

The Highland Council
Education Children and Adult Services Committee
17 March 2016

Agenda Item	15.
Report No	ECAS 28/16

Children's Services Commissioning Strategy

Report by Director of Care and Learning Service

Summary

This report describes the development of a commissioning strategy for Children's Services and asks Committee to agree the proposed strategy.

1. Background

- 1.1 The Care Inspectorate published the report of the Joint Inspection of Children's Services in Highland in April 2014. One of the recommendations from this was that Highland Council should develop a strategic approach to commissioning that reflects the shared vision for children and young people.
- 1.2 In addition, an internal audit report was published on 10 November 2014, which included an action to "develop an approach to commissioning services which is based around the outcomes articulated in FHC4. This approach will build on current good practice."
- 1.3 The Head of Children's Services convened a multi-disciplinary group to consider this development and, simultaneously, an operational group to scope the existing arrangements around funding for the Third Sector from the Care and Learning Service.
- 1.4 Links were improved with the Contracts Team based in NHS Highland, which supports commissioning activity across both adult and children's services. A spreadsheet of Service Level Agreements, contracts and spot-purchasing arrangements was also drawn up, with the master copy being held by the Contracts Team.
- 1.5 A Designated Manager and a Contracts Officer were confirmed for each formal service agreement, and guidance issued to the Designated Managers regarding the expectations around formal written agreements and routine monitoring contact with agencies, leading to improved communication with agencies

2. Commissioning strategy

- 2.1 The Commissioning Strategy sets out a framework which aims to enhance relationships with the Third Sector by bringing greater clarity and transparency
- 2.2 The draft Commissioning Strategy was reviewed by the FHC4 Leadership

Group, and comments incorporated into the final version which is attached as **Appendix 1**.

2.3 The intention is to develop an annual Commissioning Plan which would sit alongside For Highland's Children 4, setting out the commissioning priorities and intentions.

3. Implications

3.1 There are no new **Resources, Legal, Equalities, Risk, Climate Change/Carbon Clever, Gaelic or Rural** implications arising as a result of this report.

4. Recommendations:

4.1 Members are asked to agree the proposed Commissioning Strategy.

Designation: Director of Care and Learning

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Date: 29 February 2016

Commissioning Strategy for Highland Children's Services

2016-2019

Introduction

This strategy was developed for a number of purposes, principally to provide linkage between the children's services plan, For Highland's Children, and the outcomes described in that plan, and the delivery of services.

It also aims to provide a basis and rationale for funding decisions under-pinning the commissioning and de-commissioning of services and a consistent framework for the evaluation of these services. It reflects the changing context of public services, collaborative working and an approach to community capacity building from the perspective of children's services. The strategy covers the provision of services by Highland Council, as well as the Third Sector, and the aim is to move towards one framework for the evaluation of services to children and young people.

It has been agreed by the Leadership Group for Children's Services and aims to satisfy the requirements of the Public Bodies (Joint Working) (Scotland) Act 2014. The strategy has been written with a time-frame covering up to the end of March 2019 and will be reviewed before then.

Strategic commissioning definition

"All the activities involved in assessing and forecasting needs, links investment to agreed desired outcomes, considering options, planning the nature, range and quality of future services and working in partnership to put these in place".

[Source: "Joint Strategic Commissioning, A Definition", Joint Improvement Team, June 2012]

Commissioning Plan

This document aims to provide a strategic approach which will be applicable for the next 3 years but an operational commissioning plan will also be developed, which will be reviewed each year. This will set out the commissioning intentions in more details. An operational team of Designated officers will meet quarterly to identify commissioning priorities and report to the leadership group.

Strategic drivers

The primary Acts, policies and guidance that impact on the service areas covered by the Children's commissioning strategy for Highland, are as undernoted:

National Legislation

- Public Bodies (Joint Working) (Scotland) Act 2014
- Social Care (Self Directed Support) (Scotland) Act 2013
- Children (Scotland) Act 1995
- The Adoption and Children's (Scotland) Act 2007
- The Looked After Children (Scotland) Regulations 2009
- The Fostering of Children (Scotland) Regulations 1996
- Protection of Children (Scotland) Act 2003
- Regulation of Care (Scotland) Act 2001
- Children (Leaving Care) Act 2000
- Pre Birth to Three National Guidance 2010
- Additional Support for Learning Act 2005, as amended
- Children and Young People (Scotland) Act 2014
- Community Empowerment (Scotland) Act 2015

National Policy and Guidance

- More Choices, More Chances: A Strategy to Reduce the Proportion of Young People not in Education, Employment or Training in Scotland
- Road to Recovery: A New Approach to Tackling Scotland's Drug Problem (2008) Changing Scotland's Relationship with Alcohol: A Framework for Action (2009)
- 'Our ambitions for improving the life chances of young people in Scotland' National Youth Work Strategy 2014-19
- Children and Young People (Scotland) Act 2014 - Early Learning and Childcare - Statutory Guidance

Highland Policy

- The key document is the Integrated Children's Plan For Highland's Children, now in its fourth iteration.
- Highland Community Learning and Development Plan 2015-2018.
- Single Outcome Agreement between the Highland Community Planning Partnership and the Scottish Government 2013/14 – 2018/19.
- Highland First – Programme for the Highland Council.
- The Supporting Parents Framework.
- The Highland Compact – public and Third sector partners.
- The Highland Strategic Commissioning Plan.
- Children and Young People Health Needs Assessment 2014.
- Personalised Care and Support in Highland. A Five Year Plan For Self Directed Support (SDS) 2013-2018 May 14.

Governance

Specific health services for children are provided by Highland Council through a Lead Agency partnership agreement with NHS Highland. This includes health visiting, school nursing, Allied Health Professionals (dietitians, speech and language therapists, occupational therapists, and physiotherapists), primary mental health workers, learning disability nurses, Looked After Children primary mental health workers, health improvement school and nutrition and Child Protection Advisers. These services are incorporated into an integrated model of delivery for children and families and aim to support the outcomes described in FHC4. NHS Highland retain responsibility for other health services, the commissioning of a Child and Adolescent Mental Health service and Public Health services for the whole population, including children.

Governance for the performance of health services delivered by Highland Council is through the Education, Children and Adult Services Committee with the related scrutiny of performance through the Highland Health and Social Care Committee on behalf of the NHS Board. Oversight of clinical governance is achieved through the Governance and Risk Management Group, Highland Council and the professional leadership structures and Clinical Governance Committee within NHS Highland. Financial oversight is achieved through the Children and Young People's Resource and Commissioning Group.

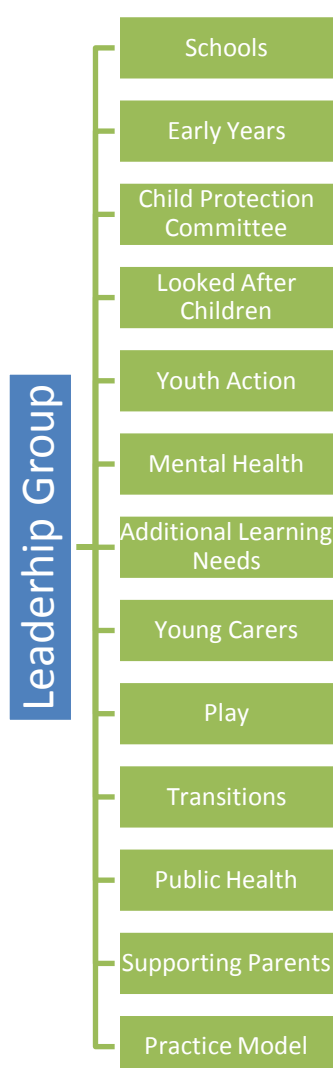
Governance of social work and social care rests with the Education, Children and Adult Services Committee, where the Director of Care and Learning is the lead officer.



Highland Council and NHS Highland have formal arrangements for engaging with third sector and independent partners. These partners are also represented in strategic planning and governance processes.

Governance for this Strategy will be held by the For Highland's Children 4 (FHC4) leadership group. This group has broad membership, including lead officers from Highland Council and NHS Highland, SCRA and Police Scotland. In addition there are staff representatives from NHS Highland and Highland Council, and Third sector partners. The Leadership Group reports to the Community Planning Partnership for Highland.

To support this governance, FHC4 Improvement Groups fulfil an overview of where commissioning will lead to improvement. There are 13 Improvement Groups as shown below.

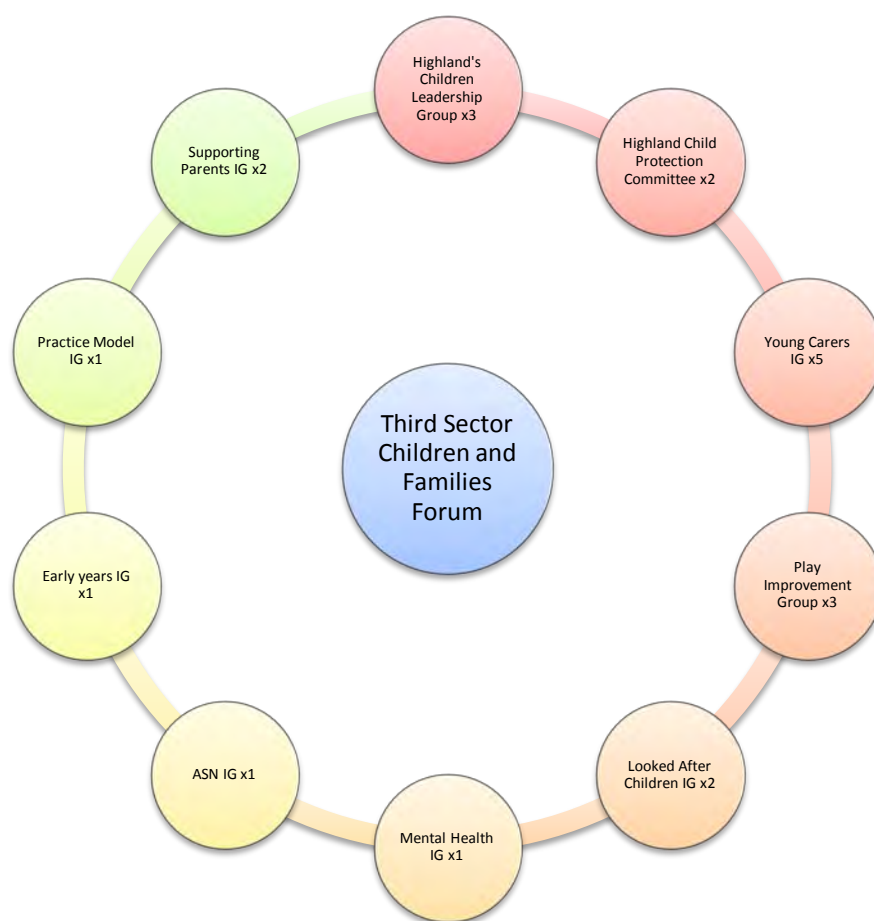


Links with Third sector

With the increasing political interest around the role of communities in the design and potentially delivery of public sector services it is recognised that the third sector are an important part of that relationship and discussion. In Highland a good level of discussion and participation with the sector

already happens. In order to build on this relationship the Council remains committed to the realisation of the Highland Compact principles in developing and maintaining its key partnership with third sector organisations.

The local Third Sector Interface (TSI) continues to have a developing role in supporting the expansion of this relationship as well as supporting an increasing shift in the defining boundaries of that dialogue to include both the historic commissioner/service provider role as well as an increased influence over co-production and cross sector service design. This diagram shows the number of Third Sector representatives on the Leadership Group and each of the Improvement Groups, and the link to the Third Sector Children and Families Forum.



For Highland's Children 4

The commissioning strategy details how services in Highland will be maintained strengthened and developed to ensure that outcomes for all of Highland's children are maximised. These outcomes are known as SHANARRI: Safe, Healthy, Achieving, Nurtured, Active, Respected and Responsible and

Included. For Highland's Children 4 contains significant data on children and young people in the Highland area and can be found at <http://forhighlandschildren.org/>

Community Capacity Building and Self-Directed Support

We recognise that strong, health and resilient communities provide an important backdrop for the safe development and growth of Highland's Children. Supporting the growth of community activity, projects and service delivery will broaden the availability of activities, learning and employment opportunities for children and young people. We are committed to the enrichment of our communities as this in turn enriches the life experience of children, young people and their families.

In Highland we have a strategic Community Learning and Development Partnership which sits within the Community Planning Partnership. The CLD partnership explores opportunity for joint activity and resourcing which can contribute to the development of communities and learning experiences, both formal and informal, for everyone living in Highland. This is complemented by the ongoing development of localised CLD planning and activity growth.

Our aim is for people to truly appreciate and exercise the choice and control that they can have and for their support to be accessed in ways that are innovative and personalised, building on their resources and those of their families and communities. This includes promoting Option 2 – Individual Service Funds – whereby individuals direct their own care with support from a service provider.

Highland Council in partnership with NHS Highland are now well into the implementation phase of actions to embed Self-Directed Support in service delivery. The challenge is to continue to widen opportunities for parents/carers and young people to direct support packages and access more person-centred provision, whilst releasing funding from council-run services, which other families still rely on to a significant extent, however some progress has already been realised.

Resources and funding

The funding for external commissioning of services is held in number of areas of the budget allocation for Children's Services, but mainly sits with the Heads of Service for Children and for Additional Support Needs, and is underpinned by contracts or SLAs. Some spot-purchasing of services for individual children and families is led by practitioners or local managers from local budgets. The Childcare and Resource Partnerships also have funding which is agreed on a local basis.

The total budget for the Care and Learning Directorate for 2015/16 was £389,706,058. This includes Education, Adult Services, Service Management and Resources, Children's Services and Additional Support Needs.

In 2014 Family Teams were developed in order to support the Highland Practice Model. These provide an integrated model of delivering early years services (including health visitors and Early Years Practitioners), support services for school-age children (including school nurses and children's services workers) and social workers offering a Care and Protection service.

Other social care services continue to be provided by Highland Council, including fostering and adoption and residential care. The Care and Learning Directorate also provides school-based services and extensive child-care provision.

Provider market in Highland

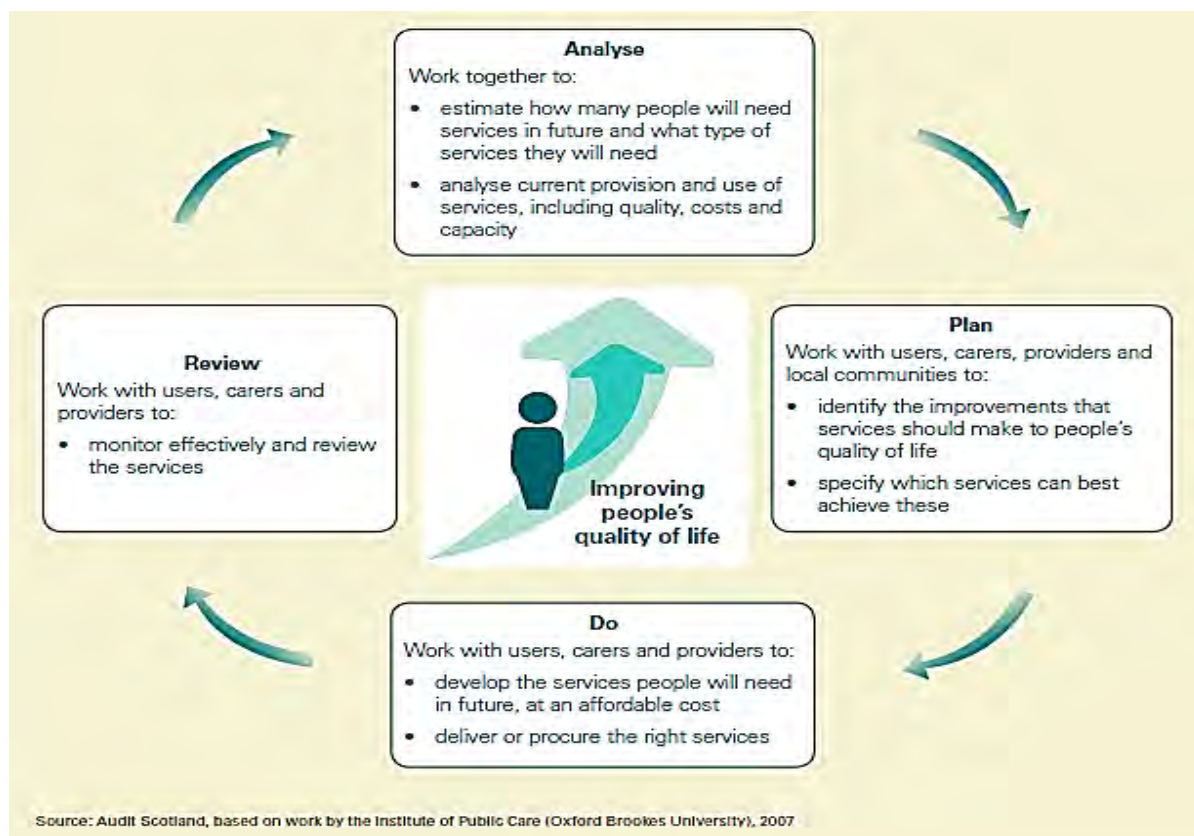
The Highland Council and NHS Highland are the biggest providers of services in Highland but there is a range of providers in operation, not all of whom have any formal or contractual relationship with either the NHS or Highland Council. These include registered services as shown:

Registered Area	Number of Providers
Adoption service	1
Care home service	18
Child care agency	1
Child minding	355
Day care of children	248
Fostering service	2
School care accommodation	1

Highland Council Care and Learning Directorate have contracts with 24 providers (as at March 2016) and the total value of these contracts is £4.3m. This does not include other services which are commissioned on a spot-purchase basis. The services include placements and through-care/aftercare for Looked After Children, support for children with disability/complex health needs, support for parents of pre-school age children, and for Young Carers.

Commissioning model

[Source: "Guide to Strategic Commissioning"; Social Work Inspection Agency; 2009]



Commissioning involves a wide range of strategic activities. These include:

- agreeing strategic outcomes and priorities;
- understanding and forecasting needs, and reviewing these regularly;
- analysing the factors which impact on market supply and demand;
- appraising all the options;
- taking a long term view of which services and wider supports will deliver the best outcomes;
- taking strategic decisions about how needs will be best met in terms of preferred models of intervention, care and support;
- deciding the balance to be struck between prevention, early intervention and more intensive supports;
- developing sound financial frameworks and financial management systems;
- developing positive relationships with providers so that they are involved and informed in decisions about services;
- providing and/or purchasing appropriate services which meet agreed standards and deliver required outcomes;
- having contingency plans to deal with assessed risks and unforeseen challenges;
- having exit strategies for services which no longer meet needs or deliver best value, taking full account of the impact on people who use services and their carers, and developed in close consultation with them and their advocates; and
- conducting an equality impact assessment for all relevant policies and commissioning decisions in line with legal requirements.

Future commissioning intentions

Opportunities for new providers in Highland are constrained by the challenges of providing a service across the area to a highly dispersed and rural population. Recruitment of suitably experienced and qualified staff can be difficult and management structures can be stretched.

The practice of rolling forward contracts to existing providers from one year to the next means that new providers have fewer opportunities to enter the market. However, with a need to seek value for money and at the same time to provide more person-centred services, new models of delivery are emerging, including Public Services Partnerships, co-design and co-funding as funding streams are often more accessible to the Third Sector to seek fund new initiatives.

From 2016/17 we will aim to review all contracts and explicitly link these to outcomes for children and young people. Contracts will normally be put in place for a 3 year period, with an appropriate break-clause. This will provide some assurances for providers and the ability to plan ahead.

Wherever possible, the aim will be to redirect resources towards early intervention and community capacity building linked to promotion of the SHANARRI outcomes, but it is acknowledged that some specialist services will continue to be required.

Identification of gaps in provision

Improvement groups and operational teams use a self-evaluative approach to identifying outcomes for children and young people, their families and the communities in which they live. This approach considers three key questions: How are we doing? How do we know? and what can we do differently / better to improve outcomes for children and young people? The process also describes how children and young people, their parents and carers and other stakeholders are consulted with.

Self-evaluation is based on professional reflection, challenge and support and involves taking informed decisions about actions which result in clear benefits for children, young people and families. It is a dynamic and continuous process. It establishes a baseline from which to plan to improve outcomes for children and promotes a collective commitment to set priorities for improvement.

Each improvement Group works to a dynamic improvement plan with priorities identified through self-evaluation. Each plan uses a common format detailing outcomes for children, specific actions, the timescale for each action and the ways in which the priorities are evaluated. The priorities in each plan show all current improvement priorities centred on the Key outcomes. The plans are monitored and updated regularly. Each plan is formally evaluated on an annual basis.

The process of self-evaluation and prioritisation used across operational and improvement groups should identify gaps in provision and improvement plans should detail priorities for improvement which in turn should inform the commissioning process through the governance provided by the FHC4 leadership group.

Consultation with children and families

The views of children, young people and their families are central to the commissioning strategy.

This strategy is built around the outcomes in For Highland's Children 4 which were developed from engagement with children, young people and their families and the evaluation of service improvement involves on-going engagement.

The Highland Practice Model describes a single assessment approach for all children and a Child's Plan for children who require additional support. The contribution of the child and family is critical to the plan, and they are involved in monitoring and review processes.

Each FHC4 improvement group values the engagement and participation of children and young people within this process and formally seeks to engage with them as part of their planning.

The Highland Practice Model aims to ensure a network of support for children and young people, so that they get the right help at the right time. This network will always include family and/or carers. Only when voluntary measures no longer effectively address the needs or risks will compulsory measures be considered.

The Practice Model makes clear that children have the right to be involved, and that they have the capacity to be competent commentators on their lives.

Without children and families' perspectives on their children's or personal difficulties, practitioners' information is incomplete and they cannot reach a full understanding of children's circumstances and needs.

Equalities impact

The commissioning plan will have a large degree of relevance to equalities, diversity and human rights. A full Equalities Impact Assessment will be carried out. Due regard will be paid to the findings in preparing any consultation analysis responses and action plan, and these will continue to underpin the strategy in the future. Key recommendations include:

The need to incorporate an equalities perspective throughout the commissioning cycle

The need to continue to work with protected groups to identify and eliminate service gaps as part of mainstreaming services.

Recommendations with a more general application across care and learning services include:

The need to develop a means of monitoring outcomes by equality grouping

The need to develop mechanisms for monitoring service access and service outcome from an equalities perspective

Children's Rights

The commissioning strategy is centred around the rights of the child as defined under the Convention on the Rights of the Child. The relevant rights to this strategy are listed below.

Article 2 Non-discrimination

Article 3 Best interests of the child

Article 5 Parental guidance

Article 7 Registration, name, nationality, care

Article 9 Separation from parents

Article 10 Family reunification

Article 12 Respect for the views of the child

Article 13 Freedom of expression

Article 15 Freedom of association

Article 16 Right to privacy

Article 18 Parental responsibilities; state assistance

Article 20 Children deprived of family environment

Article 21 Adoption

Article 22 Refugee children

Article 23 Children with disabilities

Article 24 Health and health services

Article 25 Review of treatment in care

Article 26 Social security

Article 27 Adequate standard of living

Article 28: Right to education

Article 29 Goals of education

Article 30 Children of minorities/indigenous groups

Article 31 Leisure, play and culture

Article 39 Rehabilitation of child victims