

Joint Commissioning Strategy and Market Position Statement for Children and Young People

Foreword

This strategy is a sister document to the Children and Young Peoples plan_2020 – 2025 for Sefton and sets out how our Commissioning activity will contribute to meeting the 12 priorities in the plan. This strategy seeks to set where we are today, how we need to shape things, and where we are headed towards in terms of the services, both organisations design, pay for and deliver in Sefton. We recognise we need to get better at holding a joined-up picture of needs, demand and supply of services in Sefton, we need to work with our providers to deliver the right services, at the right time and in the right place for our children and young people. We have an obligation to ensure we are making best use of the resources we have available to us, are we achieving value for money? Is this the best way of doing things? Are we missing part of the pathway out? This Strategy seeks to move us from a place of knowing our population needs to delivering services designed around them, that give our children and young people the sustainable outcomes they need. This strategy is in part how we will have Children and Young People in Sefton who are Heard, Happy, Healthy and Achieving

Vicky Buchanan, Interim Director of Children's Social care and Educations, Sefton Council and Martin McDowell, Deputy Chief Officer NHS South Sefton and Southport and Formby CCG.

1. What is the purpose of this Document?

The purpose is to set out the shared ambition of commissioners in the council and the NHS for the children and young people of Sefton. The strategy also sets out at a high level the way we intend to work together to achieve that ambition by 2025, aligning with Sefton2gether – Shaping Sefton (the NHS 5 year plan for Sefton).

This strategy will direct our joint commissioning of services to meet the needs of the Children and Young People of Sefton over the next five years. By 'joint commissioning', we ultimately mean the joint purchasing of services to meet the identified needs of the children and young people of Sefton. These needs are identified from the Children and Young Peoples plan based on what the Children's JSNA tells us <https://www.sefton.gov.uk/media/1454739/jsna-children-august-2018.pdf>

This Strategy will not sit in isolation but will align with all our other strategies and initiatives that impact on parenting, family and community resilience.

This includes the overarching Health and Wellbeing Strategy as well as aligned strategies, including Sefton2gether – Shaping Sefton, the NHS Five Year Plan, Early Help, SEND, Public Health – Starting Well and The Children in Care and Care Leavers Sufficiency Strategy.¹

The Strategy recognises the important part that the broader market of commissioned services plays in providing vital services which meet the needs of some of the most vulnerable members of our community.

We are committed to ensuring that this market develops and flourishes within Sefton and that we will continually engage with our providers and our Children and Young People to ensure they can contribute to our understanding of how we can deliver high quality services, and that we as commissioners possess the evidence to support investment where it is most effective and needed.

Sefton Council and our strategic partners the CCG, will develop as a result of these engagements and our market analysis, evidenced based intentions of our service needs over the next five years. We will develop Commissioned Delivery Models which achieve high quality and Best Value for the Children and Young People in Sefton and further give confidence to the market to invest locally and enable stability, success and longevity within our provider community

¹ <https://www.sefton.gov.uk/your-council/plans-policies.aspx>

What is Commissioning;

Commissioning is a process that public sector organisations use to plan, procure, deliver and evaluate services for local residents.

Commissioning is the continual process of planning, agreeing and monitoring services. Commissioning is not one action but many, ranging from the health-needs assessment for a population, through the clinically based design of patient pathways, to service specification and contract negotiation or procurement, with continuous quality assessment. Commissioning effectively starts with a deep understanding of citizens and communities, ensuring services are designed and delivered according to their needs, aspirations and experiences.

Commissioning is essentially the effective design and delivery of policy, solutions or services. The best commissioners have the confidence to challenge the status quo, take on radical change, collaborate effectively with external stakeholders, gain a deep understanding of the need and target resources effectively to meet those needs. By working strategically with our partners, Council services can make a real change to the offer we give our children and young people. Commissioning should be concerned with configuring services to meet the overall needs of a given population. It is a cycle rather than a “one-off” activity, including a sequence of specifying, securing, and monitoring services. This vision encompasses all aspects of the commissioning cycle:

Often demonstrated as the Commissioning Cycle:



Commissioners will also establish a Performance Management Framework for all contracts that reflects contribution to the priorities of this plan. We will then work with providers to improve delivery against agreed timescales.

We will commission based on the following principles, a number of which emerged following a strategic commissioning workshop held with CCG colleagues in July 2019:

Value for money We aim to achieve maximum value for money from all services and commissioned activity. Every pound we spend on behalf of the taxpayer has to demonstrate its worth and we will always seek to allocate expenditure to achieve maximum impact, which can mean decommissioning services and to reduce expenditure where we can. However, whilst the price we pay for services is important to us, we recognise that it is not the only measure of value; and so the outcomes delivered and the social value achieved are also of importance. We will look to bench mark and work regionally to ensure we are achieving a price that is value for money for the council but sustainable and appropriate for the service delivery.

Outcomes focused Our primary focus is on the delivery of improved outcomes for children and their families and we will therefore commission only provision that delivers our priority outcomes, reduces inequality and maximises personalisation, choice and control, and supports a minimal number of moves for the child.

Evidence based We will base commissioning decisions on the evidence available to us, whether this is through an analysis of needs and gaps, an understanding of what works in achieving desired outcomes, an assessment of best practice, or an options analysis.

User involvement and focus We aim to ensure that the views of children, young people and families shape commissioning decisions; and we are committed to developing innovative ways of engaging service users, for example, through co-design and co-production. The voice of the Child will be part of all commissioning activity and subsequent performance management Framework design.

Proportionate Our commissioning arrangements range from multi-million pound contracts with large private sector companies, to grants of less than a thousand pounds to small voluntary organisations. We aim to differentiate our commissioning processes so that they are proportionate; for example, to the amount of spend, the level of risk involved, and the type of provider. A fundamental principle is that our arrangements and processes for sourcing and procuring provision should be as simple and streamlined as possible.

Innovative We will seek to improve our commissioning practice, including the development of alternative models of delivery, procurement, funding and payment.

Provider diversity We aim to encourage more diverse provider markets operating locally in order to stimulate quality, choice and greater value for money. We are seeking to work together to develop services, and to be in a position where placements are prioritised with good or outstanding providers.

Transparency and fairness Our commissioning processes and decisions will be underpinned by principles of transparency and fairness. We will develop provider and market forums to enable open dialogue and will inform providers of the reasons

for our decisions. We will build on existing provider forum networks and see this strategy as the beginning of the journey in partnership in how we get there.

Integrated Commissioning;

We are committed in the future to further develop jointly commissioned services with our Strategic Health partners, the CCG. The Integrated Commissioning Group is the key vehicle for this, it is a formal sub group of the Health and Wellbeing Board and includes key commissioning, Directors and Finance representation from the Local Authority and the CCGs in Sefton. Children's Commissioning is a key workstream of this group. Joint commissioning will achieve economies of scale, savings and reduce duplication of services and most importantly drive improvements for our children and young people. The resources saved can be applied to any gaps in service delivery. This will include:

- Enabling, through established governance mechanisms, pooled resources to develop a broader joint commissioning framework across partner agencies to direct the commissioning intentions for early help whole family approaches and maximise best value.
- Develop an intelligence led approach to commissioning that draws together key public funding streams to develop a broader joint commissioning framework across partner agencies to direct the commissioning intentions for prevention and early help
- Ensure all stakeholders, including children and families, have a voice at every stage of the commissioning cycle and provide feedback to measure and review impact and enable redesigned services that better meet the needs of our children and families

2.Key Objectives

Where families do require assistance, the role of the local authority will be to support families to maintain care of their children wherever it is in the child's best interest. We want to achieve this by ensuring Early Help and Universal Services are able to effectively engage families to support children to live with their own family when this is possible and ensuring that we provide excellent local placements when this is not.

We are committed to work in partnership with health and wider partners to deliver effective commissioning, co-ordination, integration and delivery of services to Children and Young People, in order to support them to achieve the best possible outcomes in life. It is important to read this plan along side the SEND Joint Commissioning Plan and Continuous Improvement Plan. This is a dedicate piece of work looking to improve the SEND offer over the next 18 months, once this period has lapsed the ongoing SEND Joint Commissioning Plan will become part the ongoing work of this plan. We wish to ensure all activity relating to Children and Young People can demonstrate a contribution to the 12 Priorities in this plan and can demonstrate that by measurements that are part of the score card;

HEARD	Priority 1. Ensure children’s voices are heard.
	Priority 2. Engage with a wide range of youth networks and groups that support young people
	Priority 3. Place children and young people at the core of decisions we make about them.
HAPPY	Priority 4. Ensure positive emotional health and wellbeing of children and young people by empowering families to be resilient
	Priority 5. Protect those at risk of harm
	Priority 6. Encourage fun, happiness and enjoyment of life
HEALTHY	Priority 7. To enable positive mental health and Wellbeing through prevention where ever possible and to provide timely support and access to services when needed.
	Priority 8. To Enable children’s health and development.
	Priority 9. Reduce health inequalities so children and young people can achieve good health.
ACHIEVING	Priority 10. Children are ready for school
	Priority 11. Raise achievement and ensure young people have the life skills so they are well prepared for adulthood.
	Priority 12. Children and young people with Special Educational Needs and/or disabilities achieve their full potential

3. Strategies which impact upon Service Shape and Demand

As part of the development of this plan the key areas of activity with their own strategies for affecting change have been highlighted as Emotional Wellbeing, Early Help, Public Health, Carers, Transitions, these areas all have their own strategies that this Commissioning Vision will contribute to:

Emotional Wellbeing: Focus on female self-esteem, transition into high school and national best practice is around a whole school’s approach and embedding mental health and Wellbeing into our schools.

The Early Help Service; Prevention focus, help as soon as problems start to emerge and reduce the risk of social and emotional development harm, this can be early years, around good parenting, early help in pregnancy and throughout childhood and adolescents

Sefton strategies and policies can be found at: <https://www.sefton.gov.uk/your-council/plans-policies.aspx>

The NHS in Sefton;²

The Sefton NHS Five Year Plan identifies the following key focus for children and Young People in 2020 – 2025;³ and as part of the joint emphasis on ensuring that all

²

Link to 5 Year Plan

of our children “start well” in life. This aligns with the developing Health & Wellbeing Strategy:

We will be looking to commission jointly and across the whole Care and Health pathway for Children and Young People in the following areas:

- Mental Health
- Healthy Weight
- Developing trauma informed practice across Sefton. Skilling up the workforce to sensitively recognise, respond to and support parents to recover from their own unresolved childhood trauma can prevent and protect children from harmful experiences and strengthen communities.
- providing the right timely, care for children and young people with a learning disability, autism or both delivered in the community,
- further integration of substance use services,
- Supporting the transition of children and young people to adults,
- Increasing the number of children who are ready for school.

The above priorities will be implemented on a phased basis over the five-year period and as part of the joint commissioning framework where there is alignment with Council services. This will ensure there is sufficient capacity to support their successful implementation. The development of Primary Care Networks and their alignment with the Council's Community First localities, and as part of a strengthened health, care and wellbeing locality model that encompasses wide-ranging partners, will be key to supporting successful delivery.

In addition to this the national NHS long term plan sets out specific expectations in relation to Mental Health. Targets will need to be set out for Sefton but noting the ambition is to improve access to, and quality of, mental health services for children and young people nationally:

- 345,000 additional CYP aged 0-25 will have access to support via NHS-funded mental health services and school- or college-based Mental Health Support Teams (in addition to the FYFVMH nationally commitment to have 70,000 additional CYP accessing NHS services by 2020/21).
- There will be a comprehensive offer for 0-25 year olds that reaches across mental health services for CYP and adults.
- The 95% CYP Eating Disorder referral to treatment time standards achieved in 2020/21 will be maintained.
- There will be 100% coverage of 24/7 mental health crisis care provision for children and young people which combines crisis assessment, brief response and intensive home treatment functions
- CYP mental health plans will align with those for children and young people with learning disability, autism, special educational needs and disability (SEND), children and young people.

The long term plans identify; improvements in maternity care such as the further roll out of baby friendly initiatives, integrated support in neonatal care, the roll out of a national children and young people transformation programme.

In LD and Autisms, improvements are expected in; physical health check rates, locally met need, quality that is measured by involving service users and family, Key worker models, crisis support re commissioning, and reducing medication for this group.

Public Health;

A recent systematic review of public health interventions, suggested that local and national public health interventions are highly cost saving. The review demonstrates a median return on investment of public health interventions of ~14:1. Thus, for every £1 invested in public health, £14 will subsequently be returned to the wider health and social care economy. The highest returns are seen from policy interventions, but behaviour change and health protection interventions also provide valuable returns.

Smoking

Most smokers start as teenagers, two thirds before the age of 18. The best way to reduce smoking amongst young people is to reduce it in the world around them. As commissioners, we want to see smoke free estates, homes and places. Providers will be expected to support employees and service users to stop smoking.

PHE estimates potential savings from investment in tobacco-control interventions of
£1 = £2.07 by year 5

= £3.92 by year 10

= £11.38 over the lifetime of smoker who quits.

Alcohol

Every £1 Spent on motivational interviewing and supportive networks for alcohol dependence returns £5 to the public sector

(http://www.wales.nhs.uk/sitesplus/documents/888/Making%20A%20Difference_Evidence%28finalE_2018%29web.pdf)

Tackling Obesity and unhealthy diet

The majority of adults and a large proportion of children in Sefton are overweight or obese. Overweight and obesity can lead to long term conditions, can significantly reduce life expectancy and has costs to the health system and the economy. Obesity rates are highest for children living in the most deprived areas.

Studies suggest that if levels of obesity could be reduced by 1% every year from the predicted trend between 2015 and 2035, £300 million could be saved in direct health and social care costs in the year 2035 alone.

(https://www.cancerresearchuk.org/sites/default/files/tipping_the_scales_-_cruk_full_report11.pdf)

Mental wellbeing

Public Health Wales has reviewed the “Best Buys” recommended by WHO and identified the following interventions to improve mental well-being are likely to include:

Supporting parents and children, e.g. parenting skills training, pre-school education, home learning environment
Reducing conduct disorder through investing £1 in parenting programmes to prevent conduct disorder returns £8 over 6 years
Investing in school based social and emotional learning costs £132 per pupil per year and can save the health sector £39 in the first year, rising to £751 by the 5th year
Investing £1 in anti-bullying interventions in schools can return £15
Improving working lives - Promoting wellbeing in the workplace
Cost: £40,000, savings £340,000 within 1 year to a business of 500 employees

Early Intervention

Investing in the first 1001 days from conception to the second birthday is cost-effective and has the most potential for action. Early years interventions are much less expensive than services needed to address the physical, mental, behavioural and socio-economic consequences of poor early child development. Effective early child development interventions include;

- support to mothers before and after birth
- breastfeeding and nutrition support
- parenting support
- access to health services and childcare
- access to early education
- Investing in universal (accessible to all) interventions along with additional resource proportionate to need for vulnerable children works and it is cost-effective
- every £1 invested in early years interventions returns £1.30 - £16.80
- every £1 invested in parenting programmes to prevent conduct disorder returns £8 over 6 years from health care, education and criminal justice costs

The Health and Wellbeing Strategy - Start Well⁴

The full strategy can be found here [LINK](#). The strategy highlights the following key ambitions for the Start Well stage of life:

- Every child will achieve the best start in their first 1001 days
- Education and training will enable every young person to unlock the door to more choices and opportunities

⁴ Link to PH Strategy

⁵ Masters R, Anwar E, Collins B, Cookson R, Capewell S. Return on investment of public health interventions: a systematic review. JECH Online First, published on March 29, 2017 as 10.1136/jech-2016-208141

- Every child and young person will have a successful transition to adulthood

Young Carers

We will see a new all age Carers Strategy in 2020 which will build and further develop upon the key principles of the existing that;

- Young carers are identified and supported so that they can live fulfilling lives and progress with their education, career and life aspirations.
- That we: Provide young carers with information, support, an education and activities to ensure they can have a happy and fulfilled life, realising their ambitions.
- Young carers will be involved in discussions with health professionals regarding the person they care for. Young carers will have the skills and knowledge to carry out their caring role including a knowledge of prescriptions and medication.
- Young carers will be supported at school or college. Schools and colleges will understand the issues experienced by young carers. Schools and colleges will develop plans to allow young carers to be contacted during the school day by the person they care for.
- With a view to Young carers make a smooth transition to becoming adult carers if they choose to carry on in a caring role

Transitions

Multi Disciplinary Team Transitions Board reviews all children coming through the system. Transitions planning begins at 16 years, or 14 if the Child has high ends needs and attends a Special School offer.

Good Transition between Children's and Adults Services should focus upon:

- Promoting independence
- Positive risk taking
- A Strength based approach to meeting care and support needs
- Positive Behaviour Support (PBS)
- Inter Agency planning
- Person Centred Planning
- Principles of the Mental Capacity informing all practice.
- Continue to build on good joined up working between Children's and Adults.
- Clear roles and responsibilities between Health and Social Care

The issues to address in this area are getting our PBS offer right, which is extremely important to complex high cost transitions however they only provide a limited service.

PBS helps reduce cost and helps Social Workers to determine the level of support required. Continuing Health Care is problematic; waiting for decisions can hold up the progression of a case and cause conflict with families. This is why we want and need to strengthen joint commissioning arrangements and in this area in particular.

There is a need to utilise PBS at an earlier stage and offer wider access and capacity. PBS is seen as critical in this area as it reduces support need and/or quickly identifies specific ongoing support needs. As we see more complex needs specialised provision such as PBS is critical in response.

The exploration of the use of the Dynamic Support Tool model to support joint Health and Care planning, with a flexible outcome focused should also be part of our response to changing need and demand.

Income maximisation through accessing the correct benefit entitlement is another area that we are seeking to improve upon.

The Transitions Board also highlighted Respite as an issue, we have seen this raised in the area of SEND and in the Sufficiency Statement (2018 – 2021)⁵

Housing

The Strategic Housing Market Assessment told us that the most prevalent tenure type in Sefton is Owner occupied (with varying levels in parts of Sefton, such as 90% in Formby and 46% in Bootle). The greatest unmet need is for smaller homes, especially one, 2 and 3 bedroom homes. Our Local Plan, housing planning policy, seeks a mix of property types on all new-build housing schemes.

Under occupation being is one of the biggest issues for us with 39% of homes having 2 or more spare rooms. There is the potential to make better use of some of the existing housing in Sefton. We have already seen a growth in the size of the private rented sector across Sefton, with many landlords converting properties into smaller sized homes such as Houses in Multiple occupation (HMOs). The Council has introduced Planning policies and Housing Licensing schemes to try to ensure these are of a suitable quality, which is important as such homes are often occupied by vulnerable people including young people.

There is additional need for affordable housing of all types in the North of Sefton. In Bootle and Netherton but over all we have an overall small surplus of affordable housing, but shortages of one bedroom homes. A more specific Housing Market assessment for those with support needs will be carried out and the results will could help us engage with the market about developing different types and models of housing. This suggest provides an opportunity for the use of the housing market to meet the needs of those in transition, particularly with housing associations who provide affordable homes.

first, new models of housing might include Housing First type approaches, whereby the a home and tenancy is constant provided to the person and the a suitable support service package can be built around that individual.

⁵ <https://www.sefton.gov.uk/social-care/children-and-young-people/children-looked-after/children-in-care-and-care-leavers/children-looked-after-and-care-leavers-sufficiency-strategy.aspx>

Sefton are party to a new housing protocol agreed between Liverpool City Region Councils and many housing associations. The purpose of the new protocol is to provide 16-18 year olds leaving care with a better route to securing a suitable home and tenancy with a Housing Association.

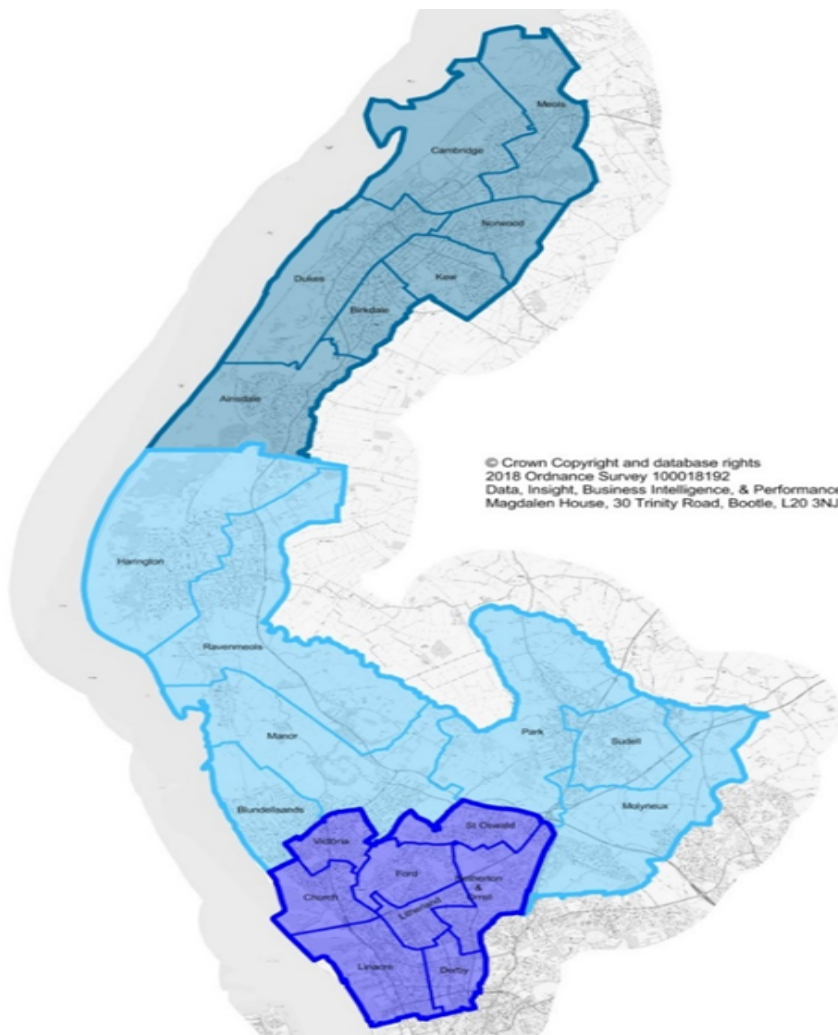
4. The Current picture for Services to Children and Young People in Sefton.

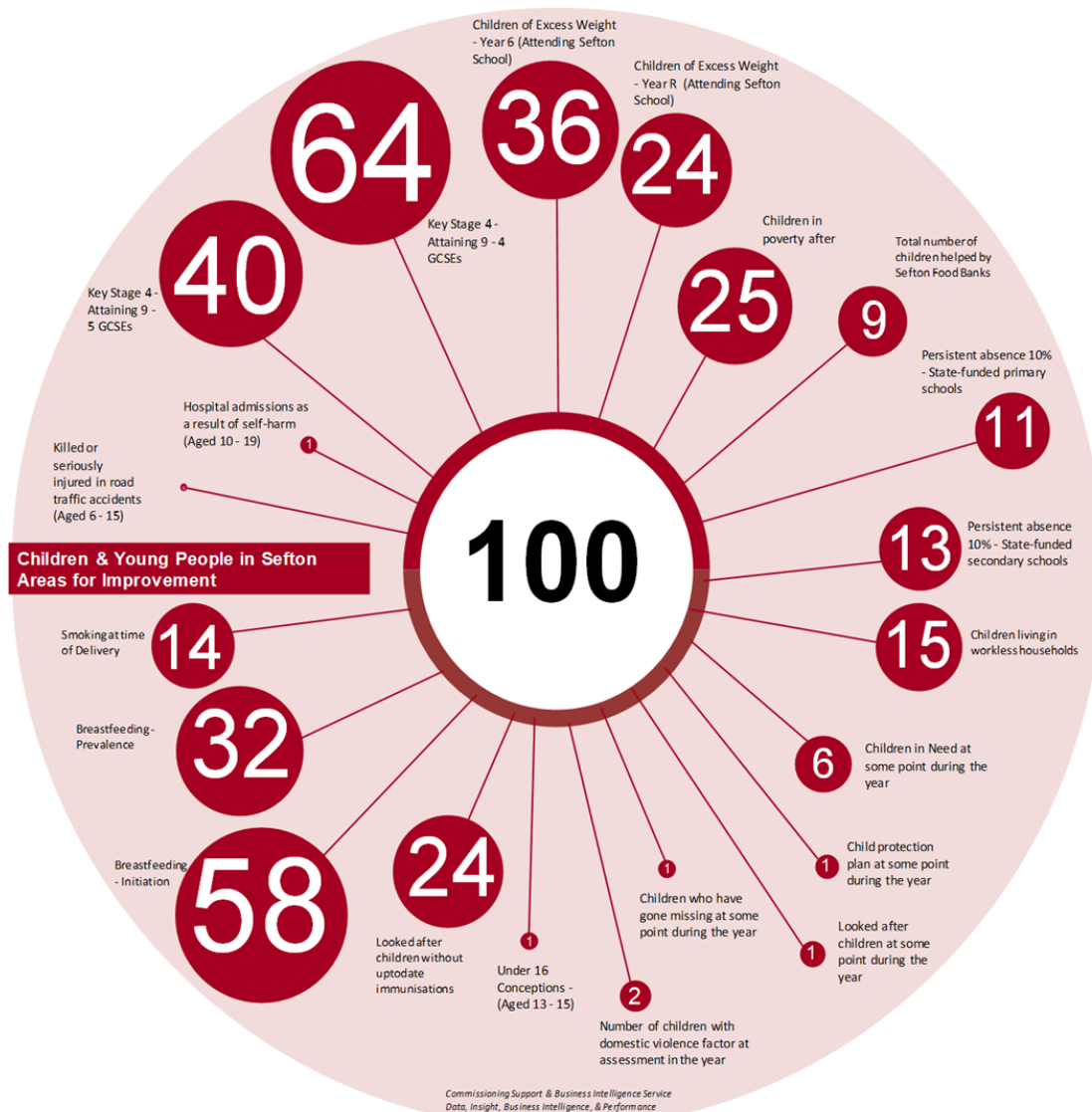
What is it like for Children and Young People living in Sefton?

56,566 Children & Young People living in Sefton;

- Children aged 0-4: 14,847
- Children and young people 4-16: 35,179
- Young people 17 & 18: 6,540
- Approximately 20% children and young people living in low income families
- 20,834 children in Primary schools
- 14,732 children & young people Secondary schools
- 2,463 young people in 6th form settings
- 27% average Free School Meals
- 5,095 children and young people with SEND
- 494 Children Looked After
- 2,351 Children in Need
- 242 Child Protection Plans in place
- 1,657 Families receiving Early Help Services

South Sefton Clinical Commissioning Group
Southport and Formby Clinical Commissioning Group



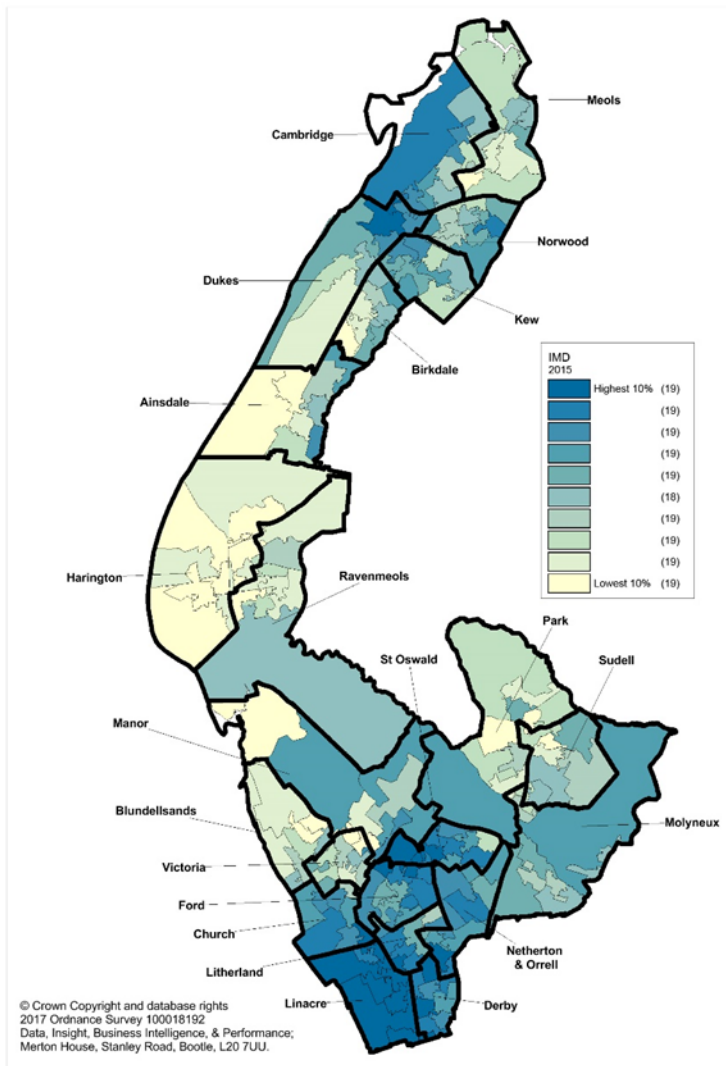


This diagram provides an illustration of the key performance indicators for Children & Young People in Sefton: areas for improvement.

Deprivation across Sefton

The 7 domains of deprivation:

1. Income deprivation
2. Employment deprivation (people of working age who are involuntarily excluded from the world of work, either through unemployment, ill health or family circumstances)
3. Health and disability
4. Education, skills and training
5. Barriers to Housing and key local services.
6. Living environment 'indoors' and 'outdoors'
7. Crime



- **21%** of children and young people in Sefton are living in low income households and **17%** in poverty. (*A child is defined as being in poverty when living in a household with an income below 60% of the UK's average*).
- Continual increases can be seen in Sefton's rate of hospital admission for self-harm in children and young people aged 10 to 24, and this has increased to 602 per 100,000. This is significantly higher than the England average, which has shown only small changes over the past five years. Nationally self-harm admissions have been found to be higher for young women than young men.
- Sefton's rate of hospital admission for mental health affecting those aged under 18 has fluctuated over the same period, with a high 146.6 per 100,000 in 2015/16. There has been a reduction in 2016/17 yet Sefton is still higher than England (like self-harm rates mental health admissions in England have shown minimal changes year on year).
- The rate of young people not in employment, education or training (NEET) aged 16 to 17 within Sefton has been higher than the rate seen across England since the measure's introduction (2016); however, these have shown a year on year reduction. The rate of children looked after in Sefton has

shown an overall increase from 2012 to 2017 and has continually been above the rate seen across England during this period.

- The rates of Sefton young people who have received a custodial sentence have fluctuated, the current year is below the national rate. However, three of the past six years have had higher rates than that of England. First time entrants to the youth justice system rates in Sefton have shown year on year reductions and have been below the England rate in for the past four years.
- The number of children and young people living in Sefton (0-25 year olds) is 62,100 a fall of 14% (9,990) since 2001.
- Sefton is a good place for children and young people to live and grow up. Most receive their immunisations, with rates being close to the national average, with a few exceptions. - overall, our children and young people achieve in school. However, there are still some that do not reach their full potential which impacts on their ability to go into further education, training and to get a job.
- The health of children and young people is generally improving and they have access to a wide range of physical activity opportunities.
- Almost 20% of our children are obese when they leave primary school at 11 years.
- The number of hospital admissions related to alcohol use in under 18's is also higher (though declining) than the England average and childhood smoking rates are average.
- There are fewer teenage mothers in the borough than in previous years. Whilst the total number of births in Sefton is not rising, there has been an increase in the number of babies born to non-British born women. These mothers may need additional support to access maternity and other health services. Sefton mothers are more likely to smoke during pregnancy and less likely to breastfeed their baby at 6 weeks.
- Some of our children and young people cannot live with their parents or families; they live with Foster Carers, in children's homes or are adopted. These children and young people are more likely to experience poor life chances
- As of November 2019, there are 549 looked After Children
- Further Data Sources: <https://www.sefton.gov.uk/media/1454739/jsna-children-august-2018.pdf>, Fingertips.phe.org.uk

Financial Challenges

The 2019 -20 budget for Children's Social Care in Sefton is £33.339M, and £18.4 Million for NHS South Sefton and Southport and Formby CCGs/ This has steadily increased over the past 3 years. Early help spend £2 Million on a range of services delivered by the Voluntary and Community sector to support their offer to Families.

Children's Social Care	2017/18	2018/19
	£000's	£000's
Budget	27067	28137
Outturn	28570	33407
Variance	1503	5270
Packages & Placements	2017/18	2018/19
	£000's	£000's
Budget	13642	14382
Outturn	15933	19466
Variance	2291	5084

Cost of Residential and Foster Placements:

The current average residential placement value is £172,000 (per placement, per year) and in-house fostering costs £42,000 per placement per year

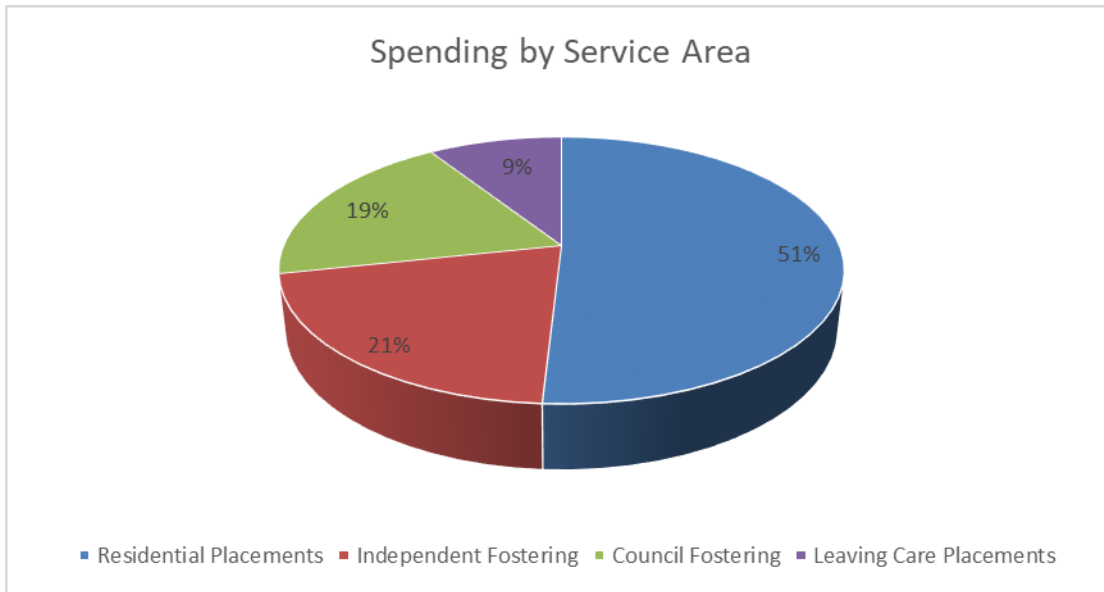
When we look at CIPFA data on spend in 2017/18 we can see that although spend is increasing we are below regional spend:

Area	Spend per head of population on Schools and other Educational and Community expenditure (£)	Spend per head on Children and Young Peoples Services (£)	Spend per head Combined + Youth Justice (£)
Sefton	620	160	780
Wirral	562	192	754
Knowsley	660	224	884
St Helens	671	196	867
Liverpool	697	165	863

Performance Challenges:

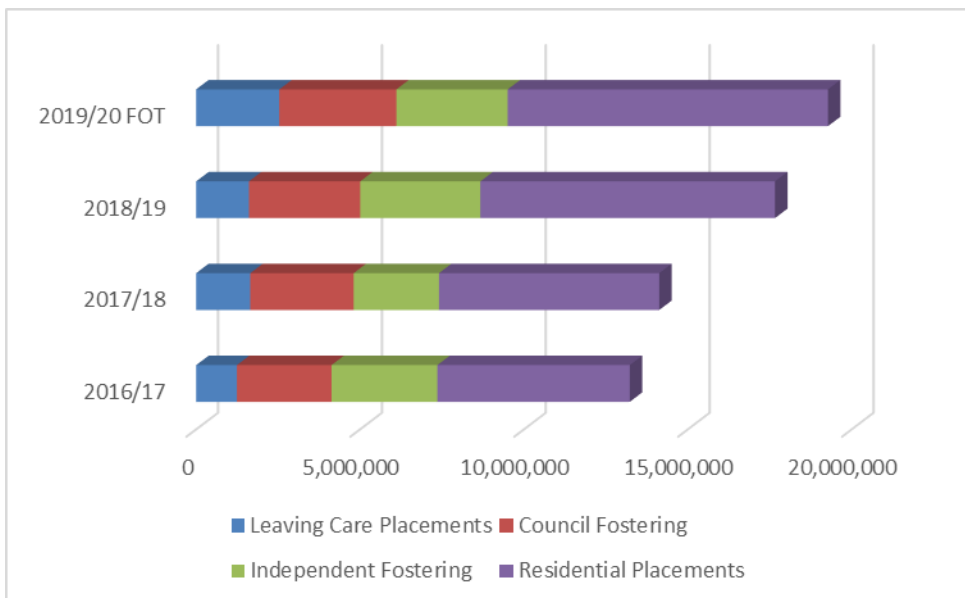
For the Council, there is a continued need to focus on ensuring contacts get to the right part of the system, efficient assessments within statutory time frames, correct application of child protection process and activating missing children return interview. For our CCGs, the current focus is on improving Mental Health Service capacity issues with waits longer than targets across the board, and a focus on working with Speech and Language Therapy to continue to reduce waiting times.

The Chart shows the amount of money spent in these service areas in 2018/19



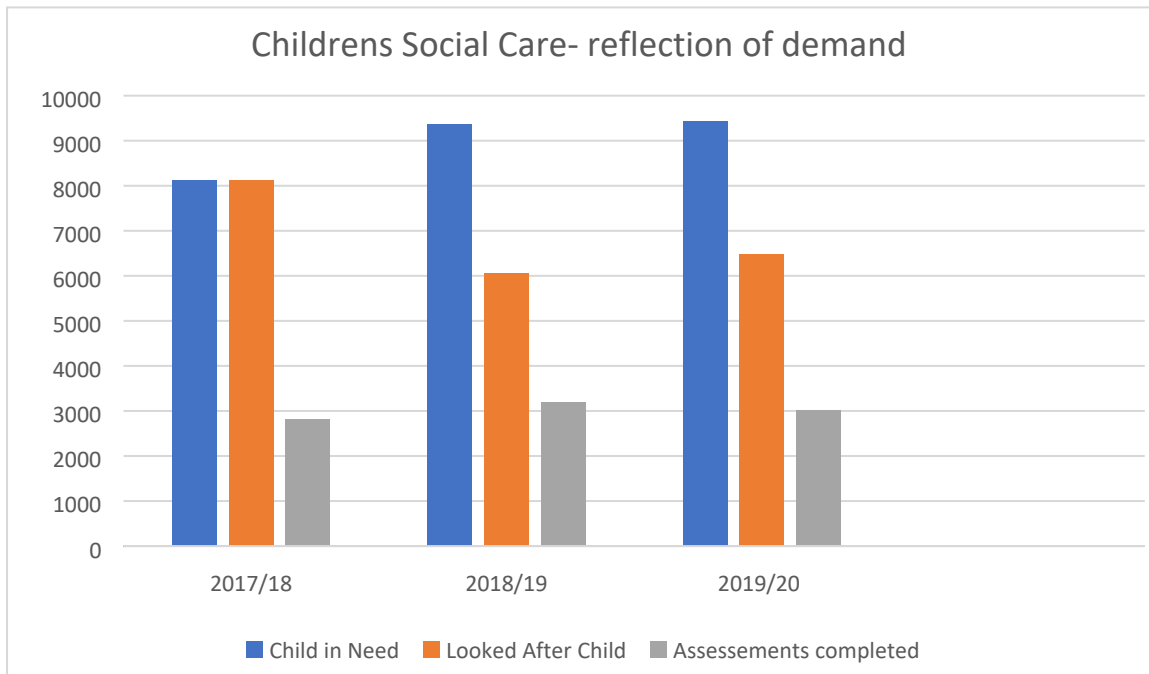
Residential Placements	51%	£8,990,268
Independent Fostering	21%	£3,663,575
Council Fostering	19%	£3,396,645
Leaving Care Placements	9%	£1,612,732

The Graph below showing the trend in Council spending by Service area on Children and Young People over the last three years and (forecast to 2019 – 20).



Demand:

The table below shows us that while capacity remains broadly constant (the number of assessments completed remains largely unchanged) demand for our services consistently exceeds our capacity and so we need to be ready to absorb and/or reduce demand through prevention.



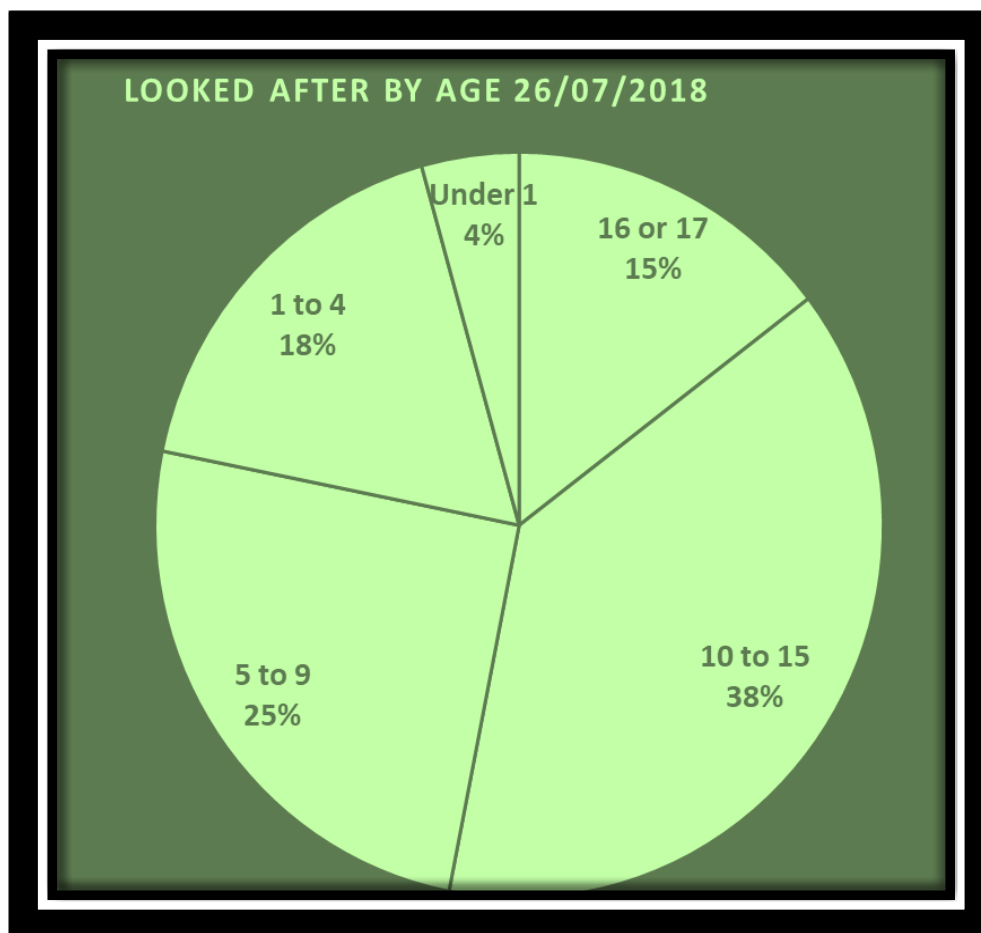
The Looked After Child 2018 rate was 90 per 10,000 nationally this is 64 per 10,000. The 2019/20 figures are projected based on the first 6 months data.

Every three years the Local Authority is required to produce a sufficiency statement to illustrate the supply and demand in their area and what plans are in place to address any imbalances. What the 2018/21 Sufficiency statement tells us:

The 2018 Stability Index figures identify whilst Sefton’s placement changes are on par with or just under national average, there is room to improve.

- 12% had 2 or more placement changes in 2016/17; (10% nationally)
- 3% had 2 or more placement changes in both 2015/16 and 2016/17; (3% nationally)
- 21% had 2 or more placement changes over two years (2015/16 - 2016/17); (22% nationally)
- 29% had 2 or more placement changes over three years (2014/15 - 2016/17); (30% nationally)

The chart below identifies that the largest age group of Sefton looked after children are 10 – 15 year olds.



An analysis of the Strengths and Difficulties data identified that a third of looked after children have an emotional health and wellbeing need. Good emotional and mental health is important in helping to strengthen the child's capacity for relationships, improve educational attainment, promote social inclusion, expand opportunities and improve general health and wellbeing. This further emphasises the importance of an integrated approach to mental health provision, to increase capacity for our children and young people.

SEND Demand – The SEND JSNA has now been updated and is awaiting final sign off before it is published, however it reflects 3.32% of Children in Sefton have an Educational Health Care Plan, 9% of all school Children receive SEN Support.

Equality of Access – Appendix one shows the make-up of protected characteristics in Sefton, analysis of CIPFA comparator data shows that Sefton is unusual in its lack of Ethnic diversity it is an outlier in terms of the % of White British population. This would suggest that we must focus on provision being accessible to all and ensure the impact on all groups is equally felt. There is no evidence of need being disproportionate or in barriers of access for any particular protected characteristic.

Current Contracting Activity:

We currently see a complex picture of spend across care and health. This makes meaningful contract management a challenge and there is a strong potential for duplication and efficiencies to be made. We recognise that Joint Quality

Management whereby we share intelligence, agree a joint approach and toolkit and jointly measure services in outcomes is key to achieving good quality and maximising our commissioned services across health and care.

Sefton is currently named on the following regional purchasing systems with the intention of maximising our buying power and shaping the market in our region:

- North West Foster Flexible Purchasing System
- North West Residential Flexible Purchasing System
- North West Leaving Care Dynamic Purchasing System
- North West Care and Support Dynamic Purchasing System

The use of the frameworks has assisted us in understanding the market in a wide area and where the gaps of service can be found. It gives access to a wide geographical data set supplied through the use of these frameworks which allows us as a Local Authority to review where our disparities need to be addressed and has subsequently led to the work in the Liverpool City Region (LCR) to endeavour to address these gaps in a specific geographical area. This includes the NHS England Transforming Care Partnership agenda and the identified need for a wider footprint crisis response service.

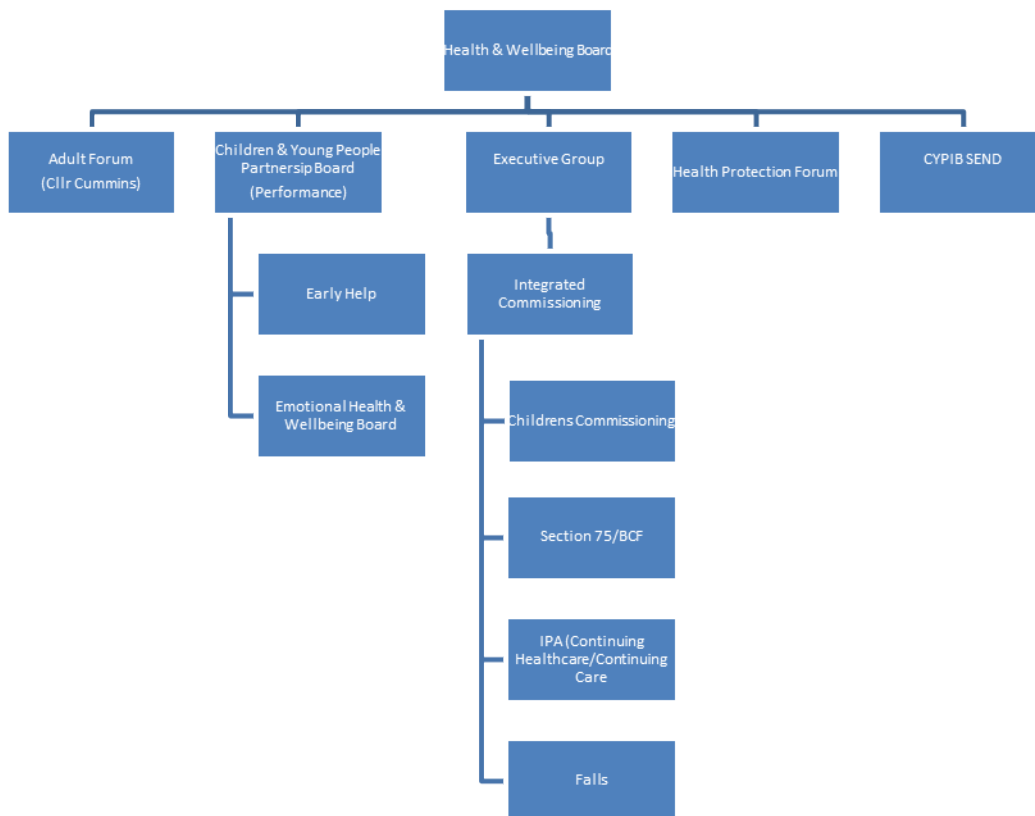
Further opportunities are available through the Liverpool City Region Market Reform Programme.

The programme was established in April 2019 with an aim to achieve strategic reform throughout the children's social care placement sector across the LCR.

It seeks to ensure that there is sufficient and diverse range of organisations committed to closer working with the six Councils that make up the commissioning cohort within the LCR and who will provide high quality services which deliver the best outcomes to our children and young people.

The initiative will also ensure sustainable long term pricing and greater social value to our local communities.

5. Commissioning Infrastructure and Oversight:



The diagram above demonstrates the Governance Structure for this work. The Health and Wellbeing Board (incorporating our Children’s Trust) gives overarching vision through the Health and Wellbeing Strategy and oversee the delivery of the Children and Young Peoples Plan. Its gives overarching Governance and Accountability with membership from across Health, Social Care, the third sector and Police and Housing.

6.How we will work with the Market

Opportunities to work with the council are advertised through the NW Procurement portal the Chest. In Health the contracting process is subject to different regulations although the NHS Long Term Plan is emphasising a move towards collaboration as opposed to competition and this has resulted in, for example, the formation of the Sefton Provider Alliance. We would like to encourage greater engagement with providers, given the opportunity to the market to hear their views before formal procurement processes, using PINS (Prior information notice), Bidder Events and reinvigorating regular provider forums, ensuring key stakeholders are part of the conversation.

Detailed Market Position Statements will be produced for all commissioned areas of activity and the market will be fully engaged to assist in the development and

procurement of models of delivery which meet the needs of the Sefton population and to enable long term business planning and stability for the provider network and which may include a partnership approach through the Sefton Provider Alliance.

Currently work is underway to look at joint health and contract management tool kits, standards, intelligence log, shared existing data sources, a move toward contract management by supplier and not singular contract, and an outcome focused contract management approach. This will support a more positive aligned approach to the market.

7. Commissioning Priorities



We have seen a significant rise in Looked After Children over the last 5 years with far greater complexity and the rise in emotional and mental health needs.

The Liverpool City Region work is focused on the Critical level of need coming through our doors, and the need to increase the number of beds, now and in the next 5 to 10 years. Generally, the demand needed is more for psychology based offers and to meet those with Self Harming conditions. We do not need more of what we have got but something different. We need to focus on early help and consider whether we have the right services

Pilot with a charity supplying a befriending support service including goods and services such as furniture or help to set up home after care, and hosting arrangements such as a host family to support a Child or Young Person whilst a more long term solution is sought. In other areas this has helped significant numbers of families, saved money, and alleviated pressure on early help

We have 117 residential beds across 26 homes in Sefton. Only 20 of these placements are Sefton Children. Our market is impacted by the lack of sufficiency in neighbouring authorities. We need to develop a relationship with the market whereby all are clear on the benefits of placing a Sefton Child with ongoing support and joint working, understanding of other placements and overcoming compatibility issues. We aspire for the quality of our homes to be a standard that we would expect for our own family.

We currently experience a decreasing number of foster placements, younger children who are displaced into residential settings, subsequently residential providers are not able to meet needs of more complex young people who are then displaced into supported and independent living provision.

The main cause being the inability to meet Emotional and Mental Health Needs. 62% of our placements in 2018 were out of borough.

A recent review of emergency and short breaks provision identified a need to ensure capacity, flexibility and a service offer that can be managed through to transitions.

Identified gaps within Sefton's provision include:

- Personal care and support / community residential provision
- Foster care (internal and IFA) to meet complex needs
- Internal foster carers particularly for children with disabilities
- Residential provision which can support young people with Emotional and mental health issues.
- Move on residential provision which is accountable and works within a defined timeframe
- Evidenced based therapeutic models
- Wrap round services for foster carers regarding behaviour support and interventions

- Mother and baby assessment, foster carers and residential placements (development of a framework)
- Exit strategy models and planning for “move on” to lower intensity models which prepare young people for adulthood

The current level of expenditure is not sustainable, and we will be actively exploring both individually as a council and collectively as members of the Liverpool City Region ways of reducing the levels of fees charged whilst ensuring that the highest level of quality afforded to our Children and Young People - including the introduction of:

- New block contracts with the Independent Sector targeted at specific levels of need and complexity both for Residential and for Fostering Services
- The creation of Community Interest Companies to deliver Residential and/or Fostering services to create Social Value back into the community
- Development of our own directly delivered Residential Services
- The commercial acquisition of selected companies who meet our principles and values and who we believe will be in a position to further develop their offer within and beyond Sefton
- Development of a subsidiary trading arm to our existing Trading Company to deliver a range of Children’s Services
- PDR linked performance model to outcomes achieved.

At this moment in time, we are evaluating all these options to ensure that we possess sufficient capacity within the market which will offer Value for Money and good quality. We need services to shift their emphasis to being outcome focused and supportive of flexibility around the child’s needs to prevent break down in placements and escalation to more complex service provision. We need services that are focused on the assets and strengths of the Child and Young Person in their care, seeking at all times to develop and strengthen these to reduce reliance and promote self worth and independence. These are the types of services that we will commission from in the future, and who in turn, will have a future with this Council as a provider and partner for the long term and be secure in making that investment with us.

This Strategy and Market Position Statement seeks to give clarity to the market and ensure we maximise in all ways what the market can offer. We will be developing with providers and stakeholders, a predictive model of what we need the market to look like. and we will be seeking assistance with our appraisal of potential delivery models to achieve this and which best meet the needs of our community.

We would invite providers and stakeholders to express their thoughts and ideas and would welcome new ways of working and innovation to further inform our strategy and commissioning intention

Commissioning activity will build care and support offers that are outcome focused and support the needs of the individual Child. Allowing our Social Workers,

Occupational Therapists and other Health Care Professionals to build care and support that is the right level and from a range of offers built around the person.

- engaging and drawing on the experience of local community leaders and partners
- engaging and drawing on the experience of local leaders from schools, hospitals and other locally based agencies
- engaging and working with children, young people and their families
- collaborating with providers
- mapping resources
- specifying and measuring outcomes
- managing knowledge and assessing needs
- prioritising investment
- shaping and managing the markets
- promoting improvement and innovation
- managing and leading the children’s services system

We will ensure the Voice of the Child is clear and are committed to co-production. Sefton benefits from a strong network of Community and Voluntary Youth groups which we will work with to ensure that we deliver on our Heard group of priorities. Understanding the lived experience and what matters to Children and Young People will be reflected in all specifications and performance management frameworks.

The Integrated Commissioning group will take forward agreed key priorities for Commissioning over the next 12 months and commit to a full review and proposal for the following year to Health and Wellbeing Board on an annual basis.

Where do we want to be	<p>We will prioritise early intervention and focusing resources on services which create as closely as possible a normal home life for the Children and Young People in our community. Enabling and supporting rather than doing to build confidence, self-esteem and resilience</p> <p>We will make more efficient use of framework agreements – employing benefits realisation evaluations of current framework arrangements and agreement to continue or adopt other mechanisms. Including NW and Liverpool City Region.</p> <p>We will be focused on realigning support delivery services against national best practice, and commission those services which effect a reduction in reliance on the residential market.</p> <p>Where services are commissioned with the residential market we will be encouraging and developing closer working relationships with local providers who can demonstrate good quality and value for money.</p> <p>Services will be commissioned and procured on both a local and regional footprint employing new ways of working and new models</p>
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	<p>of service delivery as highlighted on Page 2 of Working with the Market.</p> <p>Integrated Commissioning initiatives will continue to be developed between the Council and the CCG to ensure a whole system approach and the adoption of unified processes and procedures and most the effective and efficient service delivery for our Children and Young People</p>
<p>How are we going to get there</p>	<p>We will have clear agreed work plans that are fully approve and have implemented Performance Management Frameworks linked to priorities.</p> <p>Throughout 2020/21 we will be engaging with the market to explore our ideas and proposals further and gain a better understanding of the dynamics and pressures within it and how we can develop our ideas and priorities further to enable investment, growth and sustainability within our provider community The outcome of these engagements will give us an informed view of how we can progress and develop our relationship with key providers and will give surety to their investment over the coming years.</p> <p>By the conclusion of the Children Young people’s plan in 2025 we will have reprofiled the supply of services to Children and Young People to meet need and demand and support new ways of working. This will be overseen by the Health and Wellbeing Board to ensure that our priorities and our actions meet the needs of our Children and Young People.in Sefton.</p>
<p>Actions we will undertake throughout 2020/21</p>	<p>We will undertake a series of locality-based engagement events to promote our ideas and listen to provider and stakeholder views. Providers and stakeholders will be informed in the New Year of these events so that they will be able to choose which they would wish to attend.</p> <p>Following these consultations, we will be setting out our specific commissioning intentions and procurement activity and invite providers to express interest. Some models of service delivery will be commissioned within 2020/21 and others over the coming three years, depending upon our agreed priorities and the complexity of the commissioned models which we are seeking to introduce.</p>
<p>Timeline for activities</p>	<ul style="list-style-type: none"> • Consultations will take place during February and March of 2020 • The outcome of these consultations will be conveyed in more specific commissioning intentions in May 2020 • Tendering documentation will be issued in June 2020 alongside a series of locality workshops to assist all

	providers with their understanding of the tendering requirements and subsequent submissions <ul style="list-style-type: none"> • We will be aiming to implement the New Contracts in our agreed priority areas by the end of September 2020 • Concurrent with this activity there will be the further market engagement opportunities for the development of commissioning priorities for 2021/22, where we will be reviewing other models of service delivery and developing the procurement strategy for that year with the aim of having these in place to deliver from the start of the 2021 Financial Year. 																																		
	<table border="1"> <tr> <td>Consultation</td> <td colspan="4" style="text-align: right;">➔</td> </tr> <tr> <td></td> <td>Specific Intentions</td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td>Tendering Documents Issued</td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td>New Contracts</td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td>Review of Service Delivery and Procurement Strategy in place</td> </tr> <tr> <td></td> <td>February to March 2020</td> <td>May 2020</td> <td>June 2020</td> <td>Sept 2020</td> </tr> </table>					Consultation	➔					Specific Intentions						Tendering Documents Issued						New Contracts						Review of Service Delivery and Procurement Strategy in place		February to March 2020	May 2020	June 2020	Sept 2020
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	February to March 2020	May 2020	June 2020	Sept 2020																															
Actions we would ask of you	We would welcome your views and ideas about this strategy and our commissioning intentions at any time and these should be submitted in the first instance to; Commissioningandcontracts@sefton.gov.uk																																		

Glossary of Terms

SEND – Special Educational Needs and or Disabilities. A child or young person has SEN if they have a learning difficulty or disability which calls for special educational provision to be made for him or her

ACES - Adverse Childhood Experiences, or ACEs, are potentially traumatic events that occur in childhood (0-17 years) such as experiencing violence, abuse, or neglect; witnessing violence in the home; and having a family member attempt or die by suicide. Also included are aspects of the child's environment that can undermine their sense of safety, stability, and bonding such as growing up in a household with substance misuse, mental health problems, or instability due to parental separation or incarceration of a parent, sibling, or other member of the household.

Early Help - Providing early help is more effective in promoting the welfare of children than reacting later. Early help means providing support as soon as a problem emerges, at any point in a child's life, from the foundation years through to the teenage years.

Child in Need - Child in need of services means a child under the age of 18 years and: whose behaviour, conduct, or condition endangers the health, safety, or welfare of the child or another person who has been reported as absent to law enforcement for at least 24 consecutive hours from the parent's home without consent

Looked After Children - A child who has been in the care of their local authority for more than 24 hours is known as a looked after child. Looked after children are also often referred to as children in care

Child Protection - Child protection and safeguarding means protecting children from abuse, and identifying and stopping abuse that is already happening.

Abuse of a child or young person under the age of 18 is defined as follows.

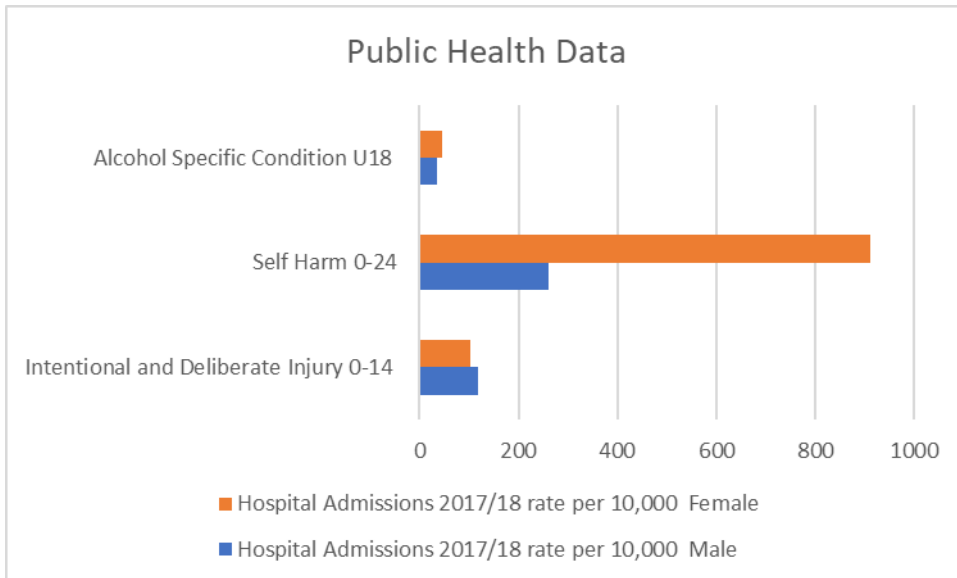
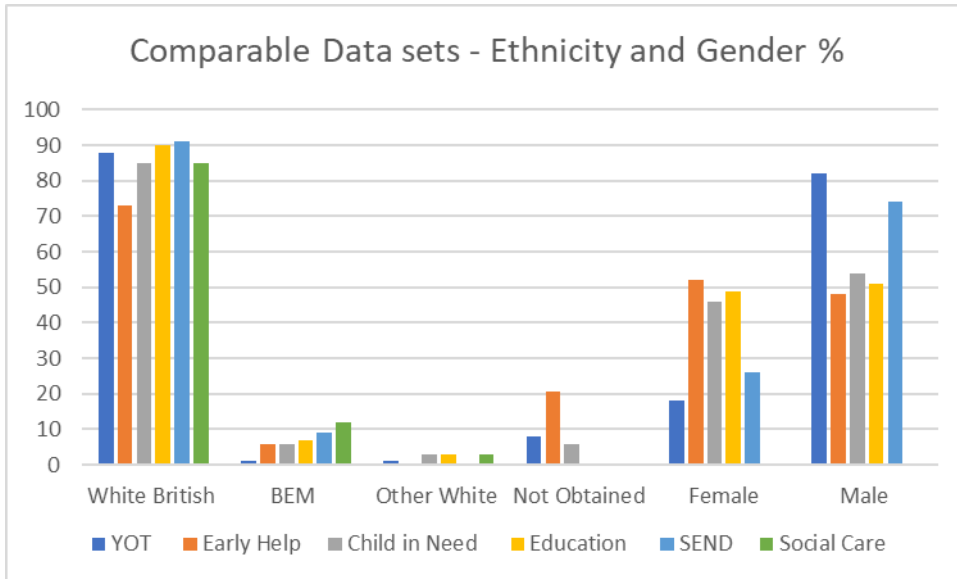
- Abuse is a deliberate act of ill-treatment that can harm or is likely to harm a child or young person's safety, well-being and development. Abuse can be physical, sexual or emotional.

- Neglect of a child or young person also constitutes abuse and can be defined as failing to provide or secure for a child or young person the basic needs of physical safety and well-being.

Health and Care – For the purposes of this document this means all services involved in supporting children, this can mean Health Services, Public Health Services, Early Help services, Educational support, and Children's Social Care services,

Appendix One:

Our Protected Characteristics make up:



This table shows Obesity %s by Ethnicity.

South Sefton Clinical Commissioning Group
Southport and Formby Clinical Commissioning Group

