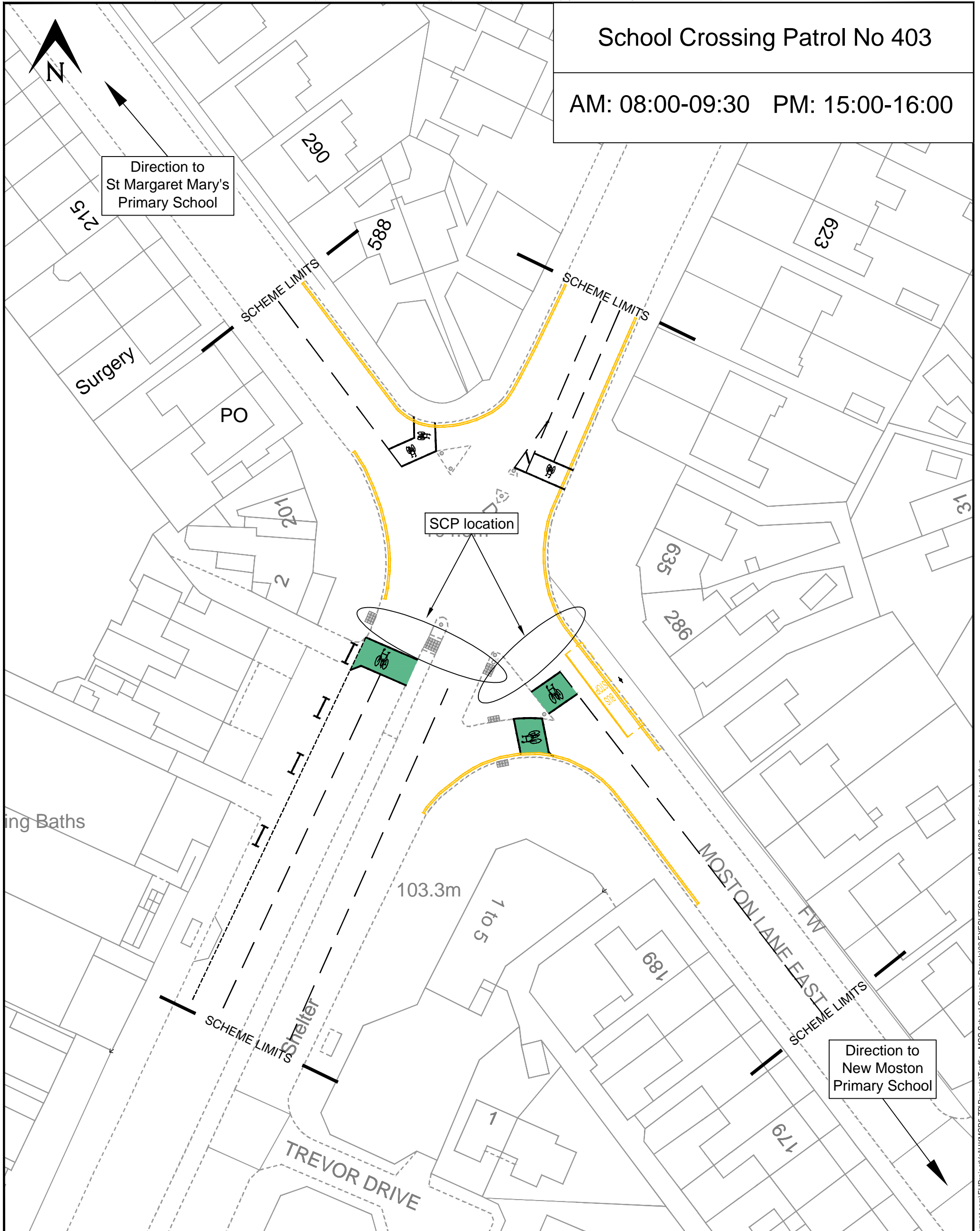


Road Geometry	
Buildouts (to reduce carriageway width to less than 7.5m)	10 points
Central refuge	5 points
Tightening junction mouth	5 points
Street Furniture	
Guardrail	5 points
Bollards	5 points
Dropped crossing & tactile paving	5 points
Traffic calming	
Speed cushions	5 points
Junction plateau	5 points
Flat top humps	5 points
Priority chicane	5 points
Signs	
School warning signs	5 points
TROs	
Parking restrictions	5 points
Speed limit reduction	5 points
Maintenance	
Refresh existing road markings	2 points
Remark traffic calming features (speed cushion arrows)	2 points
Refresh existing Parking Restrictions	2 points
Carriageway resurfacing	2 points

Replace guardrails	2 points
Replace bollards	2 points
Clear blocked gullies	2 points
Cut back foliage	2 points
Other	
Relocate bus stop	5 points
Remove visibility obstructions	5 points
Improve Street Lighting	2 points



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MANCHESTER CITY COUNCIL

Capital Programmes & Property
Growth & Neighbourhoods Directorate
PO Box 532
Town Hall
Manchester M60 2LA

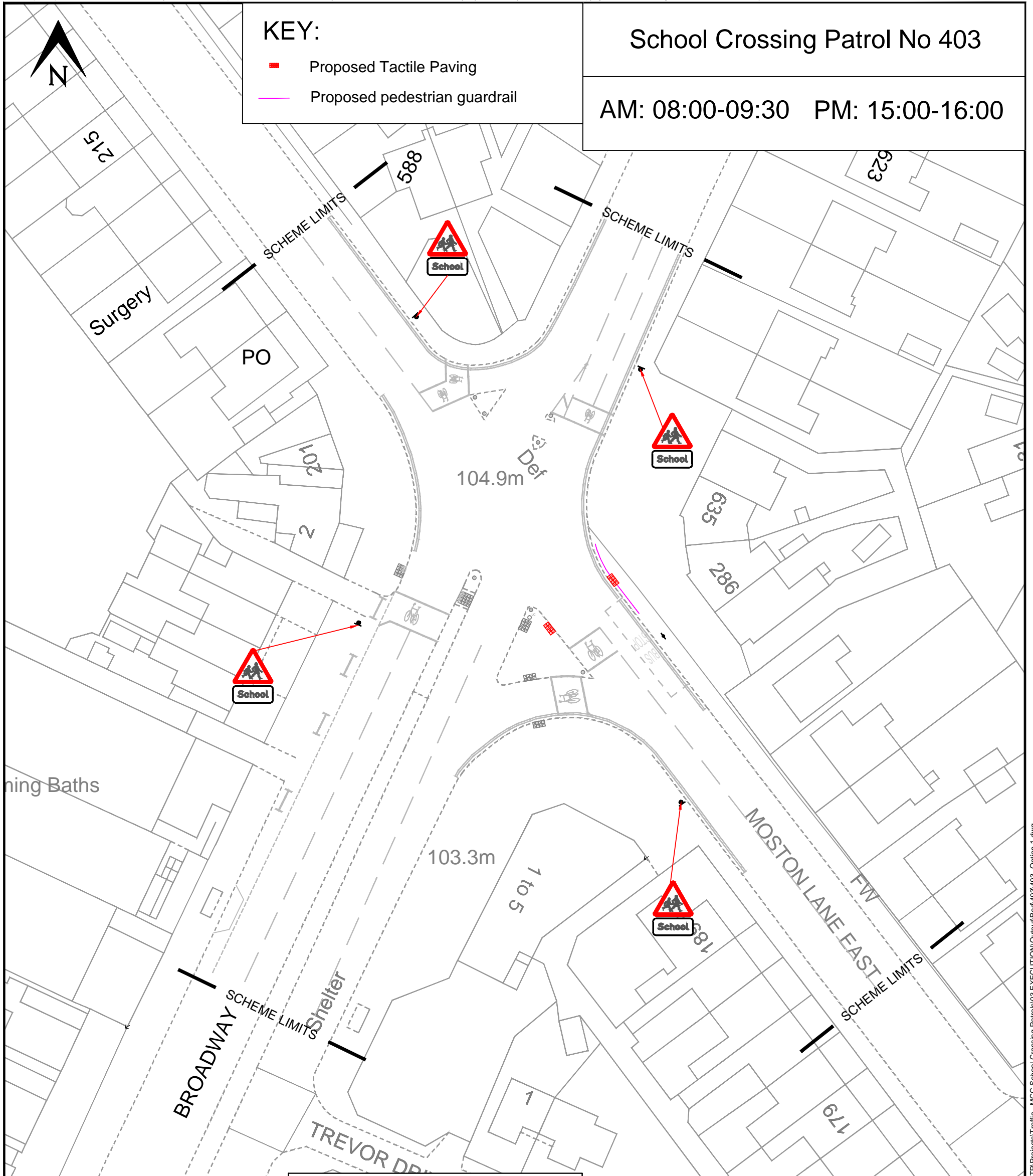
PROJECT TITLE							DRAWING TITLE	
SCHOOL CROSSING PATROLS RED SITES							NEW MOSTON / ST MARGARET MARYS PRIMARY Existing Layout SCP No 403 BROADWAY / MOSTON LANE EAST	
SIZE	SCALE	DATE	DRAWN	CHECKED	APPROVED	DRAWING NUMBER		
A3	1:500	03/11/16	TOG	WL	MG	60519968/403-1		
							REV	

DRAWING NUMBER
60519968/403-1

REV

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LEGAL		
TRO	YES	NO
Existing TRO on site to be affected.		✓
New TRO is proposed		✓

SITE CLEARANCE		
Infrastructure/Elements	To be removed	To be relocated
N/A		

MANCHESTER CITY COUNCIL

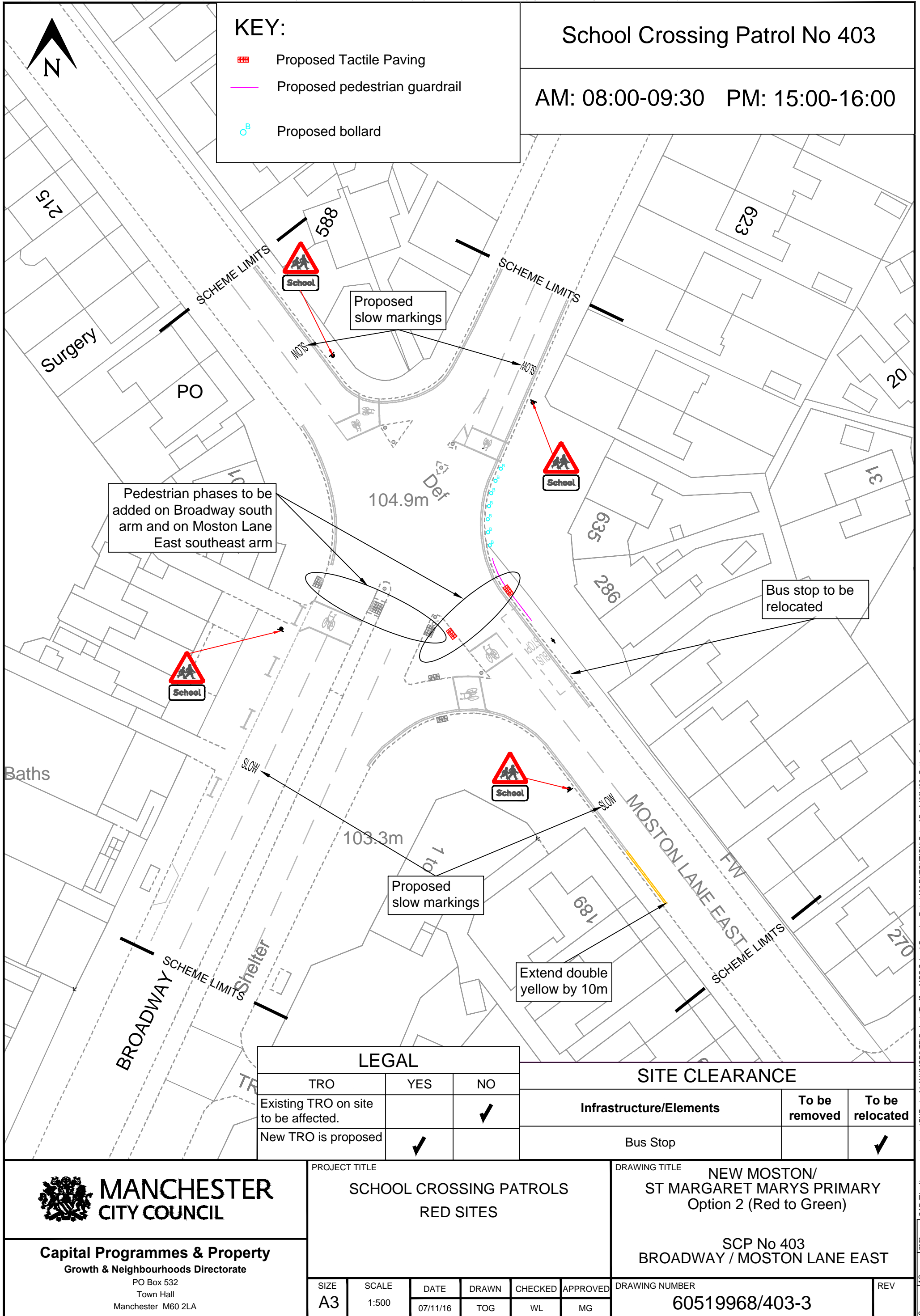
Capital Programmes & Property
Growth & Neighbourhoods Directorate
PO Box 532
Town Hall
Manchester M60 2LA

PROJECT TITLE SCHOOL CROSSING PATROLS RED SITES						
SIZE A3	SCALE 1:500	DATE 07/11/16	DRAWN TOG	CHECKED WL	APPROVED MG	DRAWING NUMBER 60519968/403-2

DRAWING TITLE NEW MOSTON/ ST MARGARET MARYS PRIMARY Option 1 (Red to Amber)	
SCP No 403 BROADWAY / MOSTON LANE EAST	
DRAWING NUMBER 60519968/403-2	REV

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Appendix 4

Subject: Budget Option for Education and Skills - Further Information

Summary

At its meeting on 8th November, the Children and Young People Scrutiny Committee requested further information on the option relating to the Health Visitor Contract

Budget Option

The 0-5s children's public health contract is provided by Central Manchester Foundation Trust (CMFT) and includes the Health Visiting Service. Health Visitors have an important role as leaders of the universal Department of Health's Healthy Child Programme which form part of multi-professional care pathways and integration of services for children 0-5. Universal services are essential for primary prevention, early identification of need and early intervention. Universal services lead to early support and harm reduction.

The 0-5s children's public health budget was reduced by MCC by £250k in 2016/17. In addition, there was a shortfall from the provider, given a total reduction in budget of £770k. MCC and the provider are working closely together to remodel the Health Visiting Service to offer a more intensive service to a larger number of vulnerable families, whilst protecting the frontline Health Visiting workforce and making the necessary budget reductions.

The budget savings options for 2018/19 include an option to further reduce the Health Visiting budget by £500k.

As part of the developing Single Commissioning Function the public health team have been working closely with the children and maternity services commissioners in the City wide CCG team to examine options for jointly commissioning a number of children's services as a new integrated 0-5s service to go live in 2018. As part of this new commissioning arrangement and tender, MCC could reduce the budget for the service to make the £500k saving. There would be a risk that front line Health Visiting numbers would reduce with further reductions to the budget, potentially impacting on the delivery of the Healthy Child Programme, the Early Years Delivery Model work and the number of Early Help Assessments carried out. However, the commissioners will be able to specify a number of parameters to ensure a safe, targeted service including the skill mix and qualified health visitor numbers benchmarked against similar areas.

Appendix 5

Subject: Budget Option for Education and Skills - Further Information

Summary

At its meeting on 8th November, the Children and Young People Scrutiny Committee requested further information on the option relating to Reconfiguring the Early Years New Delivery Model, including Sure Start Children's Centres

Budget Option

Current provision:

Manchester currently has 38 Sure Start Centres (SSCC) across the city. These 38 centres work together in 14 local areas sharing leadership and management. 8 groups are managed by MCC and 6 groups managed and operated by partners commissioned to carry out this role. Of the commissioned groups 4 are managed by voluntary organisations and 2 by nursery schools.

The proposal is to regroup SSCC into 12 new areas to mirror the way that local health and social care services are organised. This organisation reflects the wider move to align and operate services within the city wide system of 1 City, 3 districts and 12 local neighbourhood areas. The proposal seeks to strengthen connections between services at a local level.

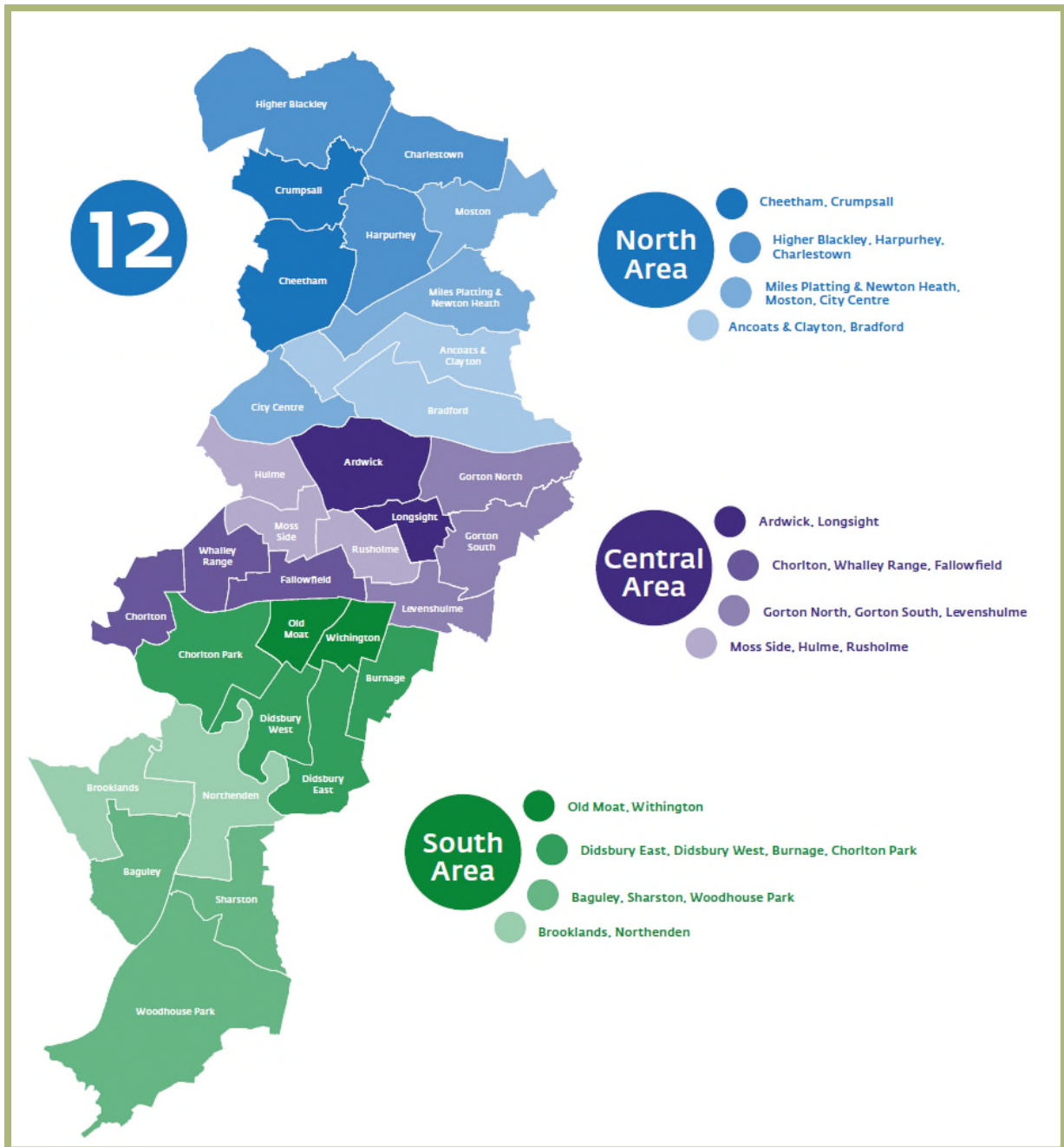
A further proposal is to reduce the number of SSCC from 38 to 30. Decisions on where services would continue to be delivered and which centres will no longer operate would be made based on 2 main factors:

- The local need for those services – looking at rates of poverty and deprivation and measures like school readiness and obesity in children.
- The location of current centres –reviewing SSCC that are located close to others nearby.

This would mean that:

- Some areas would have fewer SSCC. Officers will continue to work with voluntary and community groups, local schools and childcare providers to facilitate activities for young children from the locations.
- Some families may have to travel further to access some Sure Start Children's Centre services.
- Early Years Outreach Workers, who currently work from the 38 Children's Centres, will continue to work across the city from the new groups.
- The reduction in the number of SSCC would make a saving of £180,000.

The 12 neighbourhood areas:



How the 12 neighbourhoods are affected by the proposal:

North:

Cheetham and Crumpsall

There are currently three Children’s Centres in this area, these are:

- ◆ Cheetham Park
- ◆ Woodville
- ◆ Crumpsall

The proposed changes would mean that two of these centres would work together, sharing management and leadership, to ensure all current services continue to be delivered across the area.

The proposal is to stop delivering Sure Start services at the Cheetham Park Centre as it is within walking distance of the Woodville Centre.

Cheetham Park : is located within walking distance of Woodville Sure Start Children’s Centre. Part of the Cheetham Park Centre is currently used to provide private daycare. The daycare provision will continue. Officers will work with the local schools, childcare providers and community and voluntary groups to facilitate activities for young children from this building. A local school has expressed an initial interest in operating from the building.

			National Ave 9.1% Manchester Ave 10.8%	National Ave 31.4% Manchester Ave 41%	National Ave 69% Manchester Ave 63%	Manchester Ave 118	Manchester Ave 66%	National Ave 18.7% Manchester Ave 28.1%		
SSCC	Centre LSOA Popn at 30/06/15	SSCC ave Ranking IMD 2015 (10%=most deprived in country)	Health Outcomes	School Readiness Outcomes				Worklessness Outcomes		
			% of children in Reception Year Who Are Obese (by ward)	% Gap between the lowest achieving 20% and the rest	% of children reaching a GLD at the end of EYFS	No of Eligible Twos	% Take up of Eighble Twos	% of children living in out of work benefits households	% of children living in low income households	
Cheetham Park SSCC	1,197	10%	12%	35%	61	170	52%	21	39	
Woodville SSCC	903	20%	12%	39%	53	96	70%	13	28	
Crumpsall SSCC	1,274	20%	11%	31%	63	145	59%	18	31	

Higher Blackley, Harpurhey and Charlestown

There are currently three Children’s Centres in this area, these are:

- ◆ Higher Blackley
- ◆ Harpurhey
- ◆ Charlestown

The proposed changes would mean that these three centres would work together, sharing management and leadership, to ensure all current services continue to be delivered across the area.

Miles Platting, Newton Heath, Moston and City Centre

There are currently four Children’s Centres in this area, these are:

- ◆ Newton Heath
- ◆ Collyhurst Nursery School and Children’s Centre
- ◆ Broadhurst Park
- ◆ Moston

The proposed changes would mean that three of these centres would work together, sharing management and leadership, to ensure all current services continue to be delivered across the area.

The proposal is to stop delivering Sure Start services at the Broadhurst Park Centre as it is within walking distance of the Moston Centre.

Officers will work with the local schools, childcare providers and community and voluntary groups to facilitate activities for young children from these buildings. Local schools have expressed an initial interest in operating from the building.

Activities for children and some services also currently operate in the city centre from St Peter’s in the Town Hall complex. This is not a Sure Start Centre. The proposal is to continue to deliver activities in the city centre linked to the Martenscroft nursery school as at present.

Broadhurst Park:

Broadhurst SSCC is within walking distance of Moston. A local school has expressed initial interest in operating from the building.

SSCC	Centre LSOA Popn at 30/06/16	SSCC ave Ranking IMD 2015 (10%=most deprived in country)	National Ave		Manchester Ave		Manchester Average		National Ave	
			9.1%	31.4%	10.8%	41%	118	66%	18.7%	28.1%
			Health Outcomes	School Readiness Outcomes				Worklessness Outcomes		
			% of children in Reception Year Who Are Obese (by ward)	% Gap between the lowest achieving 20% and the rest	% of children reaching a GLD at the end of EYFS	No of Eligible Twos	% Take up of Eignble Twos	% of children living in out of work benefits households	% of children living in low income households	
*Newton Heath SSCC	1,126	10%	10%	32%	61	140	80%	42	40	
*Collyhurst Nursery School & SSCC	484	20%	10%	34%	55	57	89%	28	36	
*Broadhurst Park SSCC	684	30%	12%	23%	70	70	73%	23	28	
*Moston SSCC	1,070	20%	12%	31%	60	137	77%	37	42	
City Centre Catchment	226	40%	0%	6%	67	7	14%	2	2	

Central: Ancoats, Clayton and Bradford

There are currently four Children’s Centres in this area, these are:

- ◆ Clayton
- ◆ Miles Platting and Ancoats
- ◆ Ashbury Meadow
- ◆ St Clement’s

- The proposed changes would mean that three of these centres would work together, sharing management and leadership, to ensure all current services continue to be delivered across the area.
- We are proposing to stop delivering Sure Start services at the St Clement's Centre as local parents and carers could access services at a number of other local centres including Gorton North and Clayton.
- We would work with the local schools, childcare providers and community and voluntary groups to facilitate activities for young children from this building.

St Clement's is within walking distance of other SSCC. Reach figures indicate that parents using St Clements also access Ashbury Meadow SSCC and Gorton St James SSCC which is in a neighbouring area.

SSCC	Centre LSOA Popn at 30/06/16	SSCC ave Ranking IMD 2015 (10%=most deprived in country)	National Ave		Manchester Ave		Manchester Average		National Ave	
			9.1%	31.4%	69%	118	66%	18.7%	28.1%	
			Health Outcomes	School Readiness Outcomes				Worklessness Outcomes		
			% of children in Reception Year Who Are Obese (by ward)	% Gap between the lowest achieving 20% and the rest	% of children reaching a GLD at the end of EYFS	No of Eligible Twos	% Take up of Eignible Twos	% of children living in out of work benefits households	% of children living in low income households	
*Clayton SSCC Campus	698	10%	14%	43%	65	102	93%	34	45	
*Miles Platting & Ancoats SSCC	608	20%	14%	34%	55	55	96%	30	26	
Ashbury Meadow SSCC	983	20%	13%	29%	57	92	72%	26	28	
St Clements SSCC	719	10%	13%	29%	69	86	88%	34	38	

Ardwick and Longsight

There are currently two Children's Centres in this area, these are:

- ◆ Ardwick
- ◆ Longsight

The proposed changes would mean these two centres would work together, sharing management and leadership, to ensure all current services continue to be delivered across the area.

Chorlton, Fallowfield and Whalley Range

There are currently two Children's Centres in this area, these are:

- ◆ Whalley Range

- ◆ Fallowfield

The proposed changes would mean that these two centres would work together, sharing management and leadership, to ensure all current services continue to be delivered across the area.

Activities for children are also provided at Chorlton Library. The proposal does not affect these services.

Gorton North, Gorton South and Levenshulme

There are currently four Children's Centres in this area, these are:

- ◆ Gorton North (St James)
- ◆ Gorton (Mount Road) (This Centre is in the Gorton North ward boundary)
- ◆ Gorton South (Sacred Heart)
- ◆ Levenshulme

The proposed changes would mean that these four centres would work together, sharing management and leadership, to ensure all current services continue to be delivered across the area.

Hulme, Moss Side and Rusholme

There are currently four Children's Centres in this area, these are:

- ◆ Claremont
- ◆ Moss Side
- ◆ Martenscroft Nursery and Children's centre
- ◆ Rusholme

The proposed changes would mean that three of these centres would work together, sharing management and leadership, to ensure all current services continue to be delivered across the area.

The proposal is to stop delivering Sure Start services at the Claremont Centre as it is within walking distance of both the Moss Side and Rusholme centres.

Officers would work with the local schools, childcare providers and community and voluntary groups to facilitate activities for young children from this building.

Claremont:

Claremont SSCC is co-located with a Primary school. The current childcare provision will remain in place. Claremont will remain open as a building. Reach figures indicate that families from Claremont access services in both the Moss Side and Rusholme centres. Claremont is within walking distance of Moss Side and Rusholme.

SSCC	Centre LSOA Popn at 30/06/16	SSCC ave Ranking IMD 2015 (10%=most deprived in country)	Health Outcomes	School Readiness Outcomes				Worklessness Outcomes	
			% of children in reception year who are obese (by ward)	% Gap between the lowest achieving 20% and the rest	% of children reaching a GLD at the end of EYFS	No of Eligible Twos	% Take up of Eligible Twos	% of children living in out of work benefits households	% of children living in low income households
*Claremont SSCC	1,122	20%	12%	44%	57	146	69%	29	41
*Moss Side SSCC	826	10%	12%	36%	62	105	47%	32	44
*Martenscroft Nursery School & SSCC	1,046	30%	11%	28%	67	100	43%	20	31
*Rusholme SSCC	1,140	30%	12%	32%	59	118	69%	18	28

**South:
Old Moat and Withington**

There is currently one Children's Centre in this area:

- ◆ Old Moat

There are no proposed changes to this centre

Didsbury East, Didsbury West, Burnage and Chorlton Park

There are currently five Children's Centres in this area, these are:

- ◆ Didsbury Park (East)
- ◆ Didsbury West
- ◆ Burnage
- ◆ Chorlton Park (Darley Avenue)
- ◆ Chorlton (Nell Lane)

The proposed changes would mean that two of these centres would work together, sharing management and leadership, to ensure all current services continue to be delivered across the area.

The proposal is to stop delivering Sure Start services at the Didsbury Park (East), Didsbury West Centres and Chorlton Nell Lane as this is an area with lower levels of need and there are a number of other centres accessible in the local area. Officers would work with the local schools, childcare providers and community and voluntary groups to facilitate activities for young children from the former centres.

Didsbury East, Didsbury West and Chorlton Nell Lane:

A range of indicators related to social circumstances such as income, worklessness, levels of achievement and childhood obesity show that that fewer households in Didsbury East, Didsbury West and Chorlton Park require support to help them to manage their own health, wellbeing and development.

Within the neighbourhood area, Burnage and Chorlton Darley Avenue Children Centres would continue to deliver services. Residents would also be able to access Old Moat Children’s Centre.

SSCC	Centre LSOA Popn at 30/06/16	SSCC ave Ranking IMD 2015 (10%=most deprived in country)	National Ave 9.1% Manchester Ave 10.8%	National Ave 31.4% Manchester Ave 41%	National Ave 69% Manchester Ave 63%	Manchester Ave 118	Manchester Average 66%	National Ave 18.7% Manchester Ave 28.1 %		
			Health Outcomes	School Readiness Outcomes				Worklessness Outcomes		
			% of children in reception year who are obese (by ward)	% Gap between the lowest achieving 20% and the rest	% of children reaching a GLD at the end of EYFS	No of Eligible Twos	% Take up of Eligible Twos	% of children living in out of work benefits households	% of children living in low income households	
Chorlton (Nell Lane) SSCC	795	60%	6%	31%	71	20	70%	3	2	
Didsbury Park (East) SSCC	913	60%	6%	27%	65	42	64%	6	10	
Didsbury West SSCC	897	60%	0%	25%	76	49	73%	7	9	
Burnage SSCC	1,261	20%	13%	33%	67	101	54%	24	28	
Chorlton (Nell Lane) SSCC	795	60%	6%	31%	71	20	70%	3	2	

Wythenshawe (Baguley, Sharston and Woodhouse Park)

There are currently three Children’s Centres in this area, these are:

- ◆ Baguley
- ◆ Sharston
- ◆ Woodhouse Park

The proposed changes would mean that three of these centres would work together, sharing management and leadership, to ensure all current services continue to be delivered across the area.

Wythenshawe (Brooklands) and Northenden

There are currently three Children’s Centres in this area, these are:

- Brooklands
- Sale Road (Northenden)
- Benchill (Lyndene)

The proposed changes would mean that two of these centres would work together, sharing management and leadership, to ensure all current services continue to be delivered across the area.

The proposal is to stop delivering Sure Start services at the Brooklands Centre.

Officers would work with the local schools, childcare providers and community and voluntary groups to facilitate activities for young children from this building. A local school has expressed an initial interest in operating provision for children from this building.

Brooklands

Brooklands SSCC is on the edge of Wythenshawe bordering the Timperley area of Altrincham. It serves an area of relatively less disadvantage than other centres in the Wythenshawe neighbourhoods.

SSCC	Centre LSOA Popn at 30/06/16	SSCC ave Ranking IMD 2015 (10%=most deprived in country)	National Ave		Manchester Ave		Manchester Average		National Ave	
			9.1%	31.4%	69%	118	66%	18.7%	28.1%	
			Health Outcomes	School Readiness Outcomes				Worklessness Outcomes		
			% of children in reception year who are obese (by ward)	% Gap between the lowest achieving 20% and the rest	% of children reaching a GLD at the end of EYFS	No of Eligible Twos	% Take up of Eligible Twos	% of children living in out of work benefits households	% of children living in low income households	
*Brooklands SSCC	1,024	30%	10%	24%	70	86	63%	18	24	
*Sale Road SSCC	1,206	30%	13%	33%	64	115	52%	22	27	
*Benchill (Lyndene) SSCC	959	10%	13%	38%	62	158	65%	45	45	

Appendix 6

Subject: Budget Option for Education and Skills - Further Information

Summary

At its meeting on 8th November, the Children and Young People Scrutiny Committee requested further information on the option relating to the rescaling of the Early Years Delivery Model

Budget Option

Rescaling the Early Years Delivery Model - Children and Parenting interventions

The budget option is to reduce interventions by £0.5m through reducing the current commission to the Children and Parenting Services (CAPS) and moving away from the provision of NBO and NBAS.

The current commission to the Children and Parenting service would reduce from £1.5million to £1.1million – ie by £380,000.

The remaining £120,000 of the reduction comes from moving away from the provision of the NBO and NBAS. This assessment is an intervention with parents, including mothers who are post-natally depressed and mothers who have interaction difficulties with their babies. In Manchester, Health Visitors are trained in the Solihull approach, and have also accessed Baby States training. This training supports practitioners to develop approaches that assess attachment and bonding. The Health Visiting service has also developed a Parent/Infant Mental Health pathway which will be launched in December 2016.

Manchester's commitment to delivering evidence based interventions as part the Early Years Delivery Model (EYDM) is part of a longer term strategy to improve outcomes for children in their early years; intervening early in their development where required to reduce need, prevent needs from becoming more complex and entrenched and to provide value for money. Initial calculations by the Social Finance Office informed commissioning decisions based on reaching a target group of 20% of the preschool population. The early years service commissions CAPS to deliver evidence based interventions including Incredible Years Parent Programmes to at least 85% of this target group. Cohorts in Manchester have grown considerably since the EYDM was designed. The expected reach based on current population is up to 1550 children per year. This depends on need and the level of referrals.

All CAPS interventions are delivered to targeted children and families with clinically significant problems such as:

- Poor attachment

- Child behaviour problems
- Adult depression
- Adult anxiety
- Risk of harm and neglect

Children are referred through the Ages and Stages Questionnaire 3 (ASQ3), an evidence based assessment, or directly through clinic. All children and families seen exhibit a threshold of risk factors including for example mental health, domestic violence, substance abuse, isolation, worklessness, low birth weight and number of children in the family. Risk factors are weighted and at least five separate scored factors are required before the threshold for intervention is met.

The service commissioned by the EYDM from CAPs also benefits from the expertise of staff who provide training, mentoring and accredited supervision and draw on the wider use of interventions such as Video Interactive Guidance.

Taking out 25% of the current budget (which would reduce the reach from 85% to 65%) would mean at least a proportionate reduction in the number of children seen; reducing the reach by up to approximately 390 children.

CAPs interventions have a high retention rate at 93% for under 2s and 85% for 2-5 year olds. The Incredible Years courses commissioned have a track record of effectiveness in reducing childhood behaviour problems, parental stress and depression and improving parent-child interactions, child self-regulation and improving parenting.

Appendix 7

Subject: Budget Option for Education and Skills - Further Information

Summary

At its meeting on 8th November, the Children and Young People Scrutiny Committee requested further information on the option relating to Short Breaks

Budget Option

Local Authorities have a duty to provide Short Breaks as part of a range of services to support parents and carers of disabled children and their families. The current short breaks offer in Manchester includes three levels of services, universal, targeted and specialist.

Universal – this includes accessible and inclusive local providers who have accessed training.

Targeted – this is accessed through an early help assessment for families with children who may require some additional support in order to access activities out of school hours.

Specialist – this is accessed through a social worker for families with a child with high support need.

In recent years many universal services have been developed to enable them to meet the needs of children and young people with disabilities. Currently Youth and Play provision is commissioned separately from Short Break Services, however children and young people with SEND are increasingly accessing these activities and the development of Young Manchester will provide an opportunity going forward to develop a more integrated approach to the commissioning of youth and play out of school activities for all children and young people. This would enable the Council to make a single children and youth offer to all children and young people and not have a separate one as it does currently for disabled children and young people. Successful future implementation of this would also enable the Council to deploy resources more effectively as this would reduce much of the administration work involved in commissioning, monitoring and assessments for short break activities and, this resource could be used to work with universal services and communities to build capacity to and grow the market.

To support access to an improved range of high quality inclusive universal provision in a neighbourhood, some families will be able to access a direct payment linked to an Education, Health and Care plan – however, this will require the Council reducing the budget for commissioning targeted services for families as an alternative to a direct payment and this is where the savings of £100,000 in 2017/18 would be achieved.

Since April 2012 families who are eligible for the targeted short breaks offer have had the option of a direct payment (circa £750). Direct payments offer a more flexible approach to short breaks and are more cost effective than the traditional commissioned services. Whilst take up of direct payments was initially good the trend over the last few years has seen families reverting back to commissioned services. However, targeted services are directly commissioned by the short breaks resources manager and cost almost twice as much as the equivalent direct payment. Commissioned services include befriending services, sitting services and play schemes. The commissioning and managing of these schemes including allocating places and dealing with parents and providers is resource intensive for the council.

The approach being set out in the budget option is to encourage more families to access a direct payment to support access to local universal services or enable families to directly commission a targeted service. alongside a reduction in directly commissioned targeted services.

Current levels of need

Number of children and young people with a statement or education, health and care plan: 2780

Number of children and young people currently receiving a targeted short break in 2015/16; 864.

137 families within this cohort access a direct payment.

Number of children and families currently receiving a specialist short break: 193.

74 families in this cohort receive a direct payment.

Impact

The impact on residents is that they will access a short break based upon the needs of the family but it will be using a community asset approach – looking at what the family can do for themselves, access to local universal services and where needed a personal budget. There will be a significantly reduced offer of targeted services commissioned directly by the local authority which many families currently access. This will also impact on the providers of these services who have been used to dealing directly with the Council as its customer rather than individual families.

Appendix 8

Subject: Budget Option for Education and Skills - Further Information

Summary

At its meeting on 8th November, the Children and Young People Scrutiny Committee requested further information on the option relating to Youth and Play

Budget Option

To make a total saving of £800k from the Youth and Play Fund Budget over two financial years (400k 2017/18. 400k 2018/19).

The City Council are in the process of developing a contract with the newly established Youth and Play Trust, Young Manchester, to commission Youth and Play provision from the Voluntary and Community Sector. The amount available to commission services would, under this budget option, be reduced by £800k over the first two years of a three year commissioning cycle. (£400k – 2017/18, £400k – 2018/19).

Rationale and Impact

On February 3rd 2016 the Executive approved the recommendation to establish an independent, charitable City Wide Youth and Play Trust that would help to protect and increase levels of investment in play and youth services through better access to additional funding opportunities, not available to the Council.

The Council also agreed to support the Youth and Play Trust's charitable objectives through providing a grant and seed funding to draw down additional funding from the public and private sectors to commission services for children and young people.

The new funding that the Trust is expected to attract will be used to maintain the current level of provision across the city and to further develop the youth and play offer and thereby reduce the impact of the savings.

The Council facilitated a public consultation in September 2015 on the proposal to set up a Youth and Play Trust. The majority (61%) of on line respondents supported the proposal and 93% agreed that attracting additional funding should be key to the role. The stakeholders who attended consultation events were also supportive of the idea.

Risks and issues

The greatest risk is that the Youth and Play Trust is unable to attract additional funding to maintain the provision at the same level over a three year period.