About the Centre
The Centre for Outcomes of Care is an applied research and knowledge exchange developing and implementing evidence based systems in children's services. The Centre is a community of applied specialists from academia, practice, finance and commissioning providing a whole system approach to solving one of the most intractable challenges in society: improving outcomes for children in care.

The core work of the Centre is the development, implementation and evaluation of practice and systems in children's services. Where clear relevant evidence indicates an appropriate solution to an identified need, we work to support its implementation; where solutions are less clear, our specialists or academic institution partners are able to provide high quality research services to allow informed and intelligence led decisions to be made.

About CCRAG
The Children’s Cross Regional Arrangements Group (CCRAG) is a partnership of 17 local authorities who work together to share monitoring of services, fee negotiations and a database for placements. CCRAG is an outcome-focused group of highly committed local authorities who share good practice in order to achieve better outcomes for LACYP.

It is important to note that CCRAG are on a journey in terms of co-producing the partnership with the provider market, and will be delivering a co-produced Terms of Reference to ensure parity between parties in 2018. CCRAG recognizes the value in continuing to build trust and relationships in order to achieve better outcomes for LACYP.

About the author
Mark is a researcher and strategist who specialises in the development and use of outcome frameworks to demonstrate the impact of interventions and programmes, particularly for vulnerable youth. He is experienced in both academic and social research using quantitative and qualitative methodologies. Mark is driven by the need improve the evidence base that informs policy design. In his work he supports organisations to ensure that programme outcomes feedback in to evaluation policy at a national and local level as well as into service delivery and improvement. Mark has a particular interest in outcomes for looked after children and regularly works with local authorities, national charities and independent providers of public services.
Principles of working relationship with CCRAG
Both the primary consultant and the Centre for Outcomes of Care are independent from all stakeholders in this process. Our role is to provide evidence based advice, technical support and guidance on strategy to improve outcomes and Value for Money (VFM) from commissioned (and where appropriate non-commissioned) services. Long-standing relationships exist between OOC and the national representatives of the fostering and residential sector. This allows for constructive and positive dialogue with the whole sector paving the way for co-produced solutions to problems both commissioners and providers of services are experiencing.

Current work stream
The work stream originated during the review of the CCRAG fee process for commissioned providers. CCRAG members wanted better intelligence about outcomes for LACYP to inform decisions about fee increase requests, as well as improved understanding of fees being paid across the CCRAG members authorities. Whilst commissioners have led this work stream, there has been stakeholder engagement from other local authority teams including CAMHS, 16 plus and social work as well as commissioned providers.

CCRAG recognized that the current fee process was unsustainable in its policy of a 0% increase in fees for providers, and was a contributory factor in the lack of trust between local authorities and providers. As a group it was felt that incremental amending of the current processes would not enable greater parity or better outcomes for either party, and therefore began a journey to better understand of the factors that impact on the cost of care.

CCRAG partners were in agreement that paying a fair price for a good quality of service was the ultimate outcome for all local authorities, and needed to find a methodology by which to understand what that looked like.

Paper aim: This paper pulls together the learning to date of the work streams with CCRAG and recommendations for future work.
Context
Currently all local authorities are experiencing acute financial pressure with social care being a key area of concern. In attempts to reduce the costs of LACYP local authorities have employed various strategies to reduce expenditure on commissioned services. Recent reports indicate budget overspends in children’s services across the country\(^1\) demonstrating there is still a significant challenge. However, while this may be of benefit to the LGA in terms of supporting their challenge to government on funding for social care, in reality it is a separate issue; it means one of two things: that either the commissioning and procurement of services is not producing the expected costs savings, or the budget is insufficient.

It is clear that the consequence of the downward pressure on unit costs has significantly harmed relations between local authorities and providers of foster and residential care. Anecdotal evidence indicates this has in part been caused by incorrect assessments of the cost differential between in-house and independently commissioned services and profit margins in the independent sector such as the poor quality report by Corporate Watch. It should also be noted that the independent residential sector has experienced additional base costs in recent years due to increases in minimum wage levels and clarification on sleeping in allowances.

There was unanimous agreement among CCRAG members that where providers had a clear *need* for fee uplift to sustain their business, this must be looked at favorably. But it was also agreed that there was insufficient information about the outcomes for LACYP placed with providers to provide context for the fee uplift consideration. Due to this the work stream comprised of research and intelligence gathering alongside provider engagement events. This permitted a systematic review of the whole commissioning cycle for CCRAG members.

The lack of trust between providers and commissioners of services is preventing partnership working and impacting on outcomes for LACYP. CCRAG have made concerted efforts to engage with providers and this has been well received, and has provided a foundation to improve partnership working. However, this has required local authorities within CCRAG to acknowledge areas where they also require improvement to promote better care journeys and improve outcomes.

There has been a recent resurgence on focusing on outcomes and they feature much more heavily in the revised Ofsted inspection framework. This is to be

\(^1\) https://www.local.gov.uk/about/news/childrens-social-care-breaking-point-council-leaders-warn
welcomed but there is still significant progress to be made for outcome based commissioning to be robust and reliably provide evidence of the meeting of needs of LACYP. Significant efforts are being made in the CCRAG work streams to improve both the understanding of outcomes and associated indicators, and introduce the processes that collect and monitor progress. However, there is still a need for significant improvement in this area and this must be in collaboration with social work and health representatives.

A further justification for CCRAG members to have a renewed focus on outcomes is the increase in alternative funding opportunities that are results / outcomes such as Social Impact Bonds. Whilst the results of these have been mixed, they offer opportunity for a proportion of the costs toward positive outcomes for LACYP and care leavers to be met by central government or the Big Lottery. For CCRAG members to exploit these opportunities in a sustainable way there needs to be a clear understanding between needs and outcomes to form the basis of a bonded model.

Alongside current challenges are new pressures being introduced to children’s services. The Child Social Work Bill has now received Royal Assent and this significantly increases the statutory duties in relation to care leavers from April 2017. At the time of writing, there has been no guidance or detail on increased funding to mitigate the impact of this, and for some local authorities the cost implications will be high. Whilst the increased statutory will create additional financial pressures, it provides an opportunity evaluate and refine service structures that if needs led and evidence based, will produce efficiency savings. Areas for consideration are discussed later in this report.
**Approach**

The approach to the outcome focused work streams uses a simple evidence based cycle as demonstrated in figure 1. As can be seen outcomes are the end of the intervention cycle but also critically should contribute to the evidence base.

![Diagram of evidence-based cycle](image)

**Figure 1:**

The closing of the feedback loop using outcomes has been a continuous challenge hindering our understanding of what works when, how and for which children and young people. This has been identified by the National Institute for Clinical Excellence (NICE) who make the point that the UK evidence base does not serve the needs of LACYP as well as it might. It is not just the quality of the data that is problematic. There is also a significant absence of theory being applied to how the care for LACYP is evaluated, as well as how this feeds back in to the evidence as in figure 1. This absence of theory or evidence based frameworks in which to anchor outcomes for LACYP was affirmed in a rigorous review of literature by the Centre for Excellence and Outcomes in Children and Young People’s Services (C4EO) that concluded there was an ‘absence of explicit theoretical and conceptual frameworks through which to interpret findings’. This ‘poverty of theory’ surrounding outcomes for children and young people in care can be addressed by identifying theoretical frameworks suited to the LACYP population.

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3 [http://archive.c4eo.org.uk/themes/vulnerablechildren/educationaloutcomes/files/improving_educational_outcomes_full_knowledge_review.pdf](http://archive.c4eo.org.uk/themes/vulnerablechildren/educationaloutcomes/files/improving_educational_outcomes_full_knowledge_review.pdf)

The approach of OOC is evidence based and as highlighted in the knowledge transfer events facilitated for CCRAG members views the needs of LACYP primarily through a health lens. The rationale for this is that whilst LACYP primarily sit under social care, when considering the needs of those placed independently, a large proportion will have mental health needs. Due to this a health-focused model of commissioning is recommended to CCRAG and illustrated in figure 2.

![Image](image.png)

**Figure 2**

**Needs of LACYP**
Considering the commissioning cycle it begins with the assessment of needs, which has become a key area of focus on the knowledge transfer between OOC and CCRAG members. To reiterate the evidence clearly demonstrates that the primary needs of LACYP are emotional and mental health. However, government policy levers driving service delivery are generally education focused, and whilst this is a significant need for LACYP, it is currently inappropriately prioritised over emotional and mental health.
Mental health needs are often acute, a consequence of their pre-care experiences including multiple forms of abuse and neglect, poverty and domestic violence. Advances in our understanding of the consequences of these childhood experiences have produced a growing body of evidence that the costs to public services are severe. Reliable life cost modeling for care leavers provided a figure of around £3 million for a care leaver who experiences an extreme negative trajectory when leaving care. However, much to the frustration of experts in the sector, this is not being applied to national or local policy and subsequent service delivery.

Considering the assessment of need, this is an inherent problem across children’s services. However, needs assessment is the most critical factor for children’s social care and commissioning, done well it:

- Provides key evidence to inform the decision whether to receive a child in to care;
- Informs appropriate service responses;
- Facilitates fairer co-commissioning of placements based on need and potential future risks and resource demands
- Provides baseline data required to evidence true outcomes from services – ‘distance travelled’
- When aggregated contributes to sufficiency and forward planning

Due to this being a long standing problem, a recent systematic review (the gold standard of evidence reviews) found that although practitioners are good at gathering information about children and families, they find it challenging analysing complex information in order to make judgments about whether a child is suffering, or is likely to suffer, significant harm. This is consistent with recent research highlighting the poor accuracy of much decision-making in the child protection field, with assessments being ‘only slightly better than guessing’.

There is a tension around thresholds that must be resolved for children’s services to become sustainable. Excellent work by various commissioning officers within CCRAG have reduced costs associated with LACYP placements. But costs associated with LACYP (and children’s social care more widely) must still be reduced further in the current and modeled future financial of local

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5 https://www.york.ac.uk/inst/spru/research/pdf/NEET.pdf
7 https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3094152/
authorities. This inevitably means reassessment of thresholds and the inherent risk this introduces i.e. the risk of not receiving the child or young person in to care, versus the cost of doing so.

There is the accountability of correctly assessing this risk for practitioners and the local authority. The author has consistently expressed his professional opinion in this work and with other stakeholders that there is a need to reduce the care population. Further, we are aware of the typology of child that is creating the cost pressure, they are generally male (although the increase in placements for CSE has increased the number of girls), adolescent and come in to care under Section 20 arrangements. We have insufficient information on the effectiveness of care for this characteristic of young person and is discussed further later in this report.

It is also important to recognise that accurate assessment of needs must underpin outcome monitoring; this is baseline data. A simple illustration of the relationship is provided in figure 3:

Figure 3
Whilst previously there has been the Common Assessment Framework (CAF), due to changes politically and in policy, currently there is no established universal needs assessment framework, something that OOC intelligence indicates is unlikely to change due to a lack of appetite on the part of the Department for Education (DfE). In developing a needs assessment the multifaceted needs of LAC span multiple domains and subsequently service divides must be acknowledged. In doing so any needs assessment must be holistic with needs clearly attributed to specific domains and service areas. Further, considering the drive for outcome focused commissioning and the pervasive need for VFM monitoring, reliable needs assessments are required.

This is especially pertinent to residential placements made both in-house and in the independent sector. The characteristics of these LACYP make them a high-risk population beyond childhood with many transitioning to independence still engaging in health harming behaviours. A significant number are passed over to 16 plus teams with needs and behaviours too high to be met without specialist services. With the changes in legislation that increase the statutory duties to 25 years of age, there must to be a renewed focus to meet these needs before the transition to independence or additional support will be required. Research into how care leavers experience the transition consistently finds a decline in emotional and mental wellbeing in the period after leaving care.

From a commissioning perspective without accurate assessment of needs and required services or treatment, it is not possible to tier or categorise. There is also the problem of market exposure due to the absence of lack of confidence in the information contained in a placement referral form. Further, accurate needs assessments are a prerequisite if VFM analysis is to be undertaken, as an absence of baseline data – or reliable periodic measurement of progress indicators – means outcomes cannot be demonstrated.

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8 Health harming behavior refers to alcohol and drug misuse, offending, self-harm and engaging in sex exchanges.
9 Kerr forthcoming
Placement Referral forms

As part of the CCRAG work streams it has become apparent that the challenges associated with needs assessments are also carrying forward into placement referral forms. When one considers the process for referrals, and that most of the information is extracted from case files, this is to be an expected consequence. creating an acute problem for placement teams, providers and LACYP. The absence of accurate and current needs assessments to inform placement referrals makes it extremely difficult for providers to assess if they have a suitable placement to meet the needs of the referral. To investigate this CCRAG facilitated an event with both commissioners and providers that was extremely well supported with 78 providers and 27 commissioners in attendance. The 27 commissioners came from 10 LA’s. In addition we had independent representation by the author, Jonathan Stanley (ICHA) and Marie Tucker (NAFP).

At the CCRAG provider event attendees were asked the following questions:

In general how confident are you in the assessment of LAC that you receive in referrals and why?

1. Quality and transparency
2. Relationships / Communication / Timing
3. Impact statements
4. Mental Health
5. Commissioning / Procurement

The responses clearly indicated significant problems with referral forms across the sector. Key themes identified were a lack of overall confidence due to:

- Variability in quality
- Information out of date
- Insufficient information
  - Absence of risk assessments
  - Absence of comprehensive chronology to map important events in the child’s history

A further theme was the relationship between placement teams and providers, which clearly requires improvement. Comments associated with this theme included:

- LA need to be more honest about the information they shared, feel [information] is withheld in case we cannot offer a service or meet their needs
LA’s potentially giving a sense of emergency, when in fact time pressure internally

LA’s need to help providers make a greater assessment of YP in event of emergency – in particular arrange visits

Have learnt to read between the lines and there is an element of guess work which is unfair to the child

No voice of the child in referral processes

You have to look at what you are not being told

Anecdotal evidence indicates that it is becoming increasingly common that social workers and placement teams are being forced to game the system; within local authorities when a LACYP needs a high cost placement social workers are exaggerating the needs of the child to secure funding for a placement, whereas placement teams are minimizing or on occasion deleting needs and risk factors to secure a placement. The consequence of this is often a completed PRF that is in no way an accurate reflection of the LACYP.

To supplement the views of the providers OOC and the CCRAG lead have been randomly reviewing PRF’s from a number of authorities and the quality is poor. There is an urgent need for a reappraisal of the way PRF’s are designed and completed, as well as the retraining of practitioners responsible for completing them. On reviewing the sample of PRF’s from multiple local authorities it is apparent that there is a need for the clarifying of language and terminology due to the confusion about what is a need, risk or externalized behavior. As part of the review process OOC examined the identified needs of children in residential care. A key issue identified is that whilst negative of risk behaviours feature heavily, actual needs with supporting evidence were scarce.

**Placement teams**

The quality of information recorded in relation to needs of the child is is variable which creates additional challenges for placement teams when trying to secure placements matched to the needs of LACYP. Those responsible for making placements with independent providers are often working with cases that have acute needs – particularly mental health. However, anecdotal evidence indicates that they routinely do not have clinicians within teams.

Placement teams can be significantly improved with multi-agency representation and a clinical psychologist is essential due to high needs that exist in the referrals. To not do so creates a situation where local authorities are at a disadvantage when negotiating placements as the sector has evolved where providers now have a significantly higher expertise than local authorities. It is
the author’s opinion that the consequence of this is that local authorities are being forced to accept high cost fees to place the child due to the lack of professional knowledge in clinical, educational and forensic psychology. Examples of where a clinician can add significant value include:

- Quality assure that needs specified on the referral form are accurate, up to date and appropriately supported with clinical evidence;
- To ensure where the placement has a therapeutic element that the approach is appropriate to the child's needs;
- Where needs are unknown or there is no clinical supporting evidence to undertake an assessment;
- To provide clinical oversight and monitoring of the therapeutic element of the care plan;

**The need for Reference Costs**

The cost of placements is one of the most contentious and misunderstood aspects of commission for LACYP. There is a need within CCRAG for reliable reference costs for children’s social care across the region.

Whilst other areas of public service delivery have developed reference costs, social care (especially children’s) has not produced any reliable costs for either in-house or independent provision. This is somewhat surprising considering the financial pressures and constantly reducing budgets. The over-spends on budgets in children's services have already been highlighted, but without reliable information on numbers current and predicted, accurate needs assessments and reliable reference costs for foster and residential care, achievable budgets cannot be produced.

Currently the only indicative costs are provided by the Personal Social Services Research Unit (PSSRU) at the University of Kent. The produce an annual report *Unit Costs of Health and Social Care*\(^\text{11}\) that provides aggregate costs but these are based on all of England rather than CCRAG members who are all in the south of England. There are also challenges with the data provided due to inconsistencies in how some placements are coded for Section 251 submissions. There are a number of factors that provide a rationale for developing reference costs

- The need for achievable budgets
- To understand where the costs associated with LAC should be attributed – ‘whose duty whose budget’;

\(^\text{11}\) [http://www.pssru.ac.uk/project-pages/unit-costs/2016/](http://www.pssru.ac.uk/project-pages/unit-costs/2016/)
- To identify if spending is in certain domains e.g. health improve outcomes;
- So effective provider business models can be identified;
- To support policy advocacy demands for more financial resource.

As part of OOC's work with CCRAG to improve the understanding of costs for commissioned placements, a large sample of CCRAG member invoices relating to independent fostering agencies and residential childcare placements were analysed. Mode, median and range figures were calculated to establish spending patterns within and across CCRAG members to investigate spend on independent placements, if this varies by local authorities, as well as the volume of placements being made with providers.

The exercise demonstrated that some providers are able to provide more consistent weekly unit costs across multiple local authorities whilst others vary significantly. It is clear that the independent providers of residential and foster placements are operating to different business models. There are significant benefits to local authorities understanding why some providers are able to consistently charge the same weekly fee to all local authorities if the needs of the placements are the same.

The conclusion from the fee analysis was there is need for improvement in the way commissioned placement costs are monitored collectively by local authorities. To be able to develop effective sufficiency strategies, realistic budgets and influence the market, local authorities need intelligence wider than their own spend data. There are also lessons for practice in better understanding the needs of children and young people and which needs lead to high cost placements.

**Disaggregation of placement cost**

In addition to the need for a better understanding of high need placements, there is a need to identify which public service budget costs should be attributed to. It is common that LACYP that are placed with independent providers have multiple needs that span different service areas – and budgets. Due to this there needs to be a disaggregation of placement costs. The rationale for this is twofold: firstly it will facilitate the attribution of cost of the placement to the correct budget and secondly it will improve the transparency of the placement cost. The need for budget attribution has already been discussed and transparency in placement costs is based on the increased number of ‘therapeutic providers’ who often do not break down the service (and associated cost) inputs.
It is recommended that they be disaggregated as follows:

1. Social care (the cost of the bed)
2. Health (including therapeutic services)
3. Education
4. Youth Justice

It is for each CCRAG member to consider whether they look to co-commission placements using these cost data, seek to recover costs internally periodically or initially used for internal information purposes. Where CCRAG members do not wish to recover costs internally this practice should still be considered to map where the costs of placements by individual need. This will further assist in sufficiency strategies as additional wrap round services are also commissioned separately, often based on insufficient need intelligence.

The disaggregation of placement costs will also provide additional information to help understand about the relationship between needs, costs and outcomes. This is critical for acute the sub-populations where new ways of financing interventions are required. In short there is an acute sub-population of LACYP that transition out of care with significant needs unmet (often due to trauma) who will have extreme negative outcomes and cost multiple departments significant financial resource.

**Independent providers**

The fee analysis work undertaken found that CCRAG are commissioning 288 separate providers that offer residential services and 143 providers of foster. The sector is diverse in terms of provider business model, level of specialism and ability to meet need. For CCRAG members to maximize the benefits of the collaboration and to provide intelligence to inform sufficiency strategies, provision across the sector needs to be mapped. Put simply there needs to be the appropriate level of provision to meet the needs of LACYP within each local authority and across the wider CCRAG area.

As part of the provider engagement events facilitated by CCRAG Andrew Rome (Revolution Consulting) proposed a matrix model that will improve understanding of the provision within CCRAG members own local authorities and across the region. This will aid all of CCRAG members in their own sufficiency planning as well as contribute towards VFM assessments. The model was well received by all stakeholders and has informed the CCRAG forward work streams.
Figure 4

It was agreed to move forward with this matrix. To do so requires three areas of work:

1. Providers will need to submit to local authorities what needs and risks they are able to meet
2. Local authorities require improved needs assessments to codify / quantify the needs of children in or on the edge of care
3. CCRAG members to aggregate and map the needs of LACYP on to the matrix to inform sufficiency

For the cost variable on the matrix CCRAG are seeking to have individual discussions with providers in order to get a better understanding how needs and factors affect placement costs. Earlier work using published LA invoices that were downloaded provided some information regarding the costs of placements. The methodology of this is clear within the report and is explicit in terms of the purpose of the exercise. An extract of this was presented at a provider event in May, and will be shared more widely to further explain the rationale behind the piece of work.
To have accurate data to map on to the need variable requires improvement of needs assessments. This is directly relevant to the PRF work stream that is improving the quality and robustness of the needs of referrals. There is an associated business case for consideration by CCRAG members for a multi-agency working group to work with sector experts to co-produce an evidence based codification of need guidelines. Improved intelligence of the needs of LACYP across the CCRAG areas will facilitate improved sufficiency for high need placements. It will also help to inform the shape and direction of the provision available through market engagement events.

**Market improvement**

CCRAG has the potential to be a strong commissioning group that can provide significant savings and improve outcomes for their relevant authorities. To achieve this an increased focus on shared sufficiency information – both need and provision – is required across the region. This will allow for strategically placed specialist provision to be operationalized across the CCRAG member areas. The characteristics and needs of high cost placements often require specialist provision and distance whilst a factor, should not take precedent over the most appropriate placement that meets the child’s needs, whatever the distance.

Markets should evolve based on the demands of the commissioning and ultimately the needs of children. The current commissioning strategies are failing to grow a market where high need LACYP can be placed in an appropriate placement. There are key characteristics – whether needs or risks - that require specialist provision. But often a single local authority may only have a very small number of LACYP with these characteristics, which is where the benefits of CCRAG membership can be exploited. There have been early discussions among some CCRAG members about the potential to create centre’s of excellence across the CCRAG areas to place high need LACYP. This would be a significant step in improving outcomes and reducing exposure to the market for LACYP with acute needs.

**Acute cost sub-population**

Through the work streams it has become apparent that each local authority has an acute cost sub group within the LACYP population. All members of CCRAG should consider a work stream that identifies the cases with acute needs, receiving multiple service inputs and subsequent costs. Independent work within a CCRAG member local authority identified that 11.5% of a cohort of LACYP were accounting for 50% of the spend on commissioned residential placements. The needs of the acute cohort in local authorities require specialist
interventions often in therapeutic residential care. It is illogical and myopic to not seek to meet their needs in a timely manner, to not do so will likely start an unstable care journey. But other models of intervention should be considered including respite, short break and home based interventions for Section 20 cases.

**Figure 6**

This is a primary area where efficiency savings can be made. When one considers that each of the organisations the LACYP receives services from has significant human resource that is often duplication. It is the author’s opinion that the needs within the acute cohort will common across the CCRAG membership and should be a key area for focus. Discussions with some individual members of CCRAG indicate a desire for Centre's of excellence across the CCRAG member areas to meet high needs among the acute population.

**Conclusions and recommendations**

This report has brought together the work streams that OOC have undertaken or participated in to improve the commissioning processes for CCRAG members. The iterative work streams have identified the assessment of need and placement referral forms are the most urgent areas for improvement due to the critical role they have in the commissioning of placements for LACYP. Whilst examples of partnership working between social work and commissioning have
been identified, there is an urgent need for further improvement. If CCRAG member authorities are to achieve improved outcomes and understand drivers of cost, there must be improved collaboration between social work and commissioning teams. Although there is some good evidence of partnership working with Social Workers, this is often piecemeal. In order to really understand the cost of care, there is a need for social workers/placement officers and commissioners to create opportunities to work more collaboratively. It is clear from the engagement events with providers and the reviewing of PRFs that the two key service areas are not in harmony and this is a significant barrier to outcome focused commissioning. There needs to be an improvement in placing children in needs led placements with appropriate outcomes and transparent costs.

A significant amount of relationship rebuilding has been achieved through work streams within CCRAG over the last 12 months. Individual providers who positively and constructively contributed to the discussion on how to improve relationships attended the forums that CCRAG members facilitated. To build on this providers will work with CCRAG members to better understand the drivers of cost and address the need for reference costs.

CCRAG is in unique position to provide valuable intelligence to inform sufficiency and the ability to meet high need LACYP. But this cannot be achieved without improved support from senior management in the CCRAG member authorities and closely aligned departments. Interdepartmental working has been found to be variable with some successfully contributing to the commissioning process, but others operate in silo’s, the work streams have identified clinical oversight of high need cases from needs assessment through to monitoring would significantly improve care journeys. This situation creates the potential for some providers to exploit the situation with the high need acute sub-population of LACYP. It is the author’s opinion that the acute sub-population provides opportunity for significant cost savings to be made.

The learning journey and knowledge exchange has produced a number of key messages for CCRAG members that can inform future work streams. We began by looking at the potential for shared outcome frameworks and also how outcomes can inform fee increase discussions. The subsequent research and information reviews within local authorities highlighted a number of challenges in collecting reliable outcome information for LACYP placed with independent providers. As highlighted needs assessments require urgent attention; currently they are not detailed, reliable or sufficiently up to date to code in to bands or tiers. This prevents the mapping on to macro’s such as in figure 4
reliable VFM analysis and sufficiency assessments. The results of the needs assessment should capture the core information required for PRF’s and act as baseline data for outcome monitoring. There should be a coherent thread between practice and commissioning as demonstrated in figure 5.

Figure 5

It is an inevitable consequence that if the needs assessments are not reliable that this will produce PRFs that are unreliable and prevent the securing of optimum placements to meet the needs of LACYP. CCRAG has already started the process of reviewing the PRF’s and early drafts are much improved. It should be noted that there will need to be training on using the form when it is completed. Previous implementation experiences have highlighted that digital forms are easier to embed training and knowledge aides in to.

As a priority for CCRAG it is essential that they continue to invite and strive to involve social care within their work streams to fuse greater links between front line services and commissioning.

What has become apparent is that VFM cannot be assessed due to the absence of reliable needs assessments (baseline data) or periodic measurement of progress to provide evidence of the impact the service has had. Currently for a significant number of LACYP, in particular Section 20 cases, it is not possible to identify if care makes any difference to their outcomes. With low quality assessments it is also difficult to establish thresholds for care that will effectively reduce the care population. The provider engagement events and consultation exercises have demonstrated a desire of both providers and commissioners to improve trust.
and relationships. This is going to take considerable effort by all stakeholders and where necessary CCRAG members must share or produce briefing papers for colleagues within their own local authorities – particularly finance departments and social work leads. To improve relationships and establish trust both CCRAG members and providers need to better understand the challenges each faces. This requires transparency about placement costs, but also an evaluation of local authority budgets to see if they are sufficient to meet identified need in their populations.

Initial scoping of placements costs have demonstrated a wide variety of cost models being implemented by providers as well as procurement exercises by CCRAG members. There is a need to better understand why some providers are able to offer relatively consistent costs across multiple CCRAG authorities but others have significant variations. There is also a need to unpack ‘therapeutic placements’ to better understand what contributes to the higher unit cost.

Summary of recommendations:

1. That CCRAG members consider introducing a health focused commissioning approach that reflects that the primary need for LACYP is emotional and mental health.
2. That further costs analysis work is undertaken to understand the factors that influence placement costs and why some providers are able to have consistent costs with multiple CCRAG members and others do not. This should be undertaken in collaboration with representatives from the residential and fostering providers.
3. Compare needs assessments and method of categorizing need for referrals across CCRAG
4. That CCRAG considers facilitating a learning day with senior representatives from social work and finance to co-produce a development plan to improve the reliability of needs assessments.
5. That CCRAG members consider digitizing the PRF that is currently in development
6. That OOC work in collaboration with CCRAG and the foster and residential sector to co-produce a needs scoring system to allow the categorizing / tiering of need.
7. That individual CCRAG members consider a multi-agency team to improve understanding of the needs and service inputs of the acute sub-population.