Provider Event

23rd September 2020

Welcome

Lucy Loia – Senior Commissioner (SEND)

Sam Nash – Children's Commissioner (Children in Care)

Housekeeping

- Flexible agenda
- Please ensure that you are on mute when not speaking
- Questions – "Raise your hand" or use chat function
- Please note we will be recording this event.
- Please be patient with us! This is the first virtual event we've hosted!

Event Agenda

Time	Topic / Discussion
9.15	Welcome & Introductions
9.30	Children's External Placements DPS
11.00	Break
11.15	ISEPs & OoST
12.30	Break
13.00	Residential Children's Homes & IFA
2.15	Break
2.30	Supported Accommodation

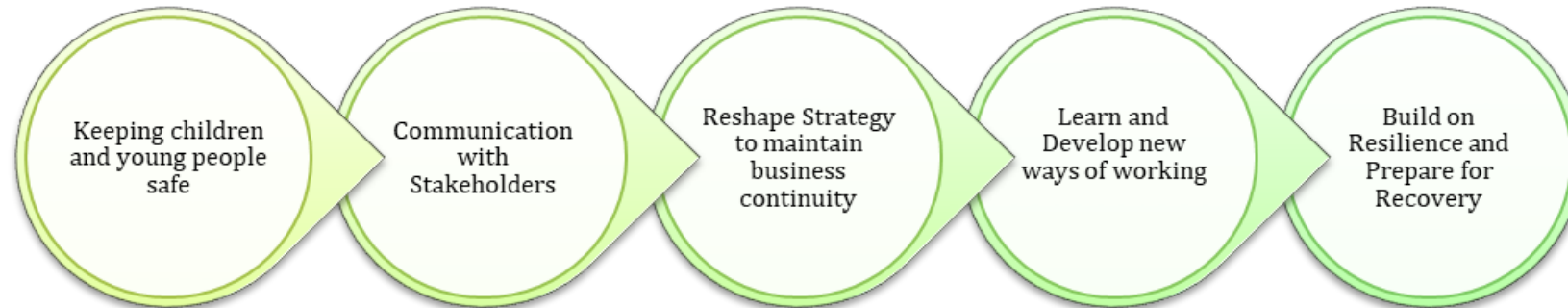Cambridgeshire.gov.uk

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Covid-19

Cambridgeshire and Peterborough's Children's Commissioning Team Response and Recovery in relation Covid-19

Covid-19

- *Thank you*

- *Update & recovery planning*

- *Lessons learned*

- *Provider, and Children and Young People engagement and feedback*

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Introduction

- Cambridgeshire and Peterborough's Children's Commissioning team have endeavoured to adopt an agile, service user focused approach to the challenges posed by Covid-19; this strategy summarises the key elements we have used to guide our immediate response and our recovery strategies.

Keeping children and young people safe → Communication with Stakeholders → Reshape Strategy to maintain business continuity → Learn and Develop new ways of working → Build on Resilience and Prepare for Recovery

- This recovery plan represents an ongoing response; as we transition through stages of recovery this plan will be revised, redeveloped and published to continue to reflect the current needs of our service users, stakeholders and providers.

Initial Response

Keeping children and young people safe → Communication with Stakeholders → Reshape Strategy to maintain business continuity

Children's Commissioning began planning for Covid-19 in February 2020, engaging the Children's Commissioning Business Continuity Plan and developing a service wide response to ensure early identification of threats, recovery and response; to ensure both service provision and provider business continuity and sustainability.

- Our business continuity plan required us to prioritise our critical functions, namely:

- Safeguarding of Provision

- Provider Failure and Business Continuity

- Placement Finding

- Commissioning high quality and cost effective resources

The following activity took place immediately:
- **Mapping of core functions** and what is required in order for them to be fulfilled
- **Mapping of all staff and personnel**, including those with dependents, underlying health issues and staffs capability to work remotely and continue operating in the event of self or imposed isolation
- **Mapping of key Providers**, children and young people who are at, or present, the greatest of risk
- **Mapping of provision available** to in order to respond to any immediate or emerging spikes in demand i.e. placement breakdown, increase in need or increase in number of children and young people in to care
- **Collation of Provider Business Continuity Plans**, RAG rating of their effectiveness and risk and effective communication with those of the greatest risk.
- **Developed decision making / hierarchy protocols** and scoped internal re-deployment opportunities to ensure that any immediate deficits in our critical functions could be immediately fulfilled.

Communication

Keeping children and young people safe → Communication with Stakeholders → Reshape Strategy to maintain business continuity

Effective communication was at the core of our planned response and the following operational systems and activity were employed to continually monitor, review and respond to emerging need and risk:

- **Frequently Asked Questions** – were created and published on a weekly basis, covering a multitude of topics including, government guidance, internal processes, business continuity; and other relevant information for Providers, Partners and Stakeholders

- **Strategic Supplier Strategies** – were developed for Strategic Suppliers to ensure effective communication and early identification of risk. These included more frequent communication and bespoke strategic for occupancy / capacity management

- **Incident Alert Process** – templates and tracking of incidents relating to emerging risk, cases of Covid-19 within commissioned services and business continuity concerns were developed and findings distributed to Senior Leaders and Operational Teams daily

- **Incident Alert Dashboard** - was developed in order to identify and respond to incident themes and trends, as well as succinctly demonstrate Covid-19 impact on Provider services.

- **Business Continuity Panel [BCP]** – occurs on a weekly basis and is compiled of Commissioners, Senior Leaders and Budget Holders to ensure a rapid response to emerging business continuity concerns, including financial crisis, alternative / variations to contract delivery and to a lesser degree, ensure the provision of human and physical resources where deficits were emerging within commissioned services.

- **Website Launch** – the launch of our website was fast tracked to ensure easy access to access information virtually and to support ongoing restoration and recovery is in keeping with virtual ways of working

- **Covid-19 Commissioning Huddles** – were employed across the service to ensure effective communication, sharing of information and rapid response to operational and commissioning risks or issues. These were captured on a "Comms on a Page" document that was shared with Tactical Groups, Senior Leaders and Partner agencies

Principles

Cambridgeshire and Peterborough have continued to adhere to the **Commissioning Principles** in our approach to both initial response, and continued recovery; thus ensuring consistency in our methods and values, throughout significant changes to circumstances.
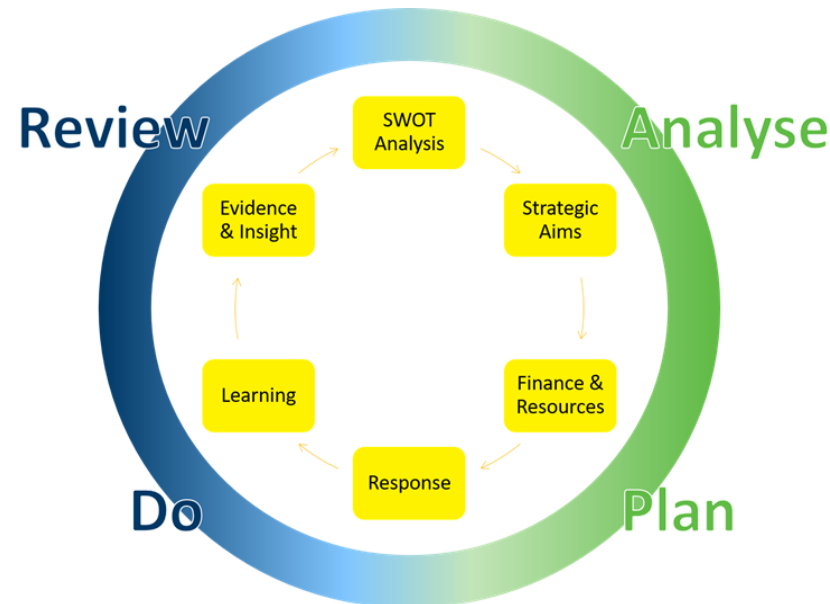

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Response to Change

Covid-19 has introduced a myriad of challenges to the way that we work. As a result of these we've had to adopt new practices and methods to ensure continued service delivery; we've seen the creative and resilient approaches that providers and services have introduced in response.

We need to continue to explore the changes we need to implement; to ensure awareness of the threats and challenges pending; and to identify mechanisms for mitigating risks and exploiting opportunities.

Our recovery response follows the core elements of the **commissioning cycle**; comprehensive plans are available for each service area, detailing the relevant risks, opportunities, resources and service requirements. These are available at section 6 of this document.

Learn and Develop new ways of working

Review

Analyse

Do

Plan

SWOT Analysis

Strategic Aims

Finance & Resources

Response

Learning

Evidence & Insight

Prepare for Recovery

- As we move towards Stage 1 of this recovery plan, we are cognisant of the need to continue to build upon the resilience and good practice embedded by professionals and providers.

- As services transition through stages of recovery we anticipate the need to develop and evolve strategies to continue to meet need, mitigate risk and support service delivery. We intend to continue our communication of this recovery plan, with updates available as is necessary.

- Our continuity framework, including Business Continuity and Support for Provider will be sustained and ensure we are able to mobilise our response in line with in anticipated spikes in infection and/or long term business impact.

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Children's External Placements DPS

Sam Nash – Commissioner (Children in Care)

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Children's External Placements DPS

Time	Topic / Discussion	Officer
9.30am	**Children's External Placements DPS**	Sam Nash
	- You said, we did	
	- Update of CCRAG fee increase process	
	- Update on KPIs & quarterly returns	
	- Website	
	- DOLs guide & training	
	- Sufficiency	

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You said, We Did

You said	We did
Stability meetings for education breakdowns	These are now conducted on a case by case basis
Better balance of PCC data	Slides present data for both PCC & CCC where it is available
Launch of 'SEND is everyone's business'	Launched in early 2020
Info on how to contact James Codling and to access training for MCA / DoLs	Provided after our last event
Better inclusion of the voice of the child in our events	Multiple items throughout today are inclusive of young people's participation
Detailed tuition information to support strategic development	Comprehensive data included today
Quarterly returns and KPIs	More information about this later today!

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Dols Guidance & Training

MCA/DoLS Training Offer for Children's Provider Services

- Mental Capacity Act and Deprivation of Liberty Safeguards – An Introduction (Level 1)
- Mental Capacity Action and Deprivation of Liberty Safeguards – Advanced (Level 2)
- MCA/DoLS Mentoring Webinar for Managers and Senior Staff (supplementary learning)

Detailed guide to DoLS and under 18's can be found here:
https://www.researchinpractice.org.uk/media/4006/joint_deprivation-of-liberty-and-young-people_web.pdf.

For further information or to book a webinar in your service contact:
James.Codling@cambridgeshire.gov.uk (07584490240)

Fee Uplift Process

The DPS process is considered in line with CCRAG Policies and Processes

This is a Two Stage Process

Stage 1

Fee Uplift Request made by provider

→

Request for Stage 1 of application to be completed and submitted with 3 years of financial accounts

→

Information reviewed at Fee Uplift Panel

→

Outcome communicated with Provider, or further information requested for Stage 2

Stage 2

Provider requested to complete BAF → Stage 2 information considered by Panel to reach decision → Outcome communicated to Provider

KPI's and Quarterly Returns

Performance Measures…

Strategic Measures - How could the DPS be extended to improve outcomes (individual, operational and strategic), provide increased competition, resulting in greater value for money, and contribute to a broader range of options for promoting innovative approaches to meeting needs

Operational Measures - How the DPS works in practice for the relevant teams (Commissioning; ART; SATS; CWD; etc) for each service area (IFA; RCH; ISEPS; OoST), including Systems Analysis, Provider Compliance and Quality Assurance

Service Specific Measures - Business Continuity, Risk Management, Governance, Legal Compliance, Sufficiency, Customer Experience, Outputs, Outcomes, and Value for Money

https://cambridgeshireinsight.org.uk/children-and-young-people/childrens-commissioning/

Children's Commissioning Sufficiency Strategy

Corporate Strategy & Vision

SWOT ANALYSIS /NEEDS FOR MAXIMUM FUNCTIONING

Commissioning Principles

National Legislation & Guidance

National / Local Population and Predicted Changes

Children in Care

Special Education Needs

Children and Young People with Disabiltiies

Children & Families

Questions?

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Break

We are on a break and will return at 11:00

https://cambridgeshireinsight.org.uk/children-and-young-people/childrens-commissioning/

ISEPs & Out of School Tuition

Lucy Loia – Senior commissioner (SEND)

Anita Hewson - Commissioner for Children with Disabilities

Okailey Dua - Senior Placements Officer (ISEPs)

Anna Tuck – Assistant Commissioner (SEND)

Vicki Ashford – Placement Officer (ISEPs)

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Agenda

Time	Topic / Discussion	Officer
11:15am	**OoST**	
	Review of 2019/20	Lucy Loia / Anna Tuck
	Reporting Mechanisms, Outcomes & KPI's	Lucy Loia / Anna Tuck
	Alignment of AEP with OoST	Anna Tuck
	Presentation from Anna Wahlandt	Anna Wahlandt
	ISEPS	Anita Hewson/Okailey Dua
	Placement/Resource Activity Data	Anita Hewson/Okailey Dua
	Transforming Care	Karen Chopping

Out of School Tuition

Anna Wahlandt

Statutory Guidance: '*Alternative Provision 2013*'

Local Authorities have responsibilities to arrange suitable full-time education for:

- pupils who, because of **exclusion, illness or other reasons**, would not otherwise receive it;

- education arranged by schools for pupils on a **fixed period exclusion**;

- and pupils being directed by schools to off-site provision to **improve their behaviour**.

(Alternative Provision 2013)

Other reasons…

- Ideological or philosophical views which favour home education, or wishing to provide education which has a different basis to that normally found in schools

- Religious or cultural beliefs, and a wish to ensure that the child's education is aligned with these

- Dissatisfaction with the school system, or the school(s) at which a place is available

- Bullying of the child at school

- Health reasons, particularly mental health of the child

(Elective Home Education 2019)

Other reasons...(Continued)

- As a short term intervention for a particular reason

- A child's unwillingness or inability to go to school, including school phobia

- Special educational needs, or a perceived lack of suitable provision in the school system for those needs

- Disputes with a school over the education, special needs or behaviour of the child, in some cases resulting in 'off-rolling' or exclusion

- Familial reasons which have nothing to do with schools or education (e.g. using older children educated at home as carers)

- As a stop-gap whilst awaiting a place at a school other than the one allocated

(Elective Home Education 2019)

Areas of need…

Communication and Interaction: e.g. Speech, Language and Communication Needs (SLCN), Autistic Spectrum Disorders (ASD), including Asperger's Syndrome and Kanners Autism etc…

Cognition and Learning: e.g. Moderate Learning Difficulties (MLD), Severe Learning Difficulties (SLD), Profound and Multiple Learning Difficulties (PMLD), Specific Learning Difficulties (SpLD), Dyslexia, Dyscalculia and Dyspraxia etc…

Social, Emotional and Mental Health: e.g. Anxiety, Depression, Self-harming, Substance Abuse, Eating Disorders, Unexplained Physical Symptoms, Attention Deficit Disorder (ADD), Attention Deficit Hyperactive Disorder (ADHD) and Attachment Disorder etc…

Sensory and/or Physical Needs: e.g. Vision Impairment (VI), Hearing Impairment (HI), Multi-Sensory Impairment (MSI), Physical Disabilities and Long-term Medical Conditions etc…

([6.28-6.35 SEND Code of Practice 2015](#))

Composition of OoST Cohort

SEND Broad Area of Need

Cognition and Learning	22	12.87%
Communication and Interaction	48	28.07%
Sensory and/or Physical Needs	8	4.68%
Social, Emotional and Mental Health	93	54.39%

SEND Specific Area of Need

Autistic Spectrum Disorders (ASD)	44	25.73%
Hearing Impairment (HI)	2	1.17%
Moderate Learning Difficulties (MLD)	10	5.85%
Physical Disabilities (PD)	4	2.34%
Profound and Multiple Learning Difficulties (PMLD)	1	0.58%
Severe Learning Difficulties (SLD)	11	6.43%
Social, Emotional and Mental Health (SEMH)	93	54.39%
Speech, Language and Communication Needs (SLCN)	4	2.34%
Vision Impairment (VI)	2	1.17%

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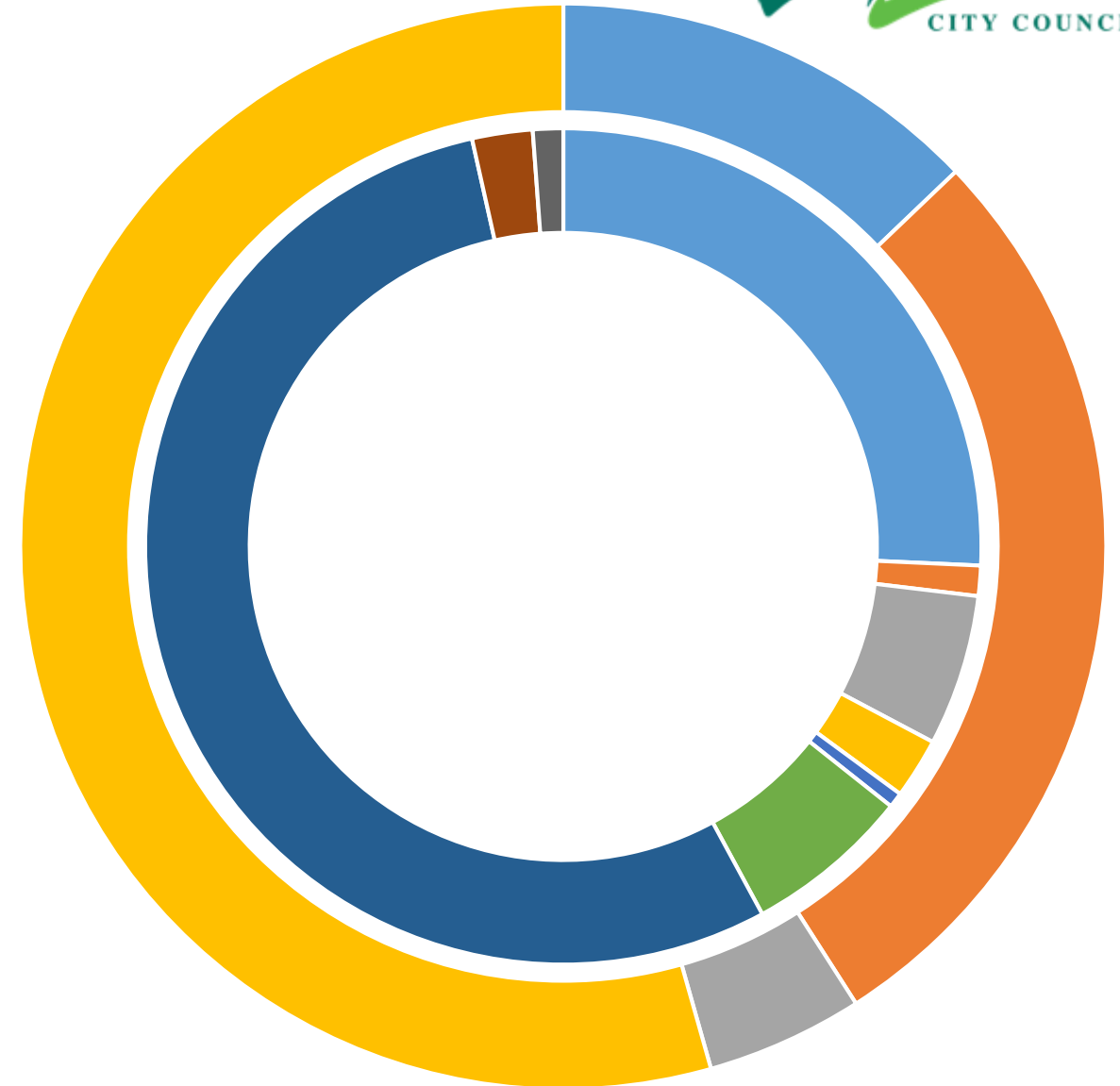
Distribution of SEND Broad Area of Need, Age and Gender

Cambridgeshire County Council

Legend:
- Cognition and Learning
- Communication and Interaction
- Sensory and/or Physical Needs
- Social, Emotional and Mental Health

Female

Male
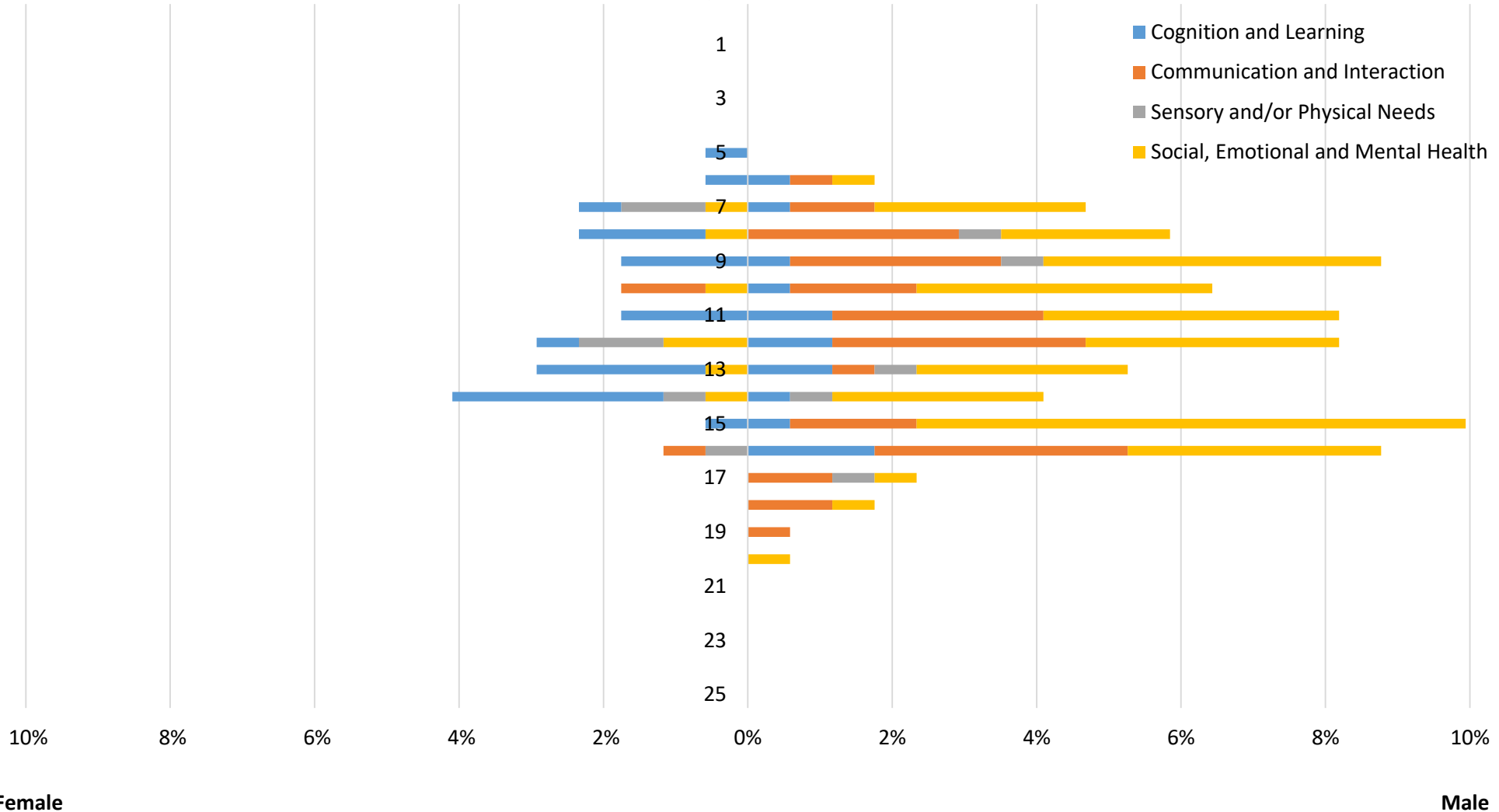
Provision of OoST by SEND Broad Area of Need

Cambridgeshire County Council
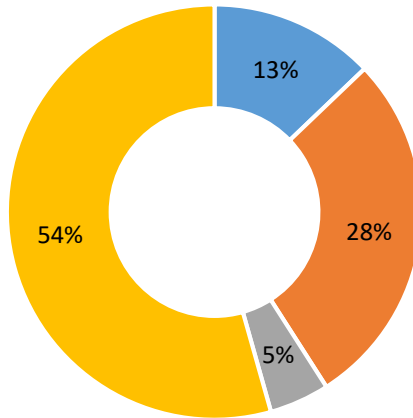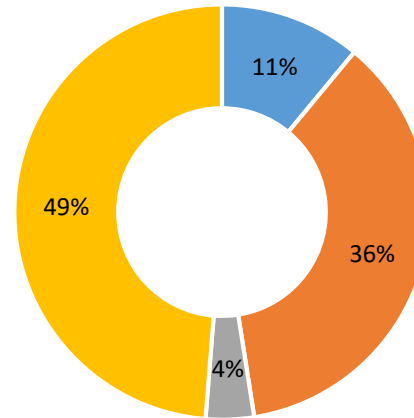
Pupils (#)

Units (Hours)

Expenditure (£)
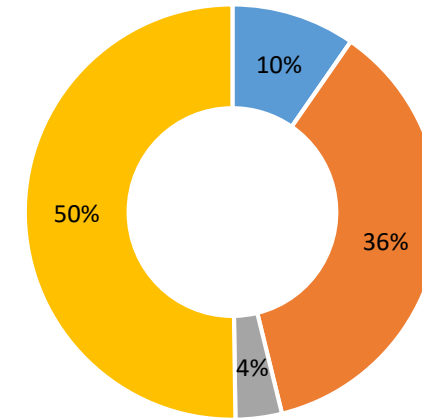
	Pupils (#)		Units (Hours)		Indicative Expenditure (£)	
Cognition and Learning	22	12.87%	5,709	11.00%	374,359	9.66%
Communication and Interaction	48	28.07%	18,941	36.51%	1,414,745	36.50%
Sensory and/or Physical Needs	8	4.68%	1,948	3.75%	139,781	3.61%
Social, Emotional and Mental Health	93	54.39%	25,282	48.73%	1,946,682	50.23%
	171		51,880		3,875,567	

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Age Range, SEND Area of Need and Additional Support

Age Range

- 6.59%
- 21.56%
- 32.93%
- 25.75%
- 13.17%

■ AGE 0-5 (Early Years Foundation Stage)
■ AGE 5-11 (Key Stage 1 & 2)
■ AGE 11-16 (Key Stage 3 & 4)
■ AGE 16-18 (Key Stage 5)
■ AGE 18-25 (Further Education & Higher Education)

Additional Support

■ Enrichment Activities ■ Pastoral Support
■ Behavioural Support

- 14.43%
- 34.02%
- 51.55%

SEND Broad Area of Need

- 8.55%
- 35.90%
- 25.64%
- 29.91%

■ Communication and Interaction
■ Cognition and Learning
■ Social, Emotional and Mental Health
■ Sensory and/or Physical Needs

Service Mapping: Location, capacity and specialism…

	Communication & Interaction	Cognition & Learning	Social, Emotional & Mental Health	Sensory/ Physical Needs	Ages 0-5 (EYFS)	Ages 5-11 (KS1/2)	Ages 11-16 (KS3/4)	Ages 16-18 (KS5)	Ages 18-25 (FE/HE)	Complimentary Provision	Community Support	Support at School	Support at Home	Online Support
Provider A	✓	✓		✓	✓	✓	✓			✓		✓		✓
Provider B		✓	✓			✓	✓			✓	✓		✓	✓
Provider C			✓	✓				✓	✓		✓		✓	
Provider D	✓	✓		✓		✓	✓	✓	✓		✓	✓	✓	✓
Provider E	✓	✓	✓		✓					✓	✓	✓	✓	

Aligning AEP with OoST Provision

In Cambridgeshire and Peterborough, education outside of a school setting is typically supported by Alternative Education Provision or Out of School Tuition.

These arrangements include an AEP Directory of suppliers for Cambridgeshire and Peterborough Schools and a Dynamic Purchasing System for the provision of Out of School Tuition.

Referrals for Out of School Tuition are made by the Statutory Assessment Teams in Cambridgeshire and Peterborough to the Dynamic Purchasing System, whereas schools commission services directly from the AEP Directory.

We recognise that these systems facilitate the provision of similar services with a combination of formal and complimentary education for children and young people. We also appreciate that to an extent, certain processes are duplicated.

During this August and September we have been working on project to align the two systems above, working closely with our colleagues in within Cambridgeshire Alternative Education Provision and Procurement to ensure that systems are in place for this term.

Rationale

The developments have enable us to have appropriate and proportionate measures in place for safeguarding children and young people, broadening the reach of our Quality Assurance programme and streamlining the referral process across Cambridgeshire and Peterborough.

The alignment of these services will provide increased opportunities for suppliers to bid for service provision under the Dynamic Purchasing System, and be commissioned by schools directly.

It will facilitate collaboration, improve outcomes and contribute to a broader range of options promoting innovative approaches to meeting needs.

What are the benefits?

- It will be a Cycle of improvement and responsive to suggestions from providers.

- It will improve the way on which DPS providers report and have clarity.

- It will enable collaboration with other departments.

What are the key differences between the two systems?

The key differences are that for Out of School Tuition the Statutory Assessment Team refers to the provider for the provision following their own referral process. For the AEP the referrals come via the school at which the student is on roll. Details of contract for both referrals systems are agreed by the referring team or school. One function common to both is the quality assurance process which will be of benefit, ensuring consistency across provision and safeguarding processes.

Within the DPS providers will have the opportunity to apply for Out of School Tuition contracts following a traditional tendering approach and there will be windows of opportunity throughout the year. There may also be opportunities with the traditional tendering approach throughout the year. Being on the DPS provides opportunities to bid for any applicable contracts.

For the AEP providers they are able to come online throughout the year and the directory is updated twice a year. There are 4 stages within the AEP process QA but is led by the provider as to their progress. All the provision which reaches stage 4 in process receive a certificate from AEP.

- All AEP provision is reviewed/audited once a year March/April.
- All AEP providers have to attend Safeguarding/PREVENT Training.

Independent Special Education Provision (ISEPs)

ISEPs Referrals – Cambridgeshire

Referrals by Primary Need
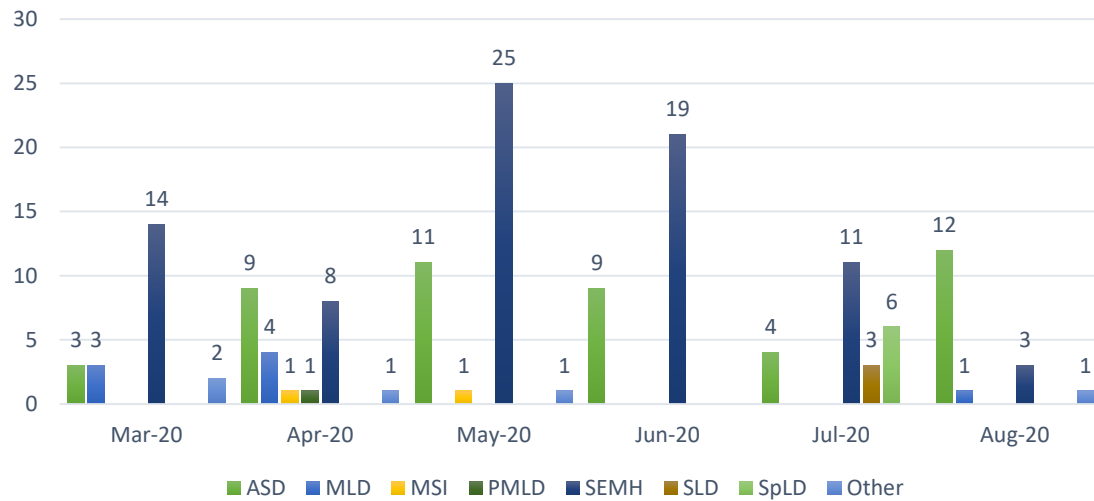
Referrals by Placement Type
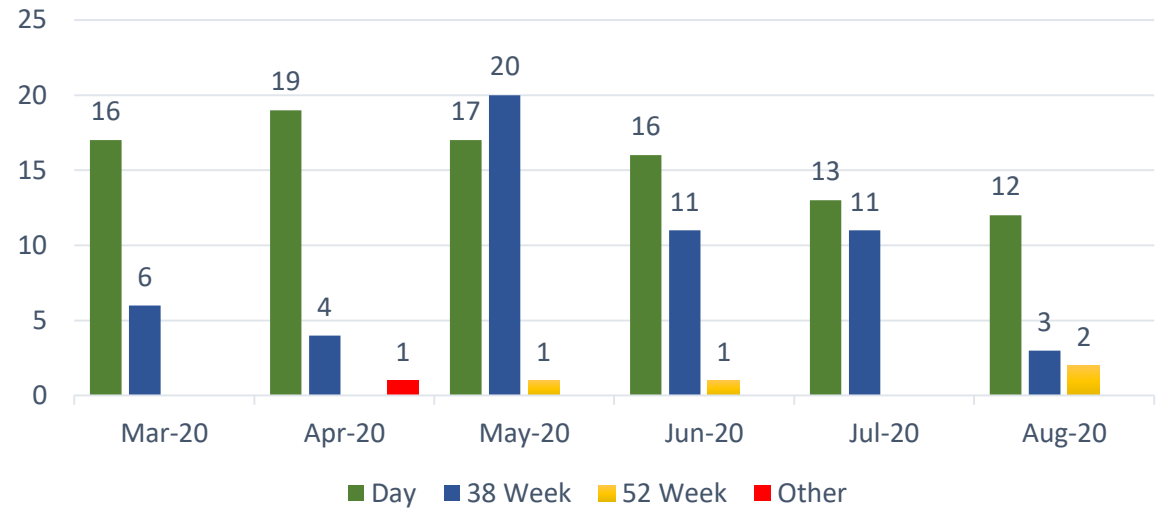
ISEPs Referrals - Cambridgeshire
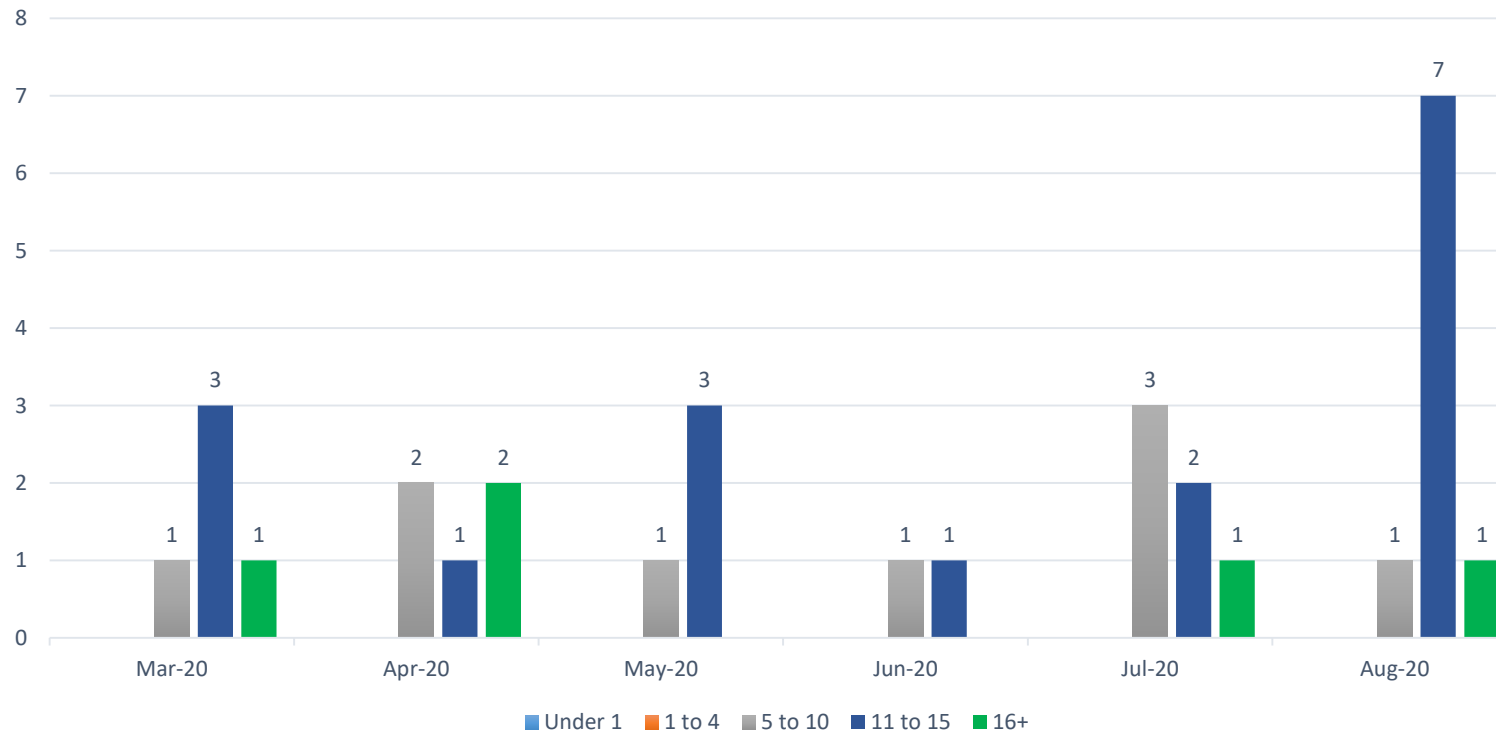

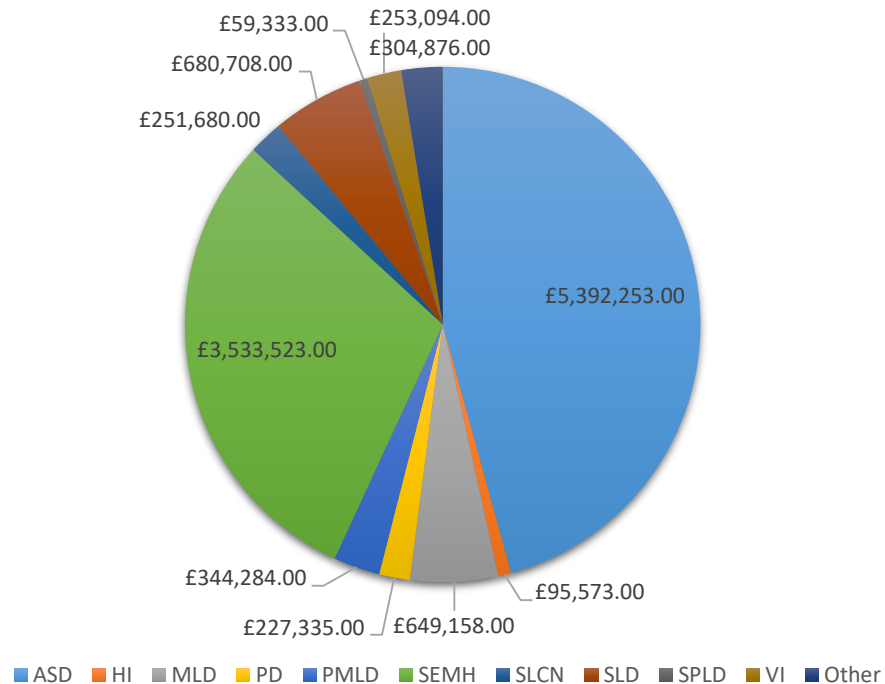Age Breakdown of Referrals
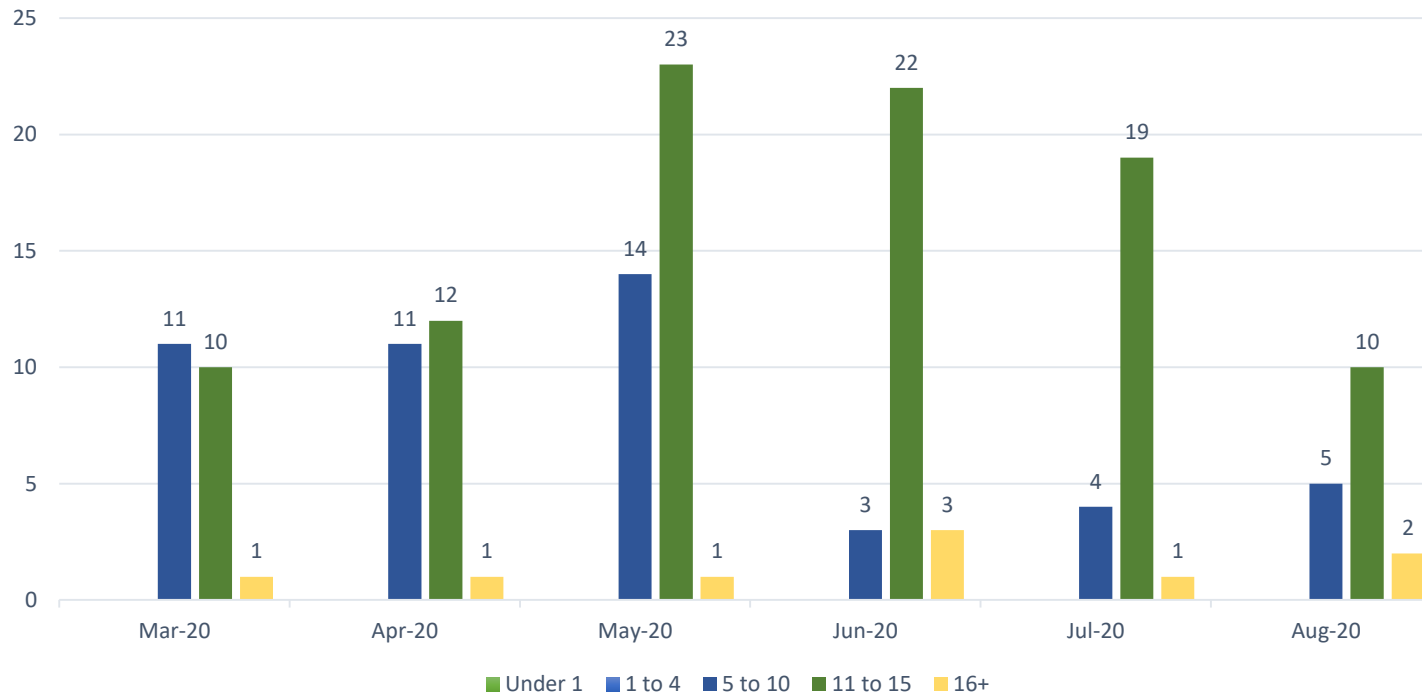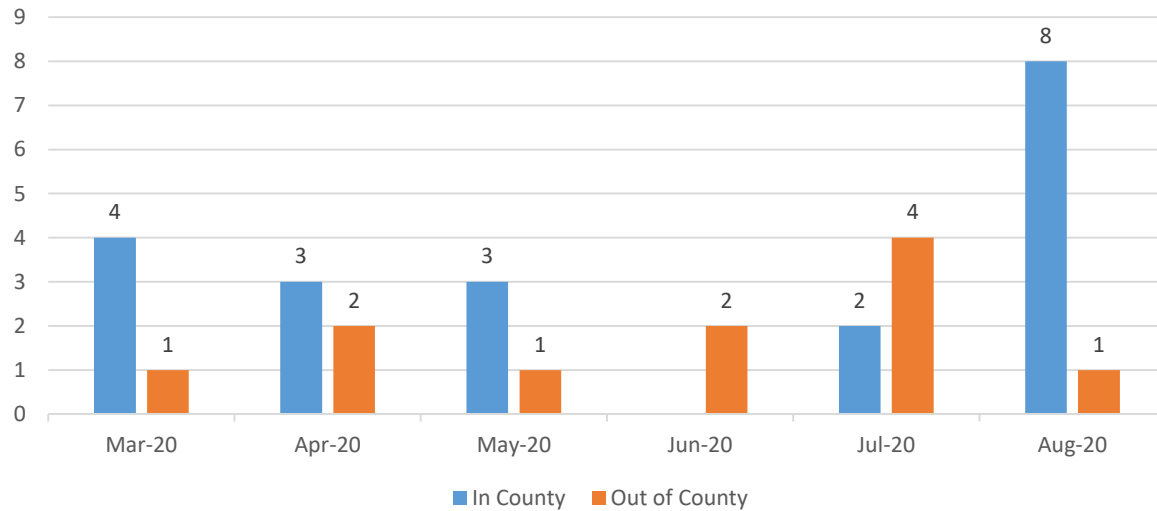
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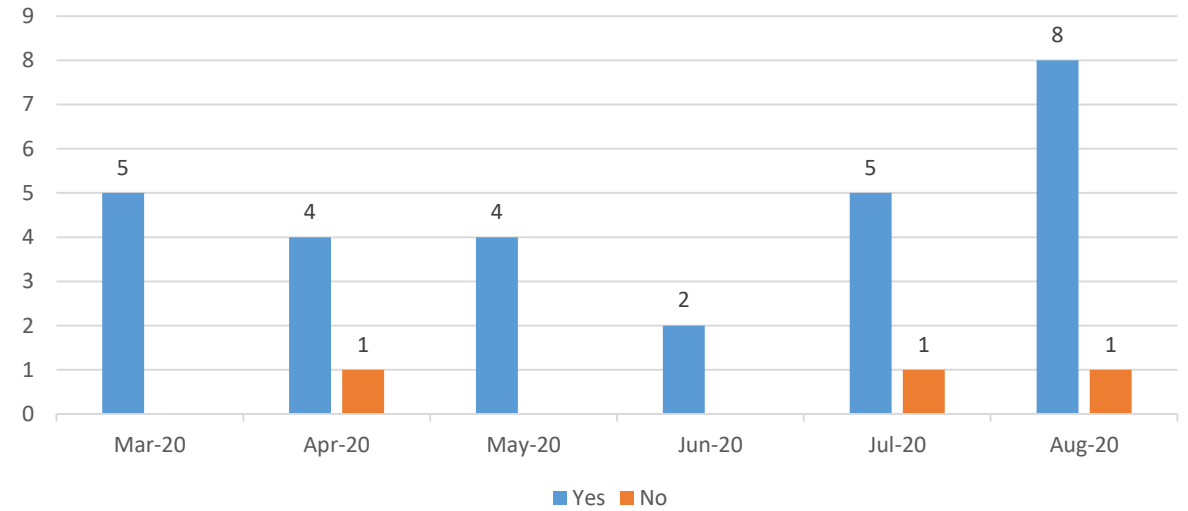
ISEPs Age Breakdown - Cambridgeshire

Age Breakdown of Placements Made

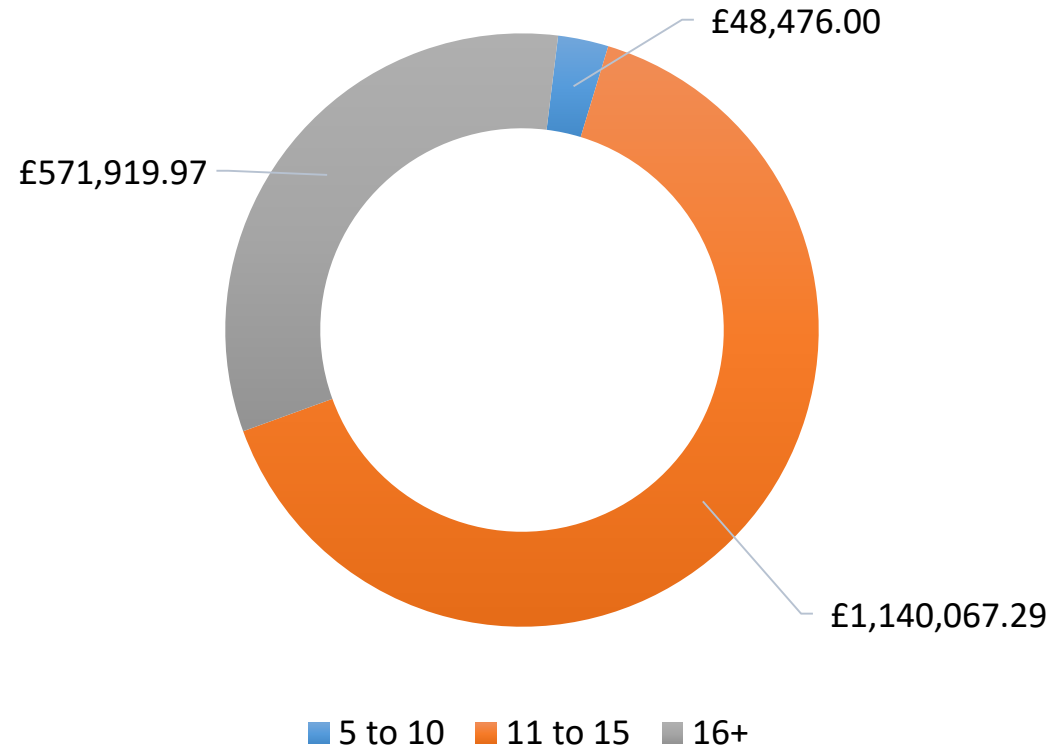# ISEPs Commitment – Cambridgeshire

Current Commitment by Need Type

£59,333.00
£253,094.00
£680,708.00
£304,876.00
£251,680.00
£5,392,253.00
£3,533,523.00
£344,284.00
£227,335.00
£649,158.00
£95,573.00

Legend: ASD | HI | MLD | PD | PMLD | SEMH | SLCN | SLD | SPLD | VI | Other

Current Commitment by Placement Type

£537,747.00
£455,322.00
£520,092.00
£5,746,189.00
£3,650,946.00
£881,521.00

Legend: Daily | 38 Week | 52 Week | Weekly | Termly | Other
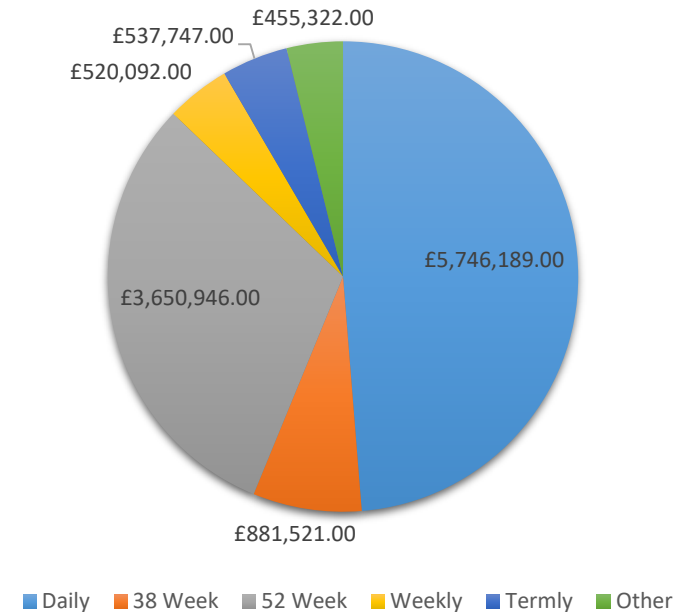
ISEPs Commitment - Peterborough

Age Breakdown of Total Annual Cost for all current placements

£48,476.00

£571,919.97

£1,140,067.29

■ 5 to 10   ■ 11 to 15   ■ 16+

ISEPs Placements Made - Peterborough

Number of placements made

Period	Number of placements made
April 2019	2
Sept 2019	7
Jan 2020	2
April 2020	1
Sept 2020	4

Case Studies

CYP details	LG		QC	
	Gender: Male **Age**: 15 years old	**School year**: Year 10 **Ofsted code**: SEMH	**Gender**: Male **Age**: 9 years old	**School year**: Year 4 **Ofsted code**: SEMH
Searches started	**September 2019:** Parental Preference for 2 provisions - Referral Closed **November 2019:** DPS Search 38 Week - Referral Closed - No positive responses **June 2020:** DPS Search for both Day and 38 Week - No positive responses received as yet.		**September 2019:** Parental Preference - Referral Closed **December 2019**: DPS Day & 38 Week - Referral Closed - No positive responses **May 2020:** DPS Day - Referral Closed - No positive responses	
Current position	Searches are still being undertaken for this young person		Searches are still being undertaken for this young person	

Children's Transforming Care

Karen Chopping

Transforming Care

Transforming Care was in direct response to the appalling abuse vulnerable adults were subjected to at Winterbourne View as highlighted by the Panorama Programme 26 Oct 2012.

We know that Children and Young People with autism and or learning disability and challenging behavior have often been placed inappropriate tier 4 provisions. Transforming Care was initiated by the government to consider a more robust use and development of community-based provision rather than as a default setting, placing adults and children with ASD and LD and behavior that challengers in inpatient settings

What is Tier 4?

▶ Children and young people are admitted to a tier 4 unit if their care and treatment cannot be delivered in the community and they require a period of highly specialist care and treatment due to their failing mental health and or self injurious behaviours.

▶ Children and young people can be admitted under section 2 of the mental health act but usually the admissions are voluntary.

▶ Through a CETR or Local Area Emergency Protocol (LAEP), there will be a recommendation by the commissioner from the CCG for inpatient admission. The admission should be for the shortest time possible and with a clear reason and outcome for the admission. Ultimately, the lead clinician can override any recommendation for or against admission.

In the May 2019 report " Far Less than they Deserve" the Children's Commissioner for England, stated that there are 250 Children and Young People with ASD and or LD and challenging behaviours, in tier 4 provisions with an average stay of 6 months , living many miles away from family and local links and that the outcomes for this cohort were very poor.

So we still have a long way to go. In a recent press report, children and young people are still not being treated within the 9 principles of Transforming Care. This continues to be a significant concern.

The 9 Principles of Transforming Care

▶ I have an interesting life that I enjoy

▶ My care and support is well planned

▶ I have choice and control about my care and support

▶ I live the community with the support I need

▶ I have choice about where I live and who I live with

▶ I get good care from health services

▶ I get help from experts in the community when I need it

▶ I get help to stay out of trouble with the police if I need it

▶ If I have to go into hospital because my health needs cannot be met in the community, it is high quality and I don't stay there longer than I need to

Risk Stratification Tool and Referral

▶ Anyone can refer to TC for a CETR to be held but it is wise to liaise with a lead clinician involved or health professional. We now have a single point of access for all referrals to be sent
capccg.childrenstransformingcare@nhs.net

▶ Prior to a referral, we are asking that an MDT is undertaken to ensure all the issues have been highlighted, discussed and possibly , resolved , leaving only those children and young people truly in need of TC being referred for a CETR.

▶ With the referral, we are asking for a risk tool to be completed. The scoring mechanism will pin point if a CYP is Green, Amber or Red. This risk tool is still being trialed and feedback is welcomed.

▶ The TCP was to officially end in March 2019 in but it is clear that there is further work to be done and NHSE have extended TC until Sept 2019.

The Transforming Care Register

The Transforming Care Commissioner has to keep a list of all the children/ young people and adults in Cambridgeshire and Peterborough who are at risk of going into hospital or being supported away from home if we don't get the right support .

This is called the Transforming Care Register and the Clinical Commissioning Group (CCG) is responsible for maintaining it.

It helps us plan for the CETR and we have to report to NHS England every month on the progress for each child or young person and weekly for anyone actually in hospital.

Consent

In order for a child under the age of 16's name to placed on the Transforming Care Register and a CETR to be held, we have to gain permission from the child's parents/guardian. For young people, 16+ who have capacity to consent-they can agree to a CETR and for their name to be on the register. If a young person does not have capacity to agree the above, we need to ensure that a mental capacity assessment has been done and that a best Interest meeting has been held to act in the best interest of that young person
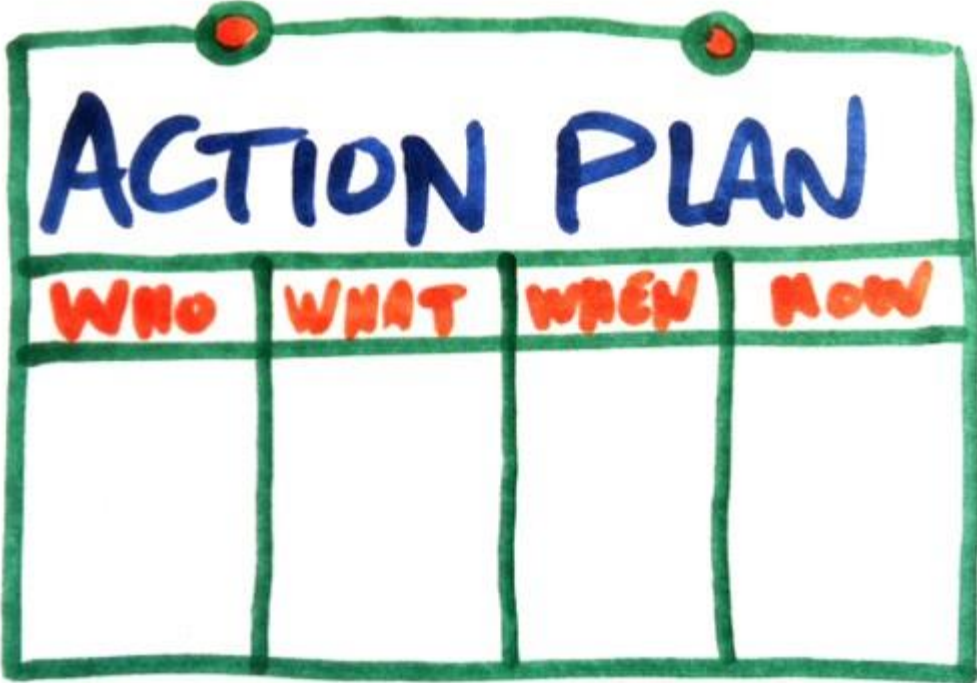
Care Education and Treatment Reviews

Through the process of CETRs, the panel consisting of, The Chair (children's commissioner), an Expert by Experience (usually a parent of a child who has ASD/LD), and a clinical Reviewer (either a social worker or a nurse), make recommendations through speaking with parents, children/young people , social care, health and education in separate appointments to enable candour. A document called key Lines of Enquiry (KLOE) is completed culminating in an action plan.

Action Plan

This action plan is reviewed within statutory processes such as Child in Need meetings, CPAs and /or annual EHCP reviews. It is the expectation that actions will be embedded in the child's care plan . The CETR also holds a review to ensure that the actions are followed. This is usually 3 months after the initial CETR but can take place sooner if needed

Guidance and Legislation. Information Governance

▶ Care Education and Treatment Reviews for children and young people—Code and Tool kit

▶ (A guide for commissioners, panel members and people who provide support).

▶ Lenehan review into care of children with learning disabilities.

▶ Building The Right Support.

▶ National Service Model (supplementary guidance for commissioners).

▶ Transforming Care-Model Service Specification (supporting implementation of the service model).

▶ Care and Treatment Reviews (CTRs): Policy and Guidance—(Including policy and guidance on Care, Education and Treatment Reviews (CETRs) for children and young people).

▶ The legal framework governing the use of personal confidential data in health care is complex. It includes the NHS Act 2006, the Health and Social Care Act 2012, the Data Protection Act, and the Human Rights Act.

Council for disabled children

Transforming Care is Everyone's Business

▶Children's Transforming Care relies on good working relationships between children/young people and their families, health, social care, education, the private and voluntary sector.

▶Good practice suggests that any child or young person under Transforming Care should have a social worker and in accordance with the Children Act 1989- any CYP in hospital over 90 days MUST have a social worker allocated to their case. Social care are instrumental in ensuring coordination , post discharge services and services to support CYP in their own community to prevent inpatient admission and 52 week residential provision.

▶Referrals for a social care assessment can be requested by any parent or professional as long as they have the permission of parents and 16+ young people with capacity. This is through the contact centre.

Easy Read

Transforming Care for People with Learning Disabilities - Next Steps

Progress Report from the Transforming Care Delivery Board - **3 July 2015**

Thank you !
Karen Chopping
Children's Lead Commissioner
Transforming Care
Cambridgeshire and
Peterborough CCG
karen.chopping@nhs.net

Questions?

Cambridgeshire.gov.uk

Peterborough.gov.uk

Lunchbreak

We are on a short break and will return at 13:10

Independent Fostering Agencies & Residential Children's Homes

Sam Nash – Commissioner (Children in Care)

Housekeeping

- Flexible agenda

- Please ensure that you are on mute when not speaking

- Questions – "Raise your hand" or use chat function

- Please note we will be recording this event.

- Please be patient with us! This is the first virtual event we've hosted!

Agenda

Time	Topic / Discussion	Officer
1:00pm	**IFAs & Residential Children's Homes**	
	Placement/Resource Activity Data	Sam Nash
	Current Challenges	Jo Leggett
	Referral updates	Jo Leggett
	Update on Passport to Independence	Sam Nash

Cambridgeshire.gov.uk
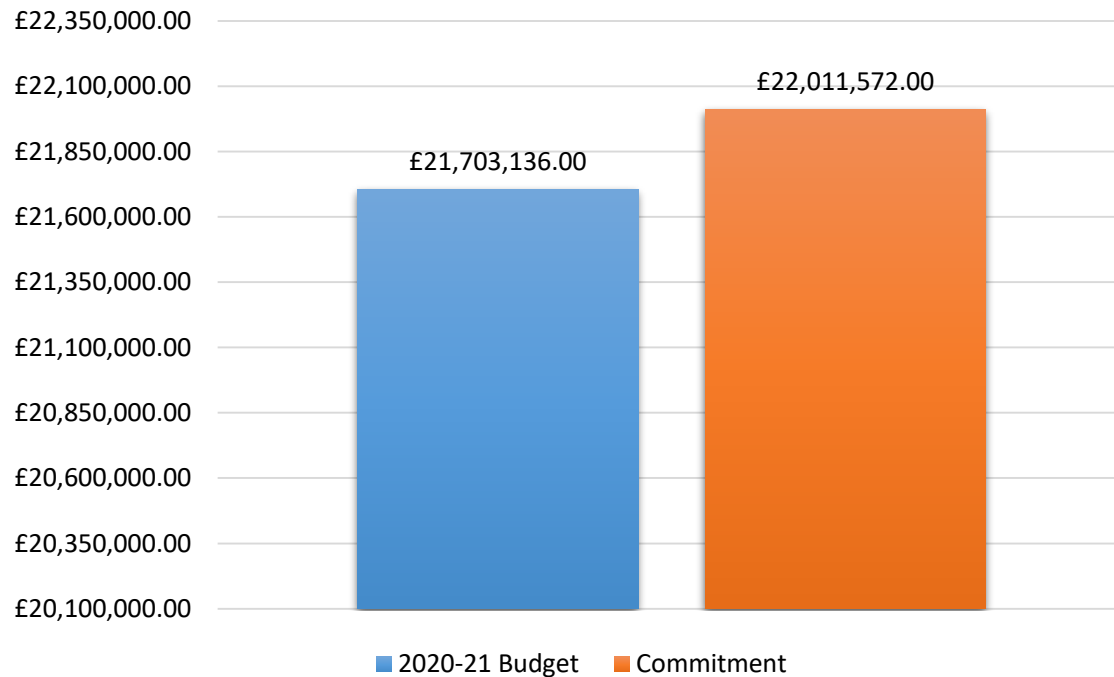
Peterborough.gov.uk
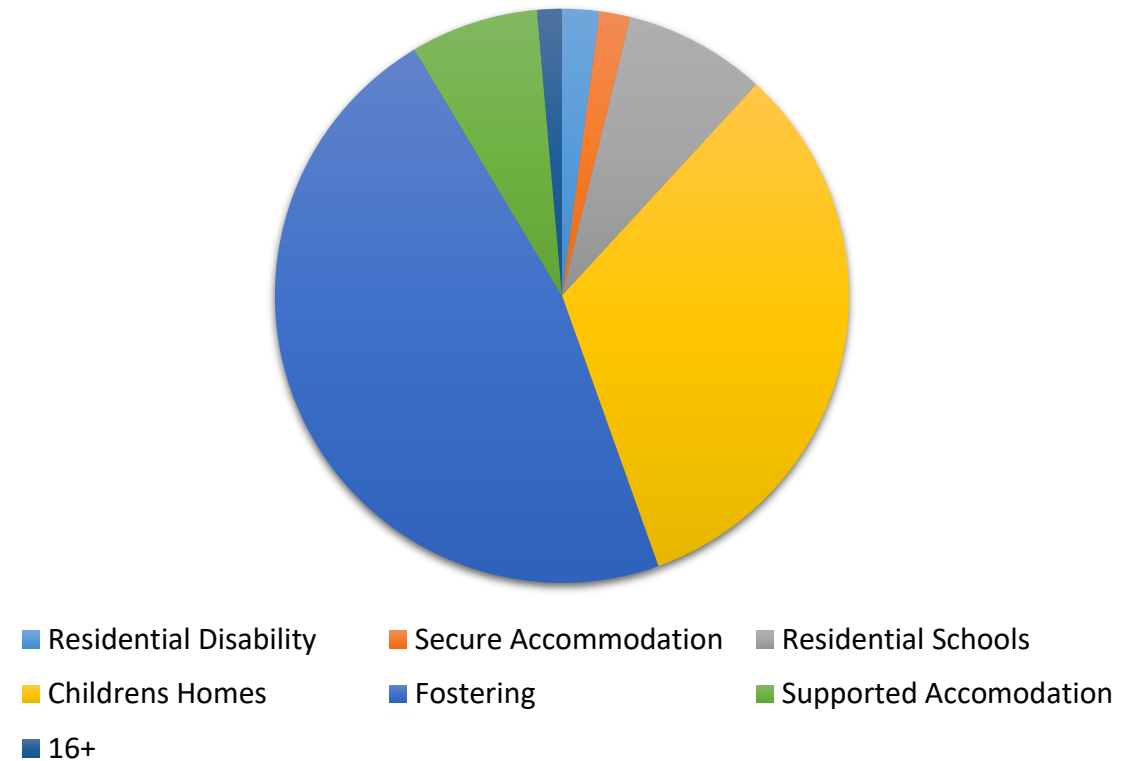
CiC Population

CiC Population at Month End - CCC

Mar-20: 740
Apr-20: 726
May-20: 721
Jun-20: 712
Jul-20: 704
Aug-20: 699

CiC Population at Month End - PCC

Mar-20: 381
Apr-20: 388
May-20: 377
Jun-20: 377
Jul-20: 380
Aug-20: 391
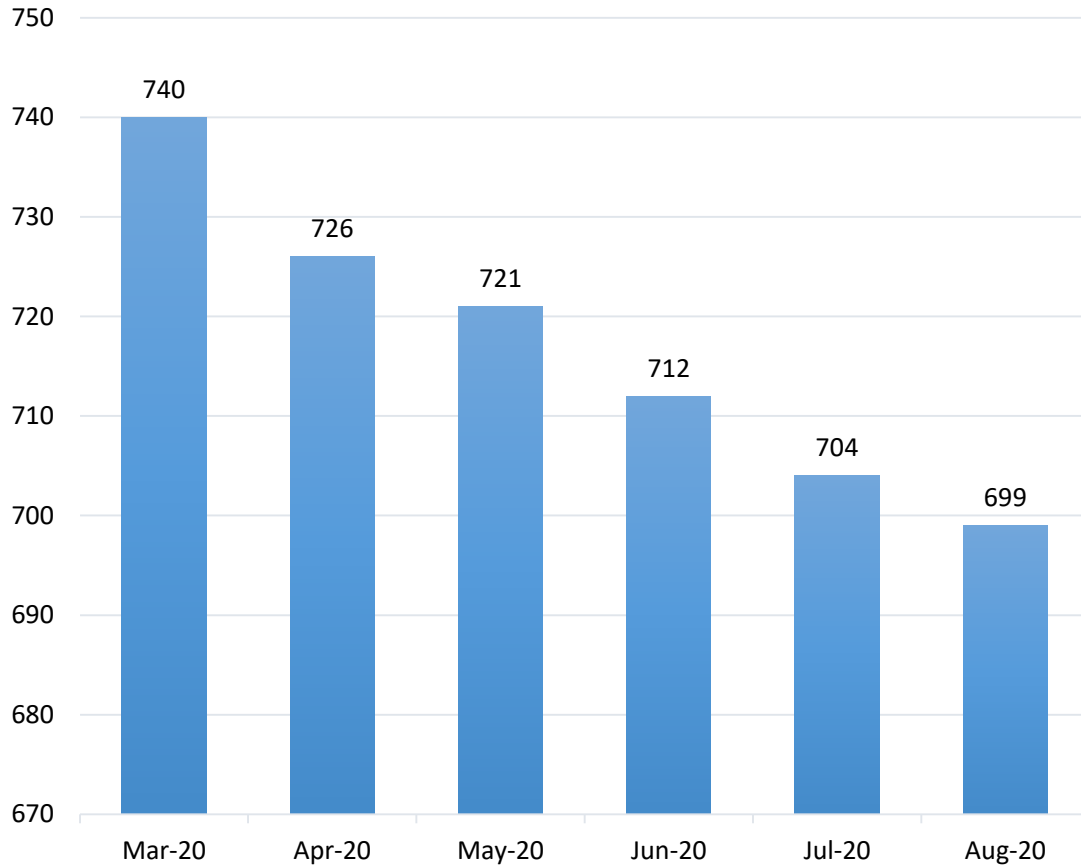
Cambridgeshire.gov.uk

Peterborough.gov.uk
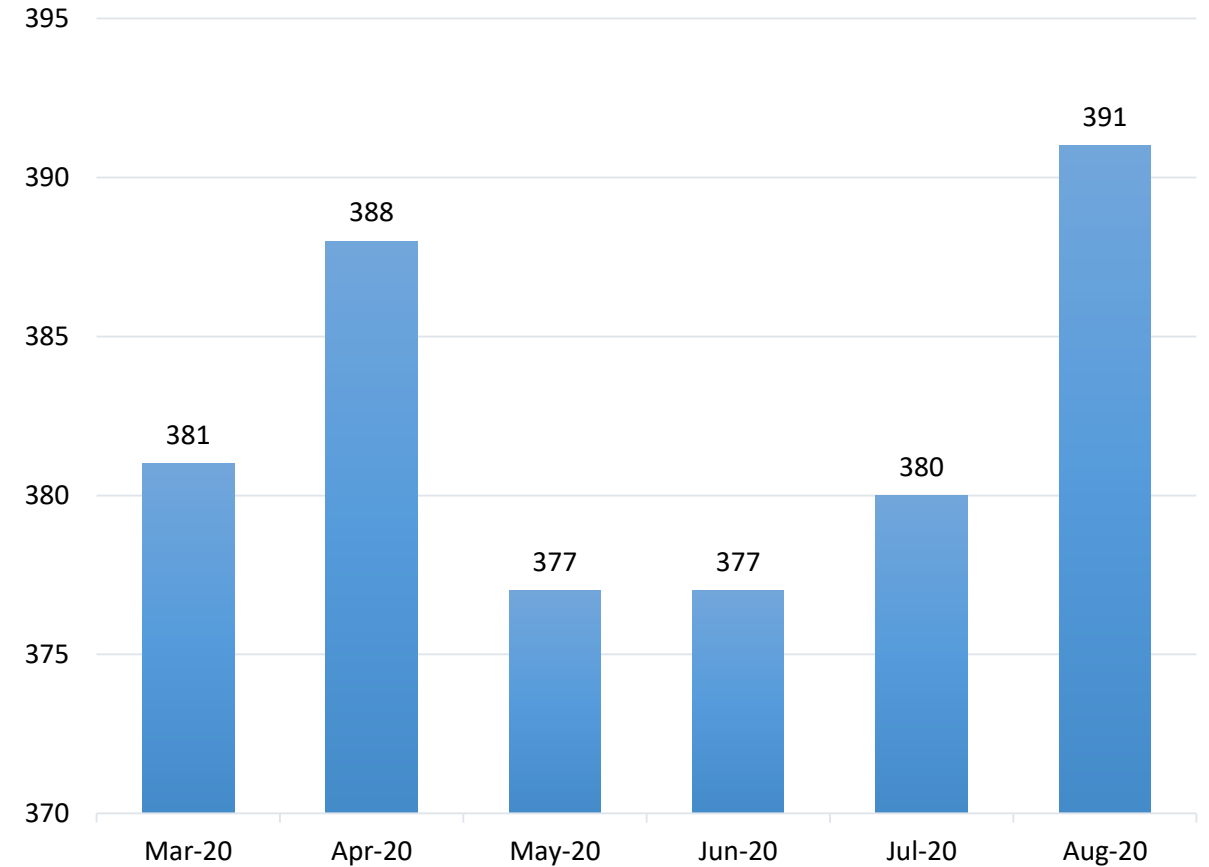
Independent Foster Agencies

Number of IFA Placements Made (Cambridgeshire)

Number of IFA Placements Made (Peterborough)
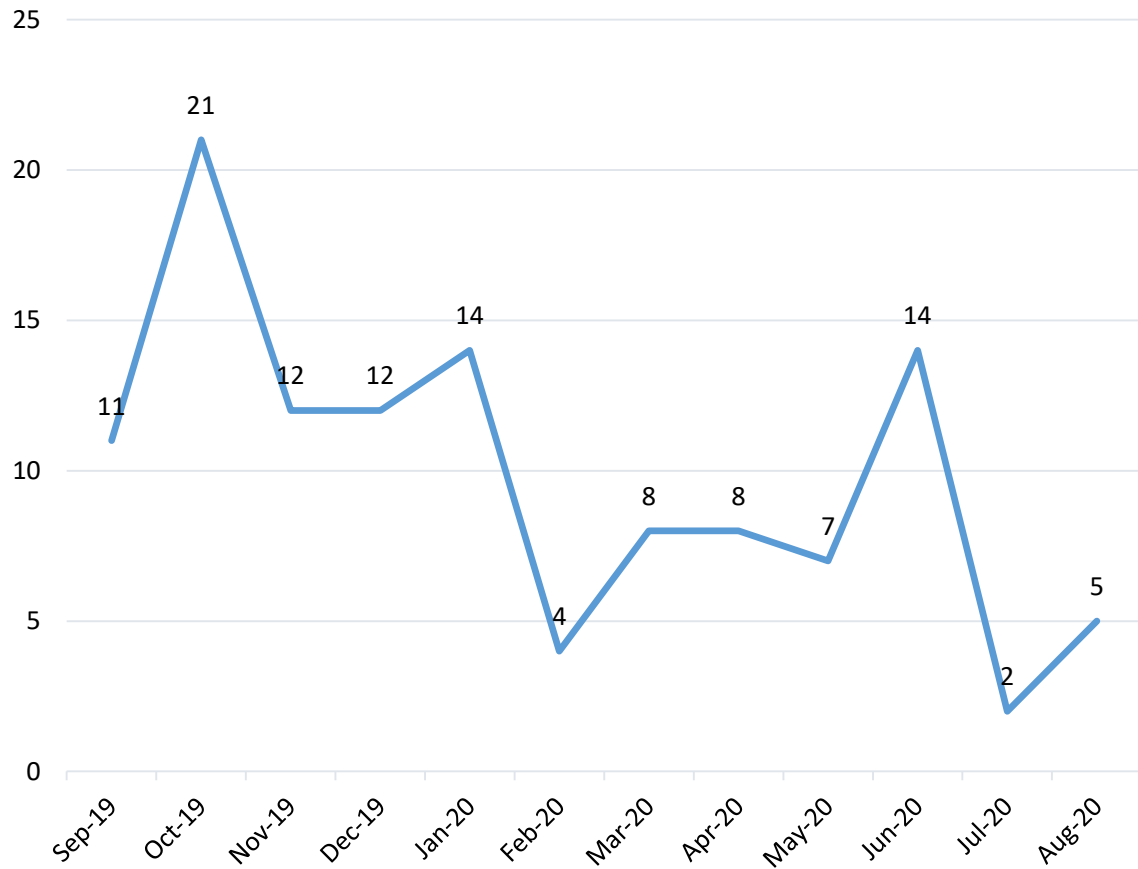
Cambridgeshire.gov.uk

Peterborough.gov.uk
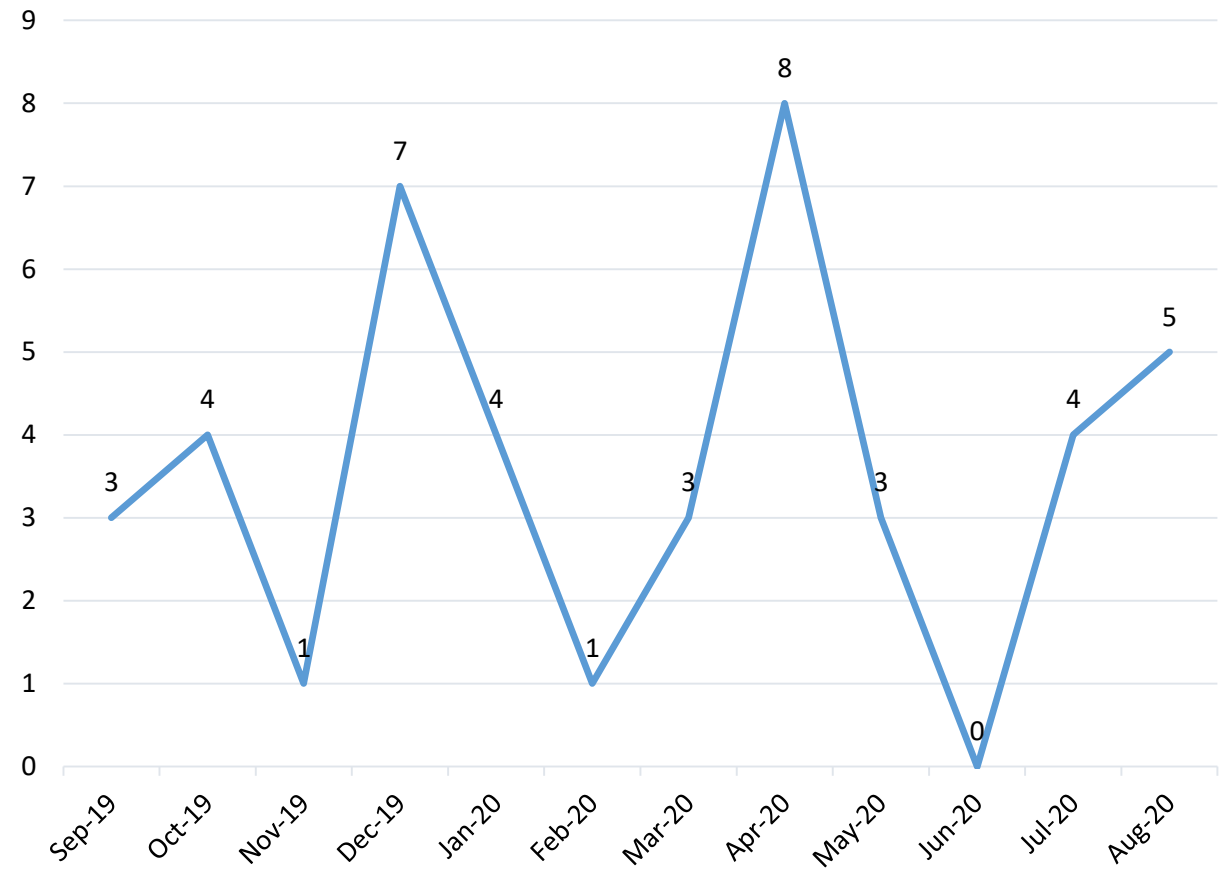
Independent Foster Agencies

Age Breakdown of IFA Placements Made (Cambridgeshire)
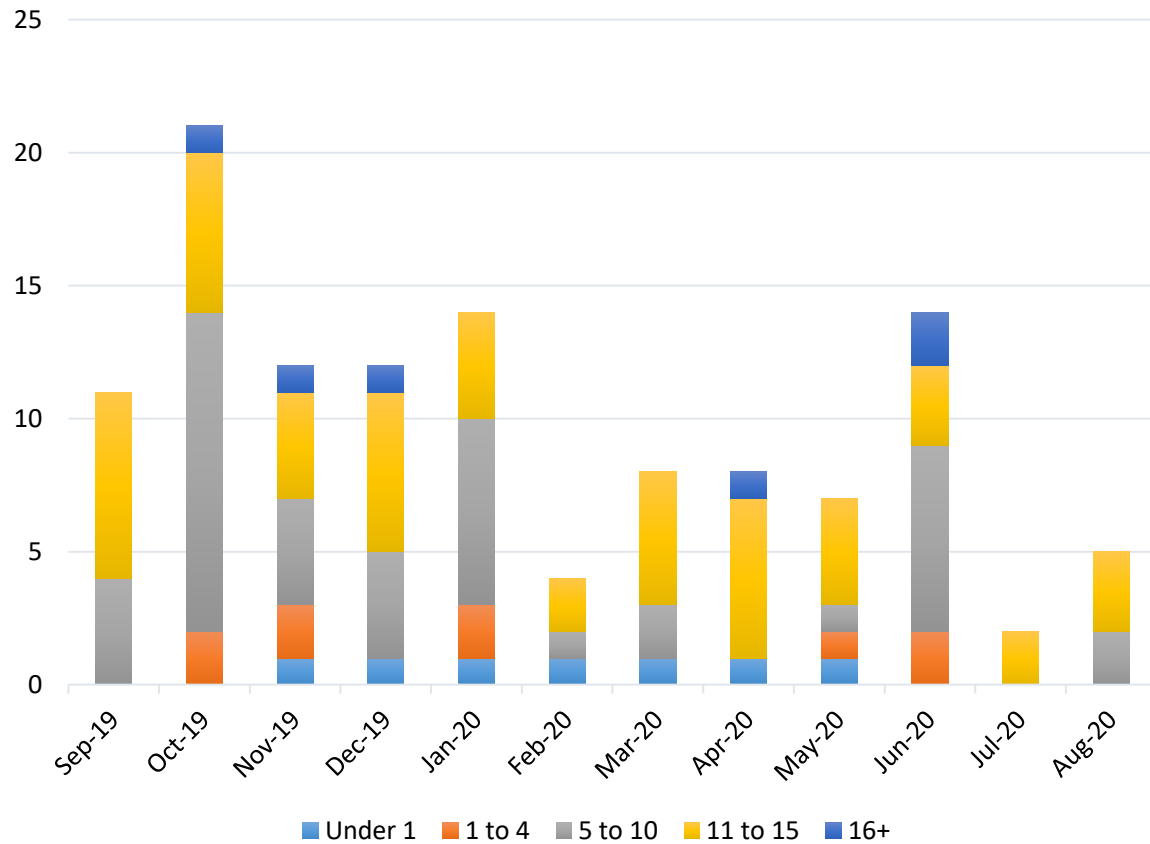
Age Breakdown of IFA Placements Made (Peterborough)
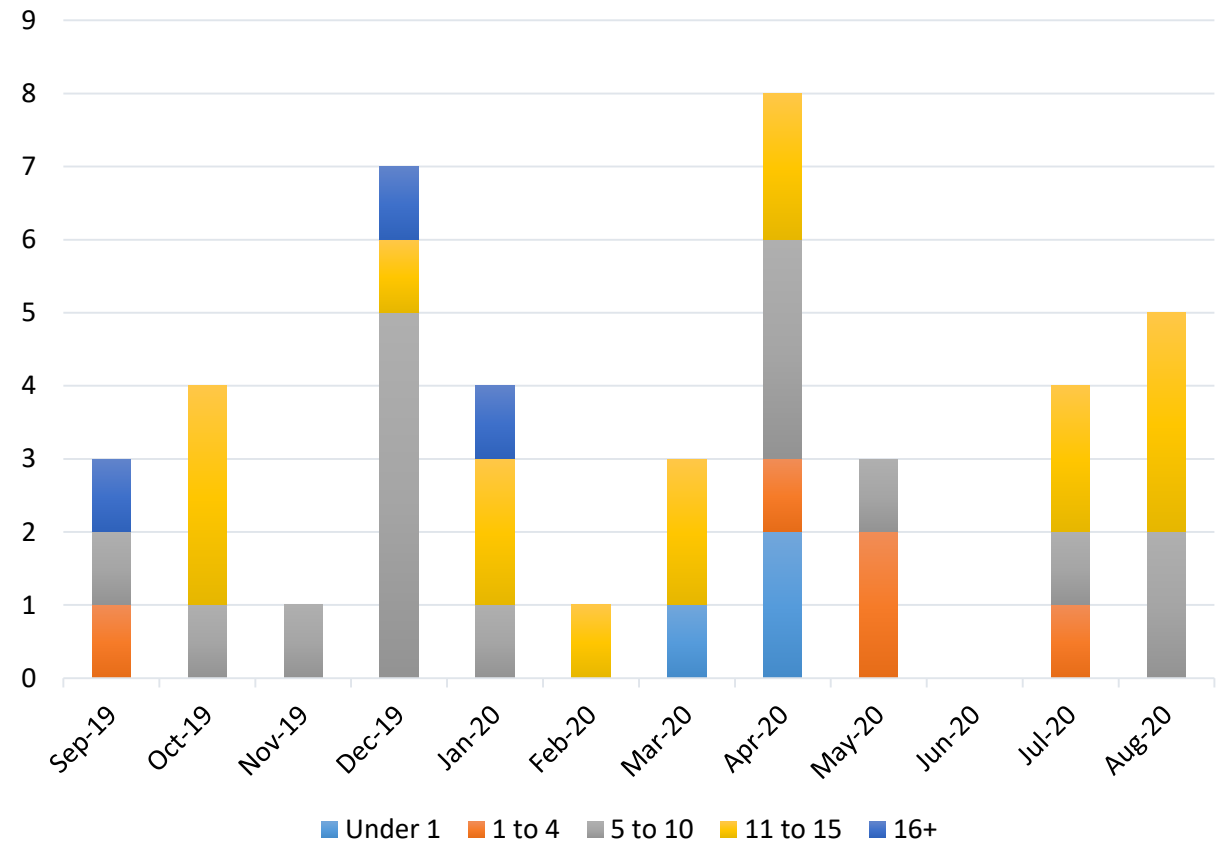
Under 1 — 1 to 4 — 5 to 10 — 11 to 15 — 16+

Cambridgeshire.gov.uk

Peterborough.gov.uk

Independent Foster Agencies

In County vs Out of County for IFA Placements Made (Cambridgeshire)
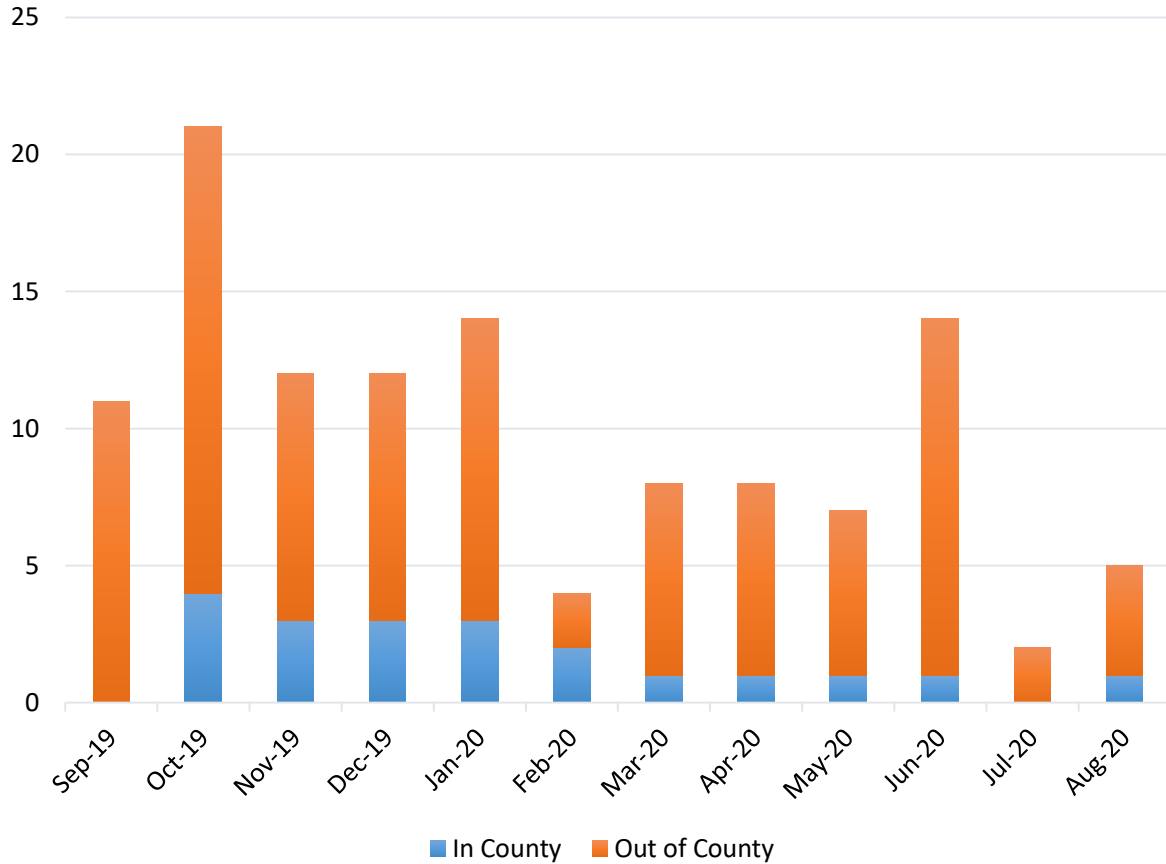
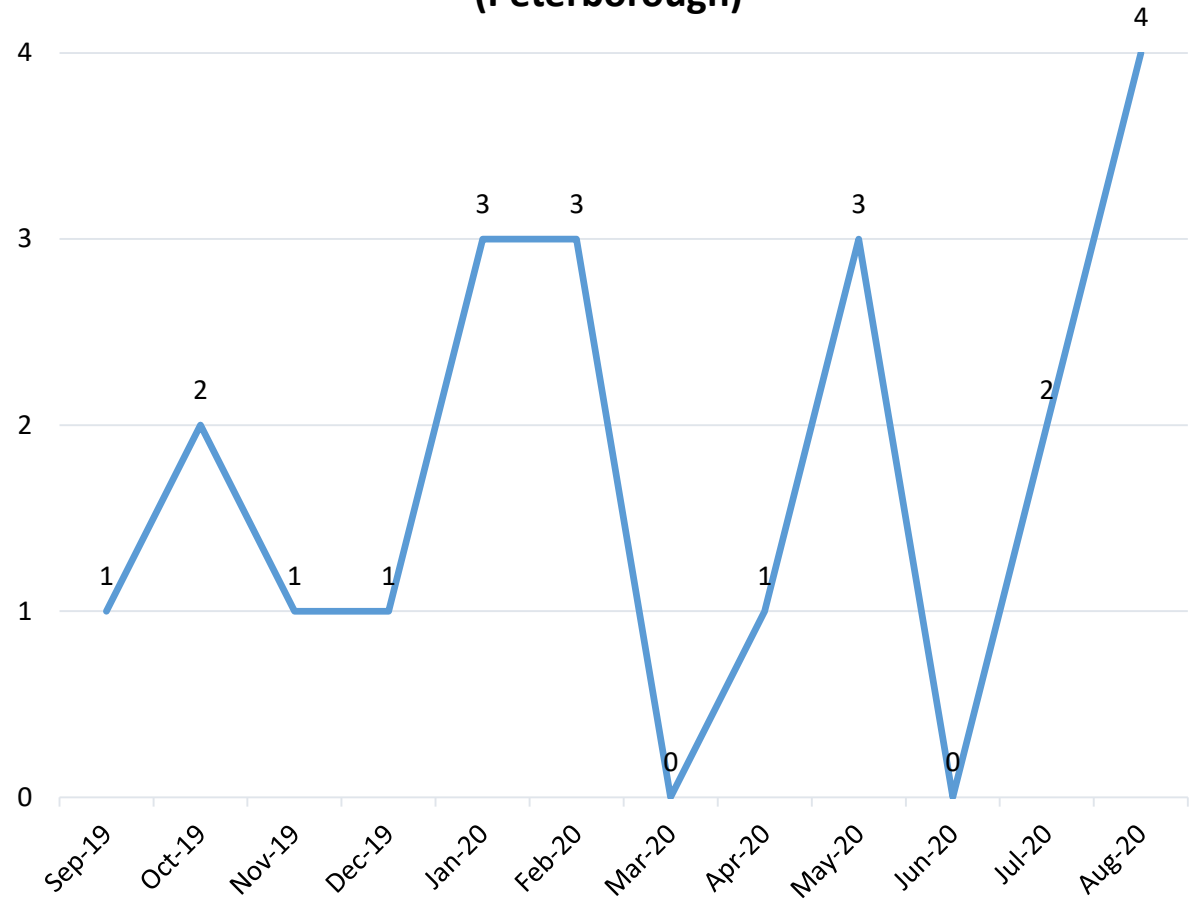In County vs Out of County for IFA Placements Made (Peterborough)

Residential Placements

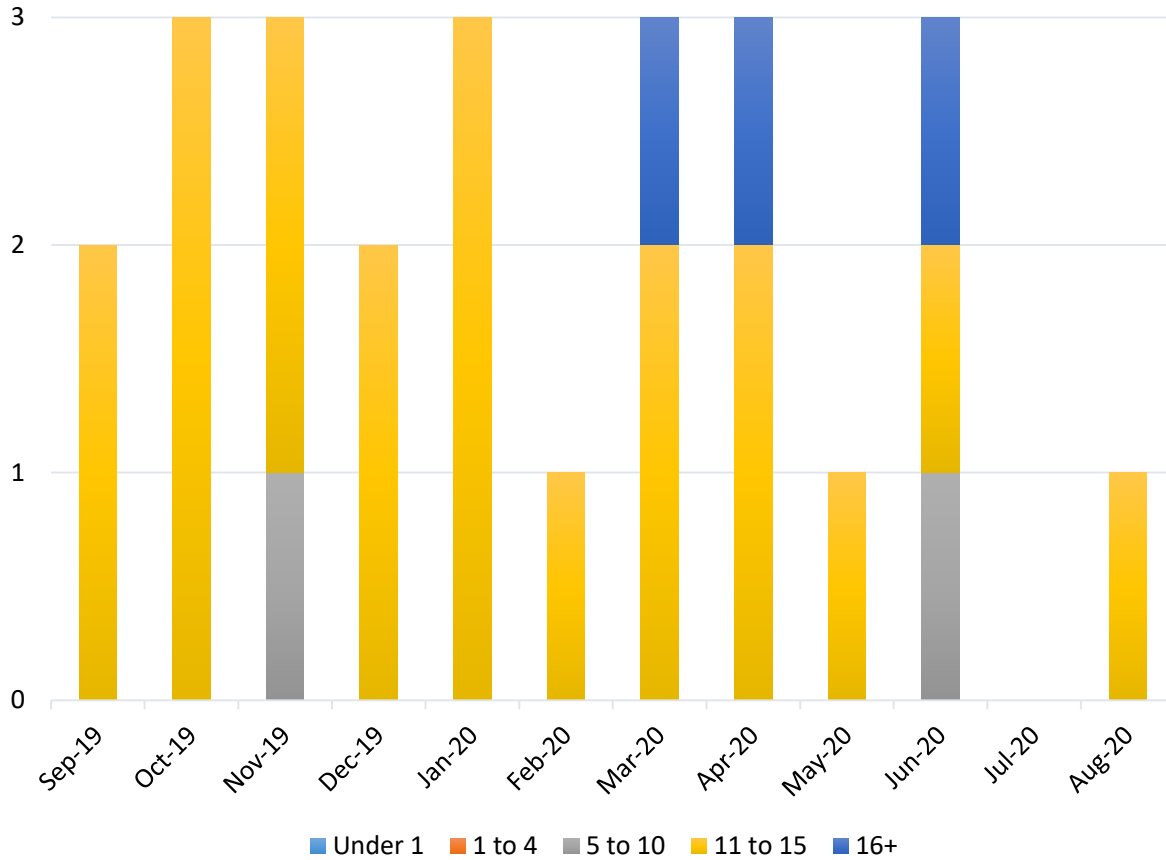
Number of Residential Placements Made (Cambridgeshire)

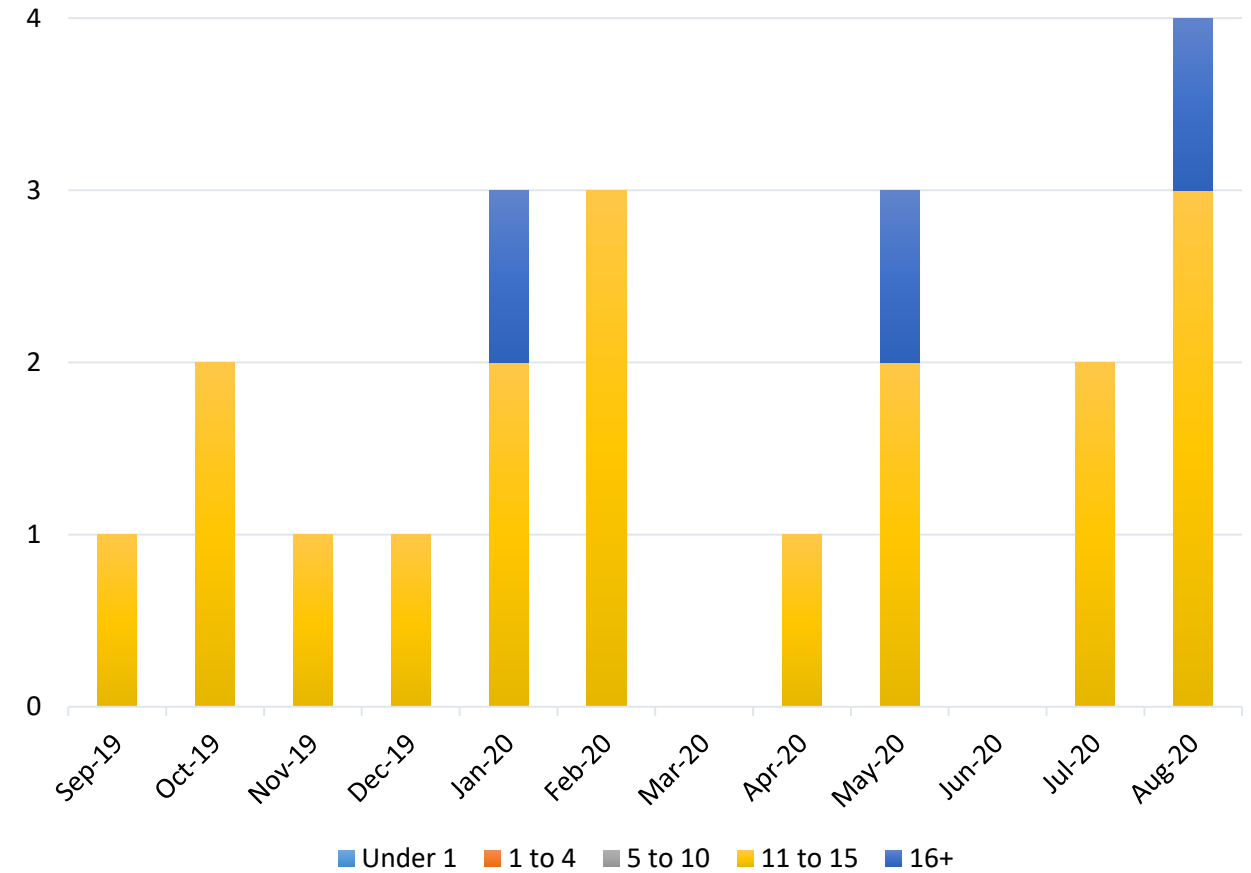**Number of Residential Placements Made (Peterborough)**

Cambridgeshire.gov.uk

Peterborough.gov.uk

Residential Placements

Age Breakdown of Residential Placements Made (Cambridgeshire)

Age Breakdown of Residential Placements Made (Peterborough)

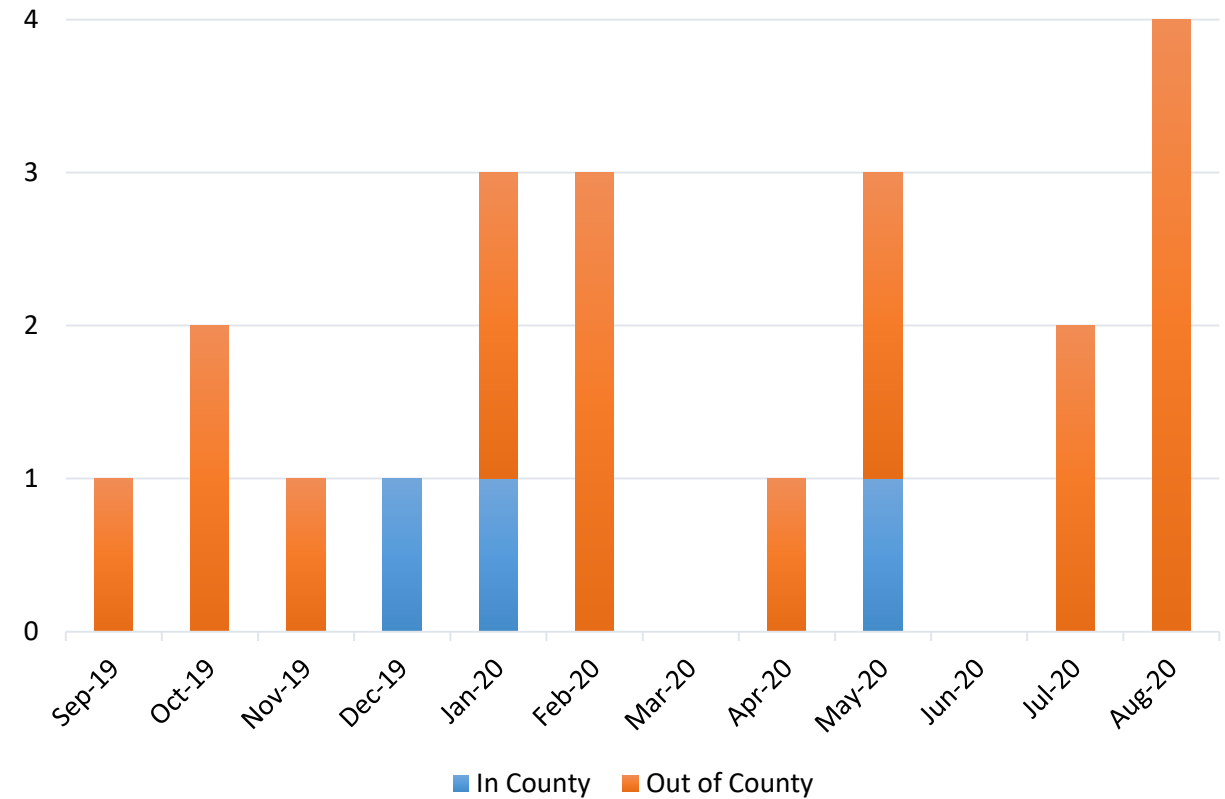Legend: Under 1 | 1 to 4 | 5 to 10 | 11 to 15 | 16+

Residential Placements

In County vs Out of County for Residential Placements Made (Cambridgeshire)
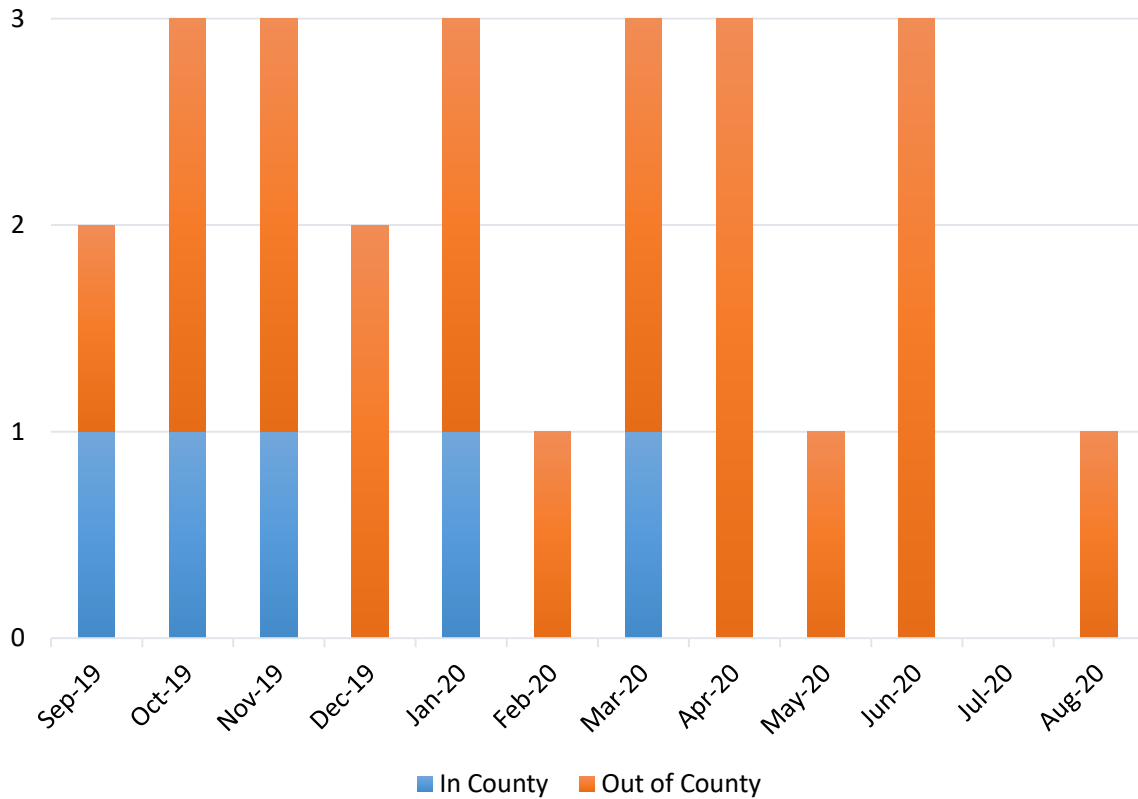
In County vs Out of County for Residential Placements Made (Peterborough)

Cambridgeshire.gov.uk

Peterborough.gov.uk

Current Themes

- Fostering placements for teenagers

- Increase in county lines and knife crime

- Independence skills

- In county provisions

- Emergency placements

Referral updates

<u>Discussion</u>

How can we categorise referrals for residential placements so they work better for you?

- What are other LA's doing with referral processes that you consider to be good practice?

- How can we categorise referrals so you know the referrals you receive are relevant to your services?

- Is there potential for this to work in Fostering? How? Other LA examples?

Referral updates

Referral Forms

Distribution Lists

Update on Passport to Independence

- Social Care continue to develop the Passport to Independence

- This will be used across Cambridgeshire & Peterborough

- Document needs to go through the necessary governance before going live

- Social Care will be holding a launch event for Providers

Questions?

Cambridgeshire.gov.uk
Peterborough.gov.uk

Break

We are on a short break and will return at 14:30

Supported Accommodation

Sam Nash – Commissioner (Children in Care)

Housekeeping

- Flexible agenda

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Supported Accommodation

Time	Topic / Discussion	Officer
2:30pm	**Supported Accommodation**	
	- Welcome & introductions	Sam Nash
	- Covid-19 Update	Sam Nash
	- Young Person Performance	
	- Placement/Referral Activity Data	Sam Nash
	- Current Challenges	Pete Goddard, Jo Leggett
	- Notifiable Events	LADO, Pete Goddard
	- Service specification requirements	Sam Nash
	- Examples of good practice	Sam Nash

Cambridgeshire.gov.uk

Peterborough.gov.uk

Covid-19

- *Thank you*

- *Update & recovery planning*

- *Lessons learned*

- *Provider, and Children and Young People engagement and feedback*

Young Person Performance

https://www.youtube.com/watch?v=EGXUlszytGI&feature=youtu.be&fbclid=IwAR1yBFXGCF_B-sT3fpLkbhaFhbz4hW3oxXtbHBE6TUXgSCfcoiCvUTI0psc
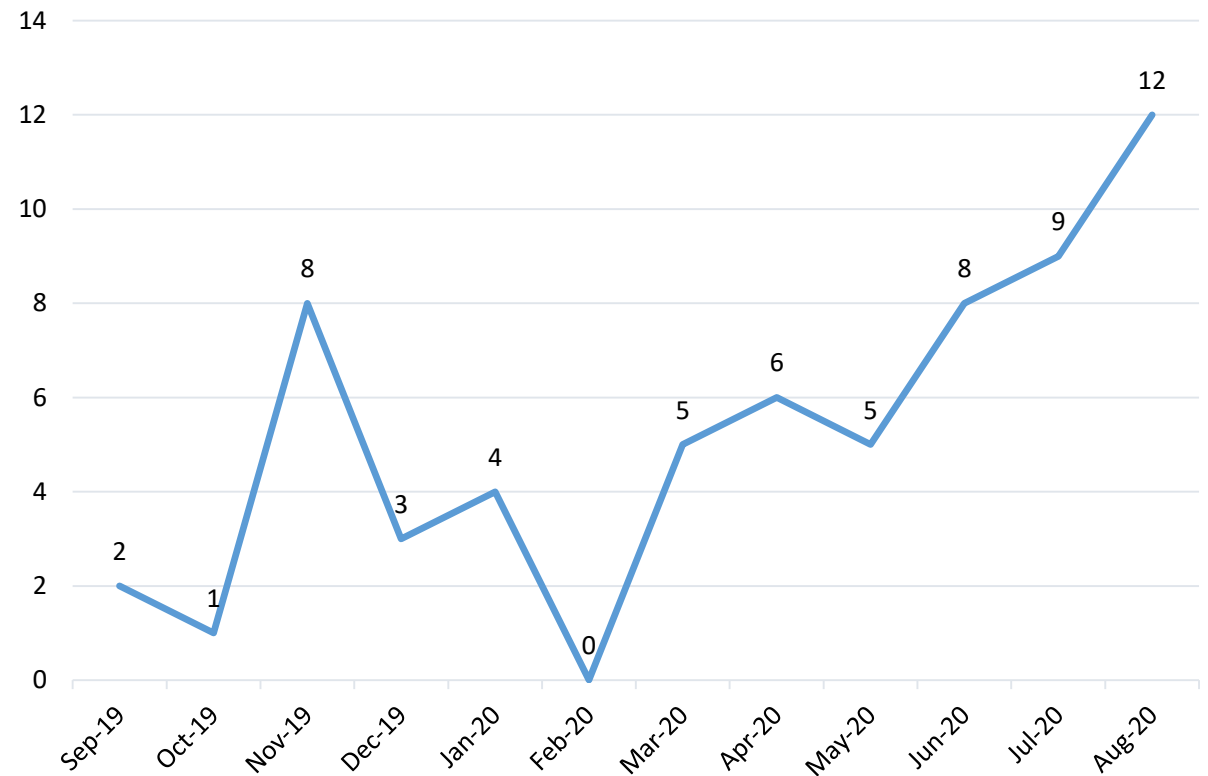
https://www.youtube.com/watch?v=IrVFhBnrPds&feature=youtu.be&fbclid=IwAR32PxQusP207neUDVHMXZGm9f5-Mv9r6uJzpFINwW7npsfRgcJHNHIKrlM

Supported Accommodation

Number of Supported Accommodation Placements Made (Cambridgeshire)
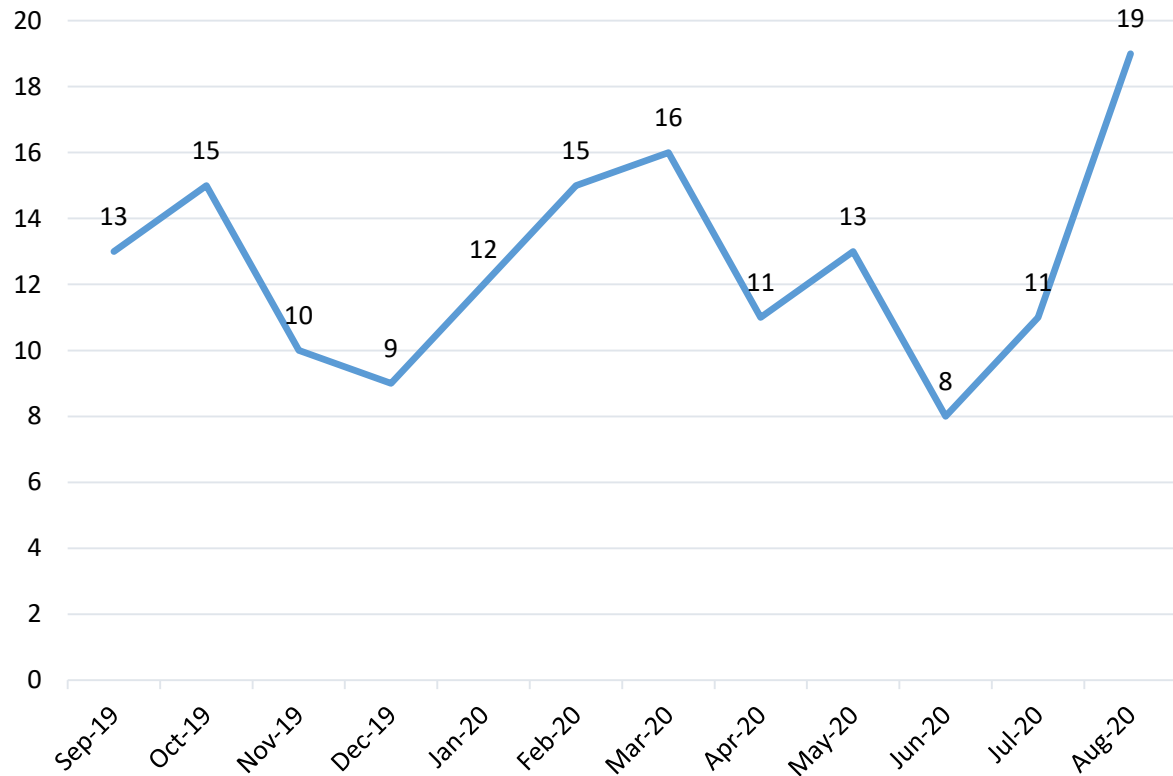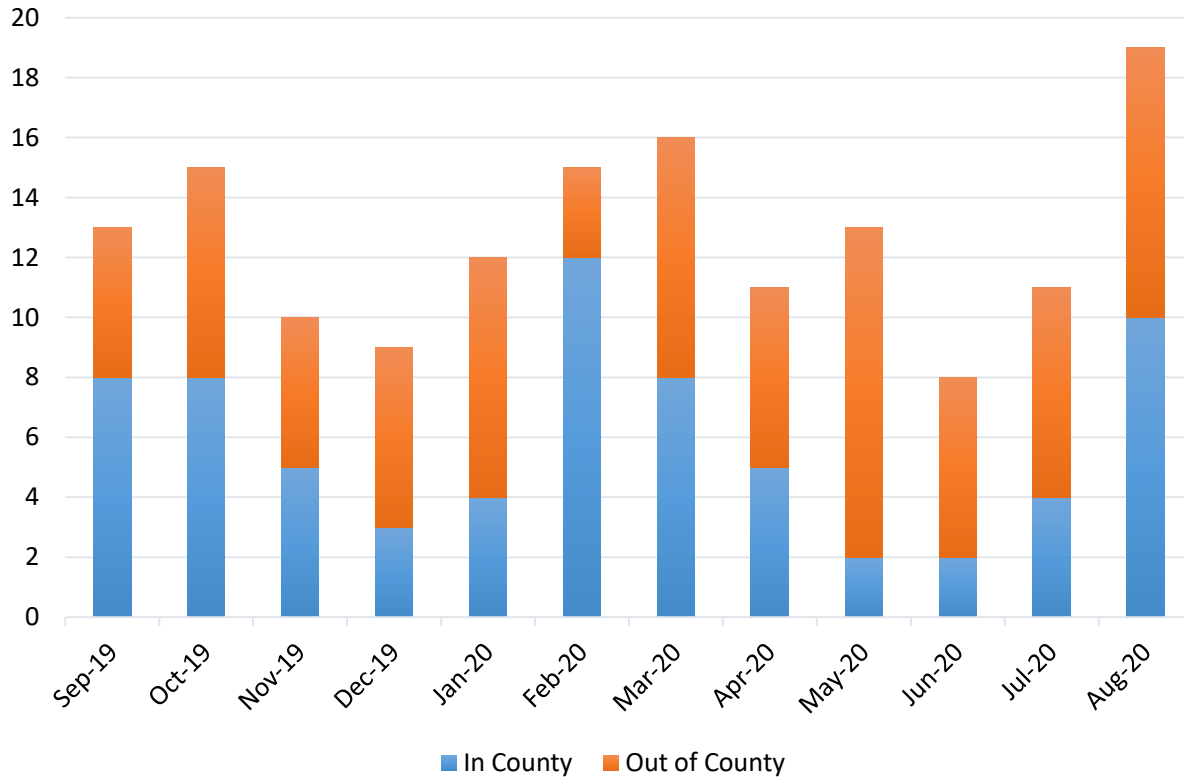
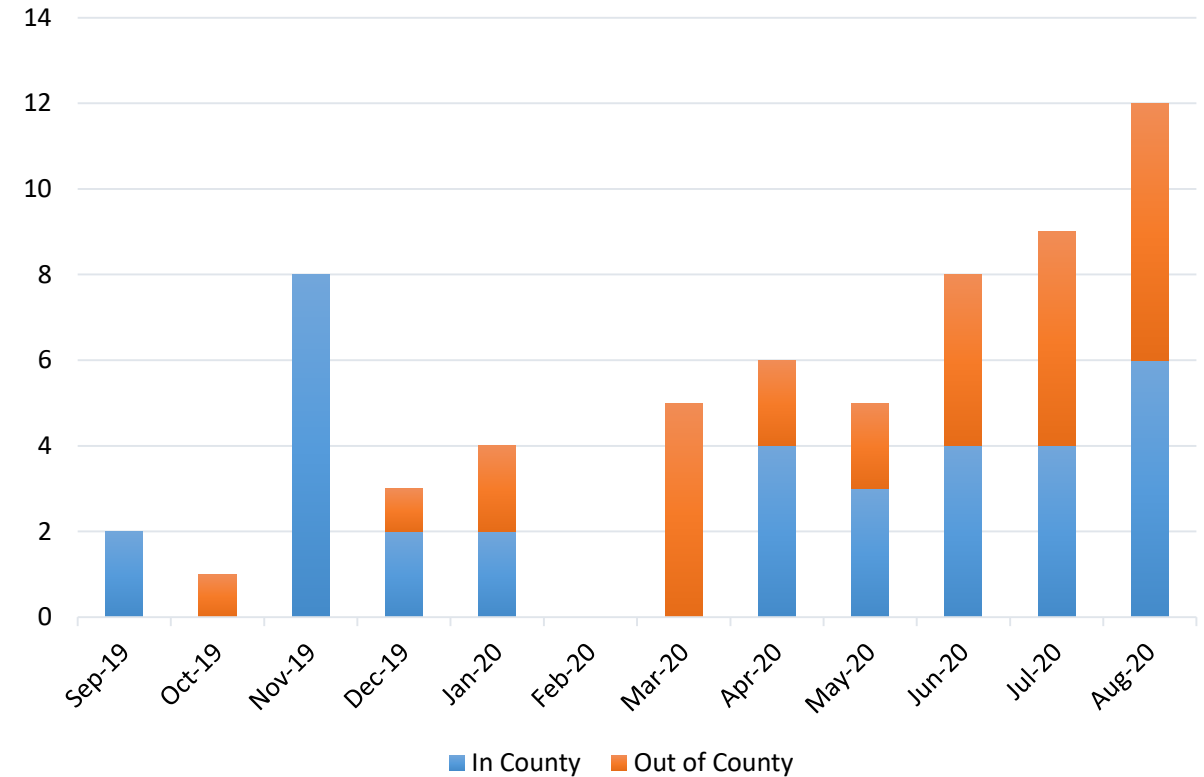Number of Supported Accommodation Placements Made (Peterborough)

Supported Accommodation

In County vs Out of County for Support Accommodation Placements Made (Cambridgeshire)

In County vs Out of County for Support Accommodation Placements Made (Peterborough)

Current themes

- Increase in County Lines and Knife Crime

- Independence planning

- Matching risk assessment

Next steps

- Referrals by Lot

- Contract Monitoring schedule for 2020-21

- Contract extension?

- Good practice forums?

Notifiable Events

Janet Farr – LADO CCC

Gisela Jarman – LADO PCC

Peter Goddard – Service Manager North, Corporate Parenting Service

Jo Leggett – Senior Placement Officer (CiC), Access to Resources

Notifiable Events

As per **Section 8.0 of the Supported Accommodation Service Specification** the Provider will notify the Social Worker and the relevant Access to Resources Team as soon as is practicable, and via phone or email immediately, if any of the following occur:

- The death of a young person

- Outbreak of an infectious disease in the Service

- Any emergency e.g. Fire, flood affecting the continuation of the service.

- An investigation involved the Police and/or Multi-Agency Safeguarding Hub (MASH) related to Safeguarding of vulnerable CYP

- Any incident of a child missing from accommodation

- The arrest of a young person in the service

- Any complaint about the Service or person(s) working for the Service

- Any discriminatory incidents relating to any of the protected characteristics detailed in the Equality Act 2010

- Serious accidents/ incidents including, but not limited to, notifications to the Health and Safety Executive

- Any damage to the property caused by a young person

- Serious injury or harm to a young person

- Allegations and disclosures made by a young person

Service Specification Requirements

- Appendix 5: Policies & Procedures, of the Supported Accommodation Service Specification, details the requirements and standards that must be applied by all providers under the Supported Accommodation Framework.

- Areas for development commonly seen during monitoring:
  - YP & Staff Files
  - Staff Training
  - Outcomes
  - Policies & Processes
  - Health and Safety

Evidence of Good Practice

- Young Person's Passport/ Key Contact Form

- Young People's involvement in devising their assessment and planning documents

- Covid – innovative ways of engaging with young people

- Partnership working

Lucy Loia – Senior Commissioner (SEND)
Lucy.Loia@Cambridgeshire.gov.uk

Sam Nash – Commissioner (Children in Care)
Sam.Nash@Cambridgeshire.gov.uk

Anita Hewson - Commissioner (Children with Disabilities)
Anita.Hewson@Cambridgeshire.gov.uk

Ben Palmer – Commissioner (SEND)
Benjamin.Palmer@Cambridgeshire.gov.uk

Zoe Redfern-Nichols – Commissioner (Children with Disabilities)
Zoe.Redfern-Nichols@Peterborough.gov.uk

Children's Commissioning Team Inbox
Childrenscommissioningteam@Cambridgeshire.gov.uk
https://cambridgeshireinsight.org.uk/children-and-young-people/childrens-commissioning/

Cambridgeshire.gov.uk

Questions?

Cambridgeshire.gov.uk

Peterborough.gov.uk