

**ROTHERHAM BOROUGH COUNCIL – REPORT TO
CHILDREN, YOUNG PEOPLE AND FAMILIES PARTNERHIP**

1.	Meeting	Children, Young People and Families Partnership
2.	Date:	22nd May 2013
3.	Title:	Children and Young People’s Services (CYPS) Commissioning Priorities
4.	Directorate:	Resources Directorate

5. Summary

This report sets out the outturn for the identified commissioning priorities for Children and Young Peoples Services (CYPS) for 2012/13 detailing successful completion of commissioning activities and work in progress to be carried forward to 2013/14.

The report sets out proposals for 2013/14 Commissioning Priorities that meet identified priorities for the Directorates, CYP & Families Partnership and those agreed in the Health and Wellbeing Strategy.

Proposals detailing all other Strategic Commissioning activities that contribute to the effectiveness and efficiency of CYPS are included in this report as a work plan for DLT.

A report has also been presented to the Delegated Powers meeting of the Portfolio holder for CYPS and the Health and Wellbeing Board (HWBB) setting out the priorities for both CYPS and NAS and aligning these with the HWBB Strategic Priorities.

6. Recommendations

That the Children, Young People and Families Partnership:

- 6.1 Note the outturn achieved against the Commissioning Priorities for 2013/14**
- 6.2 Note the proposals at 7.2**
- 6.3 Receive future reports on progress through 2013/14.**
- 6.4 Seek to develop further joint commissioning opportunities in 2013/14 with partners.**

7. Background

For the first time in April 2012 Commissioning Priorities were identified for the Strategic Commissioning team to deliver against identified priorities for the CYPS Directorate. The Commissioning Priorities were initially identified and agreed with CYPS DLT and CYPS portfolio holder. Further priorities were included throughout the year originating from DLT.

Our intention is to work in an open and transparent way to support CYPS achieve priorities to improve life chances for children and young people in Rotherham. The priorities link directly with the national agenda for children and young people and the CYPS Strategic Service Plan. For 2013/14 the commissioning priorities will also be aligned with the identified priorities agreed in the Health and Wellbeing Strategy and a report will be presented to the Health and Wellbeing Board in May setting out the commissioning priorities and intentions for CYPS for 2013/14. The proposed Commissioning Priorities for CYPS will also be reported to the Portfolio holder for CYPS.

For 2012/13 all commissioning activities were included in the Commissioning Priorities list, however for 2013/14 a different approach is to be taken in that there will be overarching Commissioning Priorities and sitting behind this there is a work plan containing all other Strategic Commissioning activities that contribute to the effectiveness and efficiency of CYPS with the work allocated across the Strategic Commissioning team.

7.1 Commissioning Priorities 2012/13 Outturn

The following priorities are COMPLETE:

- **Substance Misuse**, commissioning of 'Know the Score' – this service now part of the CAMHS commissioned service
- **CAMHS** – review of specification with Health colleagues
- **White Rose Framework** for residential provision – this regional commissioning approach is in final stages of contract negotiation
- **Early Help** tender for troubled families – new specification and recommissioned service
- **Children England** Project – working to increase take up of hard to reach families 1 year only outturn report for DLT imminently
- **Joint Carers Charter** Development for 2012
- **Junction Project** – recommissioning of service to young people displaying inappropriate sexual behaviour
- **Healthwatch Rotherham** – new provider has been appointed for a 2 year contract
- **Connect to Support** – launched to the public
- **LAC Independent Foster Agencies Framework** – reduction of 25 agencies to 6 agencies achievement of financial efficiency of £93,000 in 2012/13
- **Implementation and review of Multi Agency Support Panel (MASP) for LAC** – this work achieved efficiencies of £3,009,000 in 2011/12 and £703,000 in 2012/13 – an expected reduction as multi agency work improved

For commissioned services there is a continuance of the work through contract management and service review and for the completed work above, where appropriate, the ongoing work is captured in the work plan set out below.

7.2 Commissioning Priorities 2013/14 proposals

7.2.i. Rotherham Health and Wellbeing (HWBB) Strategy

The Strategy has been developed and agreed with our partners and emphasises four parts of the life course:

Starting well (0-3)

Developing well (4-19)

Living and working well (20-64)

Aging and dying well (65+)

The strategy has 6 priorities:

Priority 1 – Prevention and early intervention

Priority 2 – Expectations and Aspirations

Priority 3 – Dependence to Independence

Priority 4 – Healthy Lifestyles

Priority 5 – Long Term Conditions

Priority 6 – Poverty

The focus for CYPS commissioning priorities is the Starting Well and Developing Well but in terms of families the work of commissioners impacts across all the four life stages. Each of the CYPS Commissioning Priorities must align with those set out in the HWBB Strategy.

7.2.ii Commissioning Priority Proposals

a) Special Educational Need and Disabilities (SEND)

This area refers to the work to meet the requirements of the Support and Aspiration Green Paper, contributing to the project steering group and leading the Working Together group. It is important that there is investment in the SEND service and those services are at the optimum level of effectiveness and efficiency so that the outcomes for children, young people and their families are transformed.

This work includes, but is not restricted to:

- Continuing Health Care funding
- Aiming High for Disabled Children
- High Needs Funding commissioning: a financial model and criteria for funding
- Speech and Language Therapy
- SEND placements Framework: a coordinated approach to the provider market
- Joint Equipment commissioning: a collaborative approach to access equipment

- Post 16 Educational Placements: maximisation of financial model for High Need
- Working together across statutory agencies
- Personalisation: access to Personal Budgets
- Connect to Support extension to the SEND service

Current spend on SEND placements is £3,600,000 per annum. The commissioning priority is to set a framework in place and achieve an efficiency of a minimum of 10% per annum.

Joint work with the Rotherham Clinical Commissioning Group (CCG) on bringing together the commissioning activity around Joint Equipment and Speech and Language therapies is progressing.

b) Leaving Care

The current contract is commissioned from Action for Children and the value is £1.2 million, a commissioning plan is being implemented for a new contract to be in place from April 2014. The intention is to achieve a minimum of 10% efficiencies. A regional approach is also being investigated with regard to the accommodation element.

The lead commissioning officer is Paul Theaker

c) Contracts for in-house services

This work has commenced with the development of a specification for the Integrated Youth Support Service (IYSS) and will continue to include all in-house services e.g., Early Years, School Effectiveness, Early Integration and Safeguarding etc.

The lead commissioning officer is Clare Burton

d) Budget Action Challenge Plan

It is critical that Strategic Commissioning officers support colleagues and the ongoing work to achieve the requirement of a balanced budget and there are several current actions within the plan to which a contribution is being made, these include but are not restricted to:

- Review Commissioning activities across CYPS
This work involves mapping all commissioning activity across CYPS and ensuring that these meet financial regulations and standing orders. Also that the statutory requirement for inclusion on the contracts register is met
- EFQM review of statutory services
Consideration of statutory minimum and non statutory services and impact on deprived areas
- Feasibility study of outdoor education; Habershon and Crowden
For Crowden this includes review of current partnership arrangements with the YHA and for Habershon developing proposals for future provision

e) Health and Wellbeing Board outcomes

The role of Strategic Commissioners contributes to achieving the outcomes for the Health and Wellbeing Strategy, including:

o Joint Strategic Needs Analysis (JSNA)

The JSNA has been developed with partners and is currently subject to a refresh and will include enhanced information relating to children and young peoples needs. This statutory document is of critical importance to strategic commissioners and relevant key findings include:

- The relative position of Rotherham has slipped and is now the 51st most deprived borough out of 326. The impacts of benefits changes are likely to be more profound in Rotherham because of the pre-existing levels of disadvantage. The links between poverty and ill health are well established and the pace of improvement in health is likely to be threatened leading to widening inequalities. The emphasis on narrowing inequalities, targeting resources towards areas of greatest need and poverty reduction are focuses for the Joint Health and Wellbeing Strategy.
- Rotherham has a relatively small black and minority ethnic (BME) community but one that is growing and becoming increasingly diverse. The single largest minority ethnic group is Pakistani (Kashmiri) and the second is White Other which includes EU migrants.
- In 2010/11, 8.3% of children at Reception were classed as obese or overweight which is significantly lower than the national average; however, 21.6% of children at Year 6 were classified as obese/overweight
- Maternal, infant and childhood health give quite considerable cause for concern, with smoking in pregnancy, low birth weight, breast feeding initiation and teenage pregnancy being significantly worse than the national average. This remains a significant barrier to Rotherham achieving the best start in life for its citizens.
- There is an increase in the number of younger carers

Lead Officer Chrissy Wright

o Collaboration with Public Health on commissioning activities

Develop a coordinated approach to improving health inequalities that particularly impact on children and their families and on communities in deprived localities.

Lead Officer Chrissy Wright

7.2.iii Strategic Commissioning Work Plan

As set out above for 2013/14 all commissioning activity and reviews not included in the priorities will be set out in a Strategic Commissioning work plan. This plan is dynamic and will, without doubt, grow with new activities and change as work progresses and is completed throughout the year. The list below is not definitive but the areas of work will include:

Ongoing

- IYSS – continued support until full implementation of new service
- LAC Transport review – conclusion of policy for in-house provision
- Traded Services – completion of agreed approach
- Youth Restorative Justice – completion of sub regional commissioning
- Adult Safeguarded Learning - commissioning activity and contribution to improvement plan
- Review of in-house residential capacity & provision – void outturn following change in statement of purpose
- Quality Assurance of residential provision – contracting concerns database review of outturn
- Review of quality of provision for children and Young People involved in Domestic Violence – comments and recommendations on current provision
- Local Account – to be presented in June 2013
- Carers Charter – ongoing influence for young carers

New for 2013/14

- Quality Assurance process for independent residential placements
- Speech and Language therapy joint approach with CCG
- Standard contract for CYPS
- Care Cost Calculator for CYPS
- Apprentice for Children's and Adults Strategic Commissioning
- Implementation of LAC placement review actions
- Commissioning Advocacy for Children and Young People

8. Finance

There are no financial implications arising from this report

9. Risks and Uncertainties

That should the commissioning priorities not be agreed there is a risk that the outcomes set out in the Health and Wellbeing strategy will not be achieved.

10. Policy and Performance Agenda Implications

Link to the Health and Wellbeing Strategy and the JSNA is a statutory responsibility of this Board

12. Background Papers and Consultation

Health and Wellbeing Strategy 2012
JSNA 2011

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