

Children's Services Commissioning Autumn Report

Report of Commissioning Liaison Scrutiny Member Cllr Richard Hosking

1. Introduction

- 1.1 The Commissioning Liaison member meets regularly with Officers to review the current and future childrens services commissioning activity. This is in line with the recommendations of the 2016 'Scrutiny in a Commissioning Council' Scrutiny Task Group. Cllr Hosking is the Commissioning Liaison champion for Childrens Services.
- 1.2 The opportunities for scrutiny will be greater when there is need for service redesign through changing need or issues with the current delivery model/service, than when a service which currently works well is being recommissioned. Scrutiny involvement in commissioning at the earliest stage will allow Members to help shape delivery models, services and outcomes.
- 1.3 The role for Commissioning Liaison is set out in the Protocol at Appendix A. Scrutiny has a key role in bringing the voice of the service user to commissioning. It has been agreed between Childrens Commissioning and Commissioning Liaison members that a briefing is made to Scrutiny twice a year, in the Spring and Autumn. Allowing opportunity in the Spring to signal progress on tenders and expected contract award dates, and in the Autumn to outline opportunities for pre-procurement activity ready for the following financial year.

2. Priorities and Commissioning Plan Autumn Winter 2019/20.

- 2.1. There continue to be priority areas to achieve impact for Childrens Service's. These are Sufficiency, Services for Children with SEND and effective joint commissioning.

3. Commissioning Programme

- 3.1. The Commissioning Programme for the year ahead is outlined below. For reference a diagram of the commissioning cycle is set out at Appendix B. Commissioning activity is undertaken across the Commissioning cycle throughout the year.
- 3.2. The first part of the cycle looks at outcomes for children and young people, developing needs assessment and planning services to respond. The following are scheduled for Summer/ Autumn 2019.
 - Learner Support Services (Current Provider Babcock, Commissioner Childrens service's and Schools)
 - Short Breaks (Multiple current provider's, Commissioner Childrens service's and NHS Devon CCG)
- 3.3. Below are commissioning and procurement activities that were launched in the Summer and are therefore concluding in the Autumn of 2019 with contract award over the Winter of 19/20:
 - Residential childrens homes block contract tender (new contract, Commissioner Childrens service's)

- Youth service tender (current provider, Space, Commissioner Public Health)
- Information advice and guidance service (current provider, Careers South West, Commissioner Economies Team)

3.1 The last stage on the commissioning cycle is to monitor and review assess service impact. Below are the first quarter outcomes for services tendered in 2018/19:

3.4.1 Supported Living Options

The recent tender concluded with all 59 provisions receiving a site visit. 5 providers did not fully understand the regulatory parameters around medication and boundaries for an unregulated provider. 7 of the 16 providers use CCTV either within the provision or externally. 2 providers' positioning of CCTV impacted on the young people's privacy, this was immediately addressed. Training for staff was fully reviewed and any improvements included in the development plan. There was only one provider with significant shortfalls in training. New placements were not made with providers where there were concerns until changes were in place. Providers were required to respond with clear action plans including set timescales for completion of action within 3 working days, which were achieved. Providers' progress will be monitored through development plans at contract monitoring.

3.4.2 Homelessness prevention

The contract is monitored against achievement of three key outcomes for young people; preparation for adulthood and independence, personalised support, employment, education and training. Providers are shown to be delivering good training for young people and staff to prepare young people for adulthood. Providers have trained staff in early help but there is more development in this area. Whilst we would expect higher numbers of young people to be not in education, employment and training in this service, due to the nature of the young people's circumstances, the current level (over a third) requires additional work. Providers are commissioned to support young people into work and training. This is an area of focus for the next six months.

3.4.3 Independent Sector Fostering Services key areas of development:

- Growth in recruitment and retention of carers- most providers have achieved the 10% growth target with a focus now on increased capacity to meet the needs of more complex children
- Developing carers - training for therapeutic parenting has been delivered well and, in some provisions, this has included an offer from the DCC Fostering Team on therapeutic behaviour support
- Providers on the Fostering Services Framework Contract are all graded as good or outstanding

3.4.4 Children's Centres

Over the past 12 months children's centres have developed a consistent approach across all areas of service delivery. This has ensured that families and partners have a clear offer across the early help system. The referral pathway has been reviewed and this puts the family in the centre of decision making in relation to the outcome that is sought by both the family and referrer. The transition from a universal to a targeted early help service is now complete.

4. Commissioning Priority: Placement Sufficiency

4.1. The Sufficiency Strategy was agreed by Cabinet in November 2018. This sets out the approach that will be taken to increase sufficiency of placements in Devon for Children in Care

and Care Leavers. We committed to review this during the Summer for impact. This review will inform the re-fresh scheduled for Autumn 2019 and publication December 2019.

- 4.2. The strategy identifies work to be undertaken in developing the provider market's offer within Devon, aiming to achieve better provision, reducing out of area placements, improving placement stability and ensuring access to the right placement at the right time.
- 4.3. As a result of the strategy we have achieved increased residential children home capacity from 93 residential beds to just over 100 within the current year. However, access to these beds remains a challenge with children from other authorities continuing to occupy the majority. We continue to focus on securing capacity in Devon for Devon children.
- 4.4. We are not seeing the usual growth and investment in beds by larger companies as we have seen previously. This could indicate a more cautious investment approach from the private sector. In addition, we see continued vulnerability of our providers to inadequate judgements from Ofsted with three inadequate judgements of key providers in June and July.
- 4.5. We continue to work to strengthen our quality assurance activity in the Peninsula, with increased collaboration and commitment of shared resources and information sharing. A new policy framework for this was co-designed with providers during the summer and focused on what children tell us is important to them in placement.
- 4.6. The benefits of co-ordinated activity and the opportunity for the sharing of intelligence results in more efficient working to both improve quality but also to safeguard children. The quality group includes multidisciplinary staff with representation from Health, Education, Social Care and Peninsula Authorities, working together to improve services.

5. Commissioning Priority: Support for Children with Special Educational Needs and Disability

- 5.1. We committed to engaging with families and children to review our short breaks offer in the summer. This has begun but not yet concluded. Members have been invited to be part of this.
- 5.2. We want to ensure that the needs of children and young people are met so that they can thrive in their family and their community, with inclusive opportunities to take up activities, increased confidence, independence, socialisation, and opportunities to develop their social skills.
- 5.3. The services are part of the local offer for children with SEND continue to be reviewed in line with our responsibilities and the SEND Code of Practice.
- 5.4. The focus of the work is to ensure greater choice and control for families by increased access to high quality information about what is available and support when needed. This is in line with the Written Statement of Action (WSOA) for SEND.
- 5.5. Parents have said that clarity on the offer across borders between Devon and other LA's is important to them. Opportunities are being taken to work more closely with neighbouring authorities to consider current offers, and how families who live on borders can benefit from wider choice of provision rather than be impacted adversely by the border issue.
- 5.6. In line with the Written Statement of Action the offer for children with Autism or neuro disability has been reviewed and actions set out to improve diagnosis, pre and post diagnostic support.

6. Joint Commissioning

- 6.1. Joint commissioning is led through the Devon Children and Families Partnership Joint Commissioning Group. Including membership from Devon County Council (Public Health and Childrens Services), NHS Devon CCG, Office of the Police Crime Commissioner and District Councils.
- 6.2. Recent activity has been to review our Child Death Overview arrangements for the South West Peninsula. Devon took the lead in bringing together five local authorities and two CCGs to review current arrangements, ensuring future commissioned arrangements are compliant with new legislation, statutory guidance and published.
- 6.3. The group has been working to consider commissioning priorities for 2019/21. Part of that work has been to review the offer for young people including those most vulnerable. Commissioning intentions have been better aligned for example, to ensure the delivery of the Adolescent Safety Framework.
- 6.4. The new provider of Community Health and Wellbeing services has been in place for six months. Through the joint funding agreement (Section 75), with NHS Devon CCG as the lead commissioner, we will be reviewing progress against the outcome's framework of the contract in September.
- 6.5. The re-commissioning of learner support services is at engagement and design phase and whilst much of the offer is statutory and commissioned by schools the future alignment and integration of service offers to improve the offer for children with SEND is under consideration.

**Cllr Richard Hosking
Commissioning Liaison Scrutiny Member**

Commissioning Liaison Member Protocol

Summer 2017

This is a guidance document prepared by the scrutiny team to support the effective working of the nominated Commissioning Liaison Member/s from each scrutiny committee. The role was established following a recommendation made by the 'Scrutiny in a Commissioning Council' Task Group 2016. The full report and recommendations can be viewed [here](#).

Purpose:

The task group felt that nominating a member from each committee to develop positive relationships with Cabinet Members and Lead Officers to find out about commissioning activity would strengthen the effectiveness of scrutiny. The Commissioning Liaison Member will undertake to:

1. Understand the Council's commissioning processes and priorities;
2. Act as a link between Cabinet and the Scrutiny Committee and bring to the attention of the Scrutiny Chair and Committee:
 - significant commissioning activity
 - performance or service delivery issues relating to services commissioned through external providers
3. Support the Scrutiny Committee to examine the commissioning of services within the wider context of the Council's strategic vision and purpose

This does not affect the legal duties around commissioning and provider relations particularly in relation to health scrutiny.

Approach:

To carry out this role in the most effective way the Commissioning Liaison Members from each committee have agreed to meet as a group on a regular basis to:

1. Receive commissioning training
2. Ensure a consistent approach is taken to the Scrutiny of commissioning
3. Champion the approach to Scrutiny's involvement in commissioning across the Council and Health

The group will also use receive details of forthcoming commissioning activity and individually take this back to each scrutiny committee to report at the work programme with suggestions about how the committee might be involved in commissioning activity.

Review and development

It is proposed that the effectiveness of this role could be reviewed in line with the task group recommendation after six months of operation.

In future there may be the opportunity to undertake specific scrutiny investigations relating to commissioning as directed by each relevant scrutiny committee.

