

## **Children and Families Committee**

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| <b>Date of Meeting:</b>     | 8 November 2021                             |
| <b>Report Title:</b>        | Care at Home Re-commission                  |
| <b>Report of:</b>           | Nichola Thompson, Director of Commissioning |
| <b>Report Reference No:</b> | CF/12/21-22                                 |
| <b>Ward(s) Affected:</b>    | All   |

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### **1. Executive Summary**

- 1.1** This report provides the background and vision that supports the redesign and re-commission of a new Children's Care at Home Purchasing System that will be operational from November 2022. The proposed Children's Care at Home Purchasing System will have a contract term of five years in order to promote consistency of care for children, sustainability for the market and innovation throughout the term. The Children's Care at Home Purchasing System will be re-designed to build on the excellent outcomes for children on the edge of care being achieved through different ways of working currently being applied and will increase the scope of support to children with disabilities. This means that it is difficult to put a value to the volume through the redesigned Purchasing system, however based on current cases and a trajectory of new ways of working an estimated value of spend over the five-year term would be £22m.
- 1.2** The continual review of the cared for children population and their journey into care has been utilised to identify lessons learnt and the changes needed to alter the trajectory for many children on the edge of care and for those in care who are ready to step down from more intensive support. The primary driver for this review, redesign and re-commission is:
- the effective support to children with disabilities at home, early support to these families to bolster resilience and the best outcomes for children with disabilities.

- to prevent children from entering the care system; an outcome which we know can often lead to additional, albeit different vulnerabilities in terms of their opportunities later in life.
- Support the return of cared for children to their birth family / family network.

**1.3** The redesign and re-commission of Children's Care at Home will play an important part of the Children's Social Care Demand Management Strategy and support delivery of the targets set in the Medium-Term Financial Strategy.

**1.4** A redesigned Children's Care at Home Purchasing System will support the Council to achieve the strategic aims and objectives as detailed in the Council's Corporate Plan 2021-25, with a specific focus on:

**A Council which empowers and cares about people -**

- Work together with residents and partners to support people and communities to be strong and resilient
- Reduce health inequalities across the borough
- Protect and support our communities and safeguard children, adults at risk and families from abuse, neglect and exploitation
- Support all children to have the best start in life
- Increase opportunities for all children and young adults with additional needs.

**2. Recommendations**

**2.1.** That Committee:

**2.2.** Approve the redesign and re-commission of a new Children's Care at Home Purchasing System.

**2.3.** Delegates authority to the Executive Director - Children's Services to award contracts to providers to enter the Children's Care at Home Purchasing System.

**3. Reasons for Recommendations**

**3.1** The current Care at Home (CAH) Framework expires in November 2022, following a 4-year contract term (2018-2022). Given the complexity of need of our children, the increased number of children going into care over recent years and the reduction in resources, now more than ever it is imperative that we ensure the right support can be offered to keep children at home, safely with their natural families.

**3.2** To modernise and stabilise the current offer so that it aligns to the Council's Priorities; in particular those set out in the Corporate Plan and Children and Young People's Plan.

- 3.3 To ensure that the right level of support is available to empower parents/families to care for their child safely, and the child can remain in a place where they are both loved and looked after. By bringing children in to care, this balance is compromised and the child becomes “looked after” at the detriment of love.
- 3.4 To prevent children and young people from entering the Care System when there can be other options to keep children safe at home. The investment in home-based support will result in cost efficiencies resulting from the prevention of long term, high-cost placements and associated costs.
- 3.5 The new Purchasing System will be specifically for children’s Care at Home. Separating adults and children’s support will ensure the Purchasing System is designed specifically for children and families; creating a new way of delivering Care at Home and supporting a new approach for children on the edge of care or stepping down from care/crisis.
- 3.6 By improving the Care at Home offer to reflect the ever changing needs of our vulnerable residents, we give Social Workers the resources and options that best fit the needs of the children and families they are working with. A flexible, dynamic and innovative Purchasing System will support child centred planning in response to assessments, finding the most appropriate way to improve the child’s outcomes and welfare, aligning to Working Together to Safeguard Children (2018) and The Children Act (1989).

#### **4 Other Options Considered**

- 4.1 Allow the current Purchasing system to lapse in November 2022 and not replace it. This would require the transfer of care at home for existing children to alternative spot purchasing arrangements that may not be with the existing providers. The potential risks faced would be inconsistent and poorer quality support to children with disabilities and their families and ineffective use of resources.
- 4.2 Re-commission the Care at Home Purchasing System in its existing format. This would not resolve the issues around lack of effective services for families and would result in inefficient spot purchasing arrangements and lack of robust, auditable evidence of value.
- 4.3 Both the options above would negate the ability to build on the innovative and highly positive impacts on children that have been secured through different ways of supporting children at home that are on the edge of care or those being discharged from specialist mental health beds.

#### **5 Background**

- 5.1 Although it is absolute that in some cases a child needs to become cared for by the Local Authority in order to keep them safe, there are other cases where children are living at home with a family who love them but do not have the support, experience, resilience or resources to look after them.

When we bring a child into care, we are placing them into a home where they are appropriately looked after but not loved. The ambition is to empower parents to effectively safeguard their children and help them to thrive, keeping children in an environment where they are both loved and looked after. This may mean that they need longer term support, including out of hours.

- 5.2** The proposed new way of working would target support towards families who are at a crisis point and are struggling to deescalate risk, and families who may be reunited with a bespoke package of care and support. The model would be home based and without the traditional limitations of in-house services (such as operating hours), offering help at the time families need it most - which could be overnight or at weekends.
- 5.3** The new Purchasing System would extend the offer whilst maintaining and improving the support that is currently offered to children with disabilities. The existing Lots (set out in 5.10) would be refreshed in order to address identified gaps in current provision, including at-home support for children with autism. A resilient network of providers will offer a graduated response to need which can respond to complex care requirements whilst also offering early intervention and support to minimise the need for more intensive / high-cost support and on some occasions preventing entry into care.
- 5.4** There are currently 542 children in care in Cheshire East and the numbers have increased over recent years but the curve is turning. Few children are re-integrated back into the family home or “stepped down” from residential small group homes into foster care or back to their natural family. The average current cost of children in care is set out in the table below and this is only the direct cost. Other financial implications include statutory meetings, court and legal proceedings, cared for reviews and the hidden costs associated with placement breakdown.

The table below shows a breakdown of costs for the three types of placement over the last 5 years:

|                   | Number of children in external foster placements | Average Cost £ | Number of children in In-house foster placements | Average Cost £ | Number of children in residential care | Average Cost £ |
|-------------------|--|----------------|--|----------------|--|----------------|
| 2016              | 86   | 804            | 147  | 508            | 40                                     | 3,488          |
| 2017              | 109  | 807            | 153  | 502            | 31                                     | 3,164          |
| 2018              | 130  | 797            | 147  | 503            | 23                                     | 3,319          |
| 2019              | 141  | 847            | 130  | 497            | 37                                     | 3,720          |
| 2020              | 148  | 850            | 117  | 608            | 48                                     | 3,830          |
| % cost increase   |  | 5.7%           |  | 19.7%          |  | 9.8%           |
| 2020 weekly costs |  | 125,800        |  | 71,136         |  | 183,840        |
| 2020 annual costs |  | 6,541,600      |  | 3,699,072      |  | 9,559,680      |

- 5.5** The current care at home contracts for children have been commissioned through a Purchasing System that has nine providers, covering 3 Lots for Adults' and Children's care at home as detailed below:
- Lot 8: Personalised care and support delivered by children's nurses for children with complex health/clinical medical needs. This Lot currently has seven providers within it, and a range of hourly rates between £15 and £22.
  - Lot 9: Personalised care and support delivered by highly skilled care workers. This Lot currently has nine providers within it, and a range of hourly rates between £15 and £18.
  - Lot 10: Personalised care and support delivered by support workers. This Lot currently has eight providers within it, and a range of hourly rates between £15 and £18.
- 5.6** Overall, since the Purchasing System went live in November 2018, there have been 22 referrals sent through eBrokerage for Children's Care at Home. Of these, only 6 (27%) packages of support have been picked up by providers on the Purchasing System. Of the remaining 73%, 6 packages of support were sourced outside of the Purchasing System but have since mobilised to become Purchasing System providers following a successful tender process. 10 packages of support have been sourced through spot purchasing arrangements with providers.
- 5.7** The current care at home contracts for children have been commissioned through a Purchasing System that mirrors the Adult Social Care system and is currently not providing the flexibility required to support children and families effectively. To date the Children's Care at Home Purchasing System has supported a small number of children with a narrow range of disabilities. There are many more families struggling with children that have behaviours that challenge due to their autism or mental health for example. The current Care at Home Purchasing System does not support discharge from Tier 4 mental health inpatient beds or children on the edge of care.
- 5.8** The dominance of care at home for adults, the narrow scope of needs and small packages of hours put out to the market to support children at home is impacting negatively on the number of providers joining the Children's Care at Home Purchasing System and the referrals they pick up. This dilutes the confidence that our social workers and parents have in this avenue of support and adds pressures on the brokerage team and social workers when looking for good quality care that can meet the needs of the families through other routes.
- 5.9** The redesign of the Care at Home Purchasing System will ensure that the existing Lots would remain in place to support children with disabilities and ensure that there is no loss of services, but rather an increase in the offer. As part of the commissioning process full consultation with parents, children,

staff, stakeholders and providers will take place alongside robust market testing. A new specification will be developed to encourage greater provider uptake of packages of support required, providing greater flexibility and choice; ultimately resulting in service improvement and better outcomes for children and families.

**5.10** The proposed Lots that will form the key part of provider and stakeholder engagement prior to commissioning are as follows:

| LOT 1   | LOT2  | LOT 3                         | LOT 4 (new)   | LOT 5 (new)  |
|---|---|-------------------------------|---|--|
| Low Level Support Worker  | Highly Skilled Support Worker                                   | Nurse                         | Edge of Care/Step Down (Family Support)   | Innovation   |
| Low Level Medical Needs including physical disability and learning difficulty | Moderate level needs including physical and learning disability | Life Limiting or Complex Care | Harmful Sexual Behaviour, Mental Health – parent and/or child, Attachment and Trauma, Family breakdown, Parental alienation, Autism - Whole Family Approach, Substance Misuse | Bereavement, Education Participation, Returning home from care, Adoption support, Mental Health, Contextualised Safeguarding, Child Criminal Exploitation, Gang Violence or Affiliation, Suicidal Ideation, LGBTQ+ |

## 6 Consultation and Engagement

- 6.1** Local and National research identifies a range of negative impacts that entering the care system can have on children and young people. When children are bought into a stretched, under resourced and - at times - non-specialist care system, it is imperative that we assess the risk to their holistic development and wellbeing.
- 6.2** Through engagement with social workers, attachment specialists, health colleagues, parents, commissioners, heads of service and by learning from case studies it is evident that a new approach is required in order to help keep families together.
- 6.3** Next steps would be to engage in formal consultation and market engagement to support the redesign of the framework. Consultation will take place sensitively with parents, children and young people, care leavers, cared for children, foster carers and residential providers.

- 6.4** Key stakeholders will be consulted and engaged with including health and education colleagues, other LAs, adult services, SEND services, private sector, providers, police and other interested parties.

## **7 Implications**

### **7.1 Legal**

- 7.1.1 The outcome of the formal consultation and market engagement will feed into the redesign and recommissioning of the proposed Purchasing System.
- 7.1.2 Once the recommissioning and procurement of services has been approved, the procurement should be undertaken in accordance with the relevant provisions of the Public Contract Regulations 2015 and CEC's Contract Procedure Rules.

### **7.2 Finance**

- 7.2.1 The long-term impact of a redesigned and re-commissioned Care at Home Purchasing system should provide an additional tool to manage demand effectively and avoid high cost placements.
- 7.2.2 In order to ensure we do not restrict much needed providers from being awarded contracts, there will be a robust system in place to look at cases individually and determine the best value offer for each child. There will be secure operating systems for Social Workers who will need auditable authorisation before any individual agreements are progressed. This will not add unnecessary layers into the system as the current way of working will be streamlined and spot purchasing will not be required.

### **7.3 Policy**

- 7.3.1 The recommended Care at Home Purchasing System will support the corporate vision to create an open, fair and green Council. Children and families will be supported to thrive with children receiving the best start in life and growing up in a safe environment. Meanwhile the model will support a sustainable financial future by investing in families and reducing the need for high-cost placements. Open and transparent engagement facilitates a two-way conversation with our residents and the dynamic framework provides opportunities for the local care sector to work with the Council, supporting market growth.
- 7.3.2 There is an opportunity to create a "Golden Thread" to align Care at Home with the All-Age Carer's offer, looking at a pathway for referrals into the carers service to ensure that those who are entitled to extra help, receive it in the right place at that right time.

## **7.4 Equality**

7.4.1 An Equality Impact Assessment has been completed and included at Appendix 1.

## **7.5 Human Resources**

7.5.1 There is no direct impact on Cheshire East employees and no TUPE arrangements.

## **7.6 Risk Management**

7.6.1 Risks associated to this re-commission are:

- Supporting a vulnerable cohort of children and their families at risk of a number of factors – poor education and training, health, safeguarding, poor home conditions, lack of family stability and transition into adulthood
- Lack of engagement from the provider market meaning a failure to deliver effective services
- Failure to use Council resources in the most effective way
- Reputational damage to the Council if services are not delivered and/or a serious incident occurs

7.6.2 The above risks will be managed through a risk register.

## **7.7 Rural Communities**

7.7.1 The recommission will benefit rural communities as the offer will reach all areas within the borough.

## **7.8 Children and Young People/Cared for Children**

7.8.1 The Purchasing System will be developed with children and young people at the heart of the offer. Ongoing audits and quality assurance measures will ensure that all providers continue to meet and exceed our minimum standards. Every child in receipt of care will be open to a key worker who will work directly with the child to capture their voice and will also be subject to the standard supervision process to ensure safe practise.

7.8.2 Contractual arrangements will ensure that the council has oversight of quality and value for money with control measures in place to address any concerns.

## **7.9 Public Health**

7.9.1 Supporting families in their home environment gives them the best opportunity to effect positive change, reducing risk and supporting sustainable, safe outcomes. The proposed Lot system ensures inclusivity so that all children and young people are given the opportunity to thrive. It is well documented that a stable, secure childhood provides the foundation for fulfilling adulthood and this

model strives to narrow the gap in inequality by supporting families to grow together.

## 7.10 Climate Change

7.10.1 This is an exciting opportunity to work with local providers to increase local employment, reducing travel from out of borough services to deliver Cheshire East services.

7.10.2 If more children are supported to remain at home, key people working with the child will usually be assigned based on location and therefore reduce the carbon footprint by remaining local. We would also reduce the number of children who are placed at a distance and reduce the associated travel for contact or statutory visits.

| <b>Access to Information</b> |   |
|------------------------------|---|
| Contact Officer:             | Dave Leadbetter, Head of Children's Commissioning<br><a href="mailto:dave.leadbetter@cheshireeast.gov.uk">dave.leadbetter@cheshireeast.gov.uk</a><br>07794 059581 |
| Appendices:                  | Appendix 1 – Equality Impact Assessment   |
| Background Papers:           | None  |