National Commissioning Board Wales

Good Practice Guidance for Regional Partnership Boards on the Integrated Commissioning of Services for Families, Children and Young People with complex needs.

Toolkit

September 2018

institute of public care

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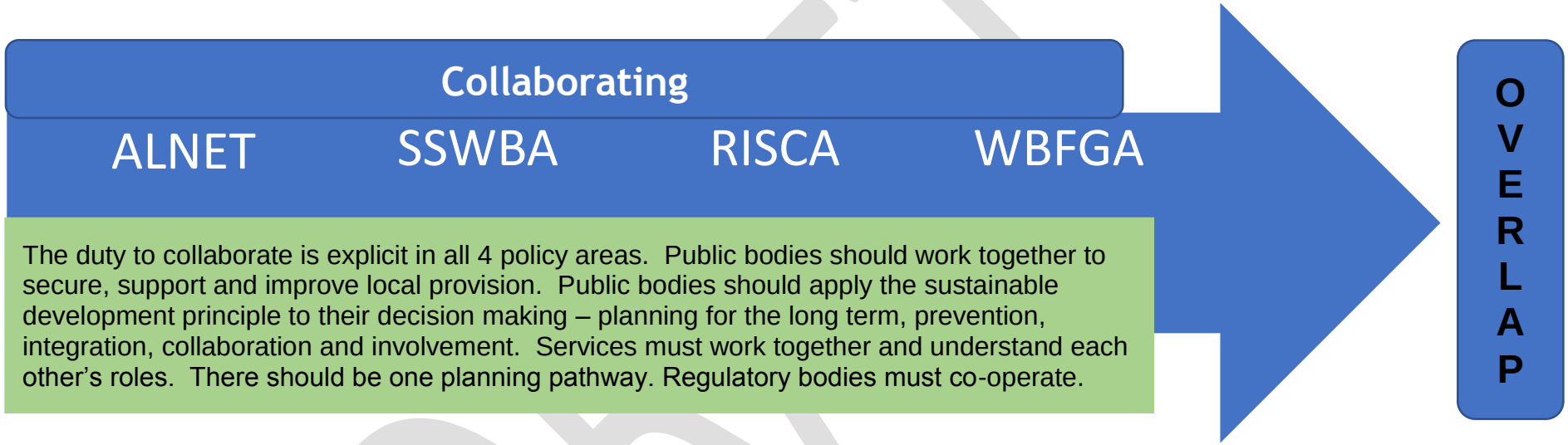
Contents

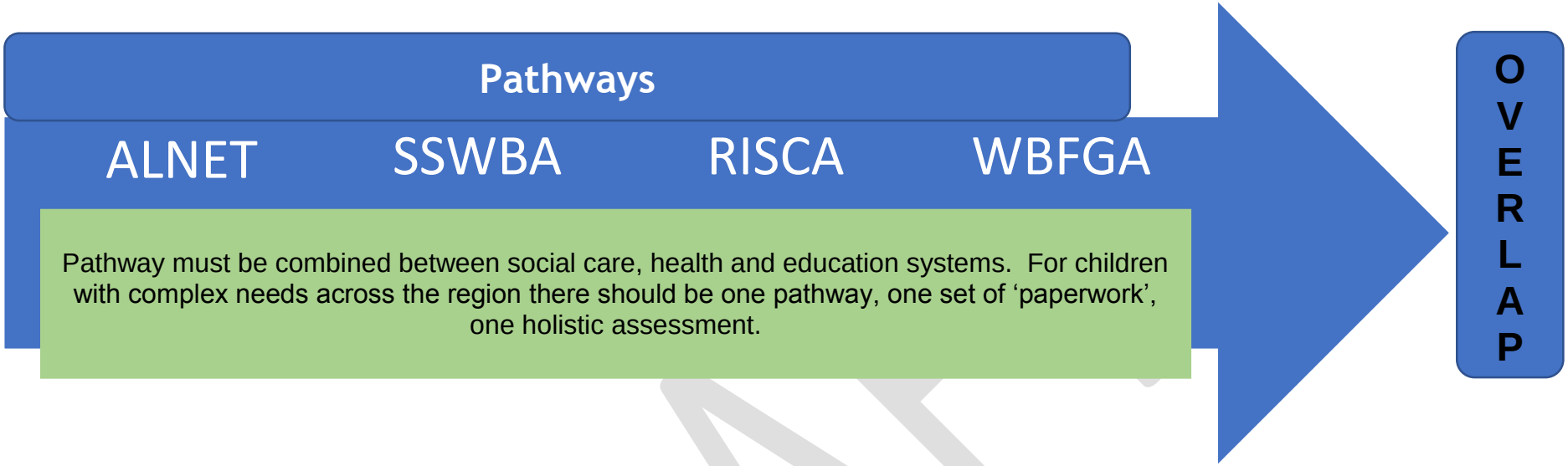
1 Policy Mapping Tool

The Policy Mapping Tool maps the legislative levers for collaboration from the Social Services Well-being (Wales) Act 2014 (SSWBA), the Additional Learning Needs and Education Tribunal (Wales) Act 2018 (ALNET), the Well-being of Future Generations Act 2015 (WBFGA) and the Regulation and Inspection of Social Care (Wales) Act January 2016(RISCA). It identifies the key responsibilities for partners and highlights the areas where education, health, social care and housing must work together to satisfy legal requirements and achieve well-being outcomes.



Strategic implications across health, social care, education & housing	The duties to collaborate under the WBFG Act are properly understood by all public bodies. Regional partnership boards should monitor active involvement of all organisations that provide services to children and young people with complex needs.
Actions for Regional Partnership Board	Integrated planning/commissioning statement of intent to be agreed at Regional Partnership Boards in relation to involvement of all key stakeholders. Commissioning arrangements and contract monitoring should test involvement.
Questions	Do partners have a shared vision and principles? Do partners have a common understanding of needs at a strategic level? Do partners have a shared view of what 'good looks like' in meeting needs?

Strategic implications across health, social care, education & housing	Collate strategic needs and map provision across a regional footprint; accommodation, health, social care, education provision and access to universal provision. Jointly commission, fund and provide provision across a regional footprint for the small numbers of those children and families who require a complex and integrated service response.
Actions for Regional Partnership Board	Joint protocols and agreements are drawn up with the participation of all agencies. This will include social care, children's and adult health services, education, housing, youth offending, information, advice and guidance services, supported employment services and leisure services.
Questions	Do partners have a shared understanding of the gaps in current provision? Is there agreement among partners about what should be commissioned and where? Have partners agreed their financial contributions?



Strategic implications across health, social care, education & housing	Regions should reduce the number of decision making panels so that children with complex needs and their families get their needs met in a timely way. To enable an integrated approach to meeting needs and decision making there should be an integrated pathway.
Actions for Regional partnership Board	Comprehensive review and subsequent changes to assessment tools, systems to facilitate one pathway that is supported by all partners.
Questions	Is there one integrated pathway? Are the needs of children and families currently met in a timely way? If not, what needs to be done differently?

2 Self-Assessment: Regional Partnership Board Commissioning Arrangements

Do your Regional Partnership Board arrangements promote effective commissioning? Evaluate the strengths and weaknesses of the commissioning arrangements for children with complex needs – give each statement a mark out of 5, where 5 = strongly agree with the statement and 0 = strongly disagree – and justify your mark in the right-hand column.

Statement	0 – 5	Illustrative examples, comments.
Analyse		
1. We routinely collect and analyse information to understand the current and future needs for children with complex needs across the region.		
2. We routinely seek and report on research and best practice evidence that will assist in commissioning decision making.		
3. We know what resources we have available for children with complex needs and we can confidently project our future financial commitments.		

Statement	0 – 5	Illustrative examples, comments.
4. We are able to benchmark the costs and performance of services for children with complex needs to understand how they compare to other regions.		
5. We have systematic processes of involvement of children and young people with complex needs and their families in commissioning and purchasing services.		
Plan		
6. We have a clear, written strategy or agreed outcomes for children with complex needs that signals our future commissioning intensions for the region.		

Statement	0 – 5	Illustrative examples, comments.
7. We have recent and on-going dialogue with partners and providers to build consensus on the implications of the commissioning strategy or plan.		
8. We develop business cases, and where appropriate options appraisals, when designing or reconfiguring services.		
9. We have developed a person-centred approach to commissioning, which enables individuals, and local communities, to maximise choice and control over the services they use.		

Statement	0 – 5	Illustrative examples, comments.
10. We have effective strategies for communicating commissioning issues with a range of stakeholders.		
Do		
11. We have a good understanding of the range of providers in our area, their strengths and weaknesses and future plans.		
12. We are able to influence the market to develop services in line with our population needs, rather than the historical awarding of contracts.		

Statement	0 – 5	Illustrative examples, comments.
13. We have regular and productive dialogue with providers which encourages 'consensus' and partnership orientated relationships.		
14. Our service specifications are evidenced based, specific about what is required from the provider and outcome focused.		
15. We treat all our providers equally (including any internal ones), which has helped us to establish a reputation as an open and fair purchaser.		
Review		
16. Our procurement and contract monitoring activities are proportionate to risk.		

Statement	0 – 5	Illustrative examples, comments.
17. We are able to bring together relevant data on activity, finance and outcomes for services, to judge whether they give value for money.		
18. Our contracts and specifications include appropriate levers to enable us to influence performance and explore efficiency savings.		
19. We decommission services where they fail to meet outcomes, provide value for money, or the requirement has changed.		
20. We continuously improve our commissioning arrangements, reviewing learning to inform all our commissioning activities.		

From the above analysis, summarise the major strengths and areas for development:

Strengths	
Areas for Development	

3 Positive Behaviour Support Tools

The Positive Behaviour Support Academy has developed a number of useful tools for commissioners including:

- A positive behavioural support specification for contracts
- A guide to identifying positive behavioural support best practice for commissioners and care managers
- A key performance indicator tool to monitor PBS service provision

http://pbsacademy.org.uk/

4 Steps to integration

Integrated commissioning is difficult without integrated assessment and care planning functions. Regional Partnership Boards need to create the appropriate infrastructure and operational process to integrate services effectively. The following tool aims to help Regional Partnership Boards discuss and address the challenges of integration.

	Challenge	Current Situation
1.	Does the Regional Partnership Board have a partnership board or mechanism in place responsible for the development of services for children and young people? This does not have to be a formal partnership in the first instance but should have clear terms of reference.	
2.	Has the regional partnership board agreed the aims and objectives of how the partners will work together with all stakeholders including children and parents, to develop services for children and young people requiring complex service solutions?	
3.	Has the regional partnership developed a statement of intent or plan to describe how it plans to integrate services to improve outcomes for children and families?	
4.	Is there a single point of access to services? There may be more than one within each region covering different geographical localities. Are the partners working towards a single point of access?	

	Challenge	Current Situation
5.	Are there agreed pathways for children and young people across all age groups?	
6.	Is there an integrated approach to assessment / care planning and review to include the requirements of the Additional Learning Needs Act; the Social Services and Wellbeing (Wales) Act and continuing health care? One of the challenges identified is the difficulty of getting different professionals together.	
7.	Are there integrated mechanisms in place to agree the funding of care and support packages? One of the challenges identified is the difficulty of getting decision makers together to agree funding for joint packages of care. Each agency often has their own process with their own panels for agreeing funding. This makes timely decision making very difficult and wastes significant resources in terms of the time and energy of the professionals involved. RPBs should map their existing decision-making processes together with the number of cases involved and explore how these can be rationalized across the region. It should be possible to establish an integrated funding panel (with or without a pooled budget) with decision makers from Education, Health and Social Services. The number of panels or frequency of meetings will be determined in part by the volume of cases.	
8.	Are the existing governance arrangements sufficiently robust and integrated?	
9.	Is the expenditure on services for children and young people with complex needs from each agency transparent?	
10.	Is there an integrated commissioning strategy for services which are jointly funded? Is there a rationale for the contribution of each agency?	
11.	Effective partnerships are built and develop on trust and confidence. We can promote trust and confidence by ensuring that the Regional Partnership Boards and their management groups (e.g. partnership for children and young people) are serviced regularly with good quality management and financial information reports to provide assurance that their statutory responsibilities are being	

	Challenge	Current Situation
	fulfilled and that resources are being used effectively. Are any such reports in place?	
12.	How are partners working together to assess and manage demand? How is data being shared?	
13.	Where agencies work closely together (e.g. health professionals based in special schools) what mechanisms exist to discuss how resources are flexed to cope with changing levels of demand?	
14.	Do partners understand the role and contribution of each professional (e.g. Learning Disability nurse, Rehabilitation officer for the blind) and services?	
15.	How does the RPB plan to evaluate the performance of the partnership?	

These questions may be daunting, but they are designed to stimulate thinking about integration and prepare the ground for discussions around formal partnerships and pooled budgets.

5 Co-productive commissioning with children, young people and their families

The tool below is a checklist for Regional Partnership Boards. It is based on a similar checklist developed by the Association of Directors of Social Services, Local Government Association and NHS England. The checklist enables Regional Partnerships to self-assess their approach to co-production and gain insight into how they can ensure that children and young people with complex needs and their families are equal partners in the strategic commissioning of services.

	You're doing well if……	There is more to do if……
There is a co-produced policy on co-production that shows the way everyone will work	The policy on co-production is easy to find and easy to understand.	There is not a policy or it is not easy for local people to find or get involved in the work.

	You're doing well if……	There is more to do if……
	Local people and groups can find the policy and see how they can get involved in the work.	
	The policy shows how the bosses from the organisations involved are signed up to co-production.	Co-production is not an important part of everyone's work.
	The policy includes how the work will happen in a way that means lots of different children and young people with complex needs are involved.	Lots of groups of children and young people with complex needs are not able to be part of the work.
There is a clear plan on co-production that has been co-produced	The plan is easy to find and understand.	There is not a plan, or it is not easy to find and understand.
	The plan explains the different roles of everyone involved in, and explains how the time they are giving to the work is valued.	There is not a plan, or it is not clear how everyone are equal partners and valued for what they bring.
	The plan is clear about how people are equally involved in making decisions.	The plan only says how people are involved in presentations or sharing their story but not making decisions.
	There are clear rules and a system for showing how everyone's costs or time paid for.	There are no rules about how people's costs or time paid for.
	The plan is checked to make sure that it is working.	There is a plan but what it says is not always reflected in the work.
	There is evidence that shows that children and young people with complex needs	Children and young people with complex needs and their families sit on a separate

	You're doing well if……	There is more to do if……
How the regional partnership works is built on the co-production principles	and their families are equal partners and involved in the big decisions about the work.	group to professionals and what they do is not linked to any of the big decisions about the work. Children and young people with complex needs and their families are part of key meetings but they are rarely properly involved.
	Children and young people with complex needs and their families are involved in important pieces of work based on the skills and experience they have.	Children and young people with complex needs and their families are asked what they think (consulted) but not involved in developing plans, checking progress and the delivery of plans.
All communication is open and easy to understand	People talk and write in plain English so everyone involved can understand what is happening.	There are papers, reports and minutes available but they are not in plain English/ language or easy to understand. Meetings and events include a lot of jargon or abbreviations.
	There are ways of working that mean children and young people and their families who have different communication needs are included.	Some groups of people with different communication needs are not able to be part of the work.
There is evidence of a 'shift in power' to people and families from professionals	The work is focused on what everyone agrees is important not just the priorities of one group.	The work is led by what one organisation or group think is important.
	Real stories are shared with people who make decisions so they understand the difference their work makes.	The real experiences of people are not written down, recorded or shared even when people want them to be.

	You're doing well if……	There is more to do if……
	People who want to share their stories are supported to do so in their own words.	The real experiences of people are not shared and do not help to shape the work.

6 What Matters? Team Reflection Tool

This team reflection tool aims to support teams identify the degree to which they are engaging in good practice within the legislative framework of the SSWB Act.

Practitioners undertaking assessments, care and support plans and reviews must start from **'what matters'** to the child, adult or carer, and work proportionately and creatively to achieve this.

If we apply the following principles, citizens will get the wellbeing, prevention and early intervention help they need at the right time from the right people:

- put individuals and their needs at the centre of care; give them a significant voice in, and control over, achieving outcomes that matter to them;
- build on strengths as well as needs, and encourage individuals to build their resilience wherever possible, with local authority intervention being focused on the most vulnerable;
- develop sustainable social services through a co-productive approach that leads to more people being supported without the need for formal eligibility assessments and managed social care support;
- and secure more effective care and support through collaboration and partnership.

This tool draws on recent **practice guidance for social workers registered with Social Care Wales**[1] which describes what is expected of social workers, including codes of professional practice, and provides guidance to help practitioners provide a person-centred, high quality service.

Guidance for completion

[1] The Social Worker: Practice guidance for social workers registered with Social Care Wales, 2017

Don't feel you have to score high to 'look good' – you will not be compared with other teams; the response provides a starting point against which you and colleagues can make a judgement about the development priorities for your team.

For each statement, we ask you to make two judgements about current practice and to score these on a scale between 0 and 5:

Firstly, to what extent does your team do this? (eg use a strengths based approach to assessment). If you are confident that, overall, your team always do this then score 5. If, overall, you feel that your team are aware of the need to do this but struggle sometimes to do so you may wish to score them at 3. If, overall, this is rarely or never done, you may choose to score 0 or 1. If you have no sense of what the current practice is in this area then please score '?'

Secondly, how much variation in practice do you think there is in your team? If you feel that your team are all operating in a similar way then score 5. If there is very significant variation in practice then score 0. If you have no sense of what the variation in practice might be then score '?'

It is therefore possible to score highly in one area and lower in the other. Some teams will be more self-critical than others and so any comparisons team managers wish to make against other teams should be based upon actual practice rather than score chosen!

		My team does this…[2]	Variation across the team is …[3]	Illustrative examples of how your team demonstrates this
General awareness				
A1	Understands the **principles** of the legislation - people, wellbeing, prevention and collaboration - and what it is intended to deliver for children, adults and carers			
A2	Understands it's structure and content and **other key legislation** which will impact on its implementation			
A4	Demonstrates awareness of the concept and different aspects of **well-being** and **welfare** for children, adults			

[2] My team does this: all the time (5) to never (0), don't know (?)
[3] The variation in practice in my team is negligible (5) to significant (0), don't know (?)

		My team does this…[2]	Variation across the team is …[3]	Illustrative examples of how your team demonstrates this
	and carers and able to describe this coherently for clients and their carers			
A5	Knows where to source **further resources** about the different parts of the Act			
A6	Understands the role of each agency and individual responsibility to meet the identified outcomes for a child, adult or carer			
A7	Able to reflect on the implications of the Act for them and changes needed in their conversations with individuals, carers and families			
Assessment				
B1	Consistently assesses and has regard to the **person's circumstances**			
B2	Is clear about what a **personal outcome** is and works constructively with people to understand what matters to them			
B2	Has the knowledge and confidence to draw out the **potential contribution** from family, friends and others in the community and is skilled in bringing these people together to support the individual			
B4	Consistently assesses any **barriers** to achieving those outcomes including a reluctance to draw on personal strengths and resources			
B5	Consistently assesses any **risks** to the person if their outcomes are not achieved			

		My team does this…[2]	Variation across the team is …[3]	Illustrative examples of how your team demonstrates this
B6	Able to confidently and constructively handle differences of opinion or situations of conflict between family members and others involved in the person's care			
B7	Able to confidently and constructively handle differences of opinion or situations of conflict between the service user and themselves			
B8	Regularly **collaborates** with partners, including health colleagues and internally across the Council, to deliver a more joined up approach			
B9	Able to identify where an outcome can be met through preventative services or met in another way and confident in explaining this to the client			
Care and support planning				
C1	Works confidently and constructively with the individual and people involved in their care to develop a **care & support plan**			
C2	Able to **develop solutions** to immediate problems and minimise the need for complex assessment and formal provision of care			
C3	Where people have complex needs, works with people and their families to ensure high quality and cost effective **services are available** at the right time and in the right place			
C4	Has made the cultural shift to a model **which promotes wellbeing and independence** focused on individual			

		My team does this…[2]	Variation across the team is …[3]	Illustrative examples of how your team demonstrates this
	outcomes, away from a deficit and dependency model focussed on service targets and objectives			
C5	Is confident in enabling the service user, their family and others involved in their care to make the cultural shift to a model which promotes wellbeing and independence and avoids dependency on statutory services			
C5	Uses Direct Payments **flexibly and innovatively**, with no unreasonable restriction placed on their use as long as it is being used to meet an eligible need for care and support			
Reviewing				
D1	Understands how individual wellbeing **outcomes** are being achieved and is able to confidently explore and communicate this with the client, their carer and family.			
D2	Captures and addresses any **change** in need/outcome that may require a change to how individuals and their carers are supported.			
D3	Able to confidently and constructively handle differences of opinion with, or between, the service user, carer and their family in relation to how individual outcomes are being achieved and any change in support needed.			
Managing quality and performance				
E1	**Assesses the quality** of services being delivered when visiting individuals, and feeds this back to commissioners through agreed mechanisms			

		My team does this…[2]	Variation across the team is …[3]	Illustrative examples of how your team demonstrates this
E2	**Contributes** to commissioning and contract processes, and the design of supports and approaches that are more efficient and cost effective			
E3	**Records outcomes in an agreed way**, enabling needs and progress of individuals served by the team to be understand			
E4	Seeks to understand the **impact of their intervention** on the individual, and reflects on this to improve practice			
E5	Appropriately **manages risk**, using professional judgement, guidance and colleagues to determine whether other professionals need to be involved			

In summary	
Having completed the Team Reflection, what are your teams 2 main areas for development?	

7 Relationship-Based Commissioning – Top Tips from Providers

The following 'top tips' were collated by a group of providers who provide education, support and care services to people (including children and young people) with complex needs across Wales and England.

Do test the market and use us to shape your specification.	**Don't** just write a specification and tell us it's what you want.

Good Practice

- Describe the strategic needs of the cohort you are focusing on.
- Write an outline proposal of how to meet those needs.
- Send the proposal to providers for comment.
- Use the feedback to write the specification.
- Invite providers to meet face to face to discuss the specification, identify barriers and agree solutions.
- Finalise specification and design tender process that reflects feedback.

Do boundary out cost and procure quality	**Don't** procure on price.

Good Practice

- As part of the market testing activities work with providers to agree what it costs to support the cohort you are focusing on.
- Take price out of the selection criteria but give some boundaries by agreeing floor and ceiling rates with providers.
- Don't base your decisions just on written bids. Once you have a short-list of providers arrange site visits that include speaking to frontline staff, people living in/ using the services and families.

Do empower us to get on with the doing.	**Don't** constantly make us compete against each other.

Good Practice

- Once you have procured your framework forget the scattergun approach to referrals.

- Agree the assessment methodology with providers and work with them to share the 'burden' of assessment as it is costly and time consuming. Don't make providers compete by getting them all to do an assessment not least because it is intrusive for the person with learning disabilities.
- There is enough work to go around and providers often work together, sharing ideas, matching people, matching staff. Build on this by creating a process where completed assessments are brought back to the framework and discussions held about which provider or collaboration of providers are best placed to work with the individual (being mindful that people with learning disabilities and their families always have the right to choose).

Do be realistic about the long lead in time.	**Don't** expect us to be able to set up a new service immediately.

Good Practice

- Good providers are not sat ready and waiting with voids to fill and staff teams twiddling their thumbs. They deliver person centred services and these take time to design and staff teams take time to recruit. Therefore, be realistic about timescales. It takes 6 to 9 months at least to set up a new service and even longer if housing needs to be found too.
- Involve providers in review and planning meetings as early as possible – they will help you solve some of the challenges.
- Work with the provider to write a shared development plan, with actions and timescales that all parties sign up to and progress is monitored against. Don't expect providers to be able to complete their actions on time if commissioners and/or other stakeholders have not completed theirs.

Do share the risks with us.	**Don't** expect us to shoulder all the risks on our own.

Good Practice

- Understand that there are significant costs for a provider to setup a new service in a geographical area where they do not currently have any services and these costs must be covered.
- With complex packages there are higher risks of things going wrong and sometimes children and young people being admitted back to hospital. There needs to be shared protocols around decision making, admission procedures and financial agreements around paying the staff team so that it is possible to discharge the person quickly again.

- Providers and commissioners should agree contingency plans for fluctuations in need. This may include a contingency budget for any increase in support needed for a crisis or to maintain a placement. If the budget is not used, it is repayable to the commissioner.

Do think flexibly about homes.	**Don't** just think supported living or residential homes.

Good Practice

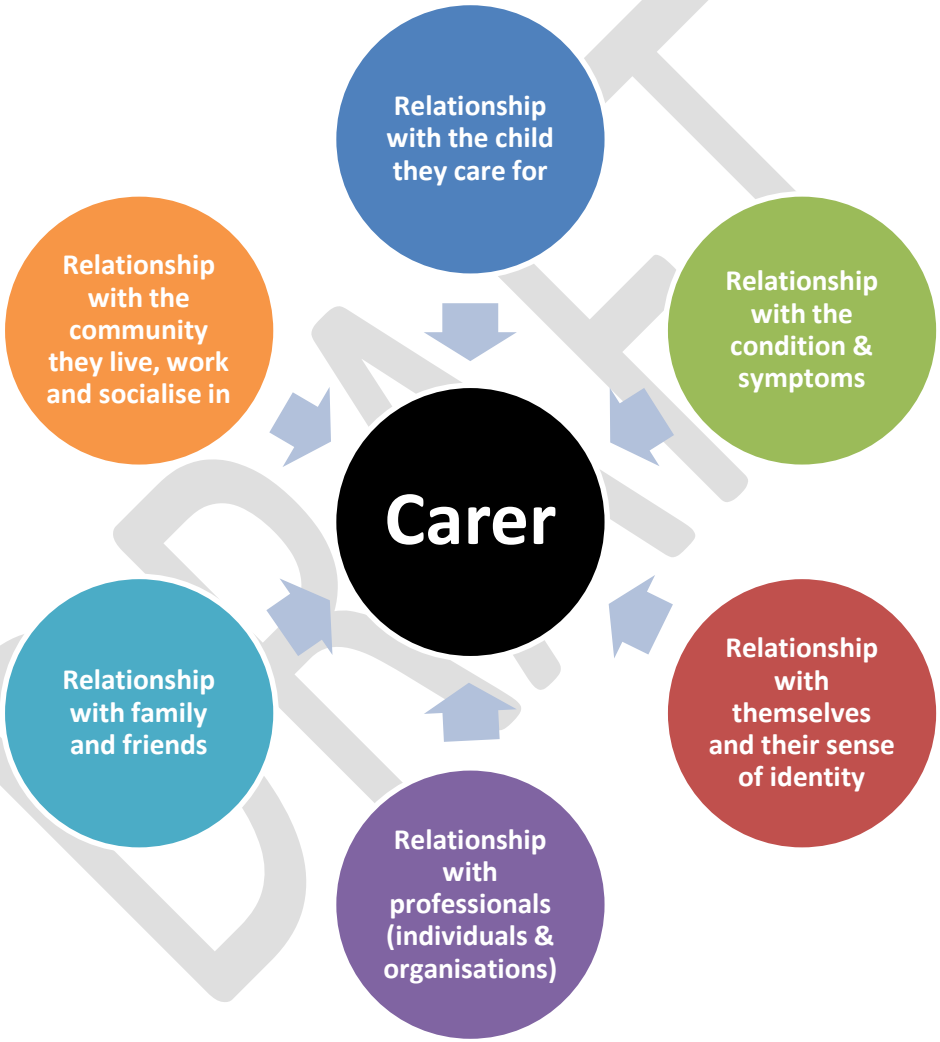
- Involve a housing provider(s) with experience of developing bespoke, high spec housing that addresses sensory sensitivity, physical access, smart technology, etc.
- Understand that many people will be better placed in bespoke, ordinary housing rather than supported living complexes.
- Understand maintenance and service costs.
- Support families to make adaptations to their houses or even move house to enable them to continue to care for their children at home.
- Support families to buy houses for their young adult children in the same community.

Remember to spend time on your relationship with providers and think about what a long-term relationship with them means. For example:

- How will you work with providers on the framework to plan strategically?
- How will you work with providers on the framework to recruit, train and retain a good, skilled workforce?
- How will you work with providers on the framework to support other providers and reduce or stop placement breakdowns?
- How will you facilitate networking with other partners – schools, businesses, community, etc?

8 Audit tool for carers' model of support

The audit tool below is a useful way of benchmarking the range and intensity of support in the community for carers.



Domain	Standard	Carer Support Activities
Relationship with the person they care for	Carers are supported to navigate (emotionally and practically) their (changing) relationship with the person they care for.	• Counselling • Support from carer support workers • Peer support
	Carers are supported to manage their sense of loss.	
Relationship with the impact of the condition and the symptoms it results in	Carers are supported to understand their caring role and the impact it does or might have on them their relationships and their quality-of-life now and in the future.	• Information • Training for carers • Support from carer support workers • Peer support
	Carers are supported to feel confident in their caring role and safe in terms of emergency and/or future planning.	• Training for carers • support from carer support workers • Support to develop an emergency plan
	Carers are supported to better understand and cope with the condition, behaviour and symptoms of the person they care for.	• Information • Courses on specific conditions • Support from carer support workers
	Carers are supported to manage their sense of loss and any mismatch between their hopes, dreams, expectations & current reality.	• Counselling • Peer support • Support from carer support workers

Domain	Standard	Carer Support Activities
	Carers are supported to manage stress.	• Information • Stress management courses e.g. mindfulness • Provide access to and support to engage in therapeutic activities e.g. art classes • Provide access to and support to engage in healthy living e.g. healthy diets/cooking and exercise • Provide access to and support to help run the house e.g. cleaning, shopping, gardening, personal admin etc. • Provide access to financial advice • Provide support to navigate the system, the form filling, etc.
Relationship with themselves and their sense of identity	Carers are supported to maintain other roles and identities.	• Coaching • Provide access to groups or community organisations that facilitate other roles and enable carers to contribute e.g. carers choir, volunteer schemes, faith groups, etc • Support to secure flexible care for the cared for leaving the carer 'free' to engage in other activities • Methods of detecting, recognising and supporting people who have a caring role but who do not identify with the label 'carer'
Relationships with friends and family	Carers are supported to navigate their relationships with extended family and friends.	• Counselling • Peer support • Support from carers support workers

Domain	Standard	Carer Support Activities
	Carers are supported to develop peer support networks.	• Facilitate peer support via a range of mediums such as courses, groups, drop ins, virtual forums, etc.
	Families are empowered to understand and support each other.	• Family systems counselling
Relationship with the community they live, work and socialise in	Carers are valued, listened to and involved.	• Involve carers in the governance and running of organisations supporting carers • Collate, share and learn from feedback from carers on their experience of support from organisations and the outcomes it has resulted in.
	Carer friendly communities.	• Raise awareness of carer's issues • Work with stakeholders to improve local policy and practice e.g. GP surgeries, housing, community equipment services, social care, hospitals, leisure centres, high streets, etc.
	Carer friendly employers.	• Raise awareness of carer's issues • Work with local employers to improve local policy and practice.
	Carers are supported to manage experiences of oppression and/or discrimination.	• Counselling • Information about carers rights • Provide access to legal advice • Provide advocacy for carers
	Carers are supported to connect with others in their community to reduce isolation and loneliness.	• Information and signposting • Social media forums • Peer support groups

Domain	Standard	Carer Support Activities
		• Working with other community services to reduce isolation and loneliness
Relationship with professionals (individuals and organisations)	Carers are signposted to appropriate professionals and organisations.	• Work with primary and secondary health care, social services and providers of care and support to better identify and support carers to get their own needs met. • Contacting appropriate professionals and organisations on behalf of the carer (with their consent)
	Carers are seen as experts in their own situation and that of the cared for	• Support and training for other organisations/professionals on valuing and involving carers