

Developing commissioning of placements for children in care

Welcome

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South London Regional Commissioning

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05/07/2018



South London Commissioning Programme

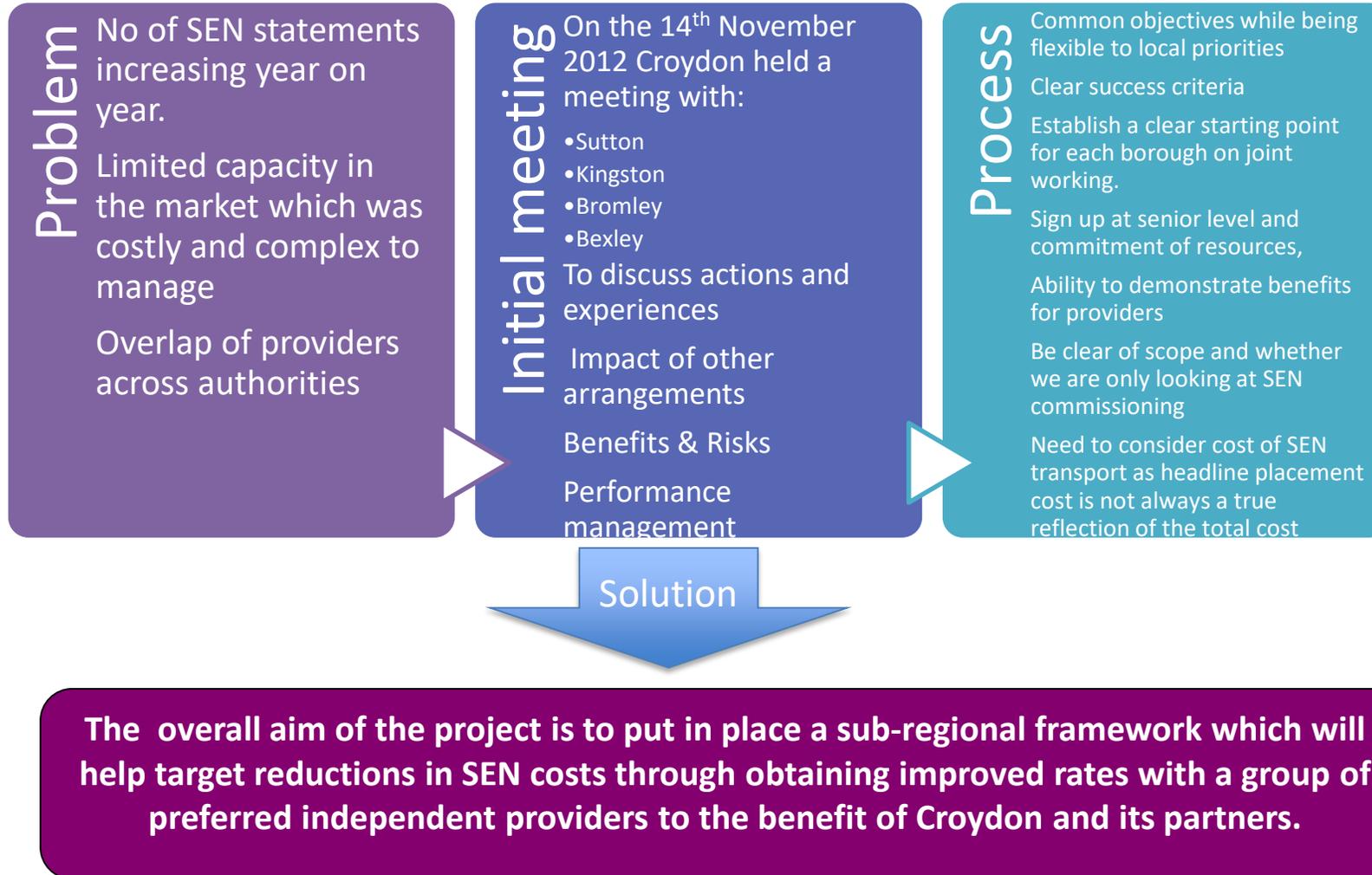
12 South London Boroughs working together with a common aim of commissioning good quality placements for children and young people which meets their needs and delivers their outcomes in an efficient way across 2 strands SEND and Looked After Children.

- Following success of SEND project, eight Boroughs have agreed to work on a similar project for Looked After Children
- Project will learn from SEND



The South London Commissioning Programme

How we came together to speak with "One Voice"



The South London Commissioning Programme

Key principles for joint working

When attempting to implement a greater sub-regional working it is essential that all authorities involved come together to agree a set of key principles that will underpin this work.

Quality –use good quality providers that are happy to dialogue and work with the Council to support best outcomes for Children and support the Council’s key objectives when making placements. This will be evidenced through their OFSTED rating, however will also be informed by our experience;

•**Quality at a fair price** – We are willing to pay more for more specialist / higher need placements. Although we will allow flexibility in the cost of specific placements, placements of similar levels of support should be of a similar cost;

•**Performance Management** – All providers must work to achieve positive outcomes, provide evidence to demonstrate progress and achievements of the child in placement and expect regular monitoring visits;

•**Value for Money**– Providers must assist the Council to achieve value for money across its placements, and so must be willing to look at and examine areas for cost reduction such as volume discounts.

The South London Commissioning Programme

Levels of working together

Increased joint working, increased complexity and time to develop and introduce

No Joint working, each Borough works independently of each other.

Data Shared between authorities to understand key providers; areas of spend and variance in cost for similar placements.

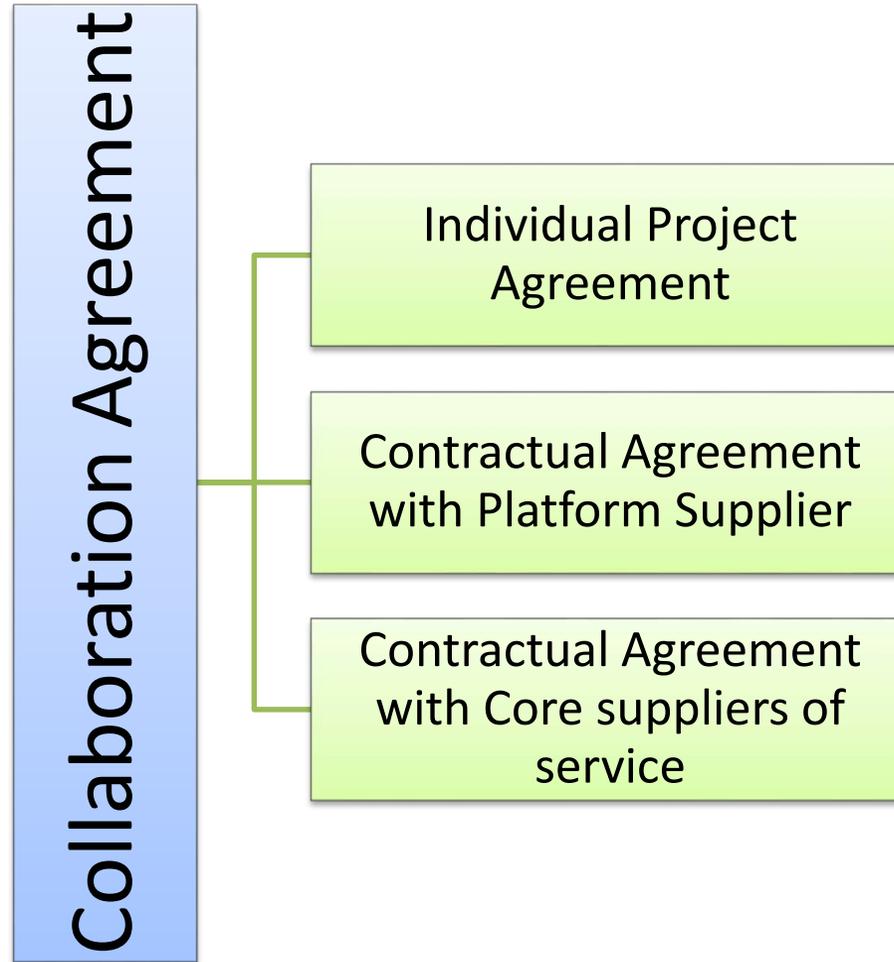
Separate commissioning teams go to market together to negotiate with providers to agree consistent inflationary uplifts, possible volume discounts .

Jointly procured contractual arrangements with providers such as a SEND DPS across a number of authorities. Continue to purchase in separate teams but through unified process.

Fully integrated commissioning with one commissioning team across the partnering authorities. All placements made through this team and through single process (where possible).

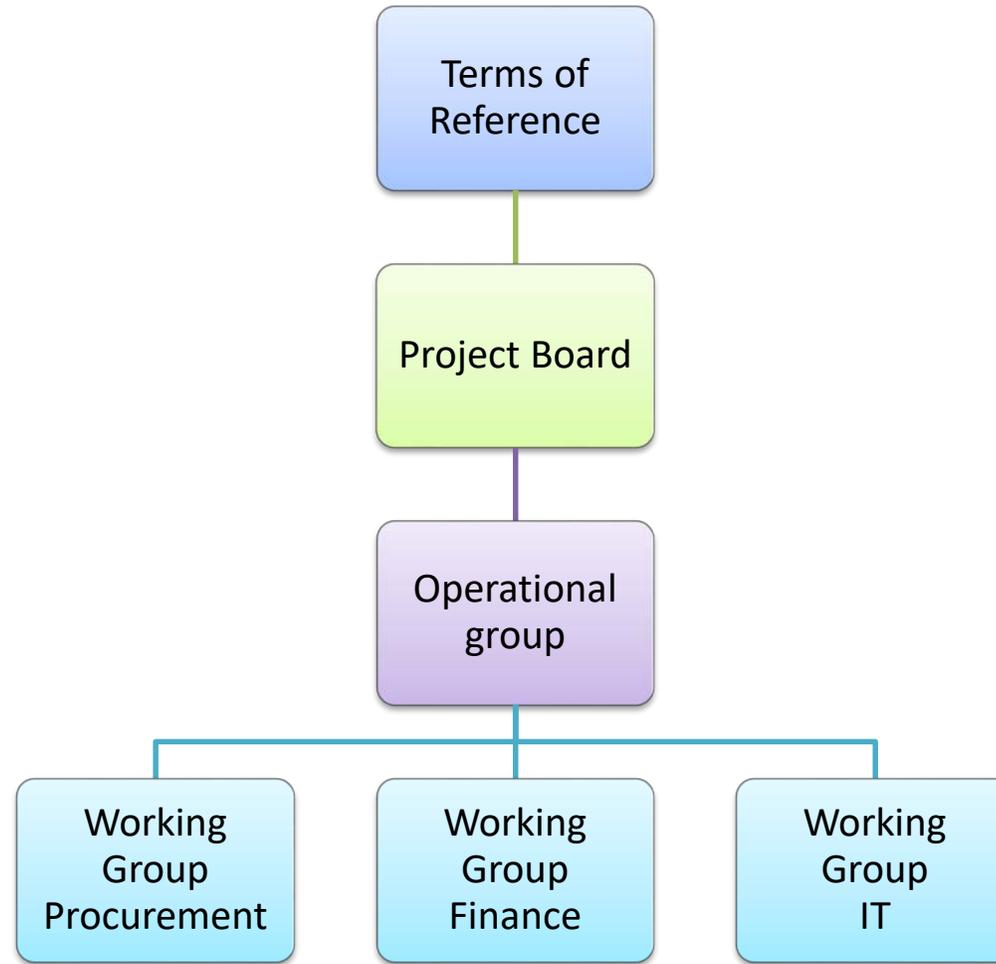
The South London Commissioning Programme

Governance arrangements



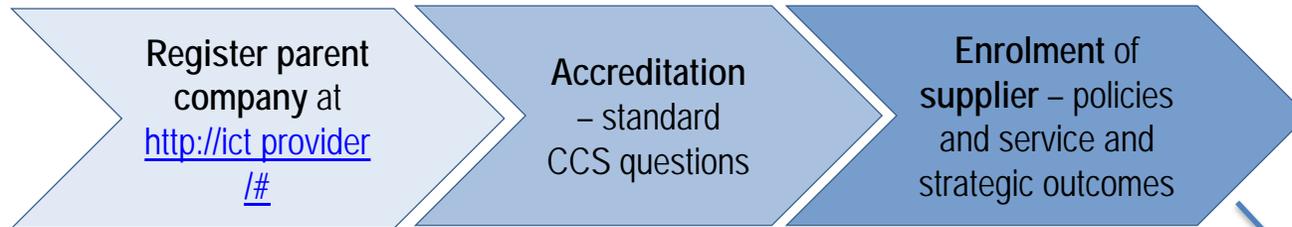
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Governance arrangements



ICT Platform: What is a DPS and how does it work?

Registration, accreditation and enrolment

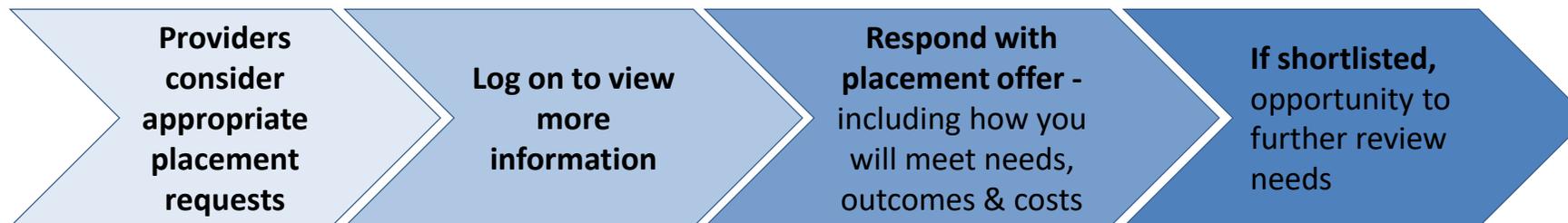


Approval received. Able to offer new placements to South London boroughs.

Receive email alerts and log in online to view placement requests.

Quality score based on inspections and strategic & service level outcomes

Placement commissioning



Shortlist based on price and quality score from enrolment

The South London Commissioning Programme

Impact of SEND DPS

- Since June 2016 (SEN DPS go live) the 10 Boroughs have commissioned approximately 367 new NMI school placements spending approximately **£11.8m annually**. *Source: Borough data provided in September 17.*
- The cost avoidances associated with the DPS commissioned placements was £199k which equated to approximately **11% savings on the transactional spend**. *Source: Programme data.*
- There are other benefits associated with commissioning new placements via the DPS and due to a more efficient consultation process being in place it is likely that Boroughs will see savings associated with better use of staff time and increased capacity which is not currently calculated or monitored via SLCP.

DfE Innovation Proposal

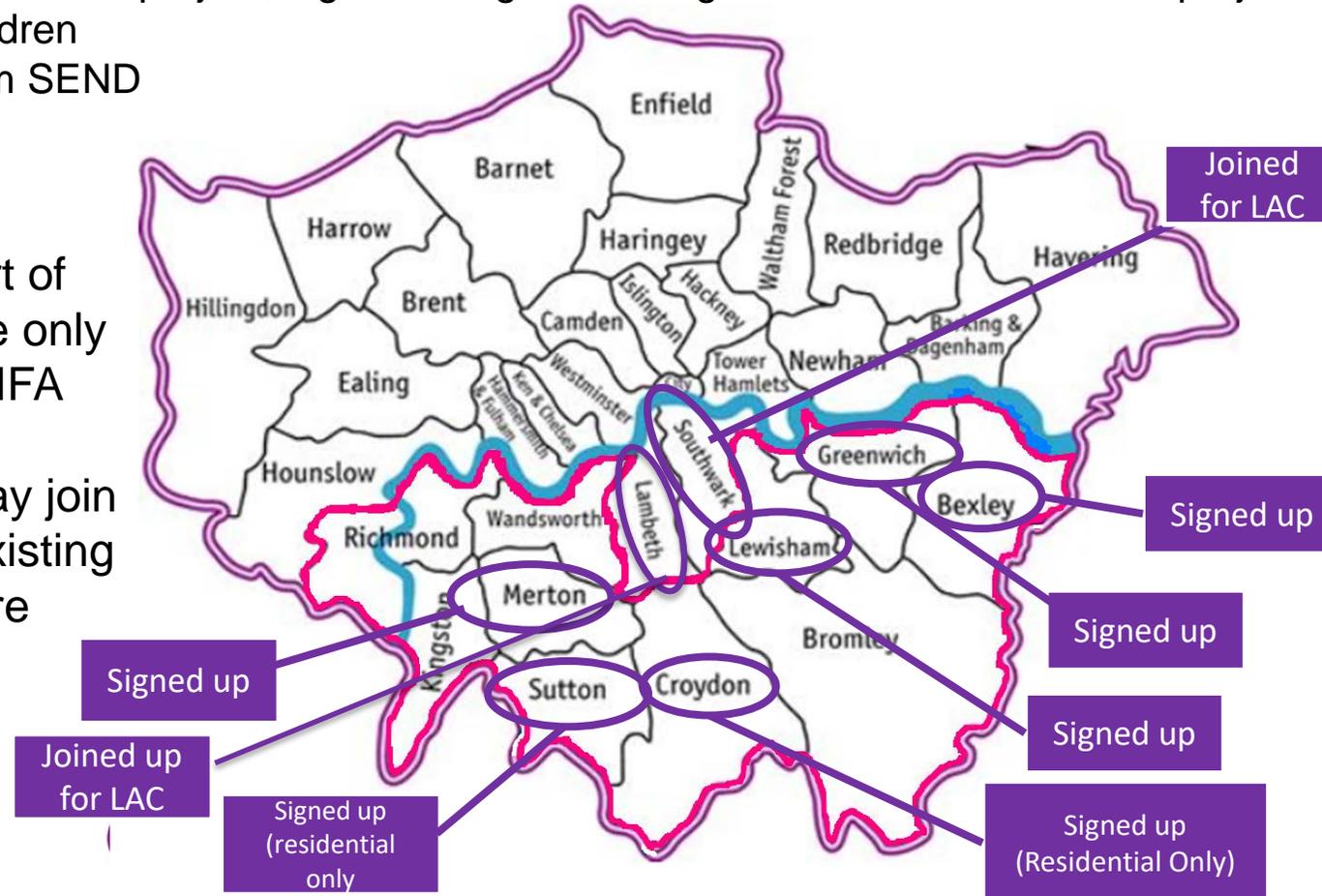
- **Our proposal addressed are linked directly to the first two recommendations made in Sir Martin Narey’s review of residential care:**
- *“An early priority for the DfE must be to facilitate the improvement of local and regional commissioning skills. Simultaneously, DfE must require local authorities to come together into large consortia for the purpose of obtaining significant discounts from private and voluntary sector providers.”*
- *“I recommend that the DfE urge local authorities and consortia, and all providers, to subscribe to Link Maker.”*
- The proposal states that the South London Boroughs will jointly develop a sub-regional commissioning arrangement to improve outcomes for looked after children and young people. Including:
 - **Standardising best practice;**
 - **Maximise our purchasing power** to secure efficiencies;
 - developing a **joint sufficiency plan** and **market position statement;**
 - **encouraging diversity** in the residential and foster care market; and
 - **improving placement choice and stability.**

LAC Commissioning Project

12 South London Boroughs working together with a common aim of commissioning good quality placements for children and young people which meets their needs and delivers their outcomes in an efficient way across 2 strands SEND and Looked After Children.

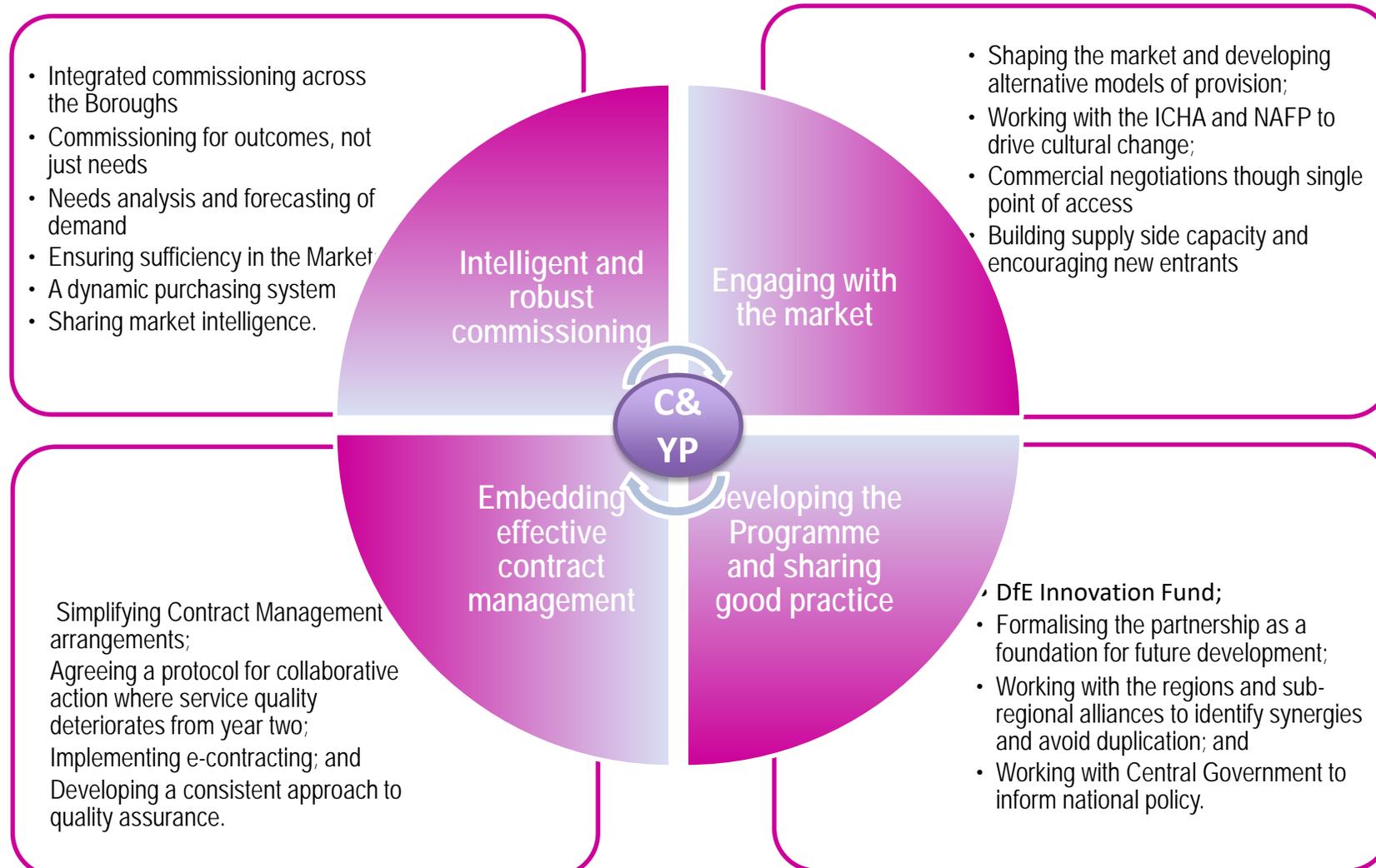
- Following success of SEND project, eight Boroughs have agreed to work on a similar project for Looked After Children
- Project will learn from SEND

- Croydon will be part of the Residential side only as it has an extant IFA Framework
- Other Boroughs may join in due course as existing arrangements expire

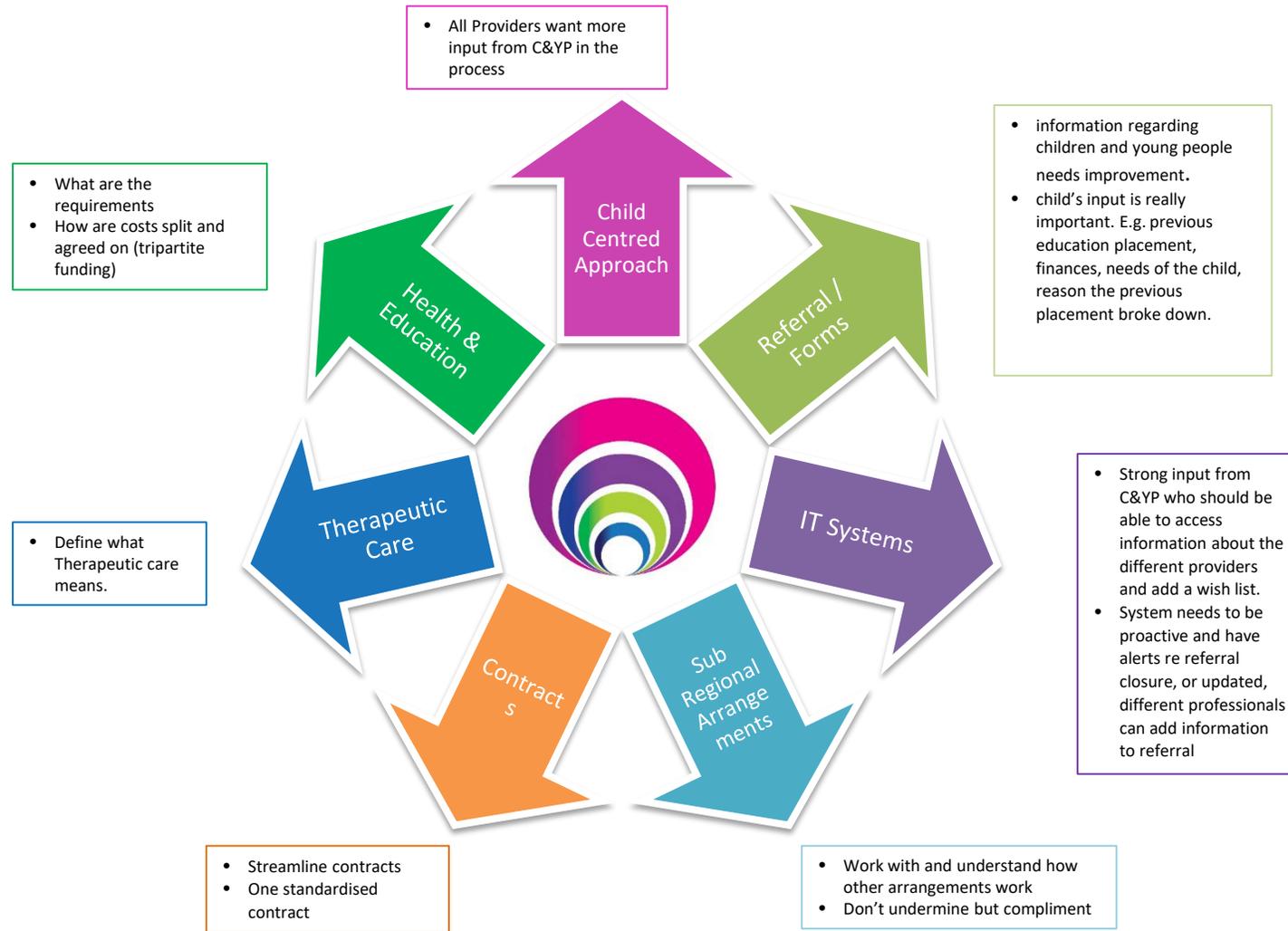


LAC Project Aim and Approach

Collaboration across boroughs and political boundaries for a common goal – establishing an integrated solution to enable the commissioning of **good quality residential care and fostering placements** that achieve the **best outcomes** for our children and young people **in an efficient way**.



South London Commissioning Programme IFA & Residential Provider Event identified 7 key themes



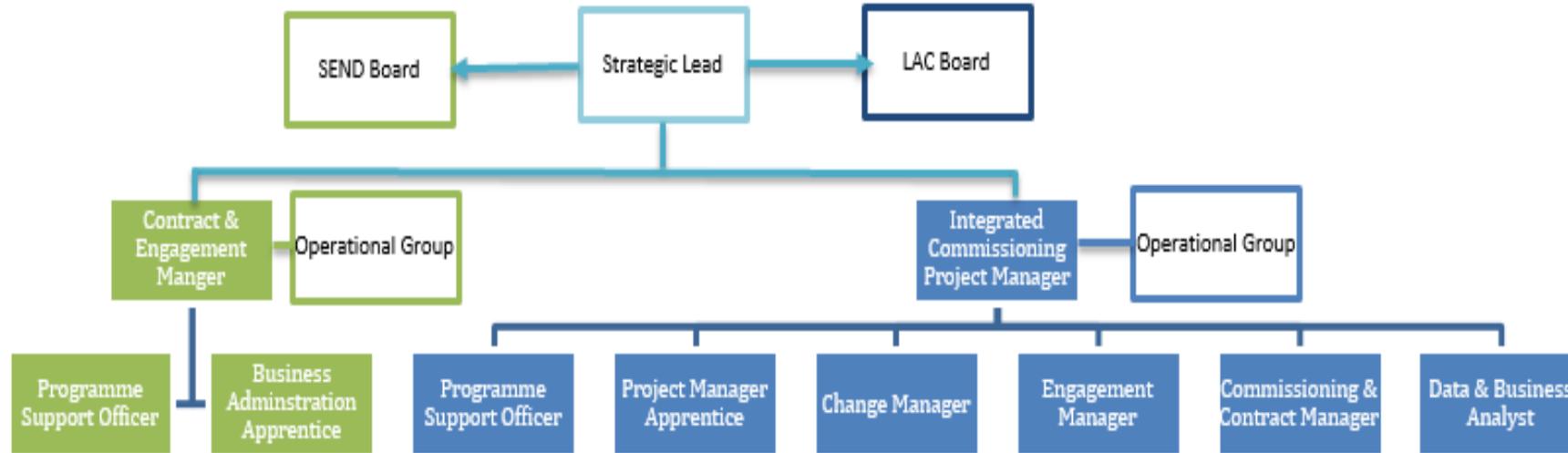
Work undertaken so far:

- Analysis of spend over 3 years
- Analysis of 903 data returns over 3 years
- Deep Dive of Residential cohort as of the 31st March 2018
- Provider Engagement launch
- Researched sub – regional arrangements on a national level
- Provider survey launched
- Needs analysis commenced for IFA foster carers across partner boroughs
- Shared learning across Innovation partners
- C&YP engagement event 1st August 2018
- Requirements gathering investigation to understand:
 - People, Places , Process
- Production of process maps for all eight boroughs
- Referral form analysis

Next steps:

- ✓ Determine an Integrated Commissioning Solution (ICS) collectively with Local Authorities (LA), Providers and Children & Young People
- ✓ Procure an Information Technology (IT) platform to support the management of the ICS
- ✓ Produce a Market Position Statement (MPS) which will help to develop the market by identifying needs and gaps
- ✓ Work with Key stakeholders including new entrants in to the market through continuous engagement
- ✓ Work with Placement Officers, Social Workers and LA personnel to ensure the system is used in a proactive way to yield the most savings

Programme staff profile



Potential annual spend	
SEND – Borough Contributions	LAC – DfE funding
£156,185	£383,709
Total programme annual spend	£539,894



Key Contact

Check out our website:

<http://www.slcp.org.uk>

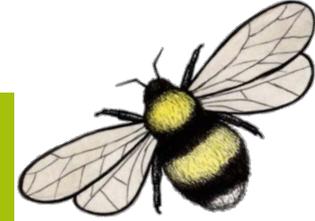
Connect with us here on Twitter:

<https://twitter.com/slcp>

Email:

slc.lac@croydon.gov.uk





ADCS Summer Conference - Workshop

Valuing Care

Marion Ingram, Operations Director,
Hertfordshire County Council

5th July 2018



What is Valuing Care?



A new approach to capturing, quantifying and tracking the needs and outcomes of children in our care by:

- ✓ **Introducing a consistent measurement approach**
- ✓ **Capturing and rating the needs of children entering care**
- ✓ **Evidencing how children's needs and outcomes change**

Then:

- ✓ **Aggregating needs and cost intelligence to underpin needs-based population-level commissioning**

Hertfordshire, Oxfordshire and Central Bedfordshire have developed this new way of working and are sharing learning and combining market development influence through the Valuing Care programme co-ordinated by iMPower Consulting. The programme is open to new members.

The Outcomes Challenge



Assessment is partial, inconsistent and based on risk not strengths

The child's story is reduced to a 'label' by the time of placement

There is no baseline of what the child needs and what they are aiming for

Potential providers price in uncertainty and risk, due to limited/the wrong information

Placement and containment become good enough. There is no accountability for adding value to the life chances of children

The Financial Challenge



The relationship between placements spend and need / outcomes for LAC is unclear

Placement commissioning and brokerage judgments are inconsistent and inequitable

Financial planning and control is not possible and value cannot play a role in practice

Budgets are not 'right-sized' and spend cannot be explained in the context of needs / outcomes. We manage by anecdote

Unforeseen 'overspend', loss of credibility and strategic learning opportunity missed

The Opportunity and Ambition...



Current system

Cost

Lack of 'outcomes' for inspection

Presenting behaviour & risk

Reactive

Containment

Measurement of outputs

Commissioning by anecdote

Provision not meeting need

Erratic spend & opportunistic

Savings

Fragmented professional silos



Valuing Care

Value

Clear story on improvement

Holistic view of need

Proactive

Ambition

Measurement of impact

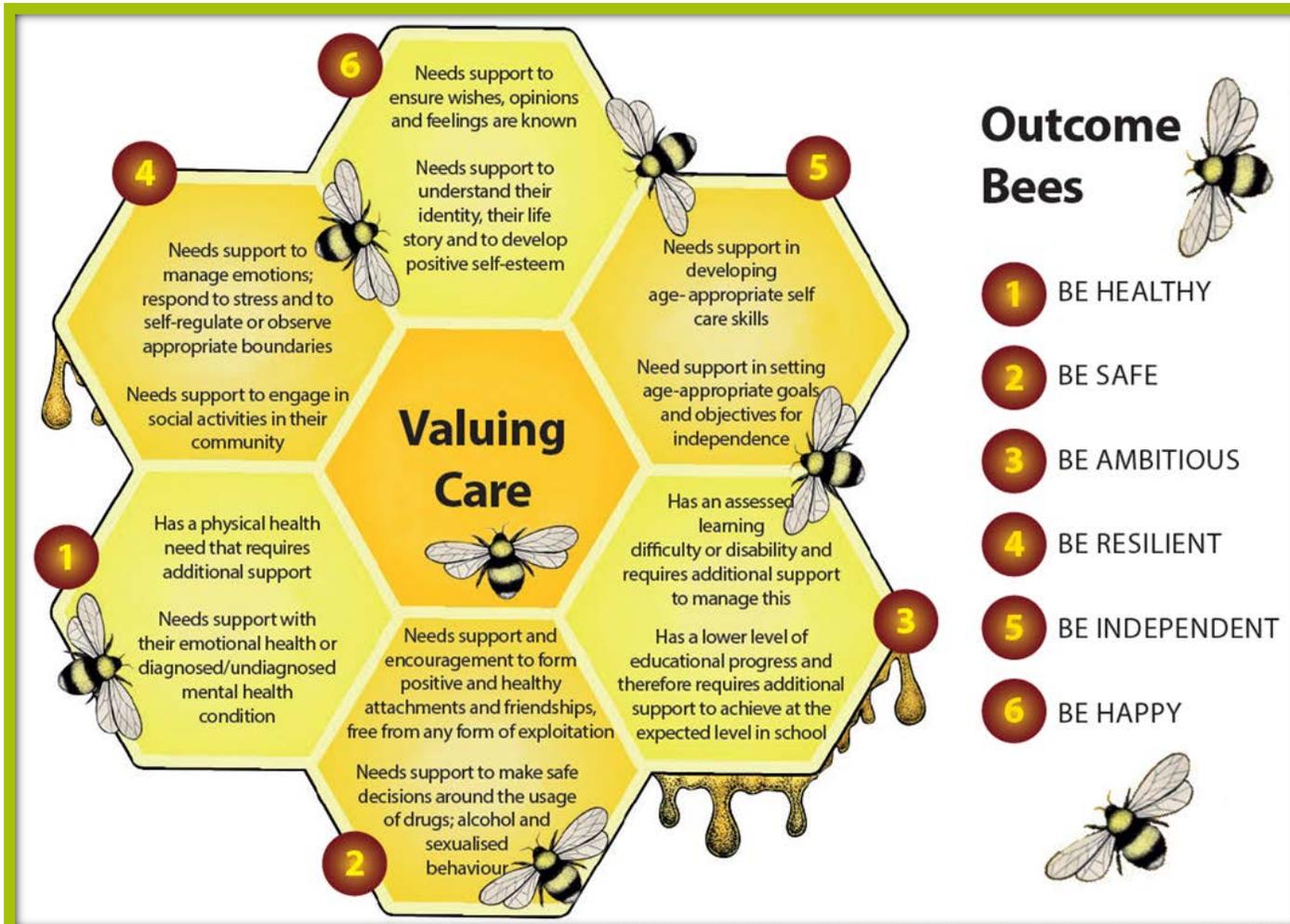
Evidence based partnerships

Provision shaped to meet need

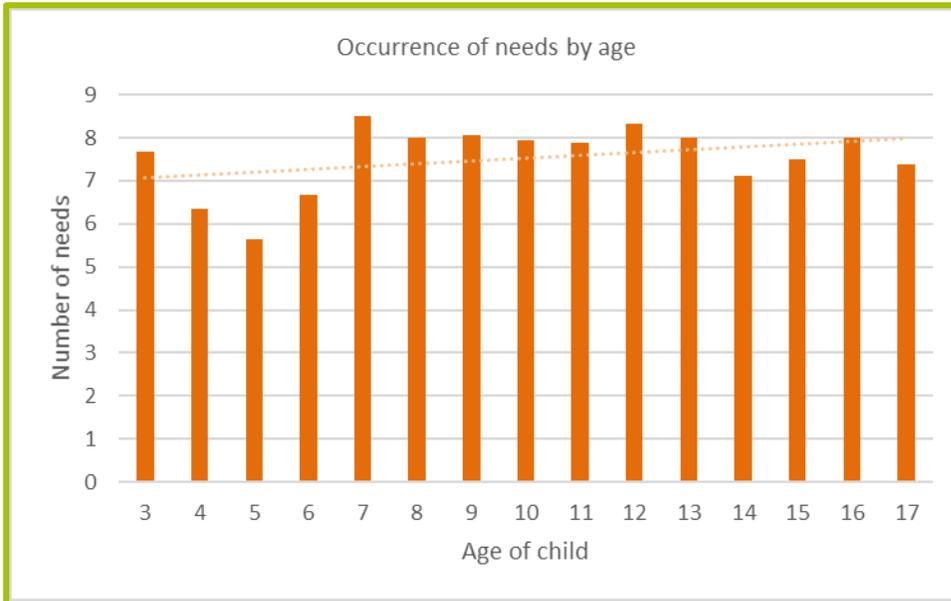
Investment & financial control

Consistent needs led conversation

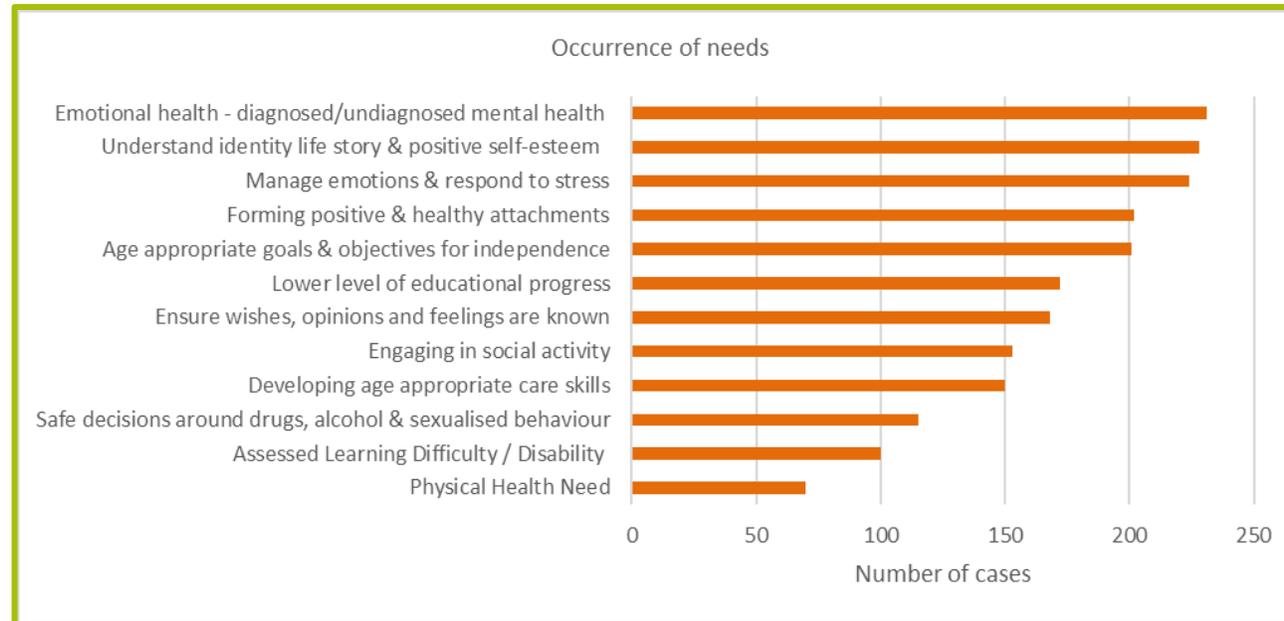
The Needs Measurement Tool uses the 12 indicators set out below grouped into six 'Outcome Bee' domains



1	Has a physical health need that requires additional support	Be Healthy
2	Needs support with their emotional health or diagnosed / undiagnosed mental health condition	
3	Needs support and encouragement to form positive and healthy attachments and friendships, free from any form of exploitation.	Be Safe
4	Needs support to make safe decisions around the use of drugs; alcohol and sexualised behaviour	
5	Has an assessed learning difficulty or disability and requires additional support to manage this	Be Ambitious
6	Has a lower level of educational progress and therefore requires additional support to achieve at the expected level in school.	
7	Needs support to manage emotions; respond to stress and to self-regulate or observe appropriate boundaries.	Be Resilient
8	Needs support to engage in social activities in their community.	
9	Needs support in developing age-appropriate self care skills.	Be Independent
10	Need support in setting age-appropriate goals and objectives	
11	Needs support to ensure wishes, opinions and feelings are known.	Be Happy
12	Needs support to understand their identity, their life story and to develop positive self-esteem.	



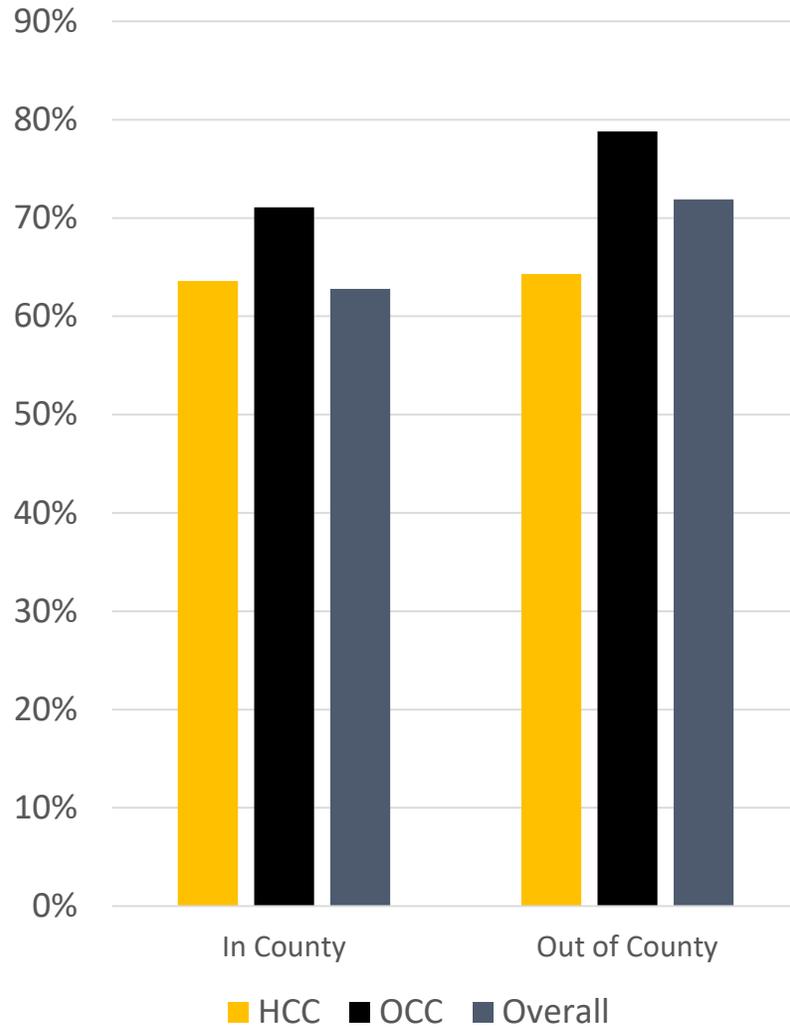
Challenging our assumptions...



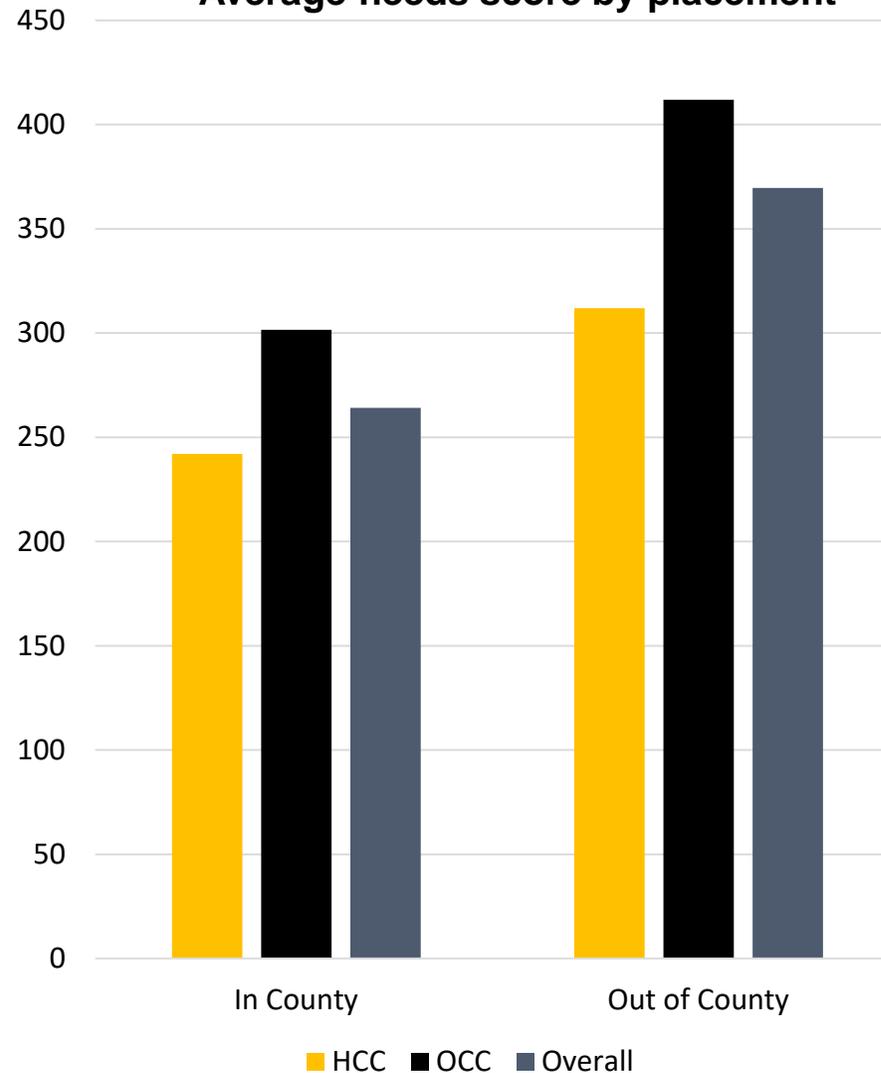
Starting to compare...

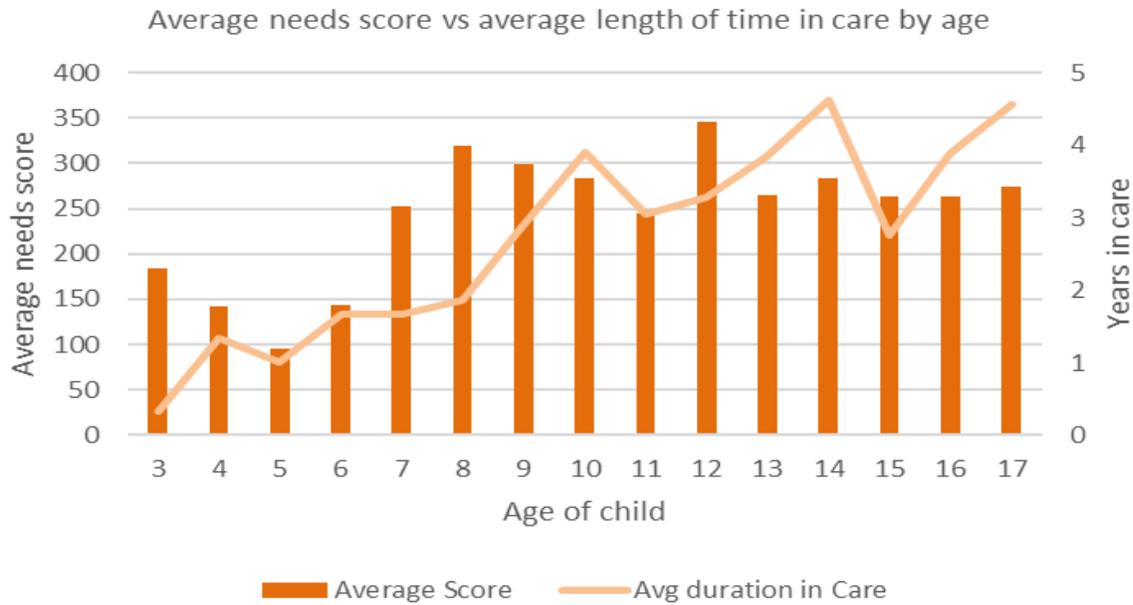


Average needs occurrence by placement



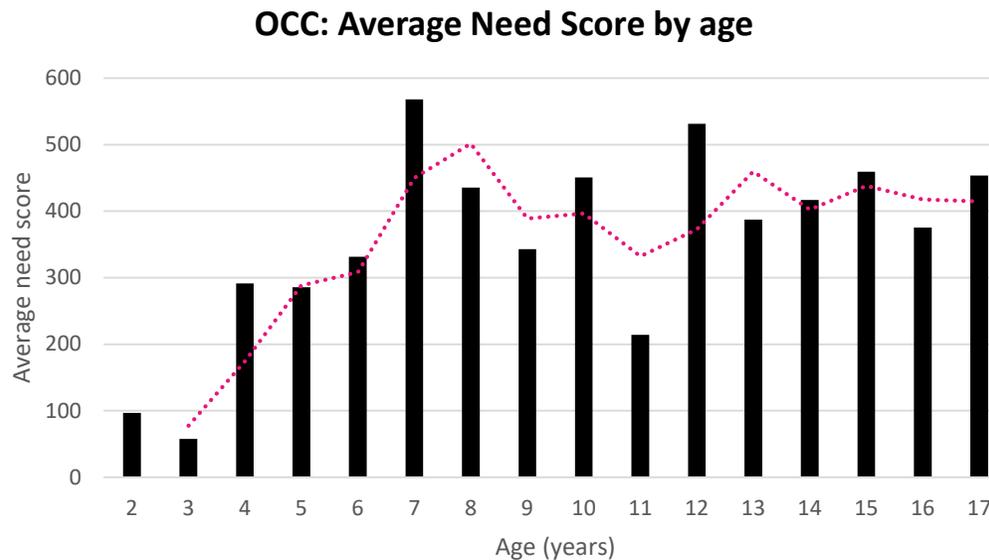
Average needs score by placement





And seeing the similarities

Peak needs at 7/8 and 12 years.

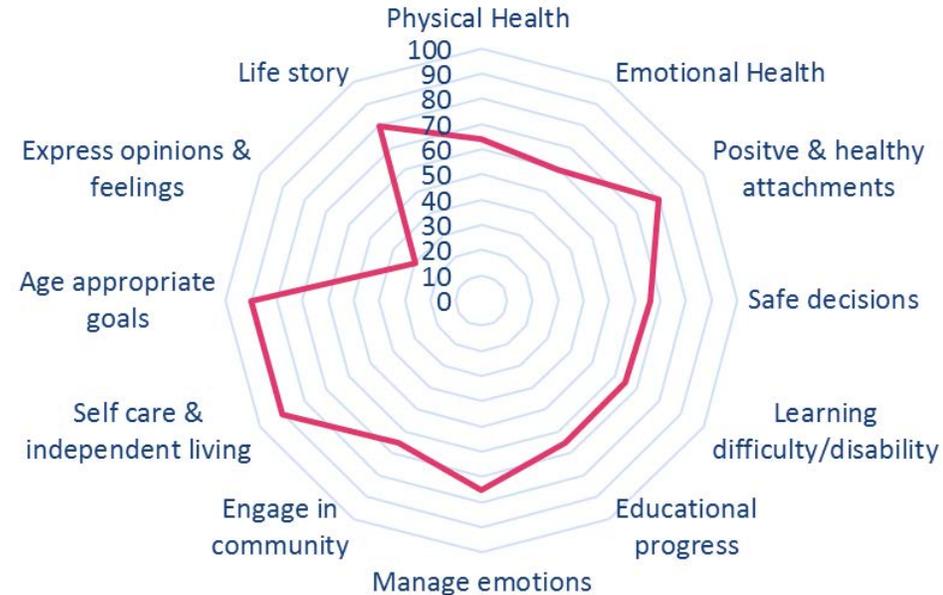


Valuing Care – seeing what we are achieving...



- ✓ For the first time we can identify and target support needs at the point of placement
- ✓ We can set needs-led goals and measure progress towards achieving them, as a team around the child
- ✓ We can map changing need over time
- ✓ Young people and their carers are fully involved
- ✓ We can see this for each child, and for all children in care

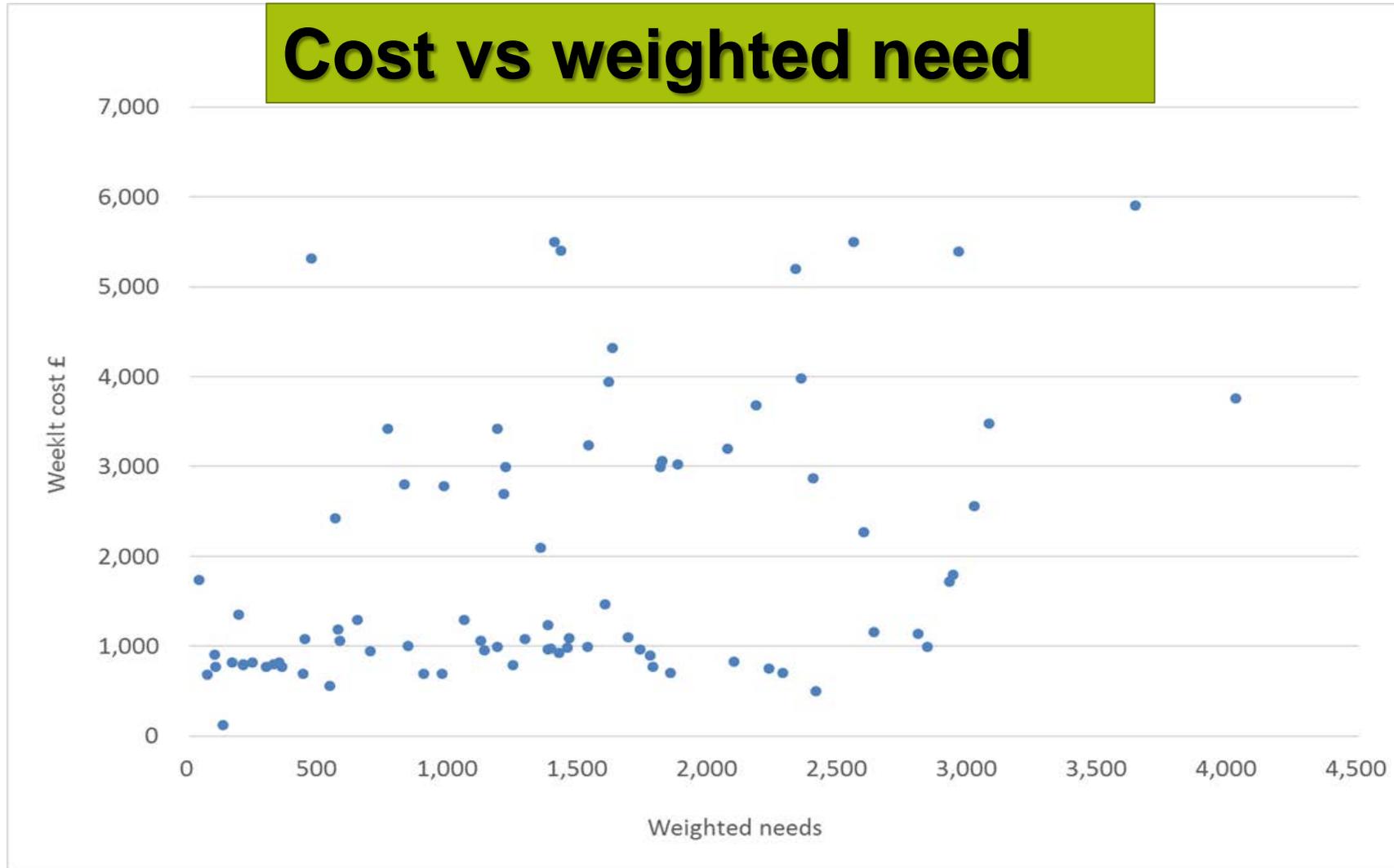
Needs Codification Tool



Valuing Care : from Cost to Value



Cost vs weighted need



What Providers have told us



- ✓ Too much detail within placement referral forms
- ✓ Want consistency in the information they receive
- ✓ Require clear information which helps identify the needs of the child
- ✓ Wish to know what the children and young people want
- ✓ Need to evidence and celebrate successful outcomes and value added
- ✓ Want to agree on future goals and placement support
- ✓ Would like strategic commissioning discussions to be founded in more intelligent analysis of need

Children's Social Care
PLACEMENT REQUEST FORM
This form is confidential

Option to insert Local Authority Logo HERE

1 Key Information

Reference Number and Child's initials	X/ [redacted]	
Date of Referral	31/08/2017	Date placement required
Anticipated duration of placement	In regards to date required we can push to 4 th or 5 th	
Age of child	26 weeks	
Gender	Female	
Languages spoken	English	Religion
	Other / additional language (please specify):	Christian
Ethnicity	White British	Legal status
		Interim Care Order
Placement funding approved until	Click here to enter a date.	

2 Placement details

Is the child currently a Looked After Child? Yes No

If 'yes', answer sections 2a, 2b. If 'No' move straight to the 'Reason for referral'

2a Current Placement Details

In-house foster placement Other (please specify):

Length of time child has been in this placement 6 days

2b Planning: Is the move planned by social care or is it an unplanned response to an incident or behaviour?

Planned move Unplanned move

Reason for referral. Why is this placement needed now? What has been the child's journey into and through care?

X and her 3 siblings came to the attention of Children's Services in on the 27th of July the Police visited the home for an unrelated matter. The Police were very concerned about the welfare of the children, in summary their concerns were as follows:

- When officers have entered the house, Mr X has demonstrated high levels of controlling behaviours - telling his wife and children what to say and do
- There have been a high volume of Biblax present in the home
- The children have all appeared tired, withdrawn, placid and frightened
- Mr X has provided details of the children and said that they are home-schooled
- The house has been dark and the officers have turned on lights and the children have physically reacted to the lights being turned on (under whether this is meant that they were reacting at the change in brightness, or other)
- The children have appeared as though they are not used to interacting with others
- Mrs X has appeared shy and submissive in nature towards her husband

Assessments by SOs to visit the children were unsuccessful and parents and 3 younger children found in North Wales on

When she is angry or nervous (for example she did this more following losing a game and to visit) but has not shown any physical aggression and has been taking herself to her bedroom, instead of conversations and games.

is autism but this has not been formally diagnosed. The previous foster carer reported that she and has some communication difficulties.

What do they enjoy? Do they attend any clubs or groups?

ons. Jemima's parents have told us she likes to go to theme parks, attend Sunday school at church.

is for the placement e.g. allergies, dietary requirements, disabled access

What contact arrangements will be in place? Are there certain people the child cannot contact? Are there any special requirements for contact (i.e. interpreters)?

days and Thursdays for 3 hours fully supervised. This is with parents and 2 siblings; X and X.

What do they want to happen? What do they think about moving? (If appropriate, please ask the young people)

very quickly and X is understandably confused. The foster carer diaries report that X is and her father has done nothing wrong.

and Developmental Needs

Desired Outcomes

if young people are protected and feel safe. This section refers to the child's ability to feel safe, if adults who are acting in their best interest and build secure attachments. Consider ways that the child can maintain good physical and mental health (i.e. nutrition, exercise, hygiene, immunisations, access to health professionals they trust)

Select concerns/outcome from below drop down

Specific details of the outcomes to be achieved to address the behaviour/concerns identified:

Engagement with health professionals X is not currently registered with a GP, and there is a question that X may have ASD. X is currently being treated for nits

Choose an item.

Choose an item.

List any other related outcomes

HEALTH Children and young people experience the highest attainable standards of physical and mental health. Children and young people need access to suitable healthcare, as well as support so that they learn to make healthy choices themselves. In addition to minimising the risk of illness and injury, consider how the child can maintain good physical and mental health (i.e. nutrition, exercise, hygiene, immunisations, access to health professionals they trust)

Select concerns/outcome from below drop down

Specific details of the outcomes to be achieved to address the behaviour/concerns identified:

Engagement with health professionals X is not currently registered with a GP, and there is a question that X may have ASD. X is currently being treated for nits

Choose an item.

Choose an item.

List any other related outcomes

ACHIEVEMENT (INCLUDING EDUCATION) Children and young people are learning and developing their skills. This section should outline key educational outcomes and any support the young person requires to achieve them. Consider opportunities to make use of the child's subskills and how these achievements can be celebrated.

Select concerns/outcome from below

Specific details of the outcomes to be achieved to address the

Early feedback

CHICC: we like that the positives come first, better talking about needs than risks

Provider: We can't price effectively without the right info

Provider: L/T it will help the relationship with the market

Swers: Gives the team around the child a common language

Brokerage: Helps us be clear with our expectations of providers

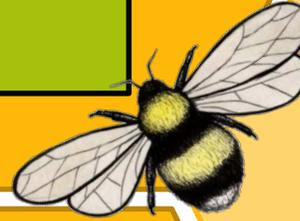
Brokerage : Focused on the child's needs and the support required

Provider: It will help us with Ofsted by giving extra measures and layers of evidence

Provider: We'll use it whether or not the council does

CHICC: the placement request form gets to the good stuff straight away

Swers: Really powerful in a multi disciplinary conversation



Realising the Benefits:

Changing the conversation, child by child



Short term

Better referrals
Improved matching conversations, incl. in-house
Better targeted support
Focussed ambition-setting
Targeting need reduction in existing placements at review
Using needs 'intel' to discuss basis for additional supports (and costs / price)
Low value (vs 'high cost') placement reviews

Medium term

Targeted step-down (PBR option)
Targeted reunification opportunities
Basis for contract management
Improved permanence planning and action
Outcomes basis for innovation, investment, sufficiency planning and commissioning

Long term

Needs-based market shaping
Volume commitments based on needs profiles
New supply centred on local need
Needs-based pricing
Consistent resource allocation and ability to explain spend / forecast
Greater financial control

- ✓ Looking for win-win with providers, stimulating more of the provision we need
- ✓ Engaging providers at a local, regional and national level, but as three councils!

Valuing Care : last thoughts...



- 1. Can this approach help us engage collectively with 'the placement market' regionally or nationally?**
- 2. Can the approach provide a new way of working in other areas where we have need and demand which it would help to quantify and analyse? SEND? Adoption Support? Early Help?**

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 [@SSHerts1](https://twitter.com/SSHerts1)



Questions?

Have you considered joining the ADCS
Resources & Sustainability Policy Committee?

Visit www.adcs.org.uk/committees/rspc
for further information