

Staffordshire County Council, Families & Communities Directorate

Children's Community Support Delivery Options

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Overview:

Document Purpose:

- Reviewing the current commissioning arrangements for the delivery of Children's Community Support. This includes reviewing the delivery, demand, statutory functions, efficiency, quality, service scale, finance and sustainability.
- Identify and evaluate potential delivery models for the service and assess financial implications and highlight any potential risk to the proposed models.
- To make recommendations to the Director of Children's Services and the Families & Communities Senior Leadership Team (F&CSLT) and ultimately to Staffordshire County Council's Cabinet in relation to the future arrangements for Children's Community Care.

Background:

- Staffordshire County Council (SCC) has a legal duty to ensure Children's Community Care provision is in place to support children and young people with a range of disabilities, who require care and support at home and within the community.
- SCC currently commissions a range of providers from across Staffordshire to deliver Children's Home Care on behalf of the local authority. Providers support children and young people with a range of disabilities, including children and young people with physical and learning disabilities, autism and challenging behaviours. Some providers will be working with children and young people who have been assessed as having multiple needs. Providers provide a range of support within Staffordshire which are tailored to the specific needs of children, young people and families, this includes: preparing for independence, enablement and socialisation, community support, domiciliary care, and sitting and complex needs support.
- SCC wishes to develop and enhance, models of practice across a broader range of services.

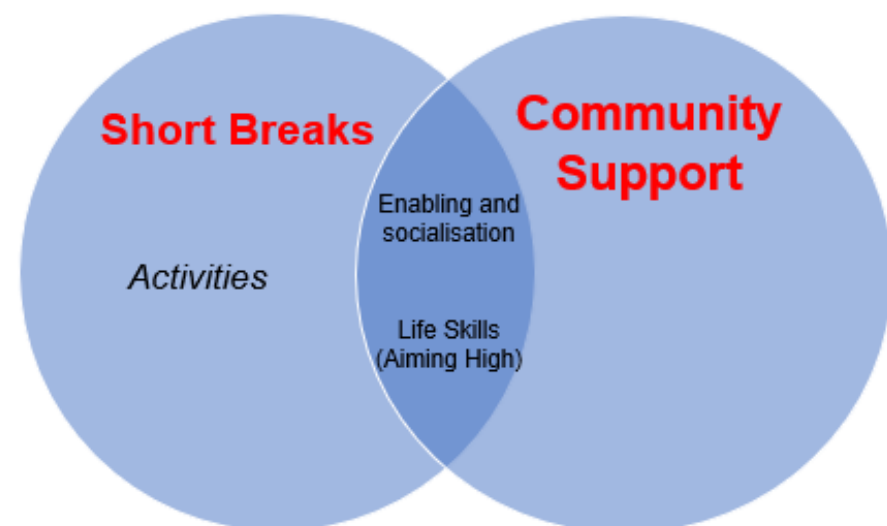
There are several factors the Families and Communities Management Team must consider in reviewing the current commissioning arrangements for Children's Community Support, which are outlined below.

- Current commissioning arrangements for Children's Community Care and Aiming High Short Breaks expire on the 31st March 2022, with current contracts due to go out to tender during autumn 2021.
- To ensure SCC is compliant with appropriate requirements as outlined in guidance, regulation, and legislation, including those set out in the Children Act 1989, Working Together to Safeguarding Children (2013), the Chronically Sick and Disabled Persons Act 1970, and the Children & Families Act 2014.
- To ensure a range of market providers have the capacity to deliver quality care and support for the fluctuating needs that eligible children require, quickly and flexibly
- To ensure providers have the right skills, knowledge, and experience to provide high quality support and care which is focused on individual's needs and outcomes at the most cost-effective price.
- To realign existing contract delivery in order to avoid duplication and maximise opportunities from a range of providers.
- To ensure flexibility across all community support for children and young people with SEND.

Children's Community Care in Staffordshire:

Overview of Children with Special Educational Needs and Disabilities in Staffordshire:

- In Staffordshire there are around 17,000 Children and Young people with SEND living with their families who need support to remain at home, to avoid their needs, and access to other services, escalating. Approximately 6,000 of these children are known to us through the Education Health & Care Planning (EHCP) process and associated assessments
- There are approximately 550 Children/Young People in Staffordshire who have been assessed as being eligible for Social Care support by the Children with Disability Social care teams. Approximately 300 of these children are in receipt of 'paid for' support, the majority (200) manage their own care via a Direct Payment to their parents/carers, with around 55 children supported by agency delivered home care
- There are a range of needs of Children with SEND, with many Children/Young People having multiple and complex needs
- The services in scope for this Options Appraisal are the current Aiming High Life skills programme ('Moving Forward') and our commissioned agency delivered home care and community-based support



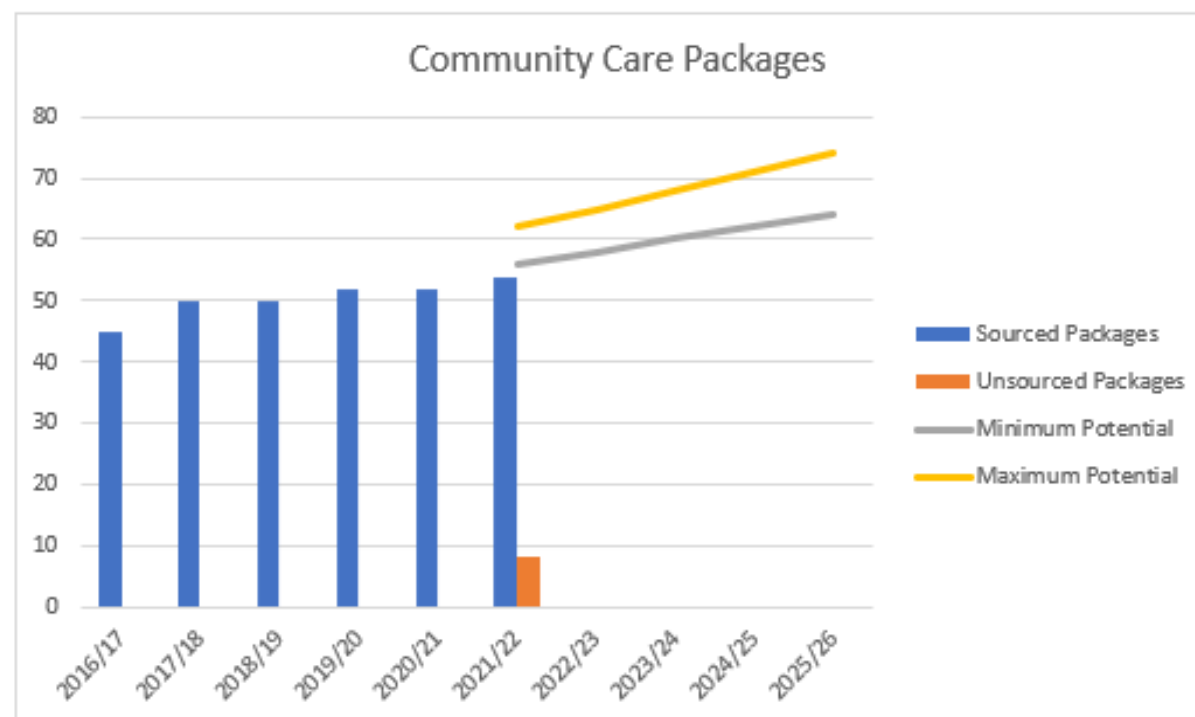
Overview of Current Commissioning Arrangements:

- Current commissioning arrangements for Children's Community Care and Short Breaks Life Skills expire on the 31st March 2022.
- Both current contracts for care and support are provided by a relatively small number of organisations.
- Currently where a child, young person or family is assessed by the Children With Disabilities Social Care Team as being eligible for community support, the appropriate case manager seeks the approval of the Team Leader (Children With Disabilities) before approaching a provider to deliver the support package. Providers are ranked by 'care type' within each area, this rank indicates which provider practitioners should approach first. Once a package of care is agreed, social care staff liaise with the framework provider to match the request.
- Aiming High services are accessible for any child with SEN by referral by any professional; no social work assessment is currently required to access this provision.
- The current arrangement's for commissioning, has led to an inconsistency in the desired level of affordable, accessible, efficient, outcome focussed, flexible and high quality care services to meet the individual assessed needs.
- 56 Community Support care packages are in place during the current reporting period

Current Challenges:

- Sourcing and accessibility of appropriate support based on the varying needs. The fluctuation of children's situations and plans means that the existing provision limits opportunities and choice.
- Relatively low numbers of children requiring community care services – and the concentration of this demand at either end of the school day - makes it difficult to encourage providers to enter the market as it is difficult to provide assurances on volume and likely demand (and therefore income for the providers).
- Provider reluctant to take on care packages, particularly those requiring behavioural skills management and for community outings.
- Capacity within providers is stretched in certain in-demand hours
- Hours providers would prefer are often limited by block contracts and and the tendency to favour larger/longer term packages of care.
- Current contracts don't complement each other fully, resulting in overlapping provision.
- Interaction with universal services is currently minimal, up-skilling opportunities are limited within organisations across all provision.
- Expectations and understanding of children's levels of care needs is currently limited within organisations.

Demand:



- In this reporting period there are currently 8 unsourced community care packages, demonstrating a significant rise in requests for community support. Capacity within agencies continues to be stretched due to factors such as staffing levels/COVID-19.
- This trajectory indicates a steady increase at both the minimum and maximum potential when forecasting demand over the life span of the contract (4 years).
- The reason for this increased demand over time is that some children with complex and life-limiting conditions are now living longer than they were even a few years ago as a result of improvements in medical science and research

Overview of Finance:

- The total current average annual spend for Children’s Community Care is approximately £569,385.00. This is calculated using the current arrangements for Children’s Community Support, however this will vary from year to year depending on the individual needs of children, young people and families.
- The total current budget available for the Short Breaks Life Skills is £150,000
- The average rates for each of the contracts differ dependant on the level of need and involvement from providers.
- The total annual spend for both contracts will differ depending on the number of children, young people and families requiring support. It is challenging to provide an accurate projection of demand for this reason.

Community Care spend by provider	2017/18	2018/19	2019/20	2020/21
AMG	79,747.23	153,323.72	287,306.47	223,077.55
Progress	0	0	7,508.51	12,945.75
Freedom	46,712.31	103,686.68	95,401.49	120,341.61
Crossroads	426.50	10,403.50	26,807.66	33,456.90
Non-Framework Provision	490,276.86	374,293.26	179,318.39	179,563.19
Aiming High	157,397.00	170,162.00	111,792.00	16,241.00 *
Total costs	617,162.90	641,647.16	596,342.52	569,385.00

- This table demonstrates budget expenditure for community care from 2017 onwards. Split between the 4 current framework provider, non-framework provision and also Aiming High. This indicates that the framework has provided cost savings for the authority.

* The lower spend for the 2020/21 Aiming High programme has been a direct result of COVID-19, due to children and their families shielding and limited face to face contact due to social distancing measures. Most sessions have been completed virtually which has not had the uptake that previous years of Aiming High activities have seen.

Engagement:

Engagement with families who access these services has been completed via an online survey and virtual engagement sessions, due to COVID-19 restrictions.

We found-

- Majority of parents/carers who responded were not aware of the Aiming High Lifeskills or Community Support services.
- Those who had used the services felt that their child/young persons had benefitted from them and that they provide an invaluable break for their family

The following **issues/barriers** to accessing the services were identified-

- Lack of awareness of services - information often difficult to find
- Eligibility – Several parents/carers stated that their child could not access services as they don’t have a formal diagnosis – this is a misconception and open access for 1-1 lifes kills and independence activities needs highlighting more clearly in promotional material.
- Lack of suitable services especially in their local area.
- Greater partnership working with schools, and especially special schools, is needed.
- Parents/carers feeling overwhelmed – too much emphasis on families having to seek out services themselves, often at a time when they are already overwhelmed.

- The recurring theme throughout parent/carer feedback is access to information.
- There is a clear need to ensure parents/carers and practitioners have up-to date, relevant, easy access information surrounding these services and a clear route how to access. This would allow greater awareness of the services to families who would benefit
- Wider promotion of services on appropriate media outlets with our partners.
- Joint working across SCC Families and Communities team, to ensure there is no duplication of services and greater enhancement of the current services e.g Govt Healthy Activities Fund provision

Future Options For Children Community Care in Staffordshire:

No:	Option:	Option Outline:	Strengths:	Opportunities:	Risks:	Cost per annum
1	Option One: Continue with current commissioned services i.e. framework and separate independence short breaks	Option one proposes two separate contracts run parallel to each other, i.e. 1- Children's Community Support Commissioning Ranked Framework is developed to include more providers within Staffordshire and 2- Short breaks (Aiming High) independence skills	<ul style="list-style-type: none"> ▪ Continues to meet statutory duties for Children's Community Care. ▪ SCC is compliant with appropriate requirements as outlined in guidance, regulation and legislation, including those set out in the Children Act 1989, Working Together to Safeguarding Children (2013) and the Children & Families Act 2014. ▪ Allows for different levels of access ▪ Has been effective in supporting some children and young people ▪ Creates an outcomes commissioning environment that can secure value for money through better relationships with other bodies: public, private and voluntary. ▪ Offers value for money in challenging market environments ▪ Promote responsible commissioning in terms of addressing social, economic and environmental issues, equality and diversity. ▪ Help deliver a consistent shared understanding of Staffordshire's Vision, Values and Principles for delivering Children's Home Care. ▪ Ensure openness, transparency and value for money, at all times, through the application of consistent commissioning standards and approaches across the commissioning of children's care needs. ▪ Both offer payment by results 	<ul style="list-style-type: none"> ▪ Ensure the market has the right skills, knowledge, and experience to provide high quality support and care which is focused on outcomes as opposed to "time and task". Both contracts deliver outcomes based, individual bespoke results ▪ Providers can excel in a specific area of the care market ▪ Providers can enter the market at different levels of involvement 	<ul style="list-style-type: none"> ▪ Does not meet the needs of all children's/young persons. ▪ Cannot increase or decrease support easily, in line with the needs of the individual. ▪ Often encourages practitioners to source packages off the framework. ▪ Relatively low numbers of children, young people and families requiring Community Support Services has made it difficult to encourage providers to enter the market as it is difficult to provide assurances on volumes and likely demand. ▪ Hours offered are above the assessed need, as agencies block charge for 3-4 hours minimum, irrespective of the requirements of the care plan. ▪ Framework does not allow for additional providers to join in the same way as a DPS ▪ Duplication of outcomes from different contracts ▪ C/YP information on different systems i.e. Capita and CareDirector with no overall "vision" 	<p>Community Care = 569,385.00</p> <p>AH short breaks independence skills = £150K</p> <p>Total = c£720K</p>
2	Option Two: In House Delivery	Option two proposes that Children's Community Care is provided directly by SCC through the Children & Families System. This provides an increased opportunity for SCC to maximise the resources available to Children's Community Care in order to ensure affordable, accessible, efficient, outcome focussed, flexible and high-quality care services to meet the	<ul style="list-style-type: none"> ▪ Continues to meet statutory duties for Children's Home Care. ▪ Provides the Local Authority control to ensure fast and response services, which have a consistent level of quality. ▪ SCC is compliant with appropriate requirements as outlined in guidance, regulation, and legislation, including those set out in the Children Act 1989, Working Together to Safeguarding Children (2013) and the Children & Families Act 2014. ▪ Enables SCC to develop a workforce with specific skills, knowledge and experience in order to meet the specific needs of individual children, young people and families. ▪ Deliver services that meet the holistic needs of children, young people and families. ▪ Seek to improve services through innovation. ▪ Allows SCC more control over quality, cost and capacity within the marketplace. 	<ul style="list-style-type: none"> ▪ Market facilitation in order to meet the holistic needs of children, young people and families. ▪ SCC can support the market to capture and share market intelligence in order to influence and support market development. ▪ Ensure the market has the right skills, knowledge and experience to provide high quality support and care which is focused on outcomes as opposed to "time and task". ▪ Enables SCC to develop robust Quality Assurance and contract management. ▪ Allows SCC to access emergency support packages ▪ Local delivery of services 	<ul style="list-style-type: none"> ▪ Relatively low numbers of children, young people and families requiring Community Support Services may make it difficult to develop an internal service delivery model which is sustainable. ▪ An internal delivery model may lead to increased staffing costs leading to the total spend on Children's Community Care increasing (because of the uncertain nature of demand). ▪ An internal service would lead to challenges in the delivery of specialist specific services to meet the holistic children, young people 	<p>450k (Not inclusive of additional costs if emergency /on call care staff required, or specialist training costs)</p>

		individual assessed needs and demonstrate progress towards agreed outcomes. This option suggests that the service would be fully integrated with the wider Children & Families System.			and families which would normally be provided by specialist providers. <ul style="list-style-type: none"> ▪ C/YP moving above tier 2 unnecessarily if integrated into SCC services. ▪ Reliance on fewer staff ▪ Could still become reliant on non-framework provision 	
3	Option Three: Aligning children's community care with adult framework	Option three proposes that the children's community support framework is an additional part of the adult's domiciliary care framework.	<ul style="list-style-type: none"> ▪ Access to a bigger market of providers, more choice for families ▪ Bigger pool of care staff, to meet growing demand ▪ Allows joint working across SCC children and adults, enabling fluidity when transitioning to adulthood (Preparing for Adulthood Pathway) ▪ Creates more competition within the all age care market, helping to drive down costs, whilst encouraging a high quality of service ▪ Consistency in regulatory body i.e.CQC 	<ul style="list-style-type: none"> ▪ Encourages more providers to engage further with the delivery of children's care. ▪ Encourages current adult providers to 'upskill' current carers i.e. complex health children's packages ▪ Learning and development opportunities for carers 	<ul style="list-style-type: none"> ▪ Lack of continuity of care for our children's families due to the upskilling of the all staff within each provider ▪ Systemic quality issues identified in adults may filter into children's services due to factors such as a high turnover of staff and increased pressure with stretched capacity ▪ Currently, commissioning cycles with adults SCC not aligned. 	17.89 (adult framework provider rate) x hours of care = 513,000 (figure IF all hours of care were delivered at framework rate) NB this figure does not include the 1-1 'Moving Forward' element.
4	Option Four: One lead provider to deliver all services for children with SEND across a range of needs	Option four- Step up/down service, combining existing contracts 1. Children's Community Support Commissioning Ranked Framework and 2- Short breaks independence skills via 'Aiming High'. All to be delivered by one lead provider.	<ul style="list-style-type: none"> • Continues to allow access at different levels within the service. • Flexibility to step up/down support as required across all community support. • One singular point of contact for practitioners. • Continuity of care for children/young people and their families • Enables the delivery of a personalised bespoke service 	<ul style="list-style-type: none"> ▪ Ability to enhance quality by directly working with one singular organisation/provider ▪ Capital investment for one service that can utilise funding in a proactive way, ensuring quality services can be delivered in terms of the number of skilled staff working in the service ▪ Opportunity to enhance all staff skill set, within lead provider ▪ Enables SCC and families to build a strong rapport with the provider ▪ Allows SCC to establish key contract management and delivery 	<ul style="list-style-type: none"> ▪ Potentially a significant financial risk for SCC and families supported by the service should there be quality concerns/provider breakdown ▪ Limits engagement with wider care markets ▪ Lack of market stimulation and growth ▪ Cost of management fee for one provider to coordinate all care and support ▪ Limits choice for families 	700k
5	Option Five: Combine Community Support and 1-1 Independence & Lifeskills provision	Option five- Step up/down service, combining existing contracts 1. Children's Community Support Commissioning Ranked Framework and 2- Short breaks independence skills via 'Aiming High'. To be delivered by a range of providers.	<ul style="list-style-type: none"> • Continues to allow access at different levels of support • Access to a wide range of providers • Flexibility to step up/down support as required across all community support • More choice of service types to offer families • Potential cost saving by decreasing duplication of services (1:1 life skills & low level community support) • Ability to meet the needs of more children using less resources 	<ul style="list-style-type: none"> • Encourages more providers who can offer lower levels of support onto the framework, could also lead to providers wishing to 'upskill' carers to obtain more packages, enabling greater financial security • Opportunities for joint working across organisations as children step up and down the service • Competitive costings as the number of providers who can offer support will be greater 	<ul style="list-style-type: none"> • Could still see practitioners sourcing packages off the framework if capacity becomes stretched 	650k

Outcomes and Tests

1. The following outcomes and tests have been used to evaluate the options for community support

Outcomes	Tests	
Enables delivery of statutory duties and responsibilities	1	Promotes individual wellbeing, supports the provision of information and advice, and the identification of services, facilities, and resources already available within the community, which could be used to meet needs.
	2	Enables a flexible support system for all families where support can be increased/decreased as and when required.
	3	Supports all stakeholders - the NHS, SCC Adult Social Care and Children's and Families, to meet their statutory duties and responsibilities to children/young people with disabilities, in terms of assessment and support planning particularly in Preparing For Adulthood ensuring future cost saving.
Supports the delivery of Children System transformation principles	4	Encourages market stimulation to ensure capacity and choice within local organisations meets demand from SCC.
	5	<ul style="list-style-type: none"> • Is flexible • Local – fits with corporate view of PBA, children stay within their localities/county • Works better for the child and their family and all practitioners • Designed against Demand, Co-produced with families.
	6	Encourages effective cost management whilst delivering high quality care.
Financially sustainable and value for money	7	Is cost-effective and financially sustainable in the long term
	8	Delivers process and financial efficiencies to drive performance improvements.
	9	Utilises local community support and allows families to connect with others in their local area both for support and to make the best use of existing community resources
Offer's social value by supporting to increase individual and community resilience	10	Provide a safe and high-quality system of support, that is flexible and equitable across the county.
	11	Offers opportunities for new entrants into the children with disability care market in Staffordshire, increasing our preventative offer, and reducing the need for more costly services/interventions, and especially avoidable admission to Local Authority Care
	12	Delivers innovation and creativity to work in more modern, effective, and lower cost ways.
Manages operational and reputational risk	13	Supports and enhances the delivery of council and NHS* agenda's and enablers e.g. "people helping people", "#doingourbit, #didyouknow, and encourages people to take responsibility for their own health and well-being, and plan for their future, so that we can ensure continuity of support for those who most need it.
	14	Considers the outcome of engagement with parents and carers of children with disabilities, and other stakeholders, whilst delivering value for money for Staffordshire residents.
	15	Supports Council's strategic priorities e.g. create more better paid jobs for Staffordshire residents, inspire healthy and independent living, access to employment, education and training opportunities, support more families and children to look after themselves, stay safe and well.

Evaluation Matrix

Options	Enables delivery of statutory duties and responsibilities			Supports the delivery of Children with Disability transformation principles			Financially sustainable and value for money			Offer's social value by supporting to increase individual and community resilience			Manages operational and reputational risk			Outcome
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	
1	P	N	P	P	P	Y	Y	P	P	P	N	P	P	Y	P	
2	Y	P	Y	N	P	Y	Y	Y	Y	P	N	P	Y	Y	Y	
3	Y	P	Y	Y	P	Y	Y	Y	P	P	Y	Y	Y	Y	P	
4	P	Y	P	N	P	P	P	P	P	P	N	N	P	P	N	
5	Y	Y	P	Y	Y	Y	Y	P	Y	Y	Y	Y	Y	P	Y	<i>Preferred option</i>

Scoring Methodology

Yes	Strong delivery against drivers/ tests
Partially	Partial delivery against driver/ tests
No	No or minimal delivery against drivers/ tests

Recommendations:

- The above tests were discussed and evaluated between a panel of 5 professionals within SCC Social Care from F&C Commissioning Team, the adult Brokerage Service and team manager for the Children's Disability Service.
- Scores from the evaluation matrix **indicate option 5- combining Community Support and 1-1 Independence & Life skills provision- is the preferred option** for SCC Children with Disability, Families and Communities.
- The highlighted risk of option 5, that of the potential risk of practitioners still sourcing off the framework, could be resolved with the use of a DPS call off when making an off-framework purchase. This would allowing SCC to continue to source value for money services within the security of a contracted arrangement whilst meeting the eligible need of the C/YP.
- For the life skills element to be truly maximised, detail surrounding specific outcome focused targets are required in the service specification, allowing more emphasis on measurable outcomes for the C/YP
- The current provision for 1-1 Independence & Life Skills is accessible for young people up to the age of 25, this consideration needs to be addressed in the service specification as the current Community Support Framework is 0-18.
- Detail surrounding definitions of 'care types' is required in the service specification, to ensure accurate requests are made by practitioners resulting in accurate charges matching the care required.
- **Option 2- in house delivery- requires further investigation for future service delivery** as a significant number of strengths and opportunities were established over the course of the evaluation panel which is also reflected in the scoring of the evaluation matrix.