



City of Westminster Cabinet Member Report

Decision Maker:	Cabinet Member for Children's Services
Date:	9 December 2020
Classification:	General Release
Title:	Contract award for Speech and Language Therapy Services (School Age to 25)
Wards Affected:	All Wards
Key Decision:	No
Financial Summary:	Contract award of a potential value of £2,055,952
Report of:	Sarah Newman, Bi-Borough Executive Director of Children's Services Sarah.Newman@westminster.gov.uk

1. EXECUTIVE SUMMARY

- 1.1. This paper asks the Lead Member for Children's Services to directly award the School Age to 25 Speech and Language Therapy (SLT) contract to Central London Community Healthcare (CLCH) for a period of 24 months (1 October 2020 to 30 September 2022) to ensure continuity for service users and further develop the ongoing transformation work with the service.
- 1.2. The paper will outline the current performance of the service, recent agreement from the High Needs Block to invest in Speech, Language and Communication support and outline the commissioning strategy for the service.
- 1.3. The award should result in no change for service users and parents/carers. Commissioners are continuing to work with the service to expand the universal and targeted offers for Children and Young People with no Education, Health and Care Plan (EHCP) as well as working with the service to engage more with parents receiving support.
- 1.4. The increasing demand and the recent NHS Agenda for Change pay award has resulted in an uplift in contract value.

2. RECOMMENDATIONS

- 2.1. It is recommended that the Cabinet Member for Children's Services approves the recommendation to award a contract to Central London Community Healthcare (CLCH) for SLT services for Children and Young People from school age up to 25 for a period of 24 months commencing on 1st October 2020. The contract values are outlined in section 7 of this report.

3. BACKGROUND

- 3.1. The current contract for the delivery of SLT Services (School Age to 25) was awarded in March 2019. This contract agreed to an award of 12 months with the option to extend for 6 months.
- 3.2. The optional 6 month extension was taken up by the Executive Director for Children's Services in March 2020 just before lockdown to ensure that the service were able to maintain delivery both of SLT and Covid Support Services locally.
- 3.3. The current arrangement comes to an end on 30th September 2020 and this paper proposes a new award to CLCH to continue delivering SLT services.

4. SERVICE PERFORMANCE

Service Improvement Work

- 4.1. The SLT Service have been on a journey of stabilisation and improvement for some time. In the last 18 months they have managed, with the support of Commissioners and other partners, to embed several changes that will benefit Children and Young People, teachers and parents across the Bi Borough. These are captured in the transformation plan (see Appendix A) and highlights are outlined below.

- 4.2. The service have implemented standardised Packages of Care (POC) to ensure all CYP receive a standardised and clinically robust offer in their EHCP whilst helping them plan, and manage, resources more effectively.
- 4.3. Schools are now offered a minimum of 2 visits per term from a SLT to provide targeted support to help them create a communication supportive environment for all CYP with a particular focus on CYP with SLCN. The table below shows how schools used this offer in the Autumn Term (2019) across Westminster and RBKC:

Activity completed	Number of schools
Delivery of learning workshop	3
Bespoke staff training	11
Modelling whole class strategies and providing resources	0
Training staff to complete SLCN screening	1
Communication supportive environment audit	6
Delivery of parent workshop	5
Running SLCN drop in session for parent/school staff	2
Providing advice regarding structuring clubs e.g. lunchtime, homework	0
Modelling delivery of small group sessions targeting SLCN and providing resources	9
Observing and providing feedback on existing SLCN groups	2
Curricular planning for identified children	0
Supporting staff to write SLCN targets	1
Specialist assessment for 1 CYP	2
Other: Observation & feedback to NQT	1
Other: Updating strategies on pupil profiles	1
Other: Observation of specific students & providing classroom advice	4

- 4.4. The Service offered a series of learning workshops covering a variety of topics that are open to all local professionals to attend and, following consultation with local headteachers, arranged at a variety of times including twilight sessions.
- 4.5. Learning from the Covid 19 service delivery has shown that more online sessions can help increase attendance and commissioners are working with the service on collating online resources and following up using a coaching approach.
- 4.6. During Covid 19 parents and professionals had been able to access SLT support through an advice line that was available one morning per month and provided guidance on the local offer, referral advice, general support with SLCN and signposting to available online information. During lockdown this was extended to a daily 8am – 8pm offer and we will be working with the service to maintain the extended offer moving forward.

- 4.7. Since January 2020 parents are also able to access parent workshops that offer practical ideas about supporting their child's SLCN using play and as part of their daily routine as well as the opportunity to meet other parents who are dealing with the same issues. These have received very positive feedback albeit attendance has been limited so far. During Covid 19 these moved online and parent feedback has been extremely positive so far. A selection of parent comments are below:
- "At the start of the workshop, I was not sure where we were going with it but by the end I found it really helpful and feel more knowledgeable and empowered to use the zones to support H."
 - "It has really given me a bigger understanding of using the zone system to help my son with regulating his feelings. I can't wait to receive the power point so that I can start using some of the strategies with E and personalise the tool box idea etc. "
 - "When I was given a zone system from his school to use at home, it was bit explained to me and I felt that both myself and F was just expected to know what to do. You have really helped me today with understanding each zone, and how they can be used to help F with his emotional regulation."
- 4.8. Parents of children who are receiving direct therapy can also now benefit from termly phone calls from the therapist to update them on progress and therapists are encouraging them to attend one session per academic year with their child to ensure that the learning from the session can be re-enforced at home.
- 4.9. The service have worked to implement an improved transitions offer for those Children and Young People moving into reception from the Early Years SLT team. They now offer 2 visits in the autumn term for those CYP who transfer without an EHCP to ensure that the strategies that worked in EY can be transferred to the new setting.
- 4.10. For those CYP moving into post 16 provision there was also the offer of a visit to the FE setting to ensure that strategies were transferred to the teaching staff there. Unfortunately this offer was not taken up by Colleges in the Autumn term so Commissioners are reviewing the approach and developing more support with for Colleges through Westminster Training and Outreach to compliment the transition offer. We will also aim to make contact much earlier when the destinations of these CYP are known.

Local area inspection findings

- 4.11. In March 2020 Ofsted and the Care Quality Commission (CQC) conducted a joint inspection of the local area of Westminster to judge the effectiveness of the area in implementing the disability and special educational needs reforms as set out in the Children and Families Act 2014.
- 4.12. The Speech and Language Therapy Service was recognised as a strength by inspectors who wrote:

"Speech and language therapy services have been significantly transformed to strengthen the universal support for children and young people. Drop-in sessions

are available at family hubs, and therapists work closely with family workers to support parenting workshops designed to promote language development.”

- 4.13. However the Inspectors also outlined an area of development relating to Speech and Language Therapy Services:

“Young people aged between 16 and 18 who are not in a special school or not supported by an EHC plan do not always receive speech and language therapy when needed. In addition, therapy provision for young people who do not have speech and language therapy as part of an EHC plan is dependent on what individual schools choose to purchase. This has the potential to create inequity.”

Targeted offer

- 4.14. Prior to the Inspection the High Needs Blocks in both Boroughs had agreed to invest in the SLT service with a focus on targeted support for CYP without Education Health and Care Plans (EHCP). This has been a longstanding gap in the local service and has driven up EHCP Needs Assessment (EHCNA) requests locally.
- 4.15. Commissioners are now working with the service to develop an enhanced support model for schools to embed a whole system approach and reduce requests for direct therapy support. This project was delayed by Covid 19 but will be restarted in September.
- 4.16. There will be an additional SLA developed with the Service to cover this targeted work and it will not be part of this specification as we want to ensure the development of a targeted offer is prioritised.

Other planned improvements

- 4.17. Commissioners and the service are continually engaging with the local community, SENCOs and service users and using this information to review the service and deliver for improvements to benefit local Children and Young People and their families. This section outlines some of the other headline changes that we expect to come into place in 2020.
- 4.18. The specification for the service has been updated to make explicit reference to the military covenant in RBKC and WCC to ensure that those serving in the armed forces and their families should not face disadvantages compared to other citizens when accessing local services. This is to reflect a key line of enquiry during the recent inspection rather than any known issues with the service.
- 4.19. Following the learning from Covid 19 the specification has also been updated to emphasise the need to focus on digital engagement where possible. This applies to training for both schools and parents in particular.
- 4.20. The Local Authority have invested in an online Communication Hub offering resources for parents, carers, service users and other professionals. This is currently being developed with parents, health professionals, education professionals and SLT staff. It will be rolled out in Autumn 2020.

- 4.21. The Schools Strategy Group made up of Commissioners, SLT leads, Specialist Teacher for SLCN and autism, school standards advisors, and IASS reps continues to meet to share intelligence and deliver their work programme. The current focus is on planning training and monitoring take up of support in schools. This will lead to more joined up and targeted work in schools with a particular focus on those with high needs and low take up of support.

Service Performance

- 4.22. The table on the following page shows the latest service monitoring information received from the SLT service. Commissioners meet with the service regularly to discuss this along with the ongoing transformation activity in the service.
- 4.23. Service performance has been stable for some time now although there was an capacity pressure around Education Health and Care Needs Assessments (EHCNAs) in December that arose due to an unexpected increase in EHCNAs. Commissioners worked with the service to resolve this by re-purposing the High Needs Block investment for last term but the increase in CYP requiring therapy through EHCPs will have an impact on contract values moving forward.
- 4.24. Waiting times are not relevant to this contract as they refer to the Early Years service as managed by the CCG. Nevertheless the service consistently seeing over 90% of CYP within 12 weeks target is to be welcomed given previous concerns about waiting times.
- 4.25. Outcomes data is positive however the service are still in the process of implementing more robust Therapy Outcome Measures that will provide greater clarity on individual outcomes for CYP.
- 4.26. Commissioners are not proposing changing the KPIs at this stage although we are working with the service to improve reporting on service access for vulnerable and under-represented groups.

Quarter 3 performance data from CLCH:

Central London Community Healthcare (CLCH)	Reporting Frequency & Target	Apr-20						May-20						Jun-20						
		WL			CL			WL			CL			WL			CL			
		WL EYS	WL EDU	WL Total 08Y	CL EYS	CL EDU	CL Total 09A	WL EYS	WL EDU	WL Total 08Y	CL EYS	CL EDU	CL Total 09A	WL EYS	WL EDU	WL Total 08Y	CL EYS	CL EDU	CL Total 09A	
SALT - Number of Children and young people who enter treatment within 12 weeks of referral	Monthly	28		28	34		34	11		11	4		4	19		19	15		15	
SALT - Total number of Children and young people who enter EY SLT treatment.	Monthly	28		28	34		34	11		11	4		4	31		31	23		23	
		90%	100%	100%	100%		100%	100%		100%	100%		100%	61%		61%	65%		65%	
SALT - Number of appointments where DNA occurred	Monthly	0		0	0		0	0		0	1		1	8		8	6		6	
SALT - Total number of appointments scheduled.	Monthly	140		140	154		154	74		74	33		33	183		183	123		123	
		10%	0%	0.0%	0%		0.0%	0%		0.0%	3%		3.0%	4%		4.4%	5%		4.9%	
SALT - No. of stakeholders who said the service was good or very good	Annually (Submission in AUG)			0			0			0			0			0			0	
SALT - Total number of stakeholders who completed the survey	Annually			0			0			0			0			0			0	
SALT - No. of EHCNA advice reports completed within statutory time scales	Monthly	1	4	5	1	5	6	0	4	4	4	1	5	2	2	4	4	5	9	
SALT - No. of EHCNA advice reports provided.	Monthly	1	4	5	1	5	6	0	4	4	4	2	6	2	9	11	4	11	15	
		95%	100%	100%	100%	100%	100%		100%	100%	100%	50%	83%	100%	22%	36%	100%	45%	60%	
SALT - Number of children/young people on caseload with therapy plan	Monthly	381	316	697	354	552	906	314	388	702	367	540	907	456	309	765	447	542	989	
SALT - Number of young people on caseload	Monthly	407	323	730	389	564	953	318	408	726	386	550	936	479	317	796	470	559	1029	
		95%	94%	98%	95%	91%	98%	95%	99%	95%	97%	95%	98%	97%	95%	97%	96%	95%	97%	96%
SALT - Number of children/young people who meet their goals at the end of each episode of care, on discharge, or annually if neither of the other timescales apply	Monthly	0	19	19	0	77	77	0	4	4	0	9	9	0	0	0	0	1	1	
SALT - No. of CYP who had their goals reviewed at end of episode of care, on discharge, or annually if neither of the other timescales apply.	Monthly	0	19	19	0	81	81	0	4	4	0	9	9	0	0	0	0	1	1	
		90%		100%	100%		95%	95%		100%	100%		100%	100%				100%	100%	

Key:

WL – West London CCG area – covers all of RBKC, Queen’s Park (WCC) and Paddington (WCC)

CL – Central London CCG area – covers all of WCC except Queen’s Park and Paddington

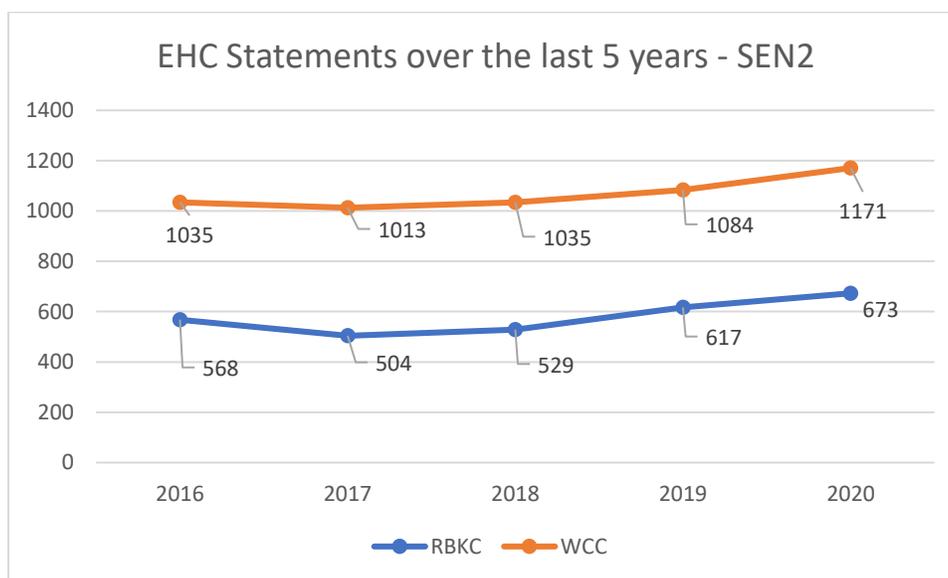
EYS – Early Years Service (0 – school age)

EDU – School Age Service (School age – 25)

5. INCREASING CASELOADS AND NHS PAY AWARD

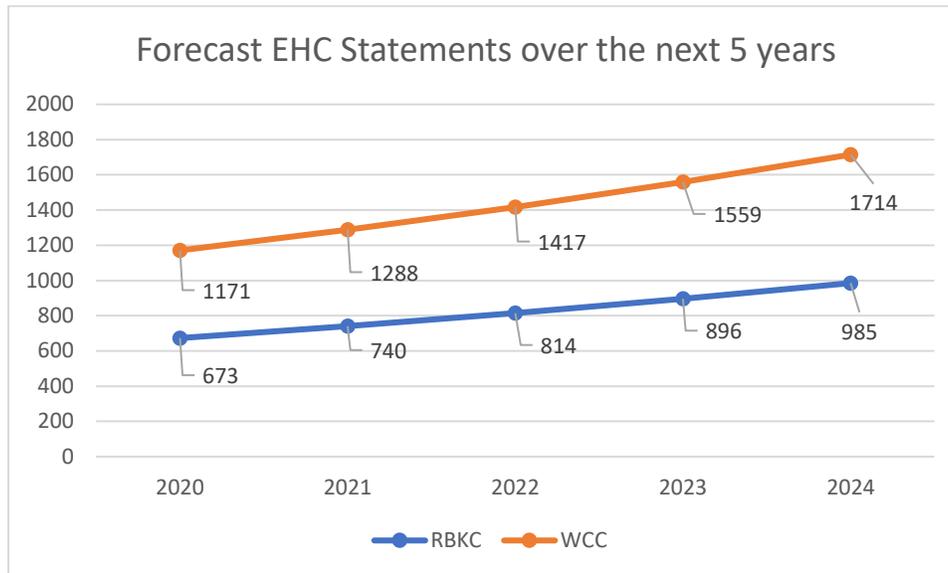
Historic Trends

- 5.1. As outlined above the service have been through a long period of significant transformation including the local implementation of packages of care to help manage increasing levels of need in both RBKC and WCC.
- 5.2. However we are still seeing levels of need rising locally much faster than predicted. Locally the vast majority of Education Health and Care Plans (EHCP) include SLT provision. Therefore this can be seen as a proxy for measuring SLT requirements in the Bi-Borough.
- 5.3. In the modelling for the 2019/20 contract we accounted for a 7% increase in prevalence of SLCN. However SEN2 data shows an actual increase of 9.1% in RBKC and 8.0% in WCC. Since then local and national data shows that EHCP numbers have continued to rise.
- 5.4. The longer term context shows a similar trend with EHCP numbers increasing by 21.7% nationally between 2017 and 2020 data releases and by 33.5% in RBKC and 15.6% in WCC in the same time period. The chart below show this increase in EHCPs in RBKC and WCC:



Forecast growth

- 5.5. National data suggests that there will continue to be an increase in the total number of EHCPs at an overall rate of 10% per year and for forecasting purposes it would therefore be prudent to assume a 10% increase year on year for the next 3-5 years. The graph below shows what this will look like in RBKC and WCC:



5.6. This growth has been incorporated in the financial modelling for the service as outlined in Section 7.

Effective intervention

5.7. The provider has been working with the Local Authority in an attempt to ensure we are intervening effectively and preventing the escalation of need. Over the last 12 months this has included:

- 5.7.1. The implementation of targeted visits to all schools in the Bi-Borough to offer better targeted support to prevent the escalation of needs
- 5.7.2. The development of parent workshops to offer support to parents to prevent the escalation of needs
- 5.7.3. The implementation of standardised packages of care to ensure equitable treatment for all CYP across the Bi-Borough
- 5.7.4. The development of online resources to help support CYP
- 5.7.5. The agreement of a targeted intervention pilot to be rolled out in 2021

Agenda for Change Pay Award

5.8. Agenda for Change (AfC) is the grading and pay system used for the majority of NHS staff, including Speech and Language Therapists. In 2018 the 'New Pay Deal' was introduced. This meant that between 2018 and 2021, all staff on AfC Terms and Conditions would see a minimum salary increase of at least 6.5%. This impacts on the cost of delivery of the Speech and Language Therapy service.

5.9. Allowance for the salary increase has been costed into the new contract in year 1. We await details of the pay award following the expiry of the new pay deal.

6. ROUTE TO MARKET

- 6.1. Commissioners have done some desktop work to explore the market for these services and there no private providers that can deliver the scope of the service that CLCH deliver in the 2 boroughs.
- 6.2. An analysis of other London Councils shows a reliance on NHS providers to deliver SLT services in schools:
 - Barking, Barnet, Havering, Redbridge, Waltham Forest - North East London NHS Foundation Trust
 - Bexley – Oxleas NHS Foundation Trust
 - Brent, Hillingdon – Central and North West London NHS Foundation Trust
 - Bromley – Bromley Healthcare CIC
 - Camden, Haringey, Islington - Whittington Health NHS Trust
 - Croydon – Croydon Health Services NHS Trust
 - Ealing, Harrow – London North West University Healthcare NHS Trust
 - Enfield - Barnet, Enfield and Haringey Mental Health NHS Trust
 - Greenwich, Lewisham – Lewisham and Greenwich NHS Trust
 - Hackney – Homerton University Hospital NHS Trust
 - Hammersmith, Merton – Central London Community Healthcare NHS Trust
 - Hounslow - Hounslow and Richmond Community Healthcare NHS Trust
 - Kingston upon Thames, Richmond - Your Healthcare CIC
 - Newham - East London NHS Foundation Trust
 - Sutton – Cognus Ltd (NHS referrals can be made until end of year 6)
 - Tower Hamlets – Barts Health NHS Trust
 - Wandsworth – St Georges University Hospitals NHS Foundation Trust

Lambeth and Southwark have graduated commissioning arrangements for school support and have devolved commissioning arrangements.

- 6.3. The market is predominantly NHS providers, which means only 2 NHS Trusts would be deemed realistic candidates to compete / deliver required service provision. However, there are new national requirements (set out in the NHS 'Long Term Plan') to improve quality of patient care and health outcomes – this has led to a move, nationally, to develop Integrated Care Partnerships (ICPs). ICPs are alliances of NHS providers that work together to deliver care by agreeing to collaborate rather than compete. An ICP is already in development in NW London (including Westminster and RBKC) and includes both potential NHS provider who, under the ICP, will not compete against each other.
- 6.4. Subsequent to the above points, the only realistic provider is the incumbent provider.
- 6.5. The continuation of service provision is required to ensure that both Councils comply with their statutory obligations during a period when Council staff and resources have been heavily deployed on delivering services to residents during the Covid-19 Pandemic.

- 6.6. 'Business as usual' activities have also been impacted in NHS providers, in particular non-clinical/non-health type of activities, have been significantly impacted as their priority has been to respond to the pandemic. Although there is a degree of stability starting to emerge in relation to the pandemic and staff are starting to return to 'business as usual' activities, the ongoing response is constantly evolving and will be impacted should restrictions 'tighten'.
- 6.7. These recommendations have been approved from the Commercial Gateway Review Board (CGRB).

7. CONTRACT VALUES

- 7.1. The award of contract is for a period of 24 months from the 1 October 2020 at an annual cost of £1,027,976. This is a total cost of £2,055,952.
- 7.2. This represents an increase in annual contract value of £59,879 from 2019. This reflects the impact of the new agenda for change pay award and the increase in needs as outlined in section 5 of this report.
- 7.3. The contract value agreed with the provider is in line with LA modelling for the delivery of this service so we are satisfied that the agreed value is delivering value for money. The increase indicated in 7.2 is less than a straight 15% increase in contract value that would be in line with the increase in demand for the corresponding period.

8. EQUALITY IMPLICATIONS

- 8.1. The recommendations of this report will lead to no significant changes in the current contract for speech and language therapy services. There is no planned reduction in provision of the service.
- 8.2. Furthermore, the changes in monitoring being proposed will allow us to closely monitor service access for vulnerable groups. It is envisaged that this will have a positive impact on young people, the wider community and the Council.

9. LEGAL IMPLICATIONS

- 9.1. The services which are provided under the current contracts and are to be continued to be provided by way of direct awards fall under Schedule 3 of the Public Contract Regulations 2015 (PCR), namely light touch services. Moreover, they are services the council are bound to provide by statute.
- 9.2. Approval of the Direct Award is required from the appropriate Cabinet Member following recommendation to approve from the appropriate Executive Director and CGRB. A waiver of the Council's procurement strategy, under the Council's Procurement Code ("the Code"), is required from the Chief Procurement Officer in accordance with section 3.15 of the Code.
- 9.3. The Council must ensure that written and signed contracts are in place between the parties and appropriately executed. A contract award notice should be issued on Contracts Finder in accordance with the PCR.

- 9.4. The value of each contract fall above the Public Contract Regulations 2015 (PCR) threshold of £663,450 in respect of light touch services. The proposed awards to continue service delivery are viewed as the direct award of new contracts as it is Legal Services view that the awards do not fall within the requirements to meet Regulation 72 of the PCR that permits for the extension or modification of a contract during its term. Accordingly, the full requirements of the PCR apply to these contracts, which require the re-procurement for service to take place and the contracts to be awarded in accordance with Part 2, namely Section 7, unless such a contract award could comply with the provisions of Regulation 32.
- 9.5. Under Regulation 32 (2) (c) of the PCR, a contracting authority can award a contract by way of a negotiated procedure without prior publication, 'as insofar as is strictly necessary where, for reasons of extreme urgency brought about by events unforeseeable by the contracting authority (the Council), the time limits for the open or restricted procedures or competitive procedures with negotiation cannot be complied with.'
- 9.6. The Council would have to confirm that the following grounds have been met:
- 1) There are genuine reasons for extreme urgency.
 - 2) The events that have led to the need for extreme urgency were unforeseeable.
 - 3) It is impossible to comply with the usual timescales in the PCR, e.g. there is no time to run an accelerated procurement under the open or restricted procedures or competitive procedures with negotiation; there is no time to place a call off contract under an existing commercial agreement such as a framework or dynamic purchasing system.
 - 4) The situation is not attributable to the contracting authority.
- 9.7. Under Regulation 32 (2) (b) of the PCR, a contracting authority can award a contract by way of a negotiated procedure without prior publication where the works, supplies or services can only be supplied by a particular economic operator due to technical reasons, making competition absent i.e. that no reasonable alternative or substitute is available and that the absence of competition is not due to an artificial narrowing of the parameters of the procurement.
- 9.8. Under both Regulation 32 (2) (c) and 32 (2) (b) the contract should be limited to only what is absolutely necessary in terms of the length of contract.
- 9.9. If the Council seek to award the contracts under regulation 32, it will need to keep a documented audit record in accordance with PCR Regulation 84 report setting out the relevant grounds for each contact award.
- 9.10. A contract award notice should be issued in accordance with regulation 50 of the PCR.

- 9.11. If the Council cannot meet the criteria above, there is a risk of legal challenge of the Council's decision under the grounds of non-compliance with the PCR. Non-compliance with the PCR runs the risk of the usual remedies being sought against the Council, namely a claim for damages or under the grounds for ineffectiveness in accordance with regulation 99.
- 9.12. However, a risk of such a challenge under the grounds of ineffectiveness do not apply if:
- (i) The Council considered the award of each contract without prior publication of a contract notice to be permitted by Part 2 under Regulation 32;
 - (ii) The Council publishes in the Official Journal a voluntary transparency notice expressing its intention to enter into each contract. Note such action for the WCC contract will require a waiver as under section 3.18.5 of the Code, it is stated that WCC does not issue or operate under Voluntary Ex-Ante Transparency notices; and
 - (iii) The contract has not been entered into before the end of a period of at least 10 days beginning with the day after the date on which the voluntary transparency notice was published in the Official Journal.
- 9.13. It should be noted that the practical risk of any claim being brought is likely to be reduced due to the mitigating circumstances that the contract awards are an interim solution due, in part, to the impact of the COVID 19 Pandemic, the nature of the very limited market and in order for the Council to agree their future strategy to deliver this service.

Legal implications provided by:

Christina Worrell, Solicitor (Contracts Team), Bi-Borough Legal Services, email: cworrell@Westminster.gov.uk &

Sharon Cudjoe, Senior Solicitor (Contracts Team), Bi-Borough Legal Services, email: Sharon.cudjoe@rbkc.gov.uk

10. FINANCIAL IMPLICATIONS

- 10.1. The current annual contract value for Speech and Language Therapy with Central London Community Healthcare (CLCH) is £968,097.
- 10.2. The proposed contract award to CLCH for a period of 24 months from 1 October 2020 is expected to have an annual contract value of £1,027,976.
- 10.3. This represent an increase in contract value of £59,879 to reflect the impact of the new agenda for change pay award and the increase in needs as outlined in section 5 of Part A of this report.
- 10.4. A recharge to the CCG of £48,596 will be invoiced to meet the balance of statutory duties as laid out in this paper. Finance recommends this be invoiced as a single lump sum, six months in advance and 6 months in arrears.

10.5. Table 1 below shows new contract costs v old contract costs:

Table 1: Financial Implications of SALT Changes

	WCC
	£
Current contract value	968,097
New Contract Value	1,027,976
Increase in cost	<u>59,879</u>
Breakdown of cost increase:	
Impact of AFC pay award and additional needs	59,879
CCG re-charge	(48,596)
Additional cost to DSG	<u>11,283</u>

10.6. The increase in costs will be funded from Dedicated Schools Grant (DSG) High Needs Block.

*Finance implications provided by Rasheed Tijani, Finance Manager SEND.
rasheed.tijani@rbkc.gov.uk 07739 316507*

11.PRIVACY

11.1. A full Data Protection Impact Assessment (DPIA) will be refreshed after the award of this contract.

12.KEY RISKS

12.1. Key risks associated with this Service are outlined below:

Risk	Mitigation
Service unable to meet statutory responsibilities	Bottom up costing model is designed to ensure that service will be funded to meet statutory responsibilities going forward.
Provider do not accept proposed cost of delivery	Model and assumptions have been co-designed with provider and they have been given a chance to respond.

Appendix A – Local Authority / CLCH SLCN Transformation Plan – updated in January 2020



Transformation
plan.docx

For completion by the **Cabinet Member for Children's Services**

Declaration of Interest

I have <no interest to declare / to declare an interest> in respect of this report

Signed: _____ Date: _____

NAME: **COUNCILLOR TIM BARNES**

State nature of interest if any

For the reasons set out above, I agree the recommendation(s) in the report entitled **Contract award for Speech and Language Therapy Services (School Age to 25)** and reject any alternative options which are referred to but not recommended.

Signed

Cabinet Member for Children's Services

Date

If you have any additional comment which you would want actioned in connection with your decision you should discuss this with the report author and then set out your comment below before the report and this pro-forma is returned to the Secretariat for processing.

Additional comment:
.....
.....
.....
.....

If you do not wish to approve the recommendations, or wish to make an alternative decision, it is important that you consult the report author, the Head of Legal and Democratic Services, Chief Operating Officer and, if there are resources implications, the Director of Human Resources (or their representatives) so that (1) you can be made aware of any further relevant considerations that you should take into account before making the decision and (2) your reasons for the decision can be properly identified and recorded, as required by law.

Note to Cabinet Member: Your decision will now be published and copied to the Members of the relevant Policy & Scrutiny Committee. If the decision falls within the criteria for call-in, it will not be implemented until five working days have elapsed from publication to allow the Policy and Scrutiny Committee to decide whether it wishes to call the matter in.